

8 March 2023

SUBMISSION to Safe Places Emergency Accommodation Program – Inclusion Round Discussion Paper

Introduction

Thank you for the opportunity to provide a submission to the Safe Places Emergency Accommodation Program – Inclusion Round Discussion Paper.

Refuge Victoria is a not-for-profit Specialist Family Violence Organisation that provides services to people to help them escape control, abuse and violence and rebuild their lives. We have been responding to family violence by providing refuge and support responses for over 40 years. Refuge Victoria has grown to be the largest provider of refuge and crisis accommodation in Victoria – which includes 3 core and cluster refuges, 15 dispersed properties and nomination rights to approximately 35 transitional houses. We employ staff across two main core and cluster refuge sites in Melbourne’s Eastern region and one core and cluster refuge site in the Western Melbourne region. We are funded by the Victorian Governments Department of Families, Fairness and Housing (DFFH) and the generous support of donors.

Refuge Victoria supports people experiencing homelessness due to family violence, providing refuge and crisis accommodation, risk assessment and management, case management support and outreach case management support to clients in refuge and transitional properties. The Refuge Victoria model is premised on a “wraparound” process of service delivery beginning with the principle of “voice and choice”, where self-determination and the perspective and views of the family, including that of the child or young person must be given primary importance during all phases of service delivery.

Refuge Victoria is committed to promoting and protecting the safety and wellbeing of all people involved in our programs and services. Refuge Victoria is committed to the principles of cultural safety and inclusion of all individuals from diverse backgrounds and to the safety and inclusion of individuals with a disability. An examination of our current client cohorts, however, indicate the significant under representation of clients from intersectionally disadvantaged cohorts including LGBTIQ+ Victim Survivors.

We note that the Inclusion Round will focus on improving access to appropriate emergency accommodation for:

- First Nations women and children;
- Women and children from culturally and linguistically diverse (CALD) backgrounds; and
- Women and children with disability.

Although we agree with the focus on improving access to these cohorts, we feel that this overlooks LGBTIQ+ Victim Survivors who are also significantly disadvantaged in many health and service systems and are locked



out of many aspects of the crisis response to family and domestic violence and who are consequently at increased risk of death or life altering harm.

LGBTIQ Family Violence Prevalence

Within Australia, intimate partner violence is the most common form of family violence. Evidence presented to the [Victorian Royal Commission into Family Violence](#) suggests intimate partner violence is as prevalent in LGBTQIA+ communities as it is in the general population. Approximately one-third of LGBTQIA+ people in Victoria (and nationally) have experienced intimate partner abuse, but that only 20 per cent of these cases are reported.

A literature review by OurWatch¹ found:

- “Rates of intimate partner violence within lesbian, gay and queer relationships are as high as the rates experienced by cisgender women in intimate heterosexual relationships.
- Lesbians are more likely than gay men to report having been in an abusive relationship.
- Rates of intimate partner violence may be higher for bisexual, trans and gender diverse people.
- It is unknown how rates of intimate partner and/or family violence against people with intersex people compare as there is a research gap.

Violence from other family members may also be higher, particularly against trans and gender-diverse young people. Some examples are:

- Young people who come out about their sexuality or gender being kicked out of the family home.
- Elderly, dependant trans women being denied access to hormone treatment by their children.”

Different Experience of Violence

People who are LGBTQIA+ experience specific forms of family violence that is different from non LGBTQIA+ people. Specifically, the violence typically focusses more on a person’s sexuality, gender identity or expression, or intersex status. Some examples of this type of family violence include:

- threatening to ‘out’ a person or disclose their HIV status
- isolating a person from the wider LGBTQIA+ communities
- ridiculing a person’s gender expression or intersex traits
- preventing a person from accessing gender affirming hormones or treatments for HIV or other chronic illnesses
- telling a person no one will help them because the support services are homophobic
- telling a person they ‘deserve’ the abuse because of their sexuality
- telling a person they’re not a ‘real’ homosexual because of their former partners, or their friendships and preferences
- portraying the violence as mutual or consensual combat (hiding the abuse behind stereotypes)
- portraying the violence as an expression of ‘masculinity’
- pressuring, forcing or tricking a person into having unsafe sex
- involving a person in bondage and discipline or sadomasochism (BDSM) without consent
- making a person have sex with other people

¹ OurWatch (2017) An analysis of existing research Primary prevention of family violence against people from LGBTI communities; A research project commissioned by the Victorian State Government.

- threatening to infect a partner with a chronic illness, such as HIV.”²

Barriers to services

LGBTIQ+ victim-survivors may feel excluded from services and face additional barriers to accessing support services. It is important to consider and take into account the impact of police brutality and homophobia in religious organisations, and the historical criminalisation of homosexuality and its impact of LGBTIQ+ people and their willingness to access support from the Family Violence service system. This is particularly relevant given the first responder is often police or hospitals.

Some examples of barriers to services for LGBTIQ people are:

- Self-blame – sometimes an LGBTQIA+ person will believe they were abused because of their sexual identity and blame themselves for others’ behaviour.
- Fear of discrimination – some LGBTQIA+ victim-survivors may fear seeking help because of the possibility of homophobia, transphobia and other discrimination. They may also be concerned about their privacy and confidentiality in small or rural communities.
- Lack of information and support – the police and courts system and some mainstream service providers may not be as aware of family violence experiences for LGBTQIA+ people as they are for other communities. This may make LGBTQIA+ victim-survivors feel unseen and unheard.
- Under-reporting of family violence – some people may be too afraid to report their abuse to police or fear being outed if they report the abuse, and so the crimes are not being recognised within LGBTQIA+ communities.³

This view was supported by Private Lives 3, Australia’s largest national survey of the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people published in 2020, noted that “low levels of reporting to services, including the police (and LGBTIQ liaison officers), might indicate that LGBTIQ people feel that sufficient support is not available to them or they are unaware about services they could access.”⁴

The lack of knowledge about family violence in LGBTQIA+ communities can cause other problems for the victim of abuse too. For example, they:

- may incorrectly believe family violence doesn’t happen in LGBTIQ+ relationships
- may not recognise their experiences of abuse as family violence
- may not know how to respond if they see family violence among their friends and family.⁵

A LGBTIQ specialist response

While some of these barriers to support services for victim survivors can be overcome through improved LGBTIQ+ cultural competence, including training and intersectional awareness, many LGBTIQ+ people will not choose or trust mainstream services. Private Lives 3 explored service user preferences for LGBTIQ+ specialist

² Victorian Government, Department of Health (2022); Family violence and LGBTQIA+ victim-survivors - Better Health Channel

³ ibid

⁴ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University, pp77

⁵ Victorian Government, Department of Health (2022); Family violence and LGBTQIA+ victim-survivors - Better Health Channel

services in the area of intimate partner, family violence and sexual assault service responses and noted, “a large proportion of participants expressed a preference for LGBTIQ+ inclusive services or services that cater only to lesbian, gay, bisexual, transgender and/or intersex people if they were to require support relating to family violence in the future”⁶

Private Lives 3 Victorian Summary report noted:-

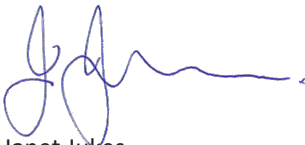
“LGBTIQ community-controlled organisations play a crucial role in providing essential services and are expert sources of practice-based knowledge. Formal accreditation of services as LGBTIQ-inclusive was important to participants. There is increasing recognition that LGBTIQ inclusion requires more than base-level awareness training, but rather a high-level commitment from services to undergo organisational change towards ‘cultural safety’ for LGBTIQ staff and clients.

The findings ... suggest that the following should be prioritised:

- Expansion of funded services specifically catering to the needs of lesbian, gay, bisexual, trans, gender diverse and/or intersex people, including in regions outside inner suburban areas, that are fully informed and shaped by consultation with all relevant communities
- A requirement for organisations providing support in areas such as mental health, alcohol and other drugs or homelessness, and in receipt of public funding, to take steps to ensure LGBTIQ-inclusive practice, such as undertaking organisational cultural safety training and working in partnership with community-controlled LGBTI health organisations
- Increased funding of LGBTIQ community-controlled organisations to support LGBTIQ-inclusive services and service development, including the establishment and recourses of communities of practice and other capacity building initiatives
- Ongoing evaluation of the outcomes of LGBTIQ-inclusive care for LGBTIQ people to help inform and drive further improvements”⁷

While we agree that there is an urgent need to target funding rounds to the above cohorts, it is our view that this should be expanded to include improving access to appropriate emergency accommodation to LGBTIQ+ people who are currently largely excluded from access to most Refuge and emergency accommodation and are commonly overlooked in targeted funding to address this disadvantage. Many LGBTIQ+ people also fit into the cohorts mentioned above and experience further oppression, violence and discrimination, making them at increased risk of significant harm or lethality from people using violence. For this reason, we urge you to expand this targeted funding round to include LGBTIQ+ Victim survivors.

Yours sincerely,



Janet Jukes
CEO

⁶ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University., pp77

⁷ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2021). Private Lives 3: The health and wellbeing of LGBTQ people in Victoria: Victoria summary report. ARCSHS Monograph Series No. 130. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. pp62