

SUBMISSION
INQUIRY INTO FAMILY, DOMESTIC AND
SEXUAL VIOLENCE

Senate Standing Committees on
Legal and Constitutional Affairs

July 2020





Acknowledgment of Traditional Custodians

ACON acknowledges the Traditional Custodians of the lands on which we work. We pay respect to Aboriginal Elders past, present and emerging.

About ACON

ACON is Australia's largest health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders within NSW with a number of national programs including in sexual assault and domestic and family violence. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

We are a fiercely proud community organisation, unique in our connection to our community and in our role as an authentic and respected voice.

Members of Australia's sexuality and gender diverse communities experience health disparities when compared to health and wellbeing outcomes experienced by the total population. They may also face significant barriers to accessing traditional healthcare pathways. These issues can be compounded by other factors in a person's life, such as living with a disability or being from a culturally diverse background.

We recognise that members of our communities share their sexual and gender identity with other identities and experiences and work to ensure that these are reflected in our work. These can include people who are:

- Aboriginal and Torres Strait Islander Peoples
- people with HIV
- people from culturally and linguistically diverse backgrounds
- people who use drugs
- mature aged people
- young adults
- people with disability.

We know that how our communities define and describe themselves changes, and we strive to ensure that all people we work for feel welcomed by the services we offer and the language we use.

ACON has been working to build community awareness of DFV issues within sexuality and gender diverse communities and improve service delivery for LGBTQ people affected by domestic and family violence for over 15 years. The ACON LGBTQ Sexual, Domestic and Family Program is the only specialist SDFV initiative for sexuality and gender diverse communities in NSW and we are looked to within NSW and nationally as having specialist expertise.



During this time we have developed educational and awareness raising campaigns, undertaken research into the experiences of sexually and gender diverse communities experiences and needs, undertaken capacity building of mainstream organisations, implemented bystander initiatives, survivor support groups and piloted the first behaviour change program for LGBTQ people who use violence. Until this year when we received COVID funds we have never had resourcing to deliver direct client services however we have done so in a limited capacity and without promotion. It is our hope that we will receive sustained funding to deliver this work as we see it as an unmet need and an issue of equity. This year with funding from the Australian Government Department of Social Services we are taking our SayItOutLoud website national for sexually diverse communities and health professionals and are developing a national primary prevention campaign.

Additionally, ACON works with a range of health and community organisations build their capacity to deliver inclusive and responsive healthcare to sexually and gender diverse people through our Pride In Health and Wellbeing membership program. Our Pride Training fee-for-service training program delivers in-person, Elearning and webinar training nationally including several government contracts including for Womens NSW a sexual assault Elearning package for first responders and sexual health workers in NSW.

We offer our feedback and recommendations drawing on this expertise.

Contact

Nicolas Parkhill
Chief Executive Officer
(T) – (02) 9206 2122
(E) – nparkhill@acon.org.au



Introduction

ACON welcomes the opportunity to respond to the inquiry speaking to the experiences of sexuality and gender diverse Australians who have experienced or used sexual, domestic and family violence (SDFV).

SDFV is a critical issue for the sexuality and gender diverse communities that ACON works with and represents. ACON has had a dedicated DFV project since 2004. ACON's primary activities in this area include:

- social marketing campaigns and other community awareness raising initiatives
- research
- policy development and advocacy
- resource development
- capacity building and training for police and other service providers
- client support, counselling and referrals to specialist legal and court support and victims compensation (historically limited without active promotion as we have not had funding for this work until COVID-19 crisis funds were made available in 2020)

ACON's submission to this inquiry will outline the experiences of sexuality and gender diverse communities, which include lesbian, gay, bisexual, transgender and queer (LGBTQ) people, and highlight key policy, service access and data collection issues and recommendations for action to address and prevent SDFV in our communities.

Although the terms of reference for this inquiry only refer to violence against women and their children, ACON's submission will speak about the experiences of LGBTQ people of all genders. Prevalence research indicates that LGBTQ people experience intimate partner violence at similar or higher rates to cisgender heterosexual women.

ACON have provided recommendations within this submission which speak to the need to understand the experiences of LGBTQ people, invest in community-led services and campaigns, and ensure that mainstream services are also inclusive and safe for LGBTQ people.



Recommendations

Recommendation A1: Provide funding for Our Watch to update their Change the Story framework to be inclusive and develop an LGBTQ specific prevention guide, highlighting how gendered violence impacts LGBTQ communities in different ways compared to the broader community.

Recommendation A2: Commit to the priorities for intervention outlined in Pride in Prevention (Carman, et al., 2020) at a federal level, to address heteronormativity and cisgenderism, and provide sustainable long term funding to LGBTQ community organisations to engage in prevention work.

Recommendation A3: Meaningfully include LGBTQ communities in all primary prevention initiatives, through partnerships between mainstream organisations and LGBTQ communities. All prevention initiatives should target the gendered drivers of violence for LGBTQ communities, as well as the drivers for cisgender heterosexual women and their children.

Recommendation B1: Embed LGBTQ inclusivity and healthy relationship education into the school curriculum.

Recommendation C1: Specialist LGBTQ services should be funded nationally to provide supports to LGBTQ people who are experiencing SDFV recognising barriers to access and the specialist skills provided by peer community organisations.

Recommendation C2: All funded mainstream SDFV service providers should be required to access LGBTQ inclusivity training, with a focus on LGBTQ SDFV, from LGBTQ community organisations and that funding contracts provide additional funds for this purpose. KPIs should reflect how contracted organisations are being responsive to the needs of LGBTQ people experiencing SDFV.

Recommendation C3: Brokerage funds are available nationally for LGBTQ men and non-binary people experiencing violence to access safety and support options in the absence of crisis accommodation for men and non-binary people

Recommendation C4: LGBTQ communities are acknowledged as priority populations in domestic violence strategies at all levels of government, and this acknowledgement is coupled with appropriate levels of funding and measurable targets.

Recommendation C5: Community education and bystander interventions are provided for LGBTQ people both in a targeted way and with a diversity of relationships included in mainstream education campaigns and initiatives.

Recommendation D1: Increase the funding available to LGBTQ community organisations to address physical and mental health disparities, and drug and alcohol use in our communities as social determinants contributing to SDFV rates.

Recommendation E1: Provide funding for LGBTQ training providers who can assist services to understand the unique forms of violence LGBTQ people may experience and the contexts in which we



may experience abuse, eg sexual abuse within subcultures, also abuse from chosen family and our experiences of technology facilitated abuse.

Recommendation E2: Strategies and projects designed to address different forms of violence such as technology-facilitated abuse should specifically include LGBTQ people as priority populations.

Recommendation F1: Introduce consistent voluntary questions about sexuality and gender into all large-scale population surveys conducted by the ABS including the ABS Personal Safety Study and the Census.

Recommendation F2: Provide a set of precise requirements and guidelines for asking about sexuality and gender and experiences of violence within government-funded research and service provision to collect accurate data about the prevalence and experiences of LGBTQ people who have experienced SDFV. Fund specific research into the experiences of LGBTQ people who have experienced SDFV and effective responses.

Recommendation F3: Introduce national requirements for government and non-government bodies such as police, health services, specialist homelessness services and other funded organisations to collect and report on the sexuality and gender of clients.

Recommendation F4: Fund training and capacity building support for services to understand, screen for and record sexual, domestic and family violence in LGBTQ communities. This requirement for comprehensive capacity building and training support echoes recommendation C2.

Recommendation G1: Provide ongoing state and national funding to develop, trial and implement tailored group behaviour change programs for LGBTQ people who use violence. These programs are best designed by or in partnership with LGBTQ community organisations.

Recommendation G2: Behaviour change frameworks and standards are updated to guide behaviour change interventions for LGBTQ people of all genders.

Recommendation H1: All SDFV policies and programs should be supported to adopt an intersectional lens to adequately account for and understand the needs of all people who have experienced violence.

Recommendation I1: Telehealth items should be permanently available through Medicare to increase equity of access for LGBTQ people who cannot physically access safe and suitable health services. SDFV services should also have access to funding to provide virtual medium to long term support to LGBTQ people who have experienced violence.

Recommendation J1: Create an emergency plan specifically for the SDFV sector, that is ready for roll out in response to future disasters. This plan should include funding specifically for the support of LGBTQ communities, who are likely to be reluctant or unable to access mainstream services.

Recommendation L1: ACON notes our in-principle support for Equality Australia's recommendations for addressing Domestic and Family Violence, including through the creation of a national domestic and family violence strategy that addresses the needs of sexuality and gender diverse communities.



Recommendation L2: ACON notes and endorses the submissions from other LGBTQ specialist organisations across the country to this inquiry. We recognise and value their expertise in addressing the needs and experiences of sexuality and gender diverse communities.



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Addressing the Terms of Reference of the Inquiry

a) Immediate and long-term measures to prevent violence against women and their children and improve gender equality.

Gendered inequality and the privileging of heterosexual, cisgender masculinity drives violence against heterosexual, cisgender women, as well as violence against sexuality and gender diverse people (Our Watch, 2017). Negative and discriminatory societal attitudes, norms and behaviours towards LGBTQ people influence violence against LGBTQ people, including by LGBTQ perpetrators (Our Watch, 2017). As the Pride in Prevention Evidence Guide (2020) outlines, interventions across many societal levels are necessary to prevent violence against LGBTQ people and improve gender equality.

To be effective, sexuality and gender diverse communities must lead primary prevention activities that aim to tackle violence within LGBTQ communities. Mainstream primary prevention initiatives must also integrate meaningful LGBTQ inclusion. Current prevention frameworks, such as [Change the Story](#), do not adequately highlight and address how drivers of violence impact LGBTQ people. Not only does this mean that LGBTQ people are left behind in prevention initiatives but presenting an exclusively cisgender heterosexual model of DFV contributes to the invisibility of LGBTQ SDFV. An incomplete and thus at times inaccurate understanding of the drivers of violence also contributes to further abuse for community members, making it more difficult for community members to recognise violence in their relationships and seek help.

ACON has received funding from the Commonwealth Department of Social Services to develop a primary prevention campaign for our communities in 2020-2022. This campaign will be a community-led multimedia campaign, utilising positive relationship role modelling, representation of healthy relationships and community members challenging gendered stereotypes. While this funding is welcomed, ongoing funding to address drivers of violence at multiple levels in society is needed to see long term and sustainable change.

Recommendation A1: Provide funding for Our Watch to update their Change the Story framework to be inclusive and develop an LGBTQ specific prevention guide, highlighting how gendered violence impacts LGBTQ communities in different ways compared to the broader community.

Recommendation A2: Commit to the priorities for intervention outlined in Pride in Prevention (Carman, et al., 2020) at a federal level, to address heteronormativity and cisgenderism, and provide sustainable long term funding to LGBTQ community organisations to engage in prevention work.

Recommendation A3: Meaningfully include LGBTQ communities in all primary prevention initiatives, through partnerships between mainstream organisations and LGBTQ communities. All prevention initiatives should target the gendered drivers of violence for LGBTQ communities, as well as the drivers for cisgender heterosexual women and their children.



b) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.

Australian and International experience demonstrates that providing programs within schools to address discrimination, harassment, and healthy relationships can be effective in changing behaviours and enhancing the safety of LGBTQ people. For example, a Canadian school-based program for boys age 14-15 focused on positive masculinity found that following the program, boys were significantly less homophobic and more likely to disagree with conventional and harmful masculine norms (Hurlock, 2016).

Scotland's Education Secretary has recently announced that all state schools in Scotland will be required to address issues faced by the LGBTIQ+ community as part of the curriculum (McAlpine, 2020). Students will learn about identity, tackling discrimination, and the history of LGBT movements. The embedding of this content into the national curriculum is a world first and could be considered by Australian governments as an innovative way to reduce discrimination against LGBTQ people, and thus, address the key drivers of violence affecting our communities.

Research into sexually and gender diverse communities experiences and needs within sexual assault and domestic and family violence is limited though emerging. It is important to note that within Australia some important and ground-breaking research has been conducted and is referenced throughout this submission.

Recommendation B1: Embed LGBTQ inclusivity and healthy relationship education into the school curriculum.



c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non-government and community organisations, and business.

Sexuality and gender diverse people are far less likely than the general population to find support services that meet their specific needs (O'Halloran, 2015). LGBTQ people experience barriers to recognising and reporting SDFV. Barriers include fear of not being taken seriously; fear of discrimination; a higher threshold to abuse; and not being aware of the existence of any services that could provide support (LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014). When violence is disclosed LGBTQ people generally do not receive a specialist response and have access to little or no resources or services (Ovenden, et al., 2019). Even where services may be open to parts of the LGBTQ community, LGBTQ people may still feel unsafe. For example, trans women who have experienced sexual violence report feeling afraid and unable to access sexual trauma support services for women (Ussher, et al., 2020).

ACON has heard from our community consultations that SDFV in LGBTQ communities is relatively invisible compared to in the general community. Community members have told us that they have not been confident in asserting their boundaries or understanding their rights within relationships, and that they have had difficulties recognising that they have experienced abuse, sometimes because they didn't know it could happen within LGBTQ relationships. Our communities have told us that the lack of LGBTQ role models or education in schools about LGBTQ relationships and sex has contributed to this. Some people who have experienced violence have told us they were afraid to talk about their experiences because they did not want to contribute to a negative portrayal of LGBTQ people. The invisibility of SDFV in LGBTQ communities also means that community members who witness abuse may not know how to intervene as active bystanders.

In a NSW study of 813 LGBTIQ people, 31.3% had never sought any support, information or advice concerning the abuse (LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014). Research looking specifically at GBQ men (cis and trans) found 17.1% of those who had experienced violence had never told anyone, and just 1.3% had ever contacted a telephone helpline for support (Ovenden, et al., 2019). When LGBTQ people do disclose their experiences and seek assistance, they generally ask for help or support from community and friends, who may not be equipped to provide them with a helpful response. In a study comparing sexual violence experiences of CALD trans women, non-CALD trans women, and cisgender LBQ and heterosexual women, CALD trans women were more likely than other women to report receiving no support (Ussher, et al., 2020). Across all cohorts of women in this study, reports of support from police/justice agencies were low at just 5%. While some women described positive experiences with police, the majority reported negative experiences including not being taken seriously by police when reporting sexual assault and being mocked or disbelieved (Ussher, et al., 2020).

ACON has a long history of state-based domestic violence work within NSW, and in recent years has engaged in nationally funded domestic and family violence work. Much of this work has involved capacity building with mainstream services and engaging with community members which we have done through our Pride In Health and Wellbeing membership program and Pride Training, a fee for service training program that also delivers government contracts. Our work has demonstrated to us that access to and coordination between services varies drastically depending on location. Services both within and outside of major 'gay capitals' like Sydney have expressed keen interest in receiving



training and learning more about how to support LGBTQ people who have experienced intimate partner violence; however they frequently lack the funds to access this support. (Gray, et al., 2020). The DFV sector and government agencies look to community organisations such as ACON to provide capacity building supports including training, policy reviews and assistance building referral pathways, and to consult on government policy. Additional resourcing support is required for community organisations to fulfil this role and meet demand.

Even within metropolitan areas, and even among services that have engaged in inclusivity training, the vast majority of services that have specific sexual and intimate partner violence knowledge and experience, including housing providers, are open only to women and their children. The fact that the majority of SDFV services are only available for women leaves many members of the LGBTQ community who are not women unable to access support. For this reason, alternative options such as brokerage should be available for GBTQ men and non-binary people to access safety and support options.

Inconsistent access to supports and safety is a significant concern and puts the lives of LGBTQ people at risk. Many LGBTQ people who have experienced violence indicate that they would be most comfortable accessing support for intimate partner violence from LGBTQ specialist services, as these services are trusted and safe for the community (Gray, et al., 2020). LGBTQ communities can feel safer accessing LGBTQ specialists as they know that they will not be stigmatised or shamed for their identity and that their identity and experiences are more likely to be understood. ACON's work across areas including mental health, drug and alcohol services and HIV prevention and support demonstrate the effectiveness and benefits of specialist service provision designed for and by LGBTQ communities. Despite this, before 2020-2021 with the allocation of COVID-19 funds, ACON had never been directly funded to deliver specialist sexual, domestic and family violence counselling and case management support. 6 months only of funding has been allocated to ACON in 2020-2021 in response to COVID-19. While this is of course welcome, long-term funding is required nationally to provide the supports needed to communities. Other than the 6 months of COVID-19 funding provided to ACON, outside of Victoria there are no funded LGBTQ direct client support programs, and outside Victoria and NSW, there is almost no funding for specialist LGBTQ education, information and capacity building programs to provide any response to SDFV.

While many LGBTQ people express a preference to access specialist services, some prefer to access mainstream domestic and family violence services, where they feel they have more anonymity (Gray, et al., 2020). Additionally, small populations in some areas of Australia may make LGBTQ specific local services unsustainable. For this reason, it is crucial that both specialist and mainstream domestic and family violence services are funded across the country, and that there is an investment in partnerships between LGBTQ organisations and domestic and family violence services. All services could, as part of their funding agreement, engage meaningfully with LGBTQ communities and access training. Services should be accountable to this commitment through a reporting structure.

LGBTQ people are identified as a priority population within the domestic and family violence strategies of the Commonwealth and within some states. However, despite this acknowledgement, with the exception of the Victorian State Government, our communities are often not included meaningfully throughout these policies without specific targets or strategy items, and funding is generally minimal compared to the level of funding provided to address violence against women and children. While we recognise that the majority of SDFV is perpetrated by against women and children, as term of reference h explores, LGBTQ people experience SDFV at similar, if not higher rates than



women in the general population While we do not know the exact prevalence of LGBTQ people in Australia as a percentage of the population, we are estimated by the Australian Human Rights Commission to make up 11% of the population. (Australian Human Rights Commission, 2015). As such, it would be appropriate for any domestic and family violence commitments of funding to dedicate at least this percentage of funding to initiatives targeted towards LGBTQ communities. In fact, a greater portion of resourcing is likely required to adequately meet the needs of LGBTQ communities in recognition of the diversity within our communities, including harder to reach populations, and the fact that our communities experience a range of health inequities that contribute to the high rates of SDFV, while facing barriers to accessing support services that have gone unaddressed for so long. It is important to note the considerable diversity within in LGBTQ communities as further outlined in response to term of reference h, below. It would be more appropriate to identify LGBTQ communities as priority populations and include specific measures and responses for different cohorts within LGBTQ communities, for example measures that specifically address the needs of trans and non-binary people.

The Victorian Government response to LGBTQ DFV could be adopted as a model for action nationally. In response to the Victorian Royal Commission into Family Violence (2016), the government committed to implementing all 227 recommendations. Four of the recommendations addressed the needs of LGBTQ communities. Investments in LGBTQ communities include:

- Funding WithRespect, a family violence and intimate partner violence service including counselling, case management, services for people using violence and consultation services to other agencies
- Requiring funded family violence services to achieve Rainbow Tick accreditation
- Establishing the LGBTIQ Family Violence Working Group as a mechanism of government to drive the implementation of the LGBTIQ-specific reforms and provide feedback to government on the impact of broader reforms
- A mapping project to build understanding of LGBTQ people’s experiences of the family violence system, barriers and service gaps

The Victorian Government response demonstrates that acknowledging and addressing LGBTQ SDFV has not diluted the effectiveness of the message that SDFV constitutes gender-based violence or the ability of the Government to address men’s violence against women.

Recommendation C1: Specialist LGBTQ services should be funded nationally to provide supports to LGBTQ people who are experiencing SDFV recognising barriers to access and the specialist skills provided by peer community organisations.

Recommendation C2: All funded mainstream SDFV service providers should be required to access LGBTQ inclusivity training, with a focus on LGBTQ SDFV, from LGBTQ community organisations and that funding contracts provide additional funds for this purpose. KPIs should reflect how contracted organisations are being responsive to the needs of LGBTQ people experiencing SDFV.



Recommendation C3: Brokerage funds are available nationally for LGBTQ men and non-binary people experiencing violence to access safety and support options in the absence of crisis accommodation for men and non-binary people

Recommendation C4: LGBTQ communities are acknowledged as priority populations in domestic violence strategies at all levels of government, and this acknowledgement is coupled with appropriate levels of funding and measurable targets.

Recommendation C5: Community education and bystander interventions are provided for LGBTQ people both in a targeted way and with a diversity of relationships included in mainstream education campaigns and initiatives.



d) The way that health, housing, access to services, including legal services, and women’s economic independence impact on the ability of women to escape domestic violence.

There are known links between alcohol abuse, mental health concerns and child experiences of abuse to intimate partner and sexual abuse victimisation and perpetration (Lorenzetti, Wells, Callaghan, & Logie, 2014). Due to stigma and discrimination LGBTQ people have higher rates of mental health issues and drug and alcohol use than the general population (Ovenden, et al., 2019). International research also demonstrates that LGBTQ people experience higher levels of childhood abuse than cisgender heterosexual children (Lorenzetti, Wells, Callaghan, & Logie, 2014). Research has shown that GBQ men who had a history of intimate partner violence had higher levels of drug-taking than those without a history of partner violence (Ovenden, et al., 2019). Similarly, a study of women in lesbian relationships found that women with a history of intimate partner abuse were prone to more drug and alcohol related problems than women who had not experienced intimate partner violence (Eaton, et al., 2008).

Despite the known links between mental health, drug and alcohol and domestic and family violence, these services are generally funded and regulated separately, even though they are usually co-presenting issues. Greater supports for LGBTQ people in the areas of health and drug and alcohol use would reduce vulnerability to experiencing SDFV and increase the capacity of people already experiencing SDFV to leave the violence.

Many sexuality and gender diverse people experience financial hardship because of discrimination and barriers to employment including interruptions to their education. Research shows that trans and non-binary people face particular barriers to employment and discrimination, compounded by the lack of access to free gender affirming care (Winter, et al., 2016). Economic crises triggered by events such as COVID-19 therefore disproportionately affect LGBTQ people, compounding financial barriers to leaving abusive relationships.

Access to housing, independent finances and services that can provide supports for people to live independently and safely are key conditions for people to be able to leave intimate partner violence. We know that people who are subjected to violence are the experts in their own lives and understand the risks of both staying and leaving violence. People who have experienced violence must assess the risks that they face when living with an abuser, but also the risks of terminating an abusive relationship (Meyer, 2012). These risks can include financial hardship; lack of accommodation; risk of retaliatory violence; and a fear of discrimination from services. When these risks are not adequately addressed, many people experiencing violence make the rational choice that it is safer for them to stay.

As explored in response to term of reference **Error! Reference source not found., Error! Reference source not found.**, LGBTQ people who have experienced SDFV have limited access to safe services and knowledgeable services, and there are few specialist SDFV services that are able to support men (trans and cis) or non-binary people. Trans women also report not feeling safe or welcome in women’s services (Ussher, et al., 2020). It is vital that there are more services and supports available for LGBTQ people of all genders to be able to leave violence.



Recommendation D1: Increase the funding available to LGBTQ community organisations to address physical and mental health disparities, and drug and alcohol use in our communities as social determinants contributing to SDFV rates.



e) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.

All forms of gendered violence, including those experienced by LGBTQ people are based in power and control. Tactics and patterns of abuse for LGBTQ people share similar characteristics to domestic and family violence in cisgender heterosexual relationships. There are also forms of violence that are specific to LGBTQ communities, sometimes referred to as identity-based abuse (Gray, et al., 2020). This can include actions such as pressuring the person to conform to gender norms or undergo surgery they do not want, corrective rape, and threatening to 'out' the person's gender, sexuality or HIV status. The person using violence may also leverage societal heterosexism and cisgenderism to exert control of their partner, for example by telling them that they won't be believed because of their gender or sexuality. Someone living with HIV may rely on their intimate partner or family member (biological or chosen) as their carer, and abuse they can experience includes withholding medication and restricting access to health care services. These forms of violence must be understood for services to be able to appropriately screen for violence and to provide effective supports.

LGBTQ communities also experience sexual abuse at high rates, as outlined in response to term of reference h, below. As well as experiencing sexual assault from intimate partners and family, our communities may experience sexual assault within subcultures that can look very different to the cisgender heterosexual model of sexual assault being perpetrated by one man upon one woman. For example some LGBTQ people, particularly cis gay men, engage in sexualised drug use, sometimes in group settings, where drugs are taken immediately before, or during, sex, and there are some reports of sexual assault in sexualised drug use settings (Ward, McQuillan, & Evans, 2017). Sexual assault may also happen in other context including within BDSM scenes and relationships, at sex on premises venues, or at beats. In one study, CALD trans women reported high rates of sexual assault occurring outside, rates that were significantly higher than other groups of women (Ussher, et al., 2020). LGBTQ community members who have experienced sexual abuse in contexts that are frequently more stigmatised may feel unable to seek supports because of fear of judgement, particularly from mainstream service providers.

LGB communities also experience online abuse, with one 2017 study finding that LGB participants were significantly more likely (36%) than heterosexual participants (21%) to report experiencing image-based sexual abuse (Henry, Powell, & Flynn, 2017). In a recent qualitative study with 14 trans and non-binary people who use dating apps, eight participants discussed feeling unsafe or vulnerable to violence or harassment on apps or in meetups (Albury, Cook, Curtis, Vivienne, & Void, 2020). Three participants disclosed they had encountered predatory behaviour including assault through apps or social media (Albury, Cook, Curtis, Vivienne, & Void, 2020).

LGBTQ people also experience high rates of family violence. One Australian study of 859 transgender young people aged 14-25 found 24.8% had experienced physical abuse within their family, 7.5% had experienced sexual abuse within their family, and 57.9% had experienced other abuse within their family (including neglect, verbal or emotional abuse) (Strauss, et al., 2017). The young people who had experienced this abuse experienced higher rates of suicide attempts, reckless behaviour, diagnoses of PTSD and other harms than those who did not experience abuse within their family. In a smaller study of CALD sexuality and gender diverse people, 43% reported ever having experienced family violence (Asquith, Collison, Noonan, Layard, & Kaur, 2020).



Recommendation E1: Provide funding for LGBTQ training providers who can assist services to understand the unique forms of violence LGBTQ people may experience and the contexts in which we may experience abuse, eg sexual abuse within subcultures, also abuse from chosen family and our experiences of technology facilitated abuse.

Recommendation E2: Strategies and projects designed to address different forms of violence such as technology facilitated abuse, should specifically include LGBTQ people as priority populations.



f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

Randomised large population studies such as the ABS personal safety study do not record victim or perpetrator sexuality, nor gender outside of the male/female binary. The survey does also not distinguish between cisgender and transgender people. The lack of accurate demographic collection within population level studies limits our ability to understand the true scope of the issue of SDFV for our communities. Furthermore, because the census does not ask questions about sexuality and gender diversity, we do not even have concrete data on how many people within Australian communities are LGBTQ.

Data regarding courts, police, hospitalisation and housing is also limited in what it can tell us about LGBTQ people. This is due to three main factors:

- i. Many LGBTQ people who have experienced violence do not feel safe or welcome to access services or contact police as outlined in response to term of reference c, above.
- ii. Where LGBTQ people do seek or access supports, they may not disclose their sexuality or gender. In a national study of 3,835 LGBTQ Australians, 33.6% reported occasionally or usually hiding their sexuality or gender identity when accessing services (Leonard, et al., 2012).
- iii. Many organisations and services do not adequately or meaningfully collect or report on the sexuality or gender of clients. Even where services have space on their forms to ask these questions, their staff may not be confident in how to collect this information sensitively, as ACON has seen in our capacity building work with services. Failure to collect this data renders LGBTQ people invisible in services and hinders exploration of access rates, outcomes and satisfaction with services received.

While quantitative data will never show the full picture of sexual, domestic and family violence in Australia because there will always be people who cannot or choose not to disclose the violence they have experienced, addressing these three factors would provide a more accurate picture of the experiences of LGBTQ people.

Recommendation F1: Introduce consistent voluntary questions about sexuality and gender into all large-scale population surveys conducted by the ABS including the ABS Personal Safety Study and the Census.

Recommendation F2: Provide a set of precise requirements and guidelines for asking about sexuality and gender and experiences of violence within government-funded research and service provision to collect accurate data about the prevalence and experiences of LGBTQ people who have experienced SDFV. Fund specific research into the experiences of LGBTQ people who have experienced SDFV and effective responses.



Recommendation F3: Introduce national requirements for government and non-government bodies such as police, health services, specialist homelessness services and other funded organisations to collect and report on the sexuality and gender of clients.

Recommendation F4: Fund training and capacity building support for services to understand, screen for and record sexual, domestic and family violence in LGBTQ communities. This requirement for comprehensive capacity building and training support echoes recommendation C2.



g) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.

Almost all perpetrator interventions available in Australia target cisgender heterosexual men. While men's behaviour change programs do not explicitly exclude LGBTQ men, they can be inappropriate as they are based on heteronormative assumptions, and LGBTQ men may feel unsafe accessing these programs. These programs are not inclusive of female (cis and trans) or non-binary people who use violence. The lack of LGBTQ specific perpetrator programs is a significant barrier for community members needing to change their behaviour.

In March 2017-2018 ACON was funded by Women's NSW to conduct research to review existing community-based perpetrator intervention programs in NSW. This review found that LGBTQ community members did not believe there was adequate support for LGBTQ perpetrators, and there was a strong preference for LGBTQ specific therapeutic groups. Workers in the men's behaviour change sector identified that LGBTQ men who have been part of men's behaviour change program had historically dropped out early in the program, and that the groups are likely not to be safe for LGBTQ people or address specific issues facing LGBTQ communities, with facilitators lacking the comfort and knowledge to do the work.

In Victoria, Thorne Harbour Health has been running their Revisioning behaviour change program for gay men for nearly 15 years. The need for and success of this program is evident through the consistent referrals this program receives from service providers, police, and the courts.

Early attempts in 2016 by Relationships Australia NSW to facilitate perpetrator programs in partnership with ACON to LGBTQ people who use violence utilising a modified version of their Men's Behaviour Program failed to attract the necessary numbers. As Gray et al (2020) outline, when specialist groups are available, they may still see low referral numbers influenced by factors including: the invisibility of DFV in LGBTQ relationships, a lack of trust in the safety of new programs, particularly programs run by mainstream organisation, and a lack of established referral pathways (Gray, et al., 2020).

Since that time ACON has continued to raise the awareness of DFV within sexually and gender diverse communities and in 2019 invested in having a staff member complete the diploma to deliver behaviour change groups and created and ran a group perpetrator program titled 'Proud Partners' open to all genders and on a voluntary basis. We did this as we believed that community members would feel safer engaging directly with a community run specialist organisation and the community had demonstrated a desire to engage in conversations on the use of violence with relationships. Proud Partners was NSW's first behaviour change intervention group for LGBTQ people wanting to change their behaviour in relationships. As Proud Partners was a pilot program, this program was not supported by the DFV sector or justice system and relied exclusively on self-referrals. The program demonstrated exceptional engagement, retention rates, outcomes, and satisfaction amongst participants. 49 people initially showed interest in the program, and 13 people ultimately started the group program. The high number of self-referrals showed that LGBTQ community members are interested in accessing support for changing their behaviour, and that they had trust in ACON as an LGBTQ organisation, to provide that support. Proud Partners ran for ten weeks and addressed topics such as safety, emotional regulation, values, boundaries, communication skills, healthy and harmful behaviours, sex and consent and maintaining change.



ACON conducted pre and post surveys with participants. 12 people completed the pre survey and nine completed the post survey. The results of Proud Partners demonstrated that perpetrator programs that are targeted to LGBTQ community members can be effective in creating behaviour change. All program participants agreed or strongly agreed that:

- “I felt more comfortable that this group was for LGBTIQ+ people than I would have in a mainstream group” (89% strongly agree, 11% agree)
- “As a result of this program I am clearer as to how I might be able to change” (78% strongly agree, 22% agree)
- “I believe that my relationships will be better as a result of what I learnt in this program” (67% strongly agree, 33% agree)
- “Overall I am glad that I participated in this program” (78% strongly agree, 22% agree)
- “I would recommend this group program to a friend” (78% strongly agree, 22% agree)

Proud Partners successfully assisted participants to begin to accept responsibility for their use of abusive or unhealthy behaviours in relationships and to make changes to their attitudes and behaviours in relationships. For example, in the pre-survey, 67% of participants agreed or strongly agreed that they lose control because their partner makes them angry, and just 8% disagreed. This indicated that most participants characterised their behaviours as a loss of control, and placed blame on the actions of their partner for ‘making’ them angry. In the post survey just 22% of participants agreed, and 44% of respondents disagreed or strongly disagreed. These results suggest that most of the participants who completed Proud Partners had an increased capacity to understand that they are responsible for their behaviour in relationships, and that abuse is never justified.

One difficulty that ACON experienced in creating the Proud Partners program was the challenge of adapting behaviour change standards for LGBTQ community members. State behaviour change frameworks and standards outline principles and requirements for ‘men’s behaviour change programs. They therefore exclude non-male perpetrators of intimate partner violence. These standards could be updated to be inclusive of all perpetrators.

With funding from Women’s NSW and COVID-19 funding we will be replicating this group in 2020-2021, with revisions based on learning from the pilot. While this funding support is welcome long-term, sustainable funding is required to build referral pathways with the DFV sector and to ensure that LGBTQ people who use violence have access to behaviour change supports.

NSW and Victoria are the only states in Australia with any LGBTQ specific behaviour change programs. The success of and demand for these programs, even in absence of established referral pathways within NSW, demonstrates that the programs are viable, and could be considered for every state and territory. With funding, the NSW and Victorian programs could be made available nationally through a licensing and train the trainer model.

Recommendation G1: Provide ongoing state and national funding to develop, trial and implement tailored group behaviour change programs for LGBTQ people who use violence. These programs are best designed by or in partnership with LGBTQ community organisations.



Recommendation G2: Behaviour change frameworks and standards are updated to guide behaviour change interventions for LGBTQ people of all genders.



h) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.

While this term of reference asks about the experiences of 'LGBTQI women', ACON notes that this excludes GBTQ men (whose perpetrators are predominantly men) and non-binary people. This exclusion, if carried through to the next national plan, would result in an incomplete picture of SDFV, and further the sense of invisibility experienced by many members of our communities. We believe that it is not only possible to acknowledge that violence affects LGBTQ people of all genders, but that doing so will strengthen the ability of the Government to respond to the needs of all Australians who experience gender-based violence.

LGBTQ people experience intimate partner violence at similar or higher rates to cisgender heterosexual women to domestic and family violence (Our Watch, 2017). Trans and non-binary people experience higher rates of violence from intimate partners in comparison to LGB and heterosexual cisgender people (LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014). Cisgender bisexual women also experience intimate partner violence at higher rates than cisgender heterosexual and lesbian women (Bermea, Eaden-Moorefiled, & Khaw, 2018). Research also tells us that LGBTQ people with a disability are subject to higher rates of discrimination and abuse than LGGBTQ people without a disability (Leonard, et al., 2012). Prevalence data for Aboriginal and Torres Strait Islander LGBTQ peoples is non-existent, but we know that non-LGBTQ Aboriginal women experience family violence at much greater rates and severity than non-Indigenous women, and it is likely that this is also true for LGBTQ Aboriginal and Torres Strait Islander peoples. Qualitative research about the experiences of sisters girls show that family rejection and abuse are common (Riggs & Toone, 2017).

Rates of sexual assault and harassment both within intimate partner relationships and outside of intimate relationships are also disproportionately high. In one Victorian study, around one in 20 of the LGBTIQ respondents had been sexually assaulted in the two years before the survey (Leonard, Introductory paper: developing a framework for understanding patterns of health and illness specific to gay, lesbian, bisexual, transgender and intersex (GLBTIQ) people., 2002). In the 2018 Australian Trans and Gender Diverse Health Survey, 53.2% of participants reported experiencing sexual violence or coercion. These survey participants reported rates of sexual violence or coercion nearly four times higher than found in the general Australian public (Callander, et al., 2019). Non-binary participants who had been presumed female at birth were most likely to report sexual violence (66.1%) followed by trans men (54.2%) and non-binary people assigned male at birth (44.5%). While trans women least commonly reported sexual violence (36.1%), this figure is still almost twice that of the general population (Callander, et al., 2019).

As with all SDFV, power and control drive the violence experienced by LGBTQ people. LGBTQ people, regardless of their gender experience many if not all of the forms of violence that cisgender heterosexual women experience, and also face identity-based abuse, for example, the person using violence may intentionally misgender their partner as a form of abuse. To give a name to these experiences of violence, ACON presents two case studies:

Ben's story

Ben is a cis man in his late-50s. He lived with his male partner.

To appease his partner Ben had given up his well-paid job and began working in the partner's business. Ben spent most of every day working alongside his partner. He had no access to money of his own.

When Ben was away from his partner, he received many texts and phone calls demanding to know where he was and how long he would be. When Ben asserted himself, the partner would threaten to call the police and take out an ADVO against Ben.

On one occasion, Ben contacted the police who turned up and were unable to determine who the victim was due to the partner calmly lying to the police. Police told Ben to leave the house, as the partner rented it, laid no charges and left. Ben was unable to access safe refuge and was left homeless. He lived in his car for several days before returning to his partner.

Ben continued to suffer abuse from his partner until he was admitted to hospital for an injury. Upon discharge, Ben self-referred to ACON where he was supported to find temporary housing and accessed counselling. However, due to his sexuality, compounded by the trauma he still felt as a result of the abuse, Ben did not feel safe to access generalist refuges for homeless men, which was his only option.

After his temporary accommodation expired, he had to move from the safety of the Sydney inner-city to a regional area, where he feels he is unable to reveal his sexuality to those around him.



Julie's story

Julie is a trans woman who moved to Australia on a partner visa to be with her cisgender male partner.

Julie had previously worked as a sex worker, but her partner prevented her from continuing with sex work, and she was unable to get a job elsewhere. Julie was financially dependent on her partner, who perpetrated sexual, physical and emotional abuse against her.

Julie's partner would mock her, telling her that she was not a 'real woman', and also said to Julie that if Julie ever called the police, she would be deported.

When Julie's partner left her, she was made homeless and was frightened that she would have to leave Australia. Julie went to one of the few women's refuges that could accept clients without any income or residency. However, she was subjected to transphobic abuse from the other women in the refuge and was asked to leave the shelter because she had too much "masculine energy".

It is vital to remember that LGBTQ communities are not a monolith. Communities are diverse, and experiences of violence can vary by sexuality, gender and other factors such as cultural background, disability, health and visa status. It is crucial that all programs designed to address violence for LGBTQ people incorporate an understanding of diversity and intersectionality. LGBTQ people should not be seen as a separate cohort than for example, people with disability. Many people with a disability are also sexuality and gender diverse, and their identities, relationships and connections to communities will be influenced by both their disability and their sexuality and/or gender. Furthermore, their experiences of abuse and barriers to accessing safety are impacted by their experience of multiple forms of discrimination.

To be effective, programs and policies must be genuinely intersectional. Intersectionality must be a key feature of these programs, rather than be the subject of a single recommendation or page within a report.

Recommendation H1: All SDFV policies and programs should be supported to adopt an intersectional lens to adequately account for and understand the needs of all people who have experienced violence.



i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

Natural disasters, including pandemics such as COVID-19, impact upon the prevalence and severity of SDFV and access to support services. Previous research on the impact of natural disasters on LGBTQ people highlights that at times of emergency and crisis, aspects of marginalisation compound as LGBTQ people are exposed to prejudice and lose the safe space of the home and their community centres (Larkin, 2019). Fear of experiencing discrimination is also a barrier to help-seeking for LGBTQ people, with one survey of LGBTQ Queenslanders following the 2011 floods finding that over half of the participants did not even attempt to access a range of mainstream emergency services as they felt anxious and stressed about whether services were accessible or safe (Gorman-Murray, Morris, Keppel, McKinnon, & Dominey-Howes, 2017). These barriers were also experienced by LGBTQ people in Northern Rivers following the 2017 floods, and LGBTQ people impacted by the floods had more negative mental health outcomes than cisgender heterosexual people (University Centre for Rural Health, 2020). ACON has worked with LGBTQ community members affected by the 2019-2020 bushfires in Southern, Greater Western and Northern NSW, who conveyed concerns about accessing mainstream supports, particularly those delivered by faith-based organisations.

Factors that have contributed to the increase in experiences of SDFV for both cisgender heterosexual women and LGBTQ people during COVID-19 include:

- Victims and users of violence spending more time together than before restrictions were in place
- Increased social isolation and decreased social movement, limiting opportunities for people to seek help
- Increased stressors linked to DFV (financial stress and job insecurity)
- Offenders feeling out of control due to the impacts of COVID-19 and using violence to create a sense of control
- Increased alcohol consumption amongst users of violence (Boxall, Morgan, & Brown)

The Australian Institute of Criminology recently surveyed 15,000 women in the general population and found that 6.8% of all women, and 13.2% of women in cohabitating relationships, experienced physical violence, sexual violence or coercive control in the three months before the survey (February 2020-May 2020) when COVID-19 first started impacting Australia (Boxall, Morgan, & Brown). Two-thirds of women who experienced physical or sexual violence by a current or former cohabitating partner since the start of the COVID-19 pandemic said the violence had started or escalated during this same time (Boxall, Morgan, & Brown). While this survey did not report on the sexuality of these women or whether any of the women were trans, it is assumed that this trend is also true for LGBTQ people, given the similar prevalence in violence in LGBTQ relationships compared to cisgender heterosexual relationships. LGBTQ people with abusive family members whom they live with are also likely to be experiencing an increase in violence, and at the same time have limited access to supportive community networks due to COVID-19. In a survey of 2,427 LGBTIQ+ Australians on the impacts of COVID-19, 8% indicated they had experienced violence, abuse, harassment or controlling behaviour in the last 12 months from someone they currently live with (Equality Australia, 2020). Trans and non-binary people were particularly at risk, accounting for approximately a third of those reporting domestic violence in the last 12 months (Equality Australia, 2020).



Preliminary results from the forthcoming TRANSform COVID-19 study of over 1000 trans people in Australia found that 16% were currently living with someone who made them feel unsafe (Zwickl et al, 2020). More than 60% of participants in this study struggled to afford food and groceries, and more than half had thought they would be better off dead in the two weeks preceding the survey. These results demonstrate the significant health and economic consequences of COVID-19 for trans and non-binary people. Equality Australia found that LGBTQ people are overrepresented among the unemployed in Australia, and that financial impacts for our communities are severe, with 17.9% of those surveyed having lost more than half or all of their income due to COVID-19 (Equality Australia, 2020). This financial stress is likely to increase the risk of DFV and impacts upon the ability of people experiencing violence to leave the unsafe environment.

In March and April, ACON saw a 278.5% increase in people accessing our DFV website, sayitoutloud.org.au, indicating an increase in community members seeking information and support regarding DFV and LGBTQ communities. Despite not being funded to provide SDFV specialist counselling, ACON's client services team have seen an increase in clients presenting with sexual, domestic and family violence as a primary concern since COVID-19 began to impact upon Australia. We have observed referrals rise as restrictions have eased as people have increased opportunities to seek help safely, and we anticipate that this trend will continue for some time. At the same time as ACON has seen an increase in presentations, our staff have had to manage significant changes in the way that we conduct our service, moving to online and phone-based counselling. The upheaval in how ACON provides services initially reduced the capacity of our services as we managed this change. Despite the lack of any dedicated funding to provide SDFV counselling or care coordination, ACON's team offer a range of vital services including:

- Sourcing emergency accommodation options for clients, many of whom cannot access refuges, as they women-only services
- Assist with ADVO applications and court appearances
- Assisting with Housing and Victims Services applications
- Assist with immigration and visa changes for clients who have left a DFV relationship while on a partner visa
- Linking victims in with services that can work responsively with sexuality and gender diverse clients
- Counselling

During COVID-19, ACON has worked with clients who were stuck in their homes with perpetrators of violence, and at times have supported people who had just 20-minute windows to call ACON while out of their home under the guise of shopping for food. It has been exceedingly difficult to provide service in these snatched and brief moments, and clients have feared being overheard or monitored by the person using violence. Telehealth options have increased access to services for some in regional areas, however they are not always suitable for people who are vulnerable, and as such ACON is now also providing socially distanced face to face counselling for people who are at high risk and who are able to attend appointments.

ACON welcomes the \$200 000 in funding from the NSW Government to provide direct support to LGBTQ people who have experienced SDFV, which has come in response to COVID-19, however we note that this support is needed nationally, and that ongoing funding is required to provide a consistent service.



ACON notes that telehealth and virtual service provision options have enabled community members who live a significant distance from health and service providers to access support during COVID-19, as well as increasing equity of access for people with disabilities who struggled to access face to face services. In response to COVID-19, telehealth and phone consultation items became temporarily available to all Medicare eligible Australians for a wide range of consultations. ACON recommends that telehealth items be made permanently available to increase the ability of LGBTQ people to access safe health services regardless of their ability to physically attend services. ACON also suggests that funding for SDFV services could be provided to enable SDFV services to provide ongoing support to community members over the phone and virtually. This would differ from existing crisis services such as 1800RESPECT, as funded services would be able to provide medium to long term support such as counselling and case management over the phone. It would be important for this model to be an optional mode for accessing services, incorporating a focus on tech safety to manage risks for people who cannot not safely access phone based SDFV support.

Recommendation I1: Telehealth items should be permanently available through Medicare to increase equity of access for LGBTQ people who cannot physically access safe and suitable health services. SDFV services should also have access to funding to provide virtual medium to long term support to LGBTQ people who have experienced violence.

Recommendation I2: As per recommendation C1, LGBTQ services across Australia should be provided with dedicated funding to respond to the needs of LGBTQ people who have experienced SDFV, particularly in light of the increases in prevalence of SDFV due to COVID-19. This funding should be ongoing in recognition of the long-term impacts of COVID-19.



j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

In times of crisis and devastation such as COVID-19, it is imperative that responses are coordinated and clearly communicated to the public and to services. The work that the government has done to provide funding and supports to the SDFV sector has been welcome and appreciated. However, it has taken some time to work through the plans for additional funding and then to communicate this information. During this time, there has been a lot of uncertainty and fear for service providers, especially those on the front line.

For future planning, it would be beneficial to have an emergency plan that can quickly be adapted for different crisis scenarios such as future outbreaks of COVID-19 or other pandemics. This plan should include clear protocols for a number of scenarios, such as for action to take if PPE is required by service providers or if mass destruction of property occurs in a natural disaster and should outline processes for distributing pre-determined amounts of additional funding for the SDFV sector.

Recommendation J1: Create an emergency plan specifically for the SDFV sector, that is ready for roll out in response to future disasters. This plan should include funding specifically for the support of LGBTQ communities, who are likely to be reluctant or unable to access mainstream services.



k) An audit of previous parliamentary reviews focussed on domestic and family violence.

ACON do not wish to comment on this term of reference.



I) Any other related matters.

ACON notes our in-principle support of Equality Australia's recommendations for addressing Domestic and Family Violence, as set out in their submission to the Australian Senate Inquiry into Australia's Response to COVID-19:

In consultation with LGBTIQ community organisations, develop a national LGBTIQ+ domestic and family violence strategy that builds on the work being undertaken in Victoria. That strategy needs to, among other things:

- i. ensure financial security and independence for people seeking to escape violence;*
- ii. ensure mainstream service providers are inclusive and welcoming of LGBTIQ+ people and equipped to respond to LGBTIQ+ people who experience domestic and family violence;*
- iii. fund specialist family violence services that are operated by LGBTIQ+ community organisations for the LGBTIQ+ community;*
- iv. include measures directed at primary prevention and primary drivers of violence, including addressing prejudice towards LGBTIQ+ people that continues to inform the domestic and family violence experienced by some LGBTIQ+ people;*
- v. fund research into LGBTIQ+ family and domestic violence and the effectiveness of responses;*
- vi. ensure laws and policies support LGBTIQ+ inclusive service delivery, including removing exemptions in anti-discrimination legislation allowing faith-based service providers to discriminate based on sexual orientation, gender identity and intersex status.*

ACON joins Equality Australia in advocating for a national domestic and family violence strategy that addresses the needs of sexuality and gender diverse communities. Intersex community organisations should be consulted on the inclusion of intersex communities within this proposed strategy, and within all strategies where the acronym LGBTIQ is utilised.

ACON also recognises and endorses the feedback provided by other specialist organisations in their submissions to this Inquiry, including the AFAO and Rainbow Health Victoria (in partnership with Thorne Harbour Health and Switchboard Victoria) submissions. ACON has strong connections with LGBTQ specialist organisations nationally, and we recognise the expertise of these organisations in the issues for their local communities, and vital work they do to address the needs of sexuality and gender diverse communities.

Recommendation L1: ACON notes our in-principle support for Equality Australia's recommendations for addressing Domestic and Family Violence, including through the creation of a



national domestic and family violence strategy that addresses the needs of sexuality and gender diverse communities.

Recommendation L2: ACON notes and endorses the submissions from other LGBTQ specialist organisations across the country to this inquiry. We recognise and value their expertise in addressing the needs and experiences of sexuality and gender diverse communities.



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