

I'm writing this personal account of the abuse and mistreatment I was subjected to in the hope that it will provide the Commissioners with an insight into the impact for a gay man and its ramifications for gay men more broadly, and secondly, to assist me to have some redress for what occurred, even so many years after the events that I will outline in this submission. While the abuse and mistreatment occurred over a decade ago in a different jurisdiction, you'll learn from my account that the repercussions of the abuse continued for well over a decade, after I returned to Melbourne to live [REDACTED].

I'm aware that this submission might not fit within the framework as set out in the Issues Paper of the Royal Commission into Family Violence. I've made some attempt to address some of those issues within this paper, but it can be quite difficult to write a personal account within such frameworks. However, I think that personal accounts, such as mine, contribute value to inquiries and therefore should be regarded with the same importance. I have added some suggestions at the end in line with the Commission's aim to look at ways that family violence might be addressed.

There's one additional reason I'm motivated to write this submission. In February of this year the Queensland Government released the Report of the Taskforce into Family and Domestic Violence.

Section 5.6 of the Final Report relates to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) people. In this section the Taskforce states that domestic violence in these populations "remains largely hidden" and that "Comparatively little data and research exists on the prevalence of domestic violence experienced by people that identify as GLBTI. While focus on this issue is growing, both in academia and in policy, there is general acknowledgement that this violence is largely under-reported, under-researched, and under-responded."

A significant number of people from these populations will find it difficult, for various reasons, to discuss or talk openly about their individual abuse and mistreatment in domestic settings. However, I am of the view that the importance of submissions to inquiries such as the Victorian Royal Commission into Family Violence cannot be underestimated and are necessary to provide a greater understanding of the aspects of family and domestic violence within GLBTI populations. I didn't make a submission to the Queensland Taskforce.

I'm currently [REDACTED] years old and I live as an openly gay man, although that hasn't always been the case since the abuse and mistreatment occurred [REDACTED] years ago. I work professionally in [REDACTED] education and training and so have some insight into the types of abuse, which occur, the barriers that stop people disclosing abuse and mistreatment and reasons that people are put at increased risk.

At the time that the abuse and mistreatment occurred [REDACTED] I was living in [REDACTED] and was employed as the [REDACTED]

[REDACTED] in various positions over a period of [REDACTED] years. Consequently, I had a significant profile within and outside the gay community, which in itself presented barriers for me when the abuse

occurred in my relationship. Up until the abuse in [REDACTED], I considered myself to be an assertive and self-confident person, comfortable with my sexuality.

When I lived in [REDACTED] I had very few personal support networks and my family connections were in Victoria. I'd never lived anywhere outside of Melbourne, Victoria. So I had a major sense of isolation and aloneness in [REDACTED]. An intimate sexual relationship usually brings with it companionship, a sense of belonging and a greater confidence for the 2 individuals. However, this wasn't to be the case with my relationship.

My partner, whom I will refer to as P to mask his identity, and I were in a relationship for [REDACTED] months during [REDACTED]. When the relationship finished, we remained friends for some months afterwards and in regular contact. I was [REDACTED] years old at the time and he was [REDACTED] years old.

Initially when we met, we remained in our existing living arrangements: he in a shared household and I was living on my own. In [REDACTED], I moved into his rented house, and we lived together until [REDACTED] of that year, even though the relationship finished in [REDACTED]. The other residents in the house had moved out in [REDACTED].

Early in my relationship with P, I became aware that his values and mine were entirely different on monogamy. While I didn't necessarily subscribe to monogamy, he not only didn't subscribe to it but sexually engaged with other men openly in front of me, when we were out, and going off with them into back rooms to have sex, if these existed on the premises.

Several weeks after I met him, when it was obvious to me that his and my values were so different, I put to him that we shouldn't continue our association. His response to this was that although our values were different, our relationship would evolve. At the time, this seemed a reasonable response and so I willingly continued the relationship with him. It was only sometime after that I became aware how manipulative and deceitful he was. His philandering continued throughout the time we were in a relationship. When he felt devalued by others in these sexual liaisons, he would return home seeking sexual and emotional reassurance from me.

At times when we were together at home, he would leave the house unexpectedly to seek out other men for sexual liaisons or re-connect with men he'd previously had sexual relations. On 1 occasion I found him in such a situation at a beat (public sites where men make assignments of sex to occur on or off site). When I confronted him about this, he declared that he was using the public toilet for legitimate reasons and claimed I was paranoid (a claim he often made whenever I confronted him about his philandering).

Outwardly he would be charming around other people. Given his appearance, he was well known in certain circles in the [REDACTED] gay community, which had a relatively small population at the time. Often other gay men would tell me he was charming and wonderful. Even the staff and my colleagues at the [REDACTED] would make such comments. These comments also created another barrier for me when it came to disclosing the abuse and mistreatment, which often occurred behind closed doors.

Often in our sexual relations he would include other stimuli: having pornography playing on the television and watching it during sexual contact, using leather accessories, including other sexual

partners and more. These were often done without my consent. If I didn't partake, I was often disparaged and humiliated by him.

During the course of the relationship with P, I was anally raped by him twice. These episodes often commenced consensually with him arousing me sexually. [REDACTED]

These sexual assaults left me feeling considerably dirty and ashamed. I would try and clean up and then go to the 2<sup>nd</sup> shower to wash.

After both of these episodes, I prepared for work and left for my workplace, not saying anything about the sexual assaults.

Neither of these incidents were mentioned by him, nor talked about.

My mental health was in serious jeopardy as a result of the sexual assaults and his psychological and emotional abuse and mistreatment of me.

Some time after these assaults, P and I had an altercation about an arrangement he was making with one of his friends to move into the house. There had been no consultation with me about this arrangement, even though I was paying more rent than P. This altercation resulted in me being physically violent to P, bashing him and being verbally and physically aggressive. He left the house as a result. He returned later that night and again I assaulted him. He left the house again and returned the next morning with a friend. I left the house and wandered aimlessly. I became paranoid that people were talking about me and laughing at me. I retained sufficient awareness to contact my local general practitioner at the time by telephone. She referred me to the emergency mental health unit at [REDACTED] Hospital. After being assessed and diagnosed with major clinical depression, I was advised by the Psychiatric Registrar, that if I didn't admit myself voluntarily, he would apply for my involuntary admission to the mental health unit. I signed in voluntarily and was an inpatient for a week. I was prescribed Zoloft for the clinical depression and was given Valium during my stay in the Unit.

I abhor violence of any sort but particularly in a domestic setting, as I endured my father being violent to my mother and to my brothers and I when I was a child. The violence I perpetrated on P was uncharacteristic and I felt considerably ashamed by it. He took the opportunity to remind me how unacceptable it was without taking any responsibility for his behaviour or actions in the relationship.

Subsequent to my admission to [REDACTED] Hospital, I was referred to a private psychiatrist Dr. [REDACTED] at [REDACTED] Clinic. I was a patient of his for the period I remained in [REDACTED]

During my treatment with Dr. [REDACTED] it became clear to me that P's behaviour and actions were characteristic of a sociopath.

P and I continued the relationship tentatively until [REDACTED], when he told me that he no longer wanted to be in a relationship with me. This was after he had given me assurances when I came home from [REDACTED] Hospital that the relationship would continue.

After the relationship ended, P continued to live in the house in a separate bedroom. However, he would often enter my room in the night or early morning and get into my bed. This confused and mentally destabilised me more. While no further sexual relations occurred between us, he would often be sexually suggestive when he was in my bed.

He left the residence in [REDACTED] and I remained at the address until the end of that year. When he left the residence, he left a number of items and some pets behind which gave him reasons to return.

In [REDACTED], in total despair I made a serious attempt to terminate my life and was found by the [REDACTED] Police and taken to the Mental Health Unit of the [REDACTED] Hospital where I was a patient for [REDACTED] days.

In [REDACTED], I made a decision to return to Melbourne as I had become so mentally unwell, although I was still working full-time. [REDACTED]

[REDACTED] During this time I indicated to P that I wanted no further contact with him. He continued to text my mobile telephone. Again I caved in to his pressure and recommenced personal contact with him.

In early [REDACTED], I returned to Melbourne. As I was not in a financial position to fund the move back to Melbourne, I applied for access to funds from my Superannuation with the support of Dr. [REDACTED].

For the first [REDACTED] months when I returned to Melbourne I was not capable of working but didn't want to apply for a Disability Support Pension because of the stigma associated with it. I applied for Newstart Allowance, lived with a supportive friend and obtained part-time employment.

[REDACTED] days after I returned to Melbourne, P moved to Melbourne to live. I maintained contact with him as a friend until [REDACTED] of that year when I changed my mobile telephone number and ceased contact with him.

Because of my mental health, Dr. [REDACTED] referred me to a psychiatrist, [REDACTED] [REDACTED] in Melbourne for ongoing treatment. I continue to see [REDACTED] weekly.

When I would venture out onto the gay scene after my return to Melbourne, P would sometimes be in attendance. On 1 of these occasions at an art exhibition, I turned around and he was standing directly behind me so that I nearly bumped into him. As I was at the art exhibition with friends, I immediately went to where they were sitting and ignored P. P saw this and left.

It took me some time to talk about the sexual assaults in my treatment with [REDACTED]. I stopped going to gay events and venues for fear of P being in attendance. His presence made me feel inadequate and anxious and reminded me of the relationship I had with him in [REDACTED].

For some years after I returned to Melbourne I used cannabis every day. It helped me forget about the relationship with P and the abuse and mistreatment. In [REDACTED], I stopped smoking cannabis.

I find it difficult to reconcile the pernicious nature of the relationship with P for what was [REDACTED] months with the damaging and long impact it had on my well-being. Only by returning to Melbourne was I able to gain some emotional and psychological support from family, friends and [REDACTED]. I dread to think what would have happened to me if I had remained in [REDACTED] without these support networks.

While I've submitted this personal account to give the Commission an insight into the impact of family violence in the context of a gay male relationship, I'm also committed to providing some suggestions regarding how the issue of family violence might be addressed in the gay community. These suggestions are not exhaustive by any means. They relate mainly to the lack of support that was available to me to discuss my situation. Also, as I work in [REDACTED] as an educator and trainer, I have gained some insight into the barriers in disclosing abuse and mistreatment and the ways in which people can be supported and assisted when abused or mistreated. In addition, I think community education and professional development can play an important role in saying clearly that the type of abuse and mistreatment that I experienced is unacceptable. The suggestions are not in order of priority.

1. When I attended the Services and Advocacy for Gays, Lesbians, Transexuals and Intersex Elders (SAGE) in New York City in 2013, it became apparent in my discussions with the Program Manager, Catherine Thurston, that the word "family" for a significant number of gay men and lesbians is not their biological family. Often gay men are alienated from their biological family and as such define others in their circle/network as "family". This needs to be taken into account in family violence situations for gay men (and lesbians), especially by law enforcement, courts, services and other organisations working within family violence. By doing so, it legitimises the relationships and therefore impacts on responses.
2. For gay men who are subjected to family violence, they will often be met with disbelief by others in the gay community or at worse disparaged. The reason for this I think is that the issue of family violence within gay relationships isn't discussed or raised prominently. This has the potential to reinforce that family violence within a gay relationship doesn't exist. Subsequently, when it does occur, the victim is less likely to disclose, thinking that he won't be believed or that the disclosure will be actively dismissed. Community education and awareness raising has a vital role to play in breaking down this response and reinforcing that family violence within gay relationships is unacceptable and that there is help available for those who are being abused or mistreated. Any awareness raising and education has to be backed up with peer support groups and specialised counselling services.

3. When I was Manager of [REDACTED] we established a secondary needle exchange for gay men and lesbian injecting drug users. What became apparent after we established the exchange was that gay men were reluctant to utilise the needle exchange because it had the potential to identify them as a “junkie” by others in the gay community who used the Centre. My view is that any specialised counselling and medical services established to address family violence within the gay and lesbian community must be situated in mainstream services to avoid compromising the victim’s confidentiality. These services are needed and again will reinforce the message that family violence is unacceptable. If similar services had been available when I was subjected to the sexual assaults in my relationship, I am convinced the outcomes would have been different for me in the years ahead.
4. Reporting sexual assault to law enforcement agencies is difficult for anyone. It becomes even more so for gay men for a number of reasons. Marginalisation of gay men still occurs in the broader community. Consequently, the fear of reporting family violence matters to law enforcement agencies becomes insurmountable for some. Questions arise about the response of law enforcement officers to such reports. In addition, a charge brought against the perpetrator can result in a trial and media coverage. This poses significant barriers to gay men reporting sexual or physical assault within a relationship. I’m not certain that there is one solution to addressing this. There are currently identified gay/lesbian liaison officers within the Victoria Police. However, the awareness that these officers exist is inconsistent in gay and lesbian populations. I’d suggest that similar officers need to be appointed in the family violence/sexual assault units of the Victoria Police, if not already in existence. In my view, the issue of family violence in gay and lesbian populations should be a priority matter for the LGBTI Community Portfolio of the Victoria Police’s Priority Communities’ Division.
5. Courts have an important role to play in administering the law in family violence. Gay men and lesbians need to be assured that incidents of family violence will be treated sensitively so that they feel comfortable bringing charges when abuse occurs. The Judicial College could play a role in educating judges and magistrates about GLBTI populations.
6. Scrutiny by media in courts that are hearing such matters needs to be curtailed or censored. Media coverage of such court cases has the potential to create significant damage to gay men and lesbians who have been subjected to family violence and will therefore create a significant barrier for victims to attend and testify in courts.
7. Research can provide insight into the prevalence of family violence within the GLBTI populations. As stated in the Final Report of the Queensland Taskforce into Family and Domestic Violence, family violence is “under-researched” in these populations. Funding needs to be provided so that this can occur. Through research better responses can be established and improved policy can be formulated and adopted by governments.