



FORCIBLY DISPLACED
PEOPLE NETWORK

“INHABITING TWO WORLDS AT ONCE”:

**SURVEY REPORT ON THE EXPERIENCES OF
LGBTIQ+ SETTLEMENT IN AUSTRALIA**



<u>AUTHORS AND ACKNOWLEDGEMENTS.....</u>	<u>4</u>
<u>ABOUT THIS SURVEY</u>	<u>5</u>
ABOUT THE TARGET GROUP.....	5
AIM	5
THE NEED FOR THIS SURVEY	5
METHODOLOGY	6
<u>EXECUTIVE SUMMARY</u>	<u>7</u>
<u>1. DEMOGRAPHIC DATA</u>	<u>8</u>
1.1. MIGRATION STATUS	8
1.2. AGE.....	10
1.3. SOGIESC DATA.....	11
1.4. ETHNIC, CULTURAL AND RELIGIOUS BACKGROUND	12
1.5. LANGUAGES SPOKEN AT HOME	13
1.6. DISABILITY AND CHRONIC HEALTH CONDITIONS.....	13
1.7. RELATIONSHIPS AND CHILDREN.....	14
1.8. LOCATION OF RESIDENCY IN AUSTRALIA	15
<u>2. SEEKING SUPPORT IN AUSTRALIA.....</u>	<u>15</u>
2.1 ACCESS TO SUPPORT SERVICES.....	15
2.2 DISCRIMINATION IN AUSTRALIA	23
2.3 VIOLENCE EXPERIENCED WITHIN AUSTRALIA	26
2.4 COMMUNITY SUPPORT AND CONNECTIONS.....	29
<u>3. IMPACTS OF THE COVID-19 PANDEMIC.....</u>	<u>32</u>
3.1. IMPACTS OF THE PANDEMIC	32

Authors and Acknowledgements

Dr Brandy Cochrane (Victoria University)
Tina Dixson (Australian National University)
Renee Dixson (Australian National University)

Enquiries: Forcibly Displaced People Network admin@fdpn.org.au

Ethics protocol: 2022/326 Australian National University

Suggested citation:

Cochrane, B., Dixson, T., Dixson, R. (2023). "Inhabiting Two Worlds At Once": Survey on the experiences of LGBTIQ+ settlement in Australia. Canberra, Australia: Forcibly Displaced People Network

We thank the ACT Government Office of LGBTIQ+ Affairs for funding the establishment of the survey and the ACT report and the Australian Government Department of Home Affairs for funding the Australia-wide report.

Expert Advisory Group

"Inhabiting Two Worlds At Once" was generously supported by an Expert Advisory Group. Members included:

- Eman Ezekiel (FDPN Advisory Group)
- Supul (FDPN Advisory Group)
- Elena Fox (FDPN member)
- Dr Brandy Cochrane (Victoria University)
- Umar Sherif LAST NAME (FDPN member)
- Cristina de Nicolás Izquierdo (independent)
- Aisya Zaharin (FDPN member)
- Sandra Elhelw Wright (Settlement Council of Australia)
- Julia Frumina (independent)
- Tristan Dang (FDPN Advisory Group)
- Dr Saan Ecker (independent)
- Manu Kailom (Many Coloured Sky)

We give our warmest thanks and appreciation to the Expert Advisory Group for their invaluable support and guidance throughout this project.

We also wish to acknowledge and thank the participants who generously gave their time to completing the survey.

About this survey

This is a project led by the Forcibly Displaced People Network, the first Australian registered LGBTIQ+ refugee-led organisation, in partnership with the Australian National University to establish the first Australian comprehensive survey on the experiences of LGBTIQ+ forcibly displaced people with their settlement in Australia. **There has not been a similar survey of this kind in Australia.**

About the target group

LGBTIQ+ refers to people who are lesbian, gay, bisexual, transgender, intersex, queer or asexual. The plus sign signifies further diversity of people's bodies and/or relationships. When we use the term LGBTIQ+ forcibly displaced person, we are referring to LGBTIQ+ asylum seekers, refugees and migrants (both temporary and permanent) from non-Western countries who are not able to live safely in their country of origin due to their LGBTIQ+ status and subsequent discrimination, persecution and violence.

Focusing on non-Western countries, we exclude those LGBTIQ+ people who are born in the Global North countries (for example an ethnic Nepali born in France is not eligible, and an ethnic Italian is not eligible). Eastern European countries that were formerly colonised by USSR are included in the eligibility criteria due to the impact of colonisation and the existence of persecutory and discriminatory laws against LGBTIQ+ persons as well as negative public attitudes.

This survey was open to people aged 18 years or over and currently residing in Australia.

Aim

With this survey we aimed to collect comprehensive data about LGBTIQ+ forcibly displaced people in Australia, their experiences in Australia and where they seek assistance with health, housing and other settlement services.

The need for this survey

Despite Australia's resettlement, migration and asylum-seeking policies for LGBTIQ+ people, the Department of Home Affairs doesn't collect specific data on whether someone is an LGBTIQ+ refugee or the details of their experience. Global data suggests between 3-6% of refugees are LGBTIQ+.¹ As many LGBTIQ+ displaced people experience shame and fear about coming out, these people often remain invisible in settlement countries.² The invisibility of these groups during settlement means that we do not know their specific needs, and that their needs may remain unmet and could lead to unsafe outcomes for this cohort.

In Australia, there is a lack of specialist supports in place for this cohort with services working under the assumption that all refugees are heterosexual and cisgender.³ As most refugee

¹ ORAM (2012) Rainbow Bridges: A Community Guide to Rebuilding the Lives of LGBTI Refugees and Asylees.

² FDPN, Migration Council of Australia (2020) Gender Responsive Settlement: Broader Learnings from LGBTIQ+ Refugees. Canberra.

³ Ibid.

services do not collect data on sexuality, there is no mandatory training on specific needs and considerations for this group. This means that many LGBTIQ+ forcibly displaced people choose not to engage with any services.⁴ In a study by Kahn services reported that their clients who were LGBTIQ+ forced migrants were so accustomed to being rejected in their home countries that they assumed that services in Australia would reject them too.

We have experienced, known and heard about negative experiences with service access and isolation anecdotally. Now through this survey we have the data to show that LGBTIQ+ forcibly displaced people are forced to inhabit two (and even more) worlds, still remain unsupported, still need to hide who they are and are still not able to achieve the same positive settlement outcomes as their non-LGBTIQ+ peers.

This survey and the report are ground-breaking. The survey has collected data not gathered before. There is still an overwhelming lack of attention to migration status in LGBTIQ+ surveys and SOGIESC⁵ experiences in refugee surveys. For example, neither *Private Lives 3*⁶ or *Writing Themselves in 4*,⁷ as major Australian surveys for LGBTIQ+ community collected detailed information on one's migration status and impacts arising from it. Such lack of attention creates homogenising narratives about LGBTIQ+ communities. Similarly, research about refugees (as a group) rarely includes sexuality.

For years the need to act for better supports for LGBTIQ+ forcibly displaced people has been rejected on the premises that there was no conclusive data. Now, with this new data, we are showing there is no longer an excuse for services and governments not to act in advocating for these people.

Methodology

This survey was an online survey developed in co-design with an advisory group consisting of non-for-profit organisations' representatives including a peak body working on settlement, academics in the disciplines of social science, psychology with expertise in research areas of forced migration and LGBTIQ+ population, and a diverse group of LGBTIQ+ forcibly displaced people from across a variety of states and territories.

The survey was conducted in English due to limited funding available. We recognise that this may have been a limitation for some. Paper copies of the survey were also available. All of the participants who met the criteria for inclusion in the analysis completed the survey online.

⁴ Chávez, Karma R. (2011) "Identifying the Needs of LGBTQ Immigrants and Refugees in Southern Arizona." *Journal of Homosexuality* 58 (2):189-218. Kahn, S. et al (2018) Facilitating mental health support for LGBT forced migrants: a qualitative inquiry. *Journal of Counselling and Development* 96 (3): 316-26.

⁵ SOGIESC refers to sexual orientation, gender identity and expression and sex characteristics.

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

⁷ Hill AO, 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*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University

Some questions were based on those of large surveys such as Private Lives 3⁸ but were expanded to capture data on migration status. The survey was advertised online through the channels of FDPN, shared by a range of community organisations and academics as well as disseminated at events in person.

Executive summary

This report reflects a high-level analysis of early findings of our nationwide survey. We are therefore noting this is a stage one report. The stage two report will be released in a due course.

This report first describes the demographics of the participants to contextualise who has decided to participate in the survey. Then it focuses on main themes that emerged during the analysis:

- Access to support services
- Discrimination in Australia
- Violence experienced within Australia
- Community support and connection
- Experiences during the COVID pandemic

The section on the service access describes how LGBTIQ+ refugees and people seeking asylum are experiencing settlement. We found that many reflected on negative and exclusionary experiences when accessing current support services and that participants found it difficult to find quality, holistic and inclusive assistance.

We found that participants reported very high levels of discrimination in all aspects of life including services, education, employment, housing and health care. Over 50% of the participants reported that the ongoing issue of discrimination affected their physical and mental health.

The report reveals the staggering fact that 60% of people who undertook the survey experienced at least one form of violence in Australia. This is fifteen times higher than the average Australian rate of 4.4% in 2020 to 2021 (ABS, 2022). Even considering the relatively small sample size, the high rate of violence is notable.

In the section on community support and connection, the participants shared that they were more likely to feel like they belonged in the LGBTIQ+ community if other people of colour and refugees were part of that community. Over 50% of participants shared they didn't feel comfortable in their ethnic community and the those who did feel included only did so when they did not disclose their LGBTIQ+ status to other community members. Over half of people

⁸ 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.

felt like they belonged in the refugee and asylum-seeking community. Lastly, the majority of disabled participants did not feel they were part of the disabled community.

The section on the impacts of the COVID pandemic revealed that 10% skipped meals during the pandemic. Many were ineligible for any income support.

In the stage two report we will also provide more intersectional analysis. The stage two report will cover the following:

- Access to education in Australia (including recognition of previous qualifications)
- Access to employment
- Access to and experiences within the health system
- Experiences of housing and homelessness.

1. Demographic data

This report presents the results from the 82 participants who were living in Australia at the time of undertaking the survey. While the sample size may seem small for a nationwide survey, the diversity of lived experience, the reluctance of marginalised people to take part in survey data and the inclusion of qualitative data allows us to generalise these findings. The sample provided diverse data on participants visa status, race, ethnicity and SOGIESC characteristics.

1.1. Migration Status

Table 1.1.1. Migration status of participants (n = 82) when completing the survey

	Number	Percent
BVA	16	19.5
BVB	1	1.2
BVC	5	6.1
BE	5	6.1
TPV/SHEV	2	2.4
PR	8	9.8
International Student	12	14.6
Migrant	6	7.3
Citizen (previously on protection visa)	14	17.1
Citizen (previously on migrant visa)	10	12.2
No Visa	3	3.7
Total	82	100.0

The highest number of participants (19.5%) held a Bridging Visa A when completing the survey. This is followed by those holding citizenship after a protection visa (17%) and holding

citizenship after a migrant visa (12%). Another notable data here is that 3.7% (n = 3) of participants were undocumented when completing this survey.

We include international students in the sample as we know that many stay in Australia being LGBTIQ+. Being LGBTIQ+ many have also had experiences of persecution and discrimination in their countries of origin yet may not be eligible for support services available for refugees because of their visa status.

Table 1.1.2. Duration of the current visa for participants (n = 82)

	Number	Percent
No answer	3	3.7
Under 1 year	4	4.9
1 and 3 years	10	12.2
3 and 5 years	18	22.0
5 and 10 years	29	35.4
More than 10 years	18	22.0
Total	82	100.0

Most of participants have been on their current visa between 5 and 10 years.

The average duration of being on a bridging visa was as follows:

- BVA – 35 months (with one respondent being on this visa for 7 years)
- BVC – 28 months
- BVE – 70 months (with one respondent being on this visa for 10 years)

Table 1.1.3. Experience of being undocumented

	Number	Percent
Prefer not to say	3	3.7
Yes	10	12.2
No	69	84.1
Total	82	100.0

This is a significant finding that about 12% of participants (and another 3.7% preferred not to disclose) have been undocumented at some point in their life.

Table 1.1.4. Life in a third country prior coming to Australia

	Number	Percent
Prefer not to say	5	6.1
Yes	57	69.5
No	20	24.4
Total	82	100.0

The majority of participants (69.5%) stated that they had lived in a third country. There is a limitation to this data as the reasons for living in a third country (eg. transit while waiting for asylum or other reasons) were not asked.

Table 1.1.5. Refugee camp experiences

	Number	Percent
Prefer not to say	1	1.2
Yes	8	9.8
No	73	89.0
Total	82	100.0

About 10% of participants lived in a refugee camp prior coming to Australia.

Table 1.1.6. Immigration detention of participants (n = 82)

	Number	Percent
Yes, In AU	7	8.5
Yes, offshore AU	1	1.2
No	74	90.2
Total	82	100.0

In total about 10% of participants were subject to immigration detention, with one respondent having been in offshore detention centre.

1.2. Age

Table 1.2.1. Age of participants (n = 82)

	Number	Percent
18-24	4	4.9
25-34	42	51.2
35-44	27	32.9
45-54	8	9.8
55-64	1	1.2
Total	82	100.0

The most common age of an LGBTIQ+ forcibly displaced person in this survey is between 25 and 34 years old (51%) followed by 35-44 age bracket (33%).

These are significant findings pointing out that it is more common for LGBTIQ+ forcibly displaced people to be of middle age when arriving to Australia. This can be explained by laws prohibiting freedom of travel for women⁹ and lower earnings and financial stability for LGBTIQ+ people more broadly.

⁹ See more at: <https://wbl.worldbank.org/en/reports>

1.3. SOGIESC¹⁰ data

Table 1.3.1. Gender of participants (n = 82)

	Number	Percent
Prefer not to say	3	3.7
Woman	31	37.8
Man	26	31.7
Non-binary	17	20.7
Other	5	6.1
Total	82	100.0

Five (n=5) participants described their gender using another term. This included specifically indicating that they are trans or queer as being relevant to their gender identity.

Table 1.3.2. Gender vs visa status (n=82)

Visa	Woman		Man		Non-binary		Preferred not to say		Another term	
	N	% (of gender)	N	%	N	%	N	%	N	%
BVA	4	12.9	10	38.5	1	5.9	0	0	1	20
BVB	0	0	0	0	1	5.9	0	0	0	0
BVC	2	6.5	2	7.7	0	0	1	33	0	0
BVE	0	0	2	7.7	0	0	2	67	0	0
TPV/SHEV	3	9.7	0	0	0	0	0	0	0	0
Permanent protection	6	19.3	1	3.8	3	17.6	0	0	1	20
Migrant	6	19.3	1	3.8	3	17.6	0	0	1	20
International student	0	0	4	15.5	3	17.6	0	0	1	20
Citizen (previously on a refugee visa)	8	25.8	1	3.8	1	5.9	0	0	1	20
Citizen (previously on a migrant visa)	2	6.5	3	11.5	4	23.5	0	0	0	0
No visa	0	0	2	7.7	1	5.9	0	0	0	0
Total	31	100%	26	100%	17	100%	3	100	5	100

¹⁰ SOGIESC refers to sexual orientation, gender identity and expression and sex characteristics.

Twenty-seven per cent (n=22) of participants are trans and 5% (n= 4) participants are people born with variations in their sex characteristics. The number of people born with variations in their sex characteristics are significant and matches general data on this cohort.¹¹

Table 1.3.3. Sexual orientation of participants (n = 82)

	Number	Percent
Prefer not to disclose	2	2.4
Lesbian	14	17.1
Gay	17	20.7
Bisexual	6	7.3
Pansexual	2	2.4
Queer	14	17.1
Asexual	1	1.2
Heterosexual/Straight	10	12.2
Multiple Labels Chosen	15	18.3
Other	1	1.2
Total	82	100.0

1.4. Ethnic, cultural and religious background

Table 1.4.1. Regions of origin of participants (n = 82)

	Number	Percent
Eastern Africa	6	7.3
Middle Africa	1	1.2
Northern Africa	1	1.2
Southern Africa	5	6.1
Western Africa	1	1.2
Central Asia	3	3.7
Southeast Asia	12	14.6
South Asia	11	13.4
East Asia	4	4.9
Central America	2	2.4
South America	5	6.1
Eastern Europe	9	11.0
Middle East	16	19.5
Oceania	4	4.9
Multiple chosen	2	2.4
Total	82	100.0

Most participants came from the Middle East (20%), South East Asia (15%) and South Asia (13%). Additionally, 70 participants provided their country of origin. We are not including the

¹¹ See more at <https://ihra.org.au/16601/intersex-numbers/>

whole list to avoid any identification. The majority of participants came from the following countries: India, Indonesia, Iran, Lebanon, Malaysia, Pakistan, Sri Lanka and Uganda.

Table 1.4.2. Religion of participants (n = 82)

	Number	Percent
No response	4	4.9
None	33	40.2
Islam	14	17.1
Christianity	18	22.0
Hinduism	4	4.9
Buddhism	3	3.7
Judaism (ethnic/religious)	1	1.2
Other	5	6.1
Total	82	100.0

1.5. Languages spoken at home

69 participants listed 36 languages spoken at home. Top five languages included:

- English (18 respondents, 26%)
- Arabic (8 respondents, 12%)
- Spanish (6 respondents, 7%)
- Farsi and Urdu (5 participants for each, 7%)

Other spoken languages include the following: Bahasa, Bangli, Croatian, Dhivehi, French, Hazaragi, Hindi, Hokkian, Indonesian, Javanese, Juba, Kakwa/Arabic, Krio, Luganda, Malay, Mandarin, Polish, Punjabi, Russian, Serbian, Setswana, Shona, Sinhala, Swahili, Taiwanese, Tamil, Temene, Thai, Tongan, Ukrainian and Vietnamese.

1.6. Disability and chronic health conditions

Table 1.6.1. Disability

	Number	Percent
Prefer not to say	5	6.1
Yes	14	17.1
No	57	69.5
Unable to be diagnosed	6	7.3
Total	82	100.0

Seventeen per cent (n= 14) disclosed having a disability, 7.3% (n=6) noted that they have not yet been diagnosed and further 6% (n=5) preferred not to disclose.

Table 1.6.2. Living with HIV

	Number	Percent
Prefer not to answer	6	7.3
Yes	3	3.7
No	72	87.8
Checked multiple	1	1.2
Total	82	100.0

3.7% participants (n=3) live with HIV. 7.3% of participants (n=6) preferred not to disclose.

1.7. Relationships and children

Table 1.7.1. Relationship status

	Number	Percent
No answer	3	3.7
Single	30	36.6
Married Partner in AU	11	13.4
Married Partner Other	2	2.4
Partnership in AU	14	17.1
Partnership Other	3	3.7
Partner is missing/deceased	1	1.2
Dating	11	13.4
Separated/Divorced	3	3.7
Checked multiple	2	2.4
Other	2	2.4
Total	82	100.0

Most participants are single (37%, n=30). One respondent indicated that they are non-monogamous.

Table 1.7.2. Children

	Number	Percent
No answer	3	3.7
Yes in AU	2	2.4
Yes in Other	4	4.9
Yes missing/deceased	1	1.2
No	72	87.8
Total	82	100.0

8.5% of participants (n=7) had children with one noting that they child was missing or deceased.

1.8. Location of residency in Australia

Table 1.8.1. State and Territory of residency of participants (n = 82)

	Number	Percent
Prefer not to say	2	2.4
ACT	17	20.7
NSW	14	17.1
VIC	33	40.2
QLD	9	11.0
TAS	2	2.4
SA	1	1.2
WA	4	4.9
Total	82	100.0

No participants were residing in the Northern Territory.

Out of all respondents, 2.4% (n=2) indicated that they lived in regional Australia.

2. Seeking support in Australia

2.1 Access to support services

2.1.1. Experiences of service access

We asked participants to identify services used and the number of the services if they had visited. Among a range of services, they could choose if they visited it once, several times or on a regular.

The listed services that participants could choose were refugee and asylum-seeking services, migrant services, LGBTIQ+ services, LGBTIQ+ refugee services, trans and gender diverse services, services for people born with variations in their sex characteristics, legal services, disability services, health services, sexual health services, mental health services, housing services, family violence services and sexual assault services. In addition to provided options, one comment was given in regard to services accessed that were not included in the survey:

“Centrelink - income support services, but no access to additional services. I disclosed domestic violence but was not offered any assistance. I received victim support service referral as part of police investigation into the matter and help prepare for court.”

In all services categories, other than legal services, participants were most likely to visit the service several times.

Table 2.1.1. Service access and frequency

	Frequency			Yes total	No
	Once	Several times	On a regular basis		
Asylum seeker and/or refugee service (including settlement services)	11	25	8	44	38
Migrant service	8	13	4	25	57
LGBTIQA+ refugee organisation or peer-support group	4	25	9	38	44
LGBTIQA+ organisation	9	25	11	45	37
Organisation for trans and gender diverse people	3	10	4	17	65
Organisation for intersex people	0	2	1	3	79
Organisation for people with disability	1	3	2	6	76
Legal services	12	18	7	37	45
Health services	0	25	24	49	33
Sexual health including HIV/STI services	4	12	8	24	58
Gender-focused health clinic	1	4	8	13	69
Mental health services	13	18	22	53	29
Housing and homelessness services	4	6	6	16	66
Domestic and family violence services	4	5	2	11	71
Sexual assault services	3	4	2	9	73

The top five services that participants accessed were:

- mental health (n=53)
- health clinics (n=49)
- LGBTIQA+ organisation (n=45)
- refugee and asylum-seeking services (n=44)
- LGBTIQA+ refugee organisation or peer support group (n=38)

Participants were least likely to visit two services: services for intersex people and services for people with disability. This is due to the fact that the participant sample of these groups is smaller in the survey, as well as in the broader community. Additionally, nine (n=9) respondents with disability are on a temporary visa which makes them ineligible for NDIS support.

Over 86% of participants said they did not access sexual assault and family violence services. This is surprising in the realm of family violence given the large numbers of participants who have experienced violence in Australia from intimate partners and family members, as discussed below in section 2.2. Further analysis of this relationship should be undertaken.

While 26.8% of participants (n=22)¹² were homeless only 19% (n=16) accessed housing and homelessness services.

¹² We will provide a detailed analysis on the experiences of homelessness in the Stage Two report.

While looking at the general data trends, it is important to remember that the participants are also individuals and not a homogenous group, subject to generalities. As one respondent reminded us in this section:

“It’s really hard to get services as an international student. Even if my experiences are same to refugees I get rejected.”

2.1.2 Access to legal services

Access to legal services was a separate section of questions accounting for both refugee legal services and other legal services needed for this cohort.

The most sought-after immigration legal service was legal advice and assistance with the protection visa application to the Department of Home Affairs (41%, n=35). 23% (n=19) reported no need to access legal services.

Out of those seeking legal services, 7.3% (n=6) did not receive them and 13.4% (n=11) received support only for some of their legal needs. About half of participants who accessed immigration legal service had to do it privately paying legal fees.

About half of all participants did not have any other legal needs. Other legal needs for others included:

- Legal help with discrimination case (n=10)
- Legal help with tenancy dispute (n=10)

“For my situation assistance and legal advice were related to housing (private rental) and employment rights (I experienced wage theft and was cheated out of casual loading). Even though I received legal advice, I wasn't able to get much representation in the tribunals and eventually I had to drop some of these actions for I was simply too stressed. My mental health was severely impacted. I was unlawfully evicted and I was homeless for three weeks. I imagine these are very common issues that many other immigrants experienced too.”

- Legal help with a criminal case (n=5)
- Legal help with employment case (n=5)
- Legal help with driving offenses (n=4).

Six (n=6) respondents preferred not to disclose.

Additional comments on other legal assistance included:

- With divorce: **“divorce, but this was not offered or provided to me. I was married at 18 and divorced at 24. What would I know how to protect myself? he ensured I had nothing.”**
- Name and gender markers change

- Civil cases (i.e. consumer rights)
- Victims of crime assistance.

The majority was able to either receive this help in full (n=6) or only for some of their needs (n=11). Eight (n=8) participants did not receive this help.

At the end of the section, some further comments were provided on access to legal assistance in Australia:

- Seven (n=7) participants noted that they **received no legal assistance provided when it was needed.**
- Four (n=4) indicated **a lack of knowledge and information on legal issues**
- **Lack of legal advice and assistance for other than refugee legal matters** (n=3)
- **High costs of private migration advice** (n=3)

“It’s very difficult to access the legal services without a financial stability. Most of the pro bono legal service can only provide with free legal advice. When it comes to a lawyer, people still need to have an adequate financial ability to access it.”

- **Need for support with family reunion (n=2)**
- **Other issues** included being rejected an application by default for being HIV positive, noting long waiting periods to access legal assistance, and placing onus on individuals to navigate the complex legal systems without representation.

2.1.3. Reasons for not seeking service support

This question allowed participants to choose multiple options in their response. The reasons to not seek services includes:

- Not knowing if a service was LGBTIQ+ inclusive (28 responses);
- Not knowing that services existed (26 responses);
- Being unsure if a service would assist then (25 responses);
- Not knowing if a service was culturally competent (20 responses);
- Not needing services (16 responses).

34% (n=28) chose multiple options to outlined their reasons for not seeking services.

In addition to proposed options, participants (n= 9) reflected that:

- they could not access services when needed
- they chose not to engage with services because of previous experiences of not being helped
- restricted eligibility was a barrier to service access
- there were no services that met their needs
- there was fear associated with service access:

“I am frightened to be exposed to the Bangladesh Community in Australia”

- that there was limited ability to articulate one’s needs

“I did not have the right words to define my gender identity and sexuality. This was never asked of me and my gender and sexuality was/is always assumed by others.”

Provided responses indicate a lack of active reaching out and a lack of open communication about service access and inclusion by services. These findings should be used by services to improve how they are communicating who can access and receive their assistance.

2.1.4. Positive service experience – learnings

Forty-five (n=45) responses were provided, out of which 12 participants named a service at which they had a positive experience. Such responses were excluded as the survey committed to maintaining anonymity of services. This was a standard approach to this question and the question about negative experiences. Some services were also named in the negative experiences. naming them here may put participants at risk of identification and repercussions.

Two participants noted that they did not have positive experiences to report.

Qualified responses have been grouped thematically to describe what makes a positive service experience for an LGBTIQ+ forcibly displaced person. Four major themes making a supportive and inclusive services were reported:

- **Client-centred work** (11 respondents)

Responses grouped under this heading included participants reporting that a service demonstrated an understanding of their circumstances and offered them relevant services. For example, providing a service in an inclusive way i.e. not offering a pregnancy test when it is not needed for women. Others noted that the service made attempts to work in partnership with a client to remove barriers to the service (eg. when they had no Medicare), and that the employees invested time in building trust with a client. This was particularly important for participants who needed time to disclose their sexuality. Other participants stated that a service validated their experiences and was active in reaching out to check in whether any additional support was needed. Below are some of the quotes that illustrate these themes:

“Positive experiences that I have had has always been with practitioners that are open to learning and does not assume how my experience may effect my health. For example in treating my PTSD, my psychologist did not assume that it came from a cultural setting, in fact suggested that this was caused by structural failings.”

“Providing me with safety and options to make decisions regarding my safety and journey to live here”.

“After several years of monthly counselling sessions, I decided to talk about my own sexual orientation and not long after, the counsellor also told me they’ve been in a same-sex relationship for twenty years. As a result, the amount of trust in our counsellor-client relationship has immensely increased.”

“Have had counselling support prioritised granted to me by LGBTQIA+ orgs for being a LGBTQIA+ asylum seeker which has kept me alive because I was in a very difficult and dark place. Have had free medical support given even though I don’t have Medicare because I am an asylum seeker, again has saved my life and ensured my wellbeing.”

- **Creating an atmosphere of belonging and inclusion in a space (10 respondents)**

Participants reflected that a service was able to create an atmosphere of inclusion. The most commonly used words in this response included “feeling supported, welcoming, non-judgemental and validating.”

- **Training on displacement and trauma background (6 respondents)**

Participants noted that it was clear that service staff had training on the issues of LGBTIQ+ displacement and that it was being translated into service delivery.

- **Use of inclusive language (2 respondents)**

Participants noted that a service was able to use appropriate language, eg. Not gender binary language.

“A service asked me about my pronouns and if I had a partner. I liked that non gendered way.”

2.1.5. Negative service experience – learnings

Forty-nine (49) responses were provided, out of which 11 participants stated they had no negative experiences. Responses to this question provide more learning and recommendation for services to improve their service provision. Most of the negative experiences included being subjected to racism, homo-/ transphobia and discrimination (n=31). We describe this in detail in section 2.2. Other provided responses are grouped thematically.

- **Ways in which services operate (13 respondents)**

Such responses noted services that do not take a client-centred approach, offered no follow up, where there is no information sharing between services and employees but a client is put in a position where they need to constantly re-tell their story, and where there is lack of training for staff. Some shared that they have been shamed for their sexuality and were denied the service access.

"[service name omitted] forgot that we urgently needed a place to live. We were homeless."

"We weren't explained what type of support we could get. Other clients told us that actually, we could ask for bus tickets and food."

"[service name omitted] asked us to prove that you have a trauma affecting your life, and maybe after the interview with you, they will give you financial support. It was a traumatic and humiliating experience."

"Being asked to share my story all the time with people who do not need to know."

"My sexuality was erased and I was shamed."

- **Lack of services (4 respondents)**

Such responses included ongoing referrals to another service without getting a service at the end, a lack of integrated service model (access to a suit of services and information sharing between services), and a general lack of services including in regional areas.

"Most of the LGBTIQ+ organizations and refugee groups just gave me information about other organisations and refuse to help me due to different excuses like we are full at a moment or not taking new clients or we have closed this service due to covid. In the end I have to ask people and take loan of \$2400 to buy food and pay rent."

"I told different services that I was raped. No one took tests on STI"

- **Visa ineligibility (3 respondents)**

Participants noted being denied some service because they did not have a correct visa despite having displacement experiences.

"Being asked to leave after my undocumented status was revealed, after concerns it would cause legal problems for organisation."

2.1.6. Other general comments provided on the service access

At the end of each section participants were offered to provide any additional comments not captured by previous questions.

23 responses were provided addressing a range of issues.

- 13 respondents shared their experiences with **lack of services**, including that some are very hard to find, other barriers that exist with an access to already limited services, a lack of suitable services for LGBTIQ+ displaced people, lack of holistic support and a lack of services for LGBTIQ+ people in detention.

“There is no system in place to identify people at higher risk of abuse and violence, more over, when incidents occur - there is no follow up process in place. people at risk of abuse need to be checked in with not once not twice, but life long. because even if they get out of abusive situations they are likely to be victimised again because of the effect of trauma on their mind and behaviour pattern. for forcibly displaced LGBTIQ+ persons this trauma is layered and complex, often involving different aspects of identity, not just DV experience and other forms of discrimination and mistreatment. I call for holistic support services that link in with other support services to work through specific issues. health and police as well as social services need to provide referrals and monitor referrals.”

“The services in urban areas are generally good. However, those in regional areas can be a bit lack of understanding about migrant situations.”

“It was very hard to even know these services exist!”

“I feel like sometimes there are so many barriers to people like us; the system is can be felt as if it’s working against you, esp. when you don’t know how/where to seek help or support from.”

“When I look back to 10 years ago many things have changed. I see more migrant and refugee services starting to acknowledge the needs of LGBTIQ displaced people. But I don’t see much of this work from LGBTIQ services yet. I also want to thank FDPN. They are doing invaluable work. I don’t engage now with anyone but knowing there are places that have my back is heart-warming.”

“LGBTIQ services think all queer people are citizens. Early on could not get in.”

“It is important for lesbians to live in a friendly atmosphere as they are vulnerable to assaults from males if they share the accommodation with them. Newly arrived girls don't know how to protect themselves and where to seek for help.”

- Two respondents noted a **lack of pro-active service stance**

“Being here for more than 10+ years, I have realised that practitioners should not be afraid to make mistakes. In my personal opinion, I much appreciate practitioners and services that takes accountability when they have made a mistake, either publicly or just within the context of the treatments/meetings.”

- Two respondents shared their **fear of violence and deportation** if they openly engage with services

“Yes I am not prepared to seek advice given that it may expose me to violence or honor killing by my community.”

“I was scared of deportation. Many young people from Sudanese/south Sudanese backgrounds are always at risk of deportation.”

- Comments were made about prevalence of racism and lack of cultural competency in services and a visible lack of training for services on LGBTIQ+ displacement:

“I think that a lot of support services are not trained to be aware of situations impacting gay and queer displaced people who are often on precarious visa status and are very isolated with little community support.”

2.2 Discrimination in Australia

2.2.1. Experiences of discrimination

Table 2.2.1. Discrimination and Services

	Number	Percent
Prefer not to answer	15	18.3
Yes, gender/sexuality	5	6.1
Yes, skin/ethnicity	9	11.0
Yes, migration status	8	9.8
No	22	26.8
Multiple chosen	22	26.8
Other	1	1.2
Total	82	100.0

Broadly, as shown in the table above, more than half of the participants (n=45%) that chose to answer the question felt discriminated against by services. Five participants felt discriminated against due to gender and/or sexuality, nine participants said they were discriminated against due to the colour of their skin and/or ethnicity and eight participants reported that they were discriminated against based on migration status. Many participants (n=22, 27%) reported multiple experiences of discrimination by services.

When participants were asked how much discrimination made an impact on their ongoing impact on physical and mental health, the results were staggering. Over half the participants that answered the question (n=45, 56%) stated that ongoing experiences of discrimination had an impact on their physical and mental health.

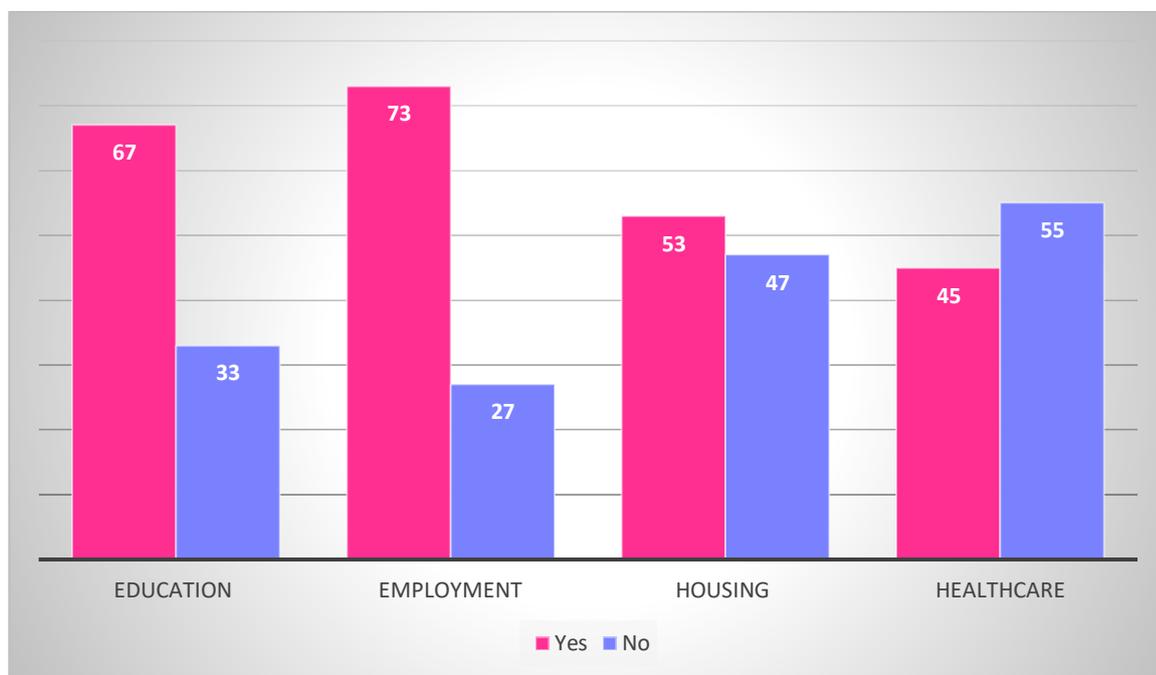
Table 2.2.2. Ongoing Experiences of Discrimination and impact on mental health

	Number	Percent
Not answered	17	20.7
Not at all	13	15.9
A little	21	25.6

	Number	Percent
A lot	25	30.5
N/A	6	7.3
Total	82	100.0

When looking more specifically at discrimination in certain situations, a more nuanced picture of discrimination in a variety of realms emerges. In education settings, 67% (n=39) of participants who answered and had interacted with the education system felt discriminated against. Employment discrimination was similar with 73% (n=44) of participants who are or were employed discriminated against. When asked about experiences of housing, 53% (n=31) or participants were discriminated against. In the realm of health care, 45% (n=27) were discriminated against by the health system.

Chart 2.2.1. Percentage of participants discriminated against by area



In every one of these categories, participants indicated that there were multiple reasons they were discriminated against, including gender and/or sexuality, colour of skin and/or ethnicity and migration status.

2.2.2. Racism, homophobia and transphobia

Racism, homo-/ transphobia and discrimination (31 responses) – this theme constituted almost half of all responses provided about negative experiences. Such responses also included abuse from clients and biases expressed by service workers.

“I was living in share accommodation with other people for my country, the day I moved in I didn't know how people will react and one of the guys took a knife and said we don't allowed gay here, I was scared, I cried, I called the

police but they couldn't help. I applied for government housing [...] but never get anything”.

- 16 out of 30 participants shared experiences of racism and lack of cultural awareness.

“After being victim of physical violence being victim-blamed and questioned by medical staff for 'why' I was attacked. Due to unquestioned racial prejudice and dynamics. have also in another incident been interrogated by medical staff about my visa status, insulted and dehumanized by making me wait and call my lawyer in front of me to confirm what I showed and told clearly: this is from a medical centre claiming specifically to be for refugees and asylum seekers, they need proper training and accountability.”

“Not being recognised for being a refugee because I don't look like it for people. I go to services and they question why I'm there even when I have an appointment.”

“People think if I had money to come to Australia I don't have past experience of violence or trauma”.

- 9 out of 30 participants shared experiences of homo- and transphobia

“LGBTIQ+ orgs have a white and racist attitude. I experienced a lot of homophobia in refugee and settlement orgs from other clients.”

“Yes, wrong pronouns in fact I stop going to hospital as they don't even have a box for trans people, racially profiling, the system wasn't centralised and I need to tell my story again and again.”

“Many LGBT+ services didn't meet my needs as they were not inclusive of CALD people. CALD organisations were not trans inclusive. Most of the times I felt isolated when reaching out for support and eventually stopped.”

Out of those who experienced discrimination, a very small proportion of people lodged complaints:

- 10 respondents complained about service discrimination
- 7 respondents complained about discrimination in education
- 14 respondents complained about discrimination in employment
- 10 respondents complained about discrimination in housing
- 5 respondents complained about discrimination in healthcare.

Participants who chose not to lodge any complaints were asked about the reasons. The overwhelmingly most common reason not to lodge a complaint was 'I did not think the situation will resolve'. Those who experienced discrimination in services were also worried about visa cancellation, those who experienced discrimination in the education and healthcare settings did not know they could lodge a complaint, and those who experienced discrimination in employment were worried that they would be fired. Other comments also included not

understanding at the time that the experience was discrimination and also not believing in any accountability.

2.2.3. Outcomes after lodging a complaint

Questions about the outcomes after lodging a complaint were optional so only some responses were provided. However, a trend has emerged. Those who responded predominantly mentioned either nothing changed, or they were ostracised or dismissed. Only a much smaller number noted some positive changes.

- Discrimination in services: out of 9 responses, 7 reported unfavourable outcomes and 2 reported no change;
- Discrimination in education: out of 8 responses, half noted positive and half noted negative outcomes.
- Discrimination in employment: out of 11 responses, almost half noted no change, and only one noted a positive outcome.
- Discrimination in housing: out of 10 responses, 6 reported no positive outcome happening, while the rest reported positive outcomes, with one clarification:

“I defeated my landlord in multiple claims and proceedings in VCAT and the Magistrates’ Court. However, being homeless took a toll and my mental health exacerbated severely. I eventually gave up a compensation claim which was in the thousands.”

- Discrimination in healthcare: out of 4 responses, half noted no outcomes, one noted a positive outcome and one noted continuation of discrimination by another specialist.

2.3 Violence experienced within Australia

2.3.1. Experiences of sexual and gender-based violence

This section had an additional level of consent to respond noting that recollection of experiences of violence may cause stress to participants. 53 respondents (65%) agreed to answer questions about the experiences of sexual and gender-based violence prior coming to Australia and in Australia. Out of these respondents:

- **Seventy-five per cent (75%, n=40) experienced sexual and gender-based violence prior coming to Australia, and**
- **Thirty-seven per cent (37%, n=30) of participants said they experienced violence after they arrived here.**

If we consider only those who chose to answer the question, the percentage rises to 60% of participants experienced violence in Australia. This is significantly higher than the average Australian rate of 4.4% in 2020 to 2021 (ABS, 2022).

Additionally, 37% of participants preferred not to discuss their experiences of violence. These numbers are significant because of not only the high rates, but also the hesitancy of a large

portion of the participants to discuss these experiences. While this could be for a number of reasons, it is important to consider that this may be because of fear of repercussion for discussing or trauma from experiences of violence.

In both questions (prior and in Australia) participants were asked to provide details about the types of violence. These questions were optional to avoid re-traumatisation so number of participants providing such details is smaller. Definitions of each type of violence were provided.

Table 2.3.1. Types of sexual and gender-based violence prior coming to Australia and in Australia

Types of violence	From an intimate partner		From a family member		From a stranger		From a housemate, co-workers, or person I know		From an authority figure (for example police, worker in a refugee camp)		Total yes		No	
	Prior	AU	Prior	AU	Prior	AU	Prior	AU	Prior	AU	Prior	AU	Prior	AU
Blackmail and extortion	2	1	1	0	6	1	3	2	3	0	15	4	30	22
Arranged or forced marriage	2	2	10	3	4	1	2	1	1	1	19	8	16	21
Emotional abuse	4	8	17	2	4	2	6	8	4	1	35	21	1	5
Female Genital Mutilation	0	0	2	0	1	1	0	0	0	0	3	1	32	26
Financial abuse	4	2	7	1	1	1	3	2	0	1	15	7	20	20
Sexuality conversion practices	1	1	9	0	1	1	3	2	2	0	16	4	20	23
LGBTIQ-related abuse	4	0	12	1	3	4	7	4	3	0	29	9	7	18
Physical violence	5	5	13	2	6	10	5	3	2	0	31	20	2	5
Property damage	4	5	3	0	4	3	2	1	1	0	14	9	21	19
Reproductive coercion	0	0	2	0	1	1	2	0	0	0	5	1	30	25
Sexual harassment	4	3	5	1	9	4	7	10	3	1	28	19	7	7
Sexual violence	6	3	4	1	4	3	7	2	3	0	24	9	11	17
Social isolation	3	3	11	0	1	1	3	2	1	0	19	6	16	20
Spiritual abuse	1	0	2	0	1	1	1	0	2	1	7	2	29	25
Stalking	4	0	1	1	4	3	3	2	3	0	15	6	19	20
Technology-facilitated abuse	2	1	2	0	3	4	1	3	0	0	8	8	27	19
Surgeries on an intersex people	0	0	0	0	1	1	0	0	0	0	1	1	32	25
Verbal abuse	5	3	16	2	4	8	4	7	3	0	32	20	4	6

The most common types of violence experienced in Australia were:

- Emotional abuse¹³ (n=21)
- Verbal abuse¹⁴ (n=20)
- Sexual harassment (n=19)
- Physical violence (n=19)

Other findings worth noting:

- Four (n=4) participants noted experiences of sexuality and gender conversion practices. 2 of those participants reside in VIC where such harmful practices are illegal.
- Nine (n=9) participants experienced sexual violence in Australia predominantly from a known perpetrator. This is consistent with general patterns in sexual violence statistics.
- Perpetrators of physical violence were half strangers and half known people. This is both consistent on family violence data and prevalent homophobia.
- Family members as perpetrators of violence were less represented in Australia given that many either do not have any family here or cut all ties.

2.3.2. Seeking services after experience of violence

Of the 30 participants that that said they experienced violence in Australia (n=30), about 17% (n=14) stated that they had attempted to seek services after their experience of violence. Participants were most likely to seek support of a counsellor (n=10) or friends (n=9) for their experiences of violence.

Ten (n=10) responses were provided about the outcomes of seeking support. Some noted access to services as a result (e.g. regular GP); others noted that a perpetrator was sentenced. Two participants noted that no positive outcome was achieved:

“The system undermined my experience and only gave a minor sentence to a perpetrator.”

2.3.3. Other comments provided about experiences of violence support services

- Two (n=2) participants shared their **negative experiences with police:**

“The police communicate extremely poorly about how the case is developing. I was a witness, not a victim in the case and this was very confusing.”

“I feel afraid to involve police in situations of physical violence because police have been violent to me both in Australia and outside of it. I have

¹³ Emotional abuse is understood as being regularly manipulated, humiliated in front of others, gaslighted, bullied, blamed for abuse; threats by partner or family member to commit suicide.

¹⁴ Verbal abuse is being understood as regular criticism, insults or demeaning language

never felt safe by their presence especially seeing them armed with guns and in Australia the racist white-supremacy that runs through this system.”

- Three (n=3) participants shared that their **experiences of violence are not taken seriously** and there is limited support:

“There is nothing in the public or media about LGBTIQ people. It’s like your experiences are not valid. If you want to seek help finally for historical abuse you can’t get it. But it is only here we sometimes understand that what happened was violence.”

- One (n=1) respondent shared **barriers to healthcare after violence but when there is no Medicare:**

“I was kicked in the stomach while experiencing homelessness and don't have Medicare. I can't call an ambulance as it's a private service and I once got a \$1000 bill for using the services.”

2.4 Community support and connections

2.4.1. Belonging across diverse communities

Participants were asked if they felt part of different communities, specifically LGBTIQ+, ethnic, refugee and disabled communities. These series of questions were optional so only some proportion of participants responded. We further probed this question by asking participants to choose between the following answers: “yes”, “yes but only with others like me”, “yes but only if not disclose sexuality/refugee status/disability”, “sometimes” and “no”. Participants could choose multiple answers.

In the LGBTIQ+ community, of those participants who answered (n=64), 91% (n=58) felt part of the community at least sometimes. 15%, however, indicated that they belonged to the LGBTIQ+ community if they did not disclose their migration status.

However, in regard to feeling part of an ethnic community, of those who answered (n=63), only about 56% (n=35) felt they were part of the community. The majority who did feel included (n=23, 38%), only felt included when they did not disclose their LGBTIQ+ status to other community members.

In the refugee and asylum-seeking community, of those who answered (n=62), 63% (n=33) felt part of the community.

In regard to the disabled community, of those participants who indicated they had a disability (n=36), 62% (n=22) did not feel they were part of the community.

2.4.2. Main community of belonging

Forty-six (n=46) responses were provided:

- Only with a close/selected group of people, some immediate family including a partner or chosen family – 12 responses
- LGBTIQ+ community as a whole – 12 responses
- Reported not feeling belonging or having a community – 9 responses
- Community of colour or own ethnic community – 6 responses
- LGBTIQ+ community of colour and/or from migrant/refugee backgrounds – 6 responses
- Trans people of colour – 1 response

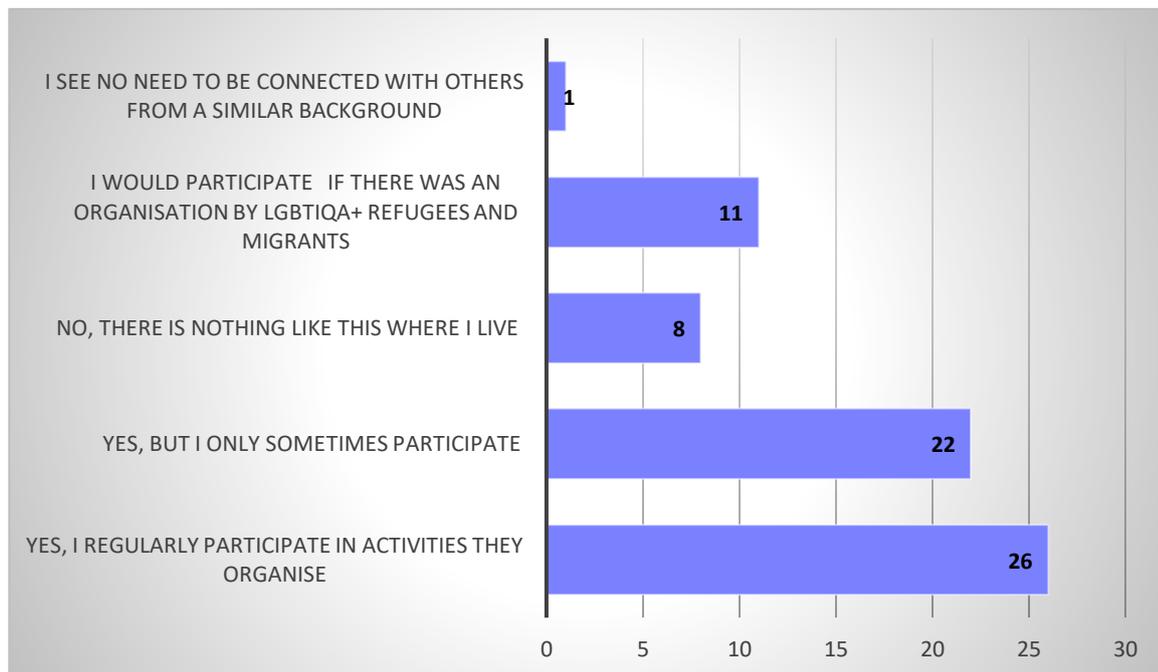
2.4.3. Reasons for not feeling a part of a community

Two participants drew attention to the challenges of having intersectional experiences:

“It's hard to inhabit the two worlds at once: migrant and lesbian. Usually the ethnic communities are too conservative and the anglo world does welcome me as a queer woman but doesn't want to know about my migrant side unless is about holidays and fun stuff.”

“I have been discriminated in the past. I don't want to spend too much time playing the role of the 'educator'”.

2.4.4. Connection with an organisation or a group of LGBTIQ+ refugees and migrants in participants' location



About half of respondents indicated that there are no LGBTIQ+ refugee-led groups where they live. Two additional comments were provided noting previous negative experiences in those spaces hence not connecting any more.

2.4.5. Other comments provided about community support

- Four (n=4) participants stated the **need for better support of LGBTIQ+ refugee-led services:**

“We need more support for LGBTIQ refugee led groups. They meet our needs. They are a community. General LGBTIQ organisations are so white.”

- Three (n=3) participants reflected on a **lack of LGBTIQ+ refugee groups and services meeting their needs** (eg. services for women, for specific ethnic groups etc)

“I would like to have more of a community support, but I don't find women from my home region (Latin America) in groups. Usually gay men occupy that space. And I would like to belong to the wider community more, and not have to care about my accent or status anymore. It's tiring.”

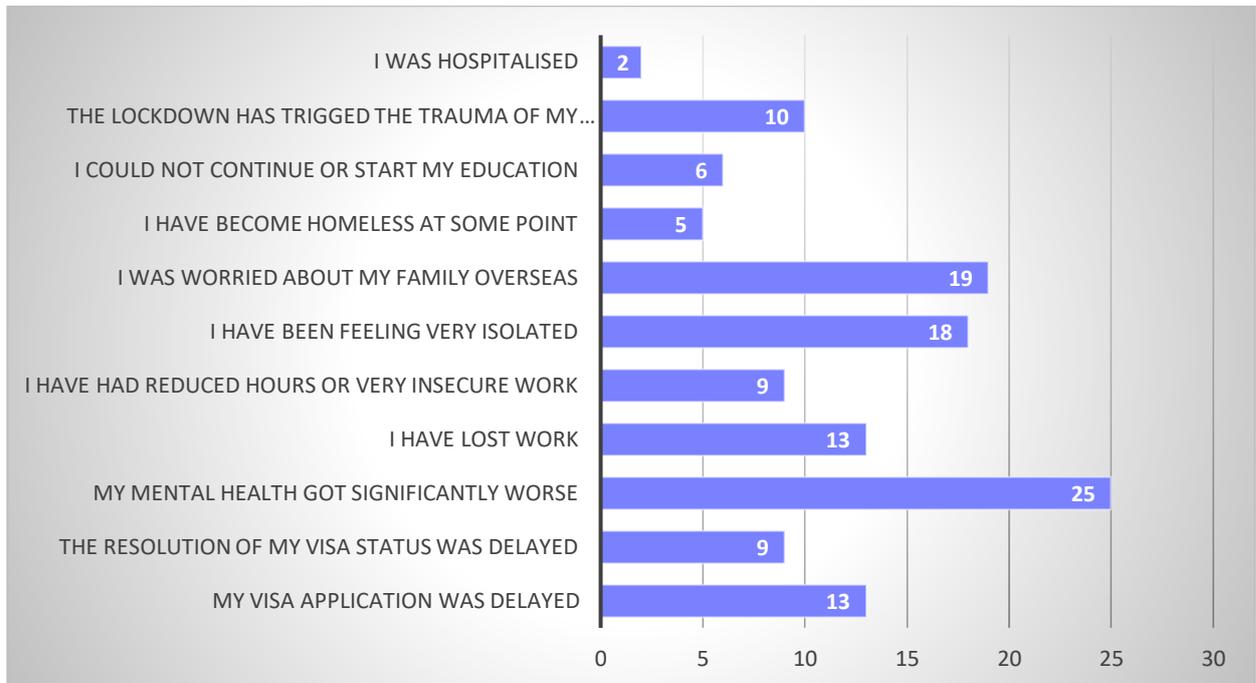
- One (n=1) participant noted how previous experiences of racism and LGBTIQ+ discrimination impact their ability to engage.
- One (n=1) participant noted that having a term ‘forcibly displaced person’ makes them feel seen.
- One (n=1) participant thanked FDPN for their work.

3. Impacts of the COVID-19 pandemic

Forty (n=40) participants agreed to answer these questions.

3.1. Impacts of the pandemic

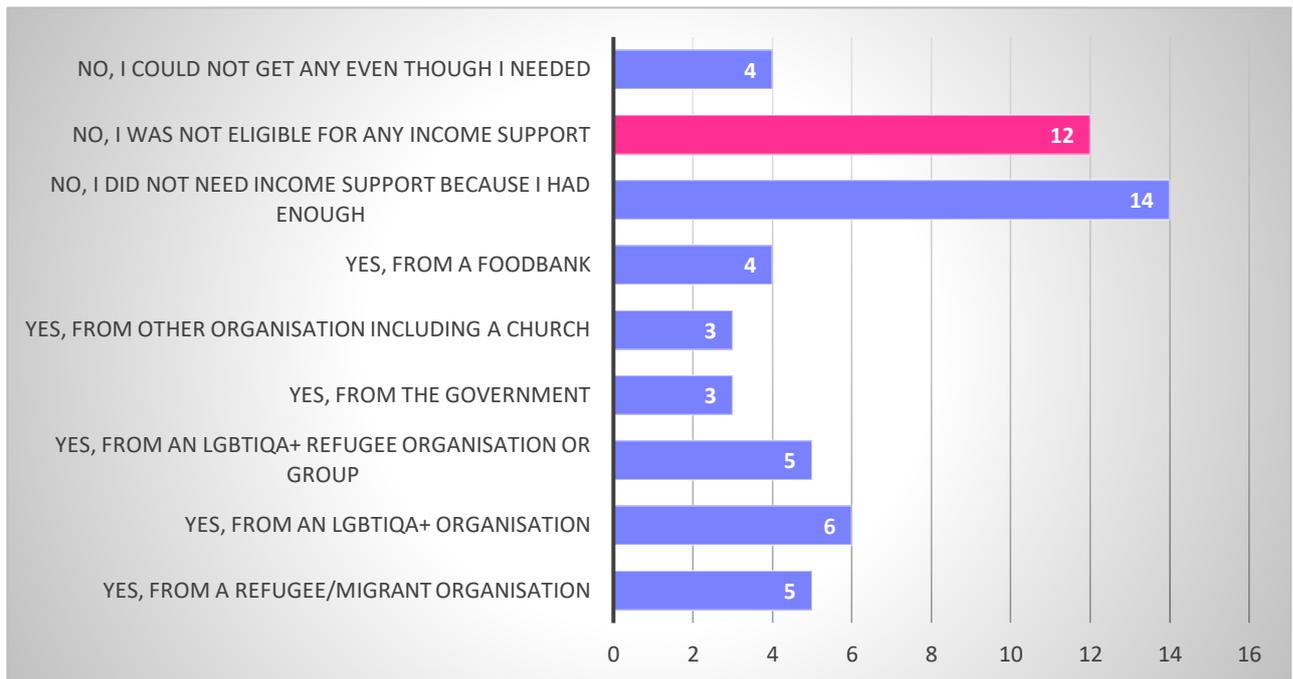
Chart 3.1.1. Impacts (multiple choice question)



The most common negative impacts were worsened mental health (n=25), followed by worrying about family in the country of origin (n=19) and feeling isolated (n=18).

One additional respondent noted being targeted and abused for being Chinese.

3.1.1. Access to income support, material aid or groceries



A similar split is present in responses with fourteen (n=14) participants indicating they did not any support and twelve (n=12) noting ineligibility. During our work during pandemic FDPN observed many people while struggling being willing to share the support in case someone else needed it more.

3.1.2. Skipping meals

Two optional questions were asked about whether participants skipped any meals in the past month (the period between June – November 2022) and in the past 2 years.

More people (15%, n=13) skipped meals in the beginning of pandemic than in the past month (6%, n=5, the period between June – November 2022). This data is consistent with the data on poverty in Australia where according to ACOSS 13% live in poverty.¹⁵

3.1.3. COVID vaccination

Out of forty (n=40) provided responses all participants were vaccinated. No responses were provided against vaccination.

¹⁵ See more at <https://povertyandinequality.acoss.org.au/poverty/>

