PRACTICE GUIDELINES FOR WORKING WITH TRANS, GENDER DIVERSE & NON-BINARY COMMUNITIES EXPERIENCING DOMESTIC, FAMILY & SEXUAL VIOLENCE.

QUEENSLAND COUNCIL FOR LGBTI HEALTH

ACKNOWLEDGEMENTS

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ABOUT THIS RESOURCE

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This guide was developed in consultation with Trans, Gender Diverse and Non-Binary (TGDNB) community and draws on current evidence and literature in order to improve knowledge, skills and service responses from the violence prevention sector when working alongside TGDNB people experiencing domestic, family and intimate partner violence. There is a growing evidence base indicating that TGDNB folks experience elevated rates of domestic and family violence, intimate partner violence and sexual violence, and where services in the violence-prevention sector are seeking to be inclusive and responsive, there remains a range of barriers to TGDNB people accessing and receiving support from violence prevention services. We would further recommend Rainbow Health Victoria's Pride in Prevention Evidence Guide[i] (2020) and Messaging Guide[ii] (2021) as relevant and supporting documents to this resource, keeping in mind the specific sector and resourcing contexts in our state of Queensland. Currently, efforts to respond to TGDNB community needs may be presumed to fall within the policy domains of anti-discrimination[iii] or community and mental health[iv], and while these areas are of fundamental importance, they do not fully account for gender-marginalising TGDNB experiences just as these policies do not sufficiently account for the gender-marginalising experiences of Queensland women[v]. Issues of workforce participation, housing and homelessness, and domestic and family, intimate partner and sexual violence remain hugely impactful on our communities, and this is clearly indicated in the statistics shared later in this document. It is therefore critical that policies aimed at eliminating gendered inequality and violence meaningfully include and respond to Trans, Gender Diverse and Non-Binary communities and experiences rather than nominally including TGDNB women and Non-Binary people in a cursory manner that does not meet community needs.

We encourage that the violence prevention sector in Queensland works towards a goal, identified in Rainbow Health Victoria's recent Pride in Prevention messaging guide, of "... a shared national primary prevention framework that is inclusive of LGBTIQ+ experiences of family and intimate partner violence"[ii] (Fairchild et al., p. 6, 2021). The messaging guide goes on to highlight the shortcomings of current efforts to address gender inequality in ways that meaningfully includes LGBTIQ+ and TGDNB communities:

"Continuing to address men's violence against women can be done in ways that simultaneously challenge, rather than reinforce, the silencing and exclusion of LGBTIQ+ communities and their experiences. This needs to be done carefully as messaging intended to prevent men's violence against women can sometimes inadvertently reinforce binary understandings of gender, and reinforce assumptions that 'women' and 'men' are both cisgender and heterosexual. Similarly, primary prevention messaging specific to LGBTIQ+ communities could inadvertently detract from the importance of men's violence against women as a social problem. For instance, well-meaning but simplistic attempts to 'de-gender' discussions of family violence can inadvertently feed denial of the impact of sexism, gender inequality and gender-based violence"[i].

THEORISING TGDNB IPV & DFSV

Contemporary intersectional feminist analysis remains vital in revealing the structural nature of gendered oppression and associated patterns of violence and harm[vi]. However, DFSV and IPV discourses and frameworks that shape sector resourcing, program development and practice can become constrained by dominant norms that do not reflect more specific realities of intersecting oppressions[vii]. A framework that incorporates the harmful effects of rigid gender norms, cisgenderism and heteronormativity can deepen, rather than derail, understandings of gendered inequality, stereotypes and violence that disproportionately harm Trans, Gender Diverse, Non-Binary people as well as all women and children[viii ix x]. In their 'Pride in Prevention' guides[i ii], Rainbow Health Victoria describe such an inclusive framework as a 'gender-transformative' approach. Within a gender-transformative model, prevention work involves undoing and challenging deeply ingrained beliefs regarding gendered identity, presentation, roles, behaviour and social value that mould stereotypes of masculinity and femininity onto rigid possibilities for acceptable maleness and femaleness for all people. In this context, regulatory cis-heteronormative violence is inherent to a social system that valorises and rewards dominant masculine ideals, values and behaviours across shifting social and historical contexts[xi]. This impacts all genders and bodies, but disproportionately impacts those genders and bodies afforded less social value – cisgender women, children, LGBTIQ+ communities and particularly TGDNB people are all affected in this way.

A gender-transformative approach recognises that gendered power and control within intimate relationships is not only manipulated or abused by those with power in a fixed, binary relational hierarchy[ii]. Oppressive, dehumanising and stigmatising beliefs such as sexism, misogyny, transphobia, homophobia, biphobia and intersexphobia used privately in targeted ways against victim-survivors[xii], take place within a broader social context of devaluation and normalisation of gendered abuse. Public and private expressions of these oppressive attitudes can in turn become internalised by marginalised folk such as TGDNB people, cumulatively resulting in lower emotional resilience, higher psychological distress and greater vulnerability to violence[i], with cumulative effects. In some instances, cycles of gendered violence may begin to flow laterally[xiii] within marginalised communities and relationships towards bodies, sexualities, gender identities, presentations and expressions as well as intersections of race, class, disability, age etc., that do not represent dominant cultural, social and economic values[x].

In this sense, an intersectional framing invites a shift from understanding and recognising DFV and IPV not only as something that is perpetrated by cisgender men against cisgender women within heterosexual relationships. Instead, DFV and IPV can be seen as an expression of a broader pattern of relational and gendered abuse within intersecting systems of oppression, in which cisgendered masculinity normalises patterns of power, control and violence, and marginalised groups such as TGDNB people are disproportionately vulnerable[vi].

Dynamics, barriers and enablers shared with the general population

- The use of violence, coercion and control in Trans, Gender Diverse and Non-Binary relationships is linked to the same societal systems of discrimination, gender inequality and rigid gender norms that perpetuate harmful attitudes and behaviours towards women and children[xiv].
- Gendered and relational violence against TGDNB people is often hidden and perpetuated in private, however it is a public issue that requires responses at individual, social, organisational and systemic levels. This is further enabled by broader experiences of public harassment, discrimination and violence in the community[vii i].
- Types of violence used and impacts on TGDNB victim-survivors is comparable to cisgendered heteronormative relationships. At its core this involves a harmful abuse of power, control and coercion, often with increasing risk at particular points of relationship change or disruption[i].
- Like all communities, experiences of violence within TGDNB communities are intersectional, and vary according to intersecting experiences of marginalization or oppression such as race, disability, age, religion, migration and citizenship status etc[xvi].
- Like other marginalised communities, victim-survivors may be reluctant disclosing their violence to others from dominant-majority groups for fear of being judged, discriminated against or further victimised. Perpetrators may rationalise or minimise their use of violence based on their own experiences of marginalisation or oppression[xvii].
- Domestic and Family Violence for TGDNB communities is further compounded by structural factors such as lack of appropriate and accessible housing, lack of supportive environments and sustainability in employment, as well as heightened experiences of social isolation and poverty. These are factors similarly impacting other marginalized populations[xvi].

Specific considerations for TGDNB Communities

- Trans, Gender Diverse and Non-Binary folk are at significantly higher risk of dying by suicide than cisgender LGBIQ+ and heterosexual folks, and generally experience higher rates of depression, anxiety and psychological distress[xvii].
- Violence, particularly physical and lethal violence, disproportionately affects TGDNB people of colour, particularly Trans women of colour[xxv].
- Shame and stigma can continue to impact the experiences of cisgender men who love Trans women and Trans femme people, particularly because of social messages of Trans misogyny towards Trans women and suggestions that men who love Trans women can't be straight/heterosexual[xviii].
- Self-reported rates of disability and chronic health conditions are disproportionately high within LGBTIQ+ communities[xxxi xxxii xli], and this is likely to be even higher amongst TGDNB communities. People with disability also face disproportionate rates of DFSV and sexual violence alongside TGDNB, and so the impacts are likely to be compounded for TGDNB people with disability and chronic health conditions[xli].
- TGDNB people engage in support-seeking differently, and may be less likely to access support for acute mental health or physical healthcare needs than the general population but may be more likely to seek help from friends/informal supports and online communities[xix xx].
- TGDNB folk are less likely to have access to dedicated services or skilled and culturally safe[lv] professionals that understand and respond to their specific needs, and so are more likely to avoid services out of anticipation of negative or unhelpful support responses[ix xvii xxi]. This is further compounded for intersecting experiences such as finding culturally safe clinicians that also have knowledge of disability and NDIS systems, or screening and risk assessments for violence[xli]. Knowledge of skilled and culturally safe services is strongly informed by lived experience and

peer testimonials shared within community spaces[vi].

- TGDNB victim-survivors will not want to report to police or engage with the justice system as a result of their experiences (this is true for many victim-survivors but reporting rates are far lower amongst TGDNB populations)[xix vii].
- TGDNB people experiencing violence may make decisions about 'passing', 'back-passing' or 'stealth' to conceal or mask their Trans/Non-Binary experience, gender presentation or their gender identity for the sake of safety and access across many domains such as employment, housing and education[xxii xv]. Some people will seek to 'pass' as a cisgender man or woman, some may choose to access a service that only supports the gender they were assigned at birth, or choose not to disclose or speak up when others incorrectly or intentionally identify/misgender[xxiii] them as their gender assumed at birth. This is a uniquely individual form of risk assessment and safety management that may be either highly strategic or something they feel forced into as a result of social expectations. Services and supports that are not TGDNB-affirming may react with further misapprehension, judgement, disbelief or discrimination at the point of identity disclosure or disclosures of violence[xxiv].
- Some strategies of violence may be uniquely targeted to TGDNB people's experiences. These include threats to 'out' people, threats to damage or undermine a person's reputation or connection to local LGBTIQ+ communities, withholding access to gender affirming treatments and care, using dominant beliefs and stereotypes to scrutinise and diminish someone's identity as a 'real' woman, man or Non-Binary person, and using social stereotypes of people who use violence and people who experience violence to gaslight victim-survivors or obscure patterns of behaviour to those outside the relationship[x]. This risks people responding to violence being less likely or able to correctly identify 'the person most in need of protection'[xxv] in TGDNB relationships, particularly where there is resistive violence.
- Similarly to other relationships, a change in circumstances and significant life events for TGDNB people can result in increased coercive control and violence within a relationship. Specific points of increased risk of violence in TGDNB relationships involve early experimentation and exploration of gender presentation and identity; disclosure or 'coming out'; decisions to present consistently as affirmed gender in social spaces, decisions to access gender-affirming care (particularly involving bodily and appearance changes) and making administrative or legal changes to affirm gender[vii].
- TGDNB people experience high levels of targeted violence, discrimination and abuse in the wider community with elevated frequency and repetition in comparison to the general population[xxii]. This includes public spaces, workplaces, educational settings and other accommodation settings. In this context, DFSV, may be indistinguishable from a broader continuum of violence and may be harder to articulate as a separate concern and priority response for TGDNB individuals and communities[vii].
- The prevalence of cisgendered and heteronormative representations of DFSV and IPV may obscure recognition and identification of violence in TGDNB people's relationships, which may be obscured further by shame and stigma[viii].
- TGDNB people and those around them may not recognise instances and patterns of family violence within families of origin as DFSV, instead labeling it as prejudice or discrimination[xxvi].
- TGDNB people and those around them may be even less likely to recognise or identify DFSV within 'chosen family' structures, which is further unlikely to be affirmed as such by legal definitions[vi ix].
- TGDNB communities and identities experience differing rates and kinds of violence, although all at elevated rates to the general population. Trans people of colour are disproportionately targets of all kinds of violence[xv xxvii xxviii]. In recent national community surveys, Trans men and Non-Binary folk assumed female at birth in Australia have reported higher rates of IPV and DFSV than Trans women and Non-Binary people assumed male at birth[xxiii xxiv], and current models of violence against women seeking to be Trans-inclusive do not effectively account for this.

TGDNB people with histories of trauma, may experience greater barriers in processes and pathways of recognising and affirming their gender identity, particularly where experiences have occurred in childhood or adolescence[xxi]. TGDNB people may be more fearful, hesitant and mistrustful either in seeking support to recover from violence or to affirm their gender identity due to historical pathologising narratives[xxi] about Trans, Gender Diverse and Non-Binary identities and expressions being reducible to a mental illness or an otherwise disordered response to trauma, particularly sexual violence. Such undermining clinical attitudes is even more prevalent amongst TGDNB autistic/neurodiverse people[xxix xxx].

TGDNB folk occupy a much smaller proportion of the Australian population than cisgender women. Violence against cisgender women remains statistically critical as a total volume of DFSV, experiences[xiv]. However, violence against TGDNB people is statistically critical in terms of disproportionate risk and vulnerability. This creates vastly different circumstances at the level of systems and service responses, and the visibility and public recognition of issues[xxxi].

Perpetrators / People Using Violence

There remains little research and evidence base regarding perpetrators of IPV and DFV specifically against TGDNB people, or regarding TGDNB people who engage in IPV and DFV perpetration[vii i xxvii]. However, all LGBTIQ+ adults in Private Lives 3 reported cisgender men most highly as their IPV perpetrator at 57%, followed by cisgender women at 34%[xxvii].

It is realistic and likely that there are differences in patterns and use of violence by cisgender and/or heterosexual male perpetrators, cisgender and/or heterosexual female perpetrators and TGDNB perpetrators against TGDNB victim-survivors[ii]. However, regardless of social and structural differences, processes to hold perpetrators accountable for their use of violence and supporting them to commit to change remain vital[ii]. Exploring impacts of internalised stigma, minority stress historical trauma and lateral violence may be useful here, so long as this is not used to excuse or minimise a person's use of violence[xxvii xxxii]. Attitudes from services or descriptions from individuals that construct violence in TGDNB relationships as mutual, involving equal force, or claiming that accusations and descriptions of violence are a distorted perception or 'overreaction' resulting from broader experiences of victimisation and poor conflict resolution skills need to be challenged in order to avoid misidentification[xii xxi]. In such circumstances, it is necessary to carefully assess 'the person most in need of protection'[xxiii xxx] in order understand how violence is occurring within a particular TGDNB relationship, understanding that TGDNB people are less likely to engage with police, courts or legal processes in response to their violence.

WHAT DO THE STATISTICS SAY?

Drawn from ATGD Sexual Health Survey (2018) Private Lives 3 (2020), Writing Themselves In 4 (2021), LGBTIQ+ Health Australia Mental Health Snapshot (2021)

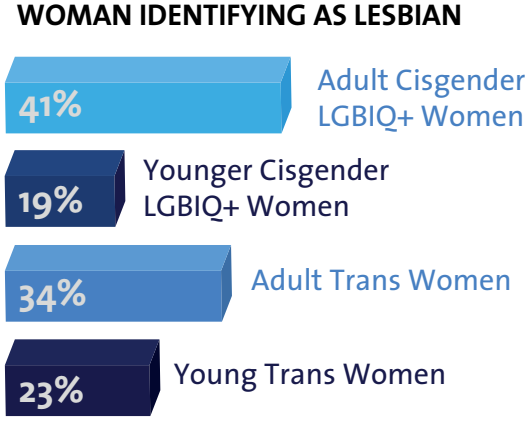
About Sexuality:

- Trans men and Non-Binary people identify as multi-gender attracted at higher rates than Trans women, however all TGDNB folk and cisgender women identify as multi-gender attracted at much higher rates than cisgender men[xlii xliii].

- TGDNB folk identify their sexuality as 'something else' in greater numbers than cisgender LGBIQ+ folks, indicating a greater likelihood of identifying as straight/heterosexual[i ii].

- TGDNB folk identify with 'other' sexuality in greater numbers than cisgender LGBIQ+ folks, indicating greater likelihood of identifying as straight/heterosexual than cisgender LGBIQ+ people as a whole.

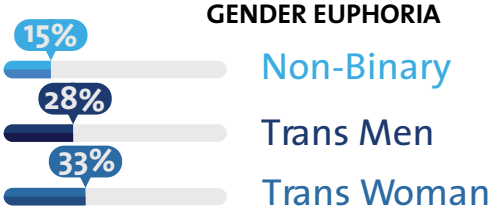
- 41% of adult cisgender LGBIQ+ women[i] and 19% of younger cisgender LGBIQ+ women, 34% of adult Trans women[i] and 23% of younger Trans women[ii] identify as Lesbian[ii].



About gender affirmation:

- Non-Binary adults report lower affirmation by their sexual and romantic partners (63%) and local community (30%) than Trans men (68% and 40%) and Trans women (71% and 43%)[i].

- Non-Binary adults report lower experiences of current gender euphoria (15%) than Trans men (28%) and Trans women (33%), though overall this indicates that most TGDNB people do not currently experience gender euphoria[i].



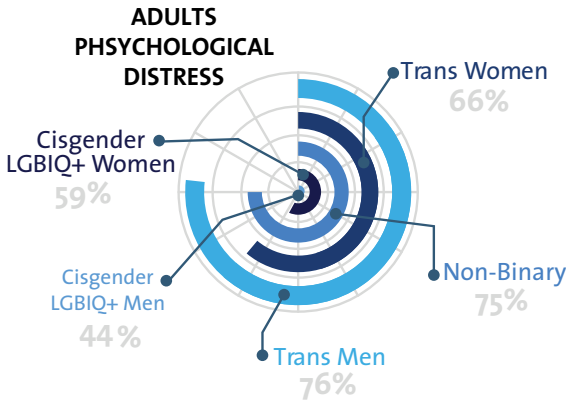
- Non-Binary adults assumed female at birth report significantly lower rates of feeling accepted accessing health and support services (18%) than Non-Binary adults assumed male at birth (35%)[i].

- 50% of adult women, 49% of Trans men, 42.6% of Non-Binary people assumed female at birth and 48% of Non-Binary people assumed male at birth reported feeling mostly accepted at work[i].

- 38% of adult Trans women, 42% of Trans men, 36% of Non-Binary people assumed female at birth and 47% of Non-Binary people assumed male at birth reported feeling mostly accepted at an education institution[i].

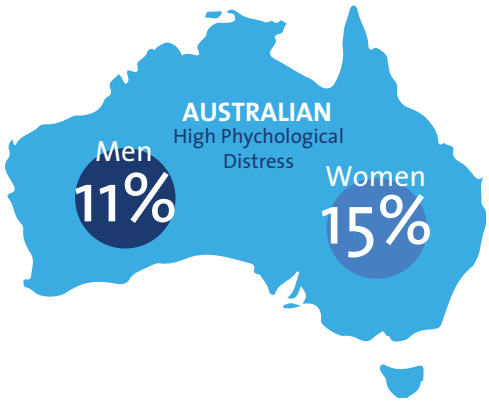
About psychological distress:

66% of adult Trans women, 76% of Trans men and 75% of Non-Binary folk, 59% of cisgender LGBIQ+ women and 44% of cisgender LGBIQ+ men report high to very high levels of psychological distress[i].



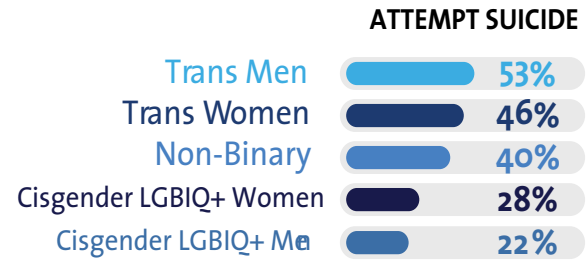
88% of younger Trans women and 90% of younger Trans men & Non-Binary people 82% of younger cisgender LGBIQ+ women and 67% of younger cisgender LGBIQ+ men report high to very high levels of psychological distress[i].

These rates compare to 15% of adult women and 11% of adult men in the Australian general reporting high or very high psychological distress in 2017-18[xliv].



About suicidality:

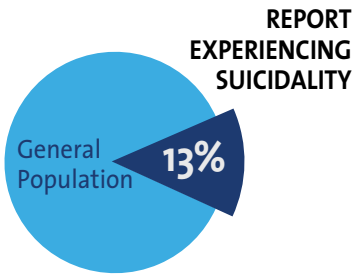
For adults, 40% of Non-Binary folk, 46% of Trans women and 53% of Trans men, 28% of LGBIQ+ cisgender women and 22% of LGBIQ+ cisgender men report ever attempting suicide[j].



For young people, 35% of Non-Binary folks, 40% of Trans women and 47% of Trans men, 23% of cisgender LGBIQ+ women and 17% of LGBIQ+ cisgender men report ever attempting suicide[ii].

TGDNB people aged 15-25 are fifteen times more likely to attempt suicide than the general population[xlv].

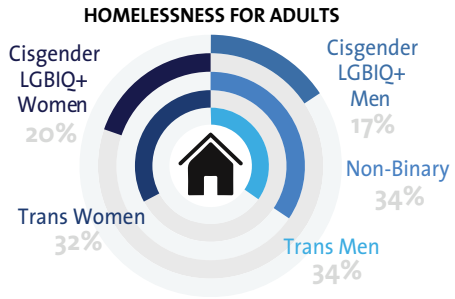
By comparison 13% of the general population report experiencing suicidality in their lifetime[xlvi].



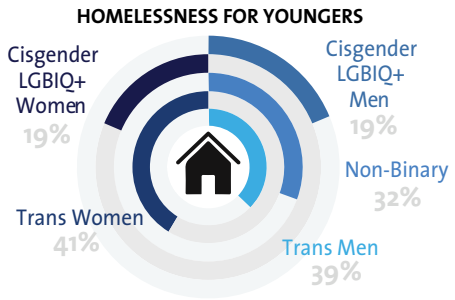
WHAT DO THE STATISTICS SAY?

About homelessness:

For adults, 32% of Trans women, 34% of Trans men and 34% of Non-Binary people, 20% of cisgender LGBIQ+ women and 17% of LGBIQ+ cisgender men have ever experienced homelessness[i].

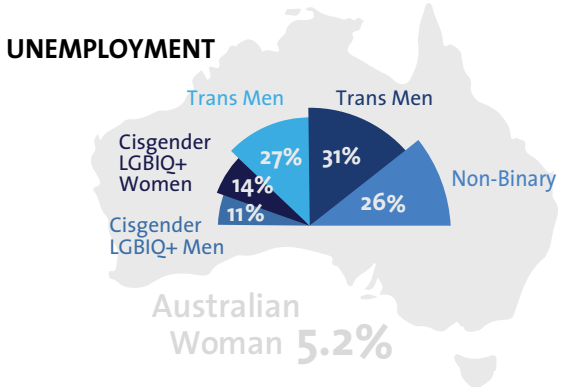


For younger people this increases to 41% of Trans women, 39% for Trans men, 32% of Non-Binary people, 19% of cisgender LGBIQ+ women and 19% of cisgender LGBIQ+ men people, and 19% of cisgender LGBIQ+ women[ii].



About employment and income:

31% of adult Trans women, 27% of Trans men, 26% of Non-Binary people, 14% of cisgender LGBIQ+ women and 11% of cisgender LGBIQ+ men reported being unemployed[i] compared to 5.2% of the general population of Australian women[xlvii].

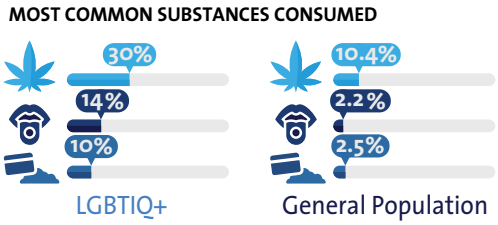


42% of adult Trans women, 47% of Trans men, 46% of Non-Binary people, 33% of cisgender LGBIQ+ women and 20% of cisgender LGBIQ+ men reported a personal income of less than $400 per week[i]. The closest comparable measurement indicates that 14.1% of the general population of Australian women live in a household below the poverty line[xlviii].

About substance use:

25% of LGBTIQ+ adults report drinking more than two standard drinks a day on average, compared to 16% of the general population of adults[i].

Amongst LGBTIQ+ adults, the most common substances used for non-medical purposes include cannabis (30%), ecstasy/MDMA (14%) and cocaine (10%), all higher than the use of cannabis (10.4%), ecstasy/MDMA (2.2%) and cocaine (2.5%) in the general population[i].

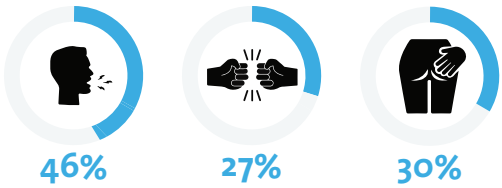


Trans women (20%), Non-Binary people (18%) and Trans men (17%) are all more likely to have struggled to manage their drug use than LGBIQ+ cisgender women (13%) and men (12%)[i].

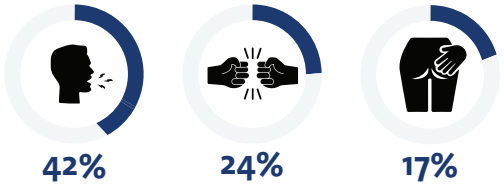
About adults ever experiencing intimate partner violence:

41.7% of all LGBTIQ+ adults have experienced one or more instances of intimate partner violence[i].

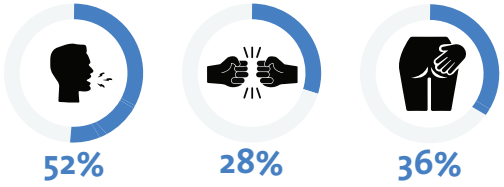
Trans men responded: 46% verbal, 27% physical, 30% sexual[i].



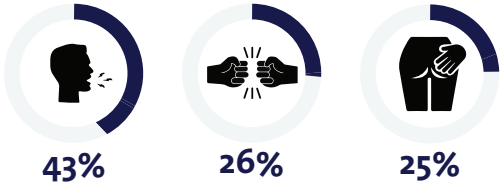
Trans women responded: 42% verbal, 24% physical, 17% sexual[i].



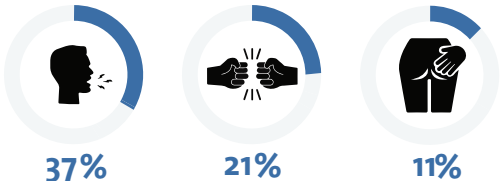
Non-Binary people responded: 52% verbal, 28% physical, 36% sexual[i].



Cisgender LGBIQ+ women responded: 43% verbal, 26% physical, 25% sexual[i].



Cisgender LGBIQ+ men responded:37% verbal, 21% physical, 11% sexual



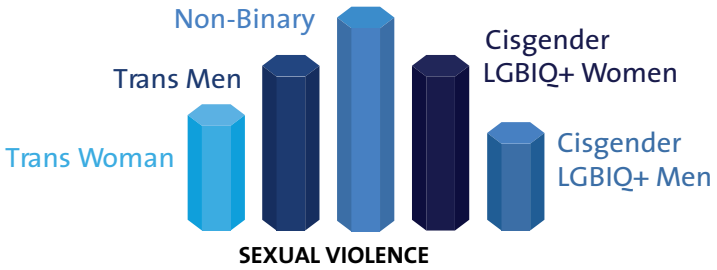
Note: Statistics for the general population of Australian women for DFV & IPV indicate 23% of women have experienced emotional abuse, 31% have experience physical abuse and 18.4% have experienced sexual violence[xliv].

WHAT DO THE STATISTICS SAY?

About adults ever experiencing sexual assault:

48.6% of LGBTIQ+ adults indicated ever experiencing sexual assault.

55% of Trans men, 42% of Trans women, 64% of Non-Binary people, 54% of LGBIQ+ cisgender women and 35% of cisgender LGBIQ+ men reported ever experiencing sexual assault[i].



66% of Queer, 62% of Pansexual, 57% of Bisexual, 46% of Lesbian, 34% of Gay and 46% of people defining their sexuality as 'something else' reported ever experiencing sexual assault[i].

In 2018's Australian Trans and Gender Diverse Sexual Health Survey: 53% of TGDNB respondents overall reported ever experiencing sexual violence or coercion , compared to 18.4% of the general population of Australian women[xi].

70% of those experiencing sexual violence or coercion experienced multiple instances, compared to 45% of the general population[xii].

Overall, people assumed female at birth (66% of Non-Binary people and 54% of Trans men) reported more common experiences of sexual violence & coercion compared to people assumed male at birth (44% of Non-Binary people and 35% of Trans women)[xii].

About adults ever experiencing family violence:

38.5% of LGBTIQ+ adults indicated ever experiencing family violence[i].

Trans men responded: 50% verbal, 31% physical, 15% sexual[i].

Trans women responded: 42% verbal, 20% physical, 7% sexual[i].

Non-Binary people responded: 58.1% verbal, 39% physical, 15% sexual[i].

Cisgender LGBIQ+ women responded 42% verbal, 25% physical and 11% sexual[i].

Cisgender LGBIQ+ men responded 31% verbal, 16% physical, 5% sexual.

About LGBTIQ+ adults and professional help-seeking for IPV or DFSV:

- 72% of LGBTIQ+ people did not report to any professional service[i].

- 19% reported to a mental health professional, of whom 89% felt supported[i].

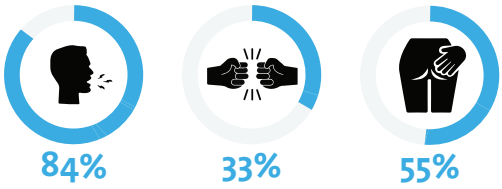
- 6% reported to police, of whom 45% felt supported[i].

- 2% told a DFSV service, of whom 65% felt supported[i].

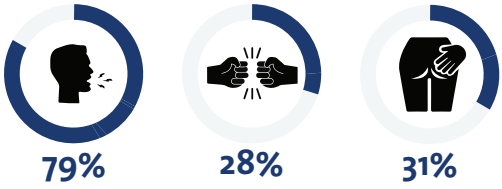
WHAT DO THE STATISTICS SAY?

About young people ever experiencing gender or sexuality-based harassment:

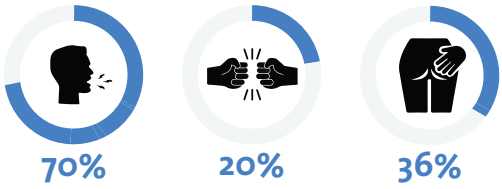
Trans women responded: 84% verbal, 33% physical, 55% sexual[ii].



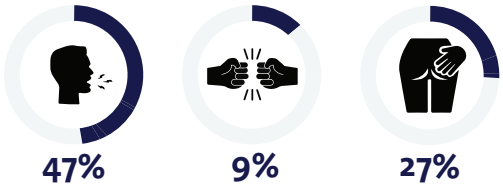
Trans men responded: 79% verbal, 28% physical, 31% sexual[ii].



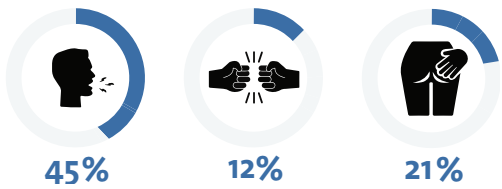
Non-Binary people responded: 70% verbal, 20% physical, 36% sexual[ii].



Cisgender LGBIQ+ women responded: 47% verbal, 9% physical, 27% sexual[ii].



Cisgender LGBIQ+ men responded: 45% verbal, 12% physical and 21% sexual[ii].



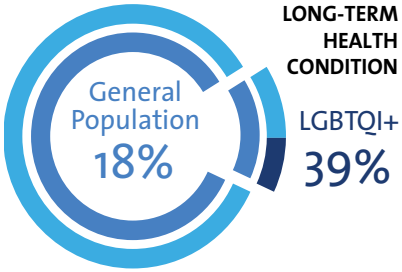
About young people accessing support for harassment and assault in the past 12 months:

Trans and Non-Binary young people predominantly received support from LGBTIQ+ friends in real life or online, or non-LGBTIQ+ friends. However, around 30—35% accessed no support from anyone[ii].

30% - 35%
TGNBD WITH NO SUPPORT FROM ANYONE

About LGBTIQ+ people with disability:

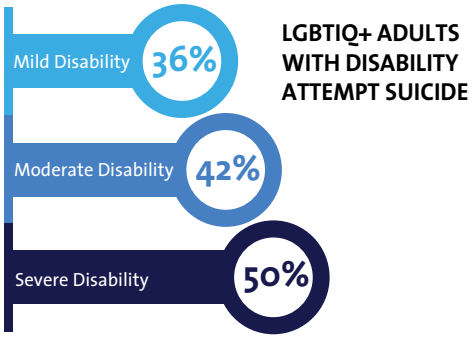
Around 39% of LGBTIQ+ young people[ii] and adults[i] identify having a disability or long-term health condition. By contrast, the ABS indicates a rate of 18% in the Australian general population[ii].



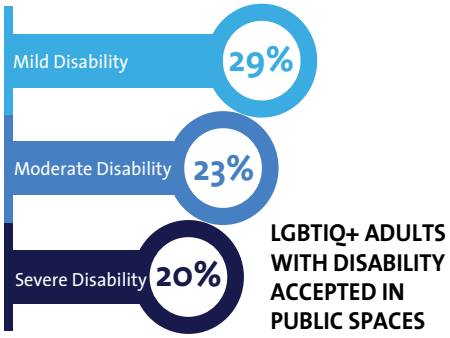
For adults, ever initiating a suicide attempt in a lifetime was reported much more highly for LGBTIQ+ people with moderate (42%) and severe (50%) disability than those without disability (21%)[iii].

About LGBTIQ+ adults with disability:

50% of people with a severe disability or long-term health condition had ever attempted suicide, followed by 42% for people with a moderate and 36% of people with a mild disability/long-term health condition[i].



Only 20% of people with a severe disability or long-term health condition reported feeling consistently accepted in public spaces, followed by 23% of people with moderate and 29% of people with mild disability/long-term health conditions. For people with severe disability or long-term health issue, this dropped to 10% for engagement with religious or faith-based services and events[i].

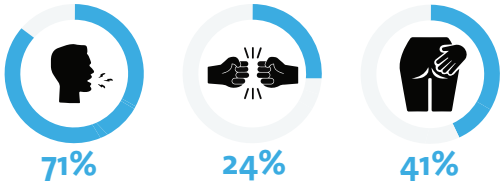


Note: statistical differences in Non-Binary wellbeing outcomes according to assumed sex at birth may allow for a deeper understanding of how binary gendered systems, structures and rigid social expectations impose upon and create harm differently for Non-Binary people through the effects of heteronormativity and cisnormativity. Such statistical differences do not reflect the lived gender identities of Non-Binary people, and should not be interpreted in this way.

About LGBTIQ+ adults with disability:

88% of young people reporting any disability had ever attempted suicide[ii]. This was highest for people with intellectual disability, 91% of whom had ever attempted suicide[ii].

People reporting any disability or long-term health condition reported greater levels of ever experiencing verbal (71%), physical (24%) and sexual (41%) harassment or assault than was the case for those without disability or a long-term health condition[ii].



Only 21% of participants with disability or long-term health condition felt that their LGBTIQA+ identity was supported by the NDIS/disability support providers[ii].

Only 21% of participants with disability or a long-term health condition felt that LGBTIQA+ services or support groups in their area are acesssible[ii].

Only 27% of participants with disability or a long-term health condition felt that the voices of LGBTIQ+ people with disability were heard and understood[ii].

35% of LGBTIQ+ young people with a disability reported ever experiencing homelessness in the last 12 months – this was highest for LGBTIQ+ people with intellectual disability (43% had ever experienced homelessness)[ii].

WHAT CAN VIOLENCE PREVENTION WORKERS DO?

EDUCATE

As a professional in a violence prevention organisation, you are unlikely to be the first or even second point of call for a TGDNB person experiencing violence. They are more likely to have disclosed to a friend/informal support, a mental health professional or GP, or even a police officer – none of whom may have accurately identified their experience as DFSV or IPV, and instead may have responded in a dismissive or harmful way or had no knowledge of appropriate referral pathways. Violence prevention professionals may have a crucial role in educating TGDNB people, communities and other professionals in identifying particular behaviours and patterns as violence, assessing risk and supporting safety plans. and supporting people to stop using violence and develop respectful relationships

REFLECT

As a priority, professionals should engage in critically reflective processes to evaluate their own attitudes, ideas, beliefs and behaviours to consider ways that they may participate in dominant cisgendered heteronormative cultures, and how this may create potential for harm for TGDNB people accessing your service. This is similar to frameworks of cultural safety in working alongside First Nations folk, and may be appropriate to bring to individual supervision sessions.

ADVOCATE

- Affirming practice may require active and intensive advocacy on your behalf within your organisation or to external services to ensure a person's right to access, inclusion and respectful treatment. Supporting warm referrals processes to ensure that TGDNB people can safely access important services and that those services understand a person's needs may be critical given the likelihood that a person may not follow a referral on their own out of fear of negative treatment.

ENGAGE

- Consider ways that you can engage in affirming practice, keeping in mind the likelihood that TGDNB people will have experienced negative and potentially discriminatory and stigmatising experiences from professionals and services in the past. This might involve actively establishing a space and relationship where TGDNB people's decisions are respected, valued and welcomed, and is supported by principals of unconditional positive regard and self-determination.
- Consider that you may need to engage in a more proactive case management approach for TGDNB clients than cisgender clients, as there are likely to be less services available that they feel safe and comfortable accessing. Appropriate housing, income, access to affirming medical or therapeutic care or availability of informal supports may all be complex factors impacting a person's decision making and options available to them.

ASSESS

- A predominant risk factor for TGDNB folks is suicidality, and it may be important to evaluate their mental health and engage in safety planning, particularly during or after instances of violence – this should form part of your risk assessment processes.
- Actively develop knowledge on particular kinds of risks and violence faced by LGBTIQ+ community. The Power and Control, and Equity and Accountability Wheels created by Thorne Harbour Health with permission from the Duluth Centre are examples of this in the context of Gay men's relationships[liii liv].
- Remain aware of the possibility that primary aggressors and people most in need of protection[lv] may be misidentified, particularly in first-responder DV scenarios, as a result of broader misconceptions and stereotypes about violence within TGDNB and LGBTIQ+ relationships.

PRACTICE

- Create habits of sharing your pronouns and inviting people to share theirs when introducing yourself or meeting people for the first time or in group settings. When someone isn't present and you hear them being misgendered in conversation, it may be helpful to speak up and remind people of the person's correct pronouns – however, check that the person is out in that setting first. If you are with someone and this is happening, check with them whether the most supportive thing for you to do is to support them to speak up for themselves, speak up on their behalf or check-in afterwards if saying something in the moment isn't safe. If you accidentally misgender somebody, politely correct yourself and move on.
- Rather than holding fixed ideas about particular gendered narratives or experiences related to specific TGDNB identities, find opportunities to respectfully and appreciatively explore what a person's gender identity and gender expression means to them in order to develop an affirming practice. This ultimately helps to dismantle broader stereotypes and rigid gendered norms.

WHAT CAN VIOLENCE PREVENTION ORGANISATIONS DO?

Create safer spaces (virtually and physically):

■ Create welcoming and inclusive offices, reception areas and group spaces, including Transgender and Non-Binary pride flags alongside rainbow flags, alongside posters or statements of support. Similar efforts can be made on organisational websites, email signatures and handouts & fliers.

■ Provide opportunities and support for LGBTIQ+ and TGDNB identified workers within your organisation, and consider the creation of identified roles for workers.

■ When designing groups and programs, actively consider whether these will be actively inclusive, affirming and appropriately safe for TGDNB people to participate in, and whether further consultation is required. Deciding to advertise and run a gender-inclusive group involves some responsibility that facilitators have a levelof competency in culturally safe and affirming practice and will have considered in advance how appropriate content, delivery, group dynamics, conflict or lateral violence and further referrals will be handled. In lieu of an equivalent current body in Queensland, Rainbow Health Australia's Queer Family Violence Sector Network may be an appropriate source for further information on best-practice in group program delivery.

■ National reports and resources such as Pride in Preventioni and Opening Doors[x lvi] articulate that progressive expansion of services to LGBTIQ+ communities should incorporate strategic plans to respond to pushback or resistance from violence prevention community pockets strongly in defense of historic feminist activism that has traditionally been exclusive to cisgendered, heterosexual women. These guides express that leadership and direction must come from government and the public sector in order to provide for positive sector outcomes and the retaining of critical knowledge about the gendered nature of violence.

■ This leaves the sector vulnerable to manipulation or exploitation of anti-LGBTIQ+, and specifically anti-Trans, Gender Diverse and Non-Binary interest groups, and the incitement of highly distressing rhetoric and public action such as that seen across the nation in 2023 with the speaking tour of Kellie-Jay Keen-Minshull / Posie Parker[lvii] and intrusion from other local hate-groups. It is crucial to note that the driving energy behind much of this activism relates to the preservation of women's spaces, which is in strong opposition to the enfranchisement of Trans communities within DFSV policy such as that of the National Plan. Anti-Trans pushback is likely to grow in response to policy efforts to address DFSV and gender inequality amongst LGBTIQ+, Sistergirl and Brotherboy communities, particularly Trans, Gender Diverse and Non-Binary communities, without further commitments beyond foundational work to build awareness of such violence.

Workforce Engagement:

- Nominate working groups to support the workplace to be involved in celebrating or commemorating important days of recognition such as Trans Day of Visibility, International Non-Binary Day, Trans Awareness Week, Trans Day of Remembrance, and attending local events such as Trans Fair Day and Brisbane Pride March and Fair Day to build connection with community.

Training:

- Commit to workplace training (including bystander intervention training) to support accurate knowledge and cultural safety for TGDNB identities and experiences, encourage further discussions or case-examples in team meetings.

- Create and hold relationships with mental health support services that support TGDNB clients, and seek to ensure that practitioners are familiar with DFSV/IPV identification and response frameworks. It may be appropriate to offer reciprocal training arrangements or other incentives to maintain close relationships with mental health and violence prevention services as a more holistic response for TGDNB people.

- If your service provides women's wellbeing and counselling services, this may be an appropriate 'soft entry' point given that TGDNB folks are more likely to access a mental health support than a violence prevention specialist. Counsellors should therefore receive further training in supporting TGDNB clients, and care should be taken to advertise services as inclusive and accessible for TGDNB people.

- Ensure that workers with supervisory responsibilities are appropriately trained to be confident and capable of providing appropriate supervision regarding gender diversity, or that external supervision to an appropriately skilled supervisor can be arranged.

Partnerships:

- Create and hold relationship with TGDNB or LGBTIQ+ community organisations or groups in their local area. This might involve inviting representatives to a team meeting or events, seeking input or sharing minutes from strategic planning days, exchanging agency visits, reciprocal training arrangements, or inviting participation and ongoing connection to local or regional violence prevention network and alliance meetings. Actively encourage and support improved referral pathways through these groups and organisations, including warm referral processes to overcome the barriers faced by community members.

- Find opportunities to hold stalls or establish

positive visibility and supportive presence at relevant community events, in consultation with TGDNB groups and organisations. In these circumstances, organisational material should be checked for appropriateness and, if need be, edited or updated.

- Seek opportunity for collaboration with TGDNB/LGBTIQ+ community organisations on grant projects and targeted programs for violence prevention. For TGDNB community, this might involve bystander intervention training, victim-survivor support groups, DFV awareness, healthy relationships and behaviour change groups etc.

- Engage in strategic advocacy encouraging local, state and federal government representatives to engage and consult with TGDNB/LGBTIQ+ organisations in violence prevention policy and action plan development.

Workforce development and Continuous Quality Improvement:

- Work towards implementing workplace diversity and inclusion policies with clear action plans to support both staff and people receiving support. Identify achievable measures to update organisational practice in line with Rainbow Tick accreditation standards, and in particular evaluate referral and intake processes for adequate inclusivity, safety and confidentiality for TGDNB people.

- Organisations should consider evaluating their frameworks and service accessibility to account for the significant violence faced by Trans men, Trans-masc and Non-Binary masculine folks. Currently, many violence prevention services may only intend to include Trans women, or Trans women and Non-

Binary people, which does not sufficiently account for violence faced by TGDNB communities.

- Standardised and important language of Violence against Women and Children is not uniformly understood across governments, the sector and the community in the extent to which it incorporates LGBTIQ+, Sistergirl and Brotherboy communities, particularly those who do not identify as women. This often leads to inconsistencies across service provision and eligibility, organisational interpretation of funding requirements and perceptions of inclusivity. Such disparity continues despite explicit acknowledgement and references to LGBTI and Trans, Gender Diverse and Non-Binary communities as priority cohorts across multiple strategies, action plans and other documents related to DFSV and gender inequality (outlined below).

- Where some Queensland organisations are expanding their service eligibility and activity to be more inclusive, this happens individually and without clear guidance from government or consultation from key community cohorts and stakeholders. For example, this can look like services extending to LGBTIQ+ women, or Women and Non-Binary People, without appropriate consultation from community about these decisions or regard for the appropriateness of those who remain excluded from these amendments.
Anecdotal reports from the sector suggest that a necessary expansion of service provision to men, whether victim-survivor oriented or perpetrator intervention programs, can be perceived and opposed as a threat to the government's provision of resources required for supporting women. This inevitably results in a binary opposition of gendered services competing over scarce and inadequate resources, leaving marginalised genders, sexualities and bodies in more precarious positions in terms of service access and focus.

USEFUL CONCEPTS

Minority Stress & Internalised stigma:

Across many marginalised communities, 'minority stress' is a chronic stress outcome of regular and sustained experiences such as microaggressions, discrimination, routine barriers to access, visibility and community inclusion, persistent negative community attitudes and representations in media & social media, previous victimisation and broader social stigma that fills someone's day to day environment[xxi]. Arising from a "conflict between one's internal self and the expectations of one's social, cultural and political environments"[xvii], minority stress can lead to internalised stigma, in which dominant negative attitudes become adopted by a marginalised person, leading to persistently lowered self-esteem and social connection, both of which are crucial for social wellbeing. Internalised stigma has been associated with increased rumination, hypervigilance and expectations of negative intent from others in a research study of Trans people in the workplace, although this research stresses that 'paranoid cognition' within marginalising environments should be understood as "functional responses to highly uncertain social environments where failures at threat detection may be highly costly"[xxxiii]. Importantly, minority stress and internalised stigma may be a factor in DFSV and IPV for TGDNB people in relationships, either as a factor creating greater vulnerability or normalisation of exposure to violence, or contributing to a perpetrator's use of violence in a relationship[xxviii].

Chosen Family:

The idea and language of chosen family has been a popular term for decades to describe the intentional networks and relationships of care, support and connection that LGBTIQ+ people choose, often with connotations of rejection and estrangement from a person's family of origin[xxxiv xxxv]. Chosen family may be a vital social support for TGDNB communities, although the term is often casual and imprecise[xli], and in a support context should be clarified with the person using it[xxxvi]. Chosen family will involve differing levels of formality and obligation (such as with ballroom houses with mothers and fathers)[xxxvii] or more casual associations and friendships – there is generally very little legal recognition of chosen family systems. Of the limited research literature regarding chosen families, it is worth noting that LGBTIQ+ people with access to a blend of chosen and family of origin support are likely to experience greater wellbeing. TGDNB people reliant on chosen family as a result of family of origin estrangement may in fact experience very little 'choice' about their opportunities for support and relationship, and may therefore face greater vulnerability to violence and coercive control within the chosen families on which they rely[xxxviii]. Regardless, for TGDNB people experiencing DFSV or IPV, chosen family experiences are crucial to understand and explore. TGDNB people are more likely to disclose or seek support from friends/informal supports/chosen family than from professional services[xix ix], although the people they disclose to may have little understanding, capacity or skill in responding to DFSV or IPV[vi]. Importantly, despite often providing and having cultural ideas about providing positive support, chosen families may be a source of violence and control for a TGDNB personvi. In turn, violence happening within chosen families may be less likely to be detected or validated by external sources, or understood as violence by the person experiencing it[vii].

Family of Origin:

This term refers to the families that we are all born into, involving biological and legal ties around which much of our social life is structured. LGBTIQ+ people are incredibly diverse and will have diverse

experiences and connection to their family of origin[xlii], and so assumptions about families of origin as either supportive or unsupportive when supporting individuals are unhelpful. Data from Private Lives 3[xxix] and Writing Themselves In 4[xxx] broadly indicate that TGDNB people report lower feelings of acceptance, support and connection with family of origin compared to cisgender LGBIQ folks, reflecting a broader 'gap' in social attitudes and outcomes for TGDNB people. Evidence consistently indicates that TGDNB people experience similar wellbeing outcomes to their peers when connected to loving, supportive and affirming families of origin[xxiv], and that families (and family members) of origin can grow to become supportive when initially they are not[xxxix]. However, it is also important to note that families of origin can be sources of DFSV for TGDNB folk, and this impact should not be minimized as 'unsupportive' or misunderstanding, and assessments should keep this in mind.

LGBTIQ+ Cultural Safety:

Culturally safe practice is currently a core component of the Rainbow Tick framework for accreditation[xl]:
"The concept of 'cultural safety' was originally developed to apply to health service delivery for Maori communities, with the hope it would be further developed to benefit other marginalised populations as part of a shared responsibility to create a more equal society. This concept and term have been adopted for use by First Nations peoples, including by Aboriginal and Torres Strait Islander communities. Over time, the concept has been expanded to apply to inclusive and affirmative health and community service delivery for other groups, including LGBTIQ communities" (Jones et al., 2020, pp. 6-7).
"We refer to culture as patterns, behaviours, ideas and values that are the products of experiences transmitted from past or current generations or from individuals themselves. Understanding culture is a useful prelude to understanding how... LGBTI people's historical and contemporary experiences influence their behaviours, ideas and values. Conceptualising LGBTI identities as culture challenges the assumption that sexual orientation is just about who you have sex with, and gender identity is just about what you wear... On the contrary, sexuality and gender permeate almost every aspect of our lives, and this continues across the life span... Cultural safety builds on cultural awareness and cultural sensitivity. Cultural awareness involves education to ensure an understanding of the histories that impact health, well-being and care needs. Cultural sensitivity then expands awareness education to an understanding of power imbalances, particularly between service providers and consumers. The concept of cultural safety then builds on awareness and sensitivity and is characterised by individual staff reflecting on their own values and beliefs and the services they provide"[xli]. (Crameri et al., 2015, p. 21).

Gender Affirmation:

Gender affirmation broadly refers to actions, practices and steps involved in TGDNB being recognised, valued and respected in their identities and presentation[xxii]. Individuals may take different approaches or have different goals in regards to their own gender affirmation across social, legal and medical domains, and it is important to recognize that gender affirmation is not a set of pre-determined tasks towards an end goal that individual TGDNB people need to achieve. At the same time, gender affirmation should not only be seen as an individual process, and which relies on services, organisations and social spaces proactively taking steps to be actively welcoming, supportive and respectful of TGDNB people whether they are visibly out and currently accessing a space or not[xxviii].

NATIONAL SECTOR POLICY CONTEXT

National Plan to End Violence against Women and Children 2022-2032[lix]

- Within the National Plan, recognition of the disproportionate violence faced by LGBTIQA+ community is recognised to the extent that the experiences and needs of LGBTIQA+ people of all genders are included within the plan (pg. 35).

- The National Plan also recognises a critical lack of data for LGBTIQ+ community, and confirms the need to embed use of the 2020 ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (The 2020 Standard) where appropriate to gather more accurate data on LGBTIQA+ service needs, access and outcomes (pg. 43).

- The National Plan also recognises that the provision of safe, inclusive and affirming services to LGBTIQA+ community requires increased investment in sexual, domestic and family violence services and programs led by LGBTIQA+ specialist services, as well as building the capacity of the broader service system to respond to the needs of LGBTIQA+ people (pg. 46). Such statements demonstrate key acknowledgement that community driven responses are central to improving outcomes for all marginalised genders, and requires the investment and support of specialist and community controlled organisations (pg. 56).

- The National Plan further acknowledges that work to address violence against LGBTIQA+ people should be led by organisations and individuals within those communities, based on their own frameworks and priorities (pg. 67).

QUEENSLAND SECTOR POLICY HISTORY (2015–2023):

DFV:

- In 2015, The Special Taskforce on Domestic and Family Violence in Queensland delivered the landmark Not Now, Not Ever report, making explicit recommendation regarding LGBTI community through recommendation 14: "The Taskforce recommends that the Queensland Government includes LGBTI specific elements in the communication strategy (Recommendation 18) to raise awareness of domestic and family violence in the LGBTI community, remove the stigmas around reporting and seeking help, and provide LGBTI victims with advice on where to go for support"[lxi] (pg. 141)
- The resulting Queensland Domestic and Family Violence Prevention Strategy 2016-26[lxii] acknowledges some of the particular risks and barriers faced by LGBTI community, conceding that "unfortunately people identifying as LGBTI may also be deterred from seeking help due to past experience of discrimination or other unhelpful service responses" (pg. 2).
- The adjacent Queensland Domestic and Family Violence Engagement and Communication Strategy 2016-2026[lxiii] committed to a community awareness campaign to deliver a meaningful audience-led solution (pg. 5).
- In 2018[lxiv], the Honourable Di Farmer, Minister for Child Safety, Youth and Women, and Minister for the Prevention of Domestic and Family Violence announced the delivery of a targeted awareness campaign, in fulfillment of Recommendation 14 from Not Now, Not Ever. Minister Farmer also committed upwards of $155, 000 to train frontline Domestic Violence Workers, in association with the Queer Without Fear – Domestic and Family Violence in the LGBTIQ+ Community Project[lxv].
- A signature action from the Third Action Plan[lxvi] (2019-20 to 2022-23) of the QLD Domestic and Family Violence Prevention Strategy committed to "establish a new workforce capacity and

capability service to support the domestic and family violence workforce across Queensland" (pg. 10). As a result, in 2019, WorkUp Queensland was created in partnership between ANROWS and The Healing Foundation, with funding to offer workforce support for the state's 188 specialist sexual violence, women's health, and domestic and family violence services. Currently, LGBTIQ+ community organisations and programs are not active beneficiaries of this Action Plan initiative as they are not funded to provide these services, and as such do not qualify as constituents of the state's specialist DFSV & Women's Health sector.

- The Third Action Planv also committed to "continue to deliver LGBTIQ+ targeted initiatives, including communication and engagement campaigns focused on raising awareness, removing stigmas around reporting and seeking help, and promoting help and support services" (pg. 11).
- The Fourth Action Plan[lxvii] (2022-23 to 2025-26) makes similar commitments to "continue to priortise integrated, holistic, specific and effective responses for all Queenslanders including First Nations peoples, people from culturally and linguistically diverse backgrounds, people with disability, older people, children and young people, people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning and Asexual (LGBTIQA+)" (pg. 4).
    - At the same time, "The Queensland Government acknowledges that data sources, including the 2021 Census data, does not adequately capture the LGBTIQA+ community. The Queensland Government acknowledges this community faces higher risks of being subjected to this violence and/or can face greater challenges in accessing support services to help them escape, or recover from, violence" (pg. 4).
    - The Action Plan provides an implementation principle that "commits to ensuring prevention responses are co-designed, accessible and inclusive of First Nations peoples, people from culturally and linguistically diverse backgrounds, people with disability, LGBTIQA+ communities, children and young people, older people and people living in rural, regional and remote communities" (pg. 16).
- Queensland Domestic and Family Violence Services: Practice Principles, Standards and Guidance[lxviii] (2020) provides explicit practice standards and guidance for supporting LGBTIQ+ people:
    - Standard 2.1.1: "Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex or Queer (LGBTIQ+)" (pg. 15).
    - Standard 2.1 Practice Guidance:
        - Staff can demonstrate an understanding of how domestic and family violence is experienced by various high risk cohorts including Aboriginal and Torres Strait Islander women, women with disabilities, older women, women from culturally and linguistically diverse (CALD) backgrounds and people in the LGBTIQ+ community" (pg. 15).
        - "Staff recognise that family violence in Aboriginal and Torres Strait Islander, CALD groups and the LGBTIQ community may extend beyond the traditional definition of family to extended families, kinship networks and communities" (pg. 15).
    - Standard 6.1 Practice Guidance:
        - "For staff working with victims who identify as LGBTIQ+ staff must consider the unique psychological, social and physical needs of the person in feeling safe and welcomed (e.g. using gender neutral communication materials to inform them about available services)" (pg. 26).
        - "For staff working with perpetrators, where a perpetrator identifies as Gay, Bisexual, Transgender, Gender Diverse, Intersex, or Queer, staff must consider the safety of that person in

any group setting. If the perpetrator would prefer to attend a specialist program for Gay, Bisexual, Transgender, Gender Diverse, Intersex, or Queer men, staff make appropriate warm referrals (where possible)" (pg. 26).

The 2022 Domestic and Family Violence Common Risk and Safety Framework[lxix] recognises specific risk assessment indicators for LGBTIQ+ people experiencing violence for the first time. These include experiences of having their identity undermined or refused either in public or with other family members, or experience of being outed or threatened to be outed (pg. 28).

Sexual Violence:

- In conjunction with Domestic and Family Violence policy, Prevent, Support, Believe: Queensland's Framework to address Sexual Violence (2019) further acknowledged LGBTIQ+ community disproportionately represented or at higher risk of experiencing sexual violence[lxx] (pg. 8), explicitly including LGBTIQ+ people within the frameworks priorities of Prevention, Support and healing, and Accountability and Justice.
- The Sexual Violence Prevention: Consultation Summary document of 2018[lxxi] identified that "In particular, we heard calls for the establishment of specialist services for men and LGBTIQ+ people" (pg. 7).
- The now outdated Queensland's Framework to address sexual violence: Action Plan 2021-22[lxxii] acknowledges that the increased severity and complexity of gendered violence "are exacerbated for higher risk population groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, LGBTIQ+ people, people with disability, sex workers, and people in the custodial system" (pg. 4). The Action Plan again proposes to include all Queenslanders, and specifically LGBTIQ+ people, in the Framework's priorities.

Women's Strategy and Women's Health Strategies:

- The 2022, Queensland Women's Strategy 2022-27[lxxiii] is a key pillar in the policy effort to achieve a gender-equal Queensland . In principle, it explicitly incorporates "all people who identify as women, including those who are Transgender, as well as people who are Non-Binary or Gender Diverse".
- The primary commitment made to LGBTIQ+ communities within the strategy involves "Re-establishing a high level mechanism to hear directly from the representatives of LGBTIQ+ communities and provide an avenue for input into government policy and decisions impacting them" (pg. 17). As a result, the Queensland LGBTIQ+ Roundtable will be overseen and administered by the Department of Communities, Housing and Digital Economy (DCHDE).
  - An overview of Gender Analysis resources created by the Queensland Government[lxxvi] states the following: "Although the focus of this information mainly relates to female and male genders, it's also useful for assessing impacts and issues for all genders, including Transgender, bi-gender and genderless people"

Although the policy itself is yet to be finalised, the Queensland Women's Health Strategy Consultation paper[lxxvii] states a recognition of the needs of priority communities of women and girls who are at increased risk of health inequity such as First Nations, CALD, LGBTIQ+, and women with a disability or in the corrections system (pg. 7).

Legislative Reform

In March 2021, the Women's Safety and Justice Taskforce was established by the Queensland Government with the explicit objective to examine coercive control and review the need for a specific offense within legislation. It further allowed the Taskforce to examine the experience of women within the criminal justice system[lxxviii]. The Taskforce's work culminated in the Hear Her Voice reports and recommendations[lxxix].

- Hear her Voice vol. 2 provides some summary remarks regarding LGBTI consultation:

"Although the Taskforce received 27 submissions from individuals identifying as LGBTIQA+, details of their experience were scant. This has made it difficult to identify the characteristics of abuse experienced within these relationships." (pg. 51)

"From the limited details provided in submissions, it appears more work needs to be done to ensure people identifying as LGBTIQA+ are treated with dignity and empathy in a trauma-informed way." (pg. 52)

- The resulting Hear Her Voice report make a number of recommendations that refer to LGBTIQA+ people, including:
  - Report 1) 5, 6, 8, 10 13, 16, 23, 24, 28, 31, 32, 34, 35
  - Report 2) 1, 10, 30, 84, 95

RAINBOW HEALTH VICTORIA PRIDE IN PREVENTION: PRIORITIES AND ESSENTIAL ACTIONS

Rainbow Health Victoria – Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities (2020)[i]

- **Responding to drivers at a societal level, essential actions:** Challenging rigid gender norms, cisnormativity and heteronormativity; Challenging homophobia, biphobia, transphobia and intersexphobia; Challenging gendered cultures of violence.
- **Initial priorities for intervention:** A gender-transformative approach, workforce development.
- **Responding to drivers at system and institutional level, essential actions:** Promoting equal recognition and celebration of LGBTIQ bodies, identities and relationships; Integration of family violence experienced by LGBTIQ communities in primary prevention responses.
- **Initial priorities for intervention:** Civil society advocacy, legislative reform, media.

PRIORITIES AND ESSENTIAL ACTIONS

9

- **Responding to drivers at organisational and community level, essential actions:** Supporting positive, equal and respectful LGBTIQ relationships and communities; Promoting pride in LGBTIQ+ bodies, identities, families and relationships; Raising awareness and community capability to respond to violence.

- **Initial priorities for intervention:** LGBTIQ-community-led prevention campaigns, organisational development, community mobilisation, bystander programs.

- **Responding to drivers at individual and relationship level, essential actions:** Supporting families to fully embrace LGBTIQ children and family members; Supporting positive intimate relationships; Enabling positive community connections.

- **Initial priorities for intervention:** Supporting families, Pride programs, Supporting positive intimate relationships.

AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY (ARCSHS): WHAT CAN WE DO ABOUT IT?[xliii]

These themes align closely with the Rainbow Tick Standards[lvii] – a world-leading accreditation program and framework for change towards LGBTIQ inclusion.

Public positions:

Practitioner participants suggested that a critical aspect of developing LGBTIQ-inclusive service delivery are the policy and funding frameworks in place at both national and state levels. This suggests that services and peak bodies should work with LGBTIQ communities to advocate for:

- Greater visibility of and investment in plans and frameworks in all jurisdictions across Australia
- Increased resourcing of FDSV services nationally, to avoid competition for funding between groups in significant need
- A national plan for LGBTIQ-focussed research to address critical evidence gaps
- Revision of data standards to ensure consistent, high-quality data collection that captures LGBTIQ people and their experiences
- System-wide capacity-building delivered by specialists in LGBTIQ-inclusive family, domestic and sexual violence service
- A national primary prevention framework for LGBTIQ communities, for guiding programs and campaigns to address the drivers of FDSV, and support alignment with the primary prevention of violence against women.

Sector-wide reform:

Practitioner participants also talked about the difficulties of making changes in isolation, and the need for coordination and sharing to ensure consistent and high-quality LGBTIQ-inclusive services. This suggests the need for sector-wide approaches that:

- Establish or strengthen intake across the system, and referral pathways between LGBTIQ-expert/ specialist services and other providers
- Support the revision of practice frameworks to take account of the specific needs of LGBTIQ people, and reflect the diverse forms of violence that can impact LGBTIQ people, particularly family of origin violence
- Recognise the ongoing importance of LGBTIQ community-led responses and community trust in the success of any interventions, and resource the participation of a diverse range of representatives from these communities in consultation and review processes
- Consider the legislative and service frameworks that govern interactions with other service systems, including child

Organisational change:

The six case studies examined in the project allowed us to identify key themes that help to build LGBTIQ-inclusive practice in organisations and support safer service encounters for LGBTIQ victim-survivors. These were:

1. Whole-of-organisation support for inclusive practice
2. Building and honouring LGBTIQ community trust
3. Adaptability and responsiveness to LGBTIQ community need
4. Building strong cross-sector and interagency networks
5. Establishing cultures of reflective practice to support LGBTIQ capacity development
6. Managing community resistance and client safety

REFERENCES

i. Carman, M., Fairchild, J., Parsons, M., Farrugia, C., Power, J. & Bourne, A. (2020) Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities. Rainbow Health Australia

ii. Fairchild, J., Carman, M., Bersten, R., & O'Connor, B. (2021). Pride in Prevention Messaging Guide: A guide for communications and engagement to support primary prevention of family violence experienced by LGBTIQ communities). Rainbow Health Australia

iii. Queensland Human Rights Commission. (2019). For LGBTI People. https://www.qhrc.qld.gov.au/your-rights/for-lgbtiq-people

iv. Queensland Mental Health Commission. (2022). Every Life: The Queensland Suicide Prevention Plan 2019-2029. https://www.qmhc.qld.gov.au/documents/everylifethequeenslandsuicidepreventionplan2019-2029webpdf

v. Queensland Government. (2022). Queensland Women's Strategy 2022-2027. https://www.publications.qld.gov.au/dataset/womens-strategy/resource/95357068-d24b-4565-a991-7b8be088ced9

vi, Bermea, A. (2019). Queer Survivors of Intimate Partner Violence: Developing Queer Theory and Practice for Responsive Service Provision (ProQuest Dissertations Publishing). Retrieved from http://search.proquest.com/docview/2229635376/

vii. Papazian, N. (2018). Transgender domestic violence: An analysis of the Transgender community and service provision in Queensland. Queensland University of Technology.

viii. Guadalupe-Diaz, X., & Jasinski, J. (2017). "I Wasn't a Priority, I Wasn't a Victim": Challenges in Help Seeking for Transgender Survivors of Intimate Partner Violence. Violence Against Women, 23(6), 772–792. https://doi.org/10.1177/1077801216650288

ix. Kurdyla, V., Messinger, A., & Ramirez, M. (2019). Transgender Intimate Partner Violence and Help-Seeking Patterns. Journal of Interpersonal Violence, 886260519880171. https://doi.org/10.1177/0886260519880171

x. Lusby, S., Lim, G., Carman, M., Fraser, S., Parsons, M., Fairchild, J., & Bourne, A. (2022). Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Australian Research Centre in Sex, Health and Society, La Trobe University https://ltu-figshare-repo.s3.aarnet.edu.au/ltu-figshare-repo/37829127/ARCSHS_OpeningDoorsResearchReportFA.pdf?AWSAccessKeyId=RADjuIEnIStOwNiA&Expires=1679899680&Signature=gQQixZiHT7WA1EzuNX522iYvsqA%3D

xi. Undercurrent Victoria. (2020). LGBTIQ+ Power and Control Wheel and Frameworks for Understanding Violence. Undercurrent VIC. https://static1.squarespace.com/static/54ef1460e4b00217e7cf59a9/t/5cd8cfed6e9a7f57d77e4170/1557712886155/LGBTIQ%2B+PC+-Wheel+Booklet.pdf

xii. Queensland Council for LGBTI Health, Brisbane Domestic Violence Service. (2020). Queer Without Fear.

xiii. Cook-Daniels, L. (2015). Intimate Partner Violence in Transgender Couples: "Power and Control" in a Specific Cultural Context. Partner Abuse, 6(1), 126–126. https://doi.org/10.1891/1946-6560.6.1.126

xiv. Special Taskforce on Domestic and Family Violence in Queensland. (2015). Not Now, Not Ever. Queensland Government. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/533db62b-b2c9-43cc-a5ff-f9e1bc95c7c7/dfv-report-vol-one.pdf?ETag=c69c3ef47071a137ddbaedb49f7fe468

xv. Queensland Government. (2016). Domestic and Family Violence Prevention Strategy 2016-2026

xvi. Begun, S., & Kattari, S. (2016). Conforming for survival: Associations between Transgender visual conformity/passing and homelessness experiences. Journal Of Gay & Lesbian Social Services, 28(1), 54-66. doi: 10.1080/10538720.2016.1125821

xvii. Australian Human Rights Commission. (2020). Wiyi Yanu U Thangani Report. https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/wiyi-yani-u-thangani

xviii. Zoe Belle Gender Collective. (2021). Transfemme. https://www.transfemme.com.au/

xix. Howell, J., & Maguire, R. (2019). Seeking help when Transgender: Exploring the difference in mental and physical health seeking behaviours between Transgender and cisgender individuals in Ireland. International Journal of Transgenderism: Trans Pregnancy: Fertility, Reproduction and Body Autonomy, 20(4), 421-433. https://doi.org/10.1080/15532739.2019.1658145

xx Austin, A., & Goodman, R. (2017). The Impact of Social Connectedness and Internalized Transphobic Stigma on Self-Esteem Among Transgender and Gender Non-Conforming Adults. Journal of Homosexuality, 64(6), 825-841. doi: 10.1080/00918369.2016.1236587

xxi. McDermott, E., Hughes, E., & Rawlings, V. (2018). Norms and normalisation: understanding Lesbian, Gay, Bisexual, Transgender and Queer youth, suicidality and help-seeking. Culture, Health & Sexuality, 20(2), 156–172. https://doi.org/10.1080/13691058.2017.1335435

xxii. Harrison, K. (2010). The ethics of passing: A theoretical and practical analysis (Doctoral dissertation, Northwestern University).

xxiii Rogers, M. M. (2021). Exploring the Domestic Abuse Narratives of Trans and Non-Binary People and the Role of Cisgenderism in Identity Abuse, Misgendering, and Pathologizing. Violence Against Women, 27(12-13), 2187–2207. https://doi.org/10.1177/1077801220971368

xxiv. Austin, A. (2018). Transgender and Gender Diverse Children: Considerations for Affirmative Social Work Practice. Child and Adolescent Social Work Journal, 35(1), 73–84. https://doi.org/10.1007/s10560-017-0507-3

xxv. Nancarrow, H., Thomas, K., Ringland, V., & Modini, T. (2020). Accurately identifying the "person most in need of protection" in domestic and family violence law (Research report, 23/2020). Sydney: ANROWS.

xxvi. Kinney, M. K. & Muzzey, F. K., (2020). Supporting Transgender and Non-Binary youth in their coming out process. In S. K. Kattari, M. K. Kinney, L. Kattari & N. E Walls (Eds). Social work and health care practice with Transgender and Non-Binary individuals and communities: Voice for Equity, Inclusion and Resilience. Routledge

xxvii. Ussher, J. M., Hawkey, A., Perz, J., Liamputtong, P., Marjadi, B., Schmied, V., Dune, T., Sekar, J.A., Ryan, S., Charter, R., Thepsourinthone, J., Noack-Lundberg, K., & Brook, E. (2020). Crossing the line: Lived experience of sexual violence among Trans women of colour from culturally and linguistically diverse (CALD) backgrounds in Australia (Research report, 14/2020). Sydney: ANROWS.

xxviii. Ussher, J. M., Hawkey, A., Perz, J., Liamputtong, P., Sekar, J., Marjadi, B., Schmied, V., Dune, T., & Brook, E. (2022). Crossing Boundaries and Fetishization: Experiences of Sexual Violence for Trans Women of Color. Journal of Interpersonal Violence, 37(5-6), NP3552–NP3584. https://doi.org/10.1177/0886260520949149

xxix. Pyne, J. (2020). "Building a Person": Legal and Clinical Personhood for Autistic and Trans Children in Ontario. Canadian Journal of Law and Society, 35(2), 341–365. https://doi.org/10.1017/cls.2020.8

xxx. Kuvalanka, K., Mahan, D., McGuire, J., & Hoffman, T. (2018). Perspectives of Mothers of Transgender and Gender-Non-conforming Children with Autism Spectrum Disorder. Journal of Homosexuality, 65(9), 1167–1189. https://doi.org/10.1080/00918369.2017.1406221

xxxi. Langenderfer-Magruder, L. & Seeber, A. (2020). Exploring Trans/Non-Binary intimate partner violence: what to know to create inclusive spaces and services. In S. K. Kattari, M. K. Kinney, L. Kattari & N. E Walls (Eds). Social work and health care practice with Transgender and nonbinary individuals and communities: Voice for Equity, Inclusion and Resilience. Routledge

xxxii. Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J., & Bear, B. (2020). Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence. Sydney: ANROWS.

xxxiii. Thoroughgood, C., Sawyer, K., & Webster, J. (2017). What lies beneath: How paranoid cognition explains the relations between Transgender employees' perceptions of discrimination at work and their job attitudes and wellbeing. Journal of Vocational Behavior, 103, 99–112. https://doi.org/10.1016/j.jvb.2017.07.009

xxxiv. Hull, K., & Ortyl, T. (2019). Conventional and Cutting-Edge: Definitions of Family in LGBT Communities. Sexuality Research and Social Policy, 16(1), 31–43. https://doi.org/10.1007/s13178-018-0324-2

xxxv. Knauer, N. (2016). LGBT older adults, chosen family, and caregiving. (Symposium: Global Legal and Religious Perspectives on Elder Care). The Journal of Law and Religion, 31(2), 150–168. https://doi.org/10.1017/jlr.2016.23

xxxvi. Riggs, D., & Toone, K. (2017). Indigenous Sistergirls' Experiences of Family and Community. Australian Social Work, 70(2), 229–240. https://doi.org/10.1080/0312407X.2016.1165267

xxxvii. Rowan, D., Long, D., & Johnson, D. (2013). Identity and Self-Presentation in the House/Ball Culture: A Primer for Social Workers. Journal of Gay & Lesbian Social Services, 25(2), 178–196. https://doi.org/10.1080/10538720.2013.782457

xxxviii. Milton, C. (2015). The Buffering Effect of Chosen Family Networks in LGBT Adults. ProQuest Dissertations Publishing. http://search.proquest.com/docview/24373488O1/

xxxix. Ryan, K. N. (2017). Examining the family transition: how parents of Gender-Diverse youth develop Trans-affirming attitudes. Sociological Studies of Children and Youth, 23, 67-96

xl. Rainbow Health Australia, 2022. https://rainbowhealthaustralia.org.au/media/pages/rainbow-tick/3214906303-1650953507/rainbow-tick-standards-a-framework-for-lgbtiq-cultural-safety.pdf

xli. Crameri, P., Barrett, C., Latham, J., & Whyte, C. (2015). It is more than sex and clothes: Culturally safe services for older Lesbian, Gay, Bisexual, Transgender and Intersex people. Australasian Journal on Ageing, 34 Suppl 2, 21–25. https://doi.org/10.1111/ajag.12270

REFERENCES

xlii. 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.

xliii. Hill, A., Lyons, A., Jones, J., Mcgowan, I., Carman, M., Parsons, M., Power, J., & Bourne, A. (2021). Writing Themselves In 4: The health and wellbeing of LGBTQA+ Young People In Australia. Writing Themselves In 4: National Report (latrobe.edu.au)

xliv. Australian Bureau of Statistics (2018). Mental Health. Mental health, 2017-18 financial year | Australian Bureau of Statistics (abs.gov.au)

xlv. LGBTIQ+ Health Australia. (2021). Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People

xlvi. The Department of Health. (2009). Suicidality Department of Health | Suicidality. The Commonwealth of Australia

xlvii, Department of Education, Skills and Employment. (2019). A statistical snapshot of women in the Australian workforce. A statistical snapshot of women in the Australian workforce - Department of Education, Skills and Employment, Australian Government (dese.gov.au). The Commonwealth of Australia.

xlviii. Australian Council of Social Services. (2018). Rate of poverty by gender (% of men and women). Rate of poverty by gender (% of men and women) – Poverty and Inequality (acoss.org.au)

xlix. Our Watch. (2021). Quick Facts. Quick facts | Our Watch | Preventing violence against women - Our Watch.

l. The Kirby Institute. (2019). The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings. Sydney: UNSW.

li. Australian Bureau of Statistics. (2018). Disability, Ageing and Carers, Australia: Summary of Findings. Disability, Ageing and Carers, Australia: Summary of Findings, 2018 | Australian Bureau of Statistics (abs.gov.au)

lii. O'Shea, A., Latham, J., Beaver, S., Lewis, J., Mountford, R., Rose, M, Trezona, A., Frawley, P. (2020). More than Ticking a Box: LGBTIQA+ People With Disability Talking About Their Lives. Geelong: Deakin University

liii. Thorne Harbour Health. (2019). Power & Control Wheel. https://www.theduluthmodel.org/wp-content/uploads/2019/08/Power-and-Control-Thorne-Harbour-Health.pdf

liv. Thorne Harbour Health. (2019). Equity & Accountability Wheel. https://www.theduluthmodel.org/wp-content/uploads/2019/08/Equity-and-Accountability-Thorne-Harbour-Health.pdf

lv. Nancarrow, H., Thomas, K., Ringland, V., & Modini, T. (2020). Accurately identifying the "person most in need of protection" in domestic and family violence law. Sydney: ANROWS. https://www.anrows.org.au/project/accurately-identifying-the-person-most-in-need-of-protection-in-domestic-and-family-violence-law/

lvi. Carman M, Fairchild J, Lusby S, Bourne A (2022) Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Guide for Practitioners. Australian Research Centre in Sex, Health and Society, La Trobe University. https://rainbowhealthaustralia.org.au/news/opening-doors-report-launched

lvii. Trans Pride Australia. (2023). Say Not to Transphobic Fascists. https://transprideaustralia.org.au/say-no-to-transphobic-fascists/

lviii. Rainbow Health Australia. (2020). Rainbow Tick Standards. https://rainbowhealthaustralia.org.au/rainbow-tick

lix. Commonwealth of Australia. (2022) National Plan to End Violence Against Women and Children. Department of Social Services. https://www.dss.gov.au/sites/default/files/documents/11_2022/national_plan_to_end_violence_against_women_and_children_2022-2032.pdf

lx. Australia Bureau of Statistics. (2020). Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variatinos. https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/2020

lxi. Special Taskforce on Domestic and Family Violence in Queensland. (2015). Not Now, Not Ever. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/533db62b-b2c9-43cc-a5ff-f9e1bc95c7c7/dfv-report-vol-one.pdf?ETag=c69c3ef470711a137ddbaedb49f7fe468

lxii. Queensland Government. (2016). Domestic and Family Violence Prevention Strategy 2016-2026. Domestic and family violence prevention strategy 2016-2026 - Not now, not ever. Together. - Publications | Queensland Government

lxiii, Queensland Government. (2016). Domestic and Family Violence Prevention: Engagement and Communication Strategy 2016-2026 https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/59bc508c-cf68-4b91-b5df-244b758af759/engagement-communication-strategy.pdf?ETag=11c1813bfc2b8d50c69bf1ec7d10a957

lxiv. Queensland Government. (2018). Queensland Government tackles domestic and family violence in LGBTIQ+ communities. https://statements.qld.gov.au/statements/86223

lxv. Queensland Government. (2018). Funding to tackle domestic violence in the LGBTIQ+ community. https://statements.qld.gov.au/statements/83786

lxvi. Queensland Government. (2019). Third Action Plan of the Domestic and Family Violence Prevention Strategy 2019-20 to 2021-22) https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/20cf6cc3-42da-4553-ba15-f2dd3a2a393b/third-action-plan.pdf?ETag=37896aaa8cf5120978fe775868556cc7

lxvii. Queensland Government. (2022). Fourth Action Plan of the Domestic and Family Violence Prevention Strategy 2022-23 to 2025-26. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/3b48a2e8-94ce-46c2-ad49-9aed3b3ac2d9/fourth-action-plan.pdf?ETag=d22784780bf2eaf1bfcc688f17d25eb7

lxviii. Queensland Government. (2020). Domestic and Family Violence Services: Practice principles, standards and guidance. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/e75875e0-50a9-4fa2-acde-121dc4a3a804/dfv-services-practice-principles-standards-and-guidance.pdf?ETag=8465906b55ef511a2a2db9721f74b69a

lxix. Queensland Government. (2022). Domestic and Family Violence Common Risk and Safety Framework. Domestic and family violence common risk and safety framework (publications.qld.gov.au)

lxx. Queensland Government. (2021). Prevent. Support. Believe. Queensland's framework to address sexual violence. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/a22ad633-8529-4ab7-99d6-549fec75e709/prevent-support-believe-qld-framework-to-address-sexual-violence.pdf?ETag=25e97240b2f85b2fddfc5b605df4cacd

lxxi. Queensland Government. (2018). Sexual Violence Prevention: Consultation summary. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/23416862-1509-4766-9dfd-02985862351b/svp-consultation-summary.pdf?ETag=6ab2f369088dd3a7c7b3ac8da2e313ed

lxxii. Queensland Government. (2021). Prevent. Support. Believe. Queensland's Framework to address Sexual Violence: Action Plan 2021-22. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/2a3e1674-b3ee-406a-97f4-17c7b71c-f81a/sexual-violence-action-plan-2021-22.pdf?ETag=add79e034e0d3fb9711203ac6943e38b

lxxiii. Queensland Government. (2022). Queensland Women's Strategy 2022-27. Queensland women's strategy 2022-27 (publications.qld.gov.au)

lxxiv. Queensland Government. (2022). About the Queensland Women's Strategy. About the Queensland women's strategy | Department of Justice and Attorney-General

lxxv, Queensland Government. (2022). Queensland LGBTIQ+ Roundtable. https://www.chde.qld.gov.au/about/initiatives/lgbti-roundtable

lxxvi. Queensland Government. (2023). Gender Analysis. Gender analysis | Department of Justice and Attorney-General

lxxvii. Queensland Government. (2023). A Queensland Women's Health Strategy Consultation Paper. A Queensland women's health strategy consultation paper

lxxviii. Queensland Government. (2021). Terms of Reference: Taskforce on Coercive Control and Women's Experience in the Criminal Justice System. https://www.justice.qld.gov.au/__data/assets/pdf_file/0010/672706/womens-safety-justice-taskforce-tor.pdf

lxxix Women's Safety and Justice Taskforce. (2023). Publications. https://www.womenstaskforce.qld.gov.au/publications

QUEENSLAND COUNCIL FOR
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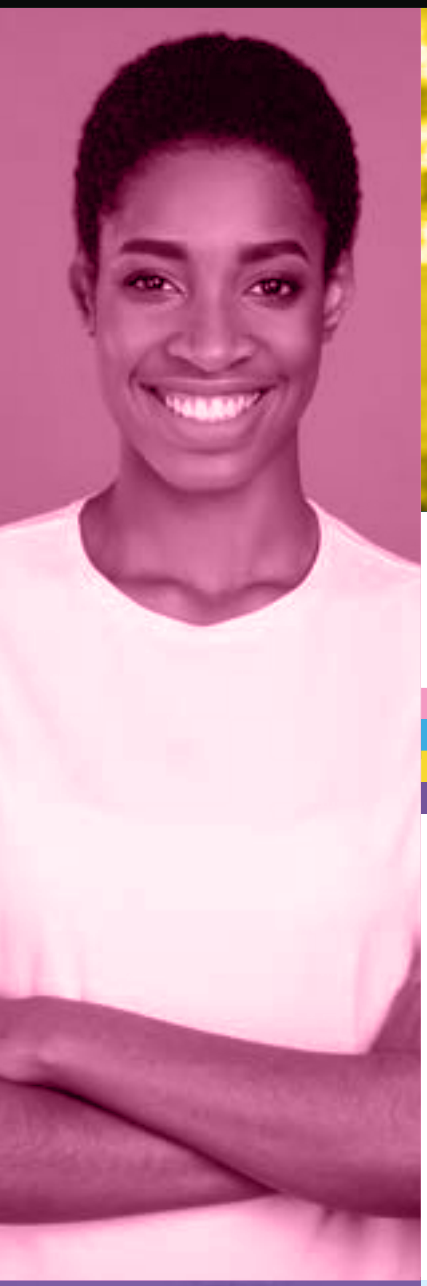

PRACTICE GUIDELINES FOR WORKING WITH TRANS, GENDER DIVERSE & NON-BINARY COMMUNITIES EXPERIENCING DOMESTIC, FAMILY & SEXUAL VIOLENCE.

Creating a safe environment for disclosure of sensitive information.
Don't need to be the expert, just be mindful of assumptions.
Affirming safety, non-judgement, right to healthy and safe relationships.

Being led by patient, ensure they feel in control as much as possible of their own situation and how to manage it and keep safe. There are a multitude of LGBTIQ+ specific services and resources to refer to.

QUEENSLAND COUNCIL FOR LGBTI HEALTH