DARLENE MCLENNAN: Good afternoon, everybody, and welcome to our wonderful Webinar. It's Darlene McLennan here. On behalf of ADCET and ATEND, I'd like to welcome you all. Before I do the formal housekeeping, I'd just like to pay my respects and acknowledge the traditional custodians of all the lands on which we're all meeting today and also pay respects to their elders both past and present. Today it's fantastic. We actually have a panel discussion which is the first time we've tried this so we've actually had the last 15 minutes of nerve wracking and our own mental health isn't very good. We're still shaking but hopefully we'll settle into this panel discussion. We will be taking questions at the end of the presentation but throughout the presentation if you have any questions, please add that to the question pod. The technology we're using today isn't as accessible as we hoped it could be. So if any screen readers are actually using the GoTo platform today and would like to ask a question or have any issues or problems, they can email us on ADCET which is adcet.admin@utas.edu.au and we will be able to ask those questions. The Webinar is being live captioned today by Bradley Reporting. It will be recorded and it will be placed on ADCET after the recording, which is fantastic for those who have been unable to catch it today. It's been a very popular topic, I think for a number of people - or all of us within the further education sector see this as an important topic and it’s going to be fantastic to see the panel discussion today. The presentation or panel should run for around 40 or 50 minutes and then we'll have the questions at the end. We may try to unmute people if they would like to speak and ask their question; otherwise I'm happy to ask the question if you write it into the question pod. Also if you have any technical difficulties throughout the presentation, let's hope it's you and not us. You can email us at adcet.admin@utas.edu.au. Wendy is our facilitator of this panel discussion today. So I'm going to allow Wendy to introduce herself and the other panel members. I'll hand over to Wendy and I hope you all enjoy this panel discussion. Thank you.

WENDY PAULUSZ: Great. Thanks very much for that, Darlene, and also to ADCET for giving us the opportunity to present this Webinar today on gender diversity and mental illness and support for LGBTIQ students. Hello everybody. My name is Wendy Paulusz and I will be facilitating this session today and have a panel of experts from an LGBTIQ background and so they will provide a range of experiences and advice and insight on how best to work with this cohort of students. So why am I here? I am a teacher and I've been working on a particular module at La Trobe here on how inclusive is my subject to support students with very diverse needs and essential to this module is the student voice and so I've been interviewing students and a lot of students from an LGBTIQ background have alerted me to some of the issues that they’re currently facing. As a cisgender heterosexual woman who answers to the pronouns he and she, I don't feel adequate to actually talk about this. However, I have a fantastic panel of people who have a lot of experience and expertise in this area. I'd like to introduce, first, Eden Dowers, who has provided invaluable help and advice and recommendations to panel members and the organisation of this session, as well as Dr Quinn Eades who is an award winning academic lecturer in gender sexuality and diversity studies in the School of Arts and Kat Nordern, student advocate and case worker at the La Trobe student union. Kat has facilitated an equity and diversity award winning program at Melbourne University. So they have a lot of experience, expertise and advice and we'll be able to introduce themselves now, I hope, to the audience. Thank you. Can we start with you?

EDEN DOWERS: Ok, great. Hi, my name is Eden. I identify as white, non-binary and queer. I use the pronouns they and them. My interest in this panel comes from having worked as a disability advisor over the past seven years at a time when there’s been increasing visibility of LGBTQI health and wellness in the social media and also in our experience of living here in Australia with the recent postal survey as well. So my interest is in participating in a discussion that really highlights practices of inclusion and how we can best include people from this community. Quinn.

DR QUINN EADES: Yeah, my name is Quinn. I am an academic and a poet and a performer. I've been at La Trobe, I did my PhD here and I’ve been working here now for about three years teaching interdisciplinary studies which are a core first year BA subject and I am also attached to gender sexuality and diversity studies and at the moment I'm on a three-year full-time research fellowship which is amazing and I'm setting up a practice led research creative lab called Trans Queer Create which focuses on getting LGBTIQ stories out of our communities and into the public to increase the chances of people understanding a little bit more about us and being able to speak confidently to us and with us.

KAT NORDERN: I'm Kat. I'm a cis gendered woman. My interest is in building resilient healthy young people in a just space. I've worked for many years with LGBTIQ students who are in that very early stage of coming out or even not quite coming out. Looking at the barriers to acceptance, the barriers to them coming out, the barriers to them having positive mental health experiences and that's something that really means a lot to me and I think it's important that we look after young people in that space in their lives.

WENDY: Thanks very much, everybody. I really appreciate that all of you have given up your time and energy to come and talk on this panel. It's really great. So welcome everybody out there who is listening to the Webinar. Thank you so much for the questions that you've already sent in. It's great to have that interest. We'll certainly do our best to answer them, as best we can. But we're aware that we've got a limited amount of time but we're happy to continue the conversation after the session through email and other means. And we're also very aware that we'd like you to take away some practical suggestions and ideas which you can implement straight away. So we'll certainly do the best we can to help with that. Okay. So I'll go through the outline of the session now. Thanks, Jane. So we'll look at the first scenario is basically looking at the assumptions and the impact of the assumptions on people and how dramatic that can be. We'll then look at scenarios 2 and 3. These scenarios are basically just as a starting point for discussion, which all of us will be able to engage in. Then we'll look at imagined futures of what we'd really like to see happening, certainly what La Trobe is offering now and what we can look forward to having in the future and there is a glossary of terms at the end of the slides and our contact details at the end. So, I'd like to start with just going through briefly looking at the next slide, please, Jane, which is the assumptions. Yep, thanks. This was actually based on a conversation that I did have with one of our students. It actually really relates very well to her experience because, you know, in general everyone is presumed to be heterosexual, a person’s gender corresponds to their sex and if these assumptions are challenged it can result in bias, discrimination, marginalisation and abuse. This particular student, her experience was, she'd been to a Pride Day celebration; everything was going really well, she was feeling quite high. She'd helped pack up everything and it was fairly late, getting late in the evening and she was walking back. She was accosted by five young men who were walking past her and making quite derogatory lewd comments about her, about her appearance and what they'd do with her at a sexual level. She was so devastated by that. So we were talking about the impact that some of these assumptions and behaviours can have on people. That she found she felt very, very unsafe, she felt frightened going back. She was afraid to come back on campus because she didn't know what to expect in the future from - you know, she didn't feel like she could really go out and it caused her quite a considerable amount of psychological distress and also, you know, she has attempted suicide. This wasn't the first instance though that she had experienced that. So, you know, she had been willing to identify and come out but some of the consequences were really quite dramatic for her. Kat, could you please talk about that from your experience of, you know, your students with coming out and some of the consequences for them.

KAT: Sure. So I think we probably all know that there's such a diverse range of students at any university. They're all coming from different backgrounds and places. So, I mean, it very much depends on the individual, I guess, what's at stake for them. Certainly what I came across with the support group that I worked on for many years was that there were a number of consequences that people were afraid of, whether they were perceived or real consequences, but those perceived consequences build up a number of barriers to either being out in a public sense or even out yourself. So, I mean, those things include obviously your religious or faith background, your culture, any internalised discrimination that you might have as well that's come from family or social groups. Definitely a fear of being rejected, loss of relationships with people that you have, loss of a future that you had perceived for yourself or that has been, sort of, placed upon you as an expectation and certainly, I think, one of the things that we underestimate is, and I think Quinn will talk about this later, is the power of language and - I mean, a lot of young people may not even have the words yet to even conceptualise the possibilities of what they might be and who they might be and who they could be and so, you know, certainly just feeling isolated and alone and like they're never going to understand this - who they are and the world that they're in. I certainly found that there are a lot of - we saw a lot of students that were at that really very early stage of questioning. So all they knew was that they didn't fit what they were seeing around them as the, kind of, cisgender heterosexual norm. So for some of them that was where they were at. They just knew that that wasn’t them but they didn't necessarily know what the ‘them’ was and I think that we can often make a mistake when we're dealing with young people, and it doesn't actually always have to be young people. Let's say that in this case it is. That people haven't got an understanding of where they're at and they don't necessarily, and also we tend to think that if someone presents a certain way, that that's who they are and that's how they're going to stay, whereas it's much more complicated than that. I found with students that I had, you know, this professional relationship with over years that their starting point and then where they were at by the last time I've had contact with them might have shifted quite a lot during that time. So it's a really complicated process for anyone and - yeah, I think it's really important to support people along the way because, I mean, just with the scenario you were saying about that person earlier, like that can be a major breaking point for someone, where they're, like, right, I don't want to be part of this anymore. So I think it's really important that we build tools and hopefully we'll be talking about those, about how to help people on that journey but also to keep going.

WENDY: And so allies are really useful?

KAT: Absolutely.

WENDY: Critical.

KAT: Yeah.

WENDY: Thanks a lot for that. Can we go to the next slide, please, Jane, which is the one on the graph. We’re looking at the mental health and well-being outcomes of LGBTIQ people. There's a graph on the impact of sexuality. Thanks, yes. And gender identity and expression on experiences in society. And according to this, it's a 2012, I know, but it's taken from private lives and ARCSHS research at La Trobe. It refers to the distress call, as you can see, the higher the score, the more distress there is. You can see from the general population it's about 14.3 but it almost doubles for trans, bisexual and same-sex attracted people. I think Quinn has more up to date scores and can tell us a little bit more about how this is impacting on students today.

DR QUINN: Yeah, sure, thanks Wendy. Yeah. So the 2012 private lives two report is really extensive and we're now working with data that is six years old. So ARCSHS, which is the Australian Research Centre for Sexuality and Health and Society, have just received funding to do another private lives 3, which is really exciting but, of course, we won't see that data for at least, I'd say, two years before it's starting to come out. So the data that I can talk about is a transpathway survey which came out of the Children's Hospital in Perth. That was a very large survey of 14 to 24-year-olds and the results of that, the statistic that stays with me and that I actually feel has sunk into my body and I carry with me every day is that 48% of those respondents have attempted suicide. So we’re not talking about suicide ideation, we’re talking about moving into action to say, I can't actually cope in this society, being the person that I am and I think that's really critical when we think about supporting LGBTIQ students and staff, that we understand that what we are also supporting are students and staff with serious mental health conditions. One of the ways that I kind of, I guess, intervene in that space on a teaching and research level is to be very out about my own mental health issues. I say that the very first time I meet students in a class that I live with severe and significant ongoing depression and anxiety because I find that in order for students to want to speak to me about what's going on with them, I need to be willing to be vulnerable and to actually not do that kind of really traditional teaching method of ‘I'm going to know things about you but you are never going to know anything about me’. So I'm kind of developing a queer pedagogy where I'm willing to be vulnerable because the effect of that is too important, compared with what might happen as a result of my vulnerabilities, which are significant but what I'm experiencing in my institution is that I'm being supported to do that, as opposed to discriminated against for doing that and I almost can't believe it. And of course, I still expect bad things to happen every day as a result of that vulnerability. The other survey that people might be interested in is a Forbes poll. So that's coming from the United States. That was over 2,300 people were surveyed. So, a general population as well as LGBTIQ people. One of the things that came out of that is that 11 to 12% are now, of our young people, are now identifying as non-binary. So this is a really significant number. The last time they did the survey was three years earlier, this was a 2016 survey. I think we could even expect those numbers to have jumped again. Those numbers would double from the earlier poll. Again what we're looking at is people saying, there's not many trans people around. The general population estimate is about 0.8% of the population which equals about 1 in 1,000 humans. So when we start taking into account the amount of young people that are now identifying as nonbinary, that our community is growing exponentially, which means we're able to identify a lot of different pathways for support and I also think it means that we have to start making interventions on all kinds of levels for social change and work free acceptance because our community is much bigger than people think. Yeah.

WENDY: Thanks, Quinn. I think also what you were saying too, Kat, about making assumptions about people and listening to what actually people are saying and what they're doing, it's so critical, isn't it?

KAT: Yeah.

WENDY: And I think Eden’s got the next slide to show us.

EDEN: Yes. Next slide, please, Darlene. Right, so this next scenario is aimed at addressing two questions that came through from ADCET listeners in advance of today’s webinar and that is how can I identify people who belong to this community and how can I support members of this community? And the short answer to the first question is that you can't and don't. Exactly. There's no universal signifier. And in fact to try and identify someone would be unethical I’d say. And the assumptions that we make about others are almost always wrong. We need to respect people's decision to be stealth, for example, and also to not misgender people.

DR QUINN: Can you just say what stealth means Eden, just for those who may not know.

EDEN: Yeah, for sure. So, my understanding and please feel free to correct me is where someone whose gender identity does not match their sex assigned at birth but they then go through, say a medical or surgical transition, if you use that word, and then they are identified as being cisgendered. So they look typically, for example, male and are not visibly transgender to someone passing them in the street.

DR QUINN: That's my understanding as well. I just thought, cause that's a word we use in community but it might not be understood more broadly.

EDEN: Yes, thanks. So, again, don't try and identify people from the community but what I found more recently is that there’s specific health and wellbeing services that meet the needs of LGBTQI peoples, specifically trans and nongender conforming people. Here is a mock medical documentation that I've just made up with the referral coming from Equinox Gender Clinic. That's one way in which someone may present to your service is through a specialist health and wellbeing services. I wanted to just touch back on what Kat was saying before. Although these services exist and although, for example, equity and inclusion services exist within higher education settings, what are some intersectional barriers that you've encountered for students actually making use of those?

KAT: Well, there's a lot, I think. One big barrier can be the need to have medical documentation in order to sign up for services. Look, I've primarily dealt with students who have been at that really early stage and so I see a lot of barriers obviously because no way are they at the ‘I'm going to see anyone’, let alone a doctor, about this. So definitely any kind of public documentation can be a huge barrier. Also knowing where to go. I think when you have been a student for a really long time and you work at a university you kind of know what's out there. I work at the student union and so I see a lot of students and it's surprising how little people can be tapped in to what's available to them. Often, I think, students can also be really frightened of entering that queer space because it's one of those situations, which I don't know maybe we've all forgotten by now, but ...

DR QUINN: I remember. I still remember.

KAT: It's like looking through a window and everyone inside knows who they are and they're all cool with it. They're all part of this gang and you feeling like you'll never fit in. So that can be really scary, the idea that you're never going to get to that other side of the big glass wall. The other things I talked about earlier, culture, faith, family, all those kinds of things.

WENDY: They could be huge, can't they? Especially you've got the double thing about coming from another country and where it's banned or it’s a criminal offence.

KAT: Of course.

WENDY: Why would you want to identify?

KAT: That's right.

DR QUINN: Just to add to that. So the coming out kind of idea, is a very western, very white western mode of acknowledging and identifying in a certain way and there are many cultures where that's actually not appropriate and, in fact, where an LGBTIQ person doesn't want to do that because it has ongoing impacts for family, for faith, for friends and have chosen very actively with much agency to go ‘actually, that's not what I'm doing’ and to then have some kind of hierarchy of identification or outness means that we privileged white people over generally people with colour.

KAT: I think that's an excellent point. We do tend to, well here in western society, tend to look at coming out as a rite of passage, right? Whereas one of the things that was really important to me was that, this is not a thing that you ever have to do, if you don't want to. Your safety, you know, your life goals, all the things are much more important than you checking off this box that may be something in my culture is seen as something you can do. Also, I mean, there's issues with coming out as a concept because it necessarily defines it as something that you just do this one time and then you've done it. Whereas it's really a day-by-day, everyday kind of process that goes on forever. Yeah. Definitely.

WENDY: And you educate people.

KAT: That's right.

DR QUINN: And people demand from me to educate them.

KAT: That's right.

DR QUINN: And they will quite happily just go, educate me and I need to learn, as if I am the carrier of all knowledge.

KAT: That's right. Yep. I mean, I think that's another barrier as well for students is finding someone that you're comfortable talking to because, you know, I can't be all things to all people. None of us can so – yeah, finding someone that you can build that trust with in order to have the conversations that you need to have, I think, can be really difficult. You know, counselling services are flat chat at university, as are all, sort of, student support services. You know, even finding a window in, I think, can be difficult. And so I imagine, Quinn, as an academic, as an out academic, that students would be making a beeline, here's someone that I can talk to and ...

DR QUINN: Yeah, and they do and I will never refuse that kind of connection and, in fact, I invite and welcome it but it does mean that I perform extra emotional labour every day in various ways. It also, as an out queer and trans academic, means that I do more hidden labour in terms of peer reviews, PhDs, Masters and Honours examinations and supervisions because there are so few of us that are in this space and then also researching in this area that that means that I'm one of a handful, whereas if you've got someone doing, I don't know, Bronte, studying Bronte or, I don’t know, Mills or whatever it is, obviously I'm in humanities you can tell from the way I’m talking, then there are a whole range of academics that you can go “Oh, ok this person’s working in Romantic Literature”. The people that are working in queer, trans spaces specifically are very small in number. Actually globally, not just even here. Yeah.

EDEN: It's amazing you find time to write.

DR QUINN: I'm not quite sure how I do that.

KAT: Not to mention the sense of responsibility in that area around. I think it can be really difficult to feel like you've got to get it right or ‘I can't get this wrong’.

DR QUINN: Yeah, one of the things I find is that I feel like I'm often carrying mental health - other student's mental health and staff members too in my hands and that if I lapse in my attention, because what happens is people will contact and then disengage because it's such a challenging situation and so the only way to keep supporting is to check in, send an email, say hello, do that work of keeping on contacting and then I find out that that student’s in a really bad way. It's very hard not to feel responsible for that.

KAT: Yeah, absolutely.

WENDY: So, Eden did you want to add anything at all?

EDEN: I guess shifting more to, ‘ok, what can we do in our everyday practice and interactions to ensure that we’re being inclusive’ and what I've highlighted on this document is a pronoun here. One of the critical things I hope that is taken away from today's Webinar is the power of language in this space and practices of inclusion which I think we spoke about this earlier this week. Asking someone ‘what is your preferred name and what pronouns do you use’, and asking preferably everyone because you can't assume membership to this category which is quite heterogeneous broad and often as disability advice is you're writing documentation about people or communicating about a student’s situation, so it's really critical from the outset that you ask those questions so that you're not misrepresenting someone or overlooking a critical identity for that.

KAT: I think you're absolutely right. I think you need to ask everyone that because you don't know how someone else identifies. You know, I'm pretty sure that most of the time any of us would get it wrong. Also, I mean, in a teaching situation you're dealing with groups of people. I think it's really important to set that up as a norm, that this is something that we all do together and this is the kind of space that we're in. I don't think we should be singling people out because we think that they might be part of the community. Not just because we could be wrong but because maybe they don't know they are yet, even if we have correctly picked it. I feel like setting up that space could just really just nip a lot of issues in the bud later on.

DR QUINN: It's kind of a similar process, I think, like people are starting to get good at asking for pronouns and preferred names but it's only - if that's coming from a cis person, it's because they've identified me as a potential trans person, it’s not because they’re asking everyone and it reminds me actually of the horrendous habit that white folk have in this country of asking people of colour where they're from, you know, and never asking a white person ‘where are you from?’. We're all from somewhere that is not this place. If there's a similar thing that goes on in terms of power about situating - so the questioner situates themselves in the centre and says, you're in the margins but I recognise that and I'm going to ask you about it and that actually can have this effect of distancing rather than bringing closer and so my strategy when that happens, so when a cis person says, ‘what are your pronouns?’ I’m thinking ‘yep, good on you for asking me’ but then I’m gonna go ‘and what are your pronouns’ which generally makes people look pale and like they’re a bit fainty, you know, and they'll stumble. One strategy for cis people listening in on the Webinar is actually to just be able to stand in front of the mirror and practice and say, ‘hey, my name is Lisa and my pronouns are she/her. Whatever that is. So that you can actually just smoothly return or rather than saying, ‘what are your pronouns?’ just say ‘Hi, my name is Quinn, my pronouns are .............. So I'm offering an invitation then, I'm not saying I’ve identified you as a marginal identity.

WENDY: It's quite good because it alerts you to the whole issue then when you do that.

DR QUINN: Yes, and then being aware, of course, that if someone doesn't have English as their native language they might not know what a pronoun is and so being able to tease that out a little bit too. Not assuming that people, and in fact, not assuming that native English speakers know what pronouns are because we don't traditionally get taught grammar in schools. We are talking about grammar now.

WENDY: Yeah, well I'm going on to that next one. Did you want to add anything?

EDEN: No, ready to go on, thanks Wendy.

WENDY: Ok thanks. Jane, can we go to the next slide which is another scenario which is a teaching situation, so I would like to get some feedback and help from you, Quinn, on that one.

DR QUINN: Sure.

WENDY: Because as a sessional teacher, I often find that – yeah, that I talk to students and the curriculum can be quite discriminatory as well as some of the case studies in class because they're always Sally met John and John met Sally and the whole thing is white heterosexual. It doesn't allow for any diversity there at all. In particular, you know, if I'm teaching students who are going to be teachers, it's really critical that they understand the diversity that they're going to be coming across in classes. So very quickly to set the context of this, I was teaching a class, we were looking at the pragmatics which is a branch of linguistics dealing with language in context. I found a video by Steven Pinker, who is quite a well-known linguist, and I thought this might explain it more clearly to students. However, I found that the assumptions that were being made by Pinker in the video was that it was very heteronormative and I thought this was a good opportunity to challenge some of these assumptions because Pinker talks about a situation where a woman is leaving a man and the man answers, ‘oh, who is he?’ which is an immediate assumption there that it's another man. And so I asked my students, you know, “who else might it be?” Someone did actually point out that it might be another woman. But the challenge for me was that I wish I had set up the situation in a bit more safe space so there could have been more of a discussion around this. I'm just wondering what strategies you could suggest for anybody who is teaching in this space.

DR QUINN: Yeah, thanks, Wendy. So one of the things, I think I've talked about it a little bit already, but one of the things I do as soon as I step into a teaching space, you know, week 1 we all go in, we write our names and our phone numbers and emails and consultation hours on the board. I also write my pronouns down there, and then talk about pronouns. The next thing I do is when I've got the roll, I call out the names and then I say, please give me your preferred name and then I make sure that I refer to that student as their preferred name. Then I will often now, because finally La Trobe has a system where students can actually select preferred name for administrative purposes.

KAT: Do you mean so it’ll be in the system?

DR QUINN: So it’ll be in the system, yeah.

KAT: That's great.

DR QUINN: It's manual. It's not perfect yet but we're starting to acknowledge that. So, and then talking to the student about, hey, did you know that you could change your name to your preferred name for the university for administrative paperwork. It's something that gets to me really quite significantly in terms of microaggression, daily microaggression as a trans person is being addressed incorrectly on paper and in official documents. For instance, to change my - I got my PhD before I transitioned. To change my Testamur I would have to pay $130 to get it into my preferred name. I did an Honours examination last year, they were gonna pay me $100, but I would have had to have paid – but they wanted a copy of my Testamur, so to do that I would have had to pay $130 and I just went actually I will just do that for free. So, and I think it does impact the way students feel when they apply for work and for how they carry that documentation with them through their lives. They're really basic things around setting up a safe space. Other things that I do is to speak very consciously using gender neutral pronouns. We've had a lot of discussion in public and in LGBTI communities about the use of they/them. Cis heterosexual people just need to get used to it, we need to stop saying, ‘that's really hard for me, oh but I'm confused’. They/them is being used as a singular pronoun since the 14th century. We all know how to do it, so one of the ways I teach people about how to do it is I say, imagine there's a person called Eden. Imagine there's a person called Eden and Eden is not in the room and you've never met them before. How are you gonna speak about that person? Has Eden arrived yet? Do they know where the room is? Do they know what time the class starts? Very basic scenarios that point out that you already know how to speak like this and you need to operationalise it in your daily language. The other thing I talk about, is because I come out immediately when I walk into the classroom and that's a strategy I use to bring LGBTIQ students closer to me so they know they have a safe space, in terms of talking to me in private, is to identify myself straight away and make sure that they know they can come to me but also to make sure that every student feels like I'm going to be open and be able to hear them in whatever way they need to speak to me. Teaching materials are really important. So you were talking about the classic Wendy and John situation. When we're teaching we will often give case stories or scenarios. Having a bank of non-anglo names in your head is really important. We have incredibly diverse student bodies. La Trobe is far from the, kind of, GO8 cohort that you would see. So I need to be able to say, ‘Armin and Lakshmi met’ rather than John and Mary. And that's about cultural safety, intersectional cultural safety. If we're going to do cultural safety for LGBTIQ folk, I need to be able to do it as a white person for people of colour. I need to be able to do it for First Nation’s people, I need to be able to do it for neuro diverse people, for people with a disability, for class differences, for age differences and that can sound very overwhelming but it's actually something that you can learn to do. You can sit down and teach yourself and it's about internal practice. Even speaking out loud by yourself in the mirror as well, like being very, very conscious about the ways that - because pronouns are also about power. So if I'm saying ‘we’ when I’m talking about First Nation’s people, I'm talking about all white people, you know, and I'm putting First Nation’s people somewhere else. Language is just so, so important in the ways that we make and create social change.

WENDY: And I think also asking students when it comes to the curriculum, how it's changing, how we're going to deliver it, getting students from very diverse backgrounds to actually give them some input into how we do it.

DR QUINN: Yes, yes.

WENDY: Thank you. Thanks for that. Okay. So let's move on now to imagined futures. The next slide, Jane. What would we like to see happen? I'd like to just touch briefly, before we go on to that, La Trobe does have a lot of LGBTIQ services. So for counselling, we have counsellors as well and peer support groups as well as the Ally Network and the training, though I'm aware that just doing my training once is not going to be enough. I really need to keep updating my skills in the area.

DR QUINN: And requiring LGBTIQ staff to do that training is inappropriate. So Eden and I sat through...

KAT: Me too.

DR QUINN: a very horrific- oh, ok I'm going to downgrade that. It was a very hard day watching lots of people have light bulb moments about my life and then being kind of an example, a living example of what kind of prejudice and discrimination I might have experienced in my life. I need to be given this lanyard. I did it for a lanyard and a sign on my door because I wanted LGBTIQ students to know I was a safe person and I wear this lanyard around campus very strategically and on purpose but I did not need to do that training. So that's a slight issue there. The ALLIES need to do it. And some LG... - if people want to opt in, absolutely, absolutely, because not everyone works in this area and has access to that knowledge. But I didn't need to - that was a form of microtrauma for me that I'm still processing actually because we had a bit of a - we had to hug really by the end of the day. We were sort of leaning into each other, weren't we?

EDEN: Yep, yep. I think that's it. Kind of being there, a lot of people were having moments of realisation around you for things that are your everyday.

DR QUINN: Yes. The moment where people were kind of going, ‘Oh, I never thought that I would have to hide a picture of myself or my partner from someone. You know, I never thought about that’ and they were having epiphanies you know and I felt devastated that someone had never thought of that. The privilege of being able to move through the world like that. It's just astonishing. Yeah.

WENDY: Yeah, so again that’s that listening isn’t it to each other, what each other's experiences are and being open to it. How we can unwittingly really say things that can really devastate people without realising it.

KAT: Can I just ask a question of these guys, just about that? Cause, I think that something that people worry about all the time is what if they do get it wrong. What do I do? I have those experiences, you know, for example at the doctor.

DR QUINN: Yes.

KAT: Getting a pap smear, asking me about contraception.

DR QUINN: Yes.

KAT: No, I'm not on contraception. ‘Why aren't you on contraception?’ No, I'm - you know, that thing. Then me saying, well actually my partner is a woman and the doctor saying, ‘Oh my god, I'm so sorry’. I just wanted to say, that's worse. I wish you hadn't said that because now we both feel really uncomfortable. Before it was just me, now it's both of us. What do you think about what people should do when they get it wrong inevitably, as we all will at some point?

EDEN: I think that's a really valid point. We will all get it wrong at some point and I got it wrong. I think I got it wrong with you and I think it worked both ways with name changes as well. It's just a matter of what I found most useful was to just keep going, to just say, you know, say the correct pronoun or the correct name and then just keep moving on because I think to stop, as you were saying, like with that shock and that panic, makes you feel like you've really imposed hardship on that person and I have something that’s not wanting to make people feel like they're incorrect in that way.

DR QUINN: My kids are amazing at this. This is a perfect example of what we don't see in people's lives. My 9-year-old is here with us at the moment. So I'm parenting as he's got a cold and I'm parenting at the same time as I'm working. Just as an example of what we don't see when students come to see us and we're asking for medical documentation or reasons why they haven't been able to do an assessment and there could be all kinds of things factoring into that. That’s what I was going to say and I lost my train of thought earlier in terms of making safe classroom spaces, is that we need to - one of the things I say very openly and very quickly is we will all slip and we will all make - I don't even call them sexist slippages. Language is slippery and as long as we can acknowledge that and keep going with it, then yeah, it's the horror reaction. It's the ‘I'm so sorry’ and then they want to de-brief. Like I've had people wanting to de-brief with me for up to half an hour about the slip and then how terrible they feel about that and, again, I kind of think about comparisons to white folk walking up to First Nations people and wanting to de-brief about white guilt. So no, no, that's not appropriate, right. It's not appropriate for that person to make me feel better about having white guilt. It's not appropriate for a cis person to get me to stand and do labour. So the Internet is all over this stuff. You just type trans 101 or trans pronouns into Google and it will all come up. So having some agency in the ways that we can learn about LGBTIQ folk and accepting that I slip because my friends change pronouns and names often. My partner has gone through three pronoun changes in the last almost three years and so my kids will sometimes do all three in the same sentence but they get there. And there’s no sense of ‘I’ve got that really wrong’ or ‘I'm a terrible person’ it’s just they understand that gender is a moving feast and at some point you'll make it and its okay and it's those reactions that make me go ‘Oh, this is fine, it's really fine’ as opposed to now I have to make this person feel better for having misgendered me and I've already had my feeling about that but I put that to the side and go, ’Oh, look, everyone makes mistakes’ and ‘don't worry about it’ and ‘the best thing to do is blah blah blah’ and that’s tiring. It's tiring every day. Yeah.

WENDY: Thanks, Quinn. All right. So do you want to say anything more about imagined futures? That’s quite a lot about imagined futures, I think.

DR QUINN: I have a couple of little points about imagined futures which is that when I did my BA in sociology at Newcastle University in 1993, I had a lecturer who used to wear a hot pink sex pistols T-shirt with safety pins through it and like a shaved head. One of the things I get really anxious about in an increasingly business environment of the neo liberal late capitalist university, is that I feel that I'm expected to arrive at work in business wear. What that does is a kind of - has a flat wing effect, in terms of how I present, how I feel about myself in my body, and also how students identify me. So I wear things like black horns T-shirts, jeans and boots, showing my tattoos, having piercings on purpose, even though every day I wake up going ‘I feel panicky and anxious about what I'm going to wear to work today because I'm not putting on a business shirt, I’m not covering up my tattoos’, you know I'm not playing with the business kind of thing. I would love to see the 1970s ramshackle academics and professional staff come back into a university space and to not be judged because I think I get judged sometimes and I think it affects my chances of promotion or being included in serious spaces because I look too casual or basically I look too queer. This is my culture. This is how I present. It's how I feel comfortable. It's how I have as little dysmorphia as possible. I would love to see that. I would love to see flexible assessment practices without the need for documentation. Because I don't care if a student is fibbing to me. They might be fibbing to me for a very really real reason and it’s because they can't speak about what it is that’s going on for them. I would like academics to be able to have the agency to go ‘that's fine’ and manage it. I think the way that we are so strict and so codified and administrative about assessments and needs for extensions and special considerations does damage to our students. They would be my kind of, - I would love those things to happen.

WENDY: Kat, would you like to go next?

KAT: I just completely agree with Quinn.

[laughter]

DR QUINN: That gave you a lot of time to think, didn't it, Eden?

KAT: Look, I'd like to be in a university environment where people feel safe and accepted and happy.

DR QUINN: Yeah.

KAT: I mean, that's something I think is really worth striving for, you know.

DR QUINN: Yeah.

KAT: One of the things that friends used to say a long time ago was, you know, why do queer people all hang out together? I mean, there's a multitude of reasons, of course, but one of them, I remember having this conversation with friends, was because when you're hanging out with other queer people, you're not being queer. You're just being you and you can talk about other things. Part of me would really like to see an educational space where instead of students having all this other stuff that they are worried about and stressed about all the time, that they could just be learning like everybody else without all that other stuff hanging over them. I think for me that's why it's so important to build a safe and inclusive space because they have as much right to learn as everyone else. You know, the university is really trying to level the playing field as much as they can through all these administrative processes but it can only go so far. I mean, I think society is the one that has to level the playing field.

DR QUINN: Yeah, and it's that thing about flipping how we talk about it. Actually putting the responsibility towards the centre. Responsibility is always in the margins...

KAT: Correct.

DR QUINN: ... to educate, to get closer to the middle, to be better at that stuff, actually we need to be asking the centre to get better at inclusion without us having to do all of that work.

KAT: That's right, because those students are already tired.

DR QUINN: Yeah. They're working and caring and travelling and - yeah. They don't need to do that as well.

KAT: As well. Yeah.

DR QUINN: Have you got futures, Eden? At university, I mean, like what do you want?

EDEN: Yeah. I think...

DR QUINN: What's your dream?

EDEN: The dream, it’s complex and multifaceted. And I think we were talking earlier about the changes and there could be interpersonal changes that you've discussed before. They could relate to the physical environment. So things like bathrooms, which I think La Trobe has moved a long way in regards to, so bathrooms are a big thing. So when someone comes to you as a disability adviser and asks ‘where is the bathroom’, just provide all the options whether it’s male in here, there’s a female here and there’s a unisex bathroom around here. Administrative systems – so informational erasure is a real thing that we're trying to overcome here now. The power of a blank field, just saying gender, I think, that could be way more inclusive. So there's administrative futures that I hope to see realised. There's changes to the physical environment but again it's the cultural and the institutional and it should be around the centre rather than the margins.

DR QUINN: Yeah, and an example of that is pretty much unless you've got an amazing ally, like Wendy, the only staff that will have a rainbow flag or a trans flag on their doors are queer and trans staff. The only people that you would see having an Aboriginal and Torres Strait Islander flag on their doors, are Aboriginal and Torres Strait Islander peoples. Imagine if every staff member just chucked four flags up on their door. And that immediately creates an opening. It also stops us from being as identifiable and it starts distributing the emotional labour of doing that support work. Pretty basic. You can just download that from the Internet and print it out on the colour printer at uni. You don't have to wait for anyone to gift you with the rainbow flag or Aboriginal flag you know, you can just do that.

WENDY: That's right. It's so a furphy isn’t it. As you say it's a whole world of people doing that.

DR QUINN: And actually during the postal survey, is despite all of the horrific stuff that happened, seeing rainbow flags everywhere and seeing particularly the trans flag that said you are wanted, you are needed, you are loved because there's so much stuff happening actually in mainstream gay and lesbian stuff around leaving trans and gender diverse folk behind. That made me weep sometimes. It made me feel like I could walk into a cafe and be okay. You know, like it just does really, really good daily work around acceptance and love.

WENDY: And that's what we need isn’t it.

DR QUINN: Yeah. Kindness.

WENDY: And love

DR QUINN: Yeah, and empathy. I think our society is dropping levels of empathy constantly and the work that we can do is to be loving and kind and empathetic and respectful. Pretty basic.

WENDY: To whoever it is, it doesn't matter. Okay. Thank you very much.

DR QUINN: Thanks, Wendy.

WENDY: Darlene, are there any questions that anybody wants to ask? Oh, yes, there's a glossary of terms so please have a look at that.

DARLENE: Yep, you had some questions there, did you Wendy, as well? I’m just looking at the time though. We've actually only got four minutes to go.

DR QUINN: Sorry.

DARLENE: That’s ok. I knew you would all talk so well. What we'll do is we'll take the questions on notice, I sound very politician there but we'll have a list of the questions and answers up underneath the Webinar. Yeah, so I presume that Jane has talked to you about, you're happy to answer the questions after the Webinar. There's not that many so it shouldn't take too much work. Yeah, so I think, maybe just a final comment from you Wendy, or the rest of the panel?

WENDY: Yes, I just want to say thank you everybody for coming and for really being so open about what your thoughts are and your insights. It's really, really valuable and I really appreciate ADCET for putting on this Webinar, it’s great. Any other comments anyone would like to make.

DR QUINN: ALLIES are vital. ALLIES who don't pay lip service, who actually do the work, and Wendy is an example of that. You're vital. We need you. You are part of our community and we do, we need you to do the work as well.

WENDY: We're in it together.

DR QUINN: Yeah.

WENDY: Ok, thanks very much.

DARLENE: That's fantastic. Thank you, panel member, and everybody for joining us today. Feel free to add a couple of extra questions in the question pod before we close off and we'll have those answered after. The final slide there is Wendy and Eden's contact details. I think they're both very happy to have people contacting them to keep the conversation going. So thank you everybody for joining us. It's been absolutely wonderful.

EDEN: Thank you.

DR QUINN: Thank you.

KAT: Thank you.

WENDY: Thank you. Bye.