

In my shoes

Experiences of discrimination, depression and anxiety among gay, lesbian, bisexual, trans¹ and intersex people

Market Research Objectives

Our objective was to gather real life experiences and understanding of the discrimination faced by members of the gay, lesbian, bisexual, trans¹, and intersex (GLBTI) communities, with particular reference to the impact discrimination has on symptoms of depression and anxiety, and access to mental health services. This research is informing a community campaign designed to prompt the general community to question their attitudes and behaviour towards GLBTI people and promote acceptance of diversity, as well as raising awareness of depression and encouraging help seeking in the GLBTI community.

Participants

The online community *In my shoes* involved 82 participants, the majority (71%) living in metropolitan areas, 19% in regional areas and 10% in rural locations. Of all participants, 48% were male, 40% female, 7% transgender, 3% transsexual and 1% intersex. More than half (59%) were aged 25–45, with nearly one third (29%) aged 46 or over, and 12% aged 18–24 years. Most participants indicated they were open about their gender, sex or sexuality: 49% indicated this was public knowledge; 34% said most people knew; 9% indicated this was known by only close friends and family; and 2% had told only a few people. The majority of participants (73%) had experienced depression or anxiety, spoken about

it with a healthcare professional and had taken medication or had treatment. A smaller group had experienced depression or anxiety, but had not spoken to a health professional (13%), or had spoken with a health professional, but not taken medication or participated in treatment (9%). Only 4% had not experienced depression or anxiety.

Methodology

The six-week online discussion forum *In my shoes* was moderated by researchers from Latitude Insights, who introduced 18 discussion topics about experiences of discrimination, depression and anxiety. Participants introduced an additional 19 discussion topics on specific types of discrimination or specific topics.

Summary of Key Findings

1. Link between discrimination, depression and anxiety

In addition to the risk factors experienced by people in mainstream society², which can lead to depression and/or anxiety, GLBTI people face an additional burden of discrimination and prejudice. The experience and/or fear of discrimination are key risk factors contributing to higher rates of depression and anxiety among GLBTI populations. In comparison with the broader population, homosexual and bisexual people are twice as likely to experience anxiety disorders (around 31% vs 14%) and are three

¹ 'Trans' is used here as an umbrella term covering a diverse range of experiences of sex and gender and ways of describing oneself such as trans, transgender, transsexual, genderqueer, gender questioning. This term has been adopted based on: Aizura, A.Z., Walsh, J., Pike, A., Ward, R., & Jak, 2010. Gender Questioning. A joint project of Trans Melbourne Gender Project, Gay and Lesbian Health Victoria & Rainbow Network Victoria. Accessed at: <http://www.glhv.org.au/node/242>

² Risk factors which may lead to depression and anxiety include biological, social, environmental and psychological.

times as likely to experience depression and related disorders (around 19% vs 6%)³. Rates of depression and anxiety may be even higher for people with diverse sex and/or gender. GLBTI people are also at greater risk of suicide and self-harm.

“Before transitioning, I let discrimination rule my life and depression (caused by discrimination) was having a huge impact on my health. Always worried about what would happen if I went to a certain place or what I did.” (Transsexual, heterosexual, 46+ years, regional Queensland.)

The impact of overt discrimination can continue far beyond when an event of discrimination occurs.

“I know people in Tasmania that have been subjected to awful violence by neighbours, they had dead animals put in their letterbox, sent hate mail, physically attacked etc. Many individuals have been attacked on the streets by people they don’t know...For the individuals concerned, it is awful, they live in fear, they are frustrated by the lack of police response if there is no proof of who the perpetrator is. They have to leave their home or try to become invisible.” (Lesbian woman, 25-45 years, regional Tasmania.)

More subtle forms of internalised discrimination were related to the impact of living in a society which doesn’t embrace GLBTI people in the same way it embraces members of mainstream society.

2. Intersectional discrimination—additional discrimination

Participants also discussed the vast diversity within the GLBTI community. People may be perceived as, or self identify with, a range of minority groups, or display characteristics separate from their GLBTI identity which may attract additional discrimination.

“I have always been judged as gay, first as a gay woman and now as a gay man...As I’ve never identified as either, I find it invalidating to be judged for what I’m not. My biggest dislike

is being diagnosed with a mental disorder in Gender Identity Disorder. I do not believe it is one and the result is, those who do not understand my gender identity can disregard my view as deluded by simply saying that I have a mental illness...This results in a medical condition that is surrounded by stigma and prejudice. For the most part, people will not be disrespectful to my face... they’ll wait till I leave the room.” (Transsexual, Queer, 25–45 years, metropolitan South Australia.)

3. Isolation in regional and rural Australia—a more stressful experience

Participants reported a heightened risk of discrimination from neighbours, co-workers and strangers in rural and regional communities. Several participants felt they were unable to live in these areas because of the prejudice and discrimination, preferring to live in areas more embracing of GLBTI populations.

“It’s worse being a minority group member in a small community. You can still be lonely in a big city, but there is the opportunity to search out like-minded people, at least. I moved from the coast/country to Sydney...and though often fantasise about going back permanently, probably never will.” (Gay man, 46+ years, metropolitan New South Wales.)

4. Impact of living in a hetero-normative society

Older participants talked about growing up in an era where they were not encouraged to be themselves, with their identities classified as mentally ill or illegal, while younger participants reported they are currently growing up and developing their identities within a society which does not actively embrace or encourage those identities. Young people talked about not feeling valued in the same way as others, for example key milestones which are usually celebrated, such as first relationships, moving in with a partner, having children, were not celebrated within families to the same level or with as much joy as the milestones of heterosexual siblings.

³ Australian Bureau of Statistics (ABS), 2007. National Survey of Mental Health and Wellbeing: Summary of Results, 4326.0, data tables. Accessed at: <http://www.abs.gov.au/>

"I find that I hide and don't open up to people as much as I want to...Being told...that there is fundamentally something wrong with you... is a hard thing to deal with. I find that I don't 'fit in' with others, I'm mostly an outsider." (Lesbian woman, 25–45 years, metropolitan Queensland.)

Hetero-normative assumptions and attitudes among some groups within society produce a lack of acceptance of sexuality, sex and gender diversity and can result in negative self-images and internalised discrimination for GLBTI people. The lack of positive role models in the media, the perpetuation of stereotypes through television, as well as direct exposure to discrimination and exclusion at a formative age and beyond, all have an impact.

5. The ever-present threat of discrimination may be related to anxiety

Many participants discussed the constant presence of anxiety or stress from an anticipation or threat of, discrimination. This caused people to adjust their own attitudes and behaviour, leading to them living a compromised life.

"That's what discrimination does, that constant low-level vigilance, the little worm of worry. Even though I surround myself with supportive people, there are times when I feel vulnerable and homophobia is there, waiting for me." (Lesbian woman, 25–45 years, metropolitan Victoria.)

"Sadly, sometimes it doesn't take much harassment to severely impede on someone's self-confidence and self worth. Even the smallest forms such as a sneer, a funny face or a rude remark can have a lasting effect...things like this have a way of staying ingrained at the back of your mind and can lead to lasting effects of depression and anxiety." (Gay man, 18–24 years, metropolitan Queensland.)

Having to compromise in anticipation of others' reactions can be tiring, hurtful and painful. Adjusting your own behaviour and expectations to account for prejudice and discrimination becomes expected by many.

"For me, the worst thing about discrimination has been the way I have, in the past, taken responsibility for it, thinking it was my job to

stay out of the firing line...I was always trying to second guess what people were thinking and act accordingly to manage what I thought were their expectations. As a result, I faced little direct discrimination, but that came at a great cost to my happiness." (Gay man, 25–45 years, metropolitan Victoria.)

"There are still situations...where the vibe in a room or whatever space tells me that I'm not really welcome, accepted and I get this rush of nausea that can momentarily defeat me. This hiding of who you are only feeds self loathing and low self worth." (Gay man, 25–45 years, regional Victoria.)

6. Younger people are seen as more vulnerable to discrimination

For young people who identify as GLBTI or are questioning their sexuality or gender, hetero-normative attitudes can make it more difficult for them to achieve wellbeing and happiness. The social context is sometimes discriminatory and often does not reflect young people's emerging identities in a positive way.

"GLBTI people are most likely to experience suicidal thoughts/depression/anxiety after they are aware that they might be GLBTI, but before they come out to anyone else. Homophobic discrimination levelled at people who are openly gay is awful, but it's most damaging impact is on people who haven't come out yet. This is why whole of school/whole of society approaches are so important because the people who need them most are invisible." (Lesbian woman, 18–24 years, regional New South Wales.)

Discrimination within the family can be a source of both overt and subtle discrimination in a space where safety and support are expected, and can be a core driver of internalised discrimination.

7. Spectrum of experiences with healthcare professionals

Inconsistent service experiences can work as a barrier to seeking support for depression and/or anxiety and have a lasting impression.

"My long-ago therapist [was]...homophobi[c]... she said I was homosexual because I was

attempting to get love from a woman...that I was denied as a child...and to be mentally healthy, I would need to be with a man.” (Lesbian woman, 25–45 years, regional New South Wales.)

“When my GP made the referrals, it was important to her that she find me gay-friendly providers. Having bipolar disorder was / is unrelated to me being gay, but some of the pressures of life as a gay man mean that those stressors need to be examined and put into order to prevent life stresses from contributing to a situation where I could become unwell.” (Gay man, 25–45 years, rural Victoria.)

Ensuring GPs are well educated and equipped to connect GLBTI people to supportive services is important as they are often the first ‘outsider’ with whom people discuss issues of depression and anxiety.

“I talked to my GP when I thought I was drinking myself to death with depression and anxiety, this led to my referral to a psychologist, and finally to a gender therapist, who would assist me to begin my medical transition from male to female.” (25–45, Transsexual, Pansexual, metropolitan South Australia.)

8. Trans populations face more negative experiences with health care providers

Transgender and transsexual participants reported negative experiences with health care providers even more frequently.

“Seeing health professionals in general is often a scary and intimidating experience for transfolk. I’ve learnt the hard way that being a medical professional doesn’t make someone knowledgeable about trans issues...if I wanted to see some kind of mental health professional in the future, I would only see one that had previous exposure to Trans issues so I wouldn’t have to educate them and wouldn’t feel violated.” (Transsexual, Queer, 24–45 years, metropolitan South Australia.)

Referral of transgender and transsexual people to gay, lesbian, and bisexual friendly health care providers is inappropriate as providers are not necessarily well informed about or

sensitive to trans-specific issues or concerns. The lack of understanding, and at times explicit discrimination from health care professionals, results in additional barriers to soliciting help.

“Health professionals are not necessarily comfortable with Trans patients and I am very careful about the health professionals that I access as a result. In relation to mental health professionals, I’ve had positive and negative experiences. I have seen both gay, lesbian and straight mental health professionals in the past and none of them were capable of dealing with trans issues. Whenever I have raised my discomfort with my body or the thought that I felt I just didn’t fit into the world, no one was ever able to explore this further with any degree of comfort. It wasn’t until I went to my GP and said I was Trans that I was able to access a mental health professional with experience and knowledge in the area.” (25–45, Transgender, Queer, metropolitan Victoria.)

9. Support and getting better in a supportive environment

Support is sought from a number of places including: family, friends, community groups, websites, social media, literature, and healthcare professionals. In accessing support, it is important for supports, especially health care professionals and services, to understand the diversity within GLBTI populations and be non-judgemental.

“I felt that I could never ever talk to anyone about my problem until I was 28 when I went to see my GP about it. Unfortunately, the reaction I got only reinforced my thoughts that what I was feeling was totally wrong and I became even more withdrawn and ashamed of myself vowing to keep it to myself. Fortunately, things have changed greatly in the last 26 years. It was only after being discovered last year that I opened up to my wife about it and went and saw a psychologist to work my way through it. They were both absolutely wonderful with me and after discovering that it wasn’t anything to be ashamed about, I came to terms with it and found some peace.” (Transgender, Heterosexual, 46+ years, regional Queensland.)

Barriers to accessing support and services include low self esteem, lack of social connectedness, isolation, limited finance, large geographical distance to access appropriate services and anticipation of discrimination.

"I haven't accessed GLBTI services due to internalised doubt about my legitimacy. In my teens, I didn't think I had the right to access them because I'd never had a girlfriend and so couldn't 'prove' I was bi. Later, I didn't think I could access them because I had an opposite-sex partner, even though my anxiety was about my bisexuality. Now, I have a hard time thinking I should access them because I'd be draining limited resources when my problems are much smaller than many others. And I don't want to access mainstream resources because they might be discriminatory." (Bisexual woman, 25–45 years, metropolitan South Australia.)

beyondblue: the national depression and anxiety initiative

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia. beyondblue's vision is an Australian community that understands depression and anxiety, empowers people to seek help, and supports recovery, management, and resilience. We work towards this vision by providing national leadership to reduce the impact of depression and anxiety in the Australian community.

Latitude Insights

Latitude Insights is a specialist market research company using online research communities to develop rich and deep insights. The research was conducted by Latitude Insights researchers: Dianne Gardner, Anna Clowry, and Teri Nolan.



beyondblue GLBTI Reference Group

Established in 2010 to guide development of a community campaign, this Reference Group has assisted in scoping evidence, determining campaign objectives and approaches, and discussing market research outcomes.

Current membership comprises:

- Craig White**
Chief Health Officer, Department of Health and Human Services, Tasmania
- Danae Gibson**
General Manager, Melbourne Queer Film Festival, Victoria
- Dani Wright**
Director for WA & Chair Mental Health and Suicide Prevention Advisory Group, National LGBTI Health Alliance, Western Australia
- David McCarthy**
Immediate Past President, Joy 94.9, Victoria
- Jason Hincks**
CEO Movember Foundation, Victoria
- Lynne Hillier**
Associate Professor, Australian Research Centre in Sex, Health and Society, Victoria
- Michael Treloar**
beyondblue Ambassador and blueVoices Member, Victoria
- Ruth McNair**
Associate Professor, Director General Practice and Primary Health Care Academic Centre, Department of General Practice, The University of Melbourne, Victoria
- Sean Miller**
Consumer representative and activist, South Australia
- Yves Calmette**
Education Manager, ACON, NSW

beyondblue membership comprises:

- Nicole Highet**
Deputy CEO
- Megan Hansford**
GLBTI and Priority Communities Project Manager
- Lynnell Angus**
Indigenous and Priority Communities Program Leader
- Nadine Bartholomeusz-Raymond**
Health System Support & Advocacy Program Leader
- Fiona Athersmith**
General Manager, Marketing and Communications
- Julie Foster**
Head of Communications

beyondblue sincerely thanks all participants for their wisdom and for sharing their stories through *In my shoes*.