Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ) people are not only more likely to experience family violence but less likely to recognise, report and receive appropriate support in response. Kate O’Halloran presents a summary of issues arising out of submissions to the Royal Commission into Family Violence.

The recently held Royal Commission into Family Violence provided a much-needed opportunity to address gaps within the sector. One clear issue that emerged was that, at present, family violence is treated within a binary-gender model of male perpetrator and female victim, often in the context of a heterosexual relationship. As pointed out in the submission by the Victorian Gay and Lesbian Rights Lobby (VGLRL), such an approach is insufficient and ‘inappropriate in addressing domestic violence in LGBTI relationships’.

It is understandable why such a framework exists. As noted in the joint submission to the Royal Commission by Safe Steps and No To Violence (NTV):

> Women are at least 6 times more likely than men to be the victim of physical assault by a current or former partner, 24 times more likely than men to become homeless due to experiencing intimate partner violence; and a woman’s experience of intimate partner violence is associated with substantially more fear and severity than men’s.

Accordingly, and in practice, most mainstream services adopt a feminist approach that insists that family violence is rooted in patriarchal and systemic gendered inequality. Often, however, this defaults to an exclusive focus on heterosexual intimate partner violence that, according to the VGLRL submission, results in ‘LGBTI groups being rendered invisible’. Crucially, this means that ‘some people in abusive relationships will not recognise it as such and therefore may not seek help’.

The barriers towards appropriately addressing family violence in an LGBTIQ context are numerous. They begin with limited statistical data on the prevalence of such violence. Data collected by mainstream services at national and state level on intimate partner violence ‘omits sexuality indicators, making it very difficult for researchers and policy makers to consider evidence for, and design programs in response to, issues affecting GLBT populations’ (ACON 2011).

What data has specifically been collected on the LGBTIQ community, however, suggests that rates of intimate partner violence are either equal to, or higher than, those of family violence between non-LGBTIQ people (ACON 2009).

Such statistics are alarming, considering that LGBTIQ people also experience proportionally higher rates of violence, harassment and discrimination in the
community more broadly. Victorian statistics indicate that one in four GLBT people were subject to physical violence or the threat of violence over a two-year period (Leonard et al 2008). The numbers are even higher for intersex, transgender and gender diverse people, who are particularly vulnerable to physical and sexual violence. In Australia, for example, 49 per cent of trans women and 55 per cent of trans men ‘reported harassment or abuse in [the] previous 12 months’ (Leonard et al 2015). Across the board, LGBTIQ people experience ‘higher levels of depression, anxiety, self-harm, or other illness’ when compared to non-LGBTIQ people (Rosenstreich 2013).

These effects are further exacerbated by other intersectional factors, such as race, age, ability, socioeconomic status or location. Indigenous Australians continue to be exposed to oppression, discrimination and racially based violence from the broader community and also experience a significant gap in measures of health and wellbeing compared to other Australians. For LGBTIQ Indigenous people, exposure to such structural violence can then be compounded by any oppression experienced on the basis of their sexual or gender identity. Likewise, one in five LGBT people live with a disability (Leonard et al 2012) and it is well established that people with disabilities experience elevated levels of family violence. LGBTI people living in rural and regional Victoria are also exposed to higher levels of homophobia (de Visser et al 2014) than those in metropolitan areas, and LGBTIQ youth are over-represented in homelessness populations (Oakley & Bletsas 2013).

Not only are LGBTIQ people more likely to experience violence, they are also less likely to report and seek help for it. Dr Philomena Horsley, a research fellow in LGBTI health at La Trobe University, hypothesises that this is due to the fact that ‘life-long, lived experience of abuse, violence and discrimination can result in a high tolerance of violence in personal relationships and an unwillingness to seek help from services’. The Safe Steps and NTV submission notes that LGBTIQ people tend to distrust potential sources of support, such as police, who have historically oppressed LGBTIQ people and are therefore viewed as homophobic, transphobic and out of touch. Worryingly, LGBTIQ communities increasingly view the mainstream family violence sector as equally hostile to, or at least ignorant of, their needs. In such a context, it is crucial that mainstream services extend or modify their existing frameworks to not only include, but specifically target, issues affecting the LGBTIQ population in the context of family violence.

Invisibility of LGBTIQ family violence

It is imperative that some systematic approach to LGBTI-inclusive practice is introduced into the Victorian family services sector to ensure that LGBTI people do not continue to remain invisible or an ‘optional extra’ for services to consider at some future date (Submission by the Australian Research Centre in Sex, Health & Society, La Trobe University)

The Safe Steps and NTV submission was notable for its inclusion of a consultation report, which engaged both the mainstream family violence sector and LGBTIQ community representatives, exploring existing barriers to addressing LGBTIQ-specific family violence. The report, while limited, found serious gaps in mainstream and LGBTIQ community knowledge of, and capacity to respond to, this issue. This begins with the fact that LGBTIQ people ‘may not feel confident or welcome in accessing mainstream services’. At present, there is an ‘extremely small amount of accessible, publically available, Victorian-based resources on LGBTIQ intimate partner violence/family violence’. Mainstream organisations also have ‘very little targeted quality training

LGBTIQ family violence resources and services


Kara House Lesbian Domestic Violence Outreach Service Mon–Fri, 9.00am–5.00pm T: 1800 900 520 E: karahouse@infoexchange.net.au

Switchboard Victoria http://switchboard.org.au

Victorian Police Gay and Lesbian Liaison Officers (GLLOs) T: 03 9247 5346 E: melbourne.gllo@police.vic.gov.au
on LGBTIQ intimate partner violence/family violence, and, while most have an awareness of LGBTIQ issues, there is ‘very little knowledge on how to address it’. At present, progress in this area has been restricted to an ‘individual staff member or an LGBTIQ staff member’ with ‘knowledge of LGBTIQ communities’ initiating diversity programs.

The Safe Steps and NTV submission also notes that LGBTIQ organisations often have very little recognition of mainstream terminology around intimate partner violence/family violence. Anecdotal evidence from the consultation report suggested this was due to disengagement from the mainstream family violence sector on account of its perceived ‘homophobia’ and ‘transphobia’. LGBTIQ community respondents reinforced that there ‘is minimal mainstream service delivery that is specifically targeted [at], or inclusive of, LGBTIQ communities’, including the pressing concern that there are ‘very few safe emergency accommodation or crisis support services available for trans women/gay/bisexual/trans men/intersex people experiencing intimate partner violence/family violence’. Many referred to the same problems with the existing mainstream family violence sector including:

Lack of LGBTIQ-friendly crisis accommodation: Refugees have traditionally catered to cisgender2 women alone. This is despite the fact that ‘statistically transgender women’s lived experience includes many risk factors of family and intimate partner violence including hate crime and higher rates of sexual assault’ (Leonard et al 2012). There is a need for LGBTIQ-inclusive or specific crisis accommodation options so that trans women and other LGBTIQ survivors who are not cisgender female find adequate support and safety.

Lack of perpetrator referral options: Currently, programs and support for perpetrators are limited to men’s behavioural change programs. These programs are aimed at cisgender men in heterosexual relationships. Currently, there is one known behavioural change group for men using violence in same-sex relationships but no other diversity of options for atypical perpetrators. These people are not being held accountable for their violence or assisted to change, reflected in statistics which show that in NSW 53.5 per cent of female and 67.1 per cent of male respondents in LGBT relationships ‘did not seek any form of assistance when exercising family violence’ (Farrell and Cerise 2008).

Distrust of police and other allied services: Many LGBTIQ people have an understandable distrust of, and reluctance to engage, police services, given a history of discrimination within the force. Only one in ten, for example, chose to report experiences of intimate partner abuse to police (ACON 2011). This may be particularly exacerbated for Indigenous Australians unwilling to engage police or child protection services, given a history of colonial and imperialist violence against them and their children (exemplified by the Stolen Generations). Leonard et al (2008) note that, when reporting to police does take place, many LGBTIQ people recounted a ‘belief that the crimes against the LGBTIQ community are not taken seriously’. Only six per cent of LGBT people who did report family violence, for example, ‘were referred to advice or support services’. In response to these alarming numbers, the VGLRL recommends that LGBTIQ people have access to alternative reporting services, such as ‘through a third-party’, or in the form of ‘web-based reporting,’ as well as ‘information provision for those who do not necessarily wish to take further action’.

Legal and practical discrimination: From a strictly legal point of view, the definition of family violence is ‘gender neutral’ as well as capacious. According to section 5(1)(a) of the Family Violence Protection Act 2008, family violence is defined as:

\[
\text{Behaviour by a person towards a family member of that person if that behaviour is—physically or sexually abusive; or emotionally or psychologically abusive; or threatening; or coercive; or in any other way controlling or dominating, [which] causes that family member to feel fear for the safety or wellbeing of that family member or other person.}
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In law, then, family violence is not the province of heterosexual couples, or different-sex parented biological families. As outlined, however, intimate partner violence between cisgendered, heterosexual couples continues to be the ‘default’ understanding of family within the sector. This fails to take into account that many LGBTIQ people form and sustain atypical kinship relations that may or may not rely on biological ties and may or may not conform to monogamous, nuclear or co-habiting relationship models.

While family violence law does not discriminate against LGBTIQ people, other related law does. The Equal Opportunity Act 2010, for example, includes an exemption for ‘organisations to discriminate on the basis of a person’s ‘religious belief or activity, sex, sexual orientation, lawful sexual activity, marital status, parental status or gender identity if the discrimination is reasonably necessary … to comply with the doctrines, beliefs or principles of their religion’.

As argued in the submission by the VGLRL, this creates yet another barrier ‘to accessing critical services for LGBTI people who are victims of family violence’.

Summary

LGBTIQ people face a perfect storm of factors that means that they are more likely to experience family violence but less likely to recognise, report and receive appropriate support in response. As summarised by the Australian Research Centre in Sex, Health & Society submission to the Royal Commission:

Many LGBTIQ people have an understandable distrust of, and reluctance to engage, police services
The LGBTI population’s disproportionate, life-long exposure to physical and verbal violence, sexual violence and discrimination … can exacerbate people’s vulnerability to, and the impact of, family violence by:

- contributing to the cumulative impact of violence on people’s psychological and physical health and social isolation
- making it more difficult for LGBTI people to both recognise and leave abusive relationships involving partners, parents and other family members
- giving people cause to fear and mistrust services, including health and community services, police and the legal system.

The mainstream family violence sector has significant work to do to ensure that it does not inadvertently contribute to the exacerbation of family violence and its effects on LGBTIQ people. Work must begin at the level of consultation with LGBTIQ communities, with an acknowledgement that one acronym does not stand for all. Each LGBTIQ community must be consulted, and specific, targeted programs developed to ensure that lesbian, gay, bisexual, trans, intersex and queer people are no longer rendered invisible, or shut out from crucial support services and resources.

References

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Rosenstreich, G (2013) LGBTI People Mental Health and Suicide, revised 2nd ed, National LGBTI Health Alliance, Sydney

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Endnotes

1 In this article I have used the acronym LGBTIQ (Lesbian, Gay, Bisexual, Trans, Intersex and Queer) wherever possible. The varying submissions to the Royal Commission on this issue alternate between LGBT/GLBT, LGBTI and LGBTIQ. When drawing on statistics or other studies I have retained the acronym used within to accurately signal which of these ‘communities’ or ‘populations’ were represented.

2 Cisgender refers to a person who identifies with their birth-assigned sex. For more information see: www.transgendervictoria.com/about/definitions