

WORKING WITH LGBTI PEOPLE

INTIMATE PARTNER

AND FAMILY VIOLENCE





Currently in Australia, intimate partner and family violence for LGBTI people lacks a substantial research base and therefore is relatively unfamiliar as an area of expertise within health settings, including for many agencies that specialise in non-LGBTI intimate partner and family violence.

However, there are several key things agencies working with LGBTI people can do to improve the ways they work with these issues that will raise awareness about the patterns of violence particular to LGBTI relationships, and will help address poor disclosure rates from people in violent relationships who may need specialised assistance.

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WHY IS IT IMPORTANT?

While we know that intimate partner and family violence are risks in any relationship, for LGBTI people it may be more invisible because of the compounding impact of LGBTI relationships being less recognisable to service providers.

The prevalence of violence within non-LGBTI relationships is emerging thanks to several wide studies by organisations like White Ribbon and ANROWS. LGBTI relationship violence is routinely excluded or unrecognised by the parameters of data collection within such inquiries. This is due to many factors, including questions not being asked by researchers, counsellors or health practitioners because of a perception that offence may be caused.

According to the Australian Institute of Family Studies, this exclusion is driven both by individuals in violent relationship not feeling safe enough to disclose, and from service providers who are not alert to the particular patterns of LGBTI intimate partner or family violence. Both of these are informed by widely held societal beliefs that any violence within LGBTI relationships can be seen as quarrels between equals rather than the power and control driven conflicts that we understand family violence to be in other contexts.

While a large 2006 study from the Australian Research Centre for Health and Sexuality (ARCHS) established that the prevalence of relationship violence within same-gender relationships is somewhere between 28% and 41%, similar to non-LGBTI relationships, there has been no such large study since in the Australian context.

A smaller 2014 study by the NSW LGBTIQ Domestic Violence Interagency found similar results, but with much higher incidences of intimate partner violence for people who are transgender, gender diverse or intersex, with 75% having experienced emotional abuse and 53% reporting experiences of physical and/or sexual abuse in a previous relationship.

The Australian Human Rights Commission 2015 report *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights* reported that a number of overseas studies suggest that the general patterns and levels of domestic violence in same-sex relationships are about the same as in heterosexual relationships. These studies also showed that once the violence starts it is likely to get worse without help from informed professionals.



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WHAT CAN WE DO

WHAT CAN ORGANISATIONS AND SERVICE PROVIDERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ Service vigilance and sensitivity around family violence for LGBTI people is vital. Providing services that encourage disclosure for all people in violent family relationships is an important safety mechanism for the most at-risk people
- ✓ Support an organisational approach that treats people equitably. This does not mean treating everyone the same, but does mean making the same effort to respect and meet each person's health needs
- ✓ Design registration or intake forms that are appropriate and inclusive of many family structures and individuals; for example, use 'parent's or guardian/s' rather than 'father, mother' and not just for gender options 'male or female'
- ✓ Organise basic training and updates for staff and volunteers including understandings of LGBTI people, including the differences between these and how they may overlap. Training should also cover LGBTI relationships and families, including family violence
- ✓ Make visible your service's welcoming of diversity, such as in waiting rooms, websites, printed materials: this could include in words, images, symbols that reflect LGBTI families and people
- ✓ Ensure that staff feel knowledgeable and informed of which specialist services and providers of LGBTI legal advice exist in your region. Where specialist services do not exist, ensuring access to information and referral via national phone lines like QLife and 1800 RESPECT is critical
- ✓ Services should feel able to engage in advocacy on behalf of marginalised clients and high risk groups for access to appropriate support and resources from which they may otherwise be excluded. This may include supporting clients to access refuge housing, brokerage and legal services
- ✓ Embed practices that are inclusive and non-judgmental into policies and protocols

WHAT CAN HEALTH PRACTITIONERS DO TO INCREASE INCLUSIVE PRACTICE?

- ✓ When establishing best practice for working with clients who may be in a violent relationship, it is important to be aware that there are a range of forms of family violence which are unique to the LGBTI community. The Australian Law Reform Commission found that these include:
 - threatening to 'outing', or out a partner or family member to family, friends or colleagues;
 - using homophobia as a tool of control, for example by telling a partner that they will lose custody of children, be unable to access police assistance, or support from service delivery organisations, because the system is homophobic;
 - telling a partner or family member they 'deserve it' because they are LGBTI or that they are not a 'real' lesbian, gay or bisexual person and relying on stereotypes to hide or justify abuse; and
 - threatening to or revealing HIV status or withdrawing care where one partner or family member is dependent, for example arising from their HIV/AIDS status
- ✓ Since there is limited awareness of family violence within the LGBTI community, especially for what to look for when working with LGBTI people who may be at risk, being aware of these patterns can help to shape screening tools and best practice within a broader health setting
- ✓ A key barrier for people in violent relationships disclosing to health professionals is the stigma attached to both being LGBTI and whether or not disclosure of their identity or history will be accepted by the service in question. This is particularly true for bisexual, transgender and intersex people who may not lead visibly out lives
- ✓ Violence towards transgender people is often related to non-acceptance of disclosure, and so the burden should be on services to display LGBTI acceptance and expertise without it needing to be sought. Being educated and openly supportive within a practice setting can help to ease the suspicion of transphobia and service discrimination that clients may feel and facilitate disclosure
- ✓ It is also important to be aware of the broader societal patterns of homophobia and transphobia that often play an instigating role in the abusive relationship context. Many perpetrators of violence within LGBTI relationships have elevated rates of self-judgment and non-acceptance, and there is an emerging body of literature that says that working within these structures can be effective to reduce LGBTI family violence

WHERE TO FIND OUT MORE

SUPPORT FOR SERVICE PROVIDERS AND HEALTH PRACTITIONERS



MindOUT supports the professional development of the mental health and suicide prevention sectors to practice and implement strategies that ensures inclusive and accessible services to LGBTI people and communities.

The network connects members to stay informed about resources, activities, initiatives, professional development training and research that is pertinent to LGBTI mental health and suicide prevention.

Go to <http://lgbtihealth.org.au/mindout/> to find how MindOUT can support you.



LGBTI Ageing and Aged Care Awareness Training This project is delivering lesbian, gay, bisexual, transgender and intersex (LGBTI) aged care awareness training to a broad range of staff working in ageing and aged care, students studying aged care and aged care assessment teams nationally.

Go to <http://lgbtihealth.org.au/ageing/> to find a local training provider near you.

SUPPORT FOR INDIVIDUALS



QLife counselling services are available 7 days a week, 365 days a year between the hours of 3:00 pm to 12:00 am Australia wide.

Phone counselling and web chat services are provided by volunteers engaged in their home-state centres, with national support provided by a team of paid staff members. Mental Health and Referral information is available via the web 24 hours a day, 7 days a week.