



Research project on
**identifying the experiences and needs of
LGBTI communities before, during and
after emergencies**
in Victoria

A research report commissioned by the
Department of Premier and Cabinet

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Gender & Disaster Pod
An initiative of WHGNE, WHIN & MUDRI



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Logo taken from Ona Henderson's *Girl with a Possum*, (03) 9712 0393.



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Introduction

The Department of Premier and Cabinet (DPC) commissioned this research into the experiences and needs of LGBTI communities before, during and after emergencies in Victoria as the particular experiences and potential contribution of LGBTI communities in emergencies¹ have not traditionally been considered by the emergency management (EM) sector. This research is a sign of EM leaders' commitment to better understand and respond to the different needs of Victoria's increasingly diverse population.

According to the small but growing body of research in this area, some LGBTI people are reluctant to access emergency services because of historic and ongoing discrimination and abuse experienced by them and their communities (Dominey-Howes, Gorman-Murray, McKinnon, Itaoui, & Keppel 2016; Gorman-Murray, McKinnon & Dominey-Howes, 2016). This research confirms this and raises the matter of how to ensure that all publicly funded EM services are able to meet the particular needs of different communities of identity, including LGBTI communities.

This report documents LGBTI people's experiences of living through an emergency, their experiences of accessing a range of EM services, and the knowledge and attitudes of EM personnel in working with LGBTI people and communities.

This small study provides an initial scoping of the issues by exploring the following questions:

- What are the particular experiences and needs of LGBTI communities before, during and after emergencies in Victoria?
- What are *their perceptions* of the extent to which Victoria's emergency management sector (including any faith-based organisations) understands and addresses the needs of LGBTI people as 'clients' in an emergency?
- To what extent does Victoria's emergency management sector (including any faith-based organisations) understand and address the needs of LGBTI people as 'clients' in an emergency?
- To what degree are LGBTI communities marginalised by current emergency management organisations and procedures?

This research project involved two components. The first consisted of two state-wide online questionnaires, one for LGBTI people, the other for the EM sector. The second was a workshop for senior EM leaders.

Findings from the LGBTI sample begin to answer the first two questions. They affirm similar findings in other Australian and international studies looking at the needs and experiences of LGBTI people, and perceptions of how well the EM sector understands their needs as 'clients' in an emergency. This is discussed below. The LGBTI target population was very small – LGBTI people who had experienced an emergency in Victoria. A comprehensive recruitment strategy was undertaken for this small population but the number of respondents was low. This is consistent with similar surveys conducted in Australia and overseas where low response rates reflect LGBTI people's experiences of everyday discrimination and abuse that lead to lack of

¹ The surveys stated: "For the purposes of this research, 'emergency' may be a personal incident such as a house fire, or car caught in flood waters, or it may be a larger scale disaster such as floods, bushfires or apartment building fires for example."

trust, fear of being outed, privacy concerns and an unwillingness to disclose sexual orientation or gender identity even in the context of an anonymous survey. In these circumstances, we are particularly appreciative of the 33 LGBTI people who attempted the survey, and the 12 who completed it.

The EM sample provides valuable insight into the extent to which the sector understands both the broader overt and unintentional marginalisation of LGBTI communities and is aware of and addresses the specific needs of LGBTI people, before, during and after emergencies. In total, there were 157 responses to the EM online survey.

The second component of the research was the design and delivery of a workshop for 30 key personnel within the EM sector. The workshop aimed to present some of the preliminary survey data, consider the degree to which the EM sector was aware of and responsive to the needs of LGBTI people, and discuss draft recommendations aimed at making EM policy and services more inclusive of the needs of LGBTI people and communities.

Given the size of the samples, the findings in this report are indicative and illustrative rather than representative. However, the responses of more than 100 emergency management personnel, and 12 LGBTI people with experience of emergencies in Victoria provide valuable insight and strongly support the recommendations for changing policy and practice to improve LGBTI people's access to EM services and the quality of support they receive.

Methodology

Ethics approval was granted through the Monash University Human Research Ethics Committee (MUHREC), and an Advisory Group was established, meeting three times over the nine months life of the project. Data collection took place over two months, between 2 December 2016 and 31 January 2017 for the EM sector survey, and 2 December 2016 and 13 February 2017 for the LGBTI communities' survey. Survey Monkey was used so that responses were online and anonymous. Nevertheless, it was recognised at the outset that LGBTI people may be reluctant to participate in the research because of perceptions it could compromise their privacy. This was possible through identification in completing questionnaires, e.g. by using a computer that is theoretically identifiable through its IP address, by being seen completing the survey on a work or public computer, or through the information they provide. Risk was reduced by limiting the amount of personal information required to participate, whereby no contact information was needed to complete the questionnaires, and potentially identifying demographic information was optional. Registration for the workshop required participants to give their name, organisation, and contact details, however workshop notes were de-identified, and only the collaboratively developed recommendations were published.

Recruitment for the LGBTI sample was through newspapers and radio; word of mouth; and electronic distribution such as emails, Facebook, Twitter, websites and electronic newsletters. The Gender and Disaster (GAD) Pod hosted the surveys on the GAD Pod website and promoted them on two of the monthly GAD Pod Communiqués. An article was published in the Australian Journal of Emergency Management (Parkinson, Duncan, Joyce, 2017) and both WHGNE and WHIN included information about the surveys in their electronic newsletters. Recruitment for the EM sample was managed through DPC. The survey was twice circulated to the EM sector. Workshop participants – middle and senior leaders of the EM sector – were invited by DPC.

An Explanatory Statement preceded the questionnaire. The Explanatory Statement explained the study and provided the opportunity to contact the research team with any questions.

In reading each of the charts below, the number who responded varies because the questions were not compulsory and sometimes people chose not to answer them. On each chart, the number who *did* answer each question is provided. As noted earlier, the small numbers of LGBTI respondents are consistent with low response rates in similar surveys conducted in Australia and overseas (Bhopal, 2007, p. 265; Institute of Medicine, 2011; Meyer & Wilson 2009, pp. 23-24). The low response rates reflect LGBTI people's experiences of everyday discrimination and abuse that lead to lack of trust, fear of being outed, privacy concerns and an unwillingness to disclose their sexual orientation or gender identity even in the context of an anonymous survey.

Findings

Summary of key findings

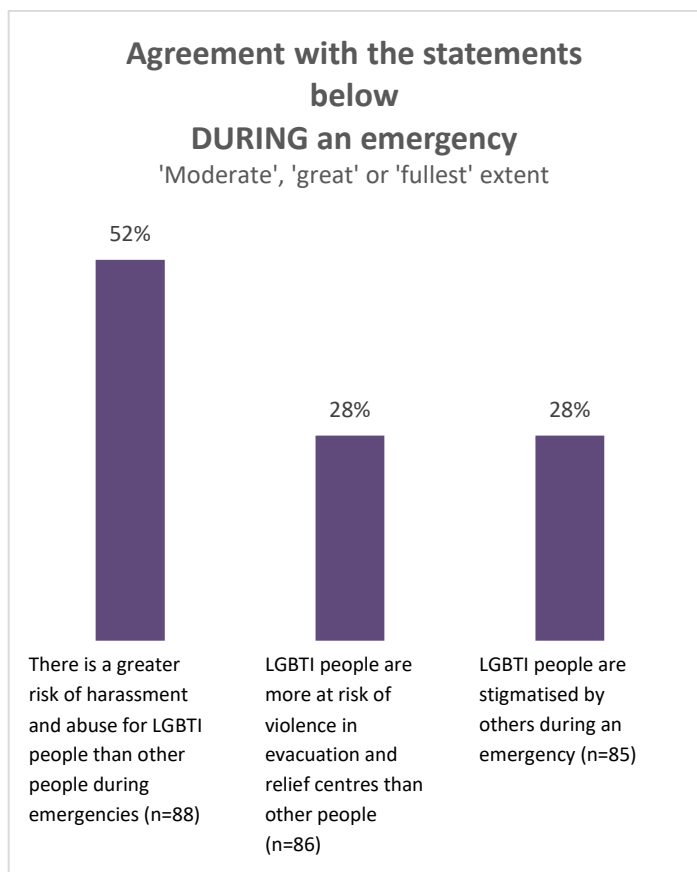
- Ø Discrimination against LGBTI people in EM service provision was identified, with approximately **one in five** EM respondents agreeing that discrimination exists both during (18%) and after emergencies (22%).
- Ø **One in two (52%)** EM respondents agreed the risk of harassment and abuse is greater DURING emergencies, and **one in three (34%)** agreed this risk is greater AFTER emergencies.
- Ø **One in four (28%)** EM respondents agreed the risk of violence in evacuation and relief centres DURING an emergency is higher for LGBTI people than for others and **one in three (33%)** agreed that LGBTI people are more at risk of violence than others AFTER, e.g. in temporary villages and hubs.
- Ø Further, **one in four** EM respondents agreed that LGBTI people are stigmatised by others DURING (28%) and AFTER (23%) an emergency. **One in three (31%)** agreed that LGBTI people face more barriers to support and resources DURING an emergency than other people. The figure for AFTER was similar at 27%.
- Ø **One in four (23%)** EM respondents agreed that homophobic/transphobic attitudes are expressed by individual staff members in their workplace; and that **one in three (31%)** have observed colleagues making unwelcome remarks, emails, suggestions or jokes of a homophobic/transphobic nature, and many more than this (43%) reported that homophobic/transphobic attitudes are not challenged by individual staff members in their workplace.
- Ø Only 16% of EM respondents agreed that there is recognition of trans people and their needs undergoing transition.
- Ø **Three out of four (74%)** EM respondents were not aware of any policies, procedures or training sessions on providing emergency services to LGBTI people.
- Ø **One in two (51%)** EM respondents had no agreement or limited agreement with the statement that their working environment encourages quality emergency service provision to LGBTI people, specifically.

Issues faced by LGBTI people

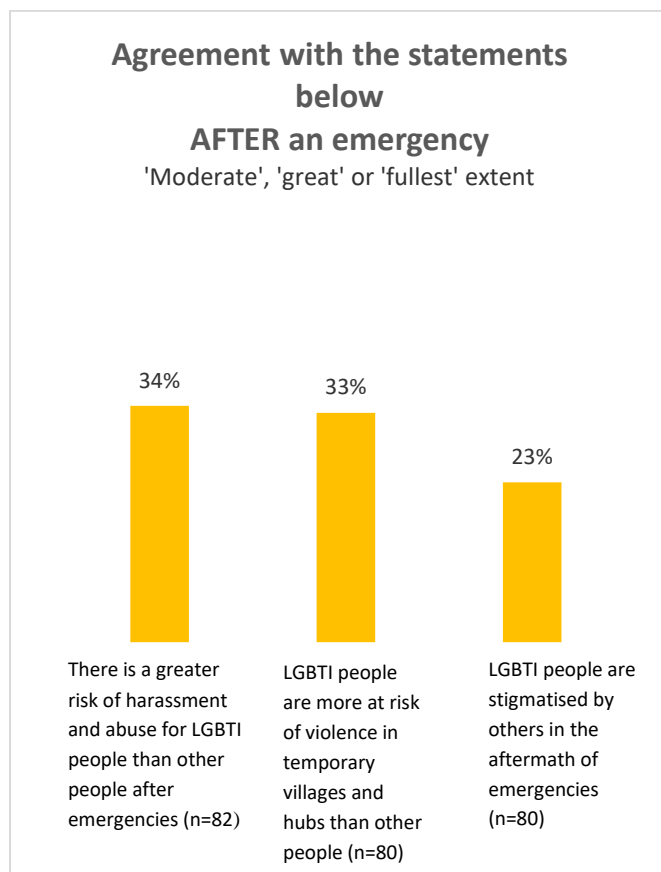
The context of LGBTI people's lived experience of discrimination is fundamental to understanding the LGBTI responses to this survey. Discrimination against LGBTI people is profound. Eleven of every 100 people in Australia are of diverse sexual orientation, sex or gender

identity, 60% of young LGBTI people experience verbal homophobic abuse, and 20% experience physical abuse. Almost half hide their sexual orientation or gender identity in public for fear of violence or discrimination (Australian Human Rights Commission, 2014).

Responses by LGBTI people affirmed previous research findings that LGBTI people in emergencies may face loss of private (safe) space; fear of (or experience of) violence, harassment or verbal abuse; discrimination and marginalisation; lack of recognition of family or couple status; and challenges accessing medications for trans and gender diverse people who are undergoing gender affirmation. The EM survey also identified discrimination against LGBTI people, with approximately one in five respondents agreeing that discrimination exists both during and after emergencies.



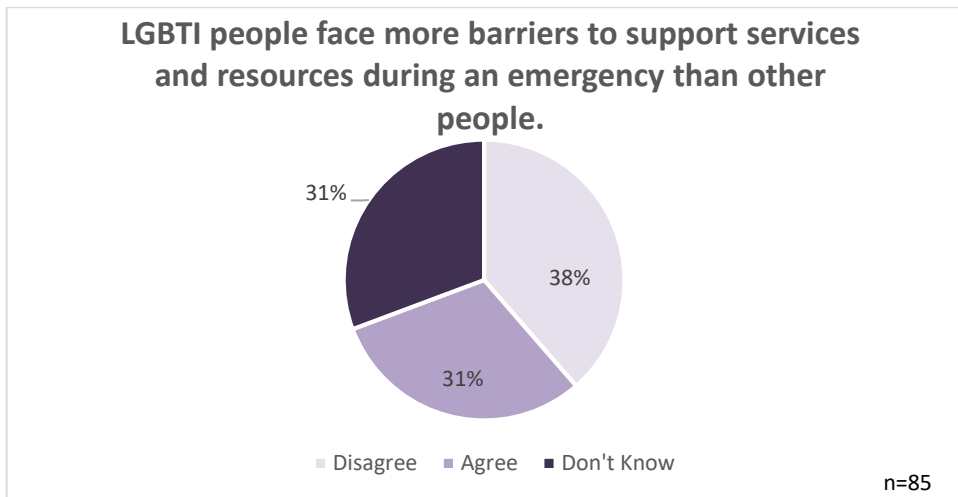
Agreement with three statements about LGBTI experiences DURING an emergency



Agreement with three statements about LGBTI experiences AFTER an emergency

Questions regarding satisfaction rates allowed for responses from 'not at all satisfied', 'satisfied to a limited extent', 'to a moderate extent', 'to a great extent', 'to the fullest extent' with an option of 'don't know/not relevant'.

A quarter of EM survey respondents (31%) agreed (moderately, to a great extent and to the fullest extent) that LGBTI people face more barriers to support and resources DURING an emergency than other people.



Agreement that LGBTI people face more barriers to services in emergencies

Reluctance to access emergency services

The survey of LGBTI people found that in emergencies the historical and current discrimination against LGBTI people may result in reluctance to approach institutions and services, including those delivered by faith-based organisations for fear of consequences from disclosing sexual orientation or gender identity. This may be exacerbated at a time of crisis when people may feel more vulnerable and exposed.

Concerns about disclosing a particular sexual orientation or gender identity may inhibit building trust and developing social capital in a neighbourhood, which is then a barrier to seeking help in one's own community.

I never told them about my orientation. I would face discrimination. No way to risk it in the middle of a fire. (LGBTI respondent 3)

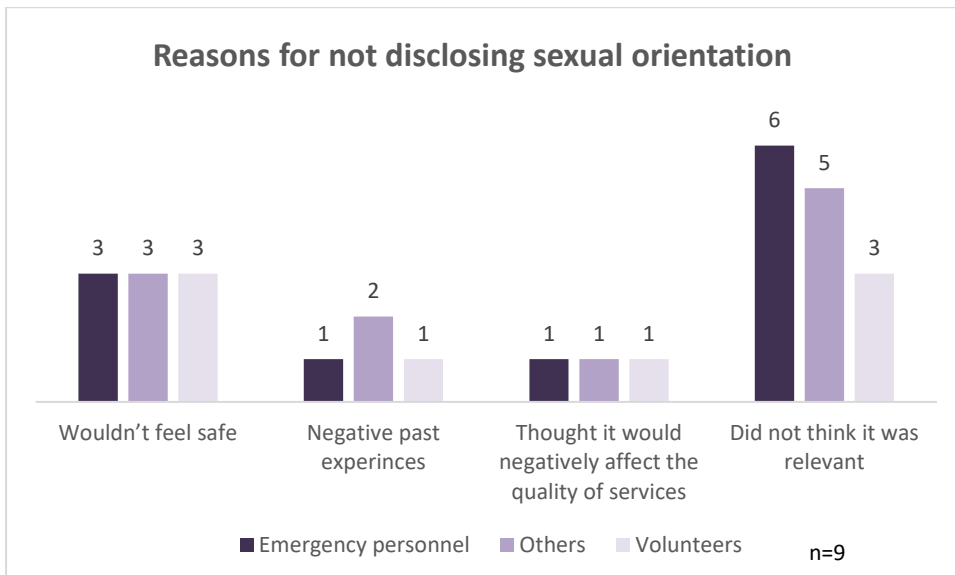
I wouldn't disclose because of the possible dangerous implications. However people attending can 'suss' out you are lesbian, and gossip amongst themselves and so it is better not to call them unless you absolutely have to. (LGBTI respondent 9)

One LGBTI respondent had interactions with the CFA and said she was satisfied 'to a great extent'.

They weren't condescending or rude, though we are known in the local area as 'the lesbians' (LGBTI respondent 7).

An LGBTI respondent ultimately chose to call family members rather than 000 due to life-long discrimination:

I would be reluctant to invite local services – CFA – or support agencies after an event because, after a lifetime of discrimination, I would feel it made me more vulnerable. You don't want the local 'heroes' knowing there are a couple of lesbians living on a remote farm. It might have repercussions later. Also they don't recognise you as a couple or 'family'. So when you are frightened you don't want to invite more danger as it accelerates the feeling of vulnerability. I have been attacked by mobs of men on an isolated rural property in the past - and it makes you super cautious revealing yourself - even in an emergency (LGBTI respondent 9).



Reasons for not disclosing sexual orientation

Accessing faith-based services

Faith-based services play a vital role in the delivery of EM services to different communities across the state. While one LGBTI respondent reported a positive experience of the service provided by one faith-based organisation following a disaster, two others reported negative experiences during their emergency. Respondents 1 and 3 both reported that they were 'not at all satisfied' with support they were provided from three different faith-based providers.

I will no (sic) approach church organizations at all. They do not care about my civil rights. Rather discriminate me. I rather avoid them. (LGBTI respondent 3)

Very unsatisfied ... Intrusive to community and self-serving. (LGBTI respondent 1)

The Australian Human Rights Commission (2015) has acknowledged the reluctance of LGBTI people to seek support and help from faith-based services because of actual or anticipated discrimination and reduced quality of care. The Commission noted the heightened concern that some LGBTI people felt when accessing faith-based services that were publicly funded, in part or in total. Submissions to the Commission's national consultation emphasised the need to restrict exemptions to the *Commonwealth Sex Discrimination Act 1984* on religious grounds (Australian Human Rights Commission, 2015; see also Dominey-Howes et al, 2016).

The delivery of EM services by faith-based organisations raises complex issues about how to ensure these services are responsive to the different needs of the different communities that make up the Victorian population as a whole.

A foundation for change

The survey of EM personnel found that recently there has been progress in some emergency service organisations and, despite the limited availability of formal training on the topic, a significant proportion of EM respondents (42%) conveyed a commitment to considering the needs of LGBTI people in emergencies, with some indicating a sound understanding of these needs.

Comments revealed that leadership on this issue is being demonstrated in some emergency service organisations, and is beginning to improve organisational culture by increasing awareness and inclusivity in service provision.

Our organisation does not encounter and would not tolerate any form of homophobic or other discrimination. (EM respondent 18)

My experience has been positive in recent years where leadership has been supportive, where leadership is lacking it's allowed negative comments. (EM respondent 68)

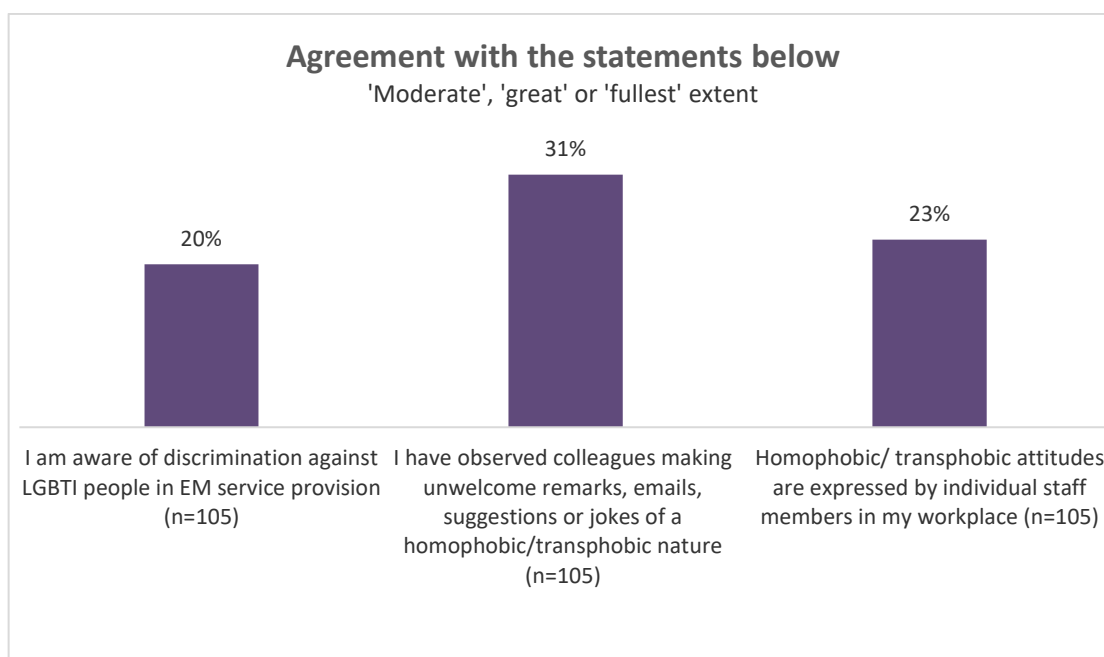
It seems that some agencies like MFB, CFA & SES are not as obviously supportive of LGBTI staff.....although having senior leaders from those organisations at last year's pride was very positive. (EM respondent 79)

However, there were several EM respondents strongly hostile to the surveys and the need to consider and address the specific needs of LGBTI people. It is critical to address this attitude, as exemplified below:

The sooner you lot drop it and stop trying to make yourselves out as victims or different the sooner your perceived problems will disappear. FFS, we don't care if you are queer and stop telling us. Get over it. (EM respondent 90)

Why we have to pedestal these groups is beyond normal comprehension. (EM respondent 101)

Please don't introduce these..... spend the money on something more important that will benefit all members ... Stop wasting money and time on these bullshit studies because all you are doing is promoting a misconception that LGBTI people are different. not only is that wrong, but it is the source of the very problem you hypocritically claim to be trying to solve. (EM respondent 149)



Agreement with three statements

Victoria's *Emergency Management Diversity and Inclusion Framework* emphasises the importance of understanding what different community members need and expect before, during and after emergencies through specific engagement with different groups.

EM respondents discussed the role of strong leadership in instigating change and the need for cultural change to support bystander intervention to address discrimination. Recommendations from EM respondents included training; peer support; charters, regular statements of management commitment; and policy based on knowledge. These support the higher level recommendations developed in the workshop, and presented as part of this report.

Treating everybody the same

An important theme identified is the ambiguity relating to statements of 'same needs' and 'equal treatment'. One in two respondents (51%) had no agreement or limited agreement with the statement that their working environment encourages quality emergency service provision to LGBTI people, specifically. Comments indicate that some EM respondents believe there is *no difference* and therefore no reason for the EM sector to differentiate LGBTI people from other community members.

"There are no specific policies or procedure, nor should there be. When a person is on a fire or trapped in a crumpled car their preferred gender/sexuality is as irrelevant as their skin colour or religion. We work just as compassionately, tirelessly and professionally on any and all people." (Respondent 149)

"Not relevant to my job description." (Respondent 101)

"Don't understand why LGBTI have different needs in an emergency." (Respondent 120)

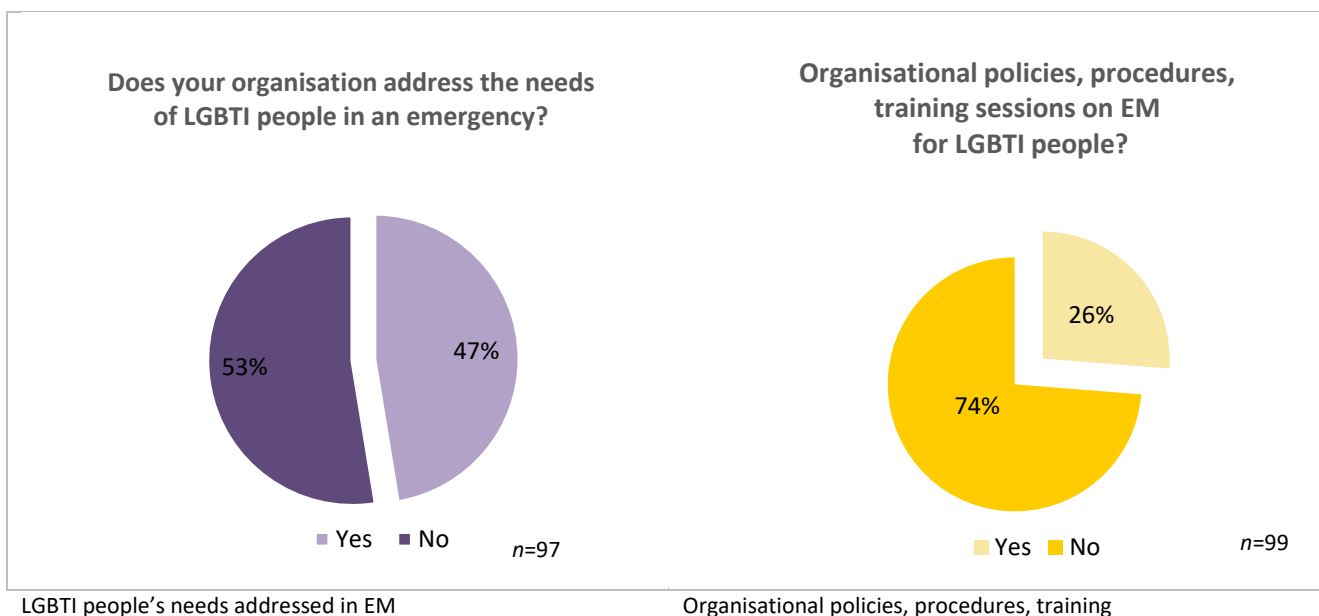
This argument was also reflected in numerous comments posted after the Emergency Management Commissioner promoted this survey from his twitter account. Similar arguments were reiterated in many of the comments posted following an article about this study in *The Australian* newspaper on 10 December 2016.

In this survey, approximately 10% conveyed resistance both to the survey and to the concept of changing practice to improve services to LGBTI people. Some comments revealed thinly veiled anger, affirming the fears of the LGBTI people who participated in this research.

This demonstrates a lack of awareness of LGBTI people's experiences and needs in disaster and, for some, seems to be at the heart of resistance to learning about the LGBTI community's needs. It is crucial to address this misunderstanding through education and training in order to improve behaviour and begin cultural change. As GLHV writes:

"Treating everybody the same" usually means that all people are treated as heterosexual and this can be alienating to GLBT people in all sorts of ways. Research shows that not all people are the same. GLBTI people have different life experiences and health needs from their heterosexual peers." (Gay and Lesbian Health Victoria, n.d.)

See Charts overleaf:



LGBTI people’s needs addressed in EM

Organisational policies, procedures, training

EM respondents’ comments reflected a wide spectrum of opinion, from those who think such education is essential and should be funded, through to those who infer they would resent it as an imposition. An important point is that training on understanding the needs of LGBTI people is rare in the sector, and where it is offered, those who need the training may not be the ones taking it up.

A welcome finding and a foundation for change was that almost a third of EM participants (29%) were positive towards LGBTI issues.

Recommendations

The foundation for the creation of a diverse and inclusive sector has been laid by the *Emergency Management Diversity and Inclusion Framework*. It is recommended that Victoria’s emergency management sector further promote culture change and more LGBTI-inclusive services.

Recommendations are arranged under six broad guidelines for Victoria’s emergency management sector to promote culture change and more LGBTI-inclusive services. Future research could add to this first step in Victoria and contribute to building the evidence base on which further developments in LGBTI-inclusive policies and practice depend.

1 Increase awareness amongst EM personnel of the needs and experiences of LGBTI people in emergencies

- 1.1 Source and offer LGBTI inclusive training to the emergency management sector, including staff at all levels and volunteers
- 1.2 Promote and share strategies for inclusive LGBTI inclusive practice within the sector
- 1.3 Increase recognition that equal treatment fails to meet the diversity of community, client and staff needs

2 Strengthen LGBTI inclusion in EM systems

- 2.1 Review organisational policies and procedures including codes of practice to ensure they are LGBTI inclusive (e.g. LGBTI-inclusive access and intake forms that include options other than M/F and spouse)
- 2.2 Identify areas where LGBTI people and issues need increased visibility, including diversity policies and procedures, anti-discrimination policies, privacy and confidentiality issues, and training and professional development
- 2.3 Recognise and promote the strengths that LGBTI people bring to emergency management

3 Demonstrate organisational commitment to working with and meeting the needs of the LGBTI community in service delivery

- 3.1 Promote emergency service organisations as diverse and inclusive, with specific messages targeting LGBTI communities
- 3.2 Review existing complaints procedures to better support LGBTI people to feel safe and supported when raising concerns about EM service delivery and that they can be sure these complaints will be taken seriously
- 3.3 Educate on – and expect – bystander interventions to prevent or stop discriminatory (homophobic, biphobic and transphobic) discussion and behaviours
- 3.4 Provide LGBTI inclusive relief services, referral networks and other services for people affected by emergencies

4 Increase participation of LGBTI people in EM

- 4.1 Value and affirm difference within emergency organisations by being more inclusive of people with diverse sexual orientations, gender identities and intersex variations
- 4.2 Identify and work to address barriers to LGBTI people's participation in emergency services as staff and volunteers
- 4.3 Develop strategies for increasing LGBTI people's participation in emergency services and ways of measuring the success of each measure
- 4.4 Address discrimination, including providing leadership pathways for LGBTI employees and volunteers and developing LGBTI recruitment strategies

5 Support resilience amongst LGBTI communities

- 5.1 Increase engagement and build trust with LGBTI communities
- 5.2 Engage the LGBTI Taskforce to work with the EM sector to effect change
- 5.3 Attend and increase visibility of emergency service organisations in LGBTI events (e.g. Midsumma Carnival and Pride March)
- 5.4 Publicise emergency management organisations' efforts to address LGBTI inclusion through LGBTI and mainstream media

6 Continue to build an evidence base

- 6.1 Conduct further research on the experiences and needs of LGBTI communities to inform the ongoing development of diverse, inclusive practice and service provision within the EM sector.

References

- Australian Human Rights Commission. (2014). Face the facts: Lesbian, Gay, Bisexual, Trans and Intersex people. Retrieved from <https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people>
- Australian Human Rights Commission. (2015). Resilient Individuals: Sexual Orientation Gender Identity & Intersex Rights. Retrieved from <https://www.humanrights.gov.au/our-work/sexual-orientation-sex-gender-identity/publications/resilient-individuals-sexual>
- Bhopal, R. (2007). Undertaking research on the health of ethnic minorities: back to basics in Ethnicity, Race, and Health in Multicultural Societies. New York: Oxford University Press.
- Dominey-Howes, D., Gorman-Murray, A., McKinnon, S., Itaoui, R. & Keppel, J. (2016). Emergency management response and recovery plans in relation to sexual and gender minorities in New South Wales, Australia. *International Journal of Disaster Risk Reduction*, 16, 1-11.
- Gay and Lesbian Health Victoria. (n.d.). Frequently Asked Questions. Retried from <http://www.glhv.org.au/faq>.
- Gorman-Murray, A., McKinnon, S., & Dominey-Howes, D. (2016). Masculinity, sexuality and disaster: Unpacking gendered LGBTI experiences in the 2011 Brisbane Floods, Queensland, Australia. In E. Enarson & B. Pease. (Eds). *Men, masculinities and disaster* (pp. 128-139). New York, NY: Routledge.
- Institute of Medicine. (2011). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK64802/>.
- Meyer, I & Wilson, P. (2009). Sampling Lesbian, Gay, and Bisexual Populations. *Journal of Counseling Psychology*, 56(1), 23-31.
- Parkinson, D., Duncan, A., Joyce, K. (2017). Gender and Emergency Management (GEM) Guidelines. *Austrlian Journal of Emergency Management*, 32(1), 21-23.

Survey data findings - LGBTI Sector

Overview of LGBTI survey

In total, there were 33 responses, with nine complete, one answering all except one question, and two answering a number of questions, but not all. Their answers contributed to understanding the issues faced and were therefore included by the research team. In total, 12 respondents' questionnaires were used for data analysis.

The target population is very small – a subset of LGBTI people – restricted to LGBTI people who identify as part of this community, and who have experienced an emergency involving EM personnel. This level of response was expected, particularly as other factors influence survey responses, including levels of trust, as explored in the discussion paper. The low numbers reflect response rates of other surveys of this nature.

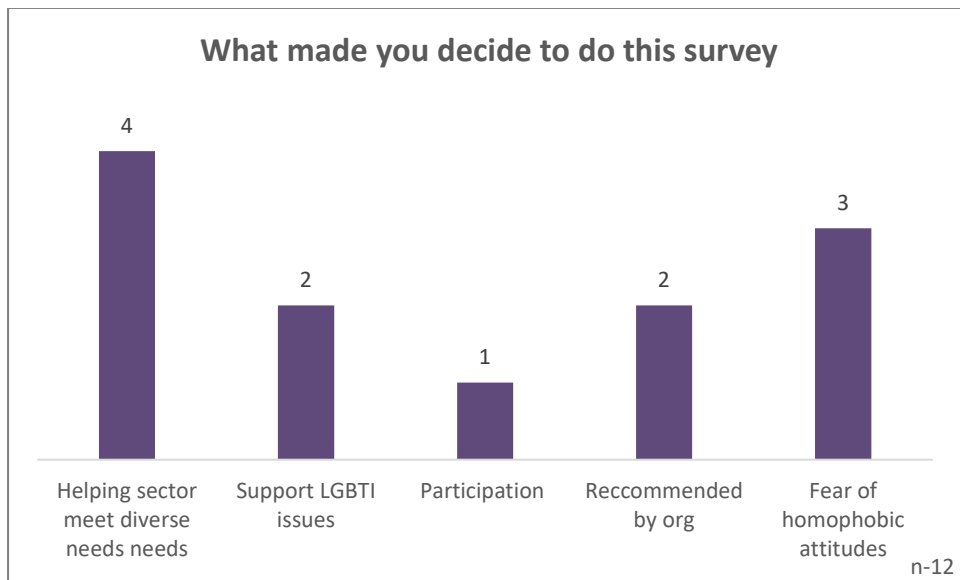


Chart 1: Reason for participation

The sample

Respondents were aged between 26 to 65 years. Two were between the ages of 26-35 years, three out of 12 were between the ages of 36-45 years, two were between the ages of 46-55 years, five were between the ages of 56 and 65 years. Of those who responded to questions about country of birth and language, seven of nine stated they were born in Australia and eight of nine speak only English in the home. One respondent identified as Aboriginal or Torres Strait Islander.

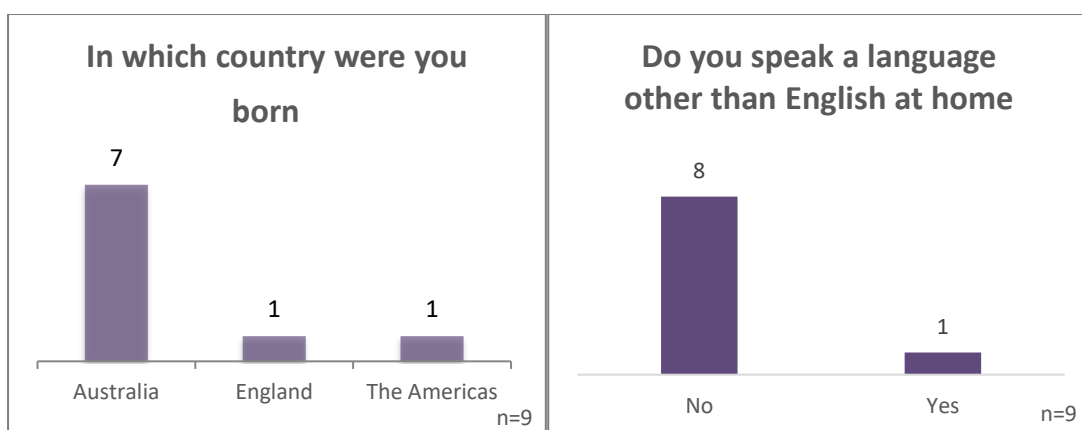


Chart 2: Country of birth

Chart 3: Language spoken at home

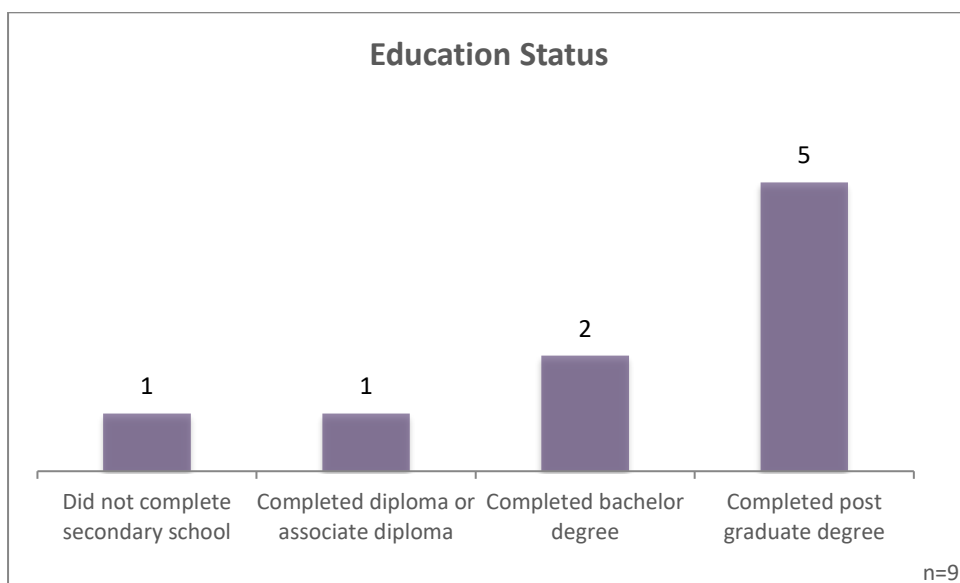


Chart 4: Highest level of education completed by respondents

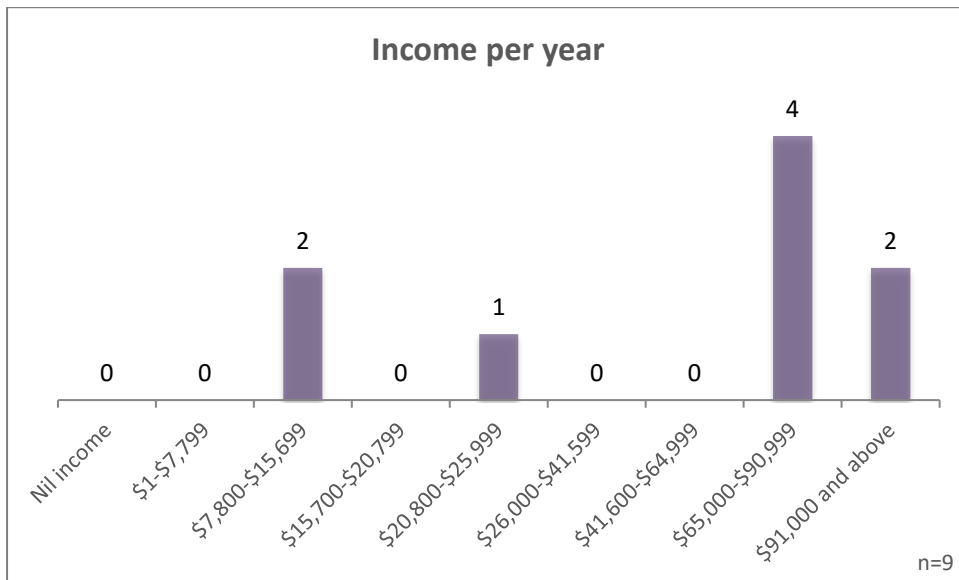


Chart 5: Income

Findings

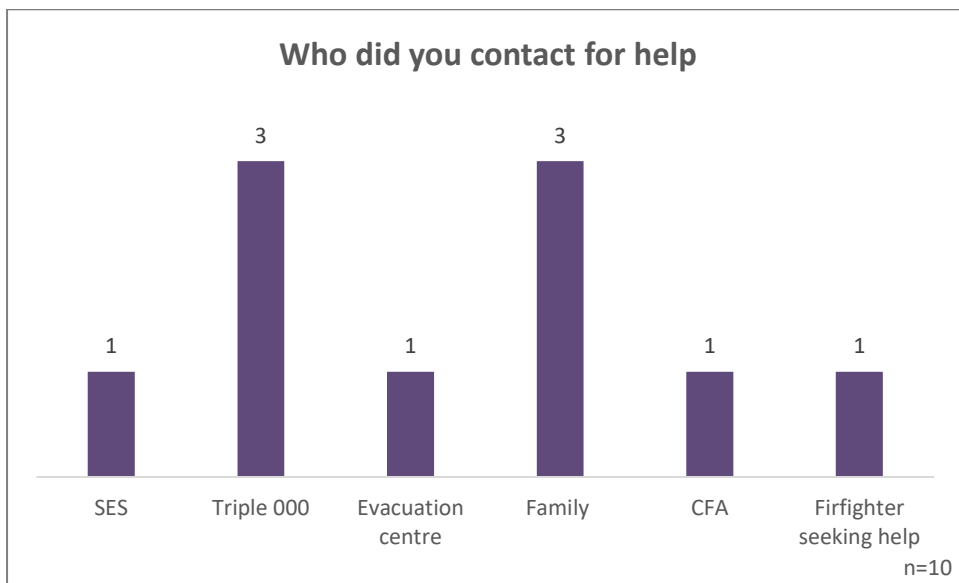


Chart 6: Sources of help

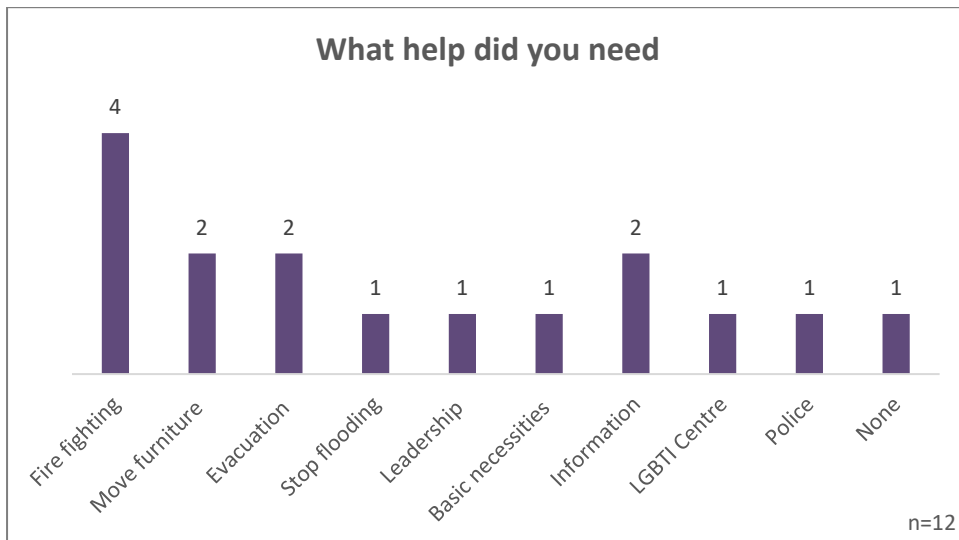


Chart 7: Help needed

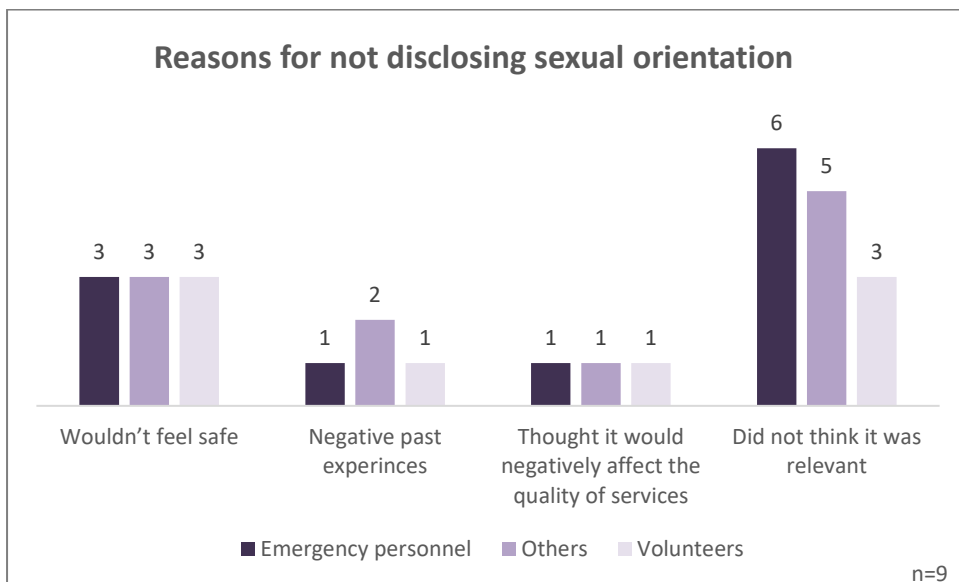


Chart 8: Reasons for not disclosing sexual orientation

Satisfaction with faith based services

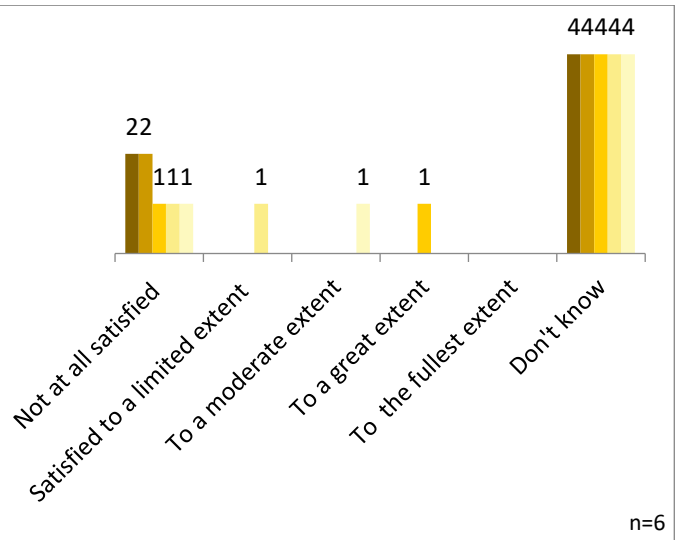
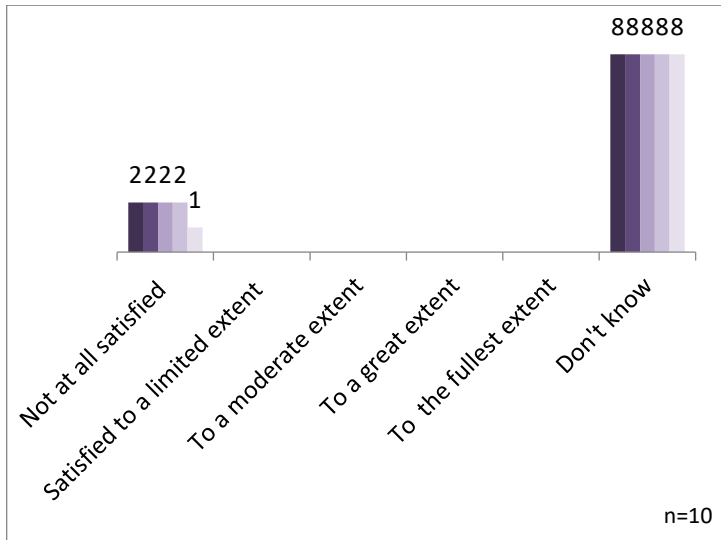


Chart 9: Level of satisfaction with faith-based services BEFORE the emergency (organisations' names removed for confidentiality)

Chart 10: Level of satisfaction with faith-based services AFTER the emergency (organisations' names removed for confidentiality)

Survey data findings - EM Sector

Overview of EM survey

In total, there were 157 responses. Of these, 29 had only demographic information, 105 had demographic and opinions, and 22 of these had additional personal experience (asked in the final eight questions). None of the questions were compulsory so the total sample size for each question was different. Each chart below lists the specific number of people who responded to the question.

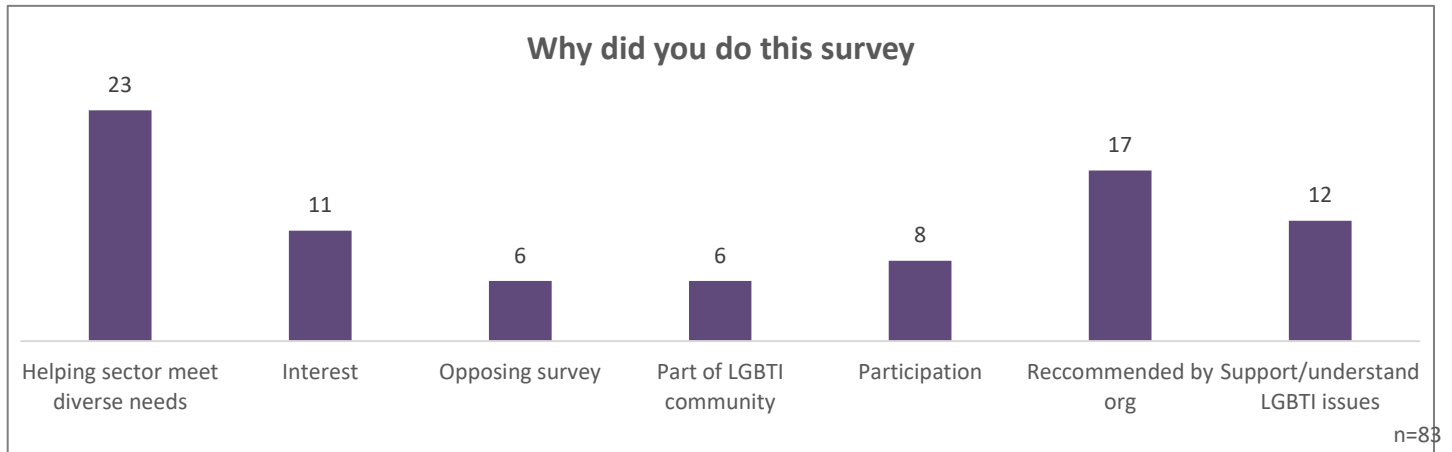


Chart 1: Reasons for completing the survey

The sample

There were 86 men (55%) and 63 women (40%). The age range of the sample was normally distributed from under 26 to over 65, with a mean of 36-45 and median of 46-55.

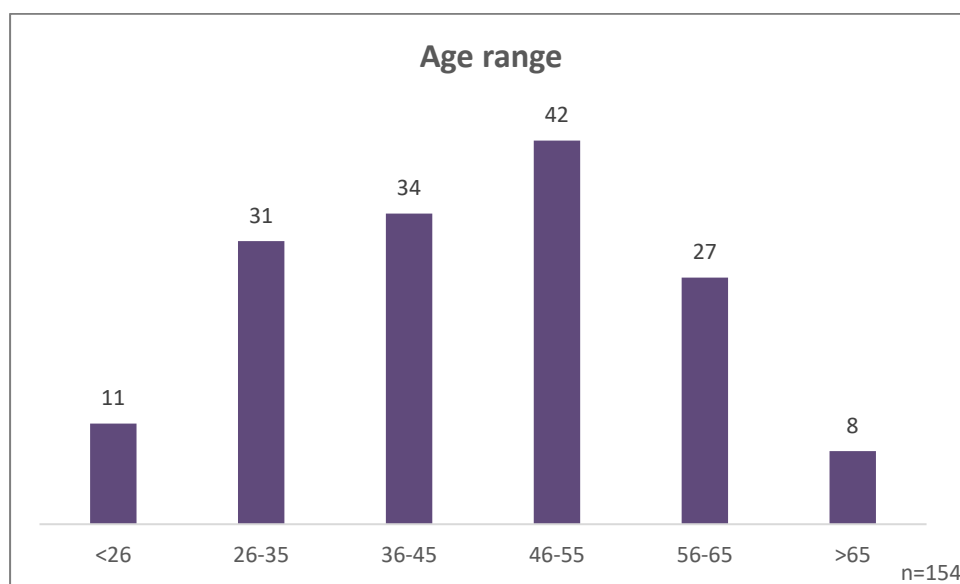


Chart 2: Age range

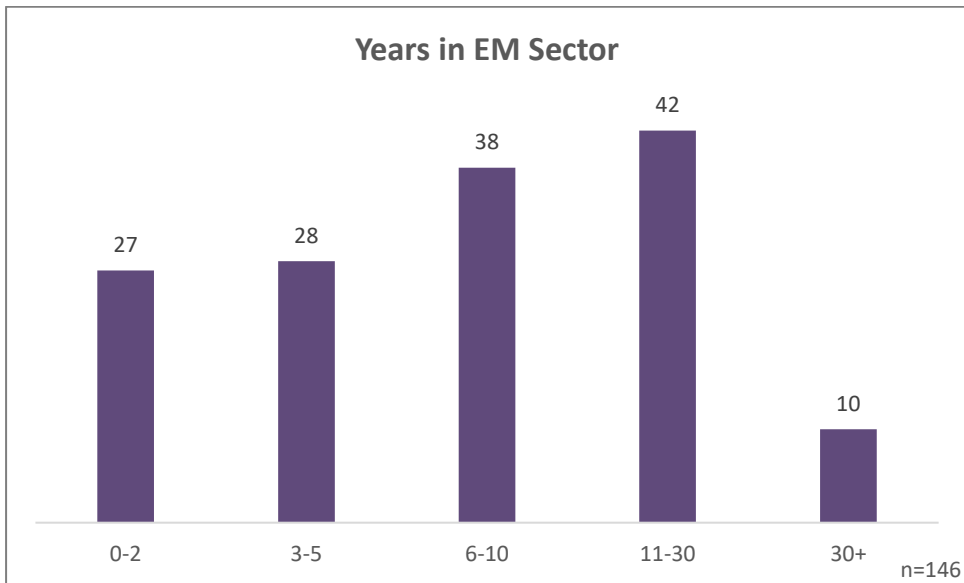


Chart 3: Years in the emergency management sector

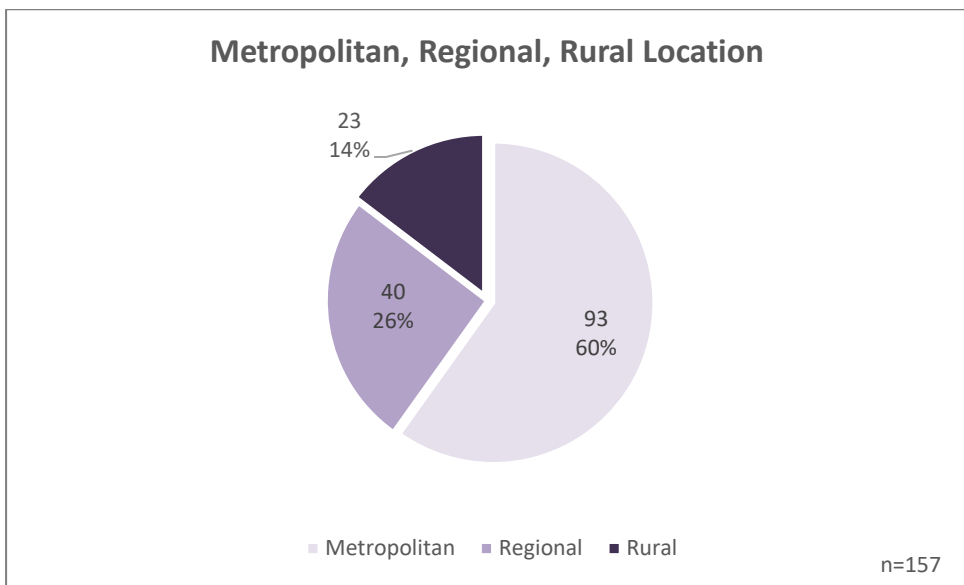


Chart 4: Location

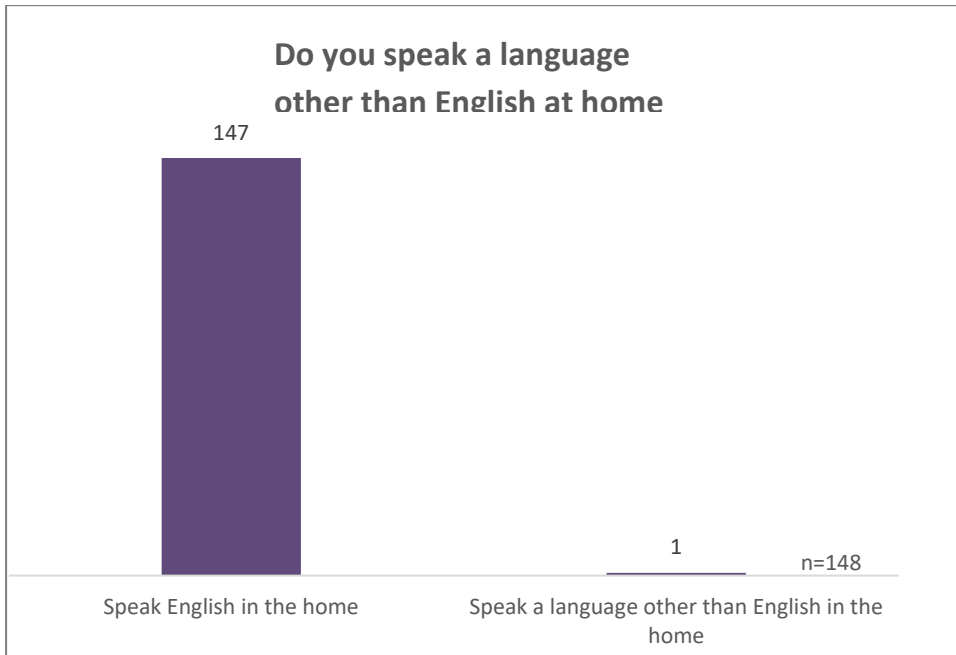


Chart 5: Language spoken at home

Findings

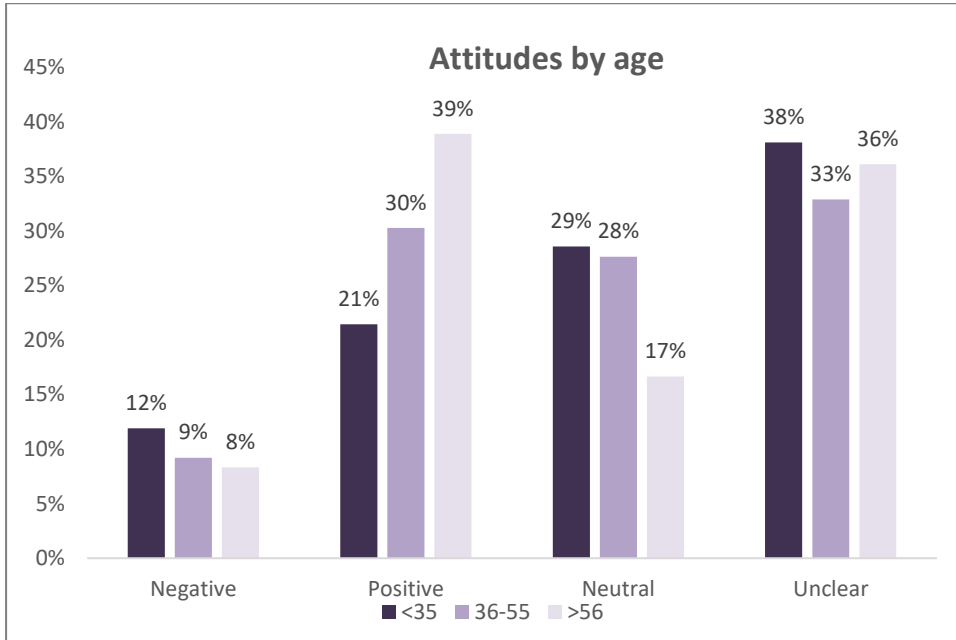


Chart 6: Percentage of negative, positive, neutral and unclear attitudes in age groups

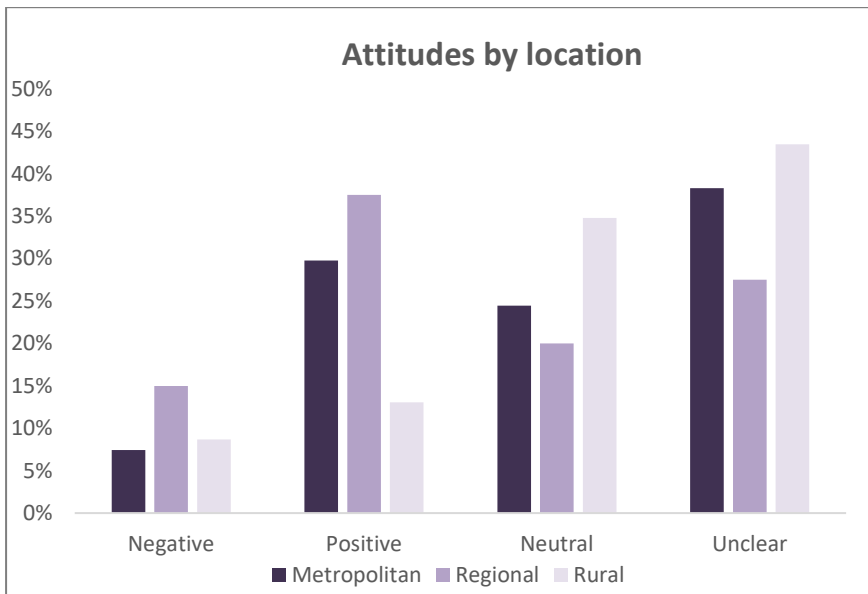


Chart 7: Percentage of negative, positive, neutral and unclear attitudes by location

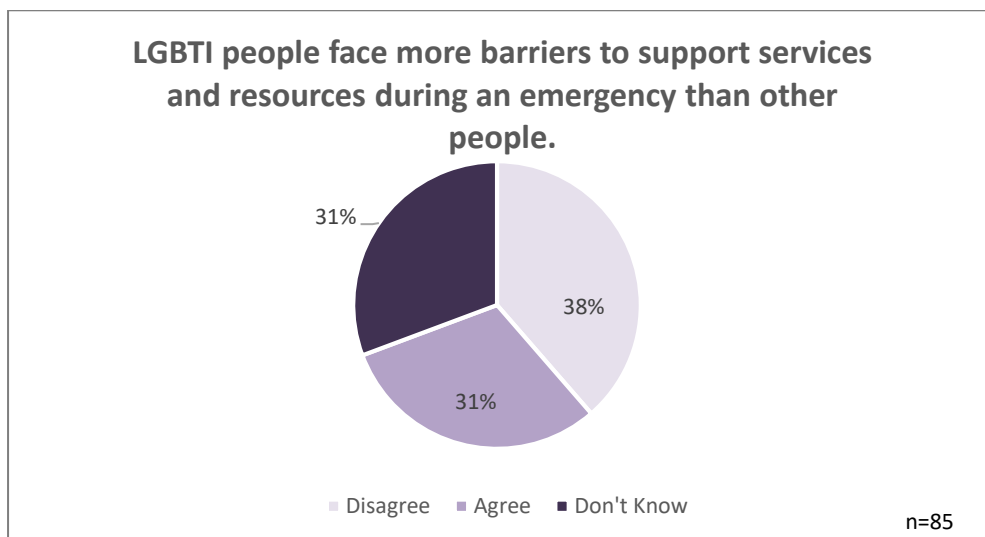


Chart 8: Agreement that LGBTI people face more barriers to services in emergencies

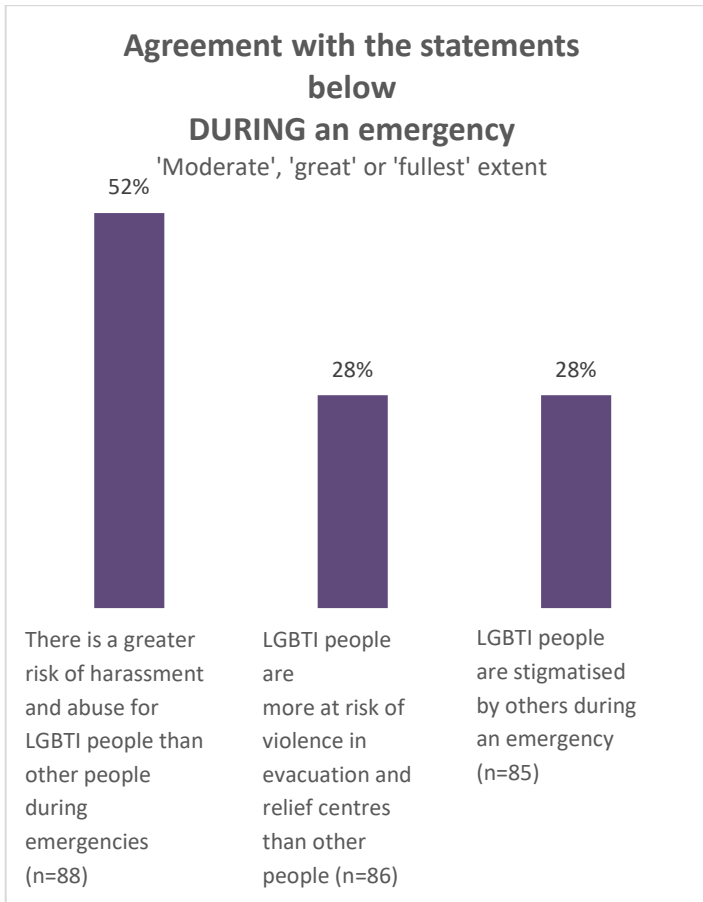


Chart 9: Agreement with three statements about LGBTI experiences DURING an emergency

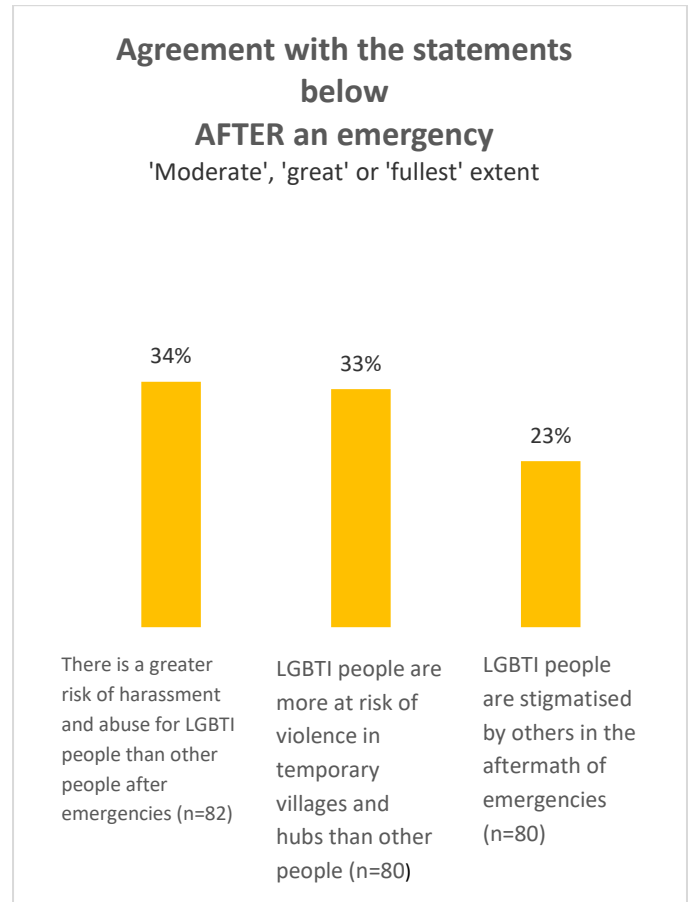


Chart 10: Agreement with three statements about LGBTI experiences AFTER an emergency

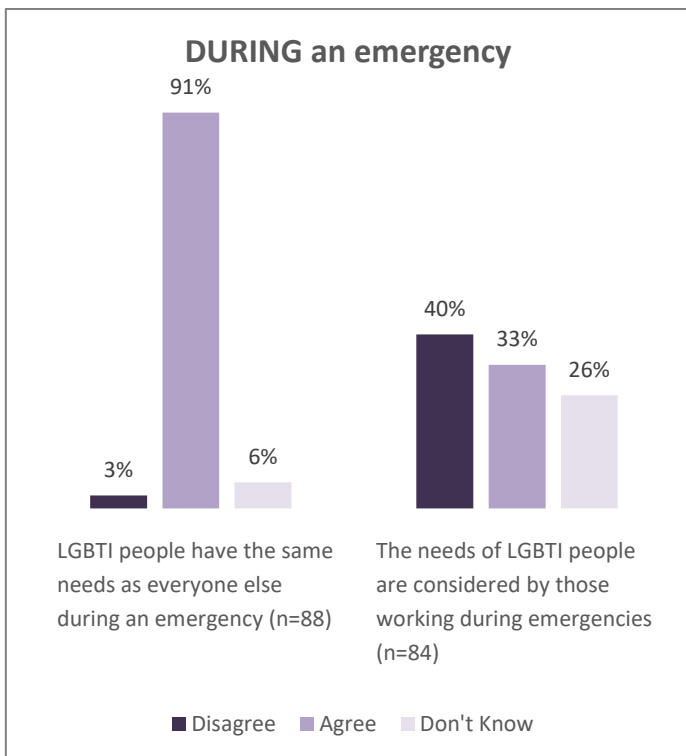


Chart 11: Agreement about LGBTI needs DURING emergencies

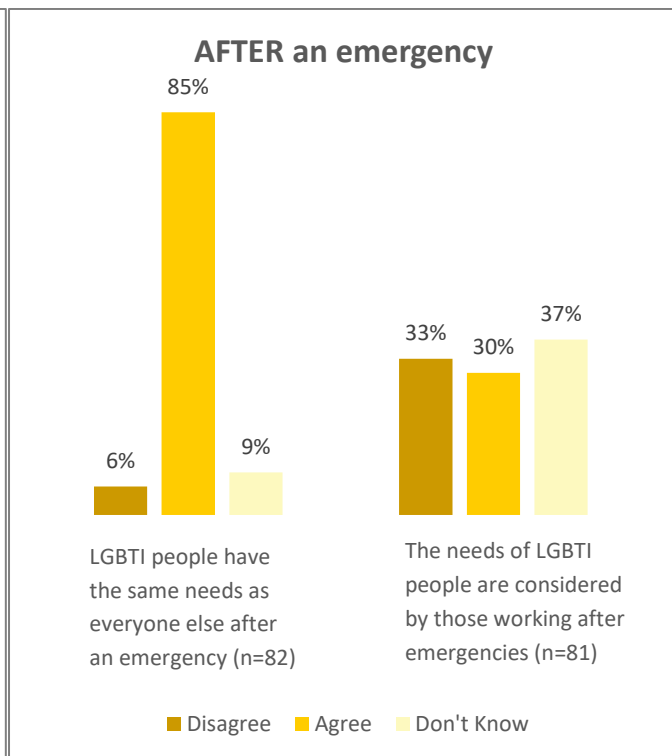


Chart 12: Agreement about LGBTI needs AFTER emergencies



Chart 13: Level of agreement with the statement

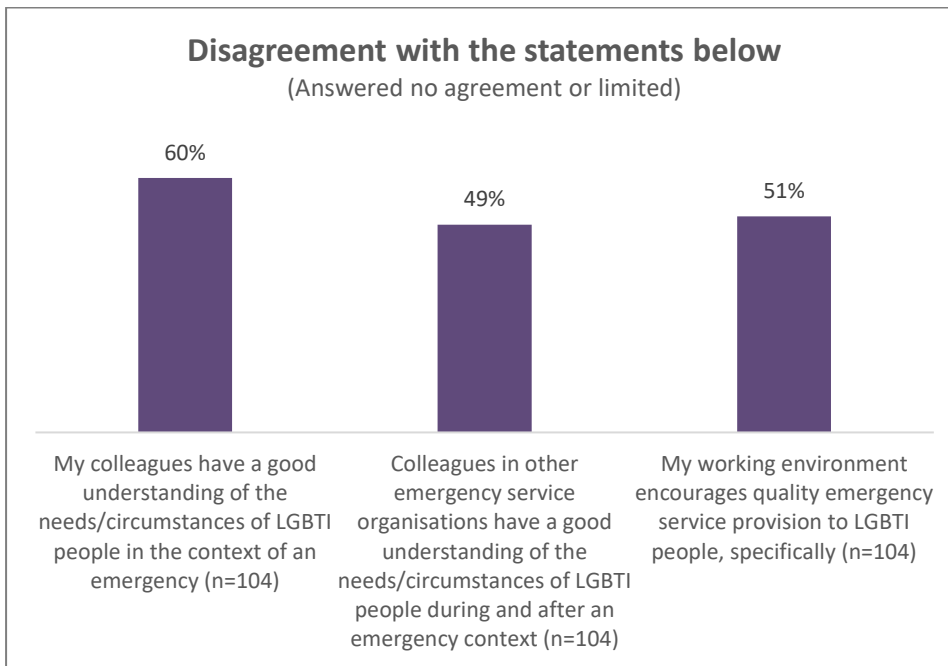


Chart 14: Disagreement with three statements

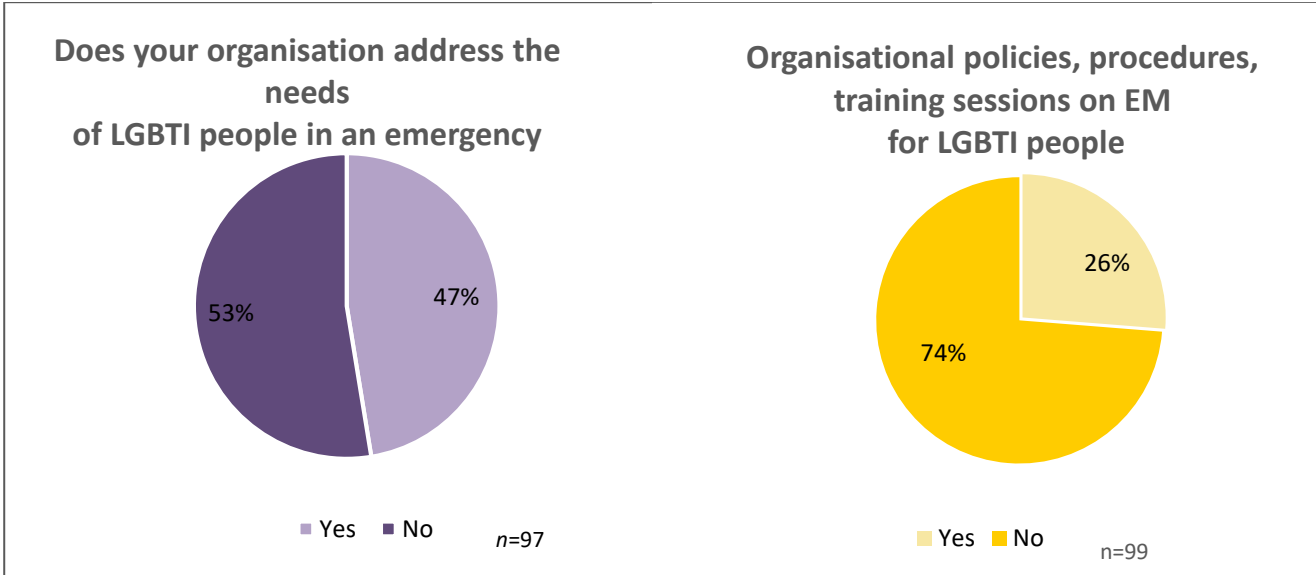


Chart 15: LGBTI people’s needs addressed in EM

Chart 16: Organisational policies, procedures, training

Discrimination against LGBTI people in the EM sector

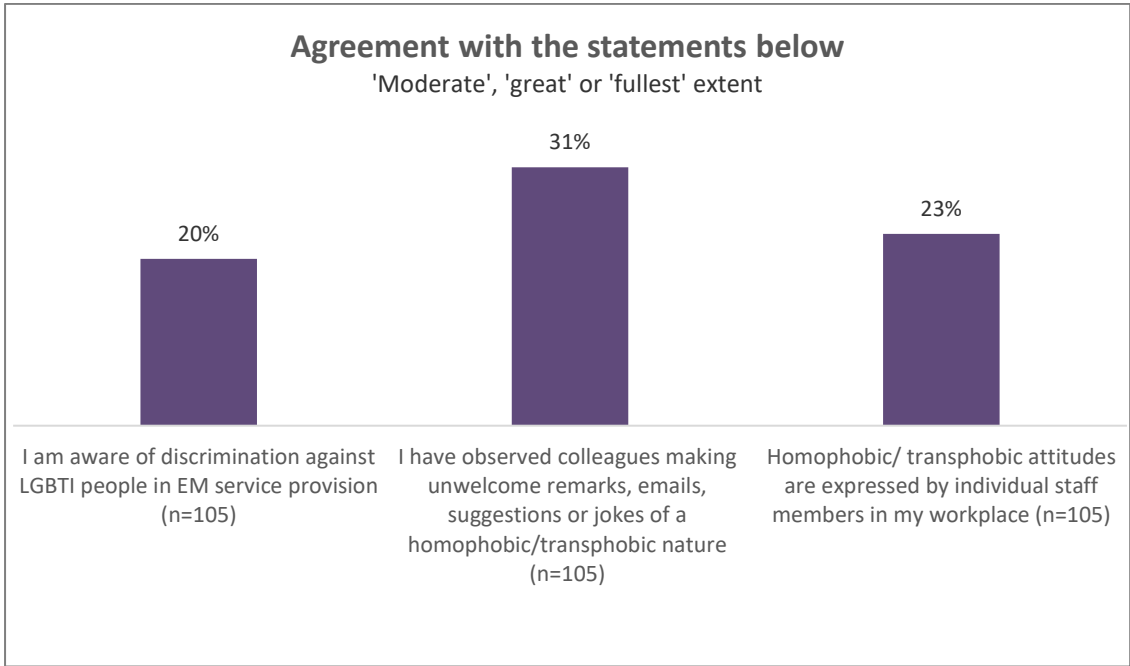


Chart 17: Agreement with three statements

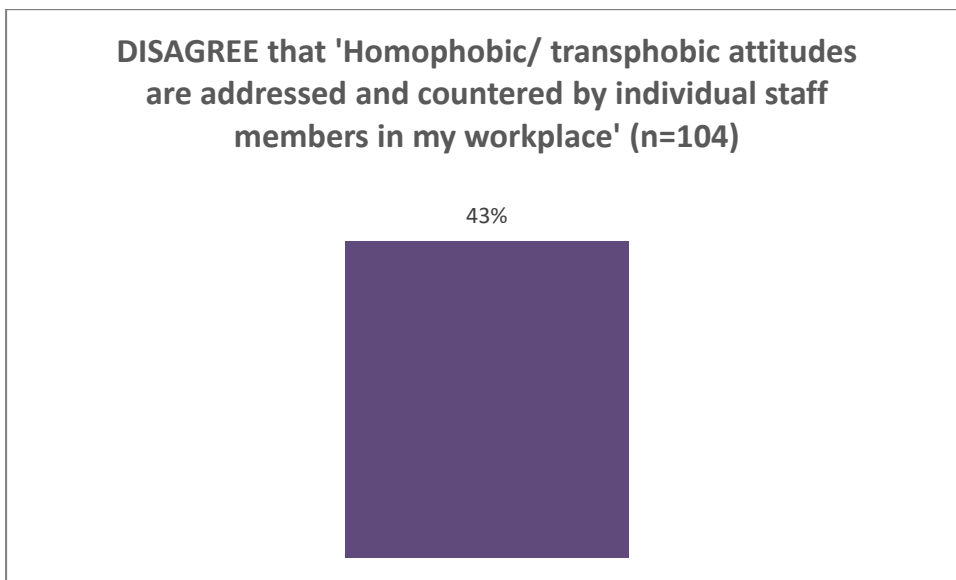


Chart 18: Disagreement that homophobic/transphobic attitudes are challenged in workplace

Specific needs of LGBTI people in an emergency

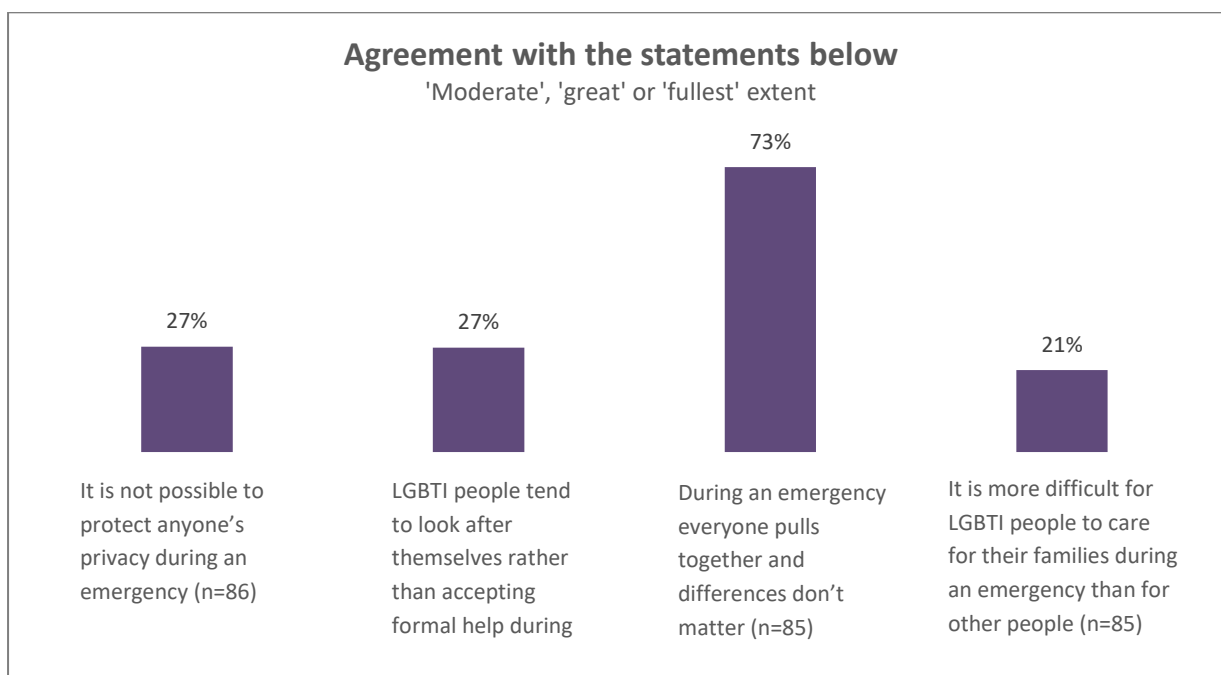


Chart 19: Agreement with four statements

Respect shown to LGBTI people in emergencies

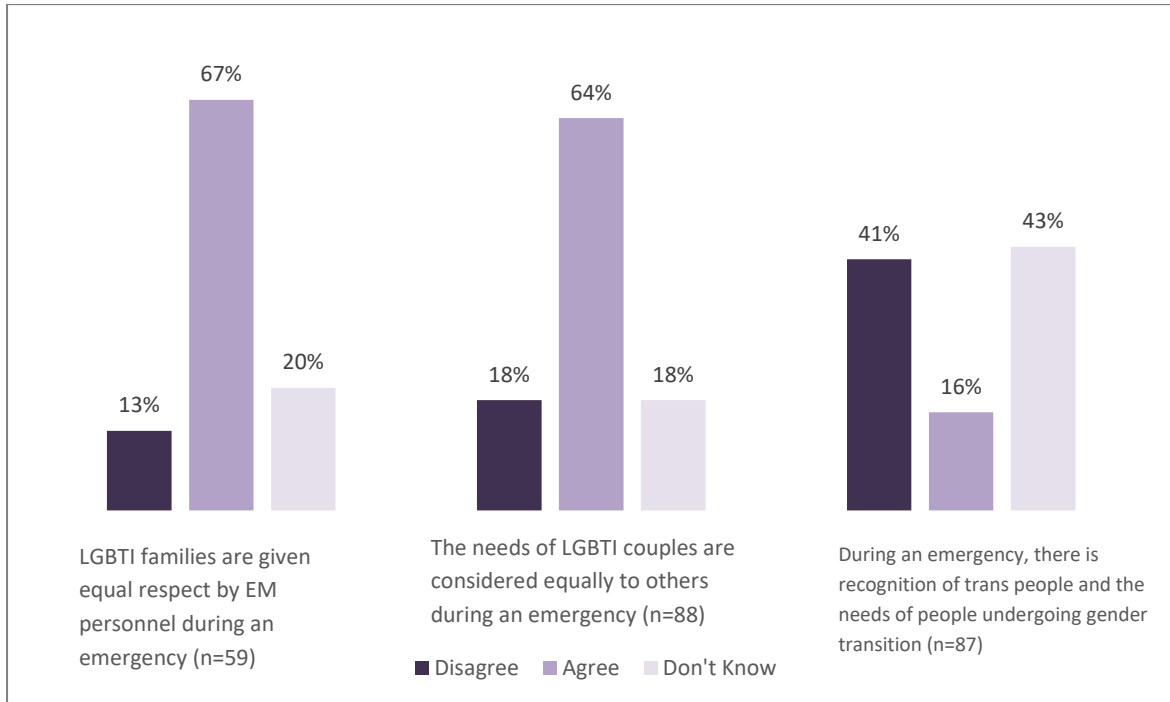


Chart 20: Levels of agreement with three statements