

National LGBTI Health Alliance

lesbian, gay, bisexual, transgender, and intersex people and other
sexuality and gender diverse (LGBTI) people and communities
PO Box 51 Newtown NSW 2042
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Executive Director: Rebecca Reynolds



21 July 2015

National Children's Commissioner Megan Mitchell
ATTN: Loki Ball; Maria Katsabanis; Susan Nicolson
Adviser to the National Children's Commissioner
Australian Human Rights Commission
GPO Box 5218
Sydney NSW 2001
Sent via email to kids@humanrights.gov.au
Cc: loki.ball@humanrights.gov.au

Dear National Children's Commissioner

RE: Examination of children affected by family and domestic violence

The National LGBTI Health Alliance appreciates this opportunity to contribute to the National Children's Commissioner's examination of how people aged 0-17 are affected by family and domestic violence in Australia.

This submission focuses on issues raised by respondents across Australia during a series of national consultations we conducted on family and interpersonal violence. As such, this report is intended to complement rather than to substitute for existing research on family and interpersonal violence. Due to safety, privacy, and liability concerns, we have removed or composited personally identifying details.

In addition to our responses below to the six questions asked by the Commissioner in this examination, we also refer the Commission to our *Submission to the Senate Inquiry on Domestic Violence in Australia*, located at <http://lgbtihealth.org.au/resources/submission-senate-inquiry-domestic-violence/>. This submission contains some relevant additional information that addresses the six questions and provides further context about the family and interpersonal violence experiences of young people in Australia.

About the National LGBTI Health Alliance

The Alliance is the national peak health organisation for organisations and individuals from across Australia that work together to improve the health and wellbeing of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people and other sexuality, gender, and bodily diverse people and communities. We support measures that contribute to improved health and wellbeing for these populations in Australia.

Formed in 2007, the Alliance has over 90 Member Organisations that include the major providers of services for LGBTI people in each state and territory across Australia. The Alliance provides a representative national voice to: develop policy and to support LGBTI health issues; seek increased commitment to services for LGBTI people; develop the capacities of LGBTI organisations; and support evidence-based decision-making through improved data collection covering multiple dimensions of sexuality, relationships, gender, and bodily diversity.

1. What are the definitional issues in relation to family and domestic violence affecting children?

'Internal' views of family and domestic violence:

A pervasive definitional problem reported to us by our member organisations and by individual respondents is the internal (i.e., within the family) view of 'family and domestic violence' affecting young people. This view overlooks how 'internal' violence can be interconnected with forms of violence that would be classified as 'external' (i.e., outside the family or home environment). As illustrated by the report in Appendix A and by multiple narratives below, 'family and domestic violence' against LGBTI young people intersects with and is perpetuated by systems beyond solely 'domestic' and 'family' contexts. Thus the diverse contexts in which such young people experience violence cannot be adequately addressed by an approach that overlooks this broader systemic context. The 'internal' perspective also promotes a view of 'family' that typically excludes cross-cultural kinship styles, privileges biological relatives, and overlooks non-biological relationships that people themselves consider 'family'.

For many LGBTI young people, pervasive experiences of violence across home, school, healthcare, and public domains often begin early in childhood and continue across the lifespan. One respondent, who described themselves as a trans person who prefers gender-neutral pronouns, told us:

Being bullied since kindergarten onwards for being the 'odd one out' did not help my social skills any making things even harder, During PE i got bullied even MORE for avoiding stuff i was supposed to catch due to having to avoid stuff being thrown or people trying to hit me with both *at school and at home*.

The reports we received suggest that these experiences often involve severe physical violence that interferes with academic attendance and scholastic achievement, as described by the following respondent:

I knew i was gay from the age of 11yr and not long after that is when the violence in my home started. I think my older brother could tell and while he was just plainly violent there were certain times he assaulted me because i was gay, using words like you dirty little faggot when he did so. This went on for about 6yrs and while my mother tried to stop him, she was powerless as he was huge and very strong. He was so violent he twice broke my nose, fractured a rip, broke an eye socket, *i would be at times so bruised i refused to go to school*.

Most respondents reported similar refusal to attend school as a result of violence in their homes. Several respondents also reported that school administrators misattributed their absences as evidence of the respondents' lack of motivation or character deficiencies.

The [From Blues to Rainbows](#) Report contains findings on mental health and wellbeing from an online Australian survey of 189 young people of trans experience and young people of *non-binary experience* (i.e., young people who do not identify as either girls/women or boys/men) aged 14-25 years old and follow-up interviews with a sub-set of participants. This study found that most gender-based violence against these young people did not occur in their homes. Among those participants who reported experiencing violence, 40% of reported incidents occurred on the street, 38% occurred in school, and 31% occurred on public transit. One in five respondents reported avoiding public transit to due feeling unsafe from abuse and harassment. Given the everyday violence that many young people of trans and non-binary experience on the street, in school, and on public transit, it is essential to consider the interrelated nature of home, public, and school experiences of violence.

Violence beyond direct physical assault:

In addition to reports of physical violence, respondents also disclosed having experienced additional forms of violence. Our respondents described how their attempts to engage in basic activities of daily life were often ridiculed or restricted. For example, one respondent described how his father restricted his access to popular culture due to his refusal to accept his son's sexuality:

When I was young, about 8 or 10 years old, I bought pop magazines with posters (Bay City Rollers, David Cassidy, Leif Garrett etc.) in them. Dad would hit me, smash the magazine over my head and yell, "don't buy these magazines! Poofers buy these magazines! You're not a poofter!" in front of my family.

I'd be crying saying "but I bought them for the ABBA posters dad!" He knew I was gay, thought he should beat it out of me like his private school upbringing did to him. He made rude snide remarks in front of my five siblings about me being gay for the rest of his life, till he died.

Another respondent described how their mother denied them access to clothing and toys based on their mother's refusal to accept their non-binary gender:

17 years of having nobody to talk about such issues with without getting shunned, Or told it is just a phase, Or get told to grow up, Or act more like others your age, Or get told to wear something else by your mother, Oh boo hoo it wasn't a girls pair of trousers/shirt/shoes get over it, Seriously, I couldn't even play with a toy tank/car/lego

Some respondents also reported that their parents had punished them by neglect, 'the silent treatment', or ridicule. For example, one respondent described

Getting ignored pretty much 95% of the time by your sole parent at home that either wasn't home or awake most days most of the time due to shift-based work just because you were not the 'little girl' your mother wanted was pretty harsh, Especially if they would ignore you for 'not being enough of a girl' and then have the audacity to joke about it while persistently ignoring me...And when i WASN'T being ignored it was other forms of psychological/physical abuse.

Other respondents reported having their personal property damaged or destroyed by parents, siblings, and other biological relatives due to their sexuality, relationships, gender, or physical characteristics. Several respondents who had limited to no privacy in their home environments told us they had resorted to keeping personal items such as gifts from partners, gendered clothing, and diaries outside the home in school lockers and at other people's homes.

Australian research is consistent with these reports that direct physical assault is not the only common manifestation of family and interpersonal violence. The [Growing Up Queer](#) Report contains findings from an Australian study of 1032 young people aged 16–27 years old whom the authors described as 'gender variant and sexuality diverse'. The study found that 64% had been verbally abused, 18% physically abused, and 32% experienced other types of hostile treatment based on their sexuality or gender. The [From Blues to Rainbows Report](#) found that 66% of participants had experienced verbal abuse and 21% had experienced physical abuse on the basis of their 'gender diversity', with 31% reporting additional forms of harassment or abuse.

Although LGBTI young people often experience violence beyond direct physical assault, we received concerns from some respondents about the limited availability of information and resources to support people who experience verbal and other forms of abuse. For example, one member organisation explained how limited information about forms of violence beyond physical assault functioned as a barrier to help-seeking behaviour:

Today here in the drop-in space I was having a conversation with some young people. We spoke about family reactions to their children's disclosure about sexuality and gender identities. One of the young people who was part of our conversation made a comment which I think is relevant to the submission to the National Children's Commissioner - specifically the section around the definitional issues surrounding child and family violence.

This young person had done a lot of reading about coming out to family and what to expect. Most readings included info around potential strategies to anticipate family violence that can occur as a result of coming out, but there was nothing about what to do if you experience ongoing family violence and, if that abuse has long been wrapped up in the way they treat you because of your sexuality and gender.

This young person specifically pointed out emotional violence like manipulation that has been ongoing. This is an element of family violence that is not acknowledged enough. They spoke about how they had to figure it out on their own and that it took a long time to realise that they didn't have to stay in that family situation.

As noted by this respondent, the limited definition of 'family violence' in most resources can delay young people's recognition that they are experiencing violence and their ability to seek support to improve their situation.

'Therapeutic' violence:

Forms of structural, physical, verbal, and psychological violence perpetrated against LGBTI young people in healthcare contexts have typically been excluded from investigations of 'family and domestic violence'. These experiences of 'therapeutic' violence are often interconnected with young people's family contexts and living situations. Some of the most common experiences reported to us include:

- denial or delay of gender-affirming medical interventions requested by young people of trans and non-binary experience
- involuntary and coerced medical interventions imposed on young people with intersex characteristics/traits
- 'conversion therapy' attempts to coercively alter young people's sexuality and gender identity

Many of these experiences involved collaborative violence enacted through joint decisions made by parents and health professionals in direct opposition to the stated wishes of young people. Our respondents told us that parents or biological relatives typically initiated or permitted 'conversion therapy' conducted by mental health professionals and religious leaders in faith-based communities. This phenomenon is another example of how 'family and domestic violence' extends beyond the 'internal' context of the family and domicile.

Similarly, a young intersex man told us about how medical professionals had pressured him into taking oestrogen. He explained that his parents forced him to agree to this treatment once doctors had convinced them this treatment was 'therapeutic'. This Commonwealth-funded form of violence remains widespread, despite a recent [Senate Report](#) recommending an end to involuntary and coerced medical interventions on intersex people in Australia. As documented in this report, the involuntary and coerced medical interventions imposed on intersex young people include surgical procedures that are classified as female genital mutilation and recognised by medical professionals as criminal activity when imposed on young people who do not have intersex characteristics. The Report also cites evidence regarding the harmful effects of these interventions.

Young people with LGBTI parents are also subjected to structural violence in healthcare contexts. A lesbian police officer explained how discrimination by healthcare professionals during her son's hospital stay interfered with the support she and her partner were able to provide for their son:

My son D., who at the time was 16 years of age, was in a Brisbane hospital due to a collapsed lung. He required surgery, was in extreme pain and was in hospital for 8 days. I arrived at the hospital early every day and I stayed with him until late, 10-11pm every night. My partner, when she finished her shift attended the hospital at 8:30pm to see D. but was refused as she was not one of his biological parents and it was outside visiting hours. The hospital allowed parents extended/overnight visiting hours, however even when I explained she was my son's step-parent they still refused to allow her in. Needless to say she/we were left feeling embarrassed and upset having to explain our relationship and family situation to hospital staff who refused to be understanding.

Psychiatric Abuse:

Although our findings suggest that the ‘therapeutic’ violence described above can occur in diverse healthcare contexts, we continue to receive the most frequent reports about abuse perpetrated by psychiatrists and by staff in inpatient psychiatric settings. These abuses occur on the basis of sexuality, relationship, gender, and bodily diversity. For example, we have received reports from bisexual people whose bisexual experience has been treated as evidence of personality disorder in psychiatric evaluations.

Most reports of psychiatric abuse we received have involved discrimination and abuse against people of trans and non-binary experience. For example, we received a report about a young Aboriginal brotherboy’s experience of psychiatric abuse. Brotherboys are Aboriginal/Indigenous and/or Torres Strait Islander people who are assigned as ‘female’ and who live part or all of their lives as men or in a distinct social role as brotherboys. This brotherboy’s identity documents listed him as ‘female’ at the time when he was admitted to a psychiatric facility in a large Australian city. During his involuntary stay in the inpatient unit, psychiatrists and other staff involved in his care pathologised his gender and repeatedly misgendered him. This behaviour led to increased psychiatric symptoms and distress. When a concerned member of staff raised concerns about other staff’s discriminatory behaviour, they justified their behaviour by stating ‘therapeutic’ reasons. In many of the reports we received, our respondents explained that psychiatrists and other health and social care professionals justified their disrespect for young people of non-binary experience based on ‘therapeutic’ clinical considerations.

Staff and medical students in inpatient psychiatric units across Australia also reported to us that it was routine practice to assign patients to gender-segregated wards according to their assumed biology and to disregard their own understanding of their gender when discussing patients and writing case notes. Several informants who worked in these inpatient units stated that they had raised concerns about these illegal practices with their supervisors, only to be told that this was official policy that would not be changed. Multiple professionals reported that young people’s psychiatric symptoms worsened and that some attempted suicide as a direct result of psychiatric staff’s discriminatory treatment of young people of trans and non-binary experience. Thus our investigation documented that these professional practices had traumatic rather than ‘therapeutic’ consequences. Our respondents also expressed concern that the psychiatrists and other health and social care professionals who were engaging in these discriminatory practices were unaware that the [Sex Discrimination Act 1984](#) provides federal anti-discrimination protection on the basis of sexual orientation, relationship status, gender identity, and intersex status, and that this legislation specifically includes both people of non-binary experience and the provision of healthcare services.

Hidden violence:

Violence against LGBTI young people who are asylum-seekers or refugees is often hidden, as these young people may be afraid that Australian authorities will punish or fail to protect them if they report their experiences. Some may keep their experiences hidden due to physical safety concerns. As a young gay man who had applied for refugee status in Australia told us:

I have been bullied a lot by people in my home country before I came to Australia because im gay. My family dont know about this. If my family or people of my society and culture they know that im gay, they can harm or kill me.

We remain concerned by the recent restriction on staff reports of child abuse in immigration detention centres in the *Border Force Act*. We are also concerned about the physical safety and emotional wellbeing of young LGBTI asylum-seekers who are currently being detained by the Australian Government in regions where same-gender sexual activity is criminalised and where the official orientation provided in these immigration detention centres instructs asylum-seekers to accept this discrimination.

2. What do we know about the prevalence and incidence of family and domestic violence affecting children, including who is involved in family and domestic violence events?

In Australia, we have limited to non-existent reliable, nationally representative data on the prevalence, incidence, and factors involved in family and interpersonal violence affecting LGBTI young people in Australia. As noted in Appendix A and in the examples above, 'family and domestic violence' events experienced by LGBTI young people typically involve additional people beyond parents, biological relatives, and those who cohabit with a young person. Some of the many flaws that limit the utility of available Australian data are the categorical exclusion of people with intersex characteristics and people of non-binary experience; the treatment of trans as an identity when many people of trans experience identify simply as girls/women or boys/men; the conflation of sexuality with gender and with bodily diversity; and the failure to apply cross-cultural sensitivity about sexuality, genders, and bodies to item phrasing.

Our investigation documents that 'family and domestic violence' events involve people beyond the home environment. Although policy makers often assume school staff and healthcare professionals are potential sources of assistance and support for young people who experience family and interpersonal violence, our investigation reveals that LGBTI young people often want protection from school staff and healthcare professionals.

3. What are the impacts on children of family and domestic violence?

Family and interpersonal violence often have severe, profound effects on young people. Reports we have received from social support lines and crisis intervention teams across Australia indicate that a substantial portion of youth callers report suicidal ideation or suicide attempts as a direct result of family and interpersonal violence. The [*From Blues to Rainbows Report*](#) found that over 90% of young people of trans and gender diverse experience who had experienced physical violence had considered suicide as a direct result of these experiences. The human cost of this violence is clear from the words of our respondents:

I think the only reason i am not dead yet is because i cant ever bring myself to kill myself because i don't want to pretty much abandon the few sole people who have not abandoned me like 99% of the people i know have...

This violence affects the domestic situations of LGBTI young people. One respondent described

Being abruptly thrown into state care for close to a year because your mother had enough of you not being 'good enough' didn't help with my rejection and self-worth issues much, It just made everything worse...

Although young people have many strengths and skills that can help them to navigate and survive violent home environments, this violence can have a devastating impact on LGBTI young people's confidence and their social skills across the lifespan:

...As a result i also spent well over up until i was about 18 thinking i was some kind of weird, Broken beyond repair human being...And you get a very broken individual with trust issues who is often reluctant to socialise because as much as you try you never really had the chance so one just don't know how to socialise normally. So i am socially awkward to boot and practically shit with expressing my own feelings.

4. What are the outcomes for children engaging with services, programs and support?

The outcomes for LGBTI young people who seek help from services, programs, and support are often bleak and hindered by the very system that should be supporting them in addressing their experiences of family and interpersonal violence. We have heard numerous stories about young people and youth services organisations that attempted to protect young people from family violence, only to find themselves delayed or even unable to escape as a direct result of the obstructive and unhelpful policies and practices of Commonwealth services. The following is a typical situation we have heard from our member organisations and from youth workers:

I was supporting a young Middle Eastern man who presented to our service in a highly anxious and distressed state. He was afraid of people within his community finding out that he was accessing a LGBTI service and subsequently outing him to his family. He expressed urgency in needing to move away out of his family house, as he did not feel safe there. He explained that his parents and siblings were physically and verbally abusive towards him whenever he appeared to be expressing himself as gay and had made several threatening comments.

I supported him to start a claim for income support with Centrelink so that he would have the financial means to escape this situation. He was required to submit a claim for Unreasonable to Live at Home, because he was under the age of 22 and therefore not deemed to be independent by Centrelink. In assessing his claim, Centrelink were adamant that they had to make contact with his parents. I watched him shaking while on the phone to a Centrelink staff member who persisted to question his reasoning for not wanting to involve his parents in the claim. This was after we both provided detailed statements as to why this would present a significant risk to his safety and further damage the relationship with his family.

After going through 3 different staff members at various levels within the organisation we finally got approval to go ahead with the claim without making contact with his parents.

This is not an uncommon scenario at our service. The amount of time, effort and resources it takes to go through this process along with the distress it causes the young person is completely unnecessary. This type of situation could easily be avoided with a simple and sensitive processes that considers the particular issues affecting LGBTI young people at risk of family violence and respects the wishes of the young person and the professional judgment of the third party who is supporting them to make the claim.

This incident typifies the reports we have received from our member organisations and from young people about how the experience of engaging with Commonwealth programs, services, and support experience exposes them to further family violence. This incident also illustrates how the ‘internal vs. external’ approach to family and interpersonal violence can limit understanding of how Commonwealth programs and services often enable and perpetuate family violence experienced by LGBTI young people.

We heard many similar stories about how Centrelink staff had contacted parents in violation of the clearly stated wishes of young people and their youth workers. Several service providers told us they routinely witnessed instances in which Centrelink staff violated the *Privacy Act 1988*, which limits the disclosure of personal information in Australian records. Several youth workers expressed concern that Centrelink staff had endangered young people’s physical safety through unwanted contact with parents.

5. What are the outcomes for children of public policy approaches and educational campaigns targeting family and domestic violence?

Our respondents identified multiple adverse outcomes of public policy approaches and educational campaigns that claim to address family and domestic violence without addressing the needs of LGBTI young people. Similarly, many respondents felt that LGBTI-specific support resources did not consistently or adequately address the family and domestic violence needs of LGBTI young people. As one youth worker told us:

We had a great discussion about the reach of literature on coming out and the impact it has for young people. Imagine if coming out resources acknowledged the existence of and strategies to take action to keep safe from family violence?

When we asked respondents in one consultation what could have helped to make their family situation feel safer, our respondents identified barriers to accessing services such as unfamiliarity with available supports and limited skills. Tuan explained the need for services to provide assistance to his mum:

Help my mum get out of there with 6 kids. She was trapped, Vietnamese, no work skills, no idea of services.

We heard from numerous respondents whose living situations involved homelessness and temporary subsistence shelter in cars, in and around train stations, and on people’s sofas. These attempts to leave abusive home environments were often temporary due to their perception that no other viable options were available:

Once we ran away and slept in our cousin’s car, but we had to go back home the next day. We weren’t aware of anywhere else we could stay.

Multiple respondents described reasons why they would hesitate to seek assistance from government-funded services designed to help young people who were experiencing family violence:

We didn’t know they existed. Too ashamed to tell teachers.

Young people's negative experience with one service provider often deterred them from seeking help again, as explained by Sasha, a young girl of trans experience:

They didn't respect me as a girl when I tried to get help the first time. I didn't bother trying again.

Some young people who had experienced abuse outside the home wondered whether it would be worth seeking help for violence inside the home. As Jackie explained:

If it was okay to cut into my body without asking me because I am an intersex person, then why would I expect anyone to care that my father was raping me?

Multiple respondents described how racism influenced their situation and their decision about whether to tell someone outside the family or get help. Tuan described how family violence and racism interfered with his cultural practices:

When Dad was home we ate at the table with cutlery and meat and three veg and very little conversation. When Dad was away we ate on a rug on the floor, Vietnamese food with our hands and chopsticks and fish sauce and chili galore, Mum played Vietnamese records and we would all be laughing and teasing each other in a really happy cheeky way. Sometimes, we'd see the car headlights turn into the driveway and bolt to bed, Mum would beg one of us to stay up with her, but we knew he would be drunk and violent. Dad thought assimilation was the key.

For some respondents whose parents had moved to Australia, cultural experiences of war had limited contact with potentially supportive relatives and deterred them from seeking help from authorities outside of the family:

We were made to be careful and suspicious I guess- he was pretty fucked up by the war and would cry in his beer and say 'you stupid kids don't know a bloody thing, and I can't tell you what I saw'. Mum left her oldest daughter there and we were banned from writing to her because if the government back home saw a letter from Australia she would be tortured and questioned. Probably true.

6. What are the surveillance and data gaps/needs in relation to children affected by family and domestic violence?

Again we refer the Commission to our [Submission to the Senate Inquiry on Domestic Violence in Australia](#), which contains detailed analysis of data gaps and surveillance needs in relation to the family and interpersonal violence experiences of LGBTI populations.

Most Australian data on young people's experiences of family and domestic violence is not 'nationally representative' in the sense that the data collection methods and the order and wording of items are likely to exclude, under-identify, or misrepresent LGBTI young people and their experiences. People with intersex characteristics/traits and people of non-binary experience are typically excluded. The conflation of sexuality, relationships, gender experiences, and bodily diversity in current data collection methods will perpetuate this underrepresentation. Australian research on LGBTI populations has typically focused on respondents who are over 16 years old rather than those who are aged 0-17 years old. There is no routine surveillance of the diverse forms of violence our investigation has documented against LGBTI young people in healthcare contexts. Findings from our investigation suggest the need for nuanced and comprehensive national data on 'therapeutic' violence and psychiatric abuse against LGBTI young people in Australia.

Conclusion

The Australian Government has made impressive strides to reduce discrimination faced by LGBTI populations, including [the addition of sexual orientation, relationship status, gender identity \(including gender history, gender expression, and gender-associated characteristics\), and intersex status to the Sex Discrimination Act 1984 \(the SDA\)](#). The Act prohibits both direct and indirect discrimination in the administration of Commonwealth laws and programs, including discretionary decisions by government officials made under laws or programs.

Based on the reports we have received from across Australia, we believe that further measures are needed to address the pervasive climate of violence against LGBTI young people. We are particularly concerned by widespread reports of violence by staff in services and programs intended to support young people who experience family and domestic violence. We believe further measures are needed to ensure compliance with federal anti-discrimination legislation and to safeguard LGBTI young people from the diverse forms of violence identified in our investigation.

These further measures should be developed in consultation with the National LGBTI Health Alliance and our members to ensure they adequately address the diverse range of issues raised in this submission. In addition, future proposed legislation and policy should consider the potential impact on LGBTI young people as determined by consultation directly with young people from these populations whenever possible.

As Australia's national peak body on LGBTI health, we thank you for this opportunity to express our concerns regarding how young people aged 0-17 are affected by family and domestic violence. We encourage you to contact the Alliance's Manager of Research and Policy, Dr Gávi Ansara, to discuss these issues further. He can be reached by email at gavi.ansara@lgbtihealth.org.au or by phone at (02) 8568 1110.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Reynolds".

Rebecca Reynolds
EXECUTIVE DIRECTOR

Appendix A:

Thursday 11th June 2015

Re: Examination of children affected by family and domestic violence

To Megan Mitchell,

Twenty10 incorporating GLCS is writing to you as we have become aware that you are examining how children aged 0-17 years are affected by family and domestic violence.

Twenty10 incorporating GLCS is a community-based, non-profit state-wide organisation. We receive funding from SAAP and Reconnect programs as well as other donations. We aim to provide and promote opportunities, choices and support to young people of diverse genders, sexualities or intersex variations, and their families. We offer Case Management, Counselling, Independent Accommodation, Social Groups and Drop-in Services to young people aged 12-26. We offer social support groups for people aged 18 years and beyond.

In our work with children and young people, the Client Services team at Twenty10 have come across the following issues:

- As part of our funding agreement, we are required to record data in the Client Information Management System (CIMS). The database provides a fixed list of reasons why service users are accessing. As it currently stands, this list does not acknowledge issues relating to their sexuality, gender or intersex status. The very reason that children and young people are accessing our services is a direct result of the violence and discrimination they are experiencing due to their families' views on their sexuality, gender, or intersex status - however, this crucial data is rendered invisible and unaccounted for in the current system that does not provide any acknowledgement of these very real, life-threatening issues. The responsibility falls on individual workers at Twenty10 to vigilantly enter this data manually for every single client who receives services from us, which consumes valuable time and energy that could be better spent elsewhere.
- Twenty10 has seen an increase in young people experiencing homelessness as a direct result of being told to leave the family home due to their sexuality, gender and/or intersex variations. In order for them to escape this violence, they need access to basic financial assistance through services like Centrelink. The 'Unreasonable to Live at Home' claim is the only option for young people under the age of 22 to access income support from Centrelink. One of the requirements of being eligible for this payment is that Centrelink must communicate directly with their parents. For young people who have left home due to the risk of family violence based on their sexuality, gender identity or intersex status, this carries a significant risk of harm to the young person and what remains of their relationship with their family. The process of "justifying" this risk ensues, which can place young vulnerable people in potentially life-threatening situations with fear of violent repercussions if their parents are contacted. We find that due to lack of knowledge or training in the area of working with people of diverse sexualities , genders and/or

intersex variations, most often Centrelink workers are unable and unwilling to acknowledge the severity of this risk. This also coincides with raw data systems like CIMS not capturing persecution on the grounds of diverse sexes, genders or intersex variations as the primary reason they are seeking assistance.

- Twenty10 also experiences a lack of adequate knowledge and openness in other services when dealing with the many different presentations of violence within families and intimate partner situations, and consequently a lack of compassion and appropriate response when dealing with subtle forms such as economic abuse and isolation. There is an implication that these are less “valid” forms of violence which pose less of a risk to a young person’s safety, and seem to justify the necessity to “prove” the severity of the situation and pursue contact with the parents when the consequences can be devastating and endanger the young person’s life. This process is also highly anxiety-provoking for young people, especially when they understand their safety will be jeopardized by approaching their family, and can be extremely detrimental to their mental health and sometimes provoke suicidal ideation or attempts due to resulting family breakdown or conflict.
- Due to a reduction of services as part of the changes in the ‘Going Home Staying Home’ homelessness reforms in NSW, there are limited options available to transgender young people seeking refuge from family violence. Specialist LGBTIQA+ services are severely under-resourced, and mainstream services lack appropriate education and skills to support the complex needs and safety of this vulnerable group. In particular, Link2Home, the new centralised information and referral service for people experiencing homelessness in NSW, has been failing to safeguard young transgender people by referring them into accommodation options which are dangerous and grossly inappropriate for their age and gender identity. Furthermore, when the young person has refused their initial offer due to the risks to their safety, Link2Home refuses them any further assistance. These young people are being forced to live on the streets and are turning to sex work as a means of survival. This is putting them at greater risk of further violence, chronic health and mental health issues, alcohol and other drug dependence and is likely to entrench them into a lifelong cycle of homelessness.

The issues we see children and young people encounter are complex and multifaceted. We hope the insight we have provided into the specific issues faced by LGBTIQA+ children and young people adds to your knowledge and influences future policy.

With respect,

The Client Services team at Twenty10 incorporating GLCS