

FAMILY VIOLENCE AND THE LGBTI COMMUNITY

SUBMISSION TO THE VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

Submitted by:

Dr Philomena Horsley, Research Fellow

On behalf of:

Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne

May, 2015

INTRODUCTION

Gay and Lesbian Health Victoria welcomes the opportunity provided by the Royal Commission, to specifically address the needs and experiences of gay, lesbian, bisexual, transgender (trans*) and intersex communities (GLBTI) in relation to Family Violence (**Terms of Reference 6**). In this process we wish to also acknowledge the diversity of the LGBTI community which includes people who are children, seniors, from ATSI and CALD communities, those living with disabilities and those living in regional and rural Victoria.

Gay and Lesbian Health Victoria (GLHV) is part of the Australian Research Centre in Sex, Health & Society, based at La Trobe University. It has been funded by the Department of Human Services since 2003. Its role is to conduct research (state based and national) about the health and wellbeing of the LGBTI population; to provide staff training to the health, community and related sectors; to develop and manage programs that target particular LGBTI groups and services providers, such as the Safe Schools Coalition of Victoria; and to develop resources that support services and policy makers to become more knowledgeable about, and inclusive of, LGBTI people. In 2012, GLHV developed what are now recognised as national standards for LGBTI Inclusive practice in services. These now form the basis of the national accreditation program called the 'Rainbow Tick' (and delivered by QIP).

Throughout the course of our work we continually work and consult with service providers from the health, community, housing, justice and LGBTI service sectors; other researchers and policy makers; members of the LGBTI community; and international collaborators. This submission reflects our understanding of the limited amount of research available on the issue of LGBTI-related family violence, our own Victorian and nationally based research into the health and well-being of LGBTI people, and the knowledge shared by individuals and service providers with us.

The **terminology** of 'LGBTI' and 'Family Violence' used in the context of this submission is referring to:

- Violence in same sex relationships (including trans* people)
- Violence involving trans* people in opposite sex relationships as well as those involving trans* people in the process of transition
- Violence experienced by people who are intersex and gender-diverse within the context of partner relationships and broader family networks
- Violence directly experienced by LGBTI people from family members and carers
- Violence witnessed by LGBTI people within their families of origin

The real life **stories** (anecdotes) provided in our submission are sourced from our recent work in Victoria, unless indicated otherwise.

Please note: This submission does not incorporate a detailed literature review on the issue of LGBTI family violence. A complementary submission from the Victorian Gay and Lesbian Rights Lobby will address the existing literature in some depth.

BACKGROUND – WHAT DO WE KNOW ABOUT LGTI PEOPLE AND FAMILY VIOLENCE?

Research into family violence involving people from the lesbian, gay, bisexual, transgender and intersex community remains limited both here in Australia and internationally.

However, the existing evidence supports the following picture:

- same sex couples experience the same, similar or even levels of family violence, domestic violence, and intimate partner violence as heterosexual couples (Chan 2005)
- LGBTI people have experienced high levels of domestic violence in any relationship (same sex or opposite sex):
 - in a national study, a high percentage (32.7%) of LGBTI Australians have reported having been in a relationship where the partner was abusive (same sex or opposite sex partner), representing a considerable burden of distress and injury (Pitts et al. 2006). One third of this group reported having been physically injured, but only 20% had reported this to police.
 - in a Victorian study, one third of GLBT respondents had been in a same sex relationship where they were subject to abuse by their partner: 78% of the abuse was psychological and 58% involved physical abuse or being hit. Lesbians were more likely to report an abusive same sex relationship than gay men (41% v. 28%) (Leonard et al. 2008).
 - transgender people may experience significantly higher levels of emotional, sexual or physical abuse from a partner or ex-partner (Scottish Transgender Alliance 2011).
- people who have formed same sex relationships (past and present) are at the same or similar risk of intimate partner homicide as heterosexual relationships. According to the Australian Institute of Criminology (Gannoni & Cussen 2014), approximately 2% of cases of intimate partner homicides in Australia from 1989-2010 involved partners from same-sex relationships, although this may represent under-reporting . The lack of specific information about a victim or offender’s sexual or gender identity

currently precludes an analysis of transgendered, bi-sexual or intersex persons as victims or offenders in homicide matters.

- LGBTI people may be at greater risk than heterosexual people from abuse, harassment and violence from family members such as parents, siblings and offspring due to entrenched homophobia.
 - For young people in particular this puts them at higher risk of homelessness than their peers: Victorian research suggests that same sex attracted young people are disproportionately more homeless than opposite attracted young people (Rossiter et al. 2003)
 - For older people, there may be a heightened risk of homophobic-related family violence, particularly as they become more dependant or frail

Factors that either put LGBTI people at greater risk of family violence, or the likelihood of less access to supportive services, include such as:

- CALD and religious backgrounds that uphold rigid gender roles and conservative views about sexuality
- living in rural and regional areas of Victoria which hold more homophobic and transphobic attitudes
- living with a disability (21% of LGBTI people)

In addition, the LGBTI population's disproportionate, life-long exposure to physical and verbal violence, sexual violence and discrimination (detailed below) can exacerbate people's vulnerability to, and the impact of, family violence by:

- Contributing to the cumulative impact of violence on people's psychological and physical health and social isolation
- making it more difficult for LGBTI people to both recognise and leave abusive relationships involving partners, parents and other family members
- giving people cause to fear and mistrust services, including health and community services, police and the legal system

Specific cultural, social, economic, geographical or other factors which can make family violence more likely to occur, or exacerbate its effects.

Homophobia, transphobia and heterosexism are still a significant characteristic of Australian society. Consequently, prejudice, violence and discrimination directed at LGBTI people is still prevalent. Recent research indicates that, while Australians' attitudes to sexual diversity have improved in the last ten years, still 1 in 8 women and 1 in 4 men think sex between two men is 'always wrong', and 1 in 6 men and 1 in 8 women think sex between two women is always wrong (Richters et al 2014).

Attitudes to trans* people remain under-researched. However, trans* women and trans* men in Australia report higher levels of verbal abuse and physical harassment than gay men, lesbians or bisexual men and women (Leonard et al. 2012).

The experience of abuse and physical and sexual violence is prevalent among LGBTI people, and cumulative in its effects

Negative community attitudes towards sexual and gender diversity underpin the high levels of abuse and violence experienced by LGBTI people, and the experience of discrimination that continues to occur despite legal protections in the form of anti-discrimination legislation.

- In Victoria, **one in seven** GLBT people reported living in fear of heterosexist violence (Leonard et al 2008)
- In Victoria, **one in four** GLBT people had been subject to physical violence or the threat of physical violence in the past two years (Leonard et al 2008).
- In Australia, **49%** of trans women and **55%** of trans men reported harassment or abuse in previous 12 months (Leonard et al. 2015), a pattern identified in international research (Scottish Transgender Alliance 2013)

Data from the first *Australian Study of Health and Relationships* has compared heterosexual and LGB rates of **sexual coercion** (defined as 'Being forced or frightened into doing something sexual that you don't want to do') since the age of 16 (de Visser et al. 2003). The results indicated significantly higher rates experienced by lesbian, gay and bisexual people compared to heterosexual men and women (the research did not identify the gender of the perpetrators). It found that:

- 35% of lesbians and 49% of bisexual women had experienced sexual coercion, compared to 21% of heterosexual women

- 19% of gay men and 23% of bisexual men had experienced sexual coercion compared to 5% of heterosexual men.

People's life-long, lived experience of abuse, violence and discrimination can result in a high tolerance of violence in personal relationships and an unwillingness to seek help from services. This is likely to be particularly true for older LGBT people, most of whom who have endured many decades of rejection and/or violence from family members, and are also more likely to be isolated.

These experiences are also linked to higher levels of emotional distress, psychological ill-health (and suicide attempts) and poorer levels of physical health than the general population (Leonard et al. 2012, 2014). In turn these can lead to greater acquiescence within violent relationships and greater vulnerability to the health impacts of family violence.

LGBTI people's concerns regarding prejudice and discriminatory responses from services

In Victoria it is well recognised that LGBTI people regularly conceal their identity when in public or when accessing services for fear of violence or negative responses (Ministerial Advisory Committee 2009). Research by GLHV has revealed that:

- In Victoria, over 50% of GLBT respondents reported that they *usually* or *occasionally* hid their sexuality or gender identity for fear of heterosexist violence or abuse in public places, work and social and community events (Leonard et al, 2008).
- In Australia, nearly 34% of GLBT respondents reported that they *usually* or *occasionally* hid their sexuality or gender identity when accessing services and 39% did so at work (Leonard et al., 2012).

Many LGBTI community members have a fundamental distrust of mainstream services, or a belief that providers will think less of them if they reveal their sexual or gender identity. This response is exacerbated in situations where people are feeling vulnerable and distressed due to experiences of partner or family abuse.

Limitations in knowledge and understanding about family violence within the LGBTI community

The predominant, often exclusive, explanatory models of Family Violence, Domestic Violence and Intimate Partner Violence that are promulgated in government policy documents, related research, the services sector and in broader society are both gendered and heterosexual. The terms are primarily used to refer to 'the most dominant pattern of violence occurring in the home: the gender-specific dynamics of violence perpetrated by men against women' (Victorian Health Promotion Foundation, 2011).

While this focus on the unequal power relationships between men and women accurately describes the majority of family violence occurring in Australia, it also serves to exclude, hide or disregard the dynamics of violence in same sex relationships or relationships involving transgender people who identify as heterosexual, or those involving intersex people. We would argue that many GLBTI people do not identify family violence when they experience it because of a lack of recognition of its existence in same sex or gender diverse relationships (Leonard et al. 2006).

The characteristic results of this non-recognition of LGBTI family violence are as follows:

- people in same sex relationships often do not recognise the abuse their partner's abusive or controlling behaviour as serious and unacceptable, and therefore delay seeking help
- if a same sex partner seeks support to leave a violent relationship their issues are often considered less important or less urgent than those in heterosexual relationships because there is not considered to be based in an 'unequal power relationship', or that, because they are of the same sex, that the abuse must be 'mutual'
- LGBTI friends and others in a same sex couple's social networks often do not recognise the abusive relationship dynamics as 'intimate partner violence' or 'family violence'
- due to the widespread, public focus on heterosexual couples and families, significant numbers of people in the LGBTI community do not believe that domestic violence is an issue relevant to their community. It is not uncommon, for instance, to hear lesbians say that 'women cannot be violent to other women'. There is a lack of inclusive language to describe the phenomena.
- if a same sex partner or heterosexual trans* or intersex person does seek help (whether it be through police intervention, disclosure to a GP, telephone support or counselling), they often experience ignorance from service providers or fear they will be subjected to negative or ignorant responses from these providers
- patterns of manipulation and violence that can occur in same sex relationships, and those involving transgender people, are under-researched and poorly understood by service providers and the LGBTI community. Some aspects that can specific to LGBTI partner or family relationships include:
 - o threats by the violent partner or family member to 'out' the victim (eg. in their workplace, neighbourhood, religious community, health setting or social security services such as Centrelink), with this being used as a powerful form of control (Kay & Jeffries 2010). This threat can be particularly potent if the couple are living in rural/regional Victoria.
 - o claims by the violent partner that their LGBTI community friends will not believe the victim's story and that they will become isolated from these

networks. (Around a half of LGBTI respondents in our national research report being isolated from friends and family by partners).

- claims by violent partner/family member that the police or justice system are homophobic and will not help them
- coerced sex through manipulation of a victim's shame or guilt related to their sexual or gender identity
- increased isolation from support networks due to deep seated shame and stigma related to internalised homophobia or transphobia
- transphobic emotional abuse whereby a partner stops trans* person from taking their hormone medication, expressing their gender identity through appearance or use of appropriate pronouns and otherwise invalidating their gender identity

Story: ██████ and '██████ had been in a relationship for a few years in a rural Victorian town. Both women were completely closeted. As the relationship progressed ██████ became visibly 'fanatical' and 'obsessive' about her relationship with ██████. She began to feel uncomfortable and wanted to end the relationship. ██████ threatened ██████ with being outed at her workplace and in the community. In the end, in order to escape the relationship, ██████ felt forced to sell her home and to move to Melbourne metro in order to escape being outed.

Quote: *She knew about my transgender status. At first she was okay about it, but then she used it against me...She started threatening to tell my friends about it if I didn't do what she wanted...I trusted her but she abused that. After we broke up, she went around my friends and told them I was transgender (Scottish Transgender Alliance, 2010).*

Violence perpetrated by family members

The predominant focus on 'family violence' generally invariably involves cases of domestic violence involving heterosexual partners and ex-partners. This focus inevitably downplays or obscures the violence perpetrated by siblings, parents and other family members.

Members of the LGBTI population have experienced high levels of homophobic/transphobic violence from family members as a response to their sexual and gender diversity. Young people and older people are particularly vulnerable to this form of violence due to the greater likelihood of their dependence on their families. However, existing models of family related violence (including 'elder abuse') exclude recognition of homophobia and transphobia as motivations for many forms of family violence experienced by LGBTI people.

Factors that heighten or exacerbate the risk of family violence for LGBTI people

Our national research indicates that LGBT people who identify with other minority populations or who experience other forms of marginality may be subject to the interaction

of heterosexism and other forms of stigma and discrimination which heighten their vulnerability and compound the negative health impacts of violence (Leonard et al 2015).

Negative attitudes towards sexual and gender diversity are stronger and more prevalent within families that hold traditional attitudes to gender roles and sexuality. These include families from conservative religious backgrounds or communities, and CALD families and communities that represent more recently arrived populations.

Culturally and linguistically diverse communities

More recently arrived migrant groups and refugee communities often come from countries where homosexuality remains a criminal offence punishable by imprisonment (79 countries) or death (in 9 countries including Iran, Iraq, Somalia and Sudan) (ILGA 2013).

Lesbian, gay, bisexual and trans* people within such families can be at significant risk of in terms of their loss of liberty and personal safety. Research in New South Wales into homophobia in Arabic-speaking communities has indicated that there are specific issues regarding family 'honour' (or reputation) that place lesbian, gay and bisexual people at high risk (ACON 2011). LGB individuals have reported situations where family have physically assaulted them, locked them in their rooms, confiscated their bankcards and mobile phones, refused access to more sympathetic family members, and been subjected to 'interventions' by community elders.

Respondents in this research listed a number of situations involving threat, intimidation and physical violence from family members, including:

Family found porn when I was younger, threaten to kill me etc if I was gay [20-24 years, gay man]

I have been bashed by a family member for shaming the family [.] Talks at family gatherings that being GLQ is due to corruption of the WEST. The Imam and sheikh claiming that the death penalty is the punishment for GLQ [30-34 years, lesbian].

Major barriers exist in Victoria for LGBTI people from CALD and asylum seeker backgrounds in terms of accessing support and informed interventions from both mainstream health services and specific CALD and refugee support services programs which have very traditional views of sexuality and gender (Noto et al. 2014).

Indigenous communities

Little research exists in relation to LGBTI Victorians who are Indigenous. One study has suggested that there is a 'silence' and 'invisibility' attributed to gay and lesbian relationships, often due to an older generation's adherence to Christian values (Mann et al. 2006). Indigenous Victorians witness or experience high levels of family violence within their own communities than the general population as well as racially-based violence from the

broader community. For those who identify as Indigenous and LGBTI the effects of this exposure violence can be compounded by violence that might occur in their own partner relationships or be directed towards them by family members because of their sexuality or gender identity. A lack of trust and confidence in police is characteristic of the Victorian Indigenous community generally, and certainly shared by many who identify as LGBTI.

Disability:

One in five LGBTI people in Australia are also living with a disability (Leonard et al, 2012). Unpublished analysis of our national data set from Private Lives 2 indicates that LGBTI individuals living with disability experience higher levels of violence than non-disabled LGBTI people. Given the high levels of family violence experienced by women and men with disabilities generally, it is likely that LGBTI people face similar or greater risks due to the compounding factors of disability and sexual/gender diversity.

Story: ██████ is in his early 20s and gay. He has a mild intellectual disability and is living at home with his parents but has not told them about his sexuality. He accesses some gay websites on the computer in his room and secretly brings home and hides the free LGBTI community newspapers when he can. Last year ██████'s older brother, ██████, visited the family home and discovered some of this material. Since then he has been visiting regularly and coercing ██████ into performing fellatio on him and buying him cigarettes from his disability allowance, under threat of telling their parents ██████ is gay. ██████ told ██████ that his parents will reject him and 'put him in a home' if they discover his sexuality. Meanwhile the men's parents have expressed delight that ██████ has been showing renewed interest in his younger brother, leaving ██████ feeling more trapped.

In addition, LGBTI people living with chronic illnesses such as HIV continue to face social stigma and often experience dependence which can lead to greater vulnerability in intimate relationships.

Age – older people

The vast majority of older LGBT people have experienced a long life history of social exclusion, family rejection, community-sanctioned violence and discrimination, and in some cases for men, a criminal record for having consensual adult sex. As they move into their final decades of life, their increasing vulnerability and frailty leaves them exposed to emotional and economic abuse, social isolation and physical violence perpetrated by family members and carers.

After a life-long habitual need to conceal their sexual identities, older lesbian and gay people can be particularly vulnerable to violence from family members who threaten to 'out' them.

Story: ██████ and ██████ have been in a relationship for ██████ years and are now in their early 80s without visible support networks. Together they own a house that was originally put in ██████'s name only, to protect the confidentiality of their relationship. Both receive the aged care pension as individuals (despite the 2009 Commonwealth changes to Centrelink that recognised same-sex couples and therefore required this disclosure). While ██████ has no existing family, ██████'s estranged family has recently been in contact. A nephew has begun visiting, under the guise of 'reconnecting' with family and 'supporting' the couple. In fact, the nephew has been demanding money with increasing physical aggression, and threatening to go the Centrelink and expose the fact that they live as a couple if ██████ and ██████ do not comply. ██████ is now partially blind and ██████ is becoming increasingly unwell. He is extremely fearful of what may happen to ██████ should he become seriously ill and the family attempt to take ownership of the house. He attempted to carefully raise his concerns with the visiting GP but felt that the GP either was resistant to his attempt or had no idea how to respond.

Most older trans* people have only had the opportunity to transition when they reached their 50s and 60s and many are estranged from their parents, siblings and children because of their transition. Consequently there are genuine concerns (founded in stories of what has happened to other trans* people), that family members will re-enter their lives as they become frail and dependant, and attempt to reverse their gender change process by controlling their medication, their income and their lives.

Age – young people

Young LGBTI people are particularly vulnerable to family violence, both as victims of homophobic/transphobic violence and as witnesses to family violence. In *Writing themselves in 3 – the 3rd national study of the sexual health and well-being of same sex attracted (WTI3) and gender questioning young people* (Hillier et al.2010), the majority of respondents (aged 14 to 21) reported experiencing verbal (61%) and physical abuse (18%) because of homophobia. While most of this abuse occurred in school settings, 24% had experienced abuse at home, with fathers more likely to physically assault their children. WTI3 respondents gave examples such as the following:

At one point they suspected I was gay...I was locked into a room (by my parents and brother), much like an interrogation. Physically and mentally abused for a few hours and "released" after I kept saying I will kill myself (although their reply was "Either kill yourself or we will kill you") ██████, 15 years).

My mother initiated a fist-fight. She began to hit me out of anger because of my sexual orientation (I ██████, 15 years)

I got 3 broken ribs, a broken collar bone, a punctured lung, my jaw broken in 2 places and 7 of my teeth got punched out when my father found out I was a homosexual (█████, 19 years).

At the time that █████ completed the survey she was unemployed and living in a squat. Research indicates that same sex attracted young people are over-represented among homeless young people aged 12-20 in Melbourne (Rossiter et al. 2003). Many of these young people had been ejected from their family home or felt unsafe staying.

There is anecdotal evidence to suggest that young LGBTI people who witness regular violence within their family are less likely to feel safe coming out at home for fear of violent responses from parents and siblings.

Geographic location:

National research indicates that LGBTI people living in rural and regional Victoria (and Australia) are exposed to higher levels of homophobia (de Visser et al 2014), which would include responses from family members. In addition, LGBTI people in rural areas can also be more isolated, with fewer social and support networks. When violence occurs in same sex relationships, the experience of violence can be exacerbated by factors such as the likelihood of less access to supportive, non-discriminatory services that are educated about LGBTI-related issues. This situation is illustrated by the story we received below:

Story: █████ had been in a relationship with █████ for well over a decade in a rural Victorian town. █████ was often an ‘angry’ person with █████, even in social occasions where she would sometimes behave unreasonably and embarrass her partner in front of their shared friends. █████ voluntarily cared for █████’s elderly mother and it was discovered that she had been subjecting the older woman to abuse, including physical violence. After enduring one final physical assault by █████, █████ finally left the relationship. However, she was so fearful of █████ she ‘left with nothing’ – she drove off in her work car leaving all her belongings and her own car behind. When she arrived at a friend’s place she was covered in bruises but unable to name the experience as domestic violence.

In response to █████ leaving, █████ took out an intervention order against her, claiming that she was the one who had been abused, and refused to hand over any of █████’s property. While █████ was able to retain a lawyer, she believed he did not serve her well: he was not interested in understanding or acknowledging the level of violence and intimidation that she had been subjected to (but happy to run up a substantial bill which left her financially disadvantaged).

When █████ was eventually able to return for her possession, accompanied by police, █████ blocked her access to most of the rooms in the house, and the police did not enforce her right to access them. █████ says that █████ put a lot of effort

into appearing 'meek and mild' to others. It appears that neither the solicitor nor the police were capable of understanding that women can be violent towards their female partners.

What barriers prevent people from the LGBTI communities in Victoria from engaging with or benefitting from family violence services?

The existing policy, research and services framework overwhelmingly positions family/domestic violence as either an issue involving heterosexual women as victims and heterosexual men as perpetrators, or an issue specific to heterosexual families. In this context there has been little impetus to both acknowledge and investigate the issue of family violence as it affects the LGBTI community, nor to resource responses that would better reflect the community's needs in terms of services.

Education and training for service providers on LGBTI-related family violence has been limited, resulting in a widespread lack of awareness about its existence.

Story: *Police in an outer metropolitan Melbourne suburb received a call-out from neighbours to attend what sounds like a violent argument in the flat next door. When they arrived they found two men inside the flat. The men appeared to the police to be flatmates. Although the smaller man appeared visibly shaken and nervous the police questioned both men together. They were assured by the taller man that the two men had simply had an argument about something trivial but that it was all over. Later that night the same police were called to the local hospital's Emergency Department to discover the shorter man had been severely beaten and was being moved to the ICU with serious injuries. On investigation it was confirmed that the two men had been in a relationship for some years. One of the attending officers reflected with great regret that, on arrival at the flat, they did not implement the standard procedure in relation to suspected domestic violence, which required that the two people involved be interviewed separately to ascertain if they felt safe. He recognised that he did not entertain the idea of the men as a gay couple at the time.*

In the case of intimate partner violence particularly, and family violence generally, there are particular challenges for the current service system in recognising current or potential clients may be LGBTI.

Service issues for LGBTI people who experience family violence

1. *Exclusion of trans* women from support services for victims, including refuges and support groups. Over the past decade there have been repeated stories of trans* women being refused access to refuges for victims of family violence, or being made*

to feel so uncomfortable that they have left with no other place to go. Among some feminist workers in the services sectors there remains the view that trans* women are not 'real women', are not covered by the Victorian Equal Opportunity Act, and are therefore not entitled to access support services, including refuges and other emergency housing options.

2. *Lack of support for gay, bisexual and trans* men.* There are few if any options available to this group under the current referral and support service system. We understand that currently, the only option for these male victims of family violence is referral to the Victims of Crime organisation by police. However, we believe it unlikely that many GBT men would access this option.
3. *Lack of support for lesbian/bi women and trans* women:* All major telephone support and counselling services are directed towards heterosexual women, that is as "women who are experiencing violence from a male family member" (MRS website). Women in same sex relationships report being unwillingly to attend support services for victims of family violence. Given the current focus on male perpetrators they fear homophobic or uneducated responses from services providers and other women in support settings. To our knowledge, only one service, Kara House in Burwood, provides a domestic outreach service to lesbians and a domestic violence support group specifically for lesbians.
4. Victims of homophobic and transphobic violence from family members face difficulties in accessing and trusting mainstream services when publicity from these services excludes any mention of their experiences and does not acknowledge or welcome them as a group.

Service issues for LGBTI people who have been violent

1. *Lack of culturally safe, behaviour change options for gay, bisexual or trans*men who have been violent towards their current/ex partners.* The Men's Referral Service's (MRS) website material is focused exclusively on heterosexual men and offers no recognition of gay, bi or trans* men. We understand that very few of the existing Men's Behaviour Change programs in Victoria have ever had a gay/bi/trans* male participant. Where are such men currently going? Where can they be referred to should the Courts mandate attendance at a MBC program? Can they be assured of a non-homophobic/transphobic experience if they attend an existing MBC program? We are currently aware of only one group which is an informal, unfunded service based at the Victorian Aids Council.
2. *No program options for lesbian, bisexual or trans* women who have been violent towards their current/ex partners:* The common community belief that women cannot be violent towards their female partners due to their 'equal relationships', leaves few system options for this population group who seek to change their behaviour. Nor do we believe that existing general counselling options in

community health services that offer FV services are sufficiently aware of the dynamics that can occur in such relationships.

Prevention education programs are not inclusive

The prevention focus of the Family Violence initiatives in both Victoria and Australia are based on the framework of building 'equality between men and women' (as per the partnership announced between The Foundation to Prevent Violence against Women and their Children and the Victorian Health Promotion Foundation [VicHealth] in 2014).

The overwhelming focus of prevention programs currently running in school, workplace or community settings in Victoria has been the promotion of 'equal' or 'respectful' relationships between men and women. As such they rarely, if ever, acknowledge LGBTI-related issues. Hence they do not include information relevant to those in abusive same sex relationships, nor those experiencing homophobic or transphobic violence from family members.

HOW CAN THE FAMILY VIOLENCE SYSTEM BE IMPROVED TO REFLECT THE DIVERSITY OF LGBTI PEOPLE'S EXPERIENCES?_HOW CAN RESPONSES TO FAMILY VIOLENCE EXPERIENCED BY PEOPLE IN THE LBGTI BE IMPROVED? WHAT APPROACHES CAN BE MOST EFFECTIVE?

There have been a significant number of initiatives and reforms at both a national and state level with regard to family violence and violence against women in general, as detailed in the Royal Commission Issues Paper. The leadership of retired Police Commissioner Ken Lay has been very welcome and the influence that Victorian Rosie Batty has had in furthering government and community awareness of this issue is extraordinary. As a result there has been a significant increase in the Victorian community's understanding of the extent of family violence in our community and health, economic and social impact for victims, as well as its 'ripple effect' on other family members, friends and service providers (Morrison et al. 2007). In a broad sense it could be argued that the recent Victorian focus on family violence has also created greater awareness among LGBTI community members of its unacceptability.

However, it remains unclear as to what extent, if any, the focus on women and children, and the presumed heterosexual nature of intimate partner violence inherent in all discussions, has broadened general awareness of family violence/domestic violence within the context of same-sex relationships or relationships involving trans* and gender-diverse people.

From discussions with some health and community service providers we believe there is a small but growing awareness of the existence of LGBTI-related family violence and the importance of LGBTI inclusive responses at all levels of the family violence services sector. However, providers have informally indicated that they are often unsure or less confident about appropriate responses and referral options, particularly in relation to IPV for same sex couples or relationships involving transgender partners.

We therefore recommend that attention to LGBTI-related family violence be particularly focussed on the following areas and issues.

1. Inclusive definitions of family violence

In its own *Issues Paper* the Royal Commission notes that a ‘comprehensive definition of family violence is important for both practical and symbolic purposes’ (p.3).

This observation is particularly relevant and important in the case of LGBTI-related family violence which is not readily accommodated into the model that focuses on male violence against women and children.

We recommend that a more inclusive definition of family violence, and of domestic violence, be adopted which would:

- provide impetus for both greater practical recognition of the issue within the services system, and
- symbolically acknowledge the damage that such violence brings to the lives of LGBTI people.

To highlight gaps in current definitions, Scotland’s LGBT Domestic Abuse Project has adopted the following definition, adapted from the Scottish Government’s definition of **domestic abuse**:

Domestic abuse can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate and are perpetrated against the person’s will, including rape), and mental and emotional abuse (such as threats, verbal abuse, racial abuse, homophobic/biphobic/transphobic abuse, withholding money and other types of controlling behaviour such as ‘outing’, the threat of ‘outing’ or enforced isolation from family and friends). (Scottish Transgender Alliance 2010)

Again, in relation to domestic violence, we note that America’s CDC (the Centre for Disease Control and Prevention) uses the term ‘intimate partner violence’ to describe:

Physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

In practical terms, this would also lead to more informed media reporting of LGBTI-related family violence. For example, in 2014 in Victoria, ██████████ was convicted of the murder of ██████████, by his partner of █ years. ██████████ was a well-known interior designer and there was extensive media coverage due to that fact, but also due to the gay nature of their relationship. While the media reported extensively on revealed details about the 'unequal' emotional and financial relationship between the two men, the case was not explicitly discussed as an example of domestic violence/murder in this commentary.

In addition, there is an urgent need to recognise that some verbal and physical abuse within families constitutes homophobic and transphobic family violence. This would be a significant advance in formally recognising the fear and lack of safety confronting many LGBTI people of all ages through the actions of their family members. It would encourage the services sector to more readily acknowledge and intervene in situations of sexual and gender diversity that are often simply considered to be issues of different 'values' among family members.

2. Integration of models of LGBTI inclusive practice

In 2009 the Victorian Government published its document, *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*, to assist government funded agencies improve the quality of care provided to their GLBTI clients (Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, 2009). An updated edition is due in mid-2015. The guide provides broad evidence-based recommendations aimed at supporting services to be more systematically responsive to issues of sexual orientation, gender identity and intersex conditions. However, while GLHV has provided training for staff in these sectors over the past decade, it remains clear that there is much progress still to be made in such services in relation to a 'whole of service' responsiveness to LGBTI people.

In 2013, to systemise an inclusive process, Gay and Lesbian Victoria developed six national standards of LGBTI-inclusive practice, in partnership with the national accreditation organisation, Quality Innovation and Performance (QIP). The standards are:

- **Standard 1:** Developing organisational capacity
- **Standard 2:** Ensuring cultural safety
- **Standard 3:** Consulting LGBTI consumers
- **Standard 4:** Providing professional development
- **Standard 5:** Responding to disclosure and documentation
- **Standard 6:** LGBTI inclusive access and intake processes

To encourage LGBTI inclusive practice, since 2012 GLHV has provided 'HOW2 training' to organisations in the health and community services sector (amongst others) who want to indicate their commitment to safe and inclusive service delivery for LGBTI people.

Organisations can also apply to QIP to undergo a formal accreditation process, called *The Rainbow Tick*. Organisations such as local councils and private businesses (such as aged care services) can also choose Rainbow Tick accreditation to ensure their organisations is supportive of the LGBTI community.

While mainstream services are showing increased interest in undertaking this workplace process, it remains the case that the family services sector remains significantly under-represented among such organisations, and generally under-resourced to undertake such work. In NSW, a recent state-wide survey of domestic violence service providers conducted by ACON indicated that 62% of respondents believed that a lack of resources [primarily staff time, staff numbers and funding] was a barrier to 'working more closely with LGBTI communities or development of inclusive strategies' (ACON 2011, p.4).

Hence, we believe that it is imperative that some systematic approach to LGBTI-inclusive practice is introduced into the Victorian family services sector to ensure that LGBTI people do not continue to remain invisible or an 'optional extra' for services to consider at some future date.

We believe it would be significant for the Royal Commission to recommend strategies to improve access to, and responsiveness of, the services system for LGBTI people in Victoria. This could include:

- a recommendation or directive that services that are part of the family services system commence a whole of organisation approach to implementing LGBTI inclusive practice
- The provision of additional resources to assist them to undertake this process.

3. Training for staff in the family violence system:

3.1 Police require on-going training

LGBTI people, particularly older people, often have a deeply imbedded fear or mistrust of police and the legal system. Consequently, our research indicates that they under-report their experiences of violence to police (Leonard et al., 2008).

In our national study, *Private Lives*, more than half (56.4%) of those who had reported partner violence to the police agreed they had been treated with courtesy and respect (Pitts et al. 2006). A similar percentage (54.8%) agreed that appropriate action had been taken by

the police. While it is pleasing to see that more than half of these respondents had a positive experience of the police, it is also unacceptable that nearly half did not. In our Victorian study, only 6% of GLBT respondents who reported same sex partner abuse to police were referred to advice or support services (Leonard et al., 2008).

In recent years, Victoria Police have made significant progress in developing on-going relationships with the LGBTI community. GLHV is currently represented on the Police LGBTIQ Portfolio Reference Group which is focussed on strengthening working relations with the LGBTIQ community and providing input into VicPol's strategic and operational planning in relation to LGBTI issues.

Among their other roles, the VicPol network of Gay and Lesbian Liaison Officers (GLLOs) monitor reported homophobic and transphobic crime and violence in same sex relationships and support and referral pathways for police investigators and victims of crime. The role of GLLOs is critical for those who wish to report family violence. However, their numbers and their availability are somewhat limited.

It is therefore critical that training on family violence provided to both new recruits and current VicPol staff incorporates issues relevant to the LGBTI community.

3.2 Judges and prosecutors require training

We support initiatives to improve the experience of the legal system for all victims of family violence, including LGBTI people. Recent discussion about the development of Special Courts for the hearing of family violence matters would improve the culture of the justice system, including enhancing the sense of safety, confidentiality and respect for those who have experienced violence.

All judges and prosecutors involved in hearing family violence cases should be provided with training in the specific issues relevant to LGBTI issues. Anecdotally, we hear that same sex partner violence has been treated as less important or less serious in nature than heterosexual partner violence in some cases.

3.3 Education for service providers in the family violence system

Complementary to our recommendation above (LGBTI Inclusive Practice), we believe there is an urgent and on-going need to provide professional education on LGBTI-related issues to the Victorian services sectors that have responsibility for, or intersect with, family violence.

We recognise that such services and programs remain significantly under-funded in all aspects of their work, and therefore recommend that additional resources be provided for a staff education strategy.

3.4 Industrial issues

Recognition of the impact of family violence in workplaces has steadily grown, with increasing numbers of Enterprise Agreements including clauses related to family violence leave. The ACTU has recently lodged a claim to seek provisions in workplace awards for 10 days paid domestic violence leave for employees to seek legal advice, attend court and re-located their accommodation for safety reasons. We would strongly support this and other workplace-based initiatives that protect people's employment status and enhance the capacity of workplaces to support victims of family violence.

In consideration of such initiatives it is important to recognise that 39% of GLBT Australians *usually or occasionally* hid their sexuality or gender identity at work fear of negative responses, and 10.3 per cent of GLBT Australians report that they have been refused employment or denied promotion because of their sexuality or gender identity (Leonard et al. 2012).

Hence we would recommend that the proposed industrial initiatives, and related education programs on family violence offered at workplaces, recognise that LGBTI Victorian face particular barriers in relation to employment-based initiatives.

4. Prevention education for the LGBTI community

We recommend that community education initiatives need to be developed and resourced that *specifically* target the LGBTI community.

The recent Australian Institute of Crime's report on same sex intimate partner homicide pointed to 'the need for a more nuanced approach to violence prevention' among same-sex attracted people (Gannoni & Cussen, 2014). In particular, such prevention programs need to incorporate the exacerbating issues identified in the AIC report and other reports – the stigma, discrimination, marginalisation and violence endemic to the LGBTI community.

The need to address the gaps that exist in current prevention education programs available to the general community is urgent. LGBTI-specific programs would:

- increase awareness among LGBTI organisations of the prevalence and importance of the issue within the community
- assist LGBTI individuals to recognise that what is happening to them constitutes family violence; to assist them with information about existing pathways to support and intervention; and educate individuals with regard to their legal rights of access to non-discrimination in the provision of services in Victoria, including health, housing and justice (as per Victoria's Equal Opportunity Act 2010)
- create greater awareness among mainstream family violence programs of LGBTI-specific issues

5. Funding for LGBTI-related research

LGBTI-related family violence remains poorly understood in Australia. Funded research, in collaboration with the LGBTI community, is urgently required to:

- develop better understanding of the prevalence and nature of family violence experienced by LGBTI people
- acquire in-depth understanding of the ways family violence operates in such contexts
- undertake consultation as what models of service delivery the LGBTI community needs and wants to address these issues
- to better understand the barriers that exist for LGBTI people within the current family violence services system

In addition, enhanced data collection processes within existing family services sector (utilising appropriate and sensitive approaches) would assist in the provision of important information for on-going service development.

BIBLIOGRAPHY

ACON 2011, *One size does not fit all – Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs*, Sydney

Chan, C. 2005, *Domestic Violence in Gay and Lesbian Relationships*, Australian Domestic and Family Violence Clearinghouse

de Visser R, Badcock PB, Simpson JM, Grulich AE, Smith AM, Richters J, Rissel C, 2014 Attitudes toward sex and relationships: the Second Australian Study of Health and Relationships, *Sexual Health*, 11(5), 397-405

de Visser et al, 2003 Experiences of sexual coercion in a representative sample of Australians, *Australian and New Zealand Journal of Public Health*, v 27,no.2, pp. 198-203

Fileborn, B, 2012 Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities, *ACSSA Resource Sheet*, March

Gannoni, A, Cussen, T, 2014 Same-sex intimate partner homicide in Australia, *Trends & issues in crime and criminal justice series*, Australian Institute of Criminology, No. 469 March,

International Lesbian and Gay Association, 2013 *Annual Report*, Geneva, ILGA

Kay M & Jeffries S, 2010 Homophobia, heteronormativity and hegemonic masculinity: Male same-sex intimate violence from the perspective of Brisbane service providers, *Psychiatry, Psychology and Law* 17(3): 412–423

Lesbian and Gay Anti-Violence Project (ACON), 2011 *'We're family too': The effects of homophobia in Arabic-speaking communities in New South Wales*, Sydney

Leonard, W, Lyons, A, & Bariola, E, 2015 *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians*. Monograph Series No. 103. Gay and Lesbian Health Victoria & Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne

Leonard, W., Mitchell, A., Patel, S., Fox, C. 2008, *Coming forward: The under-reporting of heterosexual violence and same sex partner abuse in Victoria*, Gay and Lesbian Health Victoria, La Trobe University, Melbourne

Mann, R, Horsley, P, Saunders, M, Briggs, V, Mitchell, A, 2006 *Swimming upstream: Making places welcoming. A report on the needs of gay, lesbian and bisexual people in 'Hard to*

reach' groups, Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne

Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, 2009, *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*, Department of Health, Victorian Government, Melbourne, Victoria

Morrison, Z, Quadara, A, Boyd, C, 2007, 'Ripple effects' of sexual assault, *ACCSA Issues No. 7*, 1-32, Australian Centre for the Study of Sexual Assault, June

Noto, O, Leonard, W, Mitchell, A, 2014, *Nothing for Them: Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds*, Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, La Trobe University

Pitts, M, Smith, A, Mitchell, A, Patel, S 2006 *Private Lives: A report on the health and wellbeing of GLBTI Australians*. Gay and Lesbian Health Victoria and the Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

Richters J, Altman D, Badcock PB, Smith AM, de Visser RO, Grulich AE, Rissel C, Simpson JM, 2014 Sexual identity, sexual attraction and sexual experience: the Second Australian Study of Health and Relationships, *Sexual Health*, 11(5) 451-60

Rossiter, B, Mallett, S, Myers, P, Rosenthal, D 2003 Living Well? Homeless young people in Melbourne, *Parity*, 16(2), 13-14.

Scottish Transgender Alliance, 2010 *Out of sight, out of mind? Transgender people's experiences of domestic abuse*, Scotland

Victorian Health Promotion Foundation, 2011, *Preventing violence against women in Australia: Research summary*, Melbourne