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FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY

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Inquiry into Domestic and Family Violence—Policy approaches and responses

Submission No. 3
AIDS Action Council of the ACT

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The AIDS Action Council of the ACT welcomes the opportunity to respond to the call for submissions from the ACT Government Standing Committee on Justice and Community Safety, regarding the Inquiry into Domestic and Family Violence (DFV) – Policy approaches and responses.

About us

The AIDS Action Council (The Council) was formed in 1983 and incorporated in 1986 as part of the community response to the impact of the HIV/AIDS in Australia. Today, we are Canberra's leading community-based organisation for people living with HIV/AIDS, and sex and gender diverse people.¹ We provide a range of services to our clients, including counselling, support, information and advocacy. Our work is always responsive to cultural and social changes in our community, and the continuing transmission of HIV in Australia informs our current and future directions. Mental health issues resulting from discrimination, stigma and isolation and violence have always been a strong focal point of services and support the Council provides to Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities in the ACT. Given the nature of our business and with our key stakeholders in mind, the Council thanks the Standing Committee on Justice and Community Safety for the opportunity to contribute to this inquiry.

For the sake of contextualising our position, the Council refers directly to its strategic priorities, one of which is "creating a safe community, where there is respect for all people regardless of HIV status, sexual orientation or gender identity." Domestic and family violence (DFV) is a common issue within LGBTI communities and although data is limited, available evidence indicates that LGBTI people are just as likely as women in the general non-LGBTI population to experience DFV and it is estimated that one in three LGBTI people have experienced DFV in a past or present relationship.² This does not account for DFV occurring within a family construct whereby LGBTI people may be at greater risk than heterosexual people from abuse, harassment and violence from family members such as parents, siblings and offspring due to entrenched homophobia.³ This potentially jeopardises the safety of LGBTI communities who already experience significantly poorer mental health and higher rates of suicide than other Australians.⁴

Terms of Reference

In response to the invitation for submissions to this inquiry and with direct reference to the Committee's Terms of Reference⁵, the Council cites

(a) the adequacy and effectiveness of current policy approaches⁶ and responses in preventing and responding to domestic and family violence in the ACT;

¹ This includes but is not limited to people who self-identify as lesbian, gay, bicurious/bisexual, transgender, queer, questioning, intersex asexual and/or ally and more (LGBTQIA+).

² <http://sayitoutloud.org.au/>

³ <http://www.rcfv.com.au/getattachment/97B8FCEE-6CEB-4A49-9648-25DCA846696A/Gay-an>

⁴ <https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2>

⁵ <http://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-justice-and-community-safety/inquiry-into-domestic-and-family-violencepolicy-approaches-and-responses>

⁶ Policy approaches can include: primary prevention and community attitude campaigns; integrated intervention programs; mass-screening programs; programs for violence perpetrators; programs for victims who have been subject to domestic violence; legislative approaches; and criminal justice approaches.

(c) the issues and policy challenges (if any) for the ACT arising from the National funding and agenda/policy setting regime/framework—including how outcomes are measured and reported

The National agenda serves the interests of LGBTI ACT residents poorly.

(d) best practice policy approaches and responses being undertaken in other jurisdictions to prevent and/or respond to domestic and family violence.

The Council also references the ACT Government Safer Families Budget Statement⁷ with a view to broadening terminologies which acknowledge relevant cultural and more particularly, minority group concerns.

Context

Families are made in many different ways and the very notion of family and indeed family diversity has evolved in general public perception since the term “Nuclear Family” was first coined in 1947.

Stigma and discrimination experienced by LGBTI people was and is often at the hands of their families of origin. A family of origin is a person’s biological family or the family by which they were raised and is often associated with discrimination or abandonment for LGBTI people who may have been ostracised, excommunicated or suffered some form of abuse due to their sexuality or gender identity.

Families of choice are those people whom a person chooses to surround themselves with as support people. They do not have to be biologically related or related by adoption. For many LGBTI people who have not experienced a positive relationship with their family of origin, their chosen family plays an important role in their lives and provides security and connection to others.

Within the context of family and the framework of the Ministerial Annual Safer families Statement 2017, it is important to recognise diverse family structures that are as influential as traditionally recognised family forms. The Council supports the broadening of this term in an effort to include members of the ACT community who are at risk of DFV.

LGBTI people are just as likely as people in the general population to experience DFV. However, research shows that LGBTI people are less likely to find support services that meet their specific needs.⁸ In particular, a social history of lack of support and recognition of LGBTI relationships means that acknowledging difficulties or perceived failure in relationships including episodic and/or ongoing DFV is unlikely. Abuse in LGBTI relationships has the same elements as all abusive relationships, but there are some unique differences for LGBTI people:

- Using someone’s intersex status, sexuality, gender, gender expression, transgender or HIV status against them.
- Threatening to ‘out’ someone to their family, friends, community or workplace. Outing can include someone’s gender, sexuality, intersex status or HIV status

⁷ <http://apps.treasury.act.gov.au/budget/budget-2016-2017/fact-sheets/domestic-violence>

⁸ <http://www.acon.org.au/what-we-are-here-for/domestic-family-violence/#domestic-family-violence>

- Controlling someone’s medications, access to gender transition related healthcare, or pressuring them to conform to sex or gender “norms”
- Confidentiality and lack of appropriate language to discuss abuse in LGBTI communities/relationships
- A lack of mainstream services that address the needs of LGBTI people, such as safe housing services for male victims, supports for female perpetrators, transgender and A fear of lack of understanding, minimisation and/or discrimination from police and service providers
- Fear around differing legal rights over children and assets

It is appropriate to acknowledge that the mental health of LGBTI people is among the poorest in Australia.⁹ Defining domestic and family violence in LGBTI communities as ‘same-sex domestic violence’ conflates sexuality with gender identity and as a consequence, transgender, gender diverse and intersex people may not have education, prevention and early intervention approaches available to them. A heterosexual identity is not the opposite of, or mutually exclusive of being LGBTI as many transgender, gender diverse and intersex people can and do identify as heterosexual or straight.¹⁰ However, heteronormative assumptions implicitly exclude transgender, gender diverse and intersex people who identify as heterosexual.

For people who identify as LGBTI an inability to safely disclose their LGBTI status can also exacerbate their risk of experiencing DFV.

Mainstream services, even specialist mainstream DFV services, vary in their ability to respond to the needs of LGBTI people. Current policy approaches, and some services, exhibit heteronormative assumptions which hinder effective prevention of DFV and response to issues of DFV. That is, the policy environment assumes that all relationships and families function according to heterosexual understandings of gender roles and family formation. This means that policies assume a gender lens which may not be appropriate, or that a household functions in a way which is built on social norms around gender identity. Furthermore, there is an implicit assumption that children take on gender and social roles consistent with parental expectations and desires.

For same-sex couples roles within the relationship do not necessarily conform to heteronormative assumptions. This can be problematic when trying to interact with policies and services which assume a certain way of relating and co-operating between couples. In addition, the likelihood or possibility of family violence in the context of coming out to family, or having limited support as a result of family rejection is not sufficiently anticipated in existing policy documents or service responses.

Current policies and service delivery would be enhanced by:

- Ensuring that assumptions are gender and role neutral and leave space for non-heteronormative understandings of family

⁹ <https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2>

¹⁰

http://static1.squarespace.com/static/54d05b39e4b018314b86ca61/t/56a81bbcdf40f3b389188201/1453857741055/Calling_It_What_It_Really_Is.pdf

- Noting that in the current political environment uncertainty about relationship and parental status can affect the options available to individuals seeking to escape DFV
- Recognising that there is a reluctance within the LGBTI community to disclose family violence due to both internal and external homophobia unless services are seen as “safe” spaces
- Recognising that transgender individuals can be especially vulnerable and that transgender status may not always be disclosed. Policies should ensure that an individual’s gender identity is affirmed in both service delivery and in responses.
- Ensuring that organisations that explicitly or implicitly do not affirm the worth and dignity of LGBTI individuals and their families are not funded to deliver mainstream DFV services within the ACT.
- Identifying that DFV may present differently within the LGBTI community and there may be additional layers of shame and disappointment at not having a “successful” relationship.
- Acknowledging that, especially in the current context of a debate on marriage equality, LGBTI people are especially vulnerable to poor mental health, verbal, emotional and physical violence within the family context and reduced options for service and support both due to the demand on existing services and the perceived lack of safety around some services connected to religious organisations.
- Recognising that, especially in the ACT, the LGBTI community is relatively small and that leaving a relationship in which DFV is experienced may also cause a period of social isolation.
- Ensuring support to access medication, mental health support and health services while re-establishing stable housing, employment and social connectedness following experiencing DFV.

