
**Transforming domestic
violence support in the ACT:
*Improving accessibility for
Lesbian, Gay, Bisexual,
Transgender, Intersex and Queer
(LGBTIQ) clients***

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About Women's Centre for Health Matters Inc.

The Women's Centre for Health Matters Inc. (WCHM) is a community based organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that the environment and life circumstances which each woman experiences affects her health outcomes. WCHM focuses on areas of possible disadvantage and uses research, community development and health promotion to provide information and skills that empower women to enhance their own health and wellbeing. WCHM undertakes research and advocacy to influence systems' change with the aim to improve women's health and wellbeing outcomes. WCHM is funded by ACT Health.

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Executive Summary

Domestic and family violence (DFV) has been recognised as a major social issue in the ACT, and in Australia, and that it can be an especially damaging and isolating experience for people from marginalised groups. It is now recognised by both the Commonwealth and ACT Government responses that victims of DFV are socially and culturally diverse, and that some groups within our community are more vulnerable to the impacts of domestic and family violence, including sexual assault, because they are more vulnerable in our society generally.

The ACT Prevention of Violence Against Women and Children Strategy 2011-2017 articulates the ACT Government's commitment to end violence against women and children, and recognises that that "domestic and family violence and sexual assault are gendered crimes." That is they have an unequal impact on women. While it is unequivocally the case that the majority of domestic violence is perpetrated by heterosexual men against women and children, there are other people whose experience of domestic violence falls outside the heteronormative context.

There is evidence to suggest that a significant proportion of the lesbian, gay, bi-sexual, transgender and intersex (LGBTIQ) communities will experience domestic violence of some kind in the course of their lives. Understanding the needs of this vulnerable group is critical if we are to be successful in making changes that will lead to a more effective ACT service response for them.

The ACT Government, in its 2nd Implementation Plan 2015-2017 which supports the Strategy, states that 'ACT Government initiatives responding to domestic violence and sexual assault will include specific consideration for lesbian, gay, bi-sexual, transgender and intersex community members'.

This is in recognition that accessing help and support can be even more difficult for members of the LGBTIQ community, particularly when their experience may not even be recognised as domestic or family violence. Individuals within the LGBTIQ community experience the same types of abuse that are present in heterosexual domestic violence, including physical, emotional, psychological, and economic abuse. However, they can also face additional complexities and abuses.

There is limited research – international or Australian - on the prevalence of domestic and family violence experienced by LGBTIQ populations. While exact prevalence rates are unknown, smaller scale surveys and other data collection mechanisms indicate that LGBTIQ

people appear to be at least as likely as non-LGBTIQ people to experience domestic or family violence.

There is also a paucity of research within Australia and internationally that adequately reflects the needs of LGBTIQ people and the issues surrounding domestic and family violence.

As a result of this, it was not known whether services in the ACT that provide domestic violence support services are accessible to people of these groups (although there are many indications that they are not). Whilst there is an emerging awareness of sexual orientation and gender identity, this awareness has yet to be incorporated into the design and delivery of programs and services.

Given that these population groups are already marginalised and vulnerable, and their experience of domestic violence is largely invisible to the mainstream community, it is highly desirable that domestic violence services and support in the ACT be fully accessible to people of diverse genders, sexes, and sexualities to ensure that their experience of DFV does not further marginalise them.

It is for these reasons that this report was undertaken by the Women's Centre for Health Matters (WCHM). WCHM recognises that victimhood and perpetration of domestic violence occurs outside the gender binary—it may involve victims who identify as men, as well as women who were born male. This aligns with the feminist understanding of domestic violence as a phenomenon that results from the unequal distribution of power and resources across genders and sexes, as well as a product of a heterosexist culture in which queer and differently sexed voices are disenfranchised and made vulnerable.

This project sought to fill the gaps in local knowledge and understanding by undertaking research that gives visibility to the issue of domestic violence amongst LGBTIQ communities in the ACT—where it may be unrecognised or hidden— and to identify barriers, gaps, and opportunities for improvement in domestic violence support services to ensure that same LGBTIQ people in the ACT are able to access local service responses to domestic violence.

The project brought together ACT domestic violence service providers and organisations that work with LGBTIQ communities; individuals from those communities who have experienced DFV; and other stakeholders with the aim of finding ways of improving the response for these groups.

To inform the research project people who identified as LGBTIQ and who had experienced domestic and family violence, or had supported someone from the LGBTIQ community

experiencing domestic and family violence, were asked to complete an online survey. The survey contained questions which collected both qualitative and quantitative data about respondent's experiences; how they came to realise they or the person they were supporting was experiencing domestic and family violence; their motivation and reasoning for not seeking assistance; and for those who had sought help where they sought help, and what the experience was like. Finally respondents were asked to reflect on what could be done to better support LGBTIQ people who are experiencing domestic and family violence in the ACT.

This report from the project presents the findings from the (limited) published literature about domestic and family violence against LGBTIQ people. It also summarises the key findings from the surveys as well as highlights relevant comments supplied by survey respondents.

Whilst the collection size was small, the responses provide insight into the experiences for this group within the ACT context. This is important given that LGBTIQ people in the ACT experience domestic and family violence in similar but not identical ways as heterosexual people.

The findings of this report are consistent with recent research, undertaken by peak body ACON and others, which demonstrated that LGBTIQ people need access to information to understand the nature of domestic and family violence within their relationships.

Many of the local respondents identified that they were less likely to identify domestic and family violence in their relationships, because of a lack of understanding that what was happening to them was DFV, (particularly when someone is controlling another person that may not be identified as DFV because it is not physical in its nature).

Possibly the strongest finding in the area of what would make a difference was centred on understanding that this is an issue within the LGBTIQ community. There was frustration that the LGBTIQ community was forgotten within the context of DFV.

One of the barriers recognised within the literature, and also confirmed from the experience for the respondents within this report, is that when a group cannot see themselves reflected in the operations of a service, there is a reluctance to seek help or explore the options they may have available to them.

Individuals identified that DFV is promoted as a heteronormative issue and that this had an impact on how they felt when approaching mainstream services. The ACT has a domestic and family violence service system response that is embedded in the mainstream human

services system - which means it has the traditional orientation towards support for heteronormative women and their children.

A consistent theme was a feeling that they did not belong within mainstream or DFV services, and there was a lack of understanding about the service delivery system and whether as an LGBTIQ person they would be accepted or indeed able to access support within that system for DFV.

In fact 50% of respondents advised they did not access DFV help or support when for themselves or for the person they were supporting. For some, seeking outside help meant having to disclose information that had been kept private from family, friends, employers, and other significant people in their lives, such as their gender identity or sexual orientation, so the choice to “come out” while dealing with specific LGBTIQ-barriers in services was a deterrent.

Given concerns about stigma and social exclusion, LGBTIQ people may be reluctant to report domestic violence due to the belief that “being victimised by their partners is less frightening than being victimised by the system.”¹ Where domestic violence is present, exclusion and isolation can create significant barriers that may entrench both the perpetrator and the victim within an unhealthy relationship, with little support, services or networks to rely on for help.

Where they felt they would not be accepted, but continued to access mainstream support, individuals reported remaining silent on their sexual identity or orientation.

Respondents reported that unhelpful service responses involved judgement and assumptions of heterosexuality. Individuals made reference to mainstream services making assumptions about the sexuality, gender, age and family structures of people utilising their services. This was highlighted as an area that could directly make a difference in how LGBTIQ approach mainstream services and their feeling of inclusivity within the service.

For those who had accessed support service/s 39.9% identified the experience as very or somewhat unhelpful.

This report’s findings confirms the need for culturally competent service provision and, to ensure that gaps or barriers in services do not compromise the safety of LGBTIQ individuals experiencing DFV, and a need for services to understand the issues that affect LGBTIQ people specifically. Because the ACT does not have any LGBTIQ specific domestic and

¹ Murray, C.E. & Mobley, K. (2009). *Empirical research about same-sex intimate partner violence: A methodological review. Journal of Homosexuality*. 56(3), 364.

family violence services or programs, mainstream DFV services need to build capacity to respond adequately and to broaden service options for LGBTIQ people to access.

Service providers need to create inclusive and culturally appropriate environments that allow increased access to services and programs that are relevant for LGBTIQ people. In an environment where there is an increasing focus on the development of a “one size fits all” approach to human service delivery, this report recommends ways to ensure that the service delivery model adapts to ensure a marginalised group feels welcome and understood.

The research also highlighted the need for sustainable relationships between DV services and LGBTIQ communities to ensure cultural competence of DV services and increase the knowledge of DV issues amongst LGBTIQ communities.

Training of professionals in the mainstream service system was identified as important to ensuring effective engagement with LGBTIQ communities, particularly teaching mainstream services about not making assumptions about the sexuality, gender, age and family structures of people utilising their services.

The other aspect of helpful service responses centred on visibility and resources that were specifically targeted at LGBTIQ people. This included education and inclusion campaigns for the general community, awareness raising about DFV within LGBTIQ communities and the development and the displaying of LGBTIQ resources within mainstream and specialist services.

The themes from the research have informed the development of a resource for service providers which identify a set of ‘best practice’ principles from the research, and ideas for how to put these principles in place. An audit tool was also developed which can be used by services within the ACT to assess whether their services are accessible to the LGBTIQ community, as measured against the principles.

This report makes a number of recommendations - developed in consultation with those organisations that assisted in the research which should be seen as the beginning of a plan to address the DFV needs of LGBTIQ people in the Territory.

With the current focus on action at the ACT level, it is hoped that there is an opportunity for the report to inform and influence service providers and Government to ensure that practices and initiatives are in place that enable LGBTIQ victims of DV to feel included, safe and supported in our community. Documenting the experiences of the local LGBTIQ community is an important step towards acknowledging that they experience this violence, ensuring that

adequate and appropriate support services are available and, through awareness raising, preventing violence.

Further research should also be considered to capture the views and experiences of transgender and intersex people, to understand whether the issues identified in this report also reflect their issues.

The Women's Centre for Health Matters gratefully acknowledges the funding from the ACT Government's Women's Grants Program 2013-2014 to undertake this social research project.

Acronyms and Glossary of Terms

Acronyms

WCHM	Women’s Centre for Health Matters
DFV	Domestic and Family Violence
LGBTIQ	Lesbian, Gay, Bisexual, Transgendered, Intersex and Queer

Glossary of Terms

For the purposes of this report the following definitions of terms will be used.

Cis gendered

This term means a person whose Gender Identity matches their assigned sex (e.g. male/man or female/woman), in other words, someone who does not identify as Transgender. Their gender behaviour, role and identity conform to traditional gender binaries. Cis is a Latin-derived prefix meaning “on the same side” (where Trans means across).²

Domestic and family violence

Domestic and family violence is when someone intentionally uses violence, threats, force or intimidation to control or manipulate a family member, partner or former partner. It is characterised by an imbalance of power whereby the perpetrator uses abusive behaviours and tactics to obtain power and control over the victim causing fear. The violence is intentional and systematic and often increases in frequency and severity the longer the relationship goes on.^{3 4} Domestic and family violence can take many forms including - including physical, financial, emotional, psychological and sexual violence.

Domestic violence support services

Domestic violence support services is meant to encompass all service providers that people experiencing domestic and family violence may access that are not specifically focussed on LGBTIQ people including specific domestic and family violence services, refuges, health and mental services, youth and family services, counsellors, legal and court support, the police, accommodation and housing services, and mainstream services.

² <http://www.gendercentre.org.au/resources/fact-sheets/exploring-gender.htm>

³ Carrington, K and Phillips, J, 2003. *Domestic Violence in Australia- an overview of the issues*. Parliament of Australia. Parliamentary Library, Canberra.

⁴ Tually, S., Faulkner, D., Cutler, C. & Slatter, M. (2008). *Women and Domestic and Family Violence and Homelessness: A Synthesis Report*, Flinders University for Housing, Urban and Regional Research, Adelaide.

Gender diverse

The term 'gender diverse' is used to recognise people who do not fall within the traditional binary notions of sex and gender (male and female). This may include people who identify as a gender different to their birth sex or as neither male or female. Other terms commonly associated with gender diverse people include trans, transgender, transsexual, gender queer, pan-gendered, androgynous and inter-gender. Some cultures may have their own terms for gender identities outside male and female.⁵

Heteronormative

Heteronormative refers to the assumption, in individuals or in institutions, that everyone is heterosexual, and that heterosexuality is superior to homosexuality and bisexuality.

Heterosexism

Heterosexism refers to negative attitudes, bias and discrimination in favour of opposite-sex sexuality and relationships. It presumes that everyone is heterosexual or that only opposite-sex attractions and relationships are acceptable and legitimate. It therefore presumes heterosexuality is superior, preferable and the norm by which everything is measured. It refers to the way society/institutions benefit heterosexual dominance and exclude LGBTIQ persons from social, religious and political position. Like racism and sexism, heterosexism is entrenched through customs, traditions and institutions.⁶

Homophobia and Transphobia

Homophobic, transphobic and biphobic harassment is any conduct that humiliates, intimidates, insults, excludes, silences or harms an individual or group on the basis of their actual or perceived sexual orientation or gender identity. Regardless of any 'reasoning' behind sexually prejudiced harassment – "the boy needs to learn a lesson" or "people like that don't belong here" – harassment is harassment and often has legal consequences.⁷

Intersex

An intersex person may have the biological attributes of both sexes or lack some of the biological attributes considered necessary to be defined as one or the other sex. Intersex is always congenital and can originate from genetic, chromosomal or hormonal variations.

⁵ Australian Government Guidelines on the Recognitions of Sex and Gender, July 2013

⁶ Constable, A., De Castro, N., Knapman, R. and Baulch, M. 2001, *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON Lesbian and Gay Anti-Violence Project, Surry Hills.

⁷ <http://www.notohomophobia.com.au/get-informed>

Environmental influences such as endocrine disruptors can also play a role in some intersex differences. People who are intersex may identify their gender as male, female or X.⁸

LGBTIQ

There is, of course, a great deal of diversity within each of these communities, and a wide variety of terms and language is used to describe biological sex, gender, sexuality and sexual practice. But the acronym LGBTIQ is used to refer broadly to lesbian, gay, transgender/transsexual, bisexual, intersex, and queer individuals and communities. Same-sex attracted, intersex and gender diverse people are referred to broadly throughout this report as LGBTIQ, because this is the terminology that is used by the ACT Government to refer to these individuals and communities in the ACT.

Pansexual

A person who is sexually attracted to all or many gender expressions.

Queer

Queer is a multi-faceted word that is used in different ways and means different things to different people. *Queer* can be a label claimed by a person who is attracted to men, women, genderqueer people, and/or other gender nonconforming people. *Queer* can be a label claimed by a person who feels that they personally don't fit into dominant norms, due to their own gender identity/expression, their sexual practices, their relationship style, etc. And *Queer* is sometimes used as an umbrella term to refer to all people with non-heterosexual sexual orientations or all people who are marginalized on the basis of sexual orientation. Queer does not resonate with all communities and is not embraced by all LGBTIQ people

Same-Sex Domestic Violence (SSDV)

Domestic violence or abuse between people of the same-sex in an intimate relationship. In this report SSDV includes all LGBTIQ and other people who identify as being in a same-sex relationship.⁹

Transgender

An umbrella term and, for some people, an identity term used to describe all kinds of people who sit outside the gender binary or whose gender identity is different from the sex assigned

⁸ <http://www.ag.gov.au/Publications/Pages/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.aspx>

⁹ Constable, A., De Castro, N., Knapman, R. and Baulch, M. (2001). *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON Lesbian and Gay Anti-Violence Project, Surry Hills.

to them at birth. Transgender people may or may not feel the need to access hormone therapy and/or surgery.¹⁰

¹⁰ <http://www.gendercentre.org.au/resources/fact-sheets/exploring-gender.htm>

Recommendations

1. That WCHM and key project stakeholders promote and disseminate the research and the resources developed for services throughout their networks.
2. That WCHM with the support of key project stakeholders seek funding to develop LGBTIQ culturally appropriate resources and materials that will raise awareness within the ACT LGBTIQ communities about domestic violence, what it looks like and what they can do/where they can seek support.
3. That WCHM with the support of key project stakeholders seek funding to develop a series of resources and materials for services (both domestic violence/crisis services and mainstream services) to display which are LGBTIQ specific and which will send a clear message about inclusivity and accessibility focussed on and welcoming to LGBTIQ clients accessing services.
4. That WCHM with the support of key project stakeholders seek funding to develop a community awareness raising campaign to increase public awareness and visibility of the issues surrounding LGBTIQ people and DFV within the ACT general community.
5. That the Domestic Violence Crisis Service explore options with the AIDS Action about how to develop trust and visibility within the LGBTIQ communities.
6. That WCHM with the support of key project stakeholders use the findings from the research to engage with and inform the ACT Coordinator General for Domestic Violence, the ACT Health Directorate, the Community Services Directorate (including the Human Services Blueprint service model team), ACT Policing, and the Capital Health Network (for General Practitioners) so that current service delivery models are adapted to be inclusive of the needs of, and able to engage effectively with, LGBTIQ people.
7. That ACT Government require that tenders for human service delivery in the ACT require tenderers to demonstrate that they are gender sensitive and inclusive of the needs of and able to engage effectively with LGBTIQ people.
8. That the training response in the ACT identified in the 2nd Implementation Plan be adapted to include content that ensures that all services understand the needs of and are able to engage effectively with LGBTIQ people.
9. Further research should also be considered to capture the views and experiences of transgender and intersex people, to understand whether the issues identified in this report also reflect the issues of this group.

Introduction

This project primarily aimed to make Canberra a safer and more inclusive city for everyone by: improving the accessibility of domestic and family violence support and services for LGBTIQ people in the ACT, and giving voice to their experiences of violence which don't always fit the heteronormative mould. Secondly, using the recommendations from this research and input from a community reference group, the project aimed to develop a resource that will assist domestic violence service providers to make their services more culturally appropriate and accessible for LGBTIQ.

There is limited broad, wide-scale research about domestic and family violence and the LGBTIQ population, and there is no available data that can indicate how many same-LGBTIQ people in the ACT experience domestic and family violence.

For the first time in the ACT this research looks specifically at this issue and what is required for a more inclusive understanding of domestic and family violence amongst service deliverers, government, policy makers and community.

In doing this the project established relationships between organisations that work with LGBTIQ communities in the ACT and domestic and family violence support services in order to develop a more integrated and long-term approach to the problem of domestic and family violence in our community.

The project was strengthened by WCHM's focus on engaging with LGBTIQ people who are victims of domestic and family violence to include their voices; and with ACT domestic and family violence service providers, including the Domestic Violence Crisis Service and Canberra Rape Crisis Centre, women's refuges and mainstream housing providers; and organisations that work with LGBTIQ communities, including AIDSAction, A Gender Agenda, Diversity ACT, and members of the LGBTIQ Ministerial Advisory Council.

The following report summarises the results of a literature review, and provides the feedback and narratives of people who identified as LGBTIQ that have experienced or supported someone who has experienced domestic and family violence, and who participated in an online survey and interviews. It provides an analysis from the research and survey responses of the barriers and gaps in service delivery for LGBTIQ people who are victims of domestic violence in the ACT.

The report also provides information from an exploration of best practices and the development of a set of best practice principles for assisting domestic violence / crisis

services in the ACT to become more accessible, which includes an audit tool to support domestic violence and crisis services to be fully accessible to clients who are LGBTIQ.

It is hoped that the links established between LGBTIQ organisations with domestic violence service providers as part of this project will sustain the focus on this issue beyond the life of the project.

This report comprises several parts.

The first describes the methodology used in this research project.

Next is a discussion of the major themes identified from a review of the literature. The literature review was undertaken to place the research study in the context of similar national and international research.

This is followed by a presentation of the findings from the online survey and one on one interviews, including the demographic characteristics of the survey respondents, and their responses about their experiences of accessing help and support for DFV; their views about the barriers and what distinguished helpful and unhelpful service responses.

Then the overall key findings from both the literature and the feedback from LGBTIQ survey respondents are described. Although the research is limited, the key findings seem to identify that the ACT's service system is still in an infancy phase of developing of a response to domestic and family violence for LGBTIQ groups within the Canberra community.

Finally the report identifies opportunities from the research for next steps in the ACT in *What next: A Path Forward*, including a resource for service providers within the ACT to use to begin to adapt their services to make them more accessible to the LGBTIQ community.

Methodology

The key outcomes of this research were

- Barriers to service access and gaps in service delivery for LGBTIQ people escaping domestic violence in the ACT were identified and addressed;
- Domestic violence services are supported to be safe, welcoming, and culturally appropriate for LGBTIQ people through the development of the resource;
- Sustainable relationships between DV services and LGBTIQ communities and services are developed, in order to ensure cultural competence of DV services and increase knowledge of DV issues amongst LGBTIQ communities; and
- Visibility of the issue of domestic violence amongst LGBTIQ communities is increased to mainstream service providers, ACT Government, as well as the broader community.

And to develop recommendations to improve service provision to the LGBTIQ community in the ACT.

To achieve this, a mixed methodology was used which included a review of relevant local, national and international literature; and an online community survey and one-on-one interviews with LGBTIQ people who had experienced DFV directly or supported someone who identified as LGBTIQ.

Literature review

A review of relevant local, national and international literature related to the barriers and best practice in service provision to the LGBTIQ community for domestic violence was undertaken. Research papers and the internet were used to identify:

- The key barriers identified by LGBTIQ people which limited their accessibility to access help and support from services in relation to domestic violence;
- The practices used to address those barriers with a focus on best practice.

LGBTIQ Community Survey

An online community survey was used because they have proven an effective way of engaging hard to access and “hidden” populations, including GLBT people.¹¹

¹¹ Henrickson, M., Neville, S., Jordan, C. and Donaghey, S. (2007). “Lavender Islands: The New Zealand Study” *Journal of Homosexuality* 53:4. Pp. 223-248.

The survey was conducted through Survey Monkey for the period Saturday 1 November 2014 to Saturday 31 January 2015, and was publicised through local GLBTIQ and DV networks in the ACT, as well as through WCHM's networks.

People who identified as LGBTIQ or who had supported someone from an LGBTIQ community experiencing domestic and family violence were asked to complete an online survey consisting of nineteen multiple option and/or open ended questions. The survey contained questions which collected both qualitative and quantitative data.

This survey asked questions about respondent's experiences, how they came to realise they or the person they were supporting was experiencing domestic and family violence, their motivation and reasoning for not seeking assistance and for those who had sort help what the experience was like and how they came to choose the service provider. Finally respondents were asked to reflect on what could be done to better support LGBTIQ people who are experiencing domestic and family violence in the ACT.

The survey was promoted through WCHM's networks and membership, Facebook page, monthly e-Bulletin, website, ACT Community Development Network and other networks within the ACT. The service providers engaged in the project also distributed the survey throughout their own networks.

The survey attracted 50 responses in total. Thirty eight (38) completed responses were received from respondents who indicated that they identified as LGBTIQ and had accessed or tried to access support services for domestic and family violence in the ACT or had supported someone from an LGBTIQ community experiencing domestic and family violence. Twelve (12) respondents replied that they had not had any of these experiences.

Whilst the collection size was small, the responses provided insight into the experiences for this group within the ACT context.

Community Interviews

All respondents were asked in the final question if they would like to participate in a semi-structured interview. Ten (10) expressed an interest in participating in the interviews, but subsequent follow up phone calls secured interviews with 4 participants.

A consent form which explained the nature of the research and how the data would be used to inform the research was provided to the participant. The researcher spent time prior to the interview with the participant, going over the details of the project and the informed consent and where required they provided clarification and assistance. Interviews were conducted at a location convenient and comfortable for the participant.

Limitations

There were several limitations within the research methodology. As the survey was online this limited participation to people who have access to the internet and computer literate.

The community interviews provided significant detail to compliment the findings from the electronic survey; however the interviews formed a much smaller component of the research than first envisaged. The research process would have been enhanced by having more qualitative interviews; however, for a range of reasons some participants had changed their mind between completing the survey and being contacted about the interviews.

Resources for services

The findings from the survey research and the literature review were consolidated, and common themes were identified.

These informed the development of a resource for services which includes a set of 'best practice' principles for services, and a questionnaire using the best practice principles, which can be used as a basis for auditing the accessibility of services.

What We Learned: The Literature

This section summarises the findings from the literature – ACT, national and international - about the rates of domestic and family violence amongst LGBTIQ populations, the type of violence experienced, the experiences of help seeking for DFV including LGBTIQ community views about this issues, and what other research/evidence tells us about gaps and solutions in domestic violence service delivery/support and community responses for LGBTIQ people.

ACT Literature

In the ACT, A Gender Agenda (AGA) conducted a survey in 2011 of Trans experiences but there were no questions related to experiences of violence. In preparation for the survey AGA sought to locate other pre-existing research that might shed light on the size and service needs of the Canberra SGD community, but they identified only one relevant resource. In 2007, Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand was released which included responses from five transgender people living in the ACT.

While the AGA research did not cover DFV, several of the findings are relevant¹². Qualitative responses to the survey showed that:

- the majority of respondents reported great difficulty finding and accessing health care providers who are both respectful and knowledgeable about trans/intersex health needs
- about 95 per cent of respondents indicated the need to educate health professionals about sex/gender issues was either extremely important or important;
- invisibility within the GLBTI community was an issue – *‘Gender issues seem to be lumped in to the GLBTI category, which seems to focus mostly on the GL issues, and ignore the BTI. Homosexuality has become socially acceptable in recent times, even though there is still discrimination, but trans- and intersex issues still seem taboo.’*

¹² David, F. Hyndal, L. Hyndal, P. Ion, J. Yates, J. (2011). *Gender Diversity in the ACT: A Survey of Trans Experiences*, A Gender Agenda; Canberra.

National and International Research

Rates of Domestic and Family Violence

There is limited broad, wide-scale research - international or Australian - on the prevalence of domestic and family violence experienced by LGBTIQ populations. And there is no available data that can indicate how many LGBTIQ people in the ACT are victims of domestic violence.

It is estimated that one in three women in the general population experience violence from a partner, former partner or family member.¹³ However, the exact prevalence rates for LGBTIQ people are unknown. Smaller scale surveys and other data collection mechanisms indicate that LGBTIQ people appear to be at least as likely as non-LGBTIQ people to experience domestic or family violence¹⁴. Some more recent international data finds that prevalence rates are actually much higher, perhaps due to increased reporting rates as awareness campaigns and reporting mechanisms are made more prominent, and as survivors begin to be treated more equitably by systems.¹⁵

The 2006 Private Lives survey¹⁶ on the health and wellbeing of GLBTI Australians found that around 1 in 3 respondents had experienced violence or abuse in a relationship—and for women respondents, the rate was 41%. Despite this, rates of domestic violence reporting amongst these population groups were very low.

In particular, some studies have found that transgender and intersex populations experience extraordinarily high rates of violence and abuse. For instance, a study conducted by LGBT Youth Scotland in 2010 found that 80% of transgender respondents had experienced some form of abuse in the context of an intimate relationship.¹⁷ Here in Australia, small-scale studies have uncovered similarly alarming rates of domestic and family violence victimisation amongst intersex populations.¹⁸ Amongst queer young people, family members are often

¹³ Council of Australian Governments. (2012). *National Plan to Reduce Violence against Women and their Children 2010-2022*, COAG; Canberra.

¹⁴ ACON, 2014. *Submission to Australian Senate Financial and Public References Committee inquiry into domestic violence in Australia*, ACON; Sydney.

¹⁵ Zahnd, E.G., et al. (2010). *Nearly four million California adults are victims of intimate partner violence*, Los Angeles: UCLA Center for Health Policy Research. Little, S. (2008). 'Challenging changing legal definitions of family in same-sex domestic violence'. *Hastings Women's Law Journal*. 19(2):Pp. 259-280.

¹⁶ Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of GLBTIQ Australians*, Monograph Series No. 57, The Australian Research Centre in Sex, Health, and Society, La Trobe University; Melbourne.

¹⁷ LGBT Youth Scotland and Equality Network. (2010). *Out of Sight, Out of Mind? Transgender people's experiences of domestic abuse*, Scottish Transgender Alliance; Edinburgh.

¹⁸ Inner City Legal Centre. (2011). *Outing Injustice: Understanding the legal needs of the lesbian, gay, bisexual, transgender and intersex communities in New South Wales*, Inner City Legal Centre; Sydney.

perpetrators of violence, including violence motivated by transphobic or homophobic attitudes and behaviours.¹⁹

The dynamics of Domestic and Family Violence experienced by LGBTIQ people

Within the general community domestic and family violence is most commonly experienced by women and children in the home, perpetrated by a man who is known to the woman or more likely a previous partner.²⁰

Existing research and data shows that domestic and family violence as experienced by LGBTIQ people may take particular forms, or there may be dynamics unique to the LGBTIQ experience.

Researchers have identified that types of abuse in LGBTIQ communities 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^{21 22}.

While individuals within the LGBTIQ community experience the same types of abuse that are present in heterosexual domestic violence, they can also face additional abuses:²³

- Shame - abusers may shame their partner for their sexual orientation and/or question the validity of their gender or their status as a 'real' lesbian, gay man, bisexual or transgender person;
- Fear - abusers may use society's perceived fear and hatred of LGBT communities to convince their partner of the dangers and repercussions of reaching out to others;
- Control - abusers may try to control their partner's expression of sexual/gender identity; and
- Exposure - abusers may threaten to 'out' their partner's sexual or gender identity by telling others.

¹⁹ Hillier, L. et al. (2010). *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society, La Trobe University; Melbourne.

²⁰ Australian Bureau of Statistics. (2012). *Personal Safety Survey*, Cat. no. 4906.0. ABS; Canberra.

²¹ Leonard, W., Mitchell, A., Pitts, M., Patel, S., & Fox, C. (2008). *Coming forward: The underreporting of heterosexist violence and same-sex partner abuse in Victoria*, Australia Research Centre in Sex, Health and Society; Melbourne. 45.

²² Chan, S. (2005), *Domestic Violence in Gay and Lesbian Relationships*, Australian Domestic & Family Violence Clearinghouse; Sydney. 2.

²³ Fileborn, B. (2012). *Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities*, Australian Institute of Family Studies; Canberra.

The contexts influencing LGBTIQ people's experiences of domestic and family violence are more diverse, and in contrast to the non-LGBTIQ population there are higher proportions of men as victims and women as perpetrators. There is also transphobic and/or homophobic motivated violence from intimate partners and family.

Another aspect of family and intimate partner violence within LGBTIQ communities, which is consistent with that in non-LGBTIQ relationships and families, is that it is often stigmatised, hidden, underreported or not recognised as violence by victims.^{24 25 26}

These experiences are often compounded by systemic and institutionalised marginalisation of LGBTIQ people through heteronormative and cisgendered practices within our communities²⁷ That is, that there are well indoctrinated assumptions that relationships are heterosexual and that community members identify with the gender they were assigned at birth.

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

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

*'These institutionalised behaviours result in services which fail to meet the needs of LGBTI people.'*²⁸

²⁴ ACON. (2014). *Submission to Australian Senate Financial and Public References Committee inquiry into domestic violence in Australia*, ACON; Sydney.

²⁵ Australian Human Rights Commission. (2009). *Sex files: The legal recognition of sex in documents and government records. Concluding paper of the sex and gender diversity project*, Australian Human Rights Commission; Sydney. 6.

²⁶ Bartels, Lorana. (2010). *Emerging Issues in Domestic/Family Violence Research*, Research in Practice Report No 10. Australian Institute of Criminology; Canberra. 4.

²⁷ ACON. (2014). *Submission to Australian Senate Financial and Public References Committee inquiry into domestic violence in Australia*, ACON; Sydney.

²⁸ ACON. (2014). *Submission to: Australian Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia*. Submission 75. 3.

Help seeking and support services for DFV

In the area of help seeking and support services for DFV it is important to recognise that research shows that LGBTIQ people who are experiencing domestic or family violence are less likely than mainstream populations to get the support or services that they need.^{29 30}

LGBTIQ people are less likely than people in the general community to identify DFV in relationships, report it to police or seek support from mainstream DFV services^{31 32} and, when they do, they are less likely to find support services that meet their specific needs.^{33 34}

There are several aspects to the help seeking of LGBTIQ people. The first is that LGBTIQ people are less likely to recognise domestic or family violence in their relationships.³⁵ There may be a few dimensions to this, including a lack of awareness in the community about the dynamics of abuse; the heteronormative focus of most major domestic/family violence awareness campaigns; the precariousness (legal, social, not out to family, etc.) of relationships might mean an unwillingness to confront difficulties that emerge in intimate relationships, particularly, if it is their first relationships and they are isolated from other supports.

Secondly, LGBTIQ people appear to be less likely to approach services, supports or authorities for help with domestic and family violence. For instance, the Sydney Women and Sexual Health (SWASH) survey of lesbian, bisexual and queer women found that in 2012, only half of respondents who had experienced domestic or family violence had ever sought help of any kind.³⁶ A survey by the Inner City Legal Centre in Sydney found that even fewer LGBTIQ people who experience domestic and family violence will report it to the police - in this instance, only about 14% of respondents.³⁷ (These findings are corroborated in

²⁹ Farrell, J. Cerise, S. (2006). *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships 2006*. ACON and the Same Sex Domestic Violence Interagency Working Group; Sydney.

³⁰ Pitts, M., Smith, A., Mitchell, A. and Patel, S. (2006). *Intimate Partner Violence and HIV: A review, Current HIV/AIDS Reports*, Vol 10, Iss. 4. Pp. 380-389.

³¹ *Ibid* Pp. 51-52

³² Farrell j. Cerise, s. (2006). *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships 2006*. ACON and the Same Sex Domestic Violence Interagency Working Group; Sydney. 18

³³ Constable. A., De Castro, N., Knapman, R. and Baulch, M. 2011, *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON Lesbian and Gay Anti-Violence Project; Surry Hills. 4.

³⁴ Pitts, M., Smith, A., Mitchell, A. and Patel, S. 2006. *Intimate Partner Violence and HIV: A review, Current HIV/AIDS Reports*, Vol 10, Iss. 4, p. 51.

³⁵ Constable. A., De Castro, N., Knapman, R. and Baulch, M. (2011), *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON Lesbian and Gay Anti-Violence Project; Surry Hills.

³⁶ Mooney-Somers, J. et al. (2013). 'Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health Survey 2006, 2008, 2010 and 2012'. ACON and Centre for Values, Ethics and the Law in Medicine (VELiM), University of Sydney; Sydney.

³⁷ Inner City Legal Centre (2011). *Outing Injustice*, Inner City Legal Centre; Sydney. 23

numerous other small to medium-scale data sources.)³⁸ Again, this appears to be connected to the fear of ostracism or discrimination, historical fear of police, fear of blame, self-blame or embarrassment, or fear of being outed.³⁹ This would suggest that LGBTIQ appropriate and accessible services are urgently needed, particularly as there are very few LGBTIQ specialist domestic and family violence services in Australia and none within the ACT.

Accessing services appears to be gendered in nature, with one study suggesting that lesbian women are more likely to access services for same-sex relationship abuse than gay men or bisexual people.⁴⁰ This reflects broader trends in accessing services, with women generally more likely to access services than men.

Existing research shows that a primary barrier to accessing appropriate services and supports is connected to the nature of 'mainstream' domestic and family violence service delivery. Traditionally, domestic and family violence services have been set up to meet the needs of heterosexual, cisgendered women, as well as children, who have experienced violence at the hands of their male partners.⁴¹ Given that the majority of people who experience domestic and family violence are women and children, this is clearly a central and important angle for services to approach the issue.

Language is part of the critical thinking involved in developing our understandings of and responses to violence against women. A range of terms are currently used to describe forms of interpersonal violence. These terms change over time and are often highly contested, each reflecting a different political and theoretical perspective or perspectives.⁴²

Whilst the literature highlights that the language and discourse quite rightly, focusses on the victim as a women and the perpetrator as a man, this serves to exclude LGBTIQ people who are experiencing domestic and family violence. This exclusion forms a circle of interrupted help seeking by LGBTIQ people as the dominant research, literature, policy, legal framework

³⁸ Farrell, J. Cerise, S. (2006). *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships 2006*. ACON and the Same Sex Domestic Violence Interagency Working Group; Sydney.

³⁹ LGBTIQ Domestic Violence Interagency, NSW. (2014). *Lesbian, Gay, Bisexual, Trans*, Intersex and Queer Domestic and Family Violence in New South Wales: Experiences, attitudes and responses*, (unpublished) ACON, Sydney.

⁴⁰ Turell, S. C., & Swanson-Cornell, L. V. (2005). Not all alike: Within-group differences in seeking help for same-sex relationship abuse. *Journal of Gay & Lesbian Social Services*, 18(1), 82.

⁴¹ National Coalition of Anti-Violence Programs. (2010). *'Lesbian, Gay, Bisexual, Transgender and Queer Domestic/Intimate Partner Violence in the United States in 2009'*. National Coalition of Anti-Violence Programs, New York: http://www.cuav.org/wp-content/uploads/2012/08/6743_2009DV-IPVREPORTFINAL2.pdf.

⁴² Flood, M. Fergus, L. (2008). *An assault on our future: the impact of violence on young people and their relationships*. White Ribbon Foundation [cited 2009 October 11]. Available at <http://www.whiteribbonday.org.au/media/documents/AssaultonourFutureFinal.pdf>.

and service delivery system does not include them in any way. Therefore, LGBTIQ people cannot identify themselves within the dominant culture.

Some key concerns for GLBTIQ people in accessing services⁴³ include:

- GLBTIQ individuals may worry that they will be met with a homophobic or heterosexual response from service providers.
- GLBTIQ people may perceive that violence in same-sex relationships will not be taken seriously.
- It is often unknown whether service providers will be sensitive to the unique needs of GLBTIQ individuals, or whether they will be knowledgeable of GLBTIQ relationships and sexual practices. For instance, only some of the domestic violence service providers interviewed in Hotten's (2009) study⁴⁴ "understood how outing could be used as a form of power and control in abusive lesbian relationships" (p. 40). Many services may also be lacking in adequate training and sensitivity towards the needs of GLBTIQ communities.⁴⁵

And a recent Welsh report⁴⁶ identified that help-seeking was influenced by individual, interpersonal and socio-cultural factors:

- Individual factors – which relate to a victim's perception of themselves and the abuse. They don't seek help because they simply do not recognise their experience as abuse, and they may be that they are unaware that domestic violence can occur in same-sex and LGBTIQ relationships, so are less likely to recognise or acknowledge the domestic or family violence in their relationships.
- Interpersonal factors – which relate to immediate relationships, and tactics used by the perpetrator to prevent help-seeking. This may contribute to fears of being alone, fear of being shunned by their community or fear of losing their most secure connection to the LGBTIQ community.
- Socio-cultural barriers - which relate to the structural and cultural barriers in society and service provision, such as feeling that mainstream services are not culturally sensitive.

⁴³ Turell, S. C., & Herrmann, M. M. (2008). "Family" support for family violence: Exploring community support systems for lesbian and bisexual women who have experienced abuse. *Journal of Lesbian Studies*, 12(2-3), 211-224.

⁴⁴ Hotten, J. (2009). *The 'utopian nightmare': Key issues about lesbian domestic violence according to Brisbane Domestic Violence Services*. Unpublished Honours' thesis. Faculty of Law, School of Justice, Queensland University of Technology.

⁴⁵ Duke, A. Davidson, M. M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18, 795–816.

⁴⁶ Harvey, S. Mitchell, M. Keeble, J. McNaughton Nicholls, C. Rahim, N. (2014). *Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services*. NatCen Social Research.

For example structural and cultural issues in the way services are designed and delivered may discourage LGBTIQ people from accessing them, such as

- Assumed heterosexuality within service provision;
- The prevalence of gender-binary service provision (e.g. women-only services);
- Inadequate level of staff diversity, knowledge and skills;
- Service providers' minimisation of LGBTIQ people's experiences of abuse.

The lack of incident data and research on LGBTIQ people's experiences of seeking assistance have further hampered efforts to engage government and mainstream organisations in the development of LGBTIQ sensitive services and interventions that address the effects and underlying causes of domestic and heterosexist violence.⁴⁷

Services also appear to lack an understanding of the difference between gender, sex and sexuality, specifically in relation to intersex and transgender clients⁴⁸

LGBTIQ communities views of domestic and family violence

There are a number of community views that impact on a good understanding of LGBTIQ domestic and family violence, and a lack of recognition about LGBTIQ domestic and family violence. The characteristic results of this non-recognition of LGBTIQ family violence are identified as follows:⁴⁹

- people in same sex relationships often do not recognise the abuse their partner's abusive or controlling behaviour as serious and unacceptable, and therefore delay seeking help;
- if a same sex partner seeks support to leave a violent relationship their issues are often considered less important or less urgent than those in heterosexual relationships because they are not considered to be based in an 'unequal power relationship', or that, because they are of the same sex, that the abuse must be 'mutual';
- LGBTIQ friends and others in a same sex couple's social networks often do not recognise the abusive relationship dynamics as 'intimate partner violence' or 'family violence';

⁴⁷ Blackbourn, D. Loveday, B. (2004) "Community safety and homophobic crime", Safer Communities, Vol. 3 Iss: 2, pp.15 - 22:20; McClintock, 2005; Patton, 2007.

⁴⁸ Constable A, De Castro N, Knapman R. Baulch M. 2011. *Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs*, p 1. ACON; Sydney.

⁴⁹ Gay and Lesbian Health Victoria. (2015). *Submission to the Victorian Royal Commission into Family Violence*, Australian Research Centre in Sex, Health & Society, La Trobe University; Melbourne.

- due to the widespread, public focus on heterosexual couples and families, significant numbers of people in the LGBTIQ community do not believe that domestic violence is an issue relevant to their community. It is not uncommon, for instance, to hear lesbians say that ‘women cannot be violent to other women’. There is a lack of inclusive language to describe the phenomena;
- if a same sex partner or heterosexual trans or intersex person does seek help (whether it be through police intervention, disclosure to a GP, telephone support or counselling), they may experience ignorance from service providers or fear they will be subjected to negative or ignorant responses from these providers;
- patterns of manipulation and violence that can occur in same sex relationships, and those involving transgender people, are under-researched and poorly understood by service providers and the LGBTIQ community. Some aspects that can specific to LGBTIQ partner or family relationships include:
 - threats by the violent partner or family member to ‘out’ the victim (eg. In their workplace, neighbourhood, religious community, health setting or social security services such as Centrelink), with this being used as a powerful form of control.⁵⁰
 - claims by the violent partner that their LGBTIQ community friends will not believe the victim’s story and that they will become isolated from these networks.
 - claims by violent partner/family member that the police or justice system are homophobic and will not help them.
 - coerced sex through manipulation of a victim's shame or guilt related to their sexual or gender identity.
 - increased isolation from support networks due to deep seated shame and stigma related to internalised homophobia or transphobia.
 - transphobic emotional abuse whereby a partner stops trans person from taking their hormone medication, expressing their gender identity through appearance or use of appropriate pronouns and otherwise invalidating their gender identity.

Because of these issues and the general lack of major education or awareness campaigns most people in the LGBTIQ communities don’t have a shared understanding.

⁵⁰ Kay, M., Jeffries, S. (2010). “Homophobia, Heteronormativity and Hegemonic Masculinity: Male Same-Sex Intimate Violence from the Perspective of Brisbane Service Providers.” *Psychiatry, Psychology and Law*, 17, 3, pp.412-423.

Better Practice in Service Delivery

Through service provider surveys, ACON's One Size Does Not Fit All research project, identified several areas of need. Some 87% of service providers surveyed indicated that dedicated resourcing which were inclusive and appropriate were needed and 38.46% of respondents also identified that specialist training for mainstream providers was critical. It was judged by the service providers that resources developed for this area should be non-judgemental and gender neutral to allow for maximum identification of their domestic and family violence situation.⁵¹

A 2008 research report conducted in Victoria⁵² collected information on what would increase the likelihood of LGBTIQ people coming forward to report and seeking assistance for heterosexist and same-sex attracted violence. A quarter of the study respondents reported that they wanted to be taken seriously and furthermore just under a quarter of respondents reported that improving services would increase the likelihood of them reporting or seeking assistance. The qualitative data collected indicated that several strategies can have an impact on the use of mainstream domestic and family violence services by LGBTIQ people, and such strategies included:

- increased signage,
- advertising that they are LGBTIQ friendly and literate and
- Police and other professionals having a better understanding of transgender issues.

Several themes emerge from within the available literature that provides clear direction to overcome the barriers experienced by LGBTIQ people within mainstream services.

The Welsh report⁵³ found that LGBT people who took part in an online survey described three broad characteristics that they would look for in DFV services if they needed to access them in the future:

- flexible and confidential access,
- LGBT-inclusiveness, and
- informed and diverse staff.

⁵¹ Constable, A., De Castro, N., Knapman, R. Baulch, M. (2001) *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON Lesbian and Gay Anti-Violence Project; Surry Hills.

⁵² Leonard, W., Mitchell, A., Patel, S. Fox, C. (2008) *Coming forward: The underreporting of heterosexist violence and same sex partner abuse in Victoria*. Monograph Series Number 69. The Australian Research Centre in Sex, Health & Society, La Trobe University; Melbourne.

⁵³ Harvey, S. Mitchell, M. Keeble, J. McNaughton Nicholls, C. Rahim, N. (2014). *Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services*. NatCen Social Research.

ACON reports that LGBTIQ people need clear messages that services welcome diverse sexualities and genders and that confidentiality will be respected.⁵⁴

Within the One Size Does Not Fit All gap analysis conducted by ACON⁵⁵ several service providers commented that they wanted to preserve the clients right to privacy and as a result did not like to ask questions about sexuality, gender or sex. However the literature argues that the assumption made by service providers that someone would want to keep the sex, gender or sexuality private suggests that as a community there is an inherent secrecy surrounding LGBTIQ identification that does not exist for people who identify as heterosexual. The risk to service providers is that this assumption can in itself perpetuate and reinforce homophobia within the community. Validation of all sexualities is seen as a key part of providing inclusive and accessible services to LGBTIQ people.⁵⁶

Whilst there is little literature about how to specifically improve access for LGBTIQ people to mainstream domestic and family violence services there is a body of research in the area of access to mainstream health and wellbeing services for people who identify as LGBTIQ. This literature highlights several key areas to create inclusive and accessible services within the community – they include; a welcoming environment that allows individuals to scan a service for clues to determine how LGBTIQ friendly a service is and education of staff to ensure they are better skilled to work with LGBTIQ people. The literature linked the need for staff training, strongly to the staff-client communication and interactions. Whilst the examples given in the literature point directly to health service providers and why the gathering of client information is essential for positive health outcomes – similar reasoning can be applied when working with LGBTIQ people who are experiencing domestic and family violence.⁵⁷

Documentation is also identified as an important aspect of inclusive practice. Both individuals and staff can be concerned about how and what to document in regards to LGBTIQ people.⁵⁸ However, as within all respectful interactions between individuals and service providers it is critical that the staff and individual discuss what is to be recorded, why the information is needed and how it will be used and stored and who will be able to access

⁵⁴ *Is your service. GLBT* friendly?* ACON. Can be accessed at <http://static1.1.sqspcdn.com/static/f/471667/11593335/1302072230437/Is+Your+Service+GLBT+friendly+brochure.pdf?token=Xkt%2BLYWAQq9w7l%2BfgnjRxiEsqI8%3D>

⁵⁵ Constable, A., De Castro, N., Knapman, R. Baulch, M. (2001). *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON Lesbian and Gay Anti-Violence Project; Surry Hills.

⁵⁶ *Ibid.*

⁵⁷ Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing. (2009). *Well Proud – A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*, Department of Health, Victorian Government; Melbourne, Victoria

⁵⁸ *Ibid.*

this information and to seek consent in regards to documenting information about their sexual orientation, gender identity or intersex condition.

Referral and resources play an important role in the development and application of appropriate service responses for LGBTIQ people experiencing domestic and family violence. Whilst there is no expectation that every member of staff are experts on LGBTIQ people, it is important that staff are aware of the service system, support networks, referral options and resources available to support someone who identifies as LGBTIQ.⁵⁹ The visibility of resources which are LGBTIQ specific sends a clear message about inclusivity and accessibility.

Finally the issues of disclosure and confidentiality are significant issues for all clients, however, the added concern for LGBTIQ people of being 'outed' can bring significant increases to personal risks or risks to family and friends.⁶⁰ To provide adequate confidentiality, it is important to provide written and verbal information that addresses the concerns of LGBTIQ people and that consent must be given for any information to be shared. At the point of intake a statement about a person's right not to disclose is identified as good practice – it is recommended that this is supplemented with information that when disclosure of orientation, gender identity or intersex condition is likely to lead to improved outcomes.⁶¹

The themes within the literature point to creating an environment within the community and service system that values and models showing support, speaking up, equipping staff and connecting with community, where this is set as the standard for better practice there is increased opportunity to engage with LGBTIQ people who have experienced DFV directly or supported someone who identifies as LGBTIQ.

⁵⁹ Royal College of Nursing UK. (2004), *Not 'just' a friend: best practice guidance on health care for lesbian, gay and bisexual service users and their families*. Royal College of Nursing, UK and UNISON: UK trade union for public sector workers; London.

⁶⁰ Mann, R, Horsley, P, Saunders, M, Briggs, V. Mitchell, A. (2006). *Swimming upstream: Making places welcoming. A report on the needs of gay, lesbian and bisexual people in 'hard to reach' groups*, Melbourne.

⁶¹ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people living with transexualism: A discussion paper*. Victoria, Melbourne.

What We Learned: Survey Findings

This section discusses the findings from the on-line survey, and face to face interviews.

Demographics of respondents

There were 38 total responses to the survey. Of these respondents, 29 identified as having personal experience of domestic violence, and 15 identified as having experience of supporting an LGBTIQ-identified person living with domestic violence. (Note the total does not add up, because 6 of the respondents identified as having personal experience of domestic violence and of also supporting an LGBTIQ-identified person living with domestic violence).

Gender

The survey asked respondents to describe their gender. Of those who answered the question, 52% identified their gender as female (20); and 18% identified as male (7). Three (3) described their gender as gender fluid, 2 as queer, 2 as transgender and 1 respondent identified their gender as intersex.

Sexuality

The survey asked respondents to identify their sexuality. Of those who answered the question, 44% identified as lesbian or gay women (17); 10% identified as gay men (4), 21% as pansexual (8); and 7.8% identified as bisexual (3). There were 2 respondents who identified as queer and 1 as who identified as polysexual.

Age

The following table shows the age groups of the respondents who answered the question about their age:

Age group	Number
15 - 24	6
25 - 34	9
35 - 44	10
45 - 54	6
55 - 64	6
65 - 74	1

Views about help and support

Accessing help or support for domestic and family violence

Fifty four (54) per cent of respondents who answered the question said no when asked if they or the person they were supporting tried to get help or support for domestic violence and family violence.

Forty six (46) per cent of respondents who answered the question answered yes when asked if they or the person they were supporting tried to get help or support for domestic violence (the majority of those had sought help for themselves).

Reasons for not accessing help or support

When asked why they did not seek help or support, the common themes in the replies were

- shame/stigma/embarrassment;
- not thinking that they'd be believed; or
- they were not aware of or did not want to believe that what they were experiencing was domestic violence.

The help and support options which were accessed

For those who did seek help, when asked to select all the supports options that they had accessed the following four categories received the highest responses

- friends / family (8),
- health practitioners – mental health (8),
- Domestic Violence Crisis Service (7), and
- the LGBTIQ community (7).

Five (5) accessed general health practitioners; 4 accessed counselling support and 1 accessed a Youth Centre. Three (3) respondents identified accessing Police, and 1 respondent each identified accessing legal services and sexual assault support services.

None of the respondents identified accessing Homelessness Services for support.

The respondents who sought help from DVCS were predominantly female and same sex attracted.

Those who identified that they had sought support from the LGBTIQ community were also predominantly female and same sex attracted.

Helpfulness of the support

When asked about their experience with the support service/s they accessed, of the respondents who answered:

- 39.9% identified the experience as very unhelpful or somewhat unhelpful;
- 13.3% found it neither helpful nor unhelpful; and
- 46.6% found their experience very helpful or somewhat helpful.

Key themes from the survey

Identification of Domestic and Family Violence

LGBTIQ people are less likely than people in the general community to identify domestic and family violence in relationships⁶² - this was reaffirmed within the research by ACT participants in the survey and the interviews.

Within the survey and interviews participants reported having trouble identifying domestic violence within their relationships.

And I learnt all about – through both courses, with the shrink and with them – about domestic violence, the circle of – I can't remember what the pattern was, but there's a specific pattern of how it actually works and it's like 'Oh wow, there's actually a science behind how this all works', and it makes a lot of sense.

.....she threatened the neighbours and was smashing up the house and all that sort of stuff and the cops came in and asked me if I wanted to lodge a – complaint I think it was? Or ... some sort of thing – against her, I still said no because I was still in the middle of just not recognising it.

This was particularly identified as a problem when physical violence was not used by the perpetrator. Respondents reported that when someone is controlling another person, there is a risk that they may not identify it as DFV as it is not physical in its nature.

....was very verbally abusive towards me, got physically abusive once but everything else was verbal, and I think that's sort of part of one of those, 'is that really domestic violence' issues that a lot of people don't – you know, if you're not getting whacked, you don't think that it's really a problem, which I think is a real issue that a lot of people need to learn about.

it's not just getting smashed around, which is where so much of the focus is. And people when they're getting mentally abused – if that's the term, I'm not too sure – that um, that's violence, that's domestic violence as well, if you're getting – you're getting your money cut off, your friends. Like I lost friends and your family and everyone gets sort of like petered away and you're just there with that one person who's just kind of like controlling everything but you don't realise it....

Respondents also discussed the importance of being given information from other sources because self-identification was something that was extremely hard to do.

⁶² Constable, A., De Castro, N., Knapman, R. Baulch, M. (2001). *One Size Does Not Fill All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities' Needs*, ACON; Sydney.

I was seeking a bit of confirmation that it was wrong? Because I think that's something that you really do look for.

A friend identified it for me; I thought it was normal or just the way it was. My friend helped me see what was going on.

For some respondents there was a need for different levels of information delivered at different points of intervention. Whilst in the most part this mirrors the experiences of cis-gendered women in heterosexual relationships, information to help with the identification of domestic and family violence in LGBTIQ relationships needed to be appropriate and inclusive for LGBTIQ people, to ensure relevance and identification with the information.

Gradual awareness over time based on descriptions of domestic violence (and realizing how it fit the situation), other people's reactions and comments regarding us as a 'couple' (even long after the break-up) leading me to question the interactions more generally.

Have advertising targeted at the community, create an awareness that support is available and where you can go.

There was a strong emphasis throughout the data findings that support networks - in particular friends or peers - played an important role in helping with the identification of domestic and family violence for individuals. In many instances this assistance was reported as directly identifying the behaviours as controlling and/or coercive or that these types of behaviours were not seen to be a part of a healthy and respectful relationship.

My best friend finally took the plunge and helped me get out. She was the one who sat me down and said that if this was going to be a successful breakup.....I would have to pack up completely.....and leave the State. Which I did. I'm so glad she had the guts to confront me and tell me how it was.

This came about when I made my friend realise, through careful discussion, that their situation and injuries from their partner (while drunk) wasn't normal relationship behaviour.

Barriers to intervention

Following on from a lack of understanding and identification of domestic and family violence for LGBTIQ people is the issue of intervention and why individuals did not seek assistance.

Respondents described their barriers to seeking assistance for domestic and family violence.

This was framed by a lack of understanding about the service delivery system and whether as a LGBTIQ person they would be accepted or indeed able to access support.

There was emotional confusion, shame and embarrassment about the violence, underlying this was a belief that the control, coercion or violence would stop and that this was about them 'handling' the behaviours within the relationship.

Didn't think I would be believed, thought I was making it up in the head, wanted to believe it wasn't really abuse, I was thinking we just misunderstood each other.

I thought at the time I could handle it within the relationship.

Other emotions described in the research included fear, feeling worried about the future and that they would not be believed. This was particularly true for men in same sex relationships, where, because of the traditional gendered approach to DFV, men were seen to be perpetrators - they did not feel that they can access mainstream services as individuals who have been affected by DFV.

Because he was male and didn't feel he could access services.

He didn't seek help as he was embarrassed. He did get some support from Inanna.

There was nothing I could legally do, especially as I had hit him back after the second time he shoved me – it would have been my word against his and I would most likely have lost/the police don't care about domestic violence. I was too shattered and didn't trust any other services to give me support when I was also transgender.

Helpful Service Responses

For those who did seek assistance, there was a mixed response within the ACT context. The helpful service responses were quite clearly defined within the data.

Individuals indicated that a mixed modality of support worked best for them; that a one size fits all approach does not work; and that as a service system we need to be mindful that individuals will get different needs met by different services.

The issue of receiving assistance to identify that controlling, violent and coercive behaviours are not ok, was identified as an important element of a helpful service response.

Letting people know it isn't about getting whacked, it can be mental as well, and it can be really, really silent. Just yeah, you don't know that that's going on.

.....it would have been nice to have a bit more sort of like, 'it happens for gays and straights' kind of thing.

.....while they're talking about it, just roll that in there that it isn't just a straight issue....

Individuals highlighted that group support activities were useful because these allowed connection with others who have had similar experiences. Individual counselling services were also raised as an important intervention and support mechanism.

....that was a great group, being with women who've gone through it, and realising that it does happen.....

I ended up going and seeing the Women's ... Information and Resource Centre I think it was? I ended up doing a domestic violence thing there once a week for a little while. And I also got some – I ended up getting free counselling or psych services....

At WIRC I was taught about the cycle of domestic violence. I learnt so much and realised that what I went through really was textbook. I felt empowered to have that knowledge. To learn that I wasn't a 'sucker'.

Counselling gave me the tools and courage to leave the relationship.

It was just good to talk to people, who said I should not take the abuse

Dedicated LGBTIQ counselling.

The need for services that understand the issues that affect LGBTIQ people specifically was identified coupled with the visibility of a service's accessibility for LGBTIQ people through materials and resources that were specifically targeted at LGBTIQ people. These served to increase an individual's feelings of comfort and belonging in terms of their connection to services.

The other aspect of helpful service responses centred on visibility and resources that were specifically targeted at LGBTIQ people. This serves to increase individual's feelings of comfort and belonging in terms of connection to mainstream services.

Interview: Well I remember that I had a look through the little lesbian book section at WIRC.....that little library section was quite useful, I can't remember whether there was anything in particular about lesbians and domestic violence in there.there was a really helpful 'Communicating for Lesbians' book which I really got a lot out of.

Interview:whenever I'm looking for anything.....if there's mentions of 'gay friendly' or anything along those lines, it's always nice to see that, so I think that any of these services should really look at having some little inclusive bit in there just to make sure that you feel welcome...

Interview:people don't think it happens in gay relationships and people who are suffering might not be thinking that it is even happening, so seeing that on a brochure and going like 'oh maybe it does happen in gay couples, alright.' It's just a little bit of reaffirmation that it does happen.

The accessibility and cost associated with services was also raised as an important indication of whether people were willing to access services.

Access and cost. I saw a great counsellor at the AIDS Action Council for free.

I eventually got referred to the women's health service place in civic and received free counselling. I also attended the WIRC domestic violence sessions.

Other elements borne from the research included reputation amongst the community and certainly the approach a service takes to respecting the right of the individual to go at their own pace.

Specialisation with the issues that were bothering me was important, not pressuring me to talk about aspects I didn't/don't want to.

Good rep.....

I wanted to discuss it with others, share experiences and to know I wasn't alone. This is a service they provided.

Knowledge of the quality of their service.

Professional, non-judgemental.

Unhelpful Service Responses

Whilst there are many positives to be taken from this research, it is important that we also acknowledge the areas of work that require some further attention as reported by those who have lived experiences.

One of the strongest themes that emerged in this area was the assumptions that are automatically made by services. For example, women who participated in the study reported that when they made contact with services there was a presumption that the violence was committed by a male partner and there was little to no recognition that they could have been in a same sex relationship or experiencing violence from someone from within the family unit. This lack of awareness and understanding meant some individuals felt the service system was not able to respond to their needs.

When I was on the phone with the CAT Team, and I was telling them, you know, "This is related to domestic violence".....and they asked if my boyfriend was violent towards me and I'm like, 'No because I'm queer, but also it wasn't my partner.

Just because I'm in my early 20s doesn't mean that my partner is violent.' Um, yeah, and there seems to be that assumption a lot of the time, and then having to explain: 'No, it's not my partner, it's my father, and even though I live out of home, yes there are still issues,' and services sometimes not understanding that even though I've moved out like that I still need to have a connection with my family because they're so much a part of my life.

Issues like threatening to out you to family/friends/employers is not seen as an aspect of domestic violence.

The psychologist at university didn't even recognise it as IPV (interpersonal violence) until the second visit after she was speaking to a colleague who pointed it out to her. The Canberra Hospital, didn't take it as IPV, even when I told the psychologist why I was depressed and wanting to end my life. He called the police and they arrived to defuse the situation. I was frisk searched outside and then taken

to the hospital for a check-up. The psychologist there even was asking if I'd spoken to him and if he was willing to have me back at home still. She suggested I tell family.

Individuals also identified that judgements made by services was an unhelpful service response. This included judgements about the previous decision making made by individuals and also about the issues that intersect with domestic and family violence such as mental health, alcohol and other drug use and homelessness.

.....and I was leaving the house when the cops arrived cos she was going crazy, and they were like 'Well why did you go back, you know?' And I'm like, 'Dude you know, it's not that simple.

So I find that services are not always that understanding about a) why you would stay, and b) why if you leave you would still have any communication whatsoever with a family member.

DV and FV is minimised and largely ignored as is its direct correlation between AOD use.

I visited the Tuggeranong police station and was basically told I should just move. When I was experiencing a bout of harassment I rang the police and was told it was not illegal for someone to harass for being Intersex and that they would not prosecute the person.

Not being able to access services immediately was also raised and some people indicated that waiting lists had meant they delayed active help seeking and in some circumstances this meant that they did not access services at all.

Had to go on a waiting list, when you've been in this situation it can be hard to acknowledge you need help and even harder to ask for it, waiting lists mean you talk yourself out of needing it

I sat there looking at the phone for ages and I remember going 'Why is this so hard to make this call?' It was really difficult, and thenI just lost it, I was so upset, I'm like 'You're kidding me, it took me this long and now you're telling me it happened in Queensland and so you can't help...'

Could've used more frequent sessions with the counsellor but they were not available.

The impact of being LGBTIQ

Individuals identified that DFV is promoted as a heterosexual issue and that this had an impact on both how they felt when approaching services and support for DFV, and on their understanding that what was happening to them was DFV.

The overall theme of not feeling that they belonged within mainstream services was strong. Where they felt that this was the case, but continued to access mainstream support, some individuals reported remaining silent on their sexual identity or orientation.

.....that was the one thing that was tough – cos when I went to the – just speaking about the domestic violence group – I was sort of sitting there, I didn't come out as a lezzo, um ... initially I didn't think there was any reason to. But it was always talking about the male/female thing,

everyone in there was hetero, or from what I could tell when I first walked in, and then as it moved on I could tell that there was a whole hetero sort of thing, so I just sort of kept quiet....

It does go both ways, and you still see that in the media and all of this, like the White Ribbon Day, you know, say no to men's violence and stop the men from doing it, I'm like, 'shit man, I know a lot of lesbian couples who have got that going on as well', so, sort of driving that home it's like, it's certainly going on there as well.

Where individuals had made their sexuality or gender preferences known, particularly in small group settings, the DFV in LGBTIQ couples had not been considered by the others (predominantly females) in the groups. No one reported that disclosure of the LGBTIQ status resulted in being treated any differently, however, they would have liked more inclusive language and environments where assumptions of heterosexuality were challenged and other sexualities explored.

I think it was a bit of both, bit of shock of like 'oh my God she's a lesbian' and I don't think they'd considered it, I don't think they'd probably consider lesbian couples generally anyway, but I don't think they'd considered that stuff going on – but women are very good at doing it as well.

In the context of transgendered experience there was some confusion for them about which services to use. This was particularly important in the area of DFV and accommodation services because they have a strong gendered focus. This was also true for men in same sex relationships, who did not feel that they can access services as individuals who have been affected by DFV, because of the traditional gendered approach to DFV about men as perpetrators.

Now that I fluctuate between how I see my gender, whether to use like women's services, or not use women's services because there's not really like another alternative.

What will make a difference?

Participants responded strongly to the questions about what would make a difference to their experiences with DFV and the service system. Each individual was able to put forward what they believed to be the gap in service delivery within the ACT. They were also able to represent the ways that they believed the available services could be improved to be more inclusive and assist other individuals to identify that services were able to help them directly.

Possibly the strongest finding in the area of what would make a difference was centred on a wider visibility and understanding that DFV is an issue within the LGBTIQ community. There was frustration that the LGBTIQ community was often forgotten within the context of DFV. Individuals suggested it was important to raise awareness within the LGBTIQ community that this was in fact an issue for them, and creating an understanding of what DFV violence would look like in these relationships, including recognition of the diversity in the community.

More understanding that it happens.

Talk about it publicly, such as an awareness campaign,

A whole lot more awareness about power and control and uneven power balances in relationships, regardless of gender or sexuality

Campaigns with LGBTI (not straight) actors so community can identify with an issue. Having a high profile individual (eg KD Lang) talk about their experiences of domestic violence. Sponsor community events (eg Springout Bushdance; concert performed by the Gay and Lesbian Qwire) as a fundraiser for LGBTIQ people experiencing domestic violence.

My experience was that it wasn't even recognised as an issue. So that would be a start.

Individuals made reference to services making assumptions about the sexuality, gender, age and family structures of people utilising their services, and this was highlighted as an area that could directly make a difference in how LGBTIQ people approach the services and supports for DFV, and their feeling of inclusivity within those services.

To not make assumptions. And I think it would be really helpful if domestic violence services knew what to do with young people.

Help men see they can be victims, and not suck it up. Even though I am transitioning, I still try to suck it up and be a man when my partner is abusive. This just encourages her.

Not assume that all domestic violence is committed by my partner.

Individuals reported that it would be useful for community organisations within the ACT to have specific services or programs that work with LGBTIQ people about DFV. This area highlighted a large gap in service delivery for the ACT.

Individuals reported that it would be useful for community service organisations within the ACT to have specific services or programs that work with LGBTIQ people about DFV. Whilst there are some LGBTIQ specific services such as the AIDS Action and A Gender Agenda who work specifically with LGBTIQ people, these services cover a broad range of topics and are not funded directly to work in the area of DFV. Within the ACT there are also other program initiatives that work with LGBTIQ people such as Stepping Out and community generated initiatives such as the Canberra QWIRE but again these types of programs are about support within the community and the purpose is not directly linked to DFV.

Increase resources and funding to small community organisations like AIDS Action and A Gender Agenda.

Access to free counselling, specific programs and support groups through a good organisation like the AIDS Action Council.

Have a specific set of workers in DVCS on call to handle our community needs plus sector wide training not handled by known perpetrators in our community.

Outreach style counselling so that service users can access the counselling without going to a service that may be connected to 'getting help' eg maybe a GP surgery, or a wellness type centre. Rather than a known DV service or LGBTIQ service. Something that would give the client confidence that the counsellor will understand issues specific to LGBTIQ communities.

For funding for support services from government to set up specific counselling services for LGB and TIQ people.

Sustainable relationships between DV services and LGBTIQ services needed to be developed in order to ensure cultural competence of DV services and to increase the knowledge of DV issues amongst LGBTIQ communities.

Visibility of DFV in the LGBTIQ community and the recognition of the diversity that exists within the LGBTIQ community was raised as an area that requires action. It was reported by both survey and interview respondents as a gap within the service system in the ACT.

This linked closely to how inclusive and welcoming services to LGBTIQ people are assessed as being. It was seen as important that visibility is achieved through a range of strategies to ensure that it is not tokenistic and allows trust and rapport to develop between service providers and LGBTIQ people.

Also identified was the need for education and inclusion campaigns for the general community, awareness raising about DFV within LGBTIQ communities; the development and the displaying of LGBTIQ resources within mainstream and specialist DFV services and by improving intake forms and data collection which take a non-binary approach.

I don't know. Maybe make it more obvious that organisations support LGBTIQ people, because (due to past experience) I did not trust that I would be supported due to my transgender status

.....make sure places like DVCS make it clear they welcome LGBTIQ people, make sure they have the training to help LGBTIQ people with issues specific to same-sex/queer relationships, have support groups or programs specifically for LGBTIQ survivors of DV.

Making sure people know that LGBTIQ people suffer domestic violence and it's not just the straights that do.

More stories and information in general media. There's great work done in DV education, but not a lot refers to same sex DV.

Better inclusion of intersex and gender diverse individuals, including non-binary identifying (ie. not forcing individuals to categorise themselves as male or female in order to access services, where possible)

More targeted support for men, and promoted/delivered in a way that emphasises it is not emasculating to ask for support or counselling.

Have advertising targeted at the community, create an awareness that support is available and where u can go.

Have LGBTIQ info on websites, advertising, to say it is inclusive service delivery.

Individuals also reported that training of professionals in the mainstream service system was extremely important to ensuring effective engagement with LGBTIQ communities. There was a need for teaching mainstream services about not making assumptions about the sexuality, gender, age and family structures of people utilising their services. Specialised training for mainstream service providers was also important to allow service providers to respond in culturally appropriate ways to LGBTIQ people.

Of particular note for making a difference in the experiences of LGBTIQ people and their experiences of DFV was the need for healthcare providers and Police to have frequent, systematic and evidence informed training. This was raised within the context that these roles have the ability to make a significant contribution as they are on the frontline. There was recognition that whilst there was an increased understanding of the nature of sexuality based violence within the community context, the understanding within the Police and healthcare system about DFV and LGBTIQ community was still at a very superficial level.

The purpose of the training would need to be about developing an understanding about the unique needs of LGBTIQ people in regards to DFV, and also about being an effective community resource that can offer appropriate referral and support to LGBTIQ people who are experiencing DFV.

I think there need to be GLLO officers who understand that domestic violence is a complex thing, and police officers generally who understand that people are queer and can experience domestic violence.

Educate the police more. They took my housemate's side saying that as I was not on the lease, I'd have to move, this is despite her threatening me and harassing me and coming very close to attacking me.

Training on these issues for emergency service workers, including AFP and ambulance.

More understanding from health care professionals.

Be aware of gender pronouns, it is really frustrating, unsettling and upsetting to have to use a female pronoun when that is not how I identify.

At the point of intervention individuals raised a range of strategies that could assist LGBTIQ people who were leaving DFV situations. Individuals raised the time spent on waiting lists as

having an impact on help-seeking behaviour. Where the service wasn't immediate there was a hesitation about whether they would go back or even use the service given that when they finally made the decision to call – they reported needing a service response within a short time frame.

Individuals also identified a need for supports associated with recovery from living in an DFV relationship, these ranged from income support, housing, mental health care and everyday living supports.

Instant help not waiting lists.

Generally: counselling, crisis accommodation, crisis money or financial planning so victims can try and put aside money.

Making sure people know the options they have for free counselling, support groups.

From the information provided by participants it is important to note that in addition to practical support, it is also important to provide and disseminate information that aims to increase awareness about the existence of DFV within LGBTIQ communities. Current DFV information focusses on the heteronormative framework of women and children and whilst this is necessary – it is also important to assist LGBTIQ people to identify the DFV occurs within LGBTIQ relationships.

And because the ACT does not have any LGBTIQ specific domestic and family violence services or programs it was seen as important that mainstream DFV services are supported to build capacity to respond adequately and to broaden service options for LGBTIQ people to access.

Conclusion

This gap analysis and research has highlighted that there is a complex intersection of issues for LGBTIQ individuals to reach services – if that pathway is managed well and individuals access a specific DFV service, respondents reported that their interactions were in the most part positive. However, where those pathways were disrupted or individuals did not identify with the mainstream pathway, there was a lack of help seeking or negative interactions with the service system.

Inclusive practice was highlighted as an area of improvement for all service providers, because help seeking requires individuals to feel confident that they ‘fit’ the service criteria. This was highlighted as an issue because the dominant narrative in the area of domestic and family violence is centred around women and children and, whilst the statistics demonstrate the need for this approach, this research raises the need for visibility to be a major area of work for LGBTIQ to feel included in the current service system.

To overcome the risks associated with poor connection to the mainstream service system it would seem that the ACT requires some concrete strategies to increase visibility of LGBTIQ people within domestic and family violence services and those who work with them in the community.

The research also highlights the need for raising awareness in the wider community and the LGBTIQ community. This is because most awareness and ‘community campaigns’ and media commentary are about heterosexual domestic and family violence. This has resulted in a lack of identification and understanding of it within LGBTIQ community and the general community. It is a new conversation, and ways of raising awareness about domestic and family violence among LGBTIQ people needs to be addressed.

And education and training, and support, for service providers and key front line services about LGBTIQ-related domestic and family violence has been limited, and this has resulted in a lack of awareness about its existence, and how to respond to it in culturally appropriate ways.

In addition national and local policy frameworks do not specifically refer to specific needs or concrete actions that could help meet the needs of the LGBTIQ community or address disparities in their outcomes and access to the ACT service system.

It is also important to identify how the gaps identified within the service system impact each diverse population under the LGBTIQ banner, and to ensure that people’s unique and

specific needs are not marginalised in service responses or policy frameworks because of a one-size fits all approach to 'LGBTIQ' inclusion.

The unique experiences of LGBTIQ people are relevant to service providers and policy makers in the ACT in responding to domestic and family violence, and if we are to make a difference and prevent domestic and family violence in the ACT then service providers and policy makers need to listen closely to what the LGBTIQ respondents have shared.

What Next: A Path Forward

Normative assumptions about sexuality and gender are made at many points throughout clients' contact with a service, from intake forms and interviewing processes, to gendered spaces in services, to a lack of service knowledge about the diversity and unique dynamics of violence experienced by LGBTIQ people.⁶³ This has the effect of further isolating and making vulnerable an ACT population which is already at risk.

As ACON notes, "there is a strong argument for building the capacity of services to work with LGBTIQ clients who have experienced or are escaping" domestic and family violence.⁶⁴

LGBTIQ people experience domestic and family violence in similar but not identical ways as non-LGBTIQ people. Therefore there is a real need for domestic violence services and support in the ACT to be fully accessible to people of diverse genders, sexes, and sexualities.

Because the ACT does not have any LGBTIQ specific domestic and family violence services or programs it is important that mainstream and Domestic Violence/crisis services are supported to build capacity to respond appropriately and to broaden the service options for LGBTIQ people to access in relation to this issue.

*'It's not about the service as such but about the whole organisational culture – from the governance structure to the service interface. It is not just about being sensitive but about being affirming, and actively trying to support rather than just passively not trying to discriminate.'*⁶⁵

Based on both the literature and the survey results, improving accessibility for LGBTIQ people requires consideration of a range of issues - access to relevant and targeted information, the physical visibility aspects, organisational policies and procedures, communication with the LGBTIQ community, data collection, management practices, linkages to LGBTIQ services and attending to staff awareness and attitudinal barriers. All these factors may limit a service's ability to meet the needs of LGBTIQ people.

⁶³ ACON. (2014). Submission to: Australian Senate Finance and Public Administration References Committee Inquiry into Domestic Violence in Australia. Submission 75.3.

⁶⁴ *ibid.*

⁶⁵ Mann, R, Horsley, P, Saunders, M, Briggs, V. Mitchell, A. (2006). *Swimming upstream: Making places welcoming. A report on the needs of gay, lesbian and bisexual people in 'hard to reach' groups*, Melbourne. 45.

Good Practice Principles for improving access for LGBTIQ people to services in the ACT supporting people experiencing domestic and family violence

The research found that there is a need to increase the visibility and availability of LGBTIQ friendly supports. Many respondents said they thought more could be done to make LGBTIQ people feel welcome / entitled to use services and supports for domestic violence – it was not generally known in the community where to turn for support. And services need to be actively promoted to the LGBTIQ community.

Based on the literature and feedback from individuals, for the LGBTIQ community, appropriate access includes:

- knowing that they can contact organisations and get help that is appropriate;
- knowing that the policies and practices of those organisations don't impede them gaining access;
- having policies and procedures in services that help and ensure that LGBTIQ clients can participate fully and have their needs met;
- getting a referral to an appropriate service and having relevant targeted information available to help them make an informed decision;
- entering a service and being able to use it safely;
- having access to all the necessary information in appropriate ways while accessing the service; and
- having their needs met by staff who are appropriately trained and supported to understand and meet their needs.

The following principles were developed and summarise the key principles that (from the research and feedback from LGBTIQ people in the ACT) are most important to ensure that the LGBTIQ community can access domestic violence/ crisis services:

Principle 1. Service information about the domestic violence/crisis service should be accessible to LGBTIQ (Getting the message out about the service).

Principle 2. The physical environment should be appropriate and accessible for LGBTIQ. (Getting to the service, Feeling comfortable inside the service).

Principle 3. Communication with LGBTIQ should meet their different needs and be culturally appropriate etc. (Getting help to access and provide the information required to access the service).

Principle 4. *Service policies, procedures and practices should be inclusive of and appropriate for LGBTIQ. (Having culturally appropriate policies, procedures and practices for LGBTIQ people accessing the service).*

Principle 5. *Domestic violence service workers should have an awareness of the issues of domestic violence for LGBTIQ, and the skills to work with LGBTIQ (Getting appropriate support from services and staff).*

Principle 6. *Partnerships should exist between the domestic violence/crisis services and LGBTIQ services (as well as other key services like sexual assault, housing, legal and health services, and police) to ensure improvements in access for LGBTIQ people escaping domestic violence and to improve the service response provided (Getting access to coordinated, linked services).*

Principle 7. *Data and feedback should be collected on the use of the service by LGBTIQ, and be used to improve services (Giving information and feedback to help improve services)*

Principle 8. *Leadership and management practices should be in place that show a commitment to access for LGBTIQ, and to ensure that planning includes the needs of LGBTIQ (Management planning and commitment).*

The full resource contains details for services about the practices that could be out in place to meet the Principles. It can be found on the Women’s Centre for Health Matters website www.wchm.org.au .

Questions to assess the LGBTIQ-inclusiveness and accessibility of services in the ACT supporting people experiencing domestic and family violence

<i>Does your organisation tick all the boxes?</i>
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A resource was also developed which aims to assist services to check how inclusive their service is of LGBTIQ clients. The resource comprises a series of questions to consider against the Principles, and to determine where and what improvements may be required.

The full resource contains can be found on the Women’s Centre for Health Matters website www.wchm.org.au .