

The role of LGBTIQQA+ peer-led services in meeting the health needs of LGBTIQQA+ people in Australia



Acknowledgements

This research was initiated by Meridian and led by Collective Action. Collective Action would like to thank Meridian for the opportunity to work together on this important piece of research. We would also like to thank Health Equity Matters (formerly the Australian Federation of AIDS Organisations) and state and territory AIDS Councils from New South Wales (ACON), Victoria (Thorne Harbour Health), Western Australia (WAAC), the Northern Territory (NTAHC), and Tasmania (TasCAHRD) for their support and contribution to this project.

This research would not have been possible without the invaluable contributions of hundreds of LGBTIQ+ people from across Australia. We would like to thank the participants in this study for taking the time to share their experiences with us. We hope that this report contributes to building a society where LGBTIQ+ people have access to safe, inclusive, and knowledgeable healthcare and support across the health system.

We would also like to thank our HIV positive and LGBTIQ+ elders for their tireless work over the years. Their advocacy and leadership have been instrumental in furthering the rights of LGBTIQ+ people and strengthening our communities.

A note on language used in this report

In this report, we use LGBTIQ+ as an umbrella term to refer to people of diverse genders, sexualities, and sex characteristics, including but not limited to people who identify as lesbian, gay, bisexual, trans, queer, asexual, agender, non-binary, gender fluid, pansexual, and people with intersex variations.

We recognise that the term does not capture the full diversity of sexualities, bodies, identities, and experiences that exist within our community. We also recognise that people from within LGBTIQ+ communities can have vastly different experiences and health needs, which are shaped by many factors beyond gender, sexuality, and intersex variations. However, we also recognise the value of the term when highlighting shared experiences of stigma, discrimination, and marginalisation, and when advocating for LGBTIQ+ rights and inclusivity.

Report illustrations and design by [Jacq Moon](#).



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ACKNOWLEDGEMENT OF COUNTRY

Collective Action operates on unceded Aboriginal land, and we acknowledge and deeply respect the Traditional Custodians of the Country where we live and work. We recognise the ongoing impacts of colonisation on First Nations peoples, and we seek to centre Aboriginal voices and experiences in our work.



“

**THERE WILL ALWAYS BE
A NEED FOR SPECIALISED
SPACES FOR US AND
OUR UNIQUE LIVES.
PEER-LED SPACES AREN'T
FOR EVERYONE, BUT
THEY MUST BE AVAILABLE
FOR EVERYONE.**

”

CONTENTS

Executive summary	5
Background	6
Methods	8
Participant information	9
The needs and preferences of LGBTIQ+ people when accessing health and wellbeing services	10
The experiences of LGBTIQ+ people when accessing health and wellbeing services	12
The role of peer-led services in meeting the health needs of LGBTIQ+ people	18
The role of mainstream services in meeting the health needs of LGBTIQ+ people	27
How can the findings of this report be used to improve healthcare for LGBTIQ+ people?	29
Appendix A: Respondent demographics	30
References	35

EXECUTIVE SUMMARY

This report presents the findings of a national study into the role of peer-led services in meeting the health needs of LGBTIQ+ people. The study was led by Collective Action in partnership with Meridian, and it was informed by the expertise and peer-based knowledge of staff from Health Equity Matters (formerly the Australian Federation of AIDS Organisations) and state and territory AIDS Councils from New South Wales (ACON), Victoria (Thorne Harbour Health), Western Australia (WAAC), the Northern Territory (NTAHC), and Tasmania (TasCAHRD).

The study found that LGBTIQ+ peer-led services play a vital and unique role in meeting the health needs of LGBTIQ+ people. Peer-led services provide a trusted access point for people who would otherwise not feel safe to access healthcare and support due to the fear of experiencing stigma, discrimination, and abuse.

The findings of this study validate what peer-led organisations hear from their communities: LGBTIQ+ people want services where they feel safe to be themselves, comfortable to discuss their gender and sexuality, and free from judgement. The study found that most respondents consistently find these service characteristics in peer-led services. Many respondents highlighted that peer-led services have had an immensely positive impact on their health and wellbeing, with some noting that access to these services has been lifesaving.

When it comes to mainstream services, the picture is markedly different. When accessing mainstream services, respondents rarely find the service characteristics that are important to them, and most respondents had experienced stigma, discrimination, and abuse. The study strengthens the existing evidence base that fear of such experiences can result in LGBTIQ+ people avoiding or delaying accessing services. Some respondents do not access services at all if they cannot find a peer-led service. On the other hand, a small group of respondents reported only having positive experiences with mainstream services, and others noted that mainstream services are becoming increasingly safe and inclusive for LGBTIQ+ people.

Many respondents emphasised the importance of LGBTIQ+ people having access to safe, inclusive, and knowledgeable services across the whole

health system. While most respondents would prefer to access a peer-led service if given a choice, this is not always possible due to the limited reach, scope, and availability of these services. This is particularly true in rural and regional areas, but it is also the case in many inner-city locations, where peer-led services often have long waitlists. It is also increasingly challenging for peer-led services to respond to the diverse, intersecting, and at times opposing needs and expectations within LGBTIQ+ communities, especially considering ongoing budgetary constraints.

This study highlights that the health needs of LGBTIQ+ people cannot be met by either peer-led organisations or mainstream services alone. It is essential that peer-led organisations and mainstream services – both public and private – work together to increase LGBTIQ+ people's access to safe, inclusive, and knowledgeable services across the health system.

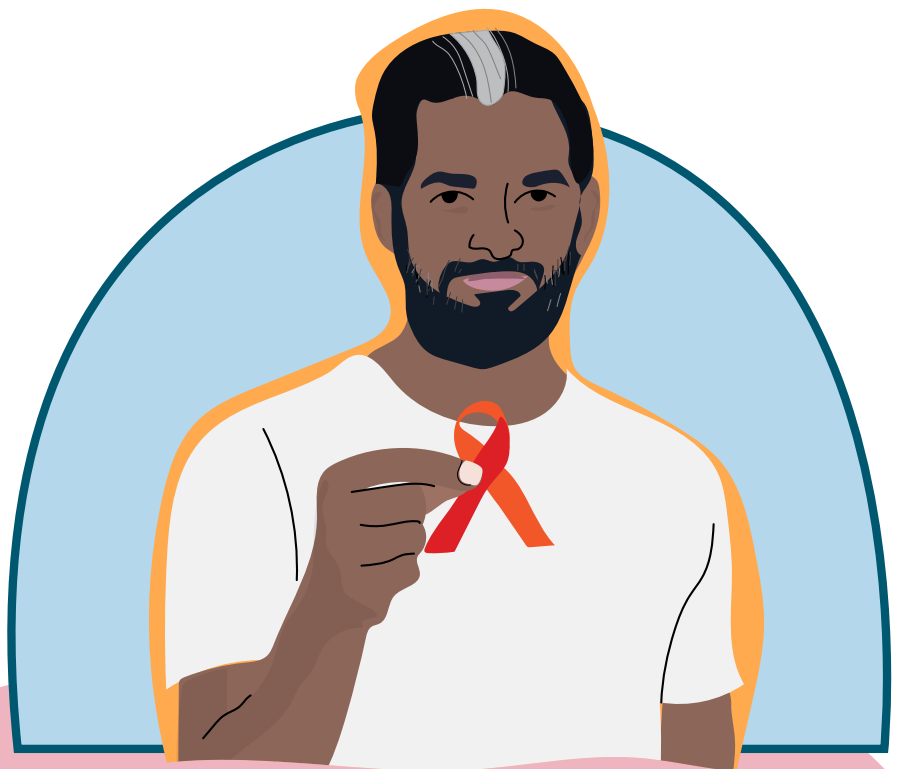
LGBTIQ+ peer-led services play a vital and unique role in meeting the health needs of LGBTIQ+ people. They provide a trusted access point for people who would otherwise not feel safe to access healthcare and support due to the fear of experiencing stigma, discrimination, and abuse.

BACKGROUND

The origins of peer-led approaches in Australia

In response to the 1980s AIDS epidemic, small groups of people impacted by HIV – including gay and bisexual men, people who inject drugs, and sex workers – banded together to share information and support each other. Such groups worked to establish AIDS Councils: community-led and community-governed organisations that led the way in establishing and delivering peer-based programs and services to fight against HIV. Prior to Australia's first National HIV Strategy, it was the efforts of these communities and community-led organisations that drove the initial decline in HIV diagnoses.¹

Australia's swift, community-led response to the HIV epidemic demonstrated the role and value of peer-led services. It is now well established that peer-based services support people living with HIV to develop resilience and coping skills and improve their clinical care outcomes.² The high uptake of pre-exposure prophylaxis (PrEP) is a great example of how peer-led efforts can improve health outcomes for people living with HIV.³ The ongoing importance of peer-led organisations can be seen today in the National HIV Strategy 2018–2022, which recognises the value of peers in several 'Key Areas for Action'.⁴



LGBTIQA+ peer-led services

For four decades, the Australian Federation of AIDS Organisations (now Health Equity Matters) and state and territory AIDS Councils (now known by various names) have been providing safe, inclusive, and non-judgemental services. While the prevention of HIV and support for people living with and impacted by HIV remain at the core of their mission, these organisations have expanded and reshaped their services to respond to the needs of other groups in the community who share a common fight against stigma, discrimination, and health inequity, including sex workers, people who use drugs, and people identifying as LGBTIQA+.

Some AIDS Councils rebranded to signal the evolution of their organisations, including the AIDS Action Council of the ACT, which rebranded as Meridian in 2020. The Australian Federation of AIDS Organisations also rebranded, taking on the new name Health Equity Matters in 2023.

AIDS Councils, irrespective of their names, remain deeply connected to the communities they work with. They are peer-led, community-controlled, and embedded in LGBTIQA+ communities. They continue to provide peer-led services and have seen the success of peer-based models in supporting the health and wellbeing of LGBTIQA+ people and other communities they work with. While peer-led organisations witness the value of peer-led services to their communities on a daily basis, there have been few studies into LGBTIQA+ people's experiences with both peer-led and mainstream services.

About this study

Meridian engaged Collective Action, a for-purpose social impact consultancy, to lead a national study to provide insight into the role of peer-led services in meeting the health needs of LGBTIQA+ people in Australia. The study was conducted in partnership with Meridian, and it was informed by the expertise and peer-based knowledge of staff from Health Equity Matters (formerly the Australian Federation of AIDS Organisations) and state and territory AIDS Councils from New South Wales (ACON), Victoria (Thorne Harbour Health), Western Australia (WAAC), the Northern Territory (NTAHC), and Tasmania (TasCAHRD). This collaboration ensured that the study design reflected a broad range of peer-based knowledge and practitioner expertise.

For the purposes of this study, LGBTIQA+ peer-led services were defined as those delivered by an LGBTIQA+ community-controlled peer-led organisation, which is an independently incorporated, not-for-profit organisation:

- initiated by LGBTIQA+ people and governed and operated by LGBTIQA+ people for LGBTIQA+ people
- based within those communities and delivering culturally appropriate and safe services that build strength and empowerment in LGBTIQA+ communities
- accountable to its members, who are the LGBTIQA+ community.

The term 'mainstream services' was used to refer to services delivered by providers that do not fall into the category of LGBTIQA+ community-controlled peer-led organisations. These include both public and private services.

METHODS

An online survey was used to collect information from LGBTIQ+ people about their experiences with peer-led and mainstream organisations.

The survey was designed in consultation with Meridian, the Australian Federation of AIDS Organisations (now Health Equity Matters) and state and territory AIDS Councils (now known by various names). Its design was informed by the collective expertise of these organisations in delivering peer-led services, as well as monitoring and evaluation data, which provided a foundational understanding of the value of peer-led services and features of a quality service.

The survey provided respondents with the definition of peer-led services and mainstream services provided above. It then asked respondents about:

- their demographic characteristics
- the qualities they most value in healthcare and social support services
- their service preferences
- experiences of stigma and discrimination
- their perceptions of the support they had received
- differences between the mainstream and peer-led services they had accessed.

The survey included both closed and free-text questions.

The survey was open from 11 May to 25 September 2021. It was promoted on the websites and social media accounts of the organisations involved in this study, as well as by many other LGBTIQ+ and community service providers. To be eligible to take part in the survey, respondents were asked to confirm that they were an LGBTIQ+ person aged 18 years or older who had accessed a peer-led service at least once.

Strengths and limitations of this research

- The survey was promoted through the networks of LGBTIQ+ peer-led organisations. As demonstrated by the strong community response, this was an effective way to reach LGBTIQ+ people. However, it may have skewed the sample toward those who have positive sentiments about LGBTIQ+ peer-led services. It also means that the study does not include the perspectives of people who are not connected with LGBTIQ+ peer-led organisations.
- The survey provided a definition of LGBTIQ+ community-controlled peer-led organisations as distinct from mainstream service providers (see [About this study](#) above). The survey also asked respondents what distinguishes LGBTIQ+ peer-led services from mainstream services. The responses to this question demonstrated what respondents value about LGBTIQ+ peer-led services and the characteristics they see as defining these services. However, the survey did not ask respondents about their own definition of peers or peer-led services. This would be a useful area for future research.
- The survey asked respondents about the frequency of various experiences, both positive and negative, at LGBTIQ+ peer-led and mainstream services. However, it did not ask how many services of each type the person had accessed. Therefore, it was not possible to assess whether a person's response reflected experiences with a single service or a wide range of services. For example, if someone said they 'sometimes' had a positive experience at mainstream services, it is not known if they had a mixed experience with a single health service or positive experiences at one or more services and a negative experience elsewhere.
- Although the survey reached a large and diverse group of LGBTIQ+ people, there was not always enough data to analyse the experiences of specific identities, sexualities, relationships, bodies, and experiences. The sample size is noted when findings have been derived from the responses of small numbers of people.

PARTICIPANT INFORMATION

The survey reached a diverse group of LGBTIQ+ people

The survey received 443 responses from LGBTIQ+ people across Australia, with the highest number of participants located in the ACT (20%) and NSW (20%), Victoria (14%), and Queensland (12%).

Respondents represented the diversity of sexualities, genders, bodies, and identities within the LGBTIQ+ community. The most represented gender identities were female (32%), male (29%), and non-binary (15%). The most represented sexualities were gay (24%), queer (21%), lesbian (19%), and bisexual (18%). Further, 26% of respondents were trans and gender diverse, and 4% had intersex variations.

The survey also received responses from LGBTIQ+ people with intersecting identities and experiences, including people with disability (29%), people living with HIV (9%), people who identify as Aboriginal and Torres Strait Islander (6%), and people from culturally and linguistically diverse backgrounds (17%).

Participant ages ranged from 18 to 80 and over, with most respondents (67%) being under the age of 44.

See [Appendix A](#) for more details on people who responded to the survey.

Most respondents had accessed a peer-led service in the previous 12 months, and some were frequent service users

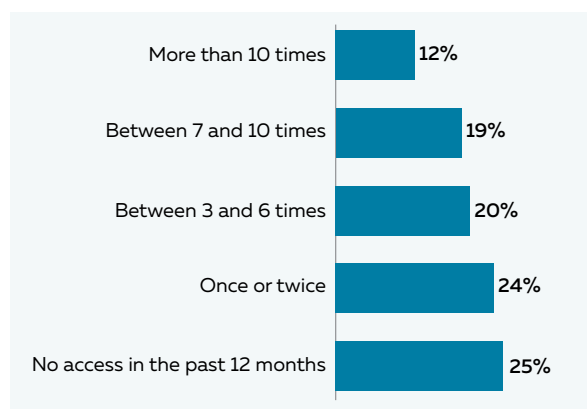
Three quarters of respondents (75%) had accessed an LGBTIQ+ peer-led service at least once in the 12 months before completing the survey, with 20% attending more than ten times.

When asked which peer-led services they had attended, respondents mentioned more than 90 different services around Australia. The most common were services delivered by Meridian (22%) and ACON (21%), followed by Thorne Harbour, QLife, and Working It Out.

The survey received 443 responses from LGBTIQ+ people across Australia.

Figure 1: Frequency of accessing peer-led services

Most respondents had accessed a peer-led service in the past 12 months, and some were frequent service users



The needs and preferences of LGBTIQ+ people when accessing health and wellbeing services

The results of this study reinforce existing knowledge that LGBTIQ+ people want services that are safe and non-judgemental so they can feel comfortable to discuss their gender and sexuality.

The survey asked respondents about the service characteristics that are important to them in health and social services. Respondents were provided with a list of 11 possible service characteristics and were asked to rate these from very unimportant to very important. The list of characteristics was based on previous research, the expertise of peer-workers and other staff from the organisations involved with this project, and evaluation data from LGBTIQ+ peer-led organisations.

There was strong agreement among respondents that all 11 characteristics listed in the survey were important, and most were very important. The service characteristics identified as important or very important by the largest number of respondents were:

- I can feel safe to be myself (95%)
- I don't feel judged (94%)
- I feel comfortable to discuss my gender and/or sexuality (93%).

Figure 2: Importance of service characteristics

Service characteristics that were **important or very important** to respondents when choosing a healthcare or social support service



Respondents were asked if there were other characteristics that are important to them. Three key themes emerged in their free-text responses: accessibility, diversity and intersectionality, and professionalism. These are discussed further below.

Other service characteristics identified as important were:

- trauma-informed approaches
- being connected with other services
- continuity of care
- no affiliation with religion.

ACCESSIBILITY

Service characteristics mentioned relating to the theme of accessibility included:

- flexible opening hours (including weekend and afterhours appointments)
- telehealth availability
- convenient ways of making appointments
- proximity to transport
- regular availability/short waitlist times
- a location within respondents' local area or region.

“

Access to LGBTIQ+ peer-led services in regional areas is very poor, and regional residents already face higher levels of discrimination and lack connection to the broader community events. It should be addressed by capital city-based services using whatever means possible e.g., telehealth.

”

DIVERSITY AND INTERSECTIONALITY

Service characteristics mentioned relating to the theme of diversity and intersectionality included:

- information in languages other than English
- awareness of disability issues and accessibility needs
- being culturally safe for people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander people
- diversity in staff, including cultural backgrounds and ages.

“

I want the people working in the services to have diverse backgrounds. As much as you can welcome diverse people, this needs to be reflected in the staff.

”

PROFESSIONALISM

Service characteristics mentioned relating to the theme of professionalism included:

- relevant expertise
- professional and qualified staff
- accredited services
- evidence-based services aligned with best practice
- confidentiality
- up-to-date knowledge
- ethical practices.

“

The key thing I look for in a healthcare service is competence to provide the service ... It's a bit pointless going to see a sub-standard doctor just because the service is LGBTIQ [inclusive].

”

The experiences of LGBTIQ+ people when accessing health and wellbeing services

The study found that most LGBTIQ+ people have access to services with the characteristics that are important to them. Most respondents consistently experience these characteristics in peer-led services. Some respondents find the characteristics that are important to them in mainstream services, but this occurs far less often than in peer-led services. The study also found that experiences of stigma, discrimination, and abuse when accessing services are common, and these experiences can have a substantial impact on a person's help-seeking behaviour.

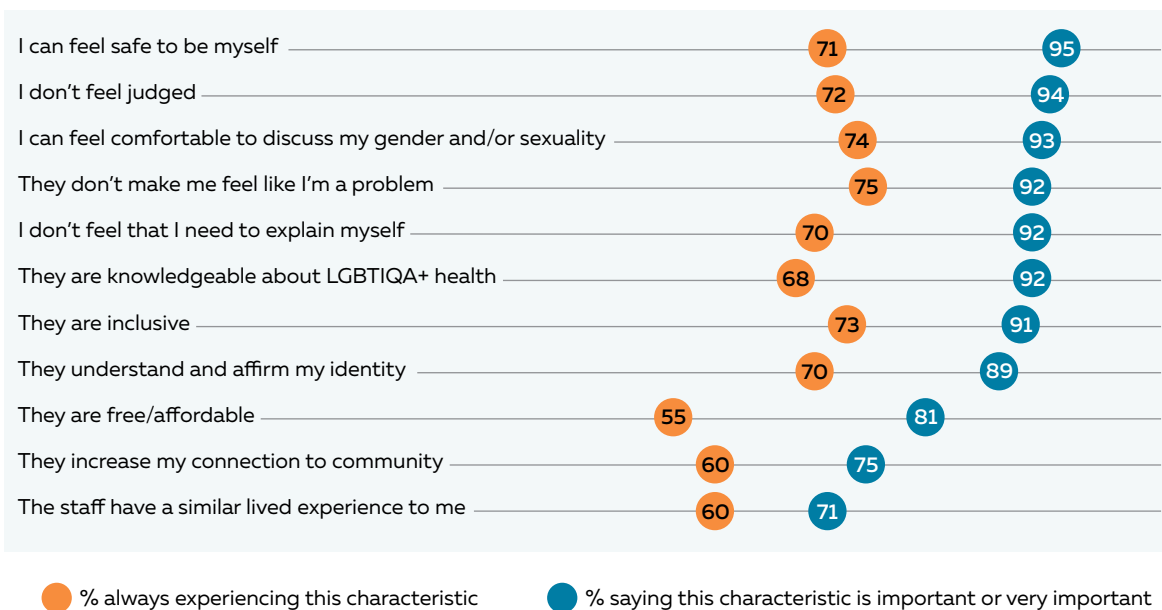
Most respondents consistently experienced the characteristics that are important to them when accessing peer-led services

As shown in Figure 3 below, most respondents reported that they always experience the characteristics identified as important or very important at peer-led services. The characteristics that the largest number of respondents always experienced at peer-led services are:

- They don't make me feel like I'm a problem that needs to be solved (75%)
- I can feel comfortable to discuss my gender and/or sexuality (74%)
- They are inclusive of people with diverse sexualities, genders, bodies, and relationships (73%).

Figure 3: Frequency of experiencing important service characteristics at peer-led services

Most respondents **always** experienced the service characteristics that were **important or very important** when accessing peer-led services



Service characteristic names have been abbreviated in this graph. The original wording from the survey is provided in Figure 2.

Looking at responses for sub-groups within the LGBTIQ+ population, there was a clear trend showing that lower proportions of culturally and linguistically diverse respondents always experienced the characteristics that are important to them compared with the whole survey population. This was visible across a number of service characteristics including *not feeling judged, not feeling like a problem to be solved, not needing to explain themselves, being comfortable to discuss gender or sexuality, and finding the service inclusive of people with diverse sexualities, genders, bodies, and relationships.*

It was not possible to do this analysis for many sub-groups as the sample sizes were too small to draw reliable conclusions. Therefore, further targeted research is recommended to explore the experiences of sub-groups, including people with disability and Aboriginal and Torres Strait Islander people.

Respondents experienced the characteristics identified as important far less often at mainstream services

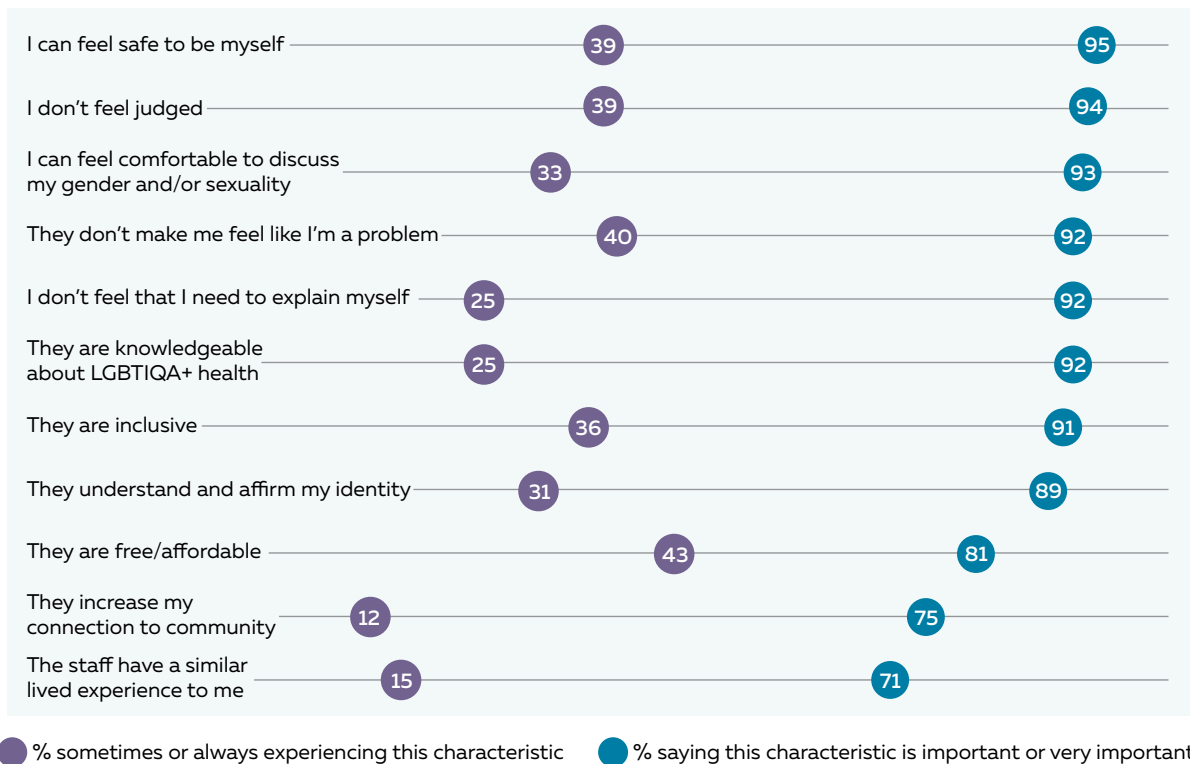
When it comes to mainstream services, far fewer respondents reported always experiencing the characteristics that were identified as important or very important. The characteristics that the largest number of respondents always experienced are:

- They don't make me feel like I'm a problem that needs to be solved (14%)
- I can feel safe to be myself (11%)
- They are free/affordable (10%).

While the proportion of respondents who always experienced the important characteristics at mainstream services is markedly lower than at peer-led services, it is not known whether respondents were referring to their experience at one service or many services. Given the vast array of mainstream services that people access, it may be more appropriate to look at the number of respondents who experienced the characteristics at mainstream services either always or sometimes. However, even using this approach, mainstream services still lagged far behind peer-led services.

Figure 4: Frequency of experiencing important service characteristics at mainstream services

On average, a third of respondents **sometimes or always** experienced the service characteristics that were **important or very important** when accessing mainstream services



Service characteristic names have been abbreviated in this graph. The original wording from the survey is provided in Figure 2.

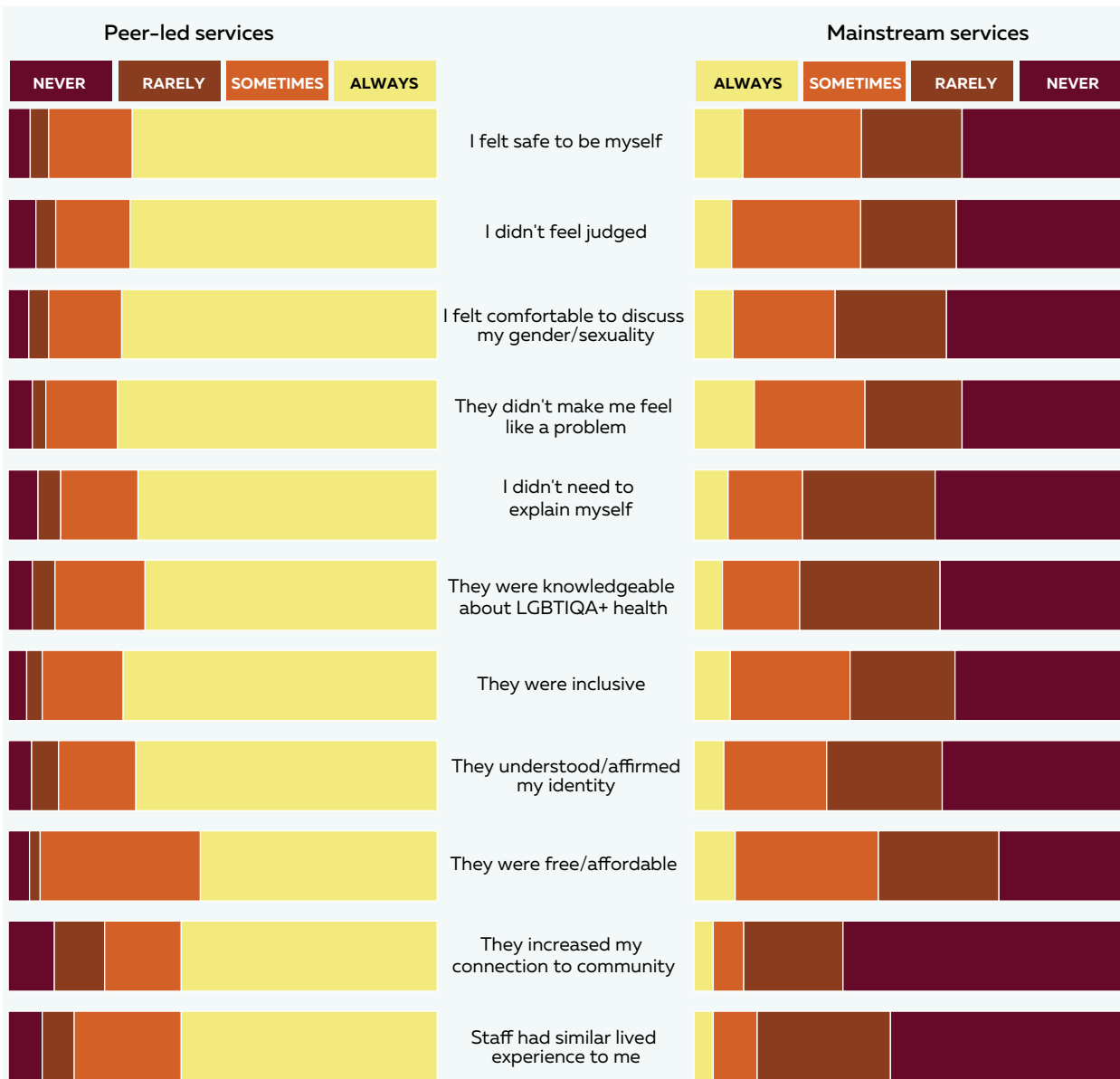
Respondents had more consistent experiences at peer-led services compared with mainstream services

While a small number of respondents reported always experiencing the service characteristics seen as important when accessing mainstream services, most people indicated that their experiences varied. As shown in Figure 5, most respondents reported experiencing most characteristics either sometimes or rarely at mainstream services. This indicates that while some mainstream services may be safe and inclusive, LGBTIQ+ people cannot be confident that they will experience safety and inclusivity at mainstream services in general.

“
I hope for a time when there is no homophobia or transphobia, until then attending a mainstream service is a Russian roulette of acceptance.”

Figure 5: Frequency of experiencing important service characteristics at peer-led and mainstream services

Respondents experienced the service characteristics below more consistently when accessing **peer-led services** compared to **mainstream services**



Service characteristic names have been abbreviated in this graph. The original wording from the survey is provided in Figure 2.

Most respondents had experienced some form of discrimination, stigma, or abuse when accessing services

While most LGBTIQ+ people lead healthy and fulfilling lives, they are more likely to experience discrimination, marginalisation, stigma, social exclusion, abuse, and violence than the wider community. The compounding impact of these experiences is known as minority stress.⁵ Research shows that minority stress is associated with poorer mental and physical health and poorer outcomes in other areas of life, including homelessness, poverty, and social exclusion.⁶ For example, in Australia, LGBTIQ+ people are more than twice as likely to be diagnosed or treated for a mental health condition than the wider community.⁷ LGBTIQ+ people who experience minority stress are also more likely to experience a range of physical health conditions such as coronary heart disease and cancer.⁸

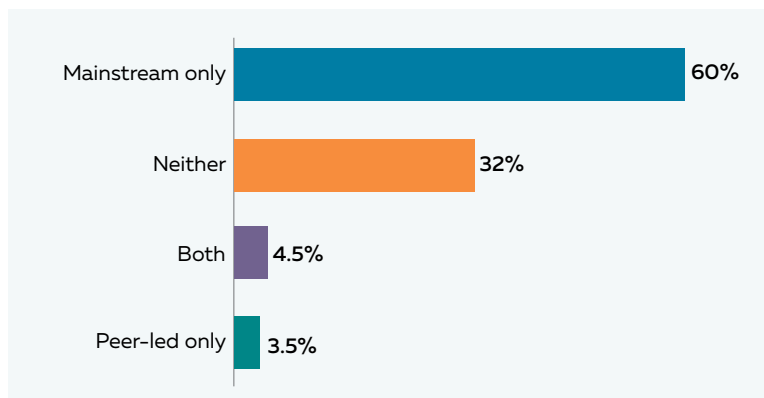
This study found that discrimination, stigma, and abuse in healthcare and support services remain common. Sixty-eight percent of respondents reported experiencing some form of stigma, discrimination, or abuse at either a mainstream service, peer-led service, or both in the 12 months prior to the survey. The largest proportion of respondents experienced discrimination, stigma, or abuse in mainstream services, followed by peer-led services. A small group had these experiences in both mainstream and peer-led services.



68% of respondents reported experiencing some form of stigma, discrimination, or abuse at either a mainstream service, peer-led service, or both in the 12 months prior to the survey.

Figure 6: Experiences of stigma, discrimination, and abuse across service types

Percentage of respondents who experienced stigma and discrimination at **peer-led** and **mainstream** services

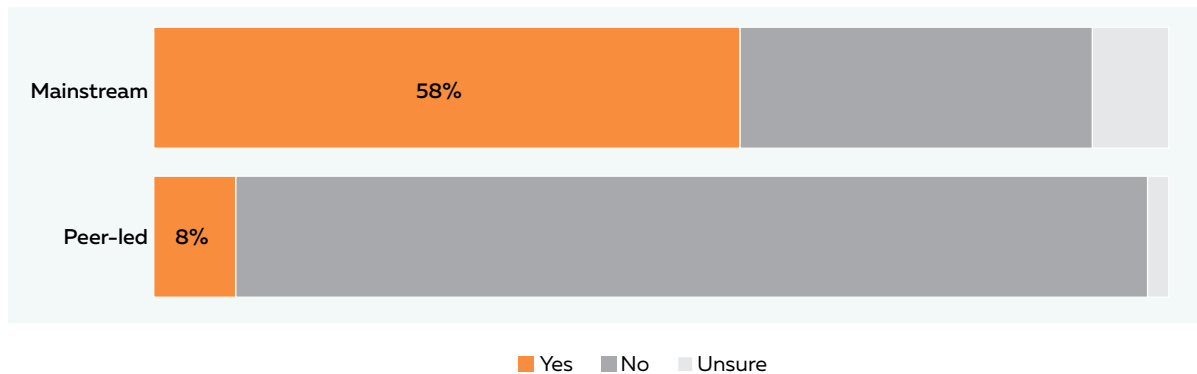


Experiences of stigma, discrimination, and abuse were far more common in mainstream services than in peer-led services

More than half of respondents (58%) had experienced stigma, discrimination, or abuse in mainstream services, compared to 8% in peer-led services.

Figure 7: Experiences of stigma, discrimination, and abuse in peer-led and mainstream services

Fewer respondents had experienced stigma, discrimination, and abuse in peer-led services than in mainstream services



There are small differences between the percentages presented here and those presented in [Figure 6](#). This is because Figure 6 only includes data from respondents who answered the question about their experiences of stigma, discrimination, and abuse for both peer-led services and mainstream services. It also does not include respondents who answered 'unsure'.

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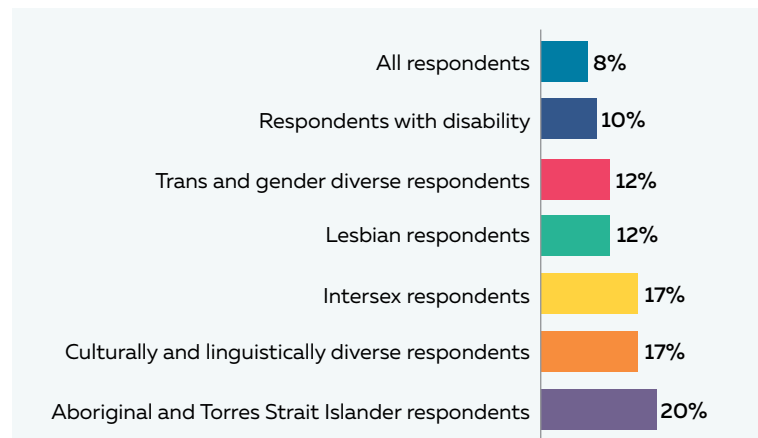
I get misgendered 100% of the time at mainstream services. They don't understand my health or my body. They don't understand my trauma. I hate using mainstream services, I am seen as an anomaly.

”

While only 8% of respondents experienced stigma, discrimination, or abuse in peer-led services, some groups reported these experiences at a higher rate.

Figure 8: Experiences of stigma, discrimination, and abuse in peer-led services

Percentage of respondents who experienced stigma, discrimination, and abuse in peer-led services



In addition to the direct impacts of stigma, discrimination, and abuse on a person's health and wellbeing, these experiences can also result in LGBTIQ+ people avoiding or delaying healthcare, which can lead to late diagnoses and increased incidences of preventable diseases.⁹

In this study, 63% of respondents reported delaying or choosing not to access support in the last 12 months because they feared experiencing stigma, discrimination, or abuse.

“

I ignore symptoms and pain and hope they go away if getting them fixed would mean coming out as trans to a mainstream service.

I've had so many bad experiences with mainstream services that I don't go to them unless I'm bleeding to death.

”



In addition to being a barrier to accessing services altogether, fear of stigma, discrimination, and abuse in healthcare settings also compromises the quality of care LGBTIQ+ people receive. When LGBTIQ+ people fear stigma, discrimination, or abuse, they may choose not to disclose personal information that would 'out them' to a service provider. As a result, they may receive inappropriate healthcare, advice, and referrals, which can result in poorer health outcomes.¹⁰

In this study, 76% of respondents had avoided coming out to a health professional due to fear of stigma, discrimination, or abuse.

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“

My regular doctor has a cross and prayer on the wall, so I don't feel comfortable coming out to him.

I am not comfortable discussing my intersex variation for fear of feeling less of a person.

If there is no peer-based support available, I would probably choose to assume heterosexuality to access mainstream supports to ensure my comfort, treatment, and even safety was assured.

I have avoided it [coming out] and it has meant I haven't been able to discuss what was actually important for my health.

”



The role of peer-led services in meeting the health needs of LGBTIQ+ people

This study found that LGBTIQ+ peer-led services play a vital and unique role in meeting the health needs of LGBTIQ+ people. These services provide a trusted access point for people who would otherwise not feel safe to access healthcare and social support services. They provide safe spaces and interactions for LGBTIQ+ people, and the service providers have the knowledge and expertise to address the specific health needs of the service users. The study shows that without peer-led services, LGBTIQ+ people would be less likely to access healthcare and support services.

“

[Peer-led services] are services that are run by the community for the community. They understand the communities' needs and provide for them. They are, or should be, safe spaces where there is acceptance, solidarity, growth, safety, and security.

”

When asked about the role of peer-led services in meeting the health needs of LGBTIQ+ people, respondents described it as 'integral', 'essential', 'important', 'critical', 'vital', 'huge', 'central', and 'significant'. Many respondents highlighted that peer-led services have had an immensely positive impact on their health and wellbeing, with some noting that access to these services has been lifesaving.

“

Integral. Essential. My daughter would not be here without them. I might not be either.

An absolutely essential service that keeps us all safe and well. I don't know what I would do without them.

An integral role. They have played a significant part in my health, wellbeing, and healing.

”



Most respondents would prefer to access peer-led services

Most respondents (80%) said that given a choice of service options, they would most likely access LGBTIQQA+ peer-led services. Respondents said that they prefer peer-led services because they are safe, knowledgeable, understanding, inclusive, accepting, and welcoming, and they can provide tailored care. Respondents would also choose peer-led services over mainstream services to avoid the risk of experiencing stigma, discrimination, and abuse.

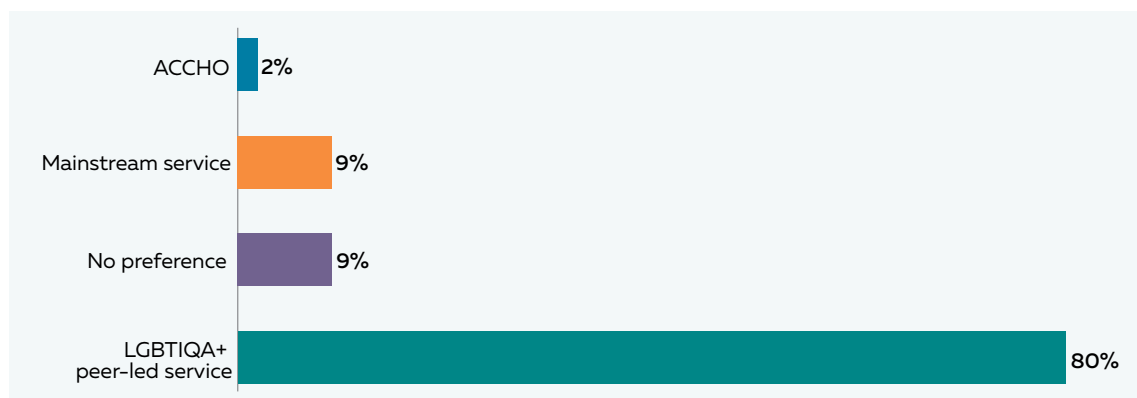
While only 2% of all respondents said they would likely access an Aboriginal Community Controlled Health Organisation (ACCHO), this equated to nearly a quarter (23%) of Aboriginal and Torres Strait Islander respondents.

When asked about the role of peer-led services in meeting the health needs of LGBTIQQA+ people, respondents described it as:



Figure 9: Type of service respondents are most likely to access if given a choice

Respondents are most likely to access LGBTIQQA+ peer-led services



“

If I had a choice, I would choose peer-led over mainstream because I feel like they would have an inherent understanding of my lived experience even if it wasn't relevant to my visit, and that would make my experience with them more meaningful.

”

“

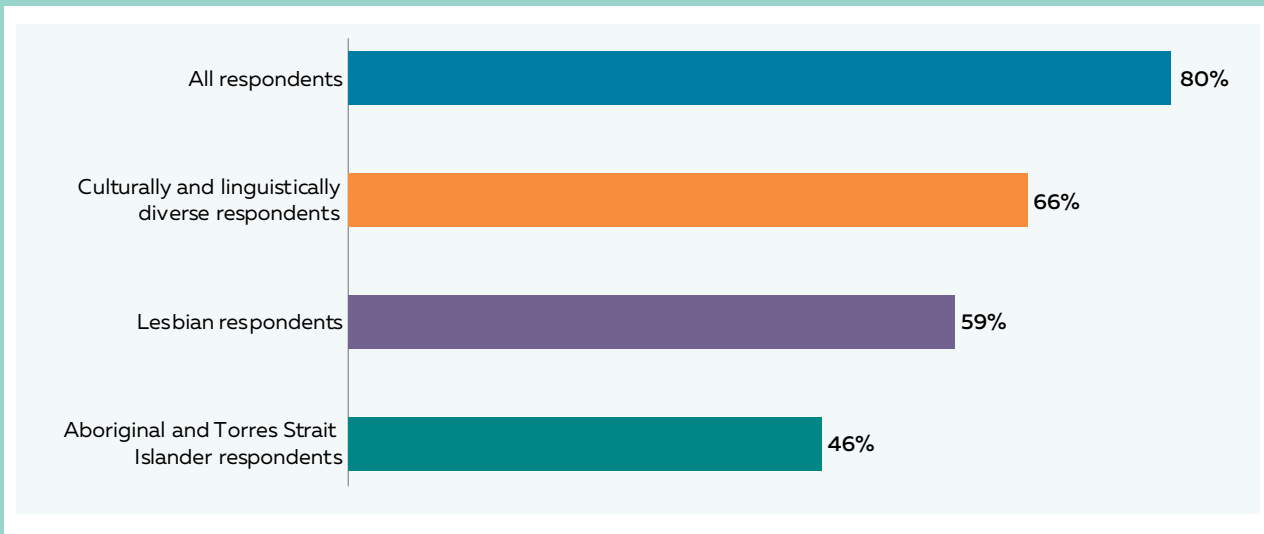
If I see a service has an LGBTIQ+ staff member or is peer-led, then I use that service over other services. I feel safer and more relaxed. I am more likely to be more honest. I find I am more likely to act on recommendations.

I just want to feel understood and like people will understand my family and my community, and while I know a lot of mainstream services have a good understanding, it's just more of a sure thing with peer-led services.

”

While most respondents said that given a choice of service options, they would most likely choose an LGBTIQ+ peer-led service, the proportion was lower among respondents from culturally and linguistically diverse backgrounds, respondents identifying as lesbian, and Aboriginal and Torres Strait Islander respondents.

Figure 10: Proportion of respondents who are most likely to access an LGBTIQ+ peer-led service



The lower proportion of Aboriginal and Torres Strait Islander respondents who would access a peer-led service is explained in part by their preference for Aboriginal Community Controlled Health Organisations, as mentioned above.

“

Being Aboriginal, it's easier for me to access Indigenous services cause I feel more comfortable and not judged like I do with mainstream services.

”

Peer-led services play an important role in reducing barriers to healthcare and support services

Throughout the survey, many respondents highlighted that LGBTIQ+ peer-led services play a critical role as a point of access to services and community. As discussed above, the fear of experiencing stigma, discrimination, and abuse when accessing services can deter people from accessing the healthcare and support they need. Many respondents highlighted that they feel safe accessing peer-led services because they trust that they will be accepted and understood.



LGBTIQ+ peer-led services play a critical role as a point of access to services and community.

“

It's as simple as being able to have access. Without these services we do not have access to healthcare services or support services, leaving many of us to die or suffer greatly.

Successful healthcare relies on people feeling safe enough to access services in the first place. It is far easier to go somewhere where sexuality and gender diversity is just understood without having to be in a position of having to explain ourselves.

[Peer-led services] bridge a gap between mainstream health services and the community. They create a safer space for people to be able to access services that may not be safe otherwise.

While abuse, discrimination, and unsafe places exist, [peer-led] services are essential to break the unpleasant conditions for LGBTIQ+ people.

”

Eighty-four percent of respondents reported that they would be more likely to access support if an LGBTIQ+ peer-led service were available. This result clearly demonstrates the important role of peer-led services in reducing barriers to accessing healthcare and support services.

“

I would not access a social support service that wasn't at least queer specific, though I primarily value social support services that are specifically for trans men/mascs. There is a commonality of experience within these groups that make them feel genuinely safe.

The most significant thing holding me back from accessing mainstream support is the common misgendering that occurs with it ... Even when the service providers are genuinely nice and good at their work, it is sometimes so distressing that it doesn't feel like it's worth accessing the service.

I would always choose a peer-led option if available. It would also make me more likely to proactively stay on top of things like testing.

I need to know I will be safe and receive appropriate care from my providers. Queer-led services reduce that uncertainty.

”

Barriers to accessing peer-led services

While it is clear that peer-led services reduce barriers to healthcare and support for most respondents, a small group of respondents faced barriers to accessing peer-led services.

Respondents were not asked about barriers to services directly. However, in responses to other questions, respondents identified several barriers to accessing peer-led services, including geographical barriers, limited availability, concerns about confidentiality, and not having access to peer-led services where they feel represented and included.

A small group of respondents faced barriers related to availability. Several respondents from regional and rural areas in Western Australia, the Northern Territory, and Tasmania reported that there were not any peer-led services that were accessible from their location. Others said that the services they had access to had long waitlists and limited availability outside of work hours.



“

I would rather see a queer-led service if all things were equal, but access is an issue – not just physically (there are no peer-led services within 500km or more of where I live), but also in terms of opening hours and waiting periods before appointments etc. – there was a peer-led service when I lived in a state capital, but the opening hours didn't make it accessible to someone who works full time, and I had to wait 8 months for a first appointment.

”

A small group of respondents expressed that they worry about their privacy when accessing peer-led services due to the LGBTIQ+ community being small and interconnected where they live. For some respondents, the risk of seeing someone they know in the service, or a staff member in the community, made them uncomfortable accessing peer-led services.

“

Due to the size of the LGBTIQ+ community where I live, it sometimes feels more vulnerable to present to a peer-led service due to a sense that confidentiality will be harder to protect.

Too anxious about the higher likelihood of seeing the person out in the community, and they know so much about me which would then make me feel unsafe.

”

While the perspectives of these respondents can provide insight into the breadth of experiences within the LGBTIQ+ community, these comments come from a small proportion of respondents and are not representative of the findings of the study as a whole.

Peer-led services play an important role in providing specialist advice and services to address the unique needs of LGBTIQ+ people

As shown [above](#) on page 12, 92% of respondents said that it is important or very important that healthcare and support services are knowledgeable about LGBTIQ+ health needs, and 89% said that peer-led services either always (68%) or sometimes (21%) had this knowledge. In comparison, only 25% of respondents said that mainstream services were always (7%) or sometimes (18%) knowledgeable about LGBTIQ+ health needs.

Many respondents expressed that peer-led services can more effectively meet their needs because they understand the unique experiences and challenges that LGBTIQ+ people face and have the relevant expertise. One person noted that a difference between peer-led services and inclusive mainstream services is that peer-led services are more responsive to community needs and evolve their understanding and language with the community, whereas mainstream services lag behind.

Respondents explained that peer-led organisations can offer a deeper understanding of issues affecting LGBTIQ+ people because they have similar lived experience and are part of the LGBTIQ+ community.

“

You don't have to explain yourself. When you're interacting with LGBTIQ-led organisations, you're talking to people who have likely experienced similar things to you – or if they haven't, they know someone who has. They're part of your community. The burden of education is removed, and you can access appropriate supports faster and with less incidental trauma.

I don't want to have to explain that my partner is female, I don't want that hassle, I just want health staff to understand from the first interaction.

”

Because of this peer-based knowledge and understanding, respondents can avoid the 'emotional labour' of educating service providers, which is something they often endure when engaging with mainstream services. Some respondents expressed that having to explain themselves can be traumatic and distressing.

Respondents also highlighted that peer-led organisations have specialist expertise about LGBTIQ+ health issues and needs that they cannot find in mainstream services. The importance of this expertise is demonstrated by the number of respondents who had experiences with uninformed health professionals and received inaccurate or inappropriate information, advice, and healthcare from mainstream service providers.

“

I went to a GP for PREP and I had to tell them what it was, and it made me feel like an alien. I went to a sexual health clinic, and they made me feel ok.

The first time I asked for a pap smear the doctor told me I didn't need one because I was a lesbian. Mainstream doctors may often not be well informed.

EVERY support service placed to support people affected by DFV [domestic and family violence] was completely lost and confused about how to 'deal' with us ... being two women – and not a woman/victim + a man/perpetrator.

”

Peer-led services play an important role in providing spaces and interactions where LGBTIQ+ people feel safe and accepted

As shown [above](#) on page 12, 95% of respondents said that it is important or very important that they can feel safe to be themselves when accessing healthcare and support services, and 91% said that they always (71%) or sometimes (20%) felt this way when accessing peer-led services. In comparison, only 39% of respondents said that they always (11%) or sometimes (28%) felt safe to be themselves when accessing mainstream services.

Respondents spoke about how important it is to have a space where they feel understood, accepted, and safe to bring their whole selves without fear of experiencing stigma, discrimination, and abuse. Having access to safe spaces has both direct and indirect benefits for a person's health and wellbeing. A growing body of evidence confirms that having access to safe, inclusive, and identity-affirming services and support is associated with increased resilience against the harmful impacts of stigma, discrimination and abuse that LGBTIQ+ people experience elsewhere in their lives.¹¹

“
I have found the peer-led services to be so affirming and healing just having the permission to be ok in my Gay! **”**

“
There is nothing more affirming than speaking with someone who has been in your situation, has walked the path, is aware of the pitfalls, and is able to share their experience with you.

It's the only place I feel like I can share the struggles – especially as I've gone through coming out late in life ... It's the only truly safe place I have had for that journey. I'd be lost without access to it.

Having access to safe, inclusive, and identity-affirming care also indirectly improves the health and wellbeing of LGBTIQ+ people by ensuring they get appropriate healthcare and support. As discussed above, due to the fear of experiencing stigma, discrimination, and abuse in healthcare settings, LGBTIQ+ people may choose not to disclose personal information that would 'out them' to their service provider. This can compromise the quality of care that LGBTIQ+ people receive. On the other hand, when LGBTIQ+ people trust a service provider and feel comfortable disclosing health-related personal information, which may include their gender identity, sexual orientation, or intersex variation, they have higher satisfaction and improved health outcomes.¹²

Several respondents highlighted that LGBTIQ+ people are more likely to feel safe to be open about all aspects of their lives and health needs when accessing peer-led services, and that this was crucial to good health and wellbeing outcomes.

“
They make it easier to open up, therefore I am more likely to have extra support for my issues because they can see the whole person.

Safe and non-judgemental service supports people to fully disclose health and wellbeing issues without withholding critical information for fear of judgement. If full information is shared, the health professional can then provide fully informed care.

[When accessing a peer-led service] you don't have to validate yourself or your identity to access the support you need. Not having to focus on whether it's safe to disclose things about my experience means I can focus on what I need, what I want, and not be shoved into some LGBTIQ box.

Peer-led services play an important role in increasing LGBTIQ+ people's connection to community

As shown [above](#) on page 12, 75% of respondents said that it is important or very important that healthcare and support services increase their connection to community, and 78% said that peer-led services provide this connection always (60%) or sometimes (18%). In comparison, only 12% of respondents said that mainstream services increase their connection to community always (5%) or sometimes (7%).

In comments throughout the survey, respondents expressed the important role that peer-led services have played in increasing their connection to community.

“

They're part of the community, by the community, and I found it led me to truly connect with the community. I probably wouldn't have started volunteering and attending events in the queer scene had I not accessed it.

Seeing and accessing services like [peer-led service] as a young gay man was invaluable to my perception of feeling welcome in my community and understanding that my unique sexual health needs were not wrong, but just required the right care.

”

Some respondents highlighted the health and wellbeing benefits of feeling connected to a community. These findings strengthen the existing evidence base, which shows that support from peers and connection to community are associated with increased resilience against the harmful impacts of stigma, discrimination, and abuse.¹³

“

I'm very grateful to the peer-led services that I've accessed. The specific services and the connection to community have been transformative and I think life saving for me. I feel like they are absolutely essential for LGBTIQ+ community members.

”

“

Connection to community is vital, it is suicide prevention.

”

Some respondents also highlighted the role of peer-led services in fostering and demonstrating the strength of LGBTIQ+ communities.

“

I think whether you access the services directly or not, they are really important in advocacy, visibility, and developing service models that work for us. If these independent services are lost, appropriate services will erode. Also, our communities built these organisations – they're a source of pride and strength reminding us what we did and can do.

They support appropriate and trusted healthcare for the LGBTIQ+ community. Importantly, I believe they also signal wider inclusion and the professionalism and expertise of the community as experts in our own affairs.

”

Some respondents would like to see an increased focus on intersectionality in peer-led services

Some respondents expressed that peer-led services could be improved by ensuring that they better represent and are inclusive of the diversity of identities and experiences within the LGBTIQ+ community.

While respondents were not asked directly about intersectionality within peer-led services, comments from across the survey demonstrate that there is a wide range of views about how peer-led organisations can best respond to the diverse needs within LGBTIQ+ communities. Some respondents would like to see increased diversity and inclusivity within LGBTIQ+ peer-led services, and other respondents would prefer targeted services for groups within the LGBTIQ+ umbrella, led and staffed by people who share their identity.

“

I am very confident that compared to mainstream services, LGBTIQ+ peer-led services are the best, they are the safest and the most competent, but I also think that more work needs to be done in terms of intersectionality within the LGBTIQ+ umbrella.

A huuuuuuuuuge role, but they need to actually represent all types of peers ... There need to be L, G, B, T, I, Q, A and + people in these services, and not just as peers but through ALL layers of these organisations.

They CAN play a significant role, but they need to balance the conflicting needs within the community to do this.

”

A small group of respondents explained that they do not feel that LGBTIQ+ peer-led services are representative or inclusive of their identities and experiences. This group expressed that they feel invisible, excluded, ostracised, and unsafe at LGBTIQ+ peer-led services. Two respondents mentioned that they do not feel LGBTIQ+ peer-led services are inclusive of lesbian women, and two said these services are not inclusive of bisexual people – particularly when they are not in

a same-sex relationship. Some respondents also highlighted that peer-led services do not always have the expertise to respond to their needs.

“

I would prefer a peer-led LGBT service that is inclusive and welcoming of bisexuals, but unfortunately LGBT services tend to be even more hostile to bisexuals than mainstream services are. Using a mainstream service while remaining closeted is the least bad option.

Right now, I am not sure that an LGBTIQ+ peer-led organisation is one I would use, because I feel greater support as a lesbian from mainstream services. This makes me deeply sad and isolates me from my own community.

”

Several respondents also noted that they feel LGBTIQ+ peer-led services are focused more on younger LGBTIQ+ people, to the detriment of older people.

“

As I grow older, I disappear more, even in the LGBTIQ+ community, so sometimes I have no place to be heard. I am told what my experience is/was by those not even alive when I went through it.

”

While the perspectives of these respondents provide insight into the breadth of experiences within the LGBTIQ+ community, they come from a very small proportion of respondents. Many respondents of diverse identities and experiences expressed that they feel safe and included at peer-led services, with some specifically noting the intersectionality of these services.

The role of mainstream services in meeting the health needs of LGBTIQ+ people

The study found that although many respondents had poor experiences with mainstream services, some respondents did have positive experiences, and some noted that mainstream services were becoming increasingly safe and inclusive for LGBTIQ+ people. Respondents identified the importance of having access to safe and inclusive mainstream services and wanted to see peer-led and mainstream services work together to increase LGBTIQ+ people's access to safe and inclusive services across the health system.

Mainstream services play an important role in meeting the health needs of LGBTIQ+ people

Respondents highlighted that mainstream services play an important role in meeting the health needs of LGBTIQ+ people because they are:

- more widely available and better resourced
- often better equipped to address complex health needs
- able to provide specialised medical services not offered by peer-led organisations
- better connected with the broader health network.

“

Even though I like to support peer-led services, many do not offer the kind of support I invariably need. Or, I find that in terms of accessibility, they are not as flexible as mainstream services (which can relate to funding, staffing etc.)

I have complex health issues that have to take priority over getting queer-friendly services.

”

“

I understand some people may prefer to visit an LGBTIQ+ peer-led service (and I do like to go to a male GP who I know is either gay or unconcerned), but I am cautious about our community becoming too focused on what separates us from our broader community ... I'd rather the focus was on acceptance and delivery of health care to all walks of life – where all people are safe.

”

Some respondents expressed strong views that while peer-led services are an essential part of the health system, they cannot and should not replace safe and inclusive mainstream services.

“

Peer-led service availability is critical for mental health services, counselling and LGBTIQ-specific health service needs. However, it's essential that the broader health system is welcoming, accepting and informed towards LGBTIQ+ people.

”

Some respondents reported having positive experiences at mainstream services, and a small proportion preferred to access mainstream services over peer-led services

While most respondents (80%) preferred to access peer-led services, 9% (39 respondents) preferred to access mainstream services, and 9% had no preference.

Some respondents reported that they would choose a mainstream service because they have only had positive experiences with these services in the past and have not faced discrimination. Others noted that they feel comfortable going to mainstream services for issues that are not related to their gender or sexual identity.

“

I feel pretty mainstream. My sexuality does not determine whether I use a service or not. In my experience, mainstream services have treated me without discrimination.

”

Respondents would like to see peer-led and mainstream services working together to increase access to safe and inclusive services for LGBTIQ+ people

Several respondents expressed that they would like to see peer-led and mainstream services working together so that LGBTIQ+ people can safely access a broader range of health services.

“

It is important for mainstream services to employ LGBTIQ+ people and for their practices/workforce development to be LGBTIQ+ inclusive.

All health services should partner with peers or peer-led services to some degree.

”

“

Mainstream services are professional and incredibly open to gay and lesbian people thanks to the huge amount of work done by gay and lesbian people historically.

”



How can the findings of this report be used to improve healthcare for LGBTIQ+ people?

This study provides insight into the important role that LGBTIQ+ peer-led organisations play in addressing the health needs of LGBTIQ+ people. The findings indicate that peer-led organisations play a critical role in addressing the barriers that LGBTIQ+ people face when seeking healthcare and support. Peer-led services provide LGBTIQ+ people with access to safe, inclusive, and knowledgeable healthcare and support, which is essential for improving health and wellbeing outcomes for LGBTIQ+ communities.

This study also highlights that the health needs of LGBTIQ+ people cannot be met by either peer-led organisations or mainstream services alone. While most respondents would prefer to access peer-led services, this is not always possible due to the limited reach, scope, and availability of these services. It is therefore essential that peer-led organisations and public and private mainstream services work together to increase LGBTIQ+ people's access to safe, inclusive, and knowledgeable services across the health system.

Mainstream service providers, peer-led organisations, and state and federal governments can use the insights from this study to improve healthcare for LGBTIQ+ people.

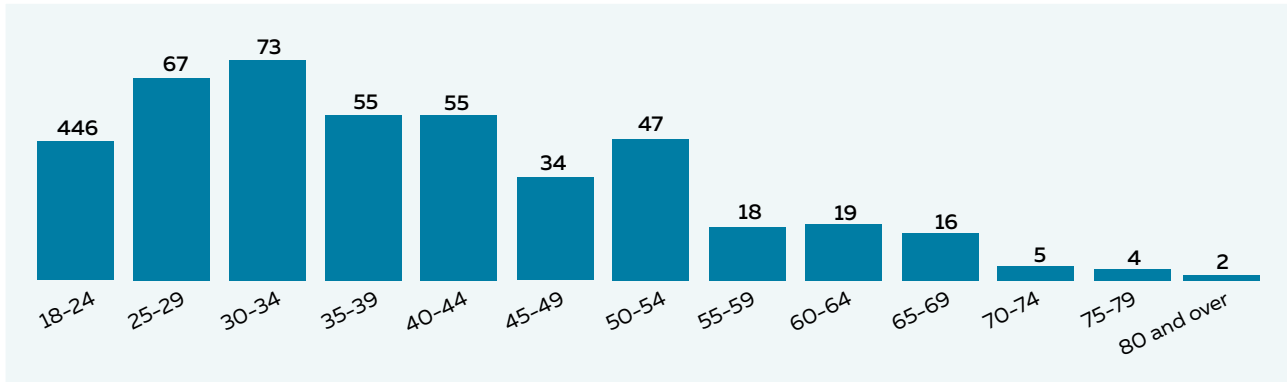
Mainstream service providers (including public and private health services) should focus on ensuring that LGBTIQ+ people can access their services without fear of stigma, discrimination, or abuse. They can do this by monitoring and evaluating their services to assess whether they are reaching LGBTIQ+ people, providing safe and inclusive services, and delivering positive outcomes for LGBTIQ+ service users. Mainstream service providers should also draw on the expertise of peer-led organisations to improve their services, including through engaging peer-led services to provide LGBTIQ+ inclusion training to staff members.

Peer-led organisations should work to ensure that clients feel confident in the professionalism, privacy, and confidentiality of their services, which can be challenging in small, interconnected communities. This study also highlights the challenges facing peer-led organisations to respond to the diverse, intersecting, and at times opposing needs and expectations within LGBTIQ+ communities, especially considering ongoing budgetary constraints. Peer-led organisations may benefit from conducting further research to explore what the term 'peer' means to different communities and how peer-led organisations can best meet the diverse needs within LGBTIQ+ communities.

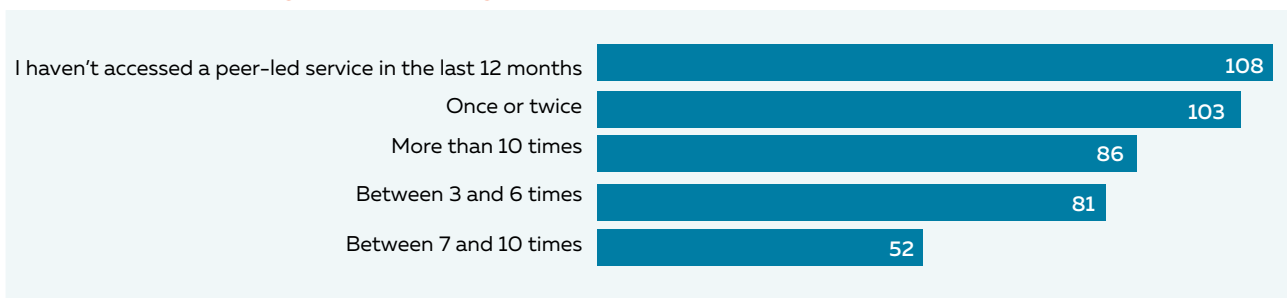
Government can work to improve access to peer-led services by sufficiently resourcing LGBTIQ+ peer-led organisations to respond to demand and to shape their services to address unmet needs in their communities. Given that this study shows that many LGBTIQ+ people will not access essential services if they cannot access a peer-led service, adequate resourcing is essential for addressing the health disparity between LGBTIQ+ people and the broader population.

APPENDIX A: RESPONDENT DEMOGRAPHICS

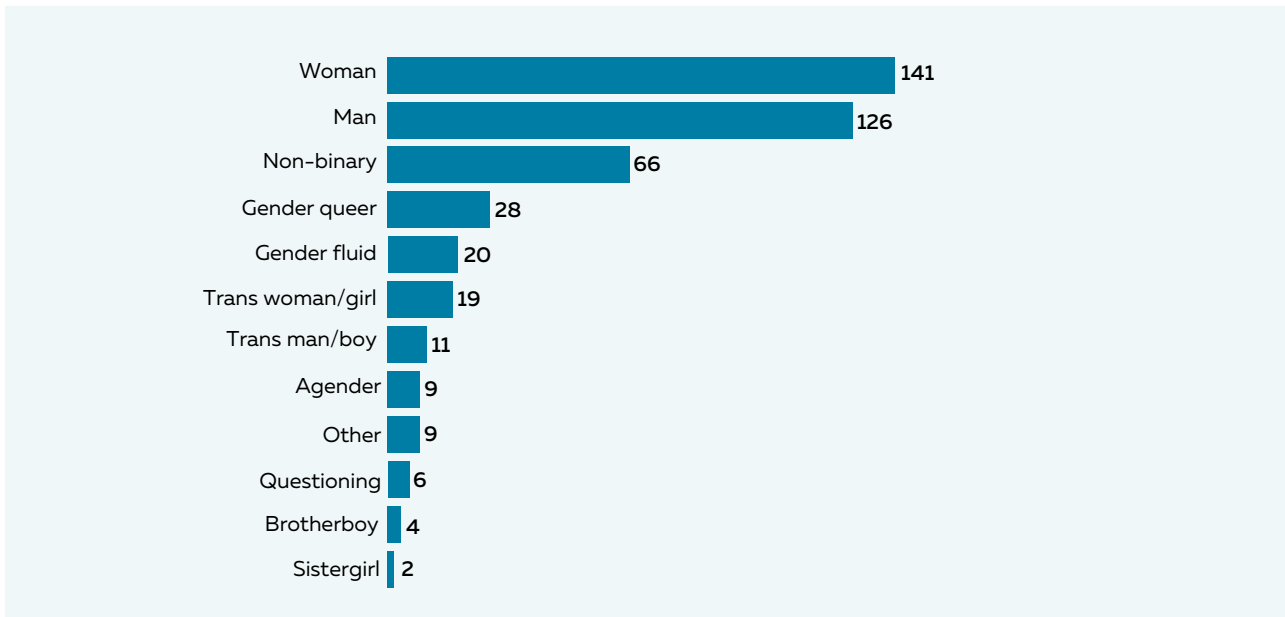
Respondents by age range



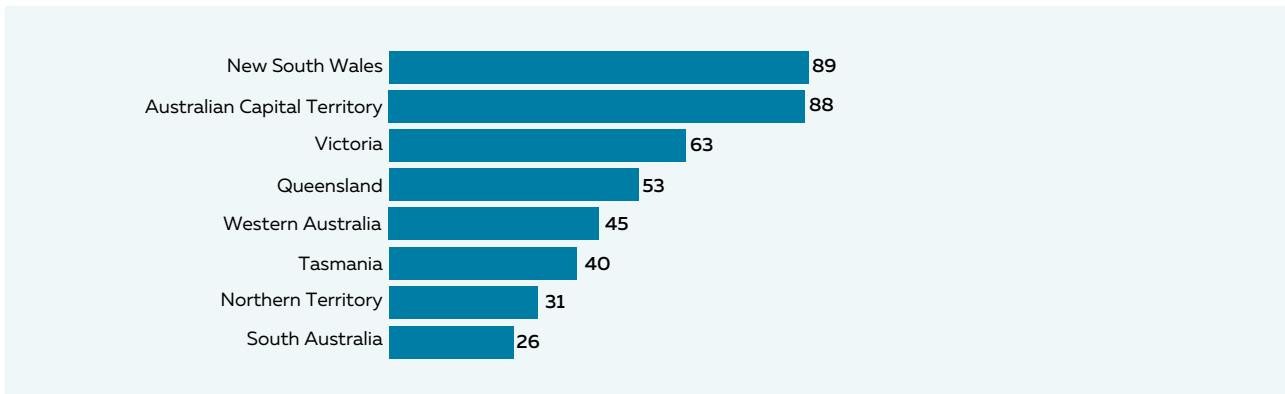
Respondents by frequency of service use



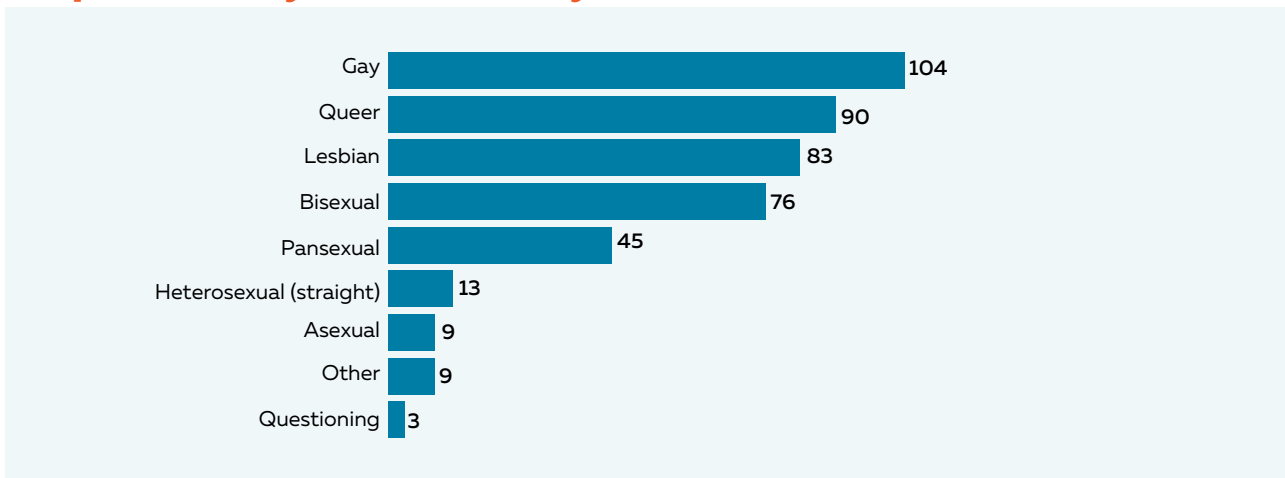
Respondents by gender



Respondents by state of residence



Respondents by sexual identity



Additional information provided by respondents

Would you like to tell us anything else about your identity?

Adult human female.	I am Gender Queer and Non-Binary and Transgender.
I like all sorts of people for their qualities – people are amazing!	I identify as Stone Butch.
Aromantic.	I am a Singaporean-born male who felt like I didn't fit in my own identity and what culture expected of me as a male since I had tendencies and behaviour different to that of a stereotypical Chinese-born male. Instead, I was highly attracted to traits which are feminine in nature. Yet as I grow older, I find that femininity and masculinity are polarising concepts which seek to box the two genders, and I'd rather not be bound by such concepts since I feel I sit right in the middle.
I'm trixic!	Well really I identify as a post-trans woman. That is, I finished my gender transition long ago. When it comes to sexuality, I used to identify as Bi but for the last 14 years I've have NO LIBIDO. This is NOT asexual, because I'm not happy with that state of affairs, but I don't see what can be done about it.
Asian Chinese Boy.	I am a butch identified lesbian. I'm old school stone butch, but don't see myself as male in that sense. Identifying as female bodied but not a 'girl', being addressed as a lady makes me uncomfortable. I don't identify as transgender.
Autism and ADHD too!	My sexual identity is parosexual/paroromantic. This is a hybrid m-spec and a-spec sexuality. I'm attracted to multiple genders and my level of asexuality and aromanticism varies by gender. I'm also a transgender man.
I really don't feel like I fit into one of the LGBTQ+ categories.	I am a demi-woman, which is an identity that has aspects close to being a woman and being a non-binary person. I do not feel fully one or the other, but a combination of both. I am also pansexual and polyamorous.
I usually identify as Queer but often tell people I'm gay or a lesbian because it's easier than explaining.	It's been a difficult journey for me to find words that describe my identity over the years. I have always just believed people are people which was difficult to describe to others.
Cis Male.	I am a drag queen who has been doing drag for over 40 years.
I'm Polyam PanDemisexual.	I'm gay. I'm male. I do not need to fit into an acronym with a mix of both sexuality and gender.
Cisgender male attracted to other cisgender males.	
I'm a non-binary trans woman.	
Female however gender expression is more fluid. Bisexual inclusive of trans and NB [non-binary] people.	
I'm getting old, my body's not quite responding to my brain which thinks it's 35.	
Fierce queer feminist woman who is polyamorous. Sometimes I'm ok with being called a lesbian or gay. To note also lately I feel asexual. Queer is a great umbrella so I don't have to worry.	
I live openly as a gay man with strong family support & friends' support. I live with childhood PTSD, anxiety & depression.	
Gay white cis male.	
I'm an African-Australian black man, Muslim and gay.	
I am GNC [gender-nonconforming] enough that people assume I'm either a lesbian or a trans guy. This means I need to 'act' female for acceptance because our world is incredibly misogynistic and rubbish at accepting regular behaviour.	
Identity is fraught. Biology is static. Co-opting intersex narratives into a sexual orientation or gender identity category is laced with problems.	

Would you like to tell us anything else about your identity?

I am a female homosexual attracted to other female homosexuals. It's my sexuality, it's not an identity.	It mostly goes unnoticed, for many years people thought I was just a tomboy. I struggle with how I feel every day, because it's hard to decide if I'm feeling more masculine or more feminine or just neutral, so I wear a lot of jeans and shirts.
My identity it seems is these days mainly about my HIV, even in the Gay community, it's the 1st thing people seem to find out.	I am an adult human female lesbian.
I am a guy that is proud and happy that I am able to be myself.	Queer, Pansexual, Bisexual, Gay cis-man.
Legally blind.	I am an aromantic asexual, trans masc genderfluid enby [non-binary].
I am a lesbian and my sex is female.	Queer, non-binary, autistic human.
Married cis woman, lesbian queer.	I am asexual and on the aromantic spectrum, and a cisgender woman.
I am a non-binary transwoman.	Queer, trans, nonbinary, bisexual/Ammolic/Diamoric, demi-grey-ace, and wonderful.
Just a gay, white male living in regional Victoria.	I am born in a male body and questioning why as I am female on the inside.
I am a non-binary transwoman. My beautiful and awesome feminine spirit lives in a male body.	Queer/Lesbian/Gay though Queer better describes my outlook on the diversity and fluidity of sexuality.
I'm a white, cisgender, able-bodied, homosexual man.	I am concerned that I have undiagnosed autism.
I am a nonbinary, masculine leaning individual that is attracted to masculinity.	Transitioned in later years after living as a straight family person.
Trans feminine non-binary.	I am from the US and have lived in Australia for three years. I have a disability in the form of chronic PTSD.
I am a queer woman who has lived experience across a range of things such as cancer survivor, mental health issues, etc.	I identify as a butch dyke.
Non-binary, non-binary transgender, androgyne (noun). Using Mx ('mix') consistently since 2002.	I am married to a woman. I am attracted to the person not the gender.
I am a queer bisexual guy.	Queer trans man.
Transgender woman, attracted to women but largely asexual.	I am of Chinese, Irish, Scottish, and Welsh ancestry in addition to my predominant English ancestry.
I am a queer, neurodivergent person.	Was a lesbian identified but now identify as Transmasculine.
Omnisexual.	I am same sex attracted Asexual – best described as Grey-Ace.
I am a transgender non-binary person, who identifies as bisexual and is questioning whether they're on the asexual spectrum.	Trans male, mostly gay.
I identify as non-binary transmasculine! I feel like these two terms are the easiest way to describe my experience with gender :)	
I am an AFAB [assigned female at birth] agender/nonbinary individual who is asexual and aromantic. I feel aesthetic and intellectual attraction typically toward women and genderqueer/nonbinary folx.	

Would you like to tell us anything else about your identity?

I have been living with GD [gender dysphoria] for the last 50 years and have only recently come out to family and friends. I have identified as female all of my life but never dealt with it.

I am transmasculine, which is technically non-binary but I don't like the word 'non-binary'. I'm not a trans man, but my identity is masculine. I wish there were labels for people like me, I'm still figuring it out.

I identify as both gay and queer.

Queer, bi, pan, non-binary, agender, autistic, ADHDler.

I do not ascribe to the concept of gender identity and so I do not have a personal gender identity. I do not mean this as in 'I am agender' but as in 'gender is a social construct and I do not have an internal or innate sense of gender identity'. I consider myself to be of the female sex, because this was observed at my birth, and I had no choice in the matter. I do not 'feel' like a woman or 'identify' as a woman, I am a woman. I am also a lesbian, which means I am a homosexual female, and have an innate exclusive attraction to other people of the female sex, regardless of their gender identity (if they have one). I do not conform to gender norms, I do not perform femininity, however for me this is not any expression of gender but an act of personal liberation from the sexist expectation society places on members of the female sex.

Not really sure to be honest. Was identifying for a long time as a cis-bisexual woman. Recently had a hysterectomy for severe health reasons and finding that 'cis' doesn't and hasn't really felt right for a long time. However, I also don't feel that genderqueer or questioning or non-binary or trans fits either. Really, my struggle is I've desperately wanted to be a cis woman and was technically born cis (assigned female at birth, identify as a woman) but my body, for health reasons, has never 'functioned' in the way I expect a cis body to function, nor have I ever looked 'cis' due to my body not fitting narrow and conventional ideals of femininity. So I don't feel that cis reflects my lived reality or experience as someone who has suffered extensively with a gendered experience of health issues (adenomyosis) and had to sadly get surgery just to have a quality of life again. Is there a term for someone like me? No idea, and I don't know how to begin to find it.

I have been out since I was 19. I have only just realised I am non-binary after 20 years or so of being in the community.

I have identified as gay since the age of 14 but did not come out to friends until I was 23. I was 26 when I came out to my family.

I identify as a gay man. This has been my identity all of my life since adolescence. I have never questioned or doubted it.

I consider myself cisgender female but also gender non-conforming. I also identify with both bisexual and queer labels.

I don't fit in a box. I like that there is education now.

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[Meridian](#) is an LGBTIQA+ community-controlled peer-led organisation that provides health and social support services to people living with and impacted by HIV, LGBTIQA+ people, and sex workers. Meridian has been supporting and advocating for these communities for 40 years.



[Collective Action](#) is a social impact consultancy that partners with community organisations to address structural inequality and build safer and more inclusive communities.