

THE GENDER CENTRE INC

Ground floor 41 to 43 Parramatta Rd Annandale

Patron: Her Excellency Professor the Honourable Dame Marie Bashir AD CVO.

The Gender Centre Inc welcomes this opportunity to make this submission

RE: Early intervention and crisis response to transgender experiences of domestic and family violence

About The Gender Centre Inc

The Gender Centre Inc is a specialist state-wide organisation providing services to the transgender and gender questioning community of NSW for more than 30 years.

The Gender Centre was originally funded by the NSW Department of Community Services (now known as Human Services Department of Community Services) through the Supported Accommodation Assistance Program (SAAP). By late 1993 the Department of Community Services and the Department of Health entered into a joint funding agreement, This meant that the Gender Centre was now funded to provide services to minimise the effects of the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) on the transgender community as well as provide housing options and education to the wider community.

Today The Gender Centre offers a wide range of services to transgender people, people with gender issues their partners, family members and members of the wider community.

Domestic violence

Approaches in addressing the experiences of transgender people in domestic and family situations

THE research and evidence

Domestic violence happens across all cultures and diversities within Australian society. What is of concern is the lack of representation in responses to domestic violence that recognise the unique experiences of transgender and gender diverse peoples.

UNSW (2014) in their paper *Calling it what it is*, found that 74% of their transgender participants in their studies had experienced emotionally abusive relationships, 53% reported physical and sexual abuse. More interesting was that trans men had experienced the highest levels of emotional physical and sexual abuse in relationships. This finding is not surprising however as similar data was found in previous research such as *Private lives* (2006) found trans men again recording the highest experiences of abuse in relationships (61.8%).

It is important to note that whilst this data reflects the experiences of transgender people, sadly police reports fall short of reflecting the actual incidence of family and domestic violence experiences of transgender people. There is still a strong resistance of transgender people to report such instances of

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intimate violence. The reasons for this are varied, but common themes include (anecdotal reporting to Gender Centre case work team)

Fear of police

Fear of being outed, or in fact having to disclose their gender diversity

Lack of faith that they can be supported to be safe should they approach the police

A belief that this is normal in any relationship that a transgender person can expect

A lack of belief in own sense of worth that they have Rights to be supported and feel safe

Lack of access to services to provide options to flee violent situations, (eg lack of crisis housing)

For trans men, often exclusion from community as many may have ties to lesbian community where they will feel ostracised for reporting incidences of violence

The consistent outcome of these two studies as well as international research indicates that domestic and family violence is an increasing issue within the transgender community that is not lessening in its need for urgent interventions and proactive responses. The issue however is developing a response is that domestic and family violence experienced by transgender people is unique and often related to their gender diversity, either a trigger for the perpetrator or a weapon within the abuse. Roch and Morton (2010) argued that transgender peoples vulnerability to domestic and family violence is intensified in three key areas

- 1) Where the transgender person is considering medical pathways of transitioning such as surgery or hormones
- 2) Where the transgender person commences social transition such as change of name, change in physical presentation and expression of identity, change in pronouns and engagement in society in their true gender identity
- 3) At the time when the transgender person comes out to family and partners

Lack of understanding about the transgender person's identity and experience and the challenge to the perpetrators own sense of identity has been cited as one of the reasons for this violence.(Norwood 2012) Based on such theories it could then be argued that early intervention strategies such as counselling and information support for partners of people identifying as transgender could prevent some of the violence from occurring.

The challenge is to recognise the uniqueness of the transgender population when considering responses to domestic violence. General domestic violence responses and services historically have not met the needs of the trans community. Dean et al (2000) argued that when trans people access mainstream services

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they are often met with practitioner ignorance discrimination and in some cases degradation or fact further abuse (institutional abuse) . The second issue of significance is to recognise the different diversities within the LGBTI acronym. This acronym encompasses three distinct and different diversities with their own challenges. All too often there is the holistic response or fund initiatives and services to meet the needs of what is often most identified and one diversity and accordingly an homogeneous response is established to meet need. White & Goldberg (2006), Lombardi et al (2001) identified that a vast majority of trans people do not approve of collective group (ie LGBTI) as they do not identify within this framework . This is further exacerbated by the misconception that transgender identities is a diverse sexuality, rather than a gender diversity, This misconception then further damages the delivery of services to transgender people as it fails to understand the basic concept of their gender identity as distinct from their sexuality. In considering these findings, it is unrealistic to expect that a non-specialised response would meet the needs of the transgender person who is experiencing domestic and/or family violence

Possible responses

Three possible responses that can be considered in addressing the issues of domestic and family violence for transgender people are;

early intervention targeting whole of family. This model of support is particularly useful as a preventative strategy when looking at when a person in a family or relationship comes out as transgender. As already identified this is one of the key events likely to trigger behaviours of domestic and family violence. In families this early intervention has already been undertaken by the Gender Centre, via the establishment of a regular parent support group program. The program targets parents of transgender children (of all ages) and through a group work model of service delivery, assist these parents to navigate the complexities of their child's transition including social legal and medical transition. The group was not established in response to issues of domestic and family violence, but it became evident very quickly that prevention of family breakdown and issues of conflict and violence within the family when one family member struggles with the identity of the transgender person were ever present concerns.

The group continues to run in Annandale on a monthly basis; however families living in Sydney have access to greater resources than those living in regional, rural and remote areas of NSW. The success of the group work model as an early intervention strategy for preventing family breakdown and assisting with addressing triggers for domestic and family violence is evident in the anecdotal evidence collected via feedback from the group, for example one attendee reported that the group helped her have the language to speak with her husband and help him navigate the grief and loss he was feeling about his child when they came out as transgender. A grief which manifested itself in abusive language, denial of access to medical care and emotional abuse towards the adult child in the family home, as well as threats of physical violence towards the mother of the transgender child due to her willingness to accept their child's transgender identity. At the end of the first year of the group 2 participants reported the group program had helped them in staying together as a family unit, in one instance the father of the child and the child had plans to leave the mother due to her aggressive response to the child and in the second instance siblings of the transgender child had been the perpetrators of psychological violence such as threats of outing and

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intimidation, in this instance the family had been able to navigate this issue and stay together instead of the parents separating to separate the children for the safety of all family members.

Whilst this group can continue to run in the short term, rural regional and remote NSW continues to be a problem, As noted the current program has produced successful outcomes. Creating opportunities or such groups to be established in country areas of NSW facilitated by a worker from the Gender Centre on a regular (bi monthly basis) would be an ideal solution for expanding the already proven model to address domestic and family violence outside of the Sydney metropolitan region. Further evidence of how essential and welcome such a project is, services from northern Rivers regions, ACT, Queanbeyan and Wagga Wagga have requested the extension of such a program as an early intervention tool for families in their areas.

The second component of intervention is that of counselling support. Through the provision of counselling support to transgender people they may feel more comfortable in reporting the violence to police and seeking solutions for their safety. Also however counselling may also be suitable as an early intervention strategy for partners of transgender people, Norwood (2012) argues that partners of transgender people and family members may experience a sense of grief and loss when a person comes out as transgender. Through access to counselling to navigate this response the likelihood of violence is lessened as the partner comes to terms with what is happening for the transgender person and navigates their own feelings in relation to the change.

The third strategy links directly to the counselling. The provision of specialised counselling for transgender people experiencing domestic and family violence a counsellor would be able to link the person into already existing strong case management services at the Gender Centre to receive ongoing support as they explore practical solutions alongside the therapeutic intervention of counselling.

Whilst this model may look complex and requiring a number of staff. The Gender Centre could in fact provide this crisis and early intervention model of support through the establishment of a specialist worker. The worker would ideally be providing front line counselling 3 days per week in the Annandale office and then the remaining two days of the week providing support to rural regional and remote transgender people and their families. This would include phone and skype counselling as well as bi monthly visits to specific regions, delivering during the day face to face counselling services and in the evenings the parent and family support group.

The provision of practical case work would actually be part of the ongoing role the case work team at the Gender Centre already provide. However with the advent of a specialist DV and FV counsellor the provision of case work would be more focussed and therapeutic in delivery as it would be a whole of service approach.

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IN closing we believe this model would meet a very specialised need in the realm of domestic and family violence. The approach is not just victims centred, but whole of family and reaches beyond the borders of metropolitan Sydney. We are also confident in the outcomes that such a model can produce as we have seen positive changes in families in the Sydney region through the current parents support initiative already in place

References'

LGBTIQ Domestic and family violence Interagency & Centre for Social Research UNSW (2014) : *Calling it what it really is, A report into Lesbian gay bisexual transgender gender diverse intersex and queer experiences of domestic and family violence: NSW Australia UNSW*

Norwood K (2012) *Grieving Gender : trans identities, transition and ambiguous loss, communication monographs , 80, 24 -45* retrieved from <http://dx.doi.org>

Pitts M, Smith A, Mitchell A, Patel S (2006) *Private Lives a report on the health and well being of LGBTI Australians Gay and Lesbian health Victoria: la Trobe university*

Roch A & Morton J (2010) *Out of Sight out of mind? Transgender peoples experiences of domestic abuse* Retrieved from http://Scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf

Walker J (2015) *Investigating trans peoples vulnerabilities to intimate partner abuse* Springer publishing Company UK

Thank You

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