



24 February 2023

Submission:
Australian Law Reform Commission
Discussion Religious Educational Institutions and Anti-Discrimination Laws

Introduction

Thank you for the opportunity to provide input into the Australian Law Reform Commission’s proposals for reform in its *Consultation Paper: Religious Educational Institutions and Anti-Discrimination Laws*.

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers and individuals.

LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios of significance to our communities. We recognise that people’s genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

Elimination of discrimination

LHA strongly advocates for the elimination of discrimination to achieve equitable health outcomes for all Australians. Protection from discrimination for people of faith and those who hold no religious belief is important. However, this needs to be done in a way that ensures, rather than undermines, rights and protections for LGBTIQ+ people.

LHA welcomes the Australian Government’s commitment that an educational institution must not discriminate against a student or member of staff based on sex, sexual orientation, gender identity, marital or relationship status, or pregnancy. We support the ALRC’s proposal to include protections on the grounds that a family member or carer of the student may also have these protected attributes.

LHA endorses the ALRC’s view is that this Australian government policy commitment can be implemented in a way that is consistent with Australia’s international obligations. However, we remain concerned that any exposure to stigma, discrimination and other body, gender and sexuality shaming in educational institutions may have extensive and long-lasting adverse health and wellbeing implications.

The focus of this submission is the need to eliminate discrimination in educational institutions to protect the health and wellbeing of LGBTIQ+ people, especially our young LGBTIQ+ people. It is vital for all schools to provide supportive and inclusive environments—regardless of sexuality or gender.

Australia has ratified the Convention on the Rights of the Child, which requires the Australian Government to protect the best interests of the child as the primary consideration. LHA believes that all forms of continued institutional and legal protection for body, gender and sexuality shaming within education institutions is not compatible with a child’s best interests.



The capacity of faith-based institutions to refuse to hire or to fire staff on the grounds of sexual orientation or gender identity is not only discriminatory towards LGBTIQ+ personnel, but also results in a lack of staff with lived experience capable of understanding the needs of LGBTIQ+ students.

In recent years, LHA has made several submissions to government consultations on this topic. We ask that consideration is given to the potential health and wellbeing impacts on LGBTIQ+ people and their families due to the prolonged national dialogue on this issue, including the perceptions that the human rights of LGBTIQ+ people are open to change public debate.

LGBTIQ+ Health and Wellbeing

Although many LGBTIQ+ people live healthy and happy lives, a disproportionate number experience poorer health outcomes compared with the broader population.

Recognising significant health disparities, LGBTIQ+ people are identified as a priority population in a range of national strategies, including the National Preventive Health Strategy 2021-2030¹, National Men's Health Strategy², National Women's Health Strategy³, National Action Plan for the Health of Children and Young People⁴, National Drug Strategy⁵ and National Mental Health and Suicide Prevention Plan⁶.

LHA developed its *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People*⁷ to make data on the mental health crisis for our communities more accessible. The data show that LGBTIQ+ people experience significantly worse mental health outcomes, including:

- LGBTIQ+ people are nearly six times more likely to experience and be diagnosed with depression.
- Transgender and gender diverse people aged 18 and over are five and a half times more likely to experience and be diagnosed with depression.
- LGBTIQ+ people are two and a half times more likely to have been diagnosed or treated for a mental health condition in the past year.⁸

Australian and international research has shown that LGBTIQ+ people under-utilise health services and delay seeking treatment due to actual or anticipated experiences of stigma and discrimination from

¹ <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>.

² <https://www.health.gov.au/sites/default/files/documents/2021/05/national-men-s-health-strategy-2020-2030.pdf>.

³ <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>.

⁴ <https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-of-children-and-young-people-2020-2030>.

⁵ <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>.

⁶ <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>.

⁷ LGBTIQ+ Health Australia (April 2021), *Snapshot of Mental Health and Suicide Prevention*. <https://www.lgbtiqhealth.org.au/statistics>.

⁸ LGBTIQ+ Health Australia (October 2021), *Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021-2026*. https://www.lgbtiqhealth.org.au/beyond_urgent_national_lgbtiq_mhsp_strategy.



service providers.^{9, 10} This can lead to reduced screening for physical and mental health conditions and poorer health outcomes. It can also mean that LGBTIQ+ people do not fully disclose relevant information about themselves and their health or support needs.

These adverse health outcomes for LGBTIQ+ people are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities.

Many LGBTIQ+ Australians also have intersecting identities and life experiences that expose them to overlapping forms of discrimination and marginalisation, which may compound the risk of poor health outcomes. This can be significant for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, people with disability, people from culturally and linguistically diverse backgrounds or people of faith, who can face rejection from each of their communities.

Impact of religious prejudice on poor health outcomes

Australian research has examined whether religious-based anti-gay, or homonegative, prejudice had a detrimental impact on the health and wellbeing among lesbian, gay, and bisexual (LGB) individuals as well as their heterosexual counterparts.

The results of this study demonstrated that exposure to religious anti-gay prejudice (the disapproval of homosexuality on religious grounds) predicted higher levels of anxiety, depression, stress, and shame; more harmful alcohol use; and more instances of both physical and verbal victimisation. These harmful outcomes were observed among both LGB individuals as well as heterosexual individuals, regardless of whether these individuals were religious themselves.¹¹

These findings have significant implications in relation to religious freedoms, including:

- The condemnation of homosexuality on religious grounds is not just a harmless expression of religious beliefs. Significant harm ensues when religious bodies, organisations and people of faith espouse or expose others to anti-gay messages in the public sphere.
- Provisions that facilitate and legitimise the expression of anti-gay prejudice on the grounds of religious belief will pose broad and significant threats to overall health and wellbeing of sexual minority populations.

Contact

James Zanotto

Policy, Research and Communications Director

P: [REDACTED]

E: [REDACTED]

W: lgbtihealth.org.au

⁹ Pennant, M.E., Baylis, S.E., Meads, C.A. (2009). Improving lesbian, gay and bisexual healthcare: a systematic review of qualitative literature from the UK. *Diversity & Equality in Health & Care*.6:193-203.

¹⁰ Waling, A., Lim, G., Dhalla, S., Lyons, A., Bourne, A., (2019). *Understanding LGBTI+ Lives in Crisis*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University, and Lifeline Australia

¹¹ Sowe, B. J., Taylor, A. J., & Brown, J. (2017). "Religious Anti-Gay Prejudice as a Predictor of Mental Health, Abuse, and Substance Use." *American Journal of Orthopsychiatry*. 87:6. pg. 690-703.