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INCLUSION AND EXCLUSION: ABORIGINAL, TORRES STRAIT ISLANDER, TRANS AND INTERSEX VOICES AT THE *HEALTH IN DIFFERENCE CONFERENCE 2010*

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Two common themes raised throughout the *Health in Difference 2010* conference were the marginalisation of some groups within LGBTI[1] communities and the LGBTI health sector, and the fundamental significance of people speaking for themselves, defining their own issues, needs and solutions – and others listening.

Some (overlapping) groups that addressed these themes and spoke clearly and strongly for themselves at *Health in Difference 2010* were 'Aboriginal and Torres Strait Islander people'[2] and 'trans and intersex people'.[3] However, these voices were not articulated in papers received for this special issue. In response to this gap, in this paper we outline some of the key issues documented by these groups during the conference in an effort to share them with readers of this journal. We also reflect on the absence of submissions from members of these groups and on some of the strategies implemented in the conference to support participation. These reflections may shed some light on both inclusion and exclusion processes and indeed on some of the core challenges of 'doing diversity'.

Gabi writes from the position of a cisgendered, non-indigenous conference convenor, and Sally from the position of a non-indigenous transwoman on the conference organising committee. We do not seek to speak on behalf of others, but rather to share here what has been captured in conference documentation and our own reflections. This is far from ideal. However, it appears preferable to the alternative of reproducing the invisibility of the voices of Aboriginal/Torres Strait Islander/trans/intersex people in the broader LGBTI sector in this journal issue. We acknowledge the intersex/trans/Torres Strait Islander/Aboriginal participants at the conference and thank them for their willingness to share some of their wealth of knowledge.

1 All conference materials included a statement about the use of LGBTI as an acronym to refer to a diverse group of identities that includes but is not limited to lesbian, gay, bisexual, trans/transgender and intersex people. It included a specific invitation to think across identity labels and consider sexuality, sex and gender diversity in all their facets and communities, including queer, sistergirl, transsexual, and other people. This is the sense in which the acronym is used in this paper.

2 While many people are comfortable with the term 'Indigenous' as a term encompassing 'Aboriginal' and 'Torres Strait Islander' people in the Australian context, it is also contested by some of those people these terms supposedly label. At *Health in Difference*, both terminologies were used, in addition to other local/regional terms. Where possible, we have attempted to use the terms that presenters themselves used, resulting in a diversity of terms throughout the paper. As a default, we have tended to use 'Aboriginal and Torres Strait Islander' in line with what appeared to be a general preference among conference participants.

3 'Trans' is used in this paper as an umbrella term for people whose internal sense of gender differs from the sex assigned at birth (eg transsexual, transgender, genderqueer, sistergirl) and 'intersex' as an umbrella term for people born with variations in their sex development that differ from common expectations of male or female bodies (eg hormones, gonads, genitals, chromosomes). While the two groups share some issues and have formed coalitions in advocacy and community groups, grouping them together should not be taken as implying a homogeneity. Indeed, *Health in Difference 2010* provided a number of opportunities to address their significantly different experiences.

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Inclusion

The inclusion of lesbian, gay and/or trans/ sistergirl[4] Aboriginal people, and to some extent Torres Strait Islanders, other trans people and intersex people,[5] and their visible and active participation in the conference was repeatedly commended by members of these groups and others.

As organisers our committee of 14 utilised a number of strategies to 'do diversity' and proactively foster participation of these (and other) groups. We recognised that, among others, Aboriginal and Torres Strait Islander LGBTI people, and other trans and intersex people, tend to be marginalised from and within conferences and the LGBTI community sector.[6] Just as the National LGBTI Health Alliance argues for proactive inclusion of LGBTI people by generic service providers, we acknowledged that members of marginalised groups were unlikely to assume that the *Health in Difference* conference was a space for them unless this was proactively demonstrated. Crucial for the Alliance was ensuring that members of these groups were part of the organising committee and that the committee consulted broadly at various stages of conference planning. Thus one of the organisers was Aboriginal, working with 13 other members who were neither Aboriginal nor Torres Strait Islanders; two members of the committee were trans and 12 cisgendered. And of course we all identified according to various sexual orientations, genders, cultural belongings and other aspects of our identities. We failed to recruit more Aboriginal and/or trans members or any Torres Strait Islander and/or intersex members onto the organising committee largely due to limitations of people's capacity to commit to active (unpaid) engagement in a working group. A further barrier was that as a new organisation, the Alliance had few established relationships in a sector without a strong foundation of collaborative work between groups. We had yet to prove ourselves as worthy of trust and engagement. It was thus especially important that we consulted with other members of these communities as widely as possible dur-

4 The term 'sistergirl' is used by some, but by no means all, Aboriginal and Torres Strait Islander people for an identity which approximates what non -Aboriginal people might term 'transwoman'. Koon-cha Brown notes that "western definitions of transgender or gay do not reflect the lived reality of Aboriginal and Torres Strait Islander transgendered people" (2004: 25). At *Health in Difference 2010* Laimena Wilo Muwadda addressed the transience of sexuality and gender identities among some Aboriginal and Torres Strait Islander people and noted that these identities have not yet been explored and discussed by Aboriginal and Torres Strait Islander LGBTI communities at a national level to determine a national Aboriginal and Torres Strait Islander LGBTI position. The differences and commonalities between the understandings and concepts of gender identity of Aboriginal peoples, Torres Strait Islander people and others is an area warranting further exploration by members of these groups as they seek to develop coalitions around gender identity related issues. The term is often spelt 'sistagirl', however presenters at *Health in Difference* who identify with this label used 'sistergirl' so that spelling has been retained in this paper.

5 While we did not capture robust demographic data on the 212 participants, on the basis of the information available we estimate that approximately 25% of participants were Aboriginal or Torres Strait Islanders, with 15-20% trans, intersex or genderqueer. Of the total 111 presenters at *Health in Difference 2010,* so far as we know 29 identified as Aboriginal, two as Torres Strait Islander or having Torres Islander decent, 17 as trans, three as Intersex (including four who identified as both Aboriginal and trans, and one who identified as both Torres Strait Islander and Aboriginal).

6 Mary Heath's article in this issue addresses some of the marginalisation experienced by bisexual people. While we implemented a number of the strategies discussed in this paper in relation to bisexual people too, most notably this group was not prioritised in the form of one of the 'key conference themes' and in part as a result did not visibly participate in *Health in Difference 2010* in the same way or to the same extent as Aboriginal and Torres Strait Islander people/trans and intersex people.

ing planning, and worked with them in various ways, for example, by recruiting three Aboriginal and three trans reviewers for the paper selection process.

Some of the other mechanisms we used included:

- having explicit themes/streams in the conference;
- networking sessions for specific groups early in the conference, facilitated by peers (ensuring that the 'Aboriginal People and Torres Strait Islander People' session was not concurrent with the 'Sex and Gender Diverse/Trans and Intersex People' session), and the opportunity to self-initiate further or other networking sessions;
- targeting dissemination of information;
- identifying and encouraging potential presenters and assisting them with proposal submission where necessary;
- ensuring that we had members of these groups speaking in each plenary session in the conference and, where possible, presenting in the various streams, rather than exclusively the ones pertaining specifically to 'First Australians' and 'Sex and Gender Diversity'; [7]
- securing scholarship funding and including membership of one of these groups as a factor in selection;
- collaboration with the Closing the Gap Indigenous leadership program;
- putting harassment procedures in place;
- including acknowledgement of the local people (Gadigal) in materials, including in speakers' notes;
- having dedicated networking opportunities;
- striving for appropriate language use (while acknowledging different positions on what that entails); and
- avoiding sex-specific structures where possible (the availability of unisex toilets was particularly appreciated on both a practical and symbolic level not only by trans and intersex people, but by some other participants, and posed a productive challenge for some cisgendered participants).

Of particular note is perhaps the strategy of having specific themes/streams in the conference on "Indigenous Health and Wellbeing: Culture, Context and Colonisation" and on "Sex and Gender Diversity: The Health and Wellbeing of Trans and Intersex People". As organisers we had some reservations that this would silo and thus marginalise the issues, and also that it rendered the overlaps between these population groups invisible. However, feedback from most members of these groups was that the invisibility and exclusion of their issues is so pervasive that potential presenters and participants were unlikely to engage unless we are very explicit that this is a priority, with its own space. Structuring them as core conference streams was suggested as the most appropriate mechanism, at least this time.

We asked those submitting proposals to indicate all streams which their presentation addressed, and included overlaps/intersections between streams as a favourable factor in selection. While respecting presenters own 'first' choice of stream where possible, we also sought to incorporate presentations address-

7 The term "sex and gender diversity" has become a commonly used umbrella term among trans and intersex people and in the Australian LGBTI sector generally, following its use by the Australian Human Rights Commission in its work on the legal documentation of sex. Like so many other terms it is contested. Like the (also contested) term 'Culturally and Linguistically Diverse', it positions 'diversity' as that which is outside the dominant norm. Normative and programmatic aspects of the concept of 'diversity' in a European context are discussed in Rosenstreich 2005 and Rosenstreich & Mecheril 2005. The term 'sex and gender diversity' is used by the National LGBTI Health Alliance together with the specific terms trans/transgender and intersex, in recognition of the wide diversity of further terms people use to describe their sex and/or gender identity.

ing issues of Indigeneity and/or sex identity and/or gender identity in various streams. We had a plenary session for each theme, with a presenter and panel discussion, to ensure that key issues were being raised for all participants, and not just for those with a specific interest in the area. As one evaluation respondent said "The plenarys were valuable from the perspective that they exposed participants to areas they may not normally have contact with and thoroughly demonstrated (or in some cases CELEBRATED) diversity". In addition to a presentation and panel discussion, these plenary sessions included 'report backs' from the concurrent sessions.

This mechanism did appear effective in this instance, with a large number of proposals to present submitted in these (and other) areas and very positive feedback from many participants: "As an Aboriginal man it was great to see us on the agenda" (participant evaluation form). However, some participants expressed concern in the evaluation survey that having specific streams did in fact 'silo' or separate those who identified as Aboriginal, Torres Strait Islander, trans and/or intersex, with many attending primarily or solely concurrent sessions within 'their' stream, e.g. "wonder if it was necessary to have an entire stream devoted to indigenous Australians. I also wonder if this made them feel excluded from others in the conference". However, this concern appears to have been voiced mainly by people not themselves members of these groups. Although feedback on this issue was not systematically sought, a number of Aboriginal/ Torres Strait Islander/trans/intersex participants specifically noted their appreciation of a focussed space to engage with each other and with their issues, while also engaging more broadly via the plenary sessions. As one participant said in response to the evaluation question 'what did you like most about the conference': "It was my first time attending the conference: For me it was building strong networks and links with our mob - Aboriginal & Torres Strait Islander working together and supporting each needs. I felt so good to see all of our mob in one place and made me feel strong and proud."

A similar dichotomy of views was expressed to us verbally during the conference in relation to the networking sessions, some of which were specifically defined as being by and for members of particular groups. Some participants were disappointed to not be 'allowed' to participate in some networking sessions. They expressed their motivation in terms of interest in learning more about the experiences of marginalised groups of which they were not members and/or wishing to get to know people within them. Members of marginalised groups on the other hand emphasised how empowering it was to have the opportunity to network in a 'safe space' with others from around the country who shared that part of their identity. In fact, the desire to establish ongoing national networks by and for Aboriginal and Torres Strait Islander LGBTI people, and by and for trans people, was formulated by participants. Given that all but 1.5 hours of the conference, including the concurrent sessions and plenaries, was open to all and offered opportunities for others to learn about the experiences of members of marginalised groups, we remain confident that this networking mechanism was valuable. However, we acknowledge that more communication of the significance of 'closed' spaces for marginalised groups to participants would be helpful[8] as would further interactive opportunities for participants to get to know each other.

Trans/intersex/Aboriginal/Torres Strait Islander participants (by which we mean both those whose names appear in the program as speakers as well as the other participants) thus not only shared their expertise and passion with audiences that may not have known much about their specific issues and their perspectives on broader issues, but they spoke with each other in an empowering space that

8 The tensions and the opportunities for empowerment afforded by 'closed' spaces are discussed in Rosenstreich 2006.

allowed diversity within the respective group to be acknowledged, shared learnings and built connections and strategies for moving forward collaboratively.

This is partly expressed in a closing comment made by an Aboriginal participant on their evaluation form "thank you for the opportunity to share our information with everyone. I was able to make positive networks with a couple of Indigenous groups in South Australia & Northern Territory. I had a lot of positive feedback from various people & groups. I also had the opportunity to network and assist other States. … Thank you for this amazing experience, not only did I learn about myself, I also learnt from others."

The active participation of Torres Strait Islander/Aboriginal/trans/intersex and other sex and gender diverse people was so frequently commented on that it highlighted their absence in most other spaces in the wider LGBTI community sector. While there is certainly much room for improvement, the *Health in Difference 2010* conference organisers and participants can, we think, be proud of this 'diversity in action'.

Some Key Messages at *Health in Difference 2010*

So, what were some of the key messages that members of these (overlapping) groups conveyed during *Health in Difference*? Some presenters used powerpoint slides or had typed up speeches, which they have made available via the Alliance's website, and the chairs captured two or three core messages from most sessions, so we can collate the echoes of the voices of at least some participants to share with readers a glimpse of what was discussed at *Health in Difference 2010* in relation to Indigeneity and sex and gender diversity. Please note, however, that our brief synopsis cannot do justice to the voices or the breadth of knowledge and experiences presented by Aboriginal and Torres Strait Islander LGBT people and other trans and intersex people at the conference.

As already noted, common themes throughout the conference, and in particular in relation to Aboriginal and Torres Strait Islander LGBT people and other trans and intersex people, were the experience of marginalisation within the LGBTI sector and the fundamental need for people to speak for themselves, define their own issues, needs and solutions – and for others to listen, communicate and not assume. In various ways, participants asked 'what are we doing to reduce discriminating behaviours within our communities?'

Aboriginal and Torres Strait Islander LGBT[9] Voices

In the first plenary presentation of the conference James Ward, an Aboriginal man of Nurrunga and Western Arrente descent from Central and South Australia, discussed the ongoing health crisis facing Indigenous Australia, reporting that Aboriginal and Torres Strait Islander people have the worst health status of any identifiable group in Australia. Exacerbating this for Aboriginal and Torres Strait Islander lesbian, gay, bisexual and sistergirl people is that this agenda is rarely articulated in the Indigenous health agenda. Furthermore, the LGBTI community health sector often struggles to find the right responses for the community. In terms of identity having both an Aboriginal and/or Torres Strait Islander lesbian, gay, bisexual or sistergirl identity can be fluid and interchangeable. It is not necessarily straightforward and a tension can be created in terms of both the "double whammy" of experiences of discrimination and marginalisation within both communities and a pressure to privilege one identity over another. This can lead to detrimental effects on

9 We are not aware of issues for Aboriginal or Torres Strait Islander intersex and/or brotherboy/transmen being addressed at the *Health in Difference 2010* conference. This does not mean they were not present, just that we did not hear them or read documentation of such voices and thus cannot comment on them.

social and emotional wellbeing. James noted that Aboriginal and/or Torres Strait Islander and LGBTI identities both bring pride and strength and sometimes internalised and externalised anguish. He argued that it is crucial to strengthen identities to enable people to be more in control of their own circumstances, and strengthen resilience to adversity, and by doing this decrease the attention related to shame, stigma and illness (Ward, 2010).

These themes resonated in other presentations and discussions by Aboriginal and Torres Strait Islander people. Dameyon Bonson discussed how colonisation and missionary zeal have worked together to suppress and oppress Indigenous sexuality within Australia, and presentations from three LGBT community groups by and for Aboriginal and Torres Strait Islander people – Indigilez Women's Leadership and Support Group (Queensland), OutBlack (Victoria) and Moolagoo Mob (South Australia) – demonstrated the importance of grassroots action to build community. With essentially no funding, these groups are building links and alliances. One outcome of *Health in Difference* was the decision by Moolagoo Mob to form a specific group for women in acknowledgement of some of the barriers to their involvement in a mixed group.

The strength of the voices of sistergirls at the conference was inspiring and empowering for many participants. Rusty Nannup, from the West Coast of Australia, introduced herself as a panel discussant in the 'Sex and Gender Diversity' plenary session by saying "I have never allowed my sexuality or identity to be a handicap because it's my personal strength. Being able to maintain ones self in both worlds is something special and I've done it. I believe we can make it if we take the time to look and listen to each other. I left my home many years ago but I never left my country. Remember who you are. I am a proud Watjarri-Nyungar woman" However, sistergirls also made clear that achieving this strength can be challenging and some spoke of isolation in many remote communities, and the negative impact of exclusion from men's and women's business on wellbeing. Presenters Crystal Johnson and Bertram Tipungwuti from Nguiu, Tiwi Islands, noted that violence and stigma in community drives some Northern Territory sistergirls to relocate to cities. As a number of participants noted, this can result in isolation from culture and family and experiences of racism, including within the LGBTI community. Crystal and Bertram argued that it is necessary to develop connections between remote communities and support networks to better support sistergirls to live in their traditional lands. Laimena Wilo Muwadda spoke of some of the ways that the 2 Spirits program in Queensland is striving to do this, but also questioned the meaning and use of identity labels for transient sexualities and genders in Aboriginal and Torres Strait Islander societies, and the implications for health interventions.

Some inspiring examples of LGBTI Aboriginal and Torres Strait Islander community groups working in partnership with mainstream Indigenous, LGBT and HIV organisations were shared, such as the cooperation between Feast - Adelaide's LGBTQ festival - and gay, lesbian and queer Indigenous performers in 'Queer Gifted and Blak' ("a great way to communicate", session feedback sheet). However, it was clear that there is still much to learn about partnership and inclusion. Other practice explored was work of 'mainstream' LGB(T) organisations to provide targeted services for Aboriginal and Torres Strait Islander people, such as ACON's health retreat for Aboriginal gay men living with HIV, NTAHC's sistergirl retreat and the work of QAHC's two-spirit program to empower Aboriginal and Torres Strait Islander gay men and sistergirls. Learning that participants documented from that session[10]:

10 The chair of each session was asked to provide the organisers with up to three key messages to document that session. Conference participants were informed that this feedback would be both shared verbally in the plenary sessions and in published form. This was one strategy to share knowledge beyond the specific circle of those able to attend sessions.

- "Cultural appropriateness is not hard. It is a matter of having program participants determine their needs. The term "two spirit" can be a useful one for Indigenous programs
- Increased reliance on technology presents some dangers for Indigenous folk - where face to face communication is very important
- Retreats are an important space for grieving and healing and the opportunity to undertake this should be supported by LGBTIQ organisations. Recognising that it is difficult for Indigenous folk to fit into mainstream service formats such as appointment times and opening hours".

As discussed above, the conference included networking sessions – loosely structured gatherings in which members of a number of groups could come together, discuss issues important to them and generate and build ideas. These groups were also asked to document key messages from their sessions to share with others. The network gathering of Aboriginal people & Torres Strait Islander people noted:

- Value in "setting up a national network for Aboriginal & Torres Strait Islander LGBTIQ";
- Need to "approach AFAO, NACCHO & AIDS Councils to commit to AETSI LGBTIQ"; and
- Want to "explore the development of safe spaces nationally for Aboriginal and Torres Strait Islander LGBTIQ focusing on youth and elders".

Trans and Intersex Peoples' Voices

The naming of identity groups, while necessary for pragmatic and strategic reasons, always entails setting boundaries and serves to veil the permeable nature of those boundaries and the multidimensional nature of diversity. As outlined, there is of course overlap between the groups being addressed in this paper, and a number of participants identified themselves as trans/sistergirl and Aboriginal. The voices of sistergirls have been included above as most indicated that their presentation was primarily located within the "Indigenous Health and Wellbeing" stream. They could, however, be repeated under the heading 'Trans and Intersex Peoples' Voices' too.

There was also resonance between the themes addressed by Aboriginal and Torres Strait Islander LGBT people and non-indigenous trans and intersex participants. An example of this appeared in the clear articulation that health rights are human rights. James Ward touched on this in his presentation and it was echoed by other participants in the "First Australians" panel. Several of the trans presenters, including Peter Hyndal, Jack Byrne, Aram Hosie, Crystal Johnson, Bertram Tipungwuti, Sally Goldner, Katherine Cummings, Robyn Grafkin and intersex presenters Gina Wilson and Mani Bruce Mitchell addressed how human rights are currently being denied to many sex and gender diverse people. Specific issues raised in a number of presentations included the fundamental impact on health and wellbeing of a legislative and policy environment that structures access to resources such as medical treatment, overseas travel, marriage, etc on the basis of binary sex identity on documentation that does not or only inadequately reflects the reality of many trans, intersex and other sex and gender diverse people.

The conference was provided with an update on the Australian Human Rights Commissions efforts to advocate on identity documentation issues (the 'sex files report') on a state/ territory and federal level and the Parliamentary Secretary for Social Inclusion, Senator Ursula Stephens, announced in a speech to the conference that the Federal Attorney General was setting up a working group to address this issue. So, some progress is being made. However numerous participants made it clear that the denial of self determination for sex and gender diverse people is widespread from infancy (non consensual surgical/ hormonal interventions on intersex children)

through to old age (e.g. aged care service providers forcing people to wear inappropriate gender specific clothing).

In a plenary presentation, Mani Bruce Mitchell, intersex advocate, said "I do not know of any other medical intervention where the purpose is to create 'normality'. The very essence is at its core homophobic. Nothing will change until that fact is addressed and parents are supported to deal with the complexity that intersex issues bring. To hold as precious the idea that preserving choice and receiving unconditional love, valuing diversity and difference is what their children need. As adults to find safe supportive spaces to deal with our own anger, shame, and fear so that we can live wonderful productive lives as the person we are (whatever that is!) not as the person the world, our parents, society wants us to be" (Mitchell, 2010).

A number of participants drew attention to transphobia and the exclusion of intersex people (as well as biphobia) within organisations attempting to work for LGB and TI people and among gay and lesbian people more generally. As trans (and bi) advocate Sally Goldner put it "We've put the sledgehammer into seemingly granite-like bastions of queerphobia. But there seems to be a granite elephant in our own pink lounge room that barely seems to have any hairline cracks." Sally suggests that many seemingly identity-related tensions may in fact be based on assimilationist attempts to lessen the stigma of homosexuality by rejecting the stigma of "inappropriate" gendered behaviour/ gender ambiguity and thus reject those who are more visible. She argues that valuing difference and communicating are key to working together as an LGBTI community to achieve shared goals (Goldner, 2010).

Lack of self determination is evident in relation to terminology too – for example, intersex advocates, such as Mani Bruce Mitchell and members of Organisation Intersex International Australia clearly rejected the term 'disorders of sex development' being used in current medical discourse. On the other hand, the inherently contested nature of identity labels was also clear, with differing perspectives on terms such as 'sex and gender diversity', trans/transgender, etc. Tracie O'Keefe argued for the death of transgender as an umbrella term in her presentation, while other participants argued for moving away from terminology discussions altogether and focussing on shared issues. And indeed, differences and marginalisation within groups that share identities were also addressed, for example in Gabby Skelsey's presentation on the experiences of trans sex workers. Various presentations illustrated the increasing hybridity of gender identity and participants discussed its implications for service providers. Key messages from that session:

- "It's really about embracing diversity of lived experience and realising the limitations of our traditional LGBT framework
- The need to positively challenge ourselves around gender identity. From our professional and personal assumptions, through to creating safe spaces and gender appropriate programs, through to organisational and institutional structural change. The resilience of our gender diverse community!"

Across differences, trans and intersex participants voiced the desire to work together for the benefit of all, and undertook to put in place processes to continue the conversation across the community, nationally in partnership with the Alliance.

Key messages formulated in the networking session of sex & gender diverse/trans & intersex people:

- "Intersex and gender/sex diverse people need their own funded/resourced support services (sometimes, but not always, GLB organisations might be suitable homes for these services);
- Intersex and gender/sex diverse people/ groups need to work in partnership with GLB organisations and vice versa;
- Need to ensure that the intersex and gen-

> der/sex diverse community is a sustainable one - that we look after each other, nurture/share what infrastructure/ knowledge we have and encourage new leadership. Sustainable networking is key (possible role for the Alliance)"

We recommend that interested readers take a look at the documentation of the conference on the Alliance website, including the abstracts provided by presenters. Most have also provided contact details.

Exclusion

So, why are we passing on these words rather than them being articulated in depth by Aboriginal people, Torres Strait Islanders, trans and/or intersex people in this journal? We don't have a clear answer, but we do have some thoughts and suggestions.

We suggest that it reflects some of the very barriers that have been outlined and indeed some of the core challenges of 'doing diversity'. While the conference did a good job of providing a space for the voices of members of these (overlapping) groups, this has not been reflected in this special issue.
The dissemination of knowledge such as that presented at *Health in Difference 2010* is significant, because it provides visibility and a foundation for others to build upon. It is not only empowering for people seeking to promote LGBTI health and wellbeing to learn from their peers, but it also serves to build power by providing citable 'evidence' to support cases presented to policy makers and others. For all critique of what counts as 'real' knowledge among decision makers, we acknowledge the power of print, and in particular the power of academic journals such as *Gay & Lesbian Issues in Psychology Review*, and the leverage they potentially provide in promoting the health and wellbeing of LGBTI people. It is therefore worth considering the barriers that have resulted in there not being articles specifically on trans, intersex, Aboriginal and/or Torres Strait Islander issues in this journal special issue.

On a practical level, some speakers suggested that Aboriginal and Torres Strait Islander people tend to prefer to talk rather than read or write. This has implications for programs targeting these groups, but also means that written documentation may be inappropriate for some presenters and audiences. Video and audio recordings might be better ways to disseminate the knowledge conveyed in some conference presentations to those not fortunate enough to be able to attend.

In a similar vein, even where we have text, an academic journal such as *Gay & Lesbian Issues in Psychology Review* is simply not the appropriate medium for all. Just as reading aloud an academic article makes for a very poor oral presentation, oral presentations require reworking to effectively communicate knowledge in the form of a journal article. This doesn't necessarily need to adhere to traditional academic rules – Kooncha Brown's excellent article on sistergirls, for example, breaks with such norms by addressing readers directly and 'speaking' in a first person, conversational tone (Brown, 2004). However, it does need to translate to the linearity of text, and, for example, provide structured information and analysis.

Although we acknowledge that many in the research and policy sectors would perhaps see it otherwise, we suggest that an academic journal does not convey 'truer' or more 'legitimate' knowledge than other media. Nor, however, do we regard it as a less valid form of sharing knowledge than others. It is simply a specific medium, a fragment of a specific discursive context, powerful within a particular context and targeted to a particular audience, and like all targeted media, less accessible to other audiences.

Without wishing to detract from the significance of issues such as culturally specific forms of communication, experiences of discrimination and marginalisation among these communities are not only barriers to health and wellbeing but also to education and employment for many. These are structural barri-

ers that hinder many Aboriginal and Torres Strait Islander people (and in particular LGBTI people within these communities) as well as many non-indigenous sex and gender diverse people from being part of the academic discourse within which a journal such as this exists. Add to this the particular marginalisation of intersex/trans/Aboriginal/Torres Strait Islander issues within the LGBTI research sector for some of the very reasons that Jude Comfort's article in this issue addresses, so there is neither a lot of research to draw upon nor a lot of researchers there to present on their work.

A related factor is that most of the intersex, trans, Aboriginal and/or Torres Strait Islander presenters at *Health in Difference* were not participating in the conference within a substantive – paid – role, but rather participating in their 'free time', just as in the vast majority of cases their advocacy, peer support, etc is done on a voluntary basis. Finding the capacity to write up a presentation in a form suitable for publication poses a significant hurdle for many people even in those rare cases where they could do so within a paid role or as part of their studies.

All presenters and participants were invited to submit to the journal both in announcements at the conference and in calls for papers in the handbook and disseminated via email after the conference (and it was noted that articles not suitable for publication in the journal could be published on the Alliance website). Some presenters were specifically followed up and encouraged to submit. The lack of resourcing for the Alliance and the voluntary work of putting together this journal, however, meant that there was a lack of capacity to intensively follow up with presenters and/or to support them to produce articles suitable for publication in this form. Nor indeed the capacity to critically reflect on these thoughts and suggestions as we would have wished to with others.

Two further structural barriers are the current lack of general awareness in the population of issues for trans/intersex/Aboriginal/Torres Strait Islander Australians and the lack of opportunities for members of these groups to engage with each other. It means that people seldom get any further than explaining that there is in fact an issue – raising the awareness of 'others'. Specific strategies employed to reduce this barrier in the context of the conference included raising some issues in information provided to presenters in advance and in publicity materials, striving to establish groundwork when facilitating the plenary sessions and of course providing networking spaces, etc. These could be built on and further strategies developed.

Doing diversity requires us to move beyond pointing out that there is an issue, to share the power we respectively have and to empower marginalised groups to network and strategise, to build issue-based coalitions, develop strategies and act to address the complex needs of a fundamentally, multidimensionally diverse community. The National LGBTI Health Alliance strives to facilitate these processes, for example through networks and the *Health in Difference* conference, and we are collectively learning as we go.

Although we know that learning from *Health in Difference 2010* will spread with the stories that participants are telling across the country and in the networks that were formed, as advocates and committed allies/partners (and a former academic – Gabi), we acknowledge the power of publication and would have liked to see more of these stories in print.

The under-resourced LGBTI health and wellbeing sector currently has limited capacity to establish mechanisms to support marginalised groups to overcome the numerous barriers to participation. However, we suggest that we actually have extensive knowledge of how to empower ourselves and others, work inclusively and 'do diversity' on which we can build. Doing diversity is not something 'extra' but core to achieving our collective goals of improved health and wellbeing for LGBTI people. We demonstrated the positive impact of a range of inclusion and coalition building

strategies in the *Health in Difference 2010* conference, and many of these could be implemented well in other contexts too. We need to be exploring and implementing further strategies in relation to the dissemination of knowledge arising from events such as this to 'do diversity' better and amplify the impact of our learnings.

Author Notes

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References

Brown, K. (2004). 'Sistergirls' – Stories from Indigenous Australian transgender people. *Aboriginal and Islander Health Worker Journal*, 28, 25-27.

Goldner, S. (2010). How the BGILT community can work together. Presented at *Health in Difference 2010: Doing Diversity*, Sydney 29 April 2010. www.lgbthealth.org.au/health-in-difference-2010/social-inclusion-working-together

Mitchell, M.B. (2010). Comfortable in my own skin. Presented at *Health in Difference 2010: Doing Diversity*, Sydney 29 April 2010. Images available at www.lgbthealth.org.au/health-in-difference-2010/plenary5. See also www.ianz.org.nz and www.manimitchell.com

Rosenstreich, G. (2005). Diversity: A diverse problem for research and practice [in German]. *SIETAR Journal*, 2, 27-35.

Rosenstreich, G. (2006). On power, belonging and spaces in-between: Empowerment and powersharing in intercultural and diversity workshops [in German]. In G. Elverich et al. (Eds.) *Spurensicherung – Reflexion von Bildungsarbeit in der Einwanderungsgesellschaft* [Reflecting on Education in Migrant Society]. Frankfurt/London.

Rosenstreich, G. & Mecheril, P. (2005). Diversity as social practice. Programmatic aims and their instrumentalisation [in German]. *Alice*, 10, 5-14.

Ward, J. (2010). Aboriginal lesbian, gay and sistergirl health issues – Sameness or difference. Presented at *Health in Difference 2010: Doing Diversity*, Sydney 29 April 2010. www.lgbthealth.org.au/health-in-difference-2010/plenary1