



2015 Victorian Royal Commission into Family Violence

safe steps Family Violence Response Centre and No To Violence joint submission: Family Violence and LGBTIQ Communities

Submission by **safe steps** Family Violence Response Centre and No To Violence
19 June 2015

Gabriel Aleksandrs and Tania Phillips

Table of Contents

Introduction	3
List of Recommendations	4
Overview of mainstream Family Violence Agencies and LGBTIQ communities	
1. Background	10
2. LGBTIQ Context	11
2.1 The Scale of the Problem	11
2.2 Barriers to Health, Wellbeing and Services for LGBTIQ People	13
2.2.1 Experience of Violence, Discrimination and Impacts on Mental Health	13
2.2.2 Drug and Alcohol Use in LGBTIQ communities	13
2.2.3 Homelessness and LGBTIQ people.....	14
2.2.4 LGBTIQ appropriate services help win the battle against family and intimate partner violence.....	15
3. Family Violence Service Provision	15
3.1 The dominant framework for service provision	15
3.2 LGBTIQ people falling through the gaps	16
3.3 A way forward.....	18
4. Legislative and Policy Context	18
4.1 Gaps and inconsistencies in policies and frameworks.....	19
5. Research.....	20
5.1 One acronym, unique complexities	21
5.2 Gaps in services mean a gap in data collection	21
6. Community Engagement.....	22
6.1 Gaps in community engagement on the issue of violence in LGBTIQ communities	23
6.2 Models to look towards	23
7. Recommendations	24
Consultation Report: Mainstream Family Violence Agencies and LGBTIQ communities	
Bibliography	27
1. Background.....	31
1.1 Methodology.....	32
1.2 Key Findings:	32
1.3 Recommendations:	33
1.4 Report Format.....	34

1.5	Stakeholders	35
2.	Organisational Knowledge and Experiences of LGBTIQ intimate partner violence/family violence	38
2.1	Summary: Knowledge and Experience	40
3.1	Summary: Service Delivery	43
4.1	Summary: Public Information and resources	46
4.2	Policy/Procedures:	47
5.	Advocacy and Training on LGBTIQ intimate partner violence/family violence	48
5.1	Summary: Training	50
5.3	Summary: Advocacy	51
6.	Barriers Identified for LGBTIQ Communities in Accessing Services.	52
6.1	Summary of Barriers to Access:	55
7.	Service Gaps in Mainstream Family Violence Organisations:	57
7.1	Summary: Service Gaps.....	59
8.	Data Collection and Research	60
8.1	Summary: Data and Research.....	61
9.	Key Recommendations	61

Introduction

safe steps and No To Violence (NTV) have undertaken this joint submission in response to the minimal knowledge among mainstream family violence services of the needs of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) people who experience intimate partner and family violence (intimate partner violence/family violence). The submission consists of two parts:

Part one – Overview of mainstream Family Violence Agencies and LGBTIQ communities

- consists of a brief overview of LGBTIQ family and relationship violence, using related research on LGBTIQ wellbeing.

Part two - Consultation Report: Mainstream Family Violence Agencies and LGBTIQ communities

- reports on the consultation undertaken with LGBTIQ communities and the family violence services sector.

Authors:

Gabriel Aleksandrs is a Melbourne based social worker and consultant who has worked for over 12 years in the homelessness, disability and aged care, and family violence sectors. Gabriel has experience in case management, advocacy, community engagement and communication strategies, community services policy analysis and development, health promotion and project management. Gabriel specialises in organisational diversity strategies, accessible community service delivery, family violence, aged care and older people's issues, as well as mental health and wellbeing issues in marginalised communities.

Tania Phillips has held key leadership positions in the community and public sectors for over 20 years. These sectors have included international development, women's health, HIV, education and training, environment, and community development. Tania currently works as a consultant, specialising in community consultation; policy development; organisational systems and collaboration; project development and management; strategic and operational planning; team-building; advocacy; training and facilitation. In her capacity as a consultant she has worked with both family violence and LGBTIQ community-based organisations particularly in the areas of policy development, project management and strategic/operational planning.

List of Recommendations – Part One

Recommendation:

That the Victorian Government funds accredited training to enable the family violence sector to meet standards (such as the Rainbow Tick¹) in LGBTIQ sensitive practices.

This training should be delivered to State Government funded agencies and individuals who provide family and intimate partner violence support inclusive of; the court system, social workers, crisis housing/homelessness agencies, police and others who may come in contact with family violence and need to provide a partial response or referral. This training should be developed through consultation with diverse LGBTIQ communities to ensure it covers each population adequately and equitably.

Recommendation:

That Victorian Government:

- *provides clear and thorough guidance for family violence organisations and related service providers (such as crisis housing and homelessness agencies) on their legal obligations for the provision of non-discriminatory and equitable services to LGBTIQ people and their families.*
- *resources the development of a review tool for the family and intimate partner violence sector.*

This would measure: LGBTIQ community consultation, methodologies of engagement with LGBTIQ communities during the development and implementation of strategic and policy initiatives, data collection capabilities for LGBTIQ clients where possible, and any LGBTIQ consumer evaluations undertaken.

These processes should be undertaken by, but not limited to:

- The Department of Health and Human Services, Department of Justice and other State Government Departments undertaking the development and implementation of family violence policy and frameworks.
- Support services for people and families experiencing violence (including the multi-agency panel Extreme Risk Client Strategy or 'ERCS' & Risk Assessment Management Panels 'RAMPs').
- Behaviour change programs, family relationship/mediation centres.

¹ The Rainbow Tick comprises of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery. These are: Organisational capability, Consumer consultation, GLBTI cultural safety, Disclosure and documentation, Professional development and Access and intake. Services that receive The Rainbow Tick will have the opportunity to be listed in a national register of LGBTI accredited organisations. See the Gay and Lesbian Victoria website for more information (GLHV, 2015).

- Family violence divisions in the Magistrates' Courts at Heidelberg and Ballarat, and all specialist family services located at Magistrates' Courts, Victoria Police and Gay and Lesbian Liaison Officers.

Recommendation:

That Victorian Government develops an integrated model for family violence service response.

This should be developed in collaboration with drug and alcohol, and homelessness services which address the needs of marginalised LGBTIQ people who may be at risk of family, intimate partner and lateral violence in their communities.

Recommendation:

That Victorian Government supports agencies and government departments to review, and update data collection capabilities to enable comprehensive information to be gathered on LGBTIQ communities.

This will monitor specific health issues, aid in the identification of trends in health and social wellbeing and identify health determinants. This will also benefit the assessment of risk factors and community vulnerabilities to violence.

Recommendation:

That Victorian Government supports a review of the role of Gay and Lesbian Liaison Officers (GLLO's) in addressing and preventing family violence in LGBTIQ communities.

This should include:

- the provision of further training on bisexual, intersex and transgender issues.
- further resources for Gay and Lesbian Liaison Officers to work more closely with the LGBTIQ communities for developing community education and community outreach tools (online and print resources) on the role of GLLO's.

Recommendation:

That Victorian Government supports research for the purpose of developing future family and intimate partner violence programs that meet the needs of LGBTIQ communities.

Areas of research that could be beneficial are: behaviour change, anger management, victims of crime counselling, drug and alcohol use and family violence in LGBTIQ communities, LGBTIQ community perceptions of and responses to family and intimate partner violence. Research should include specific focus on subgroups under the LGBTIQ banner.

Recommendation:

That diverse relationships and sexual and gender identities are recognised and included within public education campaigns about family violence and intimate partner violence, and that targeted campaigns are developed in partnership with LGBTIQ communities.

Recommendation:

That peer reviewed Victorian specific print and online legal and justice resources are developed.

These should be aimed at LGBTIQ communities and explain LGBTIQ people's rights and responsibilities under the Family Violence Protection Act 2008 and also the Intervention Orders Act 2010.

List of Recommendations – Part Two**Recommendation:**

That the Victorian Government resources intimate partner violence/family violence mainstream organisations to expand and build capacity, in collaboration with LGBTIQ organisations, to provide services to provide more inclusive services, where appropriate, that recognise the diversity and service needs within LGBTIQ communities of intimate partner violence/family violence.

This includes building within organisational strategic and operational plans, the capacity to address the service needs of victims and abusers who may be transgender, intersex, lesbian, gay, bisexual or in poly relationships. These services also need to ensure they address families and children of LGBTIQ people as well as young LGBTIQ people.

Recommendation:

That the Victorian Government

- *supports and resources the creation of a State-wide data collection strategy for both family violence agencies and LGBTIQ organisations.*

This could be developed by government- funded intimate partner violence/family violence agencies in collaboration with a range of LGBTIQ stakeholders.

Support needs to be provided to LGBTIQ agencies to contribute to the development of this strategy and also improve their data collection capabilities where appropriate. This strategy should include amending current data collection systems to ensure that consistent disaggregated data on LGBTIQ can be collected appropriately.

- *ensures the inclusion of LGBTIQ people when developing the State Government's Family Violence Index (currently under development by ANROWS).*

Recommendation:

That the Victorian Government commits resources to the development of a comprehensive training package to be delivered to LGBTIQ organisations and communities by family violence services.

This package may cover issues such as: identification of intimate partner violence/family violence, Intervention Orders, Legal issues, Code of Practice and Referral Pathways and LGBTIQ families. It is essential that this package is developed and delivered in collaboration with a range of LGBTIQ stakeholders with a view to raising awareness, and creating greater capacity and understanding among LGBTIQ organisations and communities on intimate partner violence/family violence issues.

That the Victorian Government resources the development of a corresponding training package for staff of family violence organisations and related services such as Police and Justice. This package is to have the goal of increasing skills and capacity to respond to the needs of LGBTIQ communities.

This training could include: the unique contexts of LGBTIQ intimate partner violence/family violence and how it can present; LGBTIQ families; anti-discrimination legislation; intersectionality with ethnic and cultural diversity, stigma and discrimination as well as taking into account the distinct and diverse contexts of LGBTIQ people.

Recommendation:

That the Victorian Government resources the development of an LGBTIQ affirmative action plan for the Family Violence Sector.

That the Victorian Government provides resources to develop a whole of sector audit tool that addresses LGBTIQ sensitive policies and procedures within organisations.

Recommendation:

That resources are provided resources towards an LGBTIQ community engagement strategy created by LGBTIQ organisations and Family Violence agencies and sector stakeholders.

This strategy will aim to increase partnerships with LGBTIQ communities; LGBTIQ consumer participation; development of intimate partner violence/family violence referral pathways and community awareness campaigns on LGBTIQ intimate partner violence/family violence.

That the Victorian Government:

- *funds LGBTIQ consultations and projects that aim to respond to and prevent intimate partner violence/family violence in LGBTIQ communities.*
- *resources LGBTIQ organisations to participate in the design, development and implementation of a variety of collaborative projects, both mainstream and LGBTIQ specific.*

Recommendation:

That Victorian-specific LGBTIQ intimate partner violence/family violence information resources are developed that are available to the public, in online, print and all accessible formats.

This needs to be a coordinated and collaborative approach between LGBTIQ communities and family violence organisations.

That resources are provided for the development of internal resources for family violence services including:

- *a guide to ensure accessible and appropriate responsiveness for all LGBTIQ people accessing the service.*
- *a guide to the best methods to respectfully gather information on LGBTIQ communities.*

Part 1: Overview of mainstream family violence agencies and LGBTIQ communities

1. Background

This section consists of a brief overview of LGBTIQ family and relationship violence, using related research on LGBTIQ wellbeing. We recognise that the considerations raised in this paper are relevant to the design of family and intimate partner violence services and require further discussion. We have developed recommendations based on the research undertaken to complete this overview, and to advocate for ways forward to address some of the gaps in service delivery that the literature raised.

This is the first part of our submission as **safe steps** and NTV have also undertaken a number of consultations with LGBTIQ organisations. Due to limited time available these consultations could not be completed by the submission date for this paper (May 29 2015). However we will be producing a subsequent consultation report to be submitted on June 17 2015. The number of consultations was based on the current resources and short time available during the Royal Commission submission process, and this body of work by no means, speaks for the LGBTIQ community as a whole.

safe steps and NTV recognise the breadth of knowledge, experience and expertise within LGBTIQ communities. We also acknowledge it is vital to hear views from marginalised LGBTIQ sub-groups such as Indigenous people, people with disabilities and culturally and linguistically diverse LGBTIQ people in order to design truly inclusive services. Beyond this submission, there is a lot more work to do. Therefore, **safe steps** and NTV view this as one of many early initiatives in an ongoing conversation between LGBTIQ communities and mainstream family violence services.

safe steps and NTV are willing to demonstrate leadership among mainstream services by supporting recommendations made by LGBTIQ communities regarding the recognition and response to intimate partner and family violence as it impacts them. Therefore, in this submission we are including some of the needs identified by LGBTIQ peak bodies thus far. These include reflections on some of the barriers to help seeking for LGBTIQ people, as well as gaps in the family violence sector that require consideration from this Royal Commission Inquiry.

2. LGBTIQ Context

2.1 The Scale of the Problem

Due to a lack of specific research, the level and impact of family and intimate partner violence on LGBTIQ communities is difficult to ascertain. However it is believed that relationship violence within sections of LGBT communities (such as gay and lesbian people) reflects similar levels to that of intimate partner violence in relationships between non-LGBT people (ACON 2009, pg. 9). Some suggest it is perhaps even more prevalent within LGBT communities (AHREOC p. 6, & Vickers 1996).

People of trans experience and people with intersex characteristics have not been specifically included in much of the research available on family and intimate partner violence. However advocates, peak bodies and community organisations have identified vulnerabilities to violence faced by intersex and transgender people, and anecdotal evidence of it has also been reported (Ansara, 2015, p. 16 & Rosenstreich 2013, p. 4).

Researchers have identified that types of abuse in LGBTIQ communities is varied and often mirrors violence in relationships among non-LGBTIQ people. These involve emotional, financial, psychological, physical, sexual abuse, social isolation and the use of power and control by one partner over another (Leonard, Mitchell, Pitts & Patel 2008, p. 45 & Chan 2005, p. 2). Another aspect of family and intimate partner violence within LGBTI communities, which is consistent with that in non-LGBTI relationships and families, is that it is often stigmatised, hidden, underreported or not recognised as violence by victims (ACON 2014, p. 1 & AHREOC, p. 6 & Bartels 2010, p. 4).

While abuse in LGBTIQ relationships and families can take the same forms as relationship violence among non-LGBTIQ people, these victims face unique circumstances and barriers to help seeking due to LGBTI contexts within the wider community (Leonard, Mitchell, Pitts & Patel 2008, p. 48 & VLRC 2006, pgs. 41 – 42, ACON 2014, p.5).

Past criminalisation of homosexuality and gender expression has not assisted with a perception that some police are homophobic or trans-phobic. This has made reporting difficult for some LGBTIQ people, who may fear asking police for assistance if they are affected by family or intimate partner violence (VLRC 2006, p. 42; ACON 2014, p. 5 & Leonard, et al. 2008, p. 38).

It has been raised that some abusers in LGBTIQ communities may use this fear against victims to stop them from reporting (GLRL 2011, p. 2).

LGBTIQ people from culturally diverse communities may also have difficulty trusting police and legal systems, which could prevent them from reporting abuse (Chan 2005, p. 6). Of particular note here too, is the coercion of people with intersex variations by medical professionals and biological family that is not legally perceived as violence, but results in unwanted 'normalising' procedures and irreversible physical and emotional damage (Ansara, 2015, p. 16).

There are a range of myths and stereotypes regarding gender expression and LGBTIQ people in general that also contributes to the silencing of family and intimate partner violence within the LGBTIQ community (Vickers, 1996). Myths such as ‘gay men are incapable of being victims if they are ‘butch’, or that ‘femme’ lesbians cannot abuse partners’ (GLRL 2011, p. 4) are just two examples.

Some types of abuse LGBTIQ people experience are uniquely placed, and often framed by homophobic, cis-genderist², trans-phobic³ or heterosexist⁴ views. These experiences might include; abusers threatening to out partners for sexual or gender identity/history, threatening to reveal HIV status, abusers telling partners that they will lose custody of a child because they are LGBT and telling a partner they “deserve it” because they are LGBT (GLRL 2011, p. 2, Fileborn 2012, pgs. 5 – 6 & National LGBTI Health Alliance 2014, p. 7).

Violence in homes can also come from parents, siblings and other relatives. While documented cases of violence from parents towards LGBTIQ youth are fewer, the impacts of those that have been recorded are significant (ACON 2009 p. 8 & ACON 2014, p. 2). Transgender and gender diverse youth have been identified as very vulnerable. One quarter of trans and gender diverse young people aged between 14 and 25 years who responded to the Blues to Rainbows survey experienced verbal or physical abuse at home (Smith, Jones, Ward, Dixon, Mitchell & Hillier 2014, p. 60).

Intersex youth can also experience strong reactions from biological relatives if they have physical characteristics that may challenge their fundamental perception about the young person’s place and role within the family. Intersex organisations have stated that these reactions can be, and sometimes are, violent (OII, 2015). This can be in addition to the experiences of medical abuse perpetuated by parents mentioned earlier.

Some of the research on the issue of LGBTIQ family and intimate partner violence has identified the following:

- Just under a third of participants in the Gay and Lesbian Health Victoria report 'Coming Forward', revealed having been in a same-gender relationship where their partner subjected them to abuse⁵
- In the first Private Lives report 32.7% of respondents said they had been in a relationship that was abusive⁶
- Australian LGBTIQ research data with small proportions of trans and intersex people has identified high incidences of intimate partner violence compared to non – intersex and non-trans LGB people⁷

² Cis is a person who identifies with their birth assigned sex. Cis-genderist is the belief that identification with birth assigned sex is the only correct and valid experience of ones gender and body.

³ A range of antagonistic or discriminatory attitudes against transgender people

⁴ A system of attitudes, bias, and discrimination in favour of heterosexual sexuality and relationships

⁵ Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2006, p. 45.

⁶ Pitts, M., Smith, A., Mitchell, A., Patel, S. 2006, p. 51

⁷ ACON, 2014, p. 1

The National LGBTI Health Alliance recently referred to the high amount of responses and personal stories they received from the LGBTIQ community after they called for contributions to inform their submission to the 2014 Senate Finance and Public Administration Inquiry on Domestic Violence in Australia.

The National LGBTI Health Alliance stated there were too many incidents to include, and that the call out for the Inquiry had attracted the highest number of responses to any other submission they had undertaken. This they said was demonstrative of the gaps in policy, research, data collection and services required to address LGBTIQ family and relationship violence (Ansara 2014, p. 3).

2.2 Barriers to Health, Wellbeing and Services for LGBTIQ People

2.2.1 Experience of Violence, Discrimination and Impacts on Mental Health

When assessing the impacts of family violence on LGBTIQ communities, it is important to recognise that the prevalence of violence, harassment and discrimination experienced generally by LGBTIQ people, is proportionally higher than that experienced in the broader community (Rosenstreich 2011, p. 4 & ACON, 2009, p. 4).

People who challenge dominant views of mainstream gender and sexuality can face significant physical and sexual violence (Fileborn 2012, p. 3). Intersex, transgender and gender diverse people are particularly vulnerable (OII 2009 & Couch, Pitts, Mulcare, Croy, Mitchell, Patel 2007, p. 60). While little information is available on the experiences of intersex Australians, anecdotal evidence indicates that the secrecy and shame linked to intersex conditions leave intersex people vulnerable to discrimination and abuse and some intersex people have reported similar types of discrimination to trans people (Rosenstreich 2013, p. 4).

As a result of this added vulnerability to violence and harassment, LGBTIQ people continue to report poorer mental health, larger amounts of psychological distress than national averages and experience difficulties maintaining higher levels of resilience (Leonard, Lyons & Bariola 2015, p. 5, & Rosenstreich 2013, pgs. 3-4).

There is consensus among researchers on the health and wellbeing of LGBTIQ communities, that LGBT people face unique barriers accessing health and mental health services (Pitts, Smith, Mitchell, & Patel 2006, p. 41). This, along with societal barriers to participation, stigma, discrimination and violence, contributes to higher levels of depression, anxiety, self-harm, or other illness alongside lower levels of help seeking (Rosenstreich 2013, pgs. 3-4).

2.2.2 Drug and Alcohol Use in LGBTIQ communities

Although the report card on LGBT wellbeing is gradually looking better (Leonard, Lyons & Bariola 2015, p. 5), there is still a considerable gap between the health outcomes of LGBTIQ people compared to other Australians. An indicator of this is that there are higher recorded numbers of LGBTIQ people using alcohol and drugs (National LGBTI Health Alliance 2010, p.

2). High drug use in LGBTIQ communities has also been linked to the impact of violence, discrimination and abuse against LGBT people (Leonard, Lyons & Bariola 2015, p. 5, p. 32 & Hillier, Jones, Monagle, Overton, Gahan, Blackman & Mitchell 2010, pgs. 53 - 55).

The relationship between alcohol, substance use and family violence is complex, however high levels of drug and alcohol use have frequently correlated with experiences of family and intimate partner violence. Most recently 'ice' has gained the attention of police and communities (Bucci 2013 & Butt 2013). Despite this, most studies that have investigated alcohol (or other drug relationships) to domestic violence thus far, have investigated this mainly within heterosexual contexts (Chan 2005, pgs. 1 -11).

Some culturally diverse LGBT youth have reported feeling pressure at home. Safety for them can be compromised due to tensions between hetero-sexist and/or cis-genderist beliefs and practices of their cultural and religious communities alongside desires for family acceptance (Noto, Leonard & Mitchell 2014, p. 12). The combination of racism in the community and not feeling safe at home or in culturally and religiously diverse communities could result in alienation for culturally diverse LGBT youth and an increase in risk taking behaviour including dangerous drug use.

The wellbeing of LGBTIQ Indigenous people (particularly Sistergirls and Brotherboys) faces greater risks due to identified high levels of substance use, as well as family and relationship violence within Indigenous communities (Social Health Reference Group 2004, p. 25 & Zubrick, Dudgeon, Gee, Glaskin, Kelly, Paradies, Scrine & Walker 2010, pgs. 84 - 85). This is coupled with a significant gap in health and socio-economic outcomes for Indigenous people. These circumstances are in large part, due to discrimination, and the intergenerational legacy of oppressive policies and trauma that resulted in a separation of Indigenous people from country and their families (Social Health Reference Group 2004, p. 25 & Zubrick et al. 2010, p. 83).

2.2.3 Homelessness and LGBTIQ people

A lack of housing can be a concern for many LGBTIQ people who are still over represented in homelessness populations, especially LGBTIQ youth (Oakley & Bletsas 2013, pgs. 14 - 18).

Homelessness is a risk for young people who are coming out about their sexuality or gender identity at home to non-accepting families. In addition to young people experiencing violence in the home due to coming out, they may also leave home early due to fears it may occur (Hillier et al. 2010, p. 46, ACON 2009, p. 8 & Oakley & Bletsas 2013, pgs. 18 -20).

Research has shown that LGBTIQ people have regularly experienced and/or witnessed homophobia and transphobia in housing and accommodation services (Oakley & Bletsas 2013, p. 14). Prior experiences of homelessness, fear of homelessness, or the perception that there are no LGBTIQ appropriate housing services may result in LGBTIQ people staying in unsafe homes and environments.

LGBTIQ people have often been required to negotiate difficult experiences with their family of origin. It is not uncommon for LGBTIQ people to have ongoing problematic relationships with biological family members (O'Donnell & Practice Wisdom Resource Practitioners Panel 2014, p. 42). Therefore some LGBTIQ people leaving a violent partner may be doing so without the support of biological family, who may have alienated them due to their intersex status or sexual and gender identity. This creates another layer of disadvantage, particularly if they are experiencing poverty, unemployment or under employment.

It is also relevant to note that LGBTIQ people can face difficulties maintaining employment due to discrimination in job markets, especially transgender and intersex people (AHRC 2011, pgs. 9 - 10 & Leonard, Pitts, Mitchell, Lyons, Smith, Patel, Couch, & Barrett 2012, p. 18). Under these circumstances the capacity to financially recover after an abusive relationship or after leaving a violent home are even more limited.

2.2.4 LGBTIQ appropriate services help win the battle against family and intimate partner violence.

The unique experiences of LGBTIQ people are relevant to service providers who wish to improve their overall capacity when responding to family and intimate partner violence. Mainstream service providers need to listen closely to what LGBTIQ organisations and advocates are saying and support more research and policy development in this area. Building capacity within the family violence sector to engage transgender, non-heterosexual men and women, or perpetrators of non-binary genders is also vital to address intimate partner and family violence in a thorough manner.

3. Family Violence Service Provision

Despite experiencing historically poor relationships with mainstream service providers, many LGBT people, advocates and representative organisations have maintained expectations for them to be inclusive (Leonard, Lyons & Bariola 2015, p. 62). However, in relation to reporting intimate partner abuse, many in LGBT communities do not believe they will be treated fairly (Leonard, Mitchell, Pitts, Patel 2008, p. 48).

There is still an opportunity for mainstream service providers and government to develop practices that enable LGBTIQ victims of violence to feel safe and supported. **safe steps** and NTV assert that to achieve this, some valuable considerations and commitment is required.

3.1 The dominant framework for service provision

safe steps and NTV apply a feminist gender analysis to family violence and stand by statistics demonstrating the majority of victims of violence are women. NTV recognise that women are at least 6 times more likely than men to be the victim of physical assault by a current or former partner, 24 times more likely than men to become homeless due to experiencing

intimate partner violence; and a women's experience of intimate partner violence is associated with substantially more fear and severity than men's (NTV 2014, p. 2).

safe steps and NTV acknowledge the burden of family and intimate partner violence on women's health. The hard work by women's health organisations, VicHealth⁸, activists and others, who have so articulately identified the costs of gender-based violence to the community and our economy is appreciated and valued.

3.2 LGBTIQ people falling through the gaps

Beyond comparisons between heterosexual, cis-gendered women and men as victims however, there are other marginalised population groups that are more affected by family violence (VLRC, 2006, p. 71). These groups require closer examination in public policy and service system responses to family violence than what is currently occurring, including LGBTIQ communities (NTV 2014, p. 2 & VLRC 2006, p. 71).

A submission to the 2014 Senate Finance and Public Administration Inquiry on Domestic Violence in Australia by ACON (2014 p. 2) identified many unique contexts to the experience of LGBT family violence. These included, higher numbers of men victims and more women perpetrators (due to the nature of gay, lesbian and bisexual relationships), as well as unique circumstances such as violence within families of choice, and trans-phobic or homophobic violence from partners or family. This creates a complex puzzle for family violence services and women's refuges.

Over many years passionate professionals have contributed to the family violence sector using feminist frameworks that apply a solid gender-based analysis of violence. Historically the sector has mostly been serviced by both survivor agencies run for and by women; and more recently programs designed for men who use violence to encourage them to take responsibility for violence, misogyny and change their behaviour. The latter are also run for, and facilitated largely by men.

It is important however, to acknowledge the systemic and institutionalised marginalisation of LGBTIQ people through hetero-sexist and cis-genderist practices. In other words, the assumptions that all relationships are heterosexual and that individuals identify with the gender they were assigned at birth (ACON 2014, p. 1).

Some service providers have raised these issues themselves, confiding that they are not aware of how to support transgender women (Stephen, 2014 & National LGBTI Health Alliance 2014, pgs. 7 - 9 & Constable, Castro, Knapman & Baulch 2011, p. 1). Transgender men and women have also spoken of feeling threatened in gendered accommodation and being refused crisis housing (AHRC 2011, p. 12). The latter is possibly a result of refuge staff

⁸ Here we refer to the VicHealth study 'The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence'. This study was conducted to assess the health impact of intimate partner violence on women. Focusing primarily on health, it complements a wide body of evidence demonstrating the immense social and economic consequences of intimate partner violence for individuals, families and communities.

not understanding obligations under the Sex Discrimination Act, Equal Opportunity Acts and related exemptions.

safe steps and NTV acknowledge there has been some increased recognition of LGBTIQ communities over recent years by Victorian women's and family violence services. Online resources that support 'lesbian', 'bisexual', or 'same sex attracted' women have increased visibly on some family violence service websites. 'LGBTI', 'GLBT', or 'GLBTI' have also been included within wording of definitions for 'family' and 'partners' in the context of violence, as part of many overarching government and sector policy documents regarding family, domestic or interpersonal violence. Despite this, family and intimate partner violence service provision remains inadequate to cater for the diverse circumstances that can arise in LGBTIQ community contexts.

Along with an increased capacity to assist LGBTIQ people experiencing family and intimate partner violence, trust also needs to be built with potential LGBTIQ service users. Many in the LGBTIQ community report being afraid to seek services (National LGBTI Health Alliance 2014, p. 10). There have been concerns raised by some within the LGBTIQ communities that relationship abuse will be viewed by mainstream services as 'mutual battering' or not as severe as violence in relationships among non-LGBTIQ people (Chan 2011, p. 5).

Feedback from services confirms the origin of these fears. A 2011 analysis of family violence service gaps undertaken by ACON found noticeable variation amongst services regarding their competence and confidence when working with LGBTIQ people. While some services appeared sensitive to LGBTIQ needs, others lacked a basic awareness (Constable et al. 2011, p. 1).

Services also need to be able to support intersex individuals as well. Refuges that assist people based on definite physical characteristics or exact gender expression may not be suitable for them. People such as police, counsellors, and refuges should be aware that a client could be intersex, and that many intersex people identify as women or men and not as a "third gender" or "third sex". Services need to know what that means, and should be sensitive to intersex needs (OII, 2015).

Defaulting to cis-gendered and hetero-normative practices is dangerous and exposes LGBTIQ people to more violence. The National LGBTI Health Alliance raised examples of the outcomes of such practices. Some of these were; a gay man who sought refuge with his children having nowhere to go, men seeking refuge at shelters where staff were unable to screen for men abusers entering the premises, a shelter that requested a transgender man live as a woman to be housed and refuges and services not knowing how to support a lesbian woman from a culturally diverse background (2014, pgs. 7 - 9).

Other negative experiences with mainstream family violence support services have been described by LGBTIQ people; such as being referred for sexual orientation, gender identity, or intersex issues instead of DV support, and having to deal with prejudices of staff (Constable, et al. 2011, p. 3).

It has been documented that when LGBTIQ people access mainstream services, the quality of care they receive is often inappropriate or not seen as useful (Rosenstreich 2013, p. 10). The very nature of crisis or protective services such as those in the family violence sector means that they are often unavoidable and sought in a state of absolute dire need. Getting it wrong for anyone in these circumstances can be fatal and needs to be addressed.

3.3 A way forward

Creating an LGBTIQ inclusive approach in the family violence and related sectors has implications for many current models, frameworks, the way they are funded, as well as the staffing of services that implement them. This will require a resourced and integrated approach that provides support to all stakeholders.

safe steps and NTV recognises the history of family violence services and sector achievements. The family violence sector needs further government assistance to expand its capacity, so support and engagement of LGBTIQ communities is effective. This will ensure the response to relationship and family violence is more thorough overall and that costs to community are reduced.

More research is needed to develop targeted messages, to implement community engagement strategies, and to roll out services that prevent and respond to the unique forms of family and relationship violence that LGBTIQ people experience. Family violence services will require support to train staff and enable them to respond appropriately and respectfully as to not re-traumatise people or send them back to dangerous homes.

Heterosexist bias in service provision can replicate the same tools of alienation applied in the wider community when LGBT people are excluded. This in turn can result in poorer health and outcomes for people in LGBT communities (Hellman & Klein cited by Leonard, Lyons & Bariola 2015 p. 62). By providing inclusive services that address the unique vulnerabilities of LGBTIQ people, government and organisations can also help mitigate isolation that survivors may have already faced due to their intersex status, sexual or gender identity.

4. Legislative and Policy Context

There is a range of legislation in Australia that frames the community response to intimate partner and family violence. Relevant Acts include the Personal Safety Intervention Orders Act 2010, Crimes Act 1958, Magistrates' Court Act 1989 and Family Violence Protection Act 2008.

There is acknowledgement within some of these Acts of particular sections of the LGBTIQ communities. For example, the Personal Safety Intervention Order Act 2010 and the Family Violence Protection Act 2008 identifies that harassment and psychological abuse may include derogatory remarks to a person or outing them due to gender and or sexual identity

2015 Victorian Royal Commission into Family Violence

safe steps and No To Violence joint submission: Family Violence and LGBTIQ communities

(2010, Vic, s 7 & 2008, Vic, s 1 & s 7). LGB relationships are also encompassed within definitions of 'relationship' seen within section 9 of the Family Violence Protection Act (2008, Vic).

Much of the relevant policy, government plans and guidelines however (such as those raised in the issues paper guiding this inquiry), have been framed by the experiences of non-trans and non-intersex heterosexual women, and do little to inform responses to violence within LGBTIQ relationships and families, including those of heterosexual people of trans experience and heterosexual people with intersex characteristics.

4.1 Gaps and inconsistencies in policies and frameworks

safe steps and NTV have found that when LGBTIQ communities are included in overarching family violence policy framework documents, that they are included in a partial manner or lacking consistency. For example 'A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010–2020', includes gay, lesbian, bisexual, transgender and intersex people and mentions that they face particular barriers to accessing services (2010, p. 12). However there is no indication within the document as to how this might be overcome by the strategic framework.

Statistically transgender women's lived experience includes many risk factors of family and intimate partner violence including hate crime and higher rates of sexual assault (Leonard et al. 2012, p. 47). Yet transgender women are not represented or identified in the wording of key intimate partner violence response planning or strategy documents. As an example, 'The National Plan to Reduce Violence Against Women and Their Children' mentions 'sexual orientation' but not 'gender identity' (Department of Social Services 2011, p. 2).

The second Action Plan '2013 – 2016: Moving Ahead of the National Plan to Reduce Violence against Women and their Children 2010-2022', has a specified chapter titled 'National Priority Two: Understanding diverse experiences of violence' (pgs. 25-28). However, this chapter omits sexual orientation and gender identity altogether.

Even within key State and Federal family violence, policy, planning and strategy documents that have 'women and children' as a focus, there is almost no mention of BTIQ women within them, or of children in LGBTIQ families. 'Same sex' or 'gay and lesbian' relationship issues are more often raised but with little depth or holistic inclusion within the frameworks. There is no discussion about how intersex people may also be assisted within the frameworks despite them frequently being placed under the same umbrella as 'LGBT'. The inclusion of intersex under the LGBTIQ banner also fails to address intersex and trans women of heterosexual experience.

It is important to identify how gaps within the family violence system impact each population under the LGBTIQ banner, and to ensure that people's unique and specific needs are not marginalised in key policy frameworks due to one-size fits all approaches to 'LGBTIQ' inclusion.

We acknowledge the range of Federal and State policy, strategy and planning initiatives that have been undertaken to address family and intimate partner violence as identified in the Issues Paper. However, much remains unclear and the following questions about many of these initiatives need to be answered:

- *How were LGBTIQ communities consulted on the development of these initiatives and how were they invited to contribute to them?*
- *What methodologies have been used to engage LGBTIQ communities during the implementation of these initiatives?*
- *If there is data being collected on LGBTIQ people using services, how and where is that happening?*
- *How is the experience of LGBTIQ service users being evaluated – if at all?*

safe steps and NTV acknowledge that planning and services should reflect the breadth of family and intimate partner violence experience that is addressed within the Family Violence Act 2008 and related legislation.

In addition to this, engagement with LGBTIQ people is critical to identify contributing and mitigating risk factors to the experience or, perpetration of violent behaviours within their communities. Given the small size of some LGBTIQ communities, this may also require different approaches. For example, more direct face-to-face work when working with violent partners rather than working in groups. We will not know these things without more community consultation with and research on LGBTIQ populations.

5. Research

To create effective responses to family and intimate partner violence impacting LGBTIQ people, there must be recognition of the power imbalances that exist in the community (VLRC 2006, p. 43). This is the cornerstone upon which the majority of the family violence sector's feminist and gender analysis rests.

To develop best practice models in service provision and successful prevention strategies, researchers need to ascertain; the types of family and intimate partner violence experienced by LGBTIQ people, the context of it as well as its impacts and frequency in which it occurs in peoples lives (Fileborn 2012, p.1).

safe steps and NTV have noted the growing body of research on LGBTIQ family and partner violence, but agree that a lot more work needs to be done. We believe that better awareness of the diversity within the LGBTIQ community by the family violence sector sits within this agenda.

5.1 One acronym, unique complexities

Services appear to lack an understanding of the difference between gender, sex and sexuality, specifically in relation to intersex and transgender clients (Constable et al. 2011, p. 1).

Despite the experience of barriers to service provision having commonalities among all those under the LGB umbrella (Chan 2005, p. 1), it is important to separate sexuality from a person's gender identity, and from the lived experience of physical sex characteristics.

While a trans or intersex person may identify as lesbian, gay or bisexual, they may also be heterosexual; it is important to recognise that sexuality is about whom people are attracted to. This is different from whether a person identifies as 'woman', 'man', or another innate sense of gender. It is also separate from intersex status, which originates from being born with physical, hormonal or genetic features that are considered neither wholly female nor wholly male (OII, 2015).

The grouping together of multiple identities under a broader acronym consequentially neglects discussion of specific issues such as transgender issues (Cashore & Tuason 2009, p. 375 & Israel, Gorcheva, Burnes & Walther 2008, p. 295) and intersex issues.

It is important for the sake of good mainstream service provision that people's issues are not misrepresented. As an example, intersex people are a part of the 'LGBTIQ' acronym because they are subject to similar homophobic oppression as others in the LGBTIQ communities (OII, 2011). However beyond this, unique circumstances and discrimination that intersex people face needs to be understood as it is particularly relevant to experiences of trauma and violence (OII, 2009).

Similarly, researchers have also noted bisexual people have felt left out of LGBT movements and organisations (Cashore & Tuason 2009, p. 377) yet they are often conflated within research and considered to have the same needs and concerns as gay and lesbian people when this is not always the case. Service providers require better knowledge on the specific needs of LGBTIQ communities to inform better service provision and thus gain their trust. This will improve the likelihood LGBTIQ victims of violence seeking support in a crisis.

5.2 Gaps in services mean a gap in data collection

At a time when more research needs to be done, and specific needs within the LGBTIQ spectrum need to be identified, there is a lack of support, referral, justice and other services available to collect any data on LGBTIQ people. For example, the usual sources of reporting interpersonal violence are mainly unavailable to trans people (White & Goldberg 2006, p. 125).

Much of the Australian police crime data and larger scale surveys on sexual violence also does not take into account sexuality or that gender identity does not necessarily fit within a woman and man binary, nor the distinction between current gender and experience of

having lived in another gender during one's lifetime. This means the history or context of the respondent's gender in a substantial amount of data remains unclear. It also results in little available indicators of gay, bisexual and lesbian people (transgendered or cis-gendered) who experience violence.

Achieving accurate family violence and intimate partner crime statistics on LGBTIQ people would require ascertaining not only whom those people are, but also to be able to count them. This is harder information to obtain on some sections of the LGBTIQ communities than others. For example, there was no count of gender diverse people in the Australian Census, or National or State data collection on people who have non-binary gender identities, or whose bodies are not considered strictly female or male by others.

Statistics can be used to instigate the provision of appropriate services for people who are victims of crime. However achieving accurate statistics on family violence or intimate partner violence within the LGBTIQ communities is also complicated by the different ways in which people identify themselves. Research shows that most LGBTIQ people in Australia do not describe themselves using the identity labels in this acronym, yet people's own ways of describing these life experiences are legitimate; such as 'queer', or a transgender woman who identifies as a 'woman' rather than a 'transwoman'. Consultation needs to occur with LGBTIQ communities by agencies and policy makers as to how to ethically and respectfully collect relevant data for this reason.

LGBTIQ communities need to be engaged in the design of appropriate methodologies, the promotion of research and engaged in the strategies to respond to the research findings. Only then can family and relationship violence experts begin to get similar data on LGBTIQ communities that they already have on non-LGBTIQ people accessing the family violence service system.

Finally, the majority of research on community attitudes to violence has been undertaken by examining these attitudes in a heterosexual and cis-gendered narrative. Any research undertaken on LGBTIQ community attitudes to family and relationship violence would be extremely beneficial for service providers who are developing prevention and response services.

6. Community Engagement

safe steps and NTV recognise that community engagement will require a two-pronged approach to enable appropriate responses to, and prevention of family and intimate partner violence in LGBTIQ communities. Community engagement needs to occur in both mainstream and LGBTIQ communities to address the problem.

6.1 Gaps in community engagement on the issue of violence in LGBTIQ communities

OII raised that the broader community should be educated about intersex people to reduce prejudice and vilification that impacts their lives, and reduce the probability of them being subjected to that violence (OII, 2015).

safe steps and NTV agree that this is also the case regarding LGBTQ people as well. Education campaigns that tackle homophobia, bi-phobia, trans-phobia and intersex-phobia, can contribute to more inclusive societies, reduce hate-fuelled violence and create a greater vigilance around it. Community attitudes to LGBTIQ people, similarly to broader attitudes to all women, set the benchmark for our level of acceptance or complicity in violence against them.

We refer to recent sensationalist media accounts of the murder of Mayang Prasetyo that emphasised her transgender status (and past work as a sex worker), rather than her brutal murder by her partner, as an example of poor attitudes to LGBTIQ victims of violence (Ford, 2014).

If LGBTIQ people are to be safer in their homes and relationships, then the broader community needs to place importance on the safety and lives of LGBTIQ people. This requires public engagement through campaigns about human rights and standing up against discrimination, homophobia, transphobia, intersex-phobia and bi-phobia.

The second community engagement exercise that needs to occur is within LGBTIQ communities themselves. Most awareness and 'community campaigns' about family and intimate partner violence are derivative of the gendered family violence service delivery models. Heterosexual role models (such as sports identities) are often used to encourage people to speak out about or against family violence.

Community engagement with LGBTIQ communities with the goal to raise awareness, prevent, respond to, and 'speak out' about relationship and family violence in Victoria has been marginal.

A history of campaigns primarily around heterosexual family violence has resulted in a lack of identification and understanding of it within LGBTI communities (Brisbane Domestic Violence Service, 2015). It is a new conversation. Therefore ways and means to raise awareness about family and relationship violence that target LGBTIQ people need to be explored. This is something that mainstream agencies could assist with, and work in partnership with LGBTIQ communities to undertake.

6.2 Models to look towards

There have been some useful initiatives that we could learn from in Victoria such as ACON's 'Another Closet', an online LGBTIQ domestic violence resource (<http://www.anothercloset.com.au/>). This website and booklet assists people to identify

which kinds of behaviours are abusive and how relationship violence can occur in LGBTIQ relationships.

Also noted is a successful campaign from the NT, titled 'Stronger Safer Together'. This campaign was developed in partnership by 'Sisters and Brothers NT' & 'Alice Springs Women's Shelter' and promotes gender diversity. 'Stronger Safer Together' was initiated after changes to the Federal Anti-Discrimination Act in 2013, which outlawed discrimination on the basis of sexual orientation, gender identity and intersex status. It publicly supports and encourages women of diverse gender, sex and sexuality to access family violence services (Alice Springs Women's Shelter, 2015).

Campaigns such as these that can bring community knowledge into line with legislation, and that inform the LGBTIQ communities of their rights and responsibilities would be beneficial in Victoria.

7. Recommendations

Accreditation

That the Victorian Government fund accredited training to enable the family violence sector to meet standards (such as the Rainbow Tick⁹) in LGBTIQ sensitive practices.

This training should be delivered to State Government funded agencies and individuals who provide family and intimate partner violence support inclusive of; the court system, social workers, crisis housing/homelessness agencies, police and others who may come in contact with family violence and need to provide a partial response or referral. This training should be developed through consultation with diverse LGBTIQ communities to ensure it covers each population adequately and equitably.

Obligations for services

That Victorian Government:

- *provides clear and thorough guidance for family violence organisations and related service providers (such as crisis housing and homelessness agencies) on their legal obligations for the provision of non-discriminatory and equitable services to LGBTIQ people and their families.*
- *resources the development of a review tool for the family and intimate partner violence sector.*

⁹ The Rainbow Tick comprises of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery. These are: Organisational capability, Consumer consultation, GLBTI cultural safety, Disclosure and documentation, Professional development and Access and intake. Services that receive The Rainbow Tick will have the opportunity to be listed in a national register of LGBTI accredited organisations. See the Gay and Lesbian Victoria website for more information (GLHV, 2015).

This would measure: LGBTIQ community consultation, methodologies of engagement with LGBTIQ communities during the development and implementation of strategic and policy initiatives, data collection capabilities for LGBTIQ clients where possible, and any LGBTIQ consumer evaluations undertaken.

These process to be undertaken by but not limited to:

- The Department of Health and Human Services, Department of Justice and other State Government Departments undertaking the development and implementation of family violence policy and frameworks.
- Support services for people and families experiencing violence (including the multi-agency panel Extreme Risk Client Strategy or 'ERCS' & Risk Assessment Management Panels 'RAMPS').
- Behaviour change programs, family relationship/mediation centres.
- Family violence divisions in the Magistrates' Courts at Heidelberg and Ballarat, and all specialist family services located at Magistrates' Courts, Victoria Police and Gay and Lesbian Liaison Officers.

Service integration

That Victorian Government develops an integrated model for family violence service response.

This should be developed in collaboration with drug and alcohol, and homelessness services which address the needs of marginalised LGBTIQ people who may be at risk of family, intimate partner and lateral violence in their communities.

Data collection

That Victorian Government supports agencies and government departments to review, and update data collection capabilities to enable comprehensive information to be gathered on LGBTIQ communities.

This will monitor specific health issues, aid in the identification of trends in health and social wellbeing and identify health determinants. This will also benefit the assessment of risk factors and community vulnerabilities to violence.

Gay and Lesbian Liaison Officers

That Victorian Government supports a review of the role of Gay and Lesbian Liaison Officers (GLLO's) in addressing and preventing family violence in LGBTIQ communities.

Including:

- 1) The provision of further training on bisexual, intersex and transgender issues.
- 2) Further resources for Gay and Lesbian Liaison Officers to work more closely with the LGBTIQ communities for developing community education and community outreach tools (online and print resources) on the role of GLLO's.

Program Development

That Victorian Government supports research for the purpose of developing future family and intimate partner violence programs that meet the needs of LGBTIQ communities.

Areas of research that could be beneficial are: behaviour change, anger management, victims of crime counselling, drug and alcohol use and family violence in LGBTIQ communities, LGBTIQ community perceptions of and responses to family and intimate partner violence. Research to include specific focus on subgroups under the LGBTIQ banner.

Public Education Campaigns

That diverse relationships and sexual and gender identities are recognised and included within public education campaigns about family violence and intimate partner violence, and that targeted campaigns are developed in partnership with LGBTIQ communities.

Justice Resources

That peer reviewed Victorian specific print and online legal and justice resources are developed.

These should be aimed at LGBTIQ communities and explain LGBTIQ people's rights and responsibilities under the Family Violence Protection Act 2008 and also the Intervention Orders Act 2010.

Bibliography

ACON 2009, Submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth Inquiry into the Impact of Violence on Young Australians, ACON, Sydney

ACON 2014, 'Submission to: Australian Senate Finance and Public Administration References Committee inquiry into domestic violence in Australia', ACON, Sydney.

Alice Springs Women's Shelter 2015, website <http://asws.org.au/projects/stronger-safer-together-sisters-and-brothers-nt/> (accessed online 12/5/15)

Ansara, Y. G., 2014, 'A submission to the Senate Finance and Public Administration Committee Inquiry on Domestic violence in Australia', National LGBTI Health Alliance', National LGBTI Health Alliance, Newtown, Sydney

- 2015 'A Multidimensional and Inclusive Understanding of Gender Based Family and Interpersonal Violence: Findings from the National LGBTI Health Alliance 2014 Investigation', *ANROWS Footprints*, Issue 2, April 2015, Australian National Research Organisation for Women's Safety Ltd., NSW

Australian Human Rights Commission 2011, 'Addressing sexual orientation and sex and/or gender identity discrimination Consultation report', Australian Human Rights Commission, Sydney, NSW

Australian Human Rights Commission (no published year listed) 'Violence, Harassment and Bullying and the LGBTI Communities', Sydney, NSW (accessed online 18/3/15) <https://bullying.humanrights.gov.au/lesbian-gay-bisexual-trans-and-intersex-equality-1>)

Bartels, L. 2010, 'Emerging Issues in Domestic/Family Violence Research' (April), Research in Practice Report No 10, Australian Institute of Criminology, 2010.

Brisbane Domestic Violence Service, 2015, website (accessed 12/5/15), <http://www.bdvs.org.au/resources/publications>

Bucci, N. 2013, 'Domestic violence drives state crime rate higher, Victoria Police say', in *The Age*, August 28 2013, <http://www.theage.com.au/victoria/domestic-violence-drives-state-crime-rate-higher-victoria-police-say-20130828-2sp9n.html> (accessed online 10/5/15)

Butt, C. 2014, 'Family violence and ice key challenges of Lay's tenure', in *The Age*, December 29 2014, <http://www.smh.com.au/national/family-violence-and-ice-key-challenges-of-lays-tenure-20141229-12f2wm.html> (accessed online 10/5/15)

Cashore, C., & Tuason, T. 2009, 'Negotiating the Binary: Identity and Social Justice for Bisexual and Transgender Individuals' in *Journal of Gay & Lesbian Social Services*, University of North Florida, Florida, pgs. 374-401.

Chan, C. 2005, 'Alcohol Issues in Domestic Violence', Topic Paper: Australian Domestic and Family Violence Clearinghouse, Sydney, NSW.

Chan, C. 2005, 'Topic Paper: Domestic Violence in Gay and Lesbian Relationships', Australian Domestic and Family Violence Clearinghouse, Sydney, NSW

Couch, M., Pitts M., Mulcare, H., Croy, S., Mitchell, A., Patel, S., 2007, 'Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand' Australian Research Centre in Sex, Health & Society (ARCSHS), La Trobe University, Melbourne, Australia.

Constable, A., Castro, N., Knapman, R., & Baulch, M., 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'

*2015 Victorian Royal Commission into Family Violence
safe steps and No To Violence joint submission: Family Violence and LGBTIQ communities*

needs', The Office for Women's Policy, NSW Department of Premier and Cabinet ACON Lesbian and Gay Anti-Violence Project NSW Same Sex Domestic Violence Interagency, Sydney, NSW

Department of Health and Human Services, State Government of Victoria, 2010, 'A right to respect: Victoria's plan to prevent violence against women 2010-2020', Melbourne, Victoria

Department of Social Services 2011, National Plan to Reduce Violence Against Women and Their Children (including the first year Action Plan), Department of Social Services, Commonwealth Government

Department of Social Services 2014, Second Action Plan 2013-2016 – Moving Ahead – of the National Plan to Reduce Violence against Women and their Children 2010-2022, Department of Social Services, Commonwealth Government

David F., Hyndal L., Hyndal P., Ion J. & Yates J. 2011, "Gender Diversity in the ACT. A Survey of Trans Experience", A Gender Agenda, ACT

Family Violence Protection Act 2008, (Vic), accessed online 12/5/15,
[http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/LTObjSt6.nsf/DDE300B846EED9C7CA257616000A3571/356F2A5EEEF039B4CA25798100F4E7F/\\$FILE/08-52aa013%20authorised.pdf](http://www.legislation.vic.gov.au/domino/Web_Notes/LDMS/LTObject_Store/LTObjSt6.nsf/DDE300B846EED9C7CA257616000A3571/356F2A5EEEF039B4CA25798100F4E7F/$FILE/08-52aa013%20authorised.pdf)

Ford, C. 2014, 'Mayang Prasetyo's murder and the problem with domestic violence reporting', published in Daily Life, October 7, 2014 (accessed online 15/5/14),

Gay and Lesbian Rights Lobby 2011 'Inquiry into Domestic Violence Trends and Issues in NSW' (Submission No# 27), Gay and Lesbian Rights Lobby, Sydney

Hillier L., Jones T., Monagle M., Overton N., Gahan L., Blackman J., Mitchell A. 2010, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

Israel, T. Gorcheva, R. Burnes, T. & Walther, W. 2008, 'Helpful and unhelpful therapy experiences of LGBT clients' in *Psychotherapy Research*, 18:3 pgs. 294-305

Leonard, W., Mitchell, A., Pitts, M., Patel, S. 2008, 'Coming Forward: The underreporting of heterosexual violence and same sex partner abuse in Victoria', published by Gay and Lesbian Health Victoria, Victoria Law Foundation, The Australian Research Centre in Sex Health and Society (ARCSHS) La Trobe University Melbourne.

Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., & Barrett, C. 2012, 'Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians'. Monograph Series Number 86, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

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. The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne

National LGBTI Health Alliance 2010, 'Submission on the Draft National Drugs Strategy 2010 – 2015', 10 December 2010, National LGBTI Health Alliance, Darlinghurst, NSW, accessed online 10/5/2015

Noto, O., Leonard, W. and Mitchell, A. 2014, "Nothing for them": Understanding the support needs of LGBT young people from refugee and newly arrived backgrounds, Monograph Series No. 94 The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne.

No To Violence 2014, 'No To Violence response to the One in Three organisation's comments about male victims' Comments made at a public hearing of the Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia (accessed online: 9/5/15) <http://ntv.org.au/wp-content/uploads/141125-senate-dv-inquiry-NTV-1in3campaign-response.pdf>

*2015 Victorian Royal Commission into Family Violence
 safe steps and No To Violence joint submission: Family Violence and LGBTIQ communities*

Oakley, S. and Bletsas, A. 2013 'Understanding the circumstances and experiences of young LGBTIQ people who are homeless in Australia: a scoping study'. (Australia), The University of Adelaide, Adelaide, South Australia

O'Donnell, M., & Practice Wisdom Resource Practitioners Panel 2014, 'Working therapeutically with LGBTI clients: a practice wisdom resource', National LGBTI Health Alliance, Newtown, NSW

Organisation Intersex International 2015, 'Submission: OII Australia's response to NSW Discussion Paper on Domestic & Family Violence', OII website, <https://oii.org.au/292/nsw-domestic-family-violence/> (Accessed online 12/5/ 2015)

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, The Australian Research Centre in Sex Health and Society (ARCSHS) La Trobe University Melbourne.

Rosenstreich, G. 2013, LGBTI People Mental Health and Suicide. Revised 2nd Edition. National LGBTI Health Alliance, Sydney (accessed online 18/3/15).

Rosenstreich G. 2011, 'LGBTI People Mental Health and Suicide', Briefing Paper, National LGBTI Health Alliance, Sydney

Smith E., Jones T. Ward R., Dixon J., Mitchell A., and Hillier L., 2014, 'Blues to Rainbows: The mental health and well-being of gender diverse and transgender young people in Australia', Australian Research Centre in Sex Health and Society (ARCSHS), La Trobe University, Melbourne.

Social Health Reference Group 2004, National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004–2009), National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group

Stephen, K. 2014, 'Transgender domestic violence victims 'falling through the cracks'', 2014, published October 12, Brisbane Times (accessed online 12/5/15) <http://www.brisbanetimes.com.au/queensland/transgender-domestic-violence-victims-falling-through-the-cracks-20141011-114tgd.html>2014

Vickers, L. 1996, 'The second closet: domestic violence in lesbian and gay relationships: a Western Australian perspective' in *Journal of Law* 3(4) Murdoch University Electronic

White C., & Goldberg J. 2006, 'Expanding Our Understanding of Gendered Violence: Violence Against Trans People and Their Loved Ones' in *Canadian Women's Studies*; Winter 2006; 25, pgs. 124 -127.

Witten, T.M. and Kidd, J. (2007), '*Transgender and transsexual identities: The next strange fruit – Hate crimes, violence and genocide against trans-communities*' in *Journal of Hate Studies*, Vol 6, No 1 (2007) pgs. 31-63.

Personal Safety Intervention Orders Act 2010, (Vic) accessed online 12/5/15, http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/a12f6f60fbd56800ca256de500201e54/9dba394ff3f1bd0dca257ae1001c1184!OpenDocument

Office of Women's Policy Department of Planning and Community Development, 2010, 'A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010–2020', Office of Women's Policy Department of Planning and Community Development Level, Melbourne, Victoria

Victorian Law Reform Commission 2006, Chapter two in "Recognising Family Violence" in 'Review of Family Violence Laws Report', Victorian Law Reform Commission Melbourne, Australia.

Zubrick, S., Dudgeon, P., Gee, G., Glaskin, B., Kelly, K., Paradies, Y., Scrine, C., & Walker, R. 2010, "*Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing*" (Ch 6) in 'Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice', (Eds) Purdie, N., Dudgeon, P. & Walker, R., Department of Health and Ageing, Commonwealth of Australia, Canberra, ACT

2015 Victorian Royal Commission into Family Violence

safe steps and No To Violence joint submission: Family Violence and LGBTIQ communities

Part 2: Consultation Report

Mainstream family violence agencies and LGBTIQ communities

1. Background

This Consultation Report is the second stage of the joint submission to the Victorian Royal Commission into Family Violence, and it follows the literature review of current research in the area, which made up part one of this submission. The number of consultations undertaken during the development of this report is based on the limited time and resources available and it by no means speaks for the LGBTIQ community as a whole. The Consultation was undertaken by two consultants Gabriel Aleksandrs and Tania Phillips on behalf of **safe steps** and NTV.

safe steps and NTV acknowledge the breadth of knowledge, experience and expertise within LGBTIQ communities and the family violence services sector alike. We also acknowledge that it is important to hear the views and issues relevant to particularly marginalised LGBTIQ sub-groups such as Indigenous people, people with disabilities and culturally and religiously diverse LGBTIQ people.

Given the conversation needs to expand to include these communities, **safe steps** and NTV view this report as one of many early initiatives in an ongoing conversation and collaboration between LGBTIQ communities and family violence services. Despite the limitations identified, this Consultation Report does offer a snapshot of key issues and ways forward identified by mainstream and LGBTIQ organisations with regard to intimate partner violence/family violence. It also confirms and strengthens the recommendations put forward in the first part of this submission in the Literature Review Report, particularly around the need for training, resources and public education.

safe steps and No to Violence feel it is vital to hear the views of both the mainstream family violence sector and LGBTIQ organisations as a means of identifying the gaps and barriers that exist, and impede LGBTIQ community's access to family violence services. It is hoped that this report will go some way towards fostering new understandings, partnerships, and resourcing collaborative strategies between government, the family violence sector, LGBTIQ organisations and communities to address this very pressing and neglected area of intimate partner violence/family violence.

Language

Please note various acronyms have been used to describe LGBTIQ communities throughout, in an attempt to reflect those used in the literature referenced.

safe steps and NTV use the term 'LGBTIQ' to refer to Lesbian, Gay, Bisexual, Transgender, Intersex and Queer communities broadly, however we recognise there are diverse and complex relationships between administrative sex categories (such as female and male), sexuality and gender identity (Fileborn 2008, p. 2).

When referring to 'family violence' the diversity of 'families' is also acknowledged. It is true for many survivors that family violence can be committed by biological relatives, and also by

non-biological relatives within chosen family or kinships. It is recognised too that people in caring or guardianship roles can also commit family violence.

1.1 Methodology

Fifteen organisations were consulted; these included five mainstream family violence organisations, one mainstream support agency and nine LGBTIQ organisations. Any weighting of the responses presented is representative of these numbers. Unfortunately, a number of organisations were not available during the consultation period. These include Organisation Intersex International (OII) who was unable to participate due to stretched resources; Gay and Lesbian Health Victoria and Victoria Police.

Two consultations were conducted over the phone and the all others were face-to-face meetings. Interviews were semi-structured with key questions covering: Current knowledge and experience; Service Delivery and Gaps; Resources; Policies and Procedures; Training; Advocacy; Barriers to Access, Research and Recommendations. Feedback was then analysed for key themes which are reflected in the body of the report.

safe steps, NTV and the consultants would like to thank the many people who participated and gave so generously of their time and expertise in such a short period.

1.2 Key Findings:

The key findings are grouped around the key areas consulted on:

- **Knowledge and Experience:** Whilst there is recognition by both mainstream and LGBTIQ organisations that intimate partner violence/family violence exists in LGBTIQ communities there is very little knowledge on how to address it.
- **Service Delivery & Gaps:** Respondents identified that there is minimal mainstream service delivery that is specifically targeted, or inclusive of, LGBTIQ communities. There are very few safe emergency accommodation or crisis support services available for trans women/ gay/bisexual/transmen/intersex people experiencing intimate partner violence/family violence. Nearly all mainstream family violence service delivery is based on a binary-gendered analysis of family violence and is not useful for most people from LGBTIQ communities. There are no systematic referral pathways for LGBTIQ people experiencing family violence at all and this places many LGBTIQ people at even higher risk.
- **Barriers to Access:** Many barriers to accessing services were identified. These included homophobia/transphobia within services, fear of being discriminated and judged, conflation of the distinct and different LGBTIQ communities, lack of awareness of mainstream family violence staff, non-recognition of mainstream terminology and invisibility within LGBTIQ organisations and communities.

- **Resources:** Extremely small amount of accessible, publically available, Victorian-based resources on LGBTIQ intimate partner violence/family violence. As a result LGBTIQ people are virtually invisible in the family violence sector and may not feel confident or welcome in accessing mainstream services. The lack of resources also can result in serious consequences for LGBTIQ people who are seeking assistance and access points for services when at risk.
- **Training and Advocacy:** There is very little targeted quality training on LGBTIQ intimate partner violence/family violence both within mainstream organisations for staff/volunteers as well as for LGBTIQ communities and in the broader community about intimate partner violence/family violence. There is a high recognition of need in this area but very little appropriate training is available. There is also a recognition that much more advocacy work needs to be done in regard to LGBTIQ intimate partner violence/family violence
- **Policies and Procedures:** Very few LGBTIQ or mainstream organisations had any specific internal policies or procedures on LGBTIQ intimate partner violence/family violence. This means that organisations have a lack of strategic structural focus or process when working in the area of LGBTIQ family violence/intimate partner violence, which then flows down to service delivery and/or whole of organisation-based knowledge.
- **Research & Data:** Data collection on LGBTI intimate partner violence/family violence is almost non-existent in mainstream family violence and LGBTIQ organisations. Some research had been undertaken by an LGBTI national organisation for a national submission and it is hoped to build on this in the future to gather national quantitative data. If LGBTIQ people are not included in data or research, this again, means they are invisible to services, government and funders. This invisibility contributes to a lack of appropriate services because there is very poor qualitative and quantitative data for evidence-based delivery of services.

1.3 Recommendations:

All recommendations are based on identified key findings. **safe steps** and NTV recognise that the baseline is very low for service delivery and awareness of intimate partner violence/family violence in LGBTIQ communities and it is hoped that these recommendations will go some way to addressing this imbalance.

1.4 Report Format

Whilst it was not possible to present all comments by participants, the consultants felt it important to represent as many voices and views as possible. We have attempted to ensure that the format of the report caters for this.

The report Headings in the report are based around the key questions and themes that arose from the feedback. Numbers next to the headings indicate the number of people who responded in an affirmative way to that theme or question. Further elaboration around key points and pertinent quotes are listed under the headings and themes. These are numbered in brackets () when there was more than one respondent who identified the same issue. Individual comments are not numbered.

1.5 Stakeholders

Organisations who participated in this consultation:

Mainstream Organisations	Focus:	Clients/Stakeholders
safe steps Family Violence Response Centre(safe steps)	Family Violence Response Line, Emergency Accommodation, Safety Planning, Support, phone case management	Women & children
Women's Health West(WHW)	Family Violence Prevention, Direct Service and advocacy	Women & Children in the West
Domestic Violence Victoria(DVVIC)	Peak Body for Family Violence Agencies in Victoria	All Family Violence Agencies, some women's health and other women's agencies
No to Violence (NTV)	Men's Referral Service , perpetrator accountability, peak body for men's behaviour change programs, education, social justice, prevention	Men who use violence.
Domestic Violence Resource Centre Victoria (DVRCV)	Family Violence Training, publications, research and advocacy. Some direct service phone support and referral	People/agencies who are responding to family violence.
drummond street services	Wellbeing of all families. Building connected communities. Counselling, referral, support for community organisations, advocacy, research, community development. Support for LGBTIQ individuals, families and organisations. Queerspace: mental health and wellbeing focused service for LGBTIQ communities.	Whole of community but also has a specific focus on offering services and working in collaboration with LGBTI communities and families over the past 10 years.

LGBTIQ Organisations	Focus	Clients/Stakeholders
Victorian Aids Council (VAC)	Sexual Health promotion (focus on gay men), counselling, drug and alcohol, PRONTO HIV Rapid Testing Clinic, Centre Clinic, Positive Living Centre for people living with HIV, peer education. Some training of mainstream AOD agencies in LGBTIQ sensitive practice. Some services for broader LGBTIQ communities	People who are at risk or living with HIV and all those who are affected. Mostly men who identify as gay. Some services for broader LGBTIQ community.
Switchboard	Peer-based phone and web counselling and referral service (previously Gay & Lesbian Switchboard). Covers Victoria and Tasmania. Now part of QLife - national phone and web-based counselling service, referral and resource service.	LGBTIQ Community
Victorian Gay & Lesbian	Community based advocacy group working	Membership-based.

2015 Victorian Royal Commission into Family Violence

safe steps and No To Violence joint submission: Family Violence and LGBTIQ communities

Rights Lobby	for equality human rights. Primary focus for law reform for more inclusive and equal laws. Volunteer group.	Focus is on lesbian, gay, bisexual, queer and same-sex attracted people. Works collaboratively with trans and intersex groups.
Head Space: Peninsular Pride	Peninsula Pride is a Queer Straight Alliance (QSA) community development project of Headspace. Provides social and education opportunities for queer young people, their families and their friends.	LGBTIQ Young People aged 12 -25
Rainbow Families Council	Rainbow families Council seeks to provide social support, information and advocacy for rainbow families where one or more parent or carer or co-parent identifies as LGBTIQ. Particular focus on laws regarding creating and having a family and legal implications. Impacts on services e.g. MCH, hospitals, schools. Incorporated Volunteer group. Participate in consultations where possible.	Membership-based. Families where one or more parent or carer or co-parent identifies as LGBTIQ
Bisexual Alliance	Discussion groups and social activities for people who identify as bisexual or seeking to know more. Some education via discussions. Volunteer group.	Membership-based. People who identify as bisexual
PolyVic	Regular discussion groups and social activities for people who are in poly relationships or seeking to know more. Strong focus on LGBTI inclusiveness and education. Volunteer group.	Membership-based. People in/curious about poly relationships.
Transgender Victoria	Transgender Victoria advocates for justice, equity and quality health and community service provision for trans people, their partners, families and friends. Focus on advocacy, partnerships, research and education in a range of settings e.g. workplace, service providers, government departments. Mostly volunteer-based.	Membership-based. Community Organisations, trans people, their partners, families and friends
National LGBTI Health Alliance	National Body for LGBTI Health. Aims to improve LGBTI Health and well-being nationwide. Research, Education, Training, Submissions and Policy work as well as project-based work. Collaborate in partnership with local agencies to deliver national direct services such as QLife Phone/Web Counselling and Referral Service, LGBTI Aged-Care Training. Also has programs such as MindOUT suicide-prevention. Information and advice on LGBTI inclusiveness to government and non-government organisations.	Membership-based. All LGBTI agencies in Australia may be members. Works with government and non-government agencies.

Very few of the LGBTIQ agencies consulted deliver services directly. Most are engaged with advocacy or provide social support and are volunteer-based and unfunded. The National LGBTI Health Alliance undertake project work and direct service in partnership with other organisations, as well as advise on policy and best practice. Victorian Aids Council does some direct service delivery in the area of counselling and alcohol and drug services, whilst Peninsular Pride, although a project of Headspace, works independently and focusses specifically on LGBTIQ young people with community development programs and some service delivery.

2. Organisational Knowledge and Experiences of LGBTIQ intimate partner violence/family violence

Mainstream Organisations	No.	LGBTIQ Organisations	No.
Recognition that LGBTIQ communities experience intimate partner violence/family violence.	6	Recognition that LGBTIQ communities experience intimate partner violence/family violence.	9
<ul style="list-style-type: none"> A majority said that LGBT women and men may be part of the client base but there was no current data to ascertain the number of clients/contacts who were LGBTIQ (5). There was little recognition of distinct LGBTIQ client groups, except for two services.(5) 'Same sex' or lesbian women were the most common examples raised overall (5). Young people may be at risk of Family Violence in the home when coming out. Has no knowledge, expertise or data of LGBTIQ communities re intimate partner violence/family violence and it was not something services raise. Another agency noted they had 'nothing on trans' but said the service 'was inclusive'. Knew of gay male intimate partner violence/family violence through partnerships with LGBTI organisations. Recognised that intimate partner violence/family violence was an issue that benefitted from processes and assessment. 		<ul style="list-style-type: none"> All organisations said they were aware of the issue (9). All LGBTIQ organisations identified that their knowledge was based on contact from community members who had experienced intimate partner violence/family violence, but that people would not necessarily reveal it was happening.(9) Recognition of some unique types of violence and abuse related to coming out, or incorporating trans/homophobia(3) Recognition of youth risk of family violence when coming out in the family home (3). One organisation recently included a question on intimate partner violence/family violence on an assessment/intake form for services they provided and said this was because they 'know it exists, due to it coming through the door'. "We don't get many calls but we do get a few calls about it". "It is as prevalent as it is anywhere else. "It is very pervasive". Levels of intimate partner violence/family violence are difficult to ascertain. 	
Direct experience and working knowledge of LGBTIQ community members impacted by intimate partner violence/family violence.	5	Direct experience and working knowledge of LGBTIQ community members impacted by intimate partner violence/family violence.	9
<ul style="list-style-type: none"> Five of the six agencies had some experience of working with some members of LGBTIQ communities 		<ul style="list-style-type: none"> All groups believed there was inadequate knowledge on intimate partner violence/family 	

<p>(5).</p> <ul style="list-style-type: none"> • Some agencies cited that LGBTI staff had mentioned the possibility of intimate partner violence/family violence in their communities and discussed it (3). • Some had long-term experience working with LGBTIQ communities and responded to family violence follow up referrals from police as they arise, often resulting in counselling or service provision (2). • There were no systems to identify trans or gender diverse clients and so was unsure of what contact the agency had with them (1). • Had been made aware of intimate partner violence/family violence issues from other non-intimate partner violence/family violence specific work undertaken with LGBTIQ communities. • Had developed a manual on responding to lesbian intimate partner violence many years ago and used to run a lesbian DV support group. This manual was not current and the group was no longer running. • A need for more awareness of some Intersex issues was raised. 		<p>violence in the LGBTIQ and broader community (9).</p> <ul style="list-style-type: none"> • Eight of the nine LGBTIQ groups had been contacted directly about experiences of intimate partner violence/family violence in their communities. Contact was made via phone, email, social media and face-to-face (8). • The majority said that often the LGBTIQ communities are unsure of where to seek support, how to provide it, or where to refer people (8). • Some groups said that they were contacted because community members did not want to go to police (3). • Identified that intimate partner violence/family violence manifested in indirect ways (2). • Identified intimate partner violence/family violence as a significant issue that had impacted and divided their community greatly. "The community is not handling it yet". • Thought that their contact with the issue was minimal because they were not a crisis service and people <i>would</i> go to police. • A need for awareness of Intersex intimate partner violence/family violence issues was raised. • There was a lack of knowledge around consent, sexual expression and respect (inclusive of kink communities) and that broader conversations needed to occur that reflected diverse sexual expression. • Organisations identified they were not trained to identify intimate partner violence/family violence. 	
Types, presentations of intimate partner violence/family violence in LGBTIQ communities		Types, presentations of intimate partner violence/family violence in LGBTIQ communities	
<ul style="list-style-type: none"> • family violence towards young people at home from biological 		<ul style="list-style-type: none"> • family violence towards young people at home from biological 	

<p>family members.</p> <ul style="list-style-type: none"> • intimate partner violence within Gay and Lesbian relationships • intimate partner violence experienced by trans people. • Very little knowledge of Intersex people and intimate partner violence/family violence (noted that many intersex people don't identify under the LGBT banner) 		<p>family members.</p> <ul style="list-style-type: none"> • intimate partner violence within young people's relationships • intimate partner violence within Gay and Lesbian relationships • intimate partner violence experienced by trans people, • intimate partner violence in poly relationships (more than one partner) • intimate partner violence between non-cohabitating partners • intimate partner violence in casual sexual relationships • Lateral violence in LGBTIQ communities/non biological family violence. 	
--	--	--	--

2.1 Summary: Knowledge and Experience

Recognition among mainstream agencies was often framed within an acknowledgment of overall client 'diversity. For example one agency said, "We provide services aware that the clients are diverse, anyone should be able to walk through the door." All the mainstream agencies valued cultural diversity and the ability to work well with 'diverse communities', with some naming Aboriginal clients, clients with disabilities etc. as examples. Some mainstream organisations saw the ability to work with a variety of population groups as a positive attribute and an indicator of best practice. However, most organisations did not identify what this might mean exactly when it came to working with LGBTIQ communities or acknowledgment that being LGBTIQ may intersect with cultural and ethnic diversity, disability or being Indigenous

Recognition of LGBTIQ intimate partner violence/family violence was often conflated with 'general awareness' of LGBTIQ communities however, respondent awareness about distinct LGBTIQ communities was rather variable. As a result there was some lack of clarity around how to respond to individual sub-groups within LGBTIQ communities and to their specific needs. This was reiterated by most mainstream family violence agencies saying that they had experience working with only some LGBTIQ populations, rather than working with the full breadth of LGBTIQ communities that their services might be able to assist.

There was awareness among mainstream agencies of intimate partner violence/family violence among LGBTIQ communities, but knowledge around the scale of problem was varied. Nearly all LGBTIQ organisations consulted had been contacted by LGBTIQ people about the issue at different times.

LGBTIQ organisations raised concerns that some communities were impacted by family violence quite dramatically, such as young people and trans people, yet it was perceived that few services were there to assist them. Some LGBTIQ respondents had noted that dealing with intimate partner violence/family violence threatened the safety and cohesion of subsections of LGBTIQ communities.

There was a limited amount of working knowledge, or experience working with LGBTIQ intimate partner violence/family violence within mainstream family violence organisations. Where work in this space had occurred, most often it had been an individual staff member, or an LGBTIQ staff member and their knowledge of LGBTIQ communities that had initiated it.

Knowledge among LGBTIQ organisations of LGBTIQ intimate partner violence/family violence was based in a large part on contact with people who had lived experiences of it. Similarly, to many of the mainstream service providers, there was not a clear understanding of how it impacted distinct groups due to a lack of information on LGBTIQ intimate partner violence/family violence being available. The need for more information to be provided to the LGBTIQ communities and service providers was evident.

3. Intimate partner violence/family violence Service Delivery for LGBTIQ Communities

Mainstream Organisations	No.	LGBTIQ Organisations	No.
Service provision/support	6	Service provision/support	7
<ul style="list-style-type: none"> A number of agencies said they had worked with some lesbian victims of intimate partner violence (4). Had worked with and referred gay male victims of intimate partner violence/family violence (2). Had experience with some trans clients, and accommodated same sex relationships and trans women experiencing intimate partner violence/family violence in crisis housing and service provision. Had long-term experience with service delivery to LGBTI people/relationships including complex issues and intimate partner violence/family violence. No work with LGBTI communities at all. Had worked with and referred gay male victims of intimate partner violence/family violence (2). 		<ul style="list-style-type: none"> Provided limited support, (that was not direct service/core business) or referral for some LGBTI people (6). Most had offered some referral but no actual ongoing support. (6) A behaviour change group for men using violence in homosexual relationships. This program had ceased running for two years and had recommenced this year. 	
Direct services provided to some LGBTIQ people in response to intimate partner violence/family violence		Direct services provided to some LGBTIQ people in response to intimate partner violence/family violence	
<ul style="list-style-type: none"> Crisis Accommodation Crisis counselling (phone/face-to face) Advocacy services Ongoing counselling and referral (where possible) Lesbian support group (lapsed) 		<ul style="list-style-type: none"> Referral – even though organisations were not funded nor trained to provide social welfare support as part of their core business (7). A behaviour change group for men using violence in gay relationships. This program had ceased running for two years and has recommenced this year. Generalist and supportive phone counselling. 	
Organisations that LGBTIQ people have been referred to in response to intimate partner violence/family violence		Organisations that LGBTIQ people have been referred to in response to intimate partner violence/family violence	
<ul style="list-style-type: none"> Switchboard VAC Other mainstream family violence and sexual assault services 		<ul style="list-style-type: none"> Organisations that ran gay male Behaviour Change group 'LGBTIQ friendly' Counselling GLLO's and other police (of varied rank) known to organisation 	

<p>Referrals: Some mainstream organisations had referred clients by phone or via website to other mainstream and LGBTIQ organisations; however it was unclear whether the agencies referred to had specialised knowledge about, or capacity to respond to LGBTIQ/ family violence intimate partner violence.</p>		<ul style="list-style-type: none"> • 'LGBTIQ friendly' youth services • Homelessness services • National LGBTIQ phone counselling services and web-chat • Family Violence services <p>Referrals: LGBTIQ organisations that did refer relied on networks or familiar working relationships with individuals working in community sector, legal sector or police.</p>	
---	--	--	--

3.1 Summary: Service Delivery

Overall, respondents acknowledged that there were no specific services for LGBTIQ people facing family violence/intimate partner violence. In some instances organisations that were under-resourced, or had expressed they needed more capacity and knowledge to deal with LGBTIQ intimate partner violence/family violence were seen as having some expertise in the area and LGBTIQ people had been referred to them. Despite only some LGBTIQ organisations undertaking any direct service work, many others consulted had family violence service clients referred to them as well. This was despite their core business not at all being related to intimate partner violence/family violence service provision, or having any kind of case management capacity as an organisation.

While awareness of violence in 'Gay and Lesbian' relationships existed among service providers, there were no specific programs designed to support Gay and Lesbian intimate partner violence/family violence victims being provided currently and referral pathways were unclear.

Only one mainstream organisation identified that it worked with all sub-groups of LGBTIQ people. This mainstream organisation that predominantly offered counselling services and some advocacy, said they had supported people from all the distinct groups within LGBTIQ communities with intimate partner violence/ family violence issues, however it was difficult to refer LGBTIQ clients to other services.

Reflections on LGBTIQ intimate partner violence/family violence by LGBTIQ organisations:

“There are unique circumstances around violence among gay men, violence may happen during casual sexual encounters and the traditional cycle of violence wheel is not always applicable.”

“It’s still difficult work because there is so much invisibility out there, but we know it exists as it walks through the door.”

“family violence can manifest as depression, anxiety, self-harm and isolation.”

“We see a lot of young people who are in unsafe situations at home, particularly in coming out.”

4. Resources

Mainstream Organisations	No.	LGBTIQ Organisations	No.
Information/Resource Materials on LGBTIQ intimate partner violence/family violence produced or developed by organisation.	6	Information/Resource Materials on LGBTIQ intimate partner violence/family violence produced or developed by organisation.	9
<ul style="list-style-type: none"> Five agencies did not produce any specific public information/resource materials (5). 		<ul style="list-style-type: none"> Seven agencies did not produce any specific public information/resource materials (7). 	
Resources/information that had been developed:		Resources/information that had been developed:	
<ul style="list-style-type: none"> Website page with information on same sex (lesbian) Family Violence and a print/downloadable resource on this. Also provides links to other mainstream and LGBTIQ agencies on website page. Information about LGBTIQ relationships but nothing specifically on intimate partner violence/family violence. 		<ul style="list-style-type: none"> Know of other resources for LGBTIQ communities such as legal assistance, aged care, mental health, families, young people but nothing specifically on intimate partner violence/family violence (4). Small amount of engagement on social media with mainstream family violence agencies e.g. Twitter about intimate partner violence/family violence towards a transwoman. Research Report and submission to National Senate Enquiry into Domestic Violence (available to public on website of agency based in NSW). Gay Men’s Behaviour Change Program (MBCP) advertised on website. No other info on intimate partner violence/family violence. 	

Internal Resources: Policies/Procedures re LGBTIQ intimate partner violence/Family Violence	6	Internal Resources: Policies/Procedures re LGBTIQ intimate partner violence/ Family Violence	9
<ul style="list-style-type: none"> • Five agencies have no current specific policies/procedures in this area (5). • Three agencies believed that LGBTI was mentioned in their organisational Diversity Policy (3). • Developing policy and procedure on working with trans women specifically looking at issues of safety. • Queer Affirmative Action Plan developed across whole of agency. Also developed an LGBTI Risk and Protective Factors Assessment. • Does not target any specific groups in organisational policies or procedures. 		<ul style="list-style-type: none"> • Seven organisations have no current specific policy/procedures in this area (7). • Two agencies provided advice on other people’s resources and policies (2). • One agency developed a specialised intake form that includes information about LGBTIQ family violence. • In process of developing intimate partner violence/family violence policy for their organisation. 	
Awareness of other Resources specifically on Family Violence/intimate partner violence for LGBTIQ Communities		Awareness of other Resources specifically on Family Violence/intimate partner violence for LGBTIQ Communities	
<ul style="list-style-type: none"> • Five agencies were not aware of any other current Victorian-based resources and recognised that this was as a gap (5). • Know of Aids Council of NSW (ACON) “Another Closet” Website (4). • Kara House Lesbian Domestic Violence Centre was mentioned as having some same-sex resources in the past though agencies were unsure if this was still the case and if they were still working in this area. (2). • DVRCV website was mentioned but was unsure what actual information they had. 		<ul style="list-style-type: none"> • Seven agencies were not aware of any other current Victoria-based resources and recognised that this was as a gap (7). • Know of ACON NSW “Another Closet” Website (5). • Recognised Gay & Lesbian Liaison Officers (GLLOs): Victoria Police as a possible source of information (3). • Two organisations were aware of DVRCV website that has information on same-sex/lesbian intimate partner violence/family violence. One questioned how useful it was for the entirety of LGBTI communities particularly as it had links to agencies that were not really trained to respond to intimate partner violence/family violence (2). 	
Factors in developing information/resource development:		Factors in developing information/resource development:	
<ul style="list-style-type: none"> • Too many other competing 		<ul style="list-style-type: none"> • Lack of financial and human 	

<p>priorities in a resource-poor sector (3).</p> <ul style="list-style-type: none"> • Demand Management: Can't deal with current demands for service. Information resource development would increase demand that services can't meet due to lack of resources. • Needs expertise we don't have. 		<p>resources to develop. Limited funding (4).</p> <ul style="list-style-type: none"> • Not a focus of the organisation, but want to have good resources to refer people to (3). • Only just starting to address the issue in our organisation and community (2). • Many agencies are volunteer-based and people are stretched already. • Don't want to falsely advertise things we can't offer. 	
--	--	---	--

4.1 Summary: Public Information and resources

There is a critical lack of Victoria-based information for people seeking information on assistance or support for LGBTIQ people experiencing intimate partner violence/family violence. Only one mainstream agency in Victoria was identified as having developed any publicly available specific information; however this mainly targeted same-sex lesbian relationships. None of the Victorian LGBTIQ organisations consulted had produced any materials. There was virtually nothing available for members of Gay, Bisexual, Trans, Poly or Intersex communities who experience intimate partner violence/family violence. Many of the organisations identified the lack of information as a major gap and a source of frustration.

There was relatively high recognition of the website "Another Closet" www.anothercloset.com.au developed in NSW by ACON (Aids Council of NSW) yet hardly any knowledge of resources based in Victoria. This indicates that there is an urgent and pressing need for more online and accessible resources to be produced. These resources need to take into account the service delivery context and experience of Victoria's LGBTIQ communities and family violence sector. It is vital that materials developed recognise individual communities and do not conflate all LGBTI people into one group. It is also very important to ensure the inclusion of information for LGBTIQ indigenous and CALD people as well as people with a disability as there were even less resources for these groups who are even more marginalised.

A key factor identified by many organisations regarding the lack of production of specific information and resources by organisations was the lack of time, capacity, expertise and funding, particularly for LGBTIQ organisations, many who were not direct service providers, and relied on volunteers. Mainstream Family Violence organisations also identified that they were dealing with many other pressing needs in a very under-resourced sector and the production of specific resources had not been a priority. Managing the expected increase in

service demand if resources were produced with no additional funding was also cited as an issue.

4.2 Policy/Procedures:

Very few mainstream or LGBTIQ organisations have developed any specific internal policies, procedures or organisational strategies to address LGBTIQ intimate partner violence/family violence. One mainstream support agency had developed a whole of agency Queer Affirmative Action Plan as well as a Risk and Protective Factors framework for assessing LGBTIQ clients presenting to their counselling and support services. One LGBTIQ service organisation had adapted their intake form to include LGBTIQ intimate partner violence/family violence, although this was only a relatively new development.

The lack of resource production has meant that LGBTIQ intimate partner violence/family violence is almost completely invisible in the mainstream family violence sector. LGBTIQ people have very few options to access good quality information and resources when experiencing/or at risk of intimate partner violence/family violence and hence face far greater risks of not receiving appropriate intervention and support. The lack of easily-accessible visible information also means that LGBTIQ people may not feel confident that they are welcome in the mainstream family violence sector and can access organisations in times of crisis or need. Most LGBTIQ organisations are volunteer-based and have very few resources and limited capacity to produce their own materials. A strategy and appropriate funding is needed for both mainstream and LGBTIQ agencies to collaborate to produce relevant materials as well as to support any increase in service delivery as a result of the dissemination of appropriate information.

Mainstream Family Violence and support organisations also need to address the lack of organisational structural and operational policies and procedures to work with LGBTIQ communities. Whilst some agencies have LGBTIQ people included in organisational Diversity policies this is not enough to address the unique circumstances, particularly in relation to homophobia/transphobia, and specialist knowledge needed to work with LGBTIQ people. As demonstrated by one agency, a whole of organisation approach is needed to ensure inclusivity of LGBTIQ people at every level of mainstream family violence and support organisations. The lack of policies or procedures in most LGBTIQ agencies consulted was also a concern. Again, addressing intimate partner violence/family violence is not the core business of any of the LGBTIQ agencies consulted and most were not direct service focussed, however LGBTIQ organisations do want to know where they can refer people to find good quality information and support. Most LGBTIQ organisations were just coming to grips with the prevalence of intimate partner violence/family violence in their communities and some were beginning to develop more internal processes and policies; however there is a need for greater focus, resources and support in this area for many organisations that mainly rely on volunteers.

"We are one of the organisations that should know where to refer and get information (on LGBTI intimate partner violence/Family Violence) and we have great difficulty." LGBTI service provider

5. Advocacy and Training on LGBTIQ intimate partner violence/family violence*

*Training within organisations for staff/volunteers and training for LGBTIQ communities and general public about intimate partner violence/family violence

Mainstream Organisations	No.	LGBTIQ Organisations	No.
Current Training on LGBTIQ communities on intimate partner violence/family violence	6	Current Training in LGBTIQ communities on intimate partner violence/family violence	9
<ul style="list-style-type: none"> • Very little to no formal training on LGBTIQ intimate partner violence/family violence was undertaken by agency staff (6). • No training for staff (3) • This sort of training did not fit within organisational plan and/or competed with other priorities (2). • Not sure who could train around LGBTIQ intimate partner violence/family violence issues specifically (2). • Training has been sought but suitable training was unavailable. • Have not had any formal training as it is a new area. 		<ul style="list-style-type: none"> • No formal training on LGBTIQ intimate partner violence/family violence was undertaken by LGBTIQ organisations (9). • "No, however we think it would be great to have such training available and made in consultation with LGBTI groups". • "No specific training – it is something we would welcome". • "We have limited education on family violence". • "We have done nothing as yet in our own community" re intimate partner violence/family violence. 	
Training identified:	6	Training identified:	5
<ul style="list-style-type: none"> • Provided some training in the past about 'same sex' relationships for people working in the family violence sector. This training was not 'in demand all the time' and is not offered currently. • Section within family violence organisational training materials about 'same sex' relationships and intimate partner violence/family violence and the forms it might take. • Same sex relationships/lesbian client is raised during induction of new staff. • Provided some workshops on gay and bisexual men and behaviour 		<ul style="list-style-type: none"> • Cover intimate partner violence/family violence in our volunteer workforce induction. • Presentation on working with male same sex relationship violence at a GLOO training day. • Raised case studies during general awareness training around issues that trans people may face using services relevant to the experience of family violence such as courts, police and homelessness. • 'We have held healthy relationships workshops for young people where family 	

<p>change programs about 2- 3 years ago.</p> <ul style="list-style-type: none"> • Did a presentation on an LGBTI specific intimate partner violence assessment. • Provides Graduate Certificate in Social Science: Male Family Violence taking some of account bisexual and gay men. • “Some training on homophobia for our volunteers but not much’. 		<p>violence is touched on but not much. We would welcome more”.</p> <ul style="list-style-type: none"> • Auspice body of the organisation provided general LGBTIQ awareness training to its staff (non-intimate partner violence/family violence related). 	
Other issues identified:		Other issues identified:	
<ul style="list-style-type: none"> • Some organisations believed that staffs were aware of many issues already due to some staff being from LGBTIQ communities (2). • It would be good to have more training due to the high turnover of staff. “Once a year there should be something out there”. • Identified that training was needed in this area and currently working towards it. • A service who was called upon to train one agency said themselves they needed training too. • “Mainstream services cannot cover it unless they are attuned or trained. The complexity of that training is that it takes years to develop and the gender stuff is so complex.” • Believed that training was required to ensure cultural sensitivity for all women regardless of disability, sexuality and gender. • Funding for training is required. • Needed to be more training on family violence in the sector as a whole. • Competing demands for other kinds training. • There is a fear of ‘getting it wrong’ when it comes to LGBTIQ intimate partner violence/family violence training. 		<ul style="list-style-type: none"> • “In the past community education and training for us has focussed on sexual health, but this is changing”. • “As volunteers we cannot go to everything (training etc.) with family and work commitments”. • There is a variety of non-intimate partner violence/family violence training such as aged care that is being taken up at the moment. “Things are busy just dealing with LGBTIQ 101 or general knowledge sort of things”. • “A lack of resources was identified to develop this kind of training”. 	
Advocacy on intimate partner violence/family violence issues	5	Advocacy on intimate partner violence/family violence issues	7
<ul style="list-style-type: none"> • Very little to no advocacy on LGBTIQ intimate partner violence/family 		<ul style="list-style-type: none"> • Only some limited advocacy on LGBTIQ intimate partner 	

<p>violence is being undertaken by most agencies (3).</p> <ul style="list-style-type: none"> • Currently addressed LGBTIQ IVP/family violence in a public submission for this Victorian Government Royal Commission on Family Violence (3). • Some limited advocacy around intimate partner violence/family violence in public and family violence sector forums. 		<p>violence/family violence was undertaken (2).</p> <ul style="list-style-type: none"> • Addressed IVP/family violence in a public submission for a government enquiry (3). • Advise on policy and service provision at a local, State and Federal level as well as advising service providers – this advisory role has recently been inclusive of intimate partner violence/family violence issues. • Advise on implementation of legislation, strategy and data collection this advisory role has recently been inclusive of intimate partner violence/family violence • Fielded enquiries from journalists about intimate partner violence/family violence. 	
Other Issues/comments identified		Other Issues/comments identified	
<ul style="list-style-type: none"> • “We do no advocacy in this area” (2). • Not identified by members of the organisation, or staff as a priority to advocate around LGBTIQ intimate partner violence/family violence. • Advocates around a diverse range LGBTIQ issues, and has mentioned intimate partner violence/family violence. • Still a need to develop an anti-oppression analysis and how this links with violence. 		<ul style="list-style-type: none"> • Some LGBTIQ organisation had already advised government and NGO’s around policy and procedures related to services but not intimate partner violence/family violence specifically (4). • There have been advocacy campaigns dealing with discrimination, relationship rights, queer families and homo/trans phobia mainly so far (3). • “We have not advocated or lobbied government in the past; we have to be seen as neutral”. 	

5.1 Summary: Training

Both mainstream and LGBTIQ organisations consulted identified that there was a lack of intimate partner violence/family violence training available. Training needs to be systematic and ongoing. Two types of training needs were identified:

- training for staff within mainstream intimate partner violence/family violence organisations and related service providers

- training for LGBTIQ organisations on intimate partner violence/family violence and the broader LGBTIQ community

Resources were needed to design, develop and implement the training. This training also needed to be a collaborative project between those with expertise in family violence and also LGBTIQ communities.

Funding needs to include resources for LGBTIQ organisations to participate in the design, development and implementation of the training. The training needs to be affordable and accessible for smaller volunteer based LGBTIQ organisations to attend.

5.3 Summary: Advocacy

Most mainstream agencies have done very little advocacy specifically around LGBTIQ family violence/intimate partner violence. The Victoria Royal Commission into Family Violence has provided an opportunity for some mainstream agencies to advocate for more support to create appropriate services and resources to respond to LGBTIQ intimate partner violence/family violence. The range of reasons behind a lack of advocacy so far includes:

- A lack of resources to respond to LGBTIQ issues in a thorough manner
- A lack of priority for organisations in a sector with limited funding and high demand
- A lack of knowledge about the breadth and impacts of LGBTIQ intimate partner violence/family violence.

LGBTIQ organisations had also undertaken little advocacy in the area of LGBTIQ intimate partner violence/family violence so far with the exception of one organisation that had recently done research and submissions, as well as presented at conferences about the issue. LGBTIQ organisations overall were either under-resourced, or priorities have until now, been orientated around general education, advocacy around legislation, human rights issues and anti-homophobia/transphobia campaigns. With extremely limited resources, the need to work towards other significant human rights issues that impact the lives of LGBTIQ people had taken a priority.

6. Barriers Identified for LGBTIQ Communities in Accessing Services.

Mainstream Organisations	No.	LGBTIQ Organisations	No.
Knowledge of barriers for LGBTIQ communities in accessing services.	6	Knowledge of barriers for LGBTIQ communities in accessing services.	9
<ul style="list-style-type: none"> Four organisations identified some barriers for LGBTI people accessing family violence/intimate partner violence services (4). Two organisations did not know what the barriers might be as it was not within their area of expertise or knowledge.(2) 		<ul style="list-style-type: none"> All LGBTIQ agencies identified barriers for LGBTI people accessing services (9). 	
Stigma and Discrimination	3	Stigma and Discrimination	7
<ul style="list-style-type: none"> Two organisations identified Homophobia/Transphobia in services. This included discrimination by police and by some staff in agencies who made assumptions (2). Concern about LGBTIQ people not being taken seriously by mainstream organisations (2). 		<ul style="list-style-type: none"> Almost all LGBTIQ organisations identified fear of homophobia/ Transphobia in services (7). Fear of re-traumatising by being discriminated against in services that are supposed to be there to help at the most vulnerable time (3). Fear of not being taken seriously or believed by police and services (2). Lack of Trust. People don't trust services. Have had bad experiences of discrimination in services in the past (2). Fear of being judged." This is a huge help-seeking barrier (2)." Fear of being abused by other clients using the services, e.g. transwomen accommodated in refuges (2). Mainstream staff or client's "discomfort" with an LGBTIQ client being prioritised over the LGBTIQ client's needs. Threat of being "outed" in a mainstream service is very real Fear of disclosure (2). People don't know if they will be discriminated against. Faith-based organisations offering intimate partner violence/family violence services can legally discriminate if they wish. (2). 	

Training & Awareness of staff/ organisations	5	Training & Awareness of staff/organisations	5
<ul style="list-style-type: none"> Family Violence sector is quite conservative. LGBTIQ people can challenge staff's personal value-base. Mainstream agencies can be "confused" by female-to-female violence. 		<ul style="list-style-type: none"> Unknown how "inclusive" intimate partner violence/family violence agencies and staff really are. Don't know what training; protocols and systems mainstream services have in place (2). Don't trust that staff are trained properly. "This a real barrier to referring people to services" (2). 	
About Models of Service delivery Barriers:	6	About Models of Service Delivery Barriers:	9
<ul style="list-style-type: none"> Binary gendered model of service delivery based on biological sex and a 'Perpetrator/Victim' model (3). Faith-based services. Hard for LGBTIQ people to trust they are not going to get discriminated against (2). Lack of understanding of the complexity of LGBTIQ communities and how intimate partner violence/family violence presents. Specialised skills are needed (2). Difficulty of some feminist-based organisations to encompass trans, gender-diverse and same-sex relationships within a gendered analysis of intimate partner violence/family violence (2). Mainstream organisation's lack of recognition of intimate partner violence/family violence for transwomen or women in same sex relationships. LGBTIQ intimate partner violence/family violence can be wrongly seen as "mutual violence" or described as "family breakdown" not family violence. Takes longer to develop trust with marginalised communities. Busy organisations don't always have the time to do this engagement and trust-building. Many LGBTIQ people have had bad experiences of services in general and don't trust them. 		<ul style="list-style-type: none"> Binary gendered 'heteronormative' model of 'male perpetrator/female victim' can be very limiting and not useful in the context of LGBT communities (4). "There is a tendency to try to fit people into binary categories. When it comes to identifying who is the abuser e.g. in a same sex relationships, family violence agencies don't know how to fit that into a gendered model of service provision. Sometimes they assume that the most "male" looking person is the abuser." Lack of recognition of different and diverse forms of relationships i.e. poly (multiple partners), non-monogamous, non-cohabitation, casual sexual relationships, e.g. "It is very difficult to find a professional who will not pathologise poly relationships and see it as something wrong". (4). Lack of understanding of distinction between the different populations that make up LGBTIQ communities. They are not all the same. One size does not fit all. e.g. "People don't know about bisexuals. They are often missed"; "Often Gay and Lesbian issues dominate, leaving bisexual, trans, queer and intersex people out"; "Some intersex people do not identify under this umbrella at all" (4). Mainstream terminology does not always apply to LGBTIQ 	

		<p>communities. E.g. the word “Family” and “intimate partner” may have very different connotations. This can result in lack of recognition of intimate partner violence/family violence occurring (3).</p> <ul style="list-style-type: none"> • Non recognition of the complex issues facing LGBTIQ people. Assumptions are made (3). • Access, Safety & Security of emergency accommodation/refuges particularly for transwomen (3). • Lack of feeling welcome - particularly for young people (2). • Very specific needs for Confidentiality and Privacy.” It is more crucial and vital than other population groups.”(2). • Lack of recognition of “rainbow families” and their needs in service provision and support across the board. 	
LGBTIQ Awareness of intimate partner violence/family violence	3	LGBTIQ Awareness of intimate partner violence/family violence	5
<ul style="list-style-type: none"> • Invisibility and silence within LGBTIQ communities (2). • Lack of understanding of what intimate partner violence/family violence looks like. • Hard when community is so small e.g. If abuser is also in the community how does community respond? How do you believe victim but not demonise the perpetrator? 		<ul style="list-style-type: none"> • Lack of awareness within LGBTIQ communities. Invisibility. Lack of recognition of intimate partner violence/family violence e.g. “trans people who’ve been treated badly consistently may not recognise intimate partner violence/family violence because things have always been bad for them” (4). • Concern that if intimate partner violence/family violence is recognised in the community it may jeopardise or compromise other human rights campaigns such as Equal Marriage, Fertility Treatment and Adoption Rights.(2) “There is already so much homophobia directed at the community”. • Individual internalised homophobia/transphobia. • Stigma of family violence. That person is “letting down the community”. 	

Reporting/Dealing with Police	4	Reporting/Dealing with Police	5
<ul style="list-style-type: none"> • Fear of reporting, particularly for transwomen who might have had bad experiences before with police (2). • Not enough police are trained on LGBTIQ issues. GLLO's are a start but needs to be holistic training across whole of force (2). 		<ul style="list-style-type: none"> • Fear of reporting, not being taken seriously or that police will understand (4). • Many people in LGBTIQ communities have not had good experiences with police (2). • "GLLOS's do a good job but they are still 'the police'". • GLLOs name needs to change the name to reflect more inclusivity, not just gay and lesbian focus. • Lack of recognition by Police of diversity of relationships. E.g. poly relationships: "if one person is assaulted by one partner they may want to go to the police with their other partner, recognition by police of that partner is very difficult". 	
Parenting/Families	2	Parenting/Families	3
<ul style="list-style-type: none"> • Many barriers for LGBTIQ women/men/trans people as parents, when it comes to intimate partner violence/family violence. The complexity of family rights is an issue (2). 	1	<ul style="list-style-type: none"> • Parenting support services such as MCH nurses sometimes not welcoming or understanding. LGBTIQ people and relationships e.g. a family may hide that they are a "rainbow family" such referring to partner as "sister" to service. • Services have little understanding of LGBTIQ "rainbow" families and children. 	

6.1 Summary of Barriers to Access:

There were many barriers identified by both mainstream and LGBTIQ organisations to access for LGBTIQ communities seeking family violence services. Key points raised by both were:

- Lack of trust, fear of discrimination and not being taken seriously by mainstream services, police and courts.
- The binary-gendered model of service delivery as a barrier to help-seeking. Many LGBTIQ people and relationships do not fit within, the binary male perpetrator/female victim model resulting in people feeling excluded and invisible.
- A lack of understanding by most mainstream agencies of the diverse forms of relationships and the complexity and context of LGBTIQ intimate partner violence/family violence.
- Lack of having appropriately trained staff in mainstream services.
- Lack of understanding of the distinct and diverse groups under the LGBTIQ banner.

- Current intimate partner violence/family violence terminology and language was a barrier for some LGBTIQ people who did not recognise nor identify with the language in the context of their own lives.
- Faith-based services that can legally discriminate.
- A lack of awareness and invisibility of intimate partner violence/family violence within LGBTIQ communities themselves.

These barriers result in many LGBTIQ people not utilising services where they exist, or reporting to police if they are in danger. This has severe repercussions for LGBTIQ people experiencing intimate partner violence/family violence and inhibits family violence sector capability to address family violence fully.

Some reflections on services:

“It’s very difficult to have a non-gendered response. Most services are pretty mainstream and it’s very hard not to make assumptions.” Mainstream organisation

“Constant gendering of people in roles really is a problem. Why do we talk about gender equity when it is based on people’s biological attributes when we have an opportunity to acknowledge and be inclusive?” LGBTI organisation

“People are not going to trust services if they have to educate them or are scared of discrimination.”
“LGBTIQ organisation

“Poly and Bi people do not want to go to Family Violence services. People have had really bad experiences of them being judgemental and sometimes trivialising it. Rather than listening to stuff that is concerning the person they only focus on the polyamory or bisexuality.” LGBTIQ organisation.

7. Service Gaps in Mainstream Family Violence Organisations:

Mainstream Organisations	No.	LGBTIQ Organisations	No.
Service Provision	5	Service Provision	6
<ul style="list-style-type: none"> • No support services for gay men (4). • Rural services. LGBTIQ people are more likely to be isolated and identified in small towns. Subjected to more targeted bullying and intimidation. We tend to talk very much about metro-centric services (2). • Workforce development. Ensuring LGBTIQ staff are employed (2). • Need for agencies that are sensitive around housing issues (3). • Need a critical mass of clients (LGBTIQ) to attract funding (2). 		<ul style="list-style-type: none"> • No services or refuges for gay or trans men who are not perpetrators (3). • No funding or resources for LGBTIQ communities to deliver services, develop resources, take part in consultations or collaborate in with mainstream service providers (3). • Rural services: Very difficult for LGBTI people living in rural areas. How do we provide services in regions where services are clustered and confidentiality and privacy is difficult? Community knows each other. Fewer options for support (2). • No specialist intimate partner violence/family violence services for LGBTIQ people (2). • Ensuring access to appropriate and safe emergency accommodation and housing particularly for transwomen (2). • Mainstream agencies terminology and language needs to be more inclusive of gender, sexuality and relationship diversity (2). • There is a need to reframe “What is Family Violence” (1). • Provision of a “warm” “welcoming” entry point is essential (2). • Religious exemptions that allow religious organisations to discriminate (2). • Lack of action by family violence agencies to address this issue is a barrier. Why has it taken so long? • There is a risk of being fed “motherhood” statements rather than any real action. Ensuring follow through: “not only saying it but demonstrating it by specific “information provision and knowledge“. • Low cost LGBTIQ-trained counselling. Very difficult to come by. • Ensuring access that’s truly accessible. 	

		This may not fit existing structures.	
Referral pathways	5	Referral Pathways	8
<ul style="list-style-type: none"> It's hard to know where to refer people. This could be promoted better (3). "Couldn't even safely send a perpetrator in a same-sex relationship somewhere". 		<ul style="list-style-type: none"> Don't know where to refer people that will be safe and inclusive (5). Some poorly-funded/unfunded LGBTIQ agencies do a lot informal unpaid support and referral. Training and funding is needed (2). Referrals based on community knowledge and feedback of services through informal networks. A better system of referrals is needed (2). 	
Training	5	Training	7
<ul style="list-style-type: none"> Not enough training for staff (5). Training and knowledge in agencies needs to be specialised relevant to the family violence sector (3). Competency of staff an issue (3). Courts and Police need training. Needs to be whole of police response (2). 		<ul style="list-style-type: none"> Training/competency of staff in mainstream agencies an issue (6). Pre-service training and ongoing PD for professional workers is essential. Training within LGBTIQ organisations on intimate partner violence/family violence is needed (2). 	
Policies and Procedures	4	Policy and Procedures	7
<ul style="list-style-type: none"> Intake forms are limited e.g. CRAF Form needs to be amended to include gender diversity or sexuality. Need for more holistic approach including policies and procedures. 		<ul style="list-style-type: none"> Very few policies and procedures specific to LGBTI communities' needs (2). Intake processes can alienate LGBTIQ people. I.e. Intake forms "circle male or female". "Response needs to be beyond "inclusion". Even when people are properly trained in organisations; whole of organisation policies, procedures and protocols need to be developed. There needs to be a sense of pro-active welcome at all levels. Not just tacking on a letter in a policy." 	
Public Awareness/Resources	2	Public Awareness/Resources	6
<ul style="list-style-type: none"> No public education campaigns If LGBTIQ campaigns are developed they need to be specifically targeted not necessarily through mainstream media. 		<ul style="list-style-type: none"> No public awareness campaigns inclusive of LGBTI communities, E.g."there is a lack of identifiable mirrors -something you can see yourself in" (4). No relevant local information resources available (4). 	

Community Engagement	5	Community Engagement	5
<ul style="list-style-type: none"> • Very little real community engagement between LGBTI advocates and family violence sector (4). • Need to be able to co-design programs in collaboration LGBTIQ agencies. LGBTIQ people need to be included at all levels (2). 		<ul style="list-style-type: none"> • Very limited community engagement with mainstream family violence services (4). 	

7.1 Summary: Service Gaps

Mainstream and LGBTIQ agencies identified many service gaps in responding to LGBTIQ intimate partner violence/family violence: Key issues that were raised include:

- No formal referral pathways for LGBTIQ people experiencing family violence.
- No crisis services for gay men experiencing intimate partner violence/family violence.
- Very limited mainstream services for LGBTIQ people in rural areas who experience intimate partner violence/family violence.
- Lack of policies and procedures specific to LGBTIQ intimate partner violence/family violence needs in both LGBTIQ and mainstream services.
- No LGBTIQ-specific crisis emergency accommodation.
- Lack of low-cost counselling and support services.
- Lack of resourcing and recognition for LGBTIQ organisations to be included in consultations and collaborative work on intimate partner violence/family violence.
- Lack of training and professional development on LGBTIQ communities and intimate partner violence/family violence.
- Very little community engagement between mainstream intimate partner violence/family violence and LGBTIQ organisations.
- No public awareness campaigns and very few information resources.

There are a variety of strategies that are required to address the many service gaps identified in this consultation. Some of these require further analysis and consultation to identify the resources and funding required enabling agencies to be fully accessible and inclusive in their service delivery and prevention strategies. Addressing these service gaps needs to be done in collaboration with LGBTIQ communities and key family violence sector stakeholders.

Service Provision Case Study:

“We had a phone referral for a transwoman who was experiencing horrific intimate partner violence and we organised emergency accommodation in a hotel as we were concerned for her safety in a refuge. When a worker from a local family violence agency went to do outreach, she refused to work with her. The worker said that she (transwoman) was a man and she wasn’t working with men and felt unsafe. The client was very upset and felt re-traumatised.” Mainstream Family Violence organisation

8. Data Collection and Research

Mainstream Organisations		LGBTIQ Organisations	
Collection of Data	3	Collection of Data	2
<ul style="list-style-type: none"> We collect data on gender, sexuality, how the clients present and what services we provide. Attempting to gather data on transwomen clients. There is some limited data collected if people self-identify. 		<ul style="list-style-type: none"> Collect limited data in clinician’s notes and a digital survey every person fills out when they attend the service. This data is collated and contributes to service planning. <p>Related Comments:</p> <ul style="list-style-type: none"> Not currently, but are moving in the direction of being able to collect data. We have a database. Only mandatory information required is a postcode. ‘Any data that is collected is optional. ‘We may record one or some of the following: Length of call, main call content, age range, gender identity, sexuality, and how they found out about the service. However family violence is not a data collection category’. 	
Research Conducted	3	Research Conducted	4
<ul style="list-style-type: none"> Currently conducting an analysis of clients over the last 12 months who are in same sex relationships. A literature overview/issues paper for the Victorian Royal Commission Enquiry into Family Violence (3). 		<ul style="list-style-type: none"> Submissions on LGBTIQ intimate partner violence/family violence for Victorian Royal Commission Enquiry into Family Violence (3). A consultation for and submission to the Senate Finance and Public Administration Committee Inquiry on Domestic violence in Australia. 	
Barriers to Research and Data Collection	5	Barriers to Research and Data Collection	5

<ul style="list-style-type: none"> • Staff do not ask how clients “identify” (2). • ‘We are relying on self-disclosure. ‘Some do-some don’t’ (2). • State wide mandated data collection database does not collect data on sexual and gender identity. • Respectful and appropriate data collection techniques need to be identified. • Do not have statistical systems that identify LGBTIQ clients. • Different organisations use different data collection systems and the data cannot be matched up with other agencies. • Services have a binary gender view, so the possibility of trans data is overlooked. • “If data can be collected for other population groups I don’t see why it can’t be collected for LGBTIQ people”. 		<ul style="list-style-type: none"> • ‘We do not have the resources to undertake research or collect data. • ‘Don’t do any stats of our own’. • Not aware of any research in Victoria aside from “Coming Forward” by Gay and Lesbian Health Victoria’. • “We did not have resources to collect data nationwide”. <p>Further comments:</p> <ul style="list-style-type: none"> • ‘We believe that good qualitative data informs the questions/methods for gathering quantitative data’. • Methods used for our qualitative data collection were; word of mouth, voicemails, text message, skype chat, text chat, meeting up in person, emails. This worked well for people with disabilities and many people could access us this way’. • “Mainstream family violence agencies underestimate how little they understand about how to ask questions from these populations. There is an over-focus on identity language, which most people don’t use themselves. They also conflate issues and there is no disaggregated data. They really need to consult communities when designing data collection methods with these populations. We have advised on data collection. Government researchers have come to us for particular expertise”.
---	--	---

8.1 Summary: Data and Research

Both mainstream and LGBTIQ organisations agreed that research and data collection on LGBTIQ communities’ experiences of intimate partner violence/family violence was minimal. This small amount of data and research available was inadequate to ascertain the levels and types of intimate partner violence/family violence that may occur.

While some sections of LGBTIQ communities were more visible among service providers i.e. 'lesbians and gay men', the majority of organisations did not gather disaggregated data. This inhibited broader understandings of LGBTIQ client needs beyond the more visible gay and lesbian populations.

Mainstream organisations were also not doing any research at length in the area of LGBTIQ intimate partner violence/family violence. The lack of adequate data collection provided no imperative to do so.

The quality of any data that was collected by mainstream agencies was reduced by:

- Inadequate knowledge of the best ways to respectfully gather the information.
- Inconsistency in the systems and procedures used to gather data.

LGBTIQ organisations had collected some data but were also largely constrained by:

- A lack of resources to collect it or collect it with consistency.
- Inadequate knowledge and understanding of intimate partner violence/family violence.
- Intimate partner violence/family violence not relating to core business or organisational function.

There was an emphasis by the LGBTIQ organisations on the need for a partnered and collaborative approach to data collection. It is essential to ensure data collection methodology is designed in consultation with LGBTIQ communities and is conducted transparently. It was also important that categories of data collected were relevant to LGBTIQ people who often referred to themselves, or identified in ways that the LGBTIQ acronym does not cover.

It was acknowledged within the LGBTIQ organisations that the discussion on intimate partner violence/family violence is a new one. In correlation with this view, mainstream and LGBTIQ organisations have begun exploring intimate partner violence/family violence. Some organisations have more recently participated in government enquiries into domestic and family violence resulting in some literature reviews, consultation papers and qualitative research.

9. Key Recommendations

Models of Service Delivery

That the Victorian Government resources intimate partner violence/family violence mainstream organisations to expand and build capacity, in collaboration with LGBTIQ organisations, to provide services to provide more inclusive services, where appropriate, that recognise the diversity and service needs within LGBTIQ communities of intimate partner violence/family violence.

This includes building within organisational strategic and operational plans, the capacity to address the service needs of victims and abusers who may be transgender, intersex, lesbian, gay, bisexual or in poly relationships. These services also need to ensure they address families and children of LGBTIQ people as well as young LGBTIQ people.

Research

That the Victorian Government:

- *supports and resources the creation of a State-wide data collection strategy for both family violence agencies and LGBTIQ organisations.*

This could be developed by government- funded intimate partner violence/family violence agencies in collaboration with a range of LGBTIQ stakeholders.

Support needs to be provided to LGBTIQ agencies to contribute to the development of this strategy and also improve their data collection capabilities where appropriate. This strategy should include amending current data collection systems to ensure that consistent disaggregated data on LGBTIQ can be collected appropriately.

- *ensures the inclusion of LGBTIQ people when developing the State Government's Family Violence Index (currently under development by ANROWS).*

Training

That the Victorian Government commits resources to the development of a comprehensive training package to be delivered to LGBTIQ organisations and communities by family violence services.

This package may cover issues such as: identification of intimate partner violence/family violence, Intervention Orders, Legal issues, Code of Practice and Referral Pathways and LGBTIQ families. It is essential that this package is developed and delivered in collaboration with a range of LGBTIQ stakeholders with a view to raising awareness, and creating greater

capacity and understanding among LGBTIQ organisations and communities on intimate partner violence/family violence issues.

That the Victorian Government resources the development of a corresponding training package for staff of family violence organisations and related services such as Police and Justice. This package is to have the goal of increasing skills and capacity to respond to the needs of LGBTIQ communities.

This training could include: the unique contexts of LGBTIQ intimate partner violence/family violence and how it can present; LGBTIQ families; anti-discrimination legislation; intersectionality with ethnic and cultural diversity, stigma and discrimination as well as taking into account the distinct and diverse contexts of LGBTIQ people.

Policy, Processes and Systems

That the Victorian Government resources the development of an LGBTIQ affirmative action plan for the Family Violence Sector.

That the Victorian Government provides resources to develop a whole of sector audit tool that addresses LGBTIQ sensitive policies and procedures within organisations.

Community Engagement

That resources are provided resources towards an LGBTIQ community engagement strategy created by LGBTIQ organisations and Family Violence agencies and sector stakeholders.

This strategy will aim to increase partnerships with LGBTIQ communities; LGBTIQ consumer participation; development of intimate partner violence/family violence referral pathways and community awareness campaigns on LGBTIQ intimate partner violence/family violence.

That the Victorian Government:

- *Fund LGBTIQ consultations and projects that aim to respond to and prevent intimate partner violence/family violence in LGBTIQ communities.*
- *Resource LGBTIQ organisations to participate in the design, development and implementation of a variety of collaborative projects, both mainstream and LGBTIQ specific.*

Resources

That Victorian-specific LGBTIQ intimate partner violence/family violence information resources are developed that are available to the public, in online, print and all accessible formats.

This needs to be a coordinated and collaborative approach between LGBTIQ communities and family violence organisations.

*2015 Victorian Royal Commission into Family Violence
safe steps and No To Violence joint submission: Family Violence and LGBTIQ communities*

That resources are provided for the development of internal resources for family violence services including:

- *A guide to ensure accessible and appropriate responsiveness for all LGBTIQ people accessing the service.*
- *A guide to the best methods to respectfully gather information on LGBTIQ communities.*