

## National LGBTI Health Alliance

lesbian, gay, bisexual, transgender, intersex and other  
sexuality, sex and gender diverse people and communities  
PO Box 51 Newtown NSW 2042  
(02) 8568 1120/1119, 0458 039 685

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Committee Secretary  
House of Representatives Standing Committee on Social Policy and Legal Affairs  
PO Box 6021  
Parliament House  
Canberra ACT 2600

24 July 2020

Dear Committee Secretary

### **RE: Inquiry into family, domestic and sexual violence**

I write to provide input for the Committee's inquiry into family, domestic and sexual violence on behalf of the National LGBTI Health Alliance (the Alliance), the peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

The Alliance acknowledges and endorses the written submissions provided by its member organisations ACON, and Rainbow Health Victoria, Thorne Harbour Health, and Switchboard Victoria who have significant expertise in this area.

Policy responses to intimate partner and family violence have historically been informed by heteronormative and cisnormative assumptions, which have rendered LGBTI people relatively invisible in intimate partner and family violence service planning and delivery. Our relationships continue to be heavily scrutinised by government, media, and the broader community, contributing to an additional layer of shame and stigma when disclosing instances of intimate partner and family violence. We welcome the inclusion of the experiences of "LGBTIQ women" in the terms of reference and, through this submission, aim to provide the Committee with directions that will better capture the experiences of gay, bisexual, trans and gender diverse men, and non-binary people.

There is still a significant knowledge and evidence gap about intimate partner and family violence within LGBTI communities, meaning that it is a relatively uncommon area of expertise within health and social service settings, including for many agencies that specialise in non-LGBTI intimate partner and family violence.

Available Australian research indicates that intimate partner violence in LGBTI communities is as prevalent as it is in the general population (Royal Commission into Family Violence, 2016, Volume 5 Report and recommendations, pg. 143). However, trans and gender diverse and intersex people experience a higher prevalence of intimate partner violence compared to lesbian, gay and bisexual people who are not trans and gender diverse and/or intersex. Furthermore, trans women experience higher rates of sexual violence (Ibid, p.144). Government investment in research that focuses on the impact of intimate partner and family violence within LGBTI communities should be considered in the next *National Plan* to ensure future funding is better targeted towards and effective for LGBTI communities.

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The Australian Law Reform Commission (ALRC) Commonwealth Family Violence Inquiry in 2012 found that distinctive forms of intimate partner and family violence exist within LGBTI communities. These include:

- threatening to disclose an individual's sexual orientation, gender identity, and/or intersex status to family members, friends or colleagues
- telling a partner that they will lose custody of their children as a result of their LGBTI status being disclosed
- a perpetrator claiming that the police, justice system, and/or intimate partner and family violence support services are not culturally safe for LGBTI people and therefore will not help the victim
- transphobic abuse whereby a person deliberately misgenders their trans partner, ridicules their body or gender identity, or prevents them accessing gender affirming care or services
- threatening to or revealing HIV status or withdrawing care, where one partner or family member is dependent, for example arising from their HIV status
- sexual violence, such as coercing a partner to have sex through manipulation of the victim's shame related to their sexual orientation and/or gender identity
- physical violence committed by a family member due to their homophobia, transphobia and/or transphobia.

The Commission also found that LGBTI people experiencing intimate partner and family violence face a range of access barriers to service delivery and disclosure, including:

- privacy concerns
- actual or anticipated stigmatisation or discrimination and that such disclosure will jeopardise their job or career, or that the person/system to whom they disclose will not be responsive and affirmative
- gendered concepts and language around intimate partner and family violence.

In addition, some service providers and agencies may not recognise the unique experiences of intimate partner and family violence within LGBTI communities, which risks instances of violence being unidentified and thus perpetuating a cycle of invisibility.

To ensure services are culturally safe and appropriate for both victims and perpetrators of intimate partner and family violence within LGBTI communities, LGBTI community-controlled organisations must be involved in the planning and delivery of training to mainstream services.

The Alliance also supports further investment in specialist LGBTI services. Community-controlled organisations that are governed and operated by and for affected communities are often best placed to provide trusted, safe, and affirmative services in potentially sensitive areas of service provision, such as intimate partner and family violence. The Alliance also recommends investment in the exploration and implementation of innovative service models that bring together the intimate partner and family violence sector with LGBTI community-controlled organisations to look at ways in which culturally safe services can be provided to LGBTI people.

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Research evidence has consistently demonstrated that LGBTI people continue to face significant health and wellbeing disparities across a range of indicators including drug and alcohol use, some cancers, mental health disorders, and suicidal behaviours. These disparities are exacerbated by structural access barriers when trying to access crucial health and wellbeing services. Therefore, we believe that implementing a ‘no wrong door’ approach in the context of providing integrated, comprehensive support services and programs within the intimate partner and family violence sector is crucial. This will help to ensure LGBTI people have access to a tailored combination of supports when they first ask for assistance. This includes from intimate partner and family violence services and the police.

We recognise that others are calling for the creation of a national domestic and family violence strategy that addresses the specific needs of LGBTI people. Whilst this is ideal, the Alliance would like to express its support for a whole system and government response where LGBTI people are embedded in all public policies and strategies. This will ensure that we see a reduction in the poor health and wellbeing outcomes of LGBTI people.

The absence of quality and robust demographic information on LGBTI people inhibits the ability of service providers to develop sophisticated and targeted program initiatives for LGBTI people. Monitoring mechanisms, such as National Minimum Data Sets (NDMS), fail to capture the necessary information to determine if existing policy initiatives are achieving their desired outcome of reducing intimate partner and family violence within LGBTI communities. Alarming, there are currently no LGBTI indicators in coroner report data. This greatly impedes government efforts to understand the impact of intimate partner and family violence within LGBTI communities. A NDMS that includes sexual orientation, gender identity, and sex characteristics and relationships that is standardised and mandatorily collected is crucial to facilitating understanding of LGBTI people’s behaviours, experiences and identities within intimate partner and family violence services.

During the current COVID-19 pandemic, the intimate partner and family violence sector has experienced an increase in the rates of intimate partner and family violence, placing enormous additional pressure on services to respond.

LGBTI people may be separated from their “family of choice” and friends who are not in their household, which has shown to be protective factors for their overall health and wellbeing. Some young LGBTI who are living with their “family of origin” may hide or modify their identity and expression out of fear or shame. Research has shown that when young LGBTI people disclose their sexuality or gender identity to family members, they may face rejection, abuse, and violence (Asquith NL, Fox CA, 2016; D’Augelli A, Grossman A, Starks MT, 2008; Smith E, Jones T, Ward R, Dixon J, Mitchell A, Hillier L, 2014). In addition, intersex people can also be subject to rejection and abuse when they identify in a way that is different to their assigned gender at birth (OII, 2009). It is vital that intimate partner and family violence services are responsive to the distinct needs of LGBTI people during this challenging time, and that a diversity lens is applied across all responses to future public health emergencies, to ensure marginalised populations are not left behind.

Overall, the Alliance supports adopting a nationally coordinated approach to reducing the instances of intimate partner and family violence among LGBTI communities. We would like

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to take this opportunity to reiterate our support for the following actions outlined in our pre-budget submission 2020-21:

- Develop nationally consistent, regular and targeted education and training within mainstream services and police, including in relation to the nature, features and dynamics of intimate partner violence and its particular impact on those from LGBTI communities
- Initiate a national education and awareness campaign in relation to intimate partner violence and its impact in the employment context
- Fund a national forum to undertake a review of best practice models for family violence among LGBTI communities to inform a response, including exploration of adopting the third-party reporting model as implemented in Scotland to respond to and address hate crimes, within the intimate partner and family violence sector.

Thank you for the opportunity to submit to this inquiry. It is imperative that LGBTI people and their experiences are meaningfully considered in the federal government's next *National Plan to Reduce Violence against Women and their Children*.

Please do not hesitate to contact myself or the Alliance's Policy and Research Manager James Zanotto [james.zanotto@lgbtihealth.org.au](mailto:james.zanotto@lgbtihealth.org.au) should you wish to discuss these issues further.

Yours Sincerely

A handwritten signature in blue ink that reads "Nicky Bath". The signature is stylized and includes a long horizontal flourish at the end.

Nicky Bath, Chief Executive Officer, **National LGBTI Health Alliance**