One Size Does Not Fit All

Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs

ACON's Lesbian and Gay Anti-Violence Project
Annaliese Constable, Nancy De Castro, Robert Knapman & Moo Baulch
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acon
BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

The Lesbian and Gay Anti-Violence Project, ACON

Street Address
414 Elizabeth Street
Surry Hills
NSW 2010

Postal Address
PO Box 350
Darlinghurst NSW 1300

Telephone
Direct: (02) 9206 2066 / 9206 2095
General: (02) 9206 2000

Email
avp@acon.org.au

Facsimile
(02) 9206 2069

Website
http://www.acon.org.au/anti-violence

For more information or a hard copy of the report email ssdv@acon.org.au or call 02 9206 2000

Acknowledgements:

The Office for Women's Policy, NSW Department of Premier and Cabinet
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Acronyms & Glossary of Terms

Acronyms

ACON	formerly the AIDS Council of NSW, now ACON Health Ltd.
AVP	Anti Violence Project
DV	Domestic Violence
DVLO	Domestic Violence Liaison Officer
GLB	Gay, Lesbian and Bisexual.
GLBTI	Gay, Lesbian, Bisexual, Transgender and Intersex
GLLO	Gay and Lesbian Liaison Officer
LGBTIQ DVI	Lesbian, Gay, Bisexual, Transgender, Intersex & Queer Domestic Violence Interagency
OII	Organisation Intersex International
SSDV	Same Sex Domestic Violence
SSDVI	Same Sex Domestic Violence Interagency (now the LGBTIQ Domestic Violence Interagency)

Glossary of terms

Domestic violence
Domestic violence is any type of abusive behaviour used to gain and maintain control over another person. Domestic violence in a relationship is when one partner or ex-partner consciously tries to manipulate and dominate the other. It is about the misuse of power and control. Domestic violence can take many forms including physical violence, sexual assault, emotional abuse or social or financial control. Abuse does not have to be physical or sexual to be domestic violence.

Gay, lesbian, bisexual, transgender or intersex domestic violence (GLBTI DV)
Domestic violence experienced in an intimate relationship of the same-sex or involving a transgender or intersex person.

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 else is measured. It refers to the way society/ institutions benefit heterosexual dominance and exclude GLBTI persons from social, religious and political position. Like racism and sexism, heterosexism is entrenched through customs, traditions and institutions. Heterosexism is a foundation for all other forms of homophobia and often leads to homophobia and discrimination.

Homophobia
The irrational fear, disgust or hatred of gay bisexual or lesbian people or those perceived to be gay, or lesbian and resulting in negative attitudes or behaviours towards these groups. Homophobia is the conscious or unconscious fear and hatred of, aversion to, hostility towards or disapproval of homosexuality, homosexual people, those perceived to be (lesbian, gay or bisexual identity) and all things associated with them. It refers to the values, attitudes & behaviours that express this fear & loathing and can result in discrimination, prejudice and violence. It also refers to the fear or refusal of people, organisations, governments and other social actors to confront the reality and specificity of non-heterosexual sexual orientation. Homophobia's premise is that homosexuality is inferior, abnormal and marginal.

Intersex
"Intersex people are people who, as individuals, have genetic, hormonal and physical features that may be thought to be typical of both male and female at once. That is [they] may be thought of as being male with female features, female with male features, or indeed [they] may have no clearly defined sexual features at all." "Intersex is not a sexual orientation. Although nearly all intersex have a sexual orientation, [they] are no different to other people in this. It is unknown if… intersex influences sexual orientation and intersex resist efforts by researchers who seek to link the two."
Organisation Intersex International Australia Ltd.
http://oiiaustralia.com/about/intersex

Mainstream service providers
Mainstream service providers include domestic violence services, health professionals, counsellors, legal and court support, the police, accommodation, housing and any other support services that people experiencing domestic violence may access that are not specifically GLBTI focussed.

Same-sex domestic violence (SSDV)
Domestic Violence or abuse between people of the same-sex in an intimate relationship. In this study SSDV includes all GLBTI and other people who identify as being in a same sex relationship.

Transgender
Transgender is not a sexual orientation. The term transgender or "trans" is a broad term used to describe someone who does not fit into society's expectations of what it means to be male or female, often this is someone whose gender identity does not conform to the sex that they were assigned at birth. The Gender Centre of NSW´s definition is, *"an experience where an individual has a core sense of gender, which may be neither, or both genders and crosses the traditional gender binary construct. The term transgender has crept into common usage as an umbrella term to encompass many diverse conditions and identities as well as behaviours."* The Gender Centre, It´s Not Rocket Science. Policies & Procedures for services working with Transgender clients.

Objectives: The objectives of the research were to map support services, analyse the gaps and develop recommendations to improve domestic violence support service provision to the gay, lesbian, bisexual, transgender and intersex (GLBTI) communities in New South Wales (NSW).

This report firstly identifies the need for uniform knowledge and, understanding of domestic violence in GLBTI relationships as well as the need for culturally appropriate approaches to support GLBTI people experiencing domestic violence.

Secondly, it advocates for mainstream service providers to adopt culturally appropriate approaches to GLBTI people experiencing domestic violence (DV).

Finally, it provides evidence to support the development of well resourced and GLBTI culturally appropriate DV initiatives within a human rights framework

Key Findings - responses from service providers

There was significant variation in services with regard to their competence and confidence in working with GLBTI community members and understanding their specific needs. Some services were well informed and sensitive to the specific needs of the GLBTI communities while other services lacked basic awareness.

Data collection

There was broad variation in approaches to and engagement with GLBTI clients, especially those affected by domestic violence. Some services directly asked the gender identity and sexuality of clients either verbally or on client intake forms, while others did not see such information as necessary, thought it should be kept private or considered it inappropriate or irrelevant to know.

- Of the 65 services surveyed, thirty services (46.15%) collected data on the number of gay and lesbian clients presenting who required support or services for same-sex domestic violence.
- Twenty-five services (38.46%) indicated that they collected data on how many transgender clients presented at their service.
- Twelve services (18.46%) identified that they collected data on how many intersex clients presented at their service.
- Eleven (16.92%) organisations collected all three data fields of sexuality, gender and intersex.

Working with GLBTI people

- Twelve services (18.46%) rated themselves as 'fully competent' to work with gay or lesbian people, five services (7.69%) rated themselves as 'fully competent' to work with transgender clients and three services (5%) rated themselves 'fully competent' to work with intersex clients.

- Many services appeared to have a lack of understanding about the difference between gender and sexuality, specifically in relation to intersex and transgender clients. One of the main themes emerging from the survey was a general attitude of *"we don't discriminate, your sexuality is irrelevant."*

Services were asked to identify what they would need in order to work more effectively with GLBTI communities

- Fifty-seven services (87.69%) identified that additional resources would be needed to specifically support those who had experienced domestic violence. Many services indicated that the resources most needed were time and money.
- Twenty-five services (38.46%) identified the need for training for mainstream services to be culturally sensitive to GLBTI communities and the needs of GLBTI people experiencing DV.
- Eleven (16.92%) services identified the need for an increase in accessible counselling services for GLBTI people. Accessibility for rural, regional and isolated GLBTI people was one of the key issues identified. Specific recommendations included a state-wide, free phone line where GLBTI clients could access a range of DV support services.
- Nine (13.84%) services identified education within GLBTI communities to raise awareness of those affected by domestic violence as a priority.
- Five (7.69%) services identified the need to prioritise coordination of services supporting GLBTI clients and another five (7.69%) said that the creation of welcoming, inclusive environments (such as displaying GLBTI posters in services) is important.
- Other identified needs included education for the general community about GLBTI DV, inclusion of GLBTI DV awareness in mainstream DV awareness events, service provision for gay, bisexual and transgender men who have survived DV, employment of a specialist GLBTI DV worker within mainstream DV services, access to information on how to engage and include GLBTI communities and improved access to current literature on DV for GLBTI people.

Strategies or barriers for inclusion

Of the services that had existing strategies to work with GLBTI people, these strategies included encouraging staff and the provision of time to participate in DV training programs. This was the most common strategy in 35 services (53.84%).

- 33 services (50.76%) displayed SSDV resources or GLBTI material and 32 services (49.23%) ensured that staff understood some of the unique aspects of GLBTI DV.
- Other strategies included distributing GLBTI DV educational material and engaging staff from GLBTI communities.
- When asked about barriers to working more closely with GLBTI communities or development of inclusive strategies, forty respondents (61.53%) identified resourcing as a barrier.
- Of this forty, the top three resourcing needs identified were staff time, staff numbers and funding. Fifteen services (23.07%) specified staff time as the most pressing need, thirteen respondents (20%) identified a need for more staff, and twelve services (18.46%) the need for funding.

Other barriers included limited staff experience or training, services not prioritising GLBTI DV, limitations on service opening hours, lack of a coordination in service approaches to GLBTI issues and people, organisational bureaucracy and individuals having no power within the workplace to take initiative regarding GLBTI needs.

Key Findings – responses from interviewees

The research found substantial variation in the perspectives and experiences of the nine interviewees (4 women and 5 men) and their specific needs. **It is important to note that due to difficulties in recruiting transgender or intersex people, their personal experiences and perspectives are not represented in this research**.

- **BARRIERS** to accessing support identified by the interviewees included having little or no understanding of what behaviours or relationship dynamics might constitute DV in a GLBTI relationship, lack of awareness of the existence of services that would support gay and lesbian people experiencing DV and isolation as a direct consequence of the abusive relationship. Most participants didn't recognise their relationships as abusive until after the relationship had ended. Finding support appropriate for GLBTI people experiencing DV was identified as an issue of major importance by all interviewees.

- **LEGAL SUPPORT** was not high on the list of priorities for interviewees, with few attempting to acquire or actually obtaining Apprehended Violence Orders (AVOs). All five of the men interviewed and several of the surveyed services expressed a concern about the lack of services available to men who were experiencing DV.

- **NEGATIVE EXPERIENCES** included being referred for sexual reorientation instead of DV support, a lack of appropriate accommodation and other support services for men, and having to deal with the prejudices of mainstream service providers when seeking support in relation to same sex domestic violence.

- **FRIENDS** were identified as a key support by all interviewees. They noted specifically that GLBTI friends were supportive and understanding. Three interviewees revealed that support was also found in the workplace. All eventually found appropriate support, but this was generally after searching and having negative experiences with mainstream services.

- **POLICE** experiences and interactions were varied, with some interviewees expressing gratitude for the support they received and others not feeling understood or supported. However, even the most supported participants expressed some initial hesitation in contacting the police due to perceived fears of institutional or interpersonal homophobia and potential inappropriate service.

- **CHILDREN AND GLBTI FAMILY SUPPORT** needs were an area of concern for the interviewees. They identified a need for service delivery that is culturally appropriate and supportive of children from same sex families.

- Three interviewees indicated that through their experience of DV they had learned something about themselves and had used that knowledge and experience in a positive manner, often participating in GLBTI community activities as a result.

- All of the interviewees who accessed respected GLBTI community organisations and services experienced positive interactions. Telephone counselling was also highly valued as it allowed anonymity.

1. Introduction

In 2008 ACON's Lesbian and Gay Anti-Violence Project (AVP) successfully sought funding from the NSW Office for Women's Policy. The funding was used to resource an AVP investigation following anecdotal evidence gathered by the AVP and the NSW Same Sex Domestic Violence Interagency (now the LGBTIQ Domestic Violence Interagency) over the preceding decade that suggested support services for GLBTI people experiencing domestic violence were inappropriate, inconsistent or non-existent.

ACON recognises the role that gender-based power dynamics play in domestic violence (DV). The authors of this report unequivocally support the assertion that the majority of domestic violence is perpetrated by heterosexual men and directed against women. It is however, important to examine numerous factors other than gender that influence the power relations underpinning domestic violence. Domestic violence in heterosexual relationships has been extensively researched and analysed in terms of the causes, effects and impacts on the wider community. Equivalent research on the wider, specific and longitudinal impacts of domestic violence on GLBTI people does not yet exist, although studies directly exploring DV in same-sex relationships have found that DV is experienced in similar percentages in both same and different sex relationships. The literature review In this introduction outlines some key research on GLBTI people and domestic violence in NSW, Australia and internationally.

For many GLBTI people, homophobia, transphobia and heterosexism are stressors on relationships. Although evidence in existing studies indicates that violence within heterosexual and same-sex relationships is similar in terms of prevalence and the effects of relationship abuse, homophobia, transphobia and heterosexism often creates additional difficulties for GLBTI people seeking service provision and support. Appendix iii details some of the unique types and aspects of abuse experienced by GLBTI people and barriers to accessing support.

Domestic violence often goes unreported by GLBTI people. Rates of reporting are undoubtedly affected by a heterosexist society, which in general, either does not accept same sex relationships or refuses to acknowledge or make space for their existence. Rates of DV for GLBTI people are difficult to accurately verify for several reasons. There is no official standard or process for the recording of GLBTI DV client presentations by service providers in NSW or nationally and as this research found, not all service providers are comfortable to ask a client about their sexuality, intersex or gender identity. There is a general lack of awareness relating to the types of behaviour that constitute abuse and therefore GLBTI people may either not be aware that they are in an abusive relationship or, beyond that, feel comfortable enough to report this – either to service providers or to researchers.

This report makes broad recommendations relating to diverse communities. In doing so it recognises the significant differences between sexual identity and gender identity and calls for recognition of the diversity of needs and experiences within gay, lesbian, bisexual, transgender and intersex communities and relationships in NSW. ACON is funded to promote the health of gay, lesbian, bisexual and transgender people but it was decided to include questions about the provision of services to intersex people in this survey to try to capture a picture of service provider's perceptions about people of diverse genders and sexes and their support needs.

It is important to note that due to difficulties in recruiting transgender or intersex people for the participant interviews, their experiences and perspectives are not represented in that section of this research. It is highly recommended that further specialised research on the unique needs of transgender and intersex people in abusive intimate relationships be undertaken. Recent international studies have indicated that transgender people are subject to violence within and outside their relationships at rates significantly higher than other parts of the population. (Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse. Scottish Transgender Alliance and LGBT Domestic Abuse Project, 2010).

In this analysis of gaps in service provision, service providers were asked specific questions about presentation and support for transgender and intersex clients and this report therefore makes recommendations in relation to those needs from that perspective.

This report acknowledges that there are GLBTI people who do not identify as being in a same sex relationship. In using the term, "same sex" we do not seek to exclude nor speak for anyone who does not identify with this terminology. As with heterosexual people and communities there is a diversity of experience and perspective within the GLBTI spectrum. Many transgender and intersex people identify as heterosexual and the issues highlighted in this report may or may not apply to them.

There are discussions in the mainstream domestic violence service provision sector around variations in definitions of violence and abuse in intimate relationships. Currently there is no standard vernacular or set of all-encompassing terms covering all definitions of domestic violence, intimate partner abuse, relationship abuse or interpersonal violence. This research does not explore the violence that GLBTI people experience in other domestic relationships including those with siblings, parents, carers or housemates.

As the body of research and insight into GLBTI peoples' experiences of domestic violence grows, more appropriate, inclusive and specific terminology and theoretical frameworks will develop to reflect the reality and diversity of GLBTI relationships. At the time of publishing this report (early 2011), the former NSW Same Sex Domestic Violence Interagency now the LGBTIQ Domestic Violence Interagency is in the process of expanding its focus to consider the connections between domestic abuse, family violence, homophobia and transphobia as well as examining specific issues of violence and abuse in relationships experienced by transgender and intersex people.

Literature review

GLBTI domestic violence is a complex and largely hidden issue and the effects on individuals, families and communities cannot be underestimated. In 2006, a large-scale study Private Lives: A report on the health and wellbeing of GLBTI Australians found that 33% of 5476 respondents reported having experienced violence or abuse in a relationship (Pitts, M., Smith, A., Mitchell, A., Patel, S. (2006) Australian Research Centre in Sex, Health and Society, Melbourne). For women, the rate was 41%.

These results are echoed in ACON's report Fair's Fair: A Snapshot of Violence and Abuse in Sydney GLBT Relationships (2006) which found that 48% (189 out of 308) of respondents had experienced some form of abuse in a same-sex relationship (Cerise, S & Farrell, J (2007) ACON and the Same Sex Domestic Violence Interagency, NSW.).

International studies suggest that the rate of domestic violence may be higher in some GLBTI relationships. A 1985 study of 1109 lesbians in the USA by Gwat-Yong Lie and Sabrina Gentlewarrier reported that slightly more than half of the respondents indicated that they had been abused by a female partner (Gwat-Yong L. & Gentlewarrier, S. (1991) Intimate Violence in Lesbian Relationships: Discussion of Survey Findings and Practice Implications', Journal of Social Service Research, The Haworth Press).

In their 1991 study, David Island and Patrick Letellier estimated that between 15-20% of gay and lesbian couples were affected by domestic violence and described gay male domestic violence as "*the third most severe health problem facing gay men*", trailing behind only HIV/AIDS and substance abuse (Island, D & Letellier, P. (1991) 'Battered Husbands: Domestic Violence in Gay Relationships', New York, NY: Harrington Park Press). Island & Letellier estimated that approximately 500,000 gay men per year were battered by a violent partner.

Ristock's Canadian study in 1994 of 113 lesbians reported that 41% said they had been abused in one or more relationships (Ristock, J. (1994) 'And Justice for All? The Social Context of Legal Responses to Abuse in Lesbian Relationships', Canadian Journal of Women and the Law. 7, 415-430).

An estimate of the current rate of heterosexual domestic violence in Australia is accessible through The Women's Safety Australia study (Australian Bureau of Statistics [ABS] (1996). The study was the first national research to collect data on the incidence and prevalence of domestic violence. It used a representative sample of 6300 Australian women and defined violence as any incident involving the occurrence, attempt or threat of either physical or sexual assault (ABS 1996, p. 2). The acts were defined as actions considered criminal offences. Data showed the violence perpetrated against women (18 years and over) during the 12 months prior to the survey and since the age of 15. This limited definition of violence does not reflect the entire picture of women's experiences of domestic and family violence as it does not record other forms of abuse (emotional, social, financial etc.) that occur in tandem with acts of physical violence. Of the women who reported being in a previous relationship 42% reported violence by a previous partner (ABS 1996, p. 51). The research did not define whether the previous relationship had been with a male or female partner.

The objectives of this research were to map existing support services, analyse the gaps and develop recommendations to improve service provision to the GLBTI communities of NSW. The research examines the responses of both service providers and gay and lesbian community members accessing services either at the time of the survey or previously.

2.1 Service providers' survey

Service providers were asked to complete a 15 minute online survey consisting of sixteen multiple option and/or open ended questions (see Appendix i). This survey asked questions about the accessibility of services for GLBTI clients and the appropriateness of services provided to people experiencing domestic violence in GLBTI relationships. The survey was accessible as a link from the main ACON website. Particular efforts were made to include rural and regional services throughout NSW but the majority of services were based in urban Sydney.

Geographic area of NSW	Number & % respondents
Sydney	24 (36.92%)
Western Sydney	9 (13.84%)
Central Coast	7 (10.76%)
Mid North Coast	5 (7.69%)
Northern Rivers	5 (7.69%)
Illawarra	4 (6.15%)
Blue Mountains	4 (6.15%)
Shoalhaven	2 (3.07%)
Wagga Wagga	2 (3.07%)
Outside of NSW	2 (3.07%)
Dubbo	1 (1.53%)

Recruitment and sampling

The majority of service provider respondants were recruited through the Same-Sex Domestic Violence Conference 2009: Perspectives and Progress and the SSDV Interagency in late 2009-early 2010. Delegates from the conference were entered into a contacts database along with other services that had expressed interest in being involved in the Same-Sex Domestic Violence Interagency (SSDVI). A link to the online survey was advertised on ACON's website and the SSDVI website http://anothercloset.com.au. The NSW Office for Women's Policy e-newsletter and the Australian Domestic and Family Violence Clearinghouse e-newsletter also linked to the online survey.

An email was sent to over 250 services and individuals working with services, specifically inviting them to participate in the survey. The invitation encouraged those who received it to distribute the survey to other relevant services that might work with GLBTI clients experiencing DV. Targeted service providers included faith-based services, medical, women's, community, culturally and linguistically diverse, legal, youth oriented, GLBT, Aboriginal, government, and non-government organisations. Services were situated rurally, regionally and in urban and suburban areas across the whole of the state of NSW. The survey was viewed 408 times and 65 surveys were collected.

Sample overview

61 respondents indicated their field of service provision whilst four did not. A concerted effort was made to distribute the survey through NSW Police networks to specifically engage Domestic Violence Liaison Officers (DVLOs) and Gay and Lesbian Liaison Officers (GLLOs) however no responses from the NSW Police were received. Particular efforts were made to include rural and regional services throughout NSW but the majority of services responding were based in urban Sydney.

- Fifteen (23.07%) were women´s services.
- Twelve (18.46%) were legal services with one being a specialist project focussing on GLBTI DV.
- Ten (15.38%) were HIV or GLBT community organisations.
- Seven (10.76%) were community based health service providers.
- Four (6.15%) were domestic or family violence specific services.
- Two (3.07%) were sex workers organisations.
- The remaining respondents – one of each (1.53%) were a government department, a private practitioner of psychology, a social support group, an Aboriginal Medical Service, a faith-based welfare organisation and an animal welfare organisation.

Survey questions

The first section of the survey asked about organisational contact details and the types of service offered to people experiencing domestic violence.

Part 2 asked specific questions about data collection of the number of gay and lesbian clients using the service (not transgender or intersex) and any actions that the services had taken to make their organisation accessible to gay and lesbian people experiencing DV.

Part 3 required respondents to rate their services accessibility to gay and lesbian clients experiencing DV.

Parts 4 and 5 asked specific questions relating to data collection and the competence of staff working with transgender and intersex clients experiencing domestic violence.

All comments have been transcribed verbatim, as written by respondents.

Where '[generic community organisation]' is inserted, this is to ensure anonymity of survey respondents as well as the organisation/service being referred to. 'Generic community organisation' is used to refer to government and non-government organisations, services and agencies.

2.2 Community interviews

Using the ACON Ethics Committee-approved structure and content, gay and lesbian people who had experienced domestic violence in a same-sex relationship were interviewed and asked about the response, support and appropriateness of services they received. Participant names and identifying details of the interviews have been changed.

Recruitment and sampling

In late 2001-early 2010 people from NSW GLBTI communities were invited to participate in the interviews through advertisements in community media or after contacting the Lesbian and Gay Anti-Violence Project. The recruiter also used social networks to find potential interviewees.

Sample overview

A total of nine community members were interviewed about their experience of service provision as a result of domestic violence in a same-sex relationship.

- Four (44.44%) of the interview participants identified as women.
- Five (55.55%) of the respondents identified as men.
- All five men identified as gay.
- Of the four women interviewed, three identified as lesbians and one identified as queer.
- Six (66.66%) respondents indicated that they were from an urban area.
- One (11.11%) respondent was from a rural area and two (22.22%) from a regional area.
- One (11.11%) interview participant was from a culturally and linguistically diverse background.
- The ages of the interview participants ranged from 24 to 57 with most of the participants being between 28 and 47 years old.
- There were no intersex or transgender participants.

2.3 Limitations

There are a number of limitations associated with conducting an online research project on services available to GLBTI people, in addition to the difficulties gathering qualitative material from people who have (or are continuing to) experience domestic violence in their relationships.

As noted the majority of the service provider respondents were recruited through the Same-Sex Domestic Violence Interagency and the SSDVI conference Perspectives and Progress hosted by the Interagency in September 2009. This recruitment method may mean that many respondents were already aware of same-sex domestic violence and had already begun to take steps to address it as service providers.

As the survey was online this limited participation to people who have access to the internet and are computer literate.

3.1 Gay and lesbian clients

Collection of data

One of the earliest questions of the survey explored the collection of data recording the number of gay and lesbian clients presenting at a service seeking support for same-sex domestic violence. The question invited a yes or no response.

Does your organisation collect any data on how many gay and lesbian clients experiencing same sex domestic access your service?

Thirty services (46.15%) responded "yes" indicating that they collected data on the rate of gay and lesbian clients requiring support or services for same-sex domestic violence.

Confidence to access services

Services were asked about their perception of the confidence of gay and lesbian clients would feel in the process of contacting their service. Respondents were invited to rate their responses on a scale of 1 to 5, with 5 being "very comfortable".

Please rate how confident you think gay and lesbian people experiencing domestic violence would feel to contact your service:

Confidence rate	Responses
1 Gay and lesbian people experiencing domestic violence would not feel comfortable contacting our service.	n3 (4.61%)
2	n2 (3.07%)
3 Gay and lesbian people would feel somewhat comfortable contacting our service.	n24 (36.92%)
4	n18 (27.69%)
5 Gay and lesbian people experiencing domestic violence would feel very comfortable contacting our service.	n18 (27.69%)

Barriers to accessibility

Respondents offered their thoughts on the perceptions of gay and lesbian clients who might consider accessing their service:

"The personal impact on clients e.g. shame, guilt and so on at times prevents victims accessing services. And the perception within the Community that Women's Refuges are not sensitive to lesbians needs hinders the use of services at times."

One service said:

"The secret nature of DV and the fears of being outed run close together for some clients and this adds to the isolation and at times lack of access by some people."

One respondent from a hospital highlighted that service delivery can sometimes depend upon which individual staff member clients came into contact with,

"If social work staff (are) the contact then I would be much more confident. But if it is non-social work staff I would be less confident."

Another respondent outlined a specific issue for GLBTI people from rural and regional areas,

"In a small regional area there are always fears associated with knowing the workers in addressing the fear and shame associated with experiencing SSDV."

A faith-based service offered the following insight,

"They may not know that we offer SSDV counselling and we are a Catholic organisation which may prevent people accessing services. (We have) qualified professional social workers who all have direct experience in working in DV and SSDV."

Competence of service

Respondents were asked to rate the competence of their service to work with gay and lesbian clients experiencing domestic violence.

> *Please rate the competence of your staff to work with gay and lesbian clients experiencing domestic violence (please consider training, experience, and knowledge of gay and lesbian issues):*

- Fifty nine (90.76 %) services assessed the competence of their staff as moderately to fully competent to work with gay and lesbian people who have experienced domestic violence.
- Six services (9.23%) expressed a view that the competence of their staff to work with gay and lesbian people who have experienced SSDV was below moderate to not competent.

Confidence rate	Responses
1 Not competent	n2 (3.07%)
2	n4 (6.15%)
3 Moderately competent	n21 (32.30%)
4	n26 (40%)
5 Fully Competent	n12 (18.46%)

3.2 Transgender clients

Collection of data

Part four of the survey explored service provision to transgender clients. The first question asked about the collection of data regarding transgender clients and offered a yes or no response:

> *Does your organisation collect any data on how many transgender clients access your service?*

- Twenty-five services (38.46%) indicated that they collected data on how many transgender clients presented at their service.

Competence of service

Service providers were asked to rate the competence of their workers to support the needs of transgender clients experiencing domestic violence. Respondents were invited to rate their responses on a scale of 1 to 5, with 5 being 'fully competent'.

> *Please rate the competence of your staff to work with transgender clients experiencing domestic violence (please consider training, experience, and knowledge of transgender issues)*

- Twenty services (30.76%) rated the competence of their staff to work with transgender people who have experienced domestic violence from below 'moderately competent' to 'not competent'.
- The majority of services (twenty-nine or 44.61%) rated themselves as 'moderately competent'.
- Sixteen services (24.61%) assessed themselves as above moderate to fully competent in working with transgender clients experiencing domestic violence.

Confidence rate	Responses
1 Not competent	n3 (4.61%)
2	n17 (26.15%)
3 Moderately competent	n29 (44.61%)
4	n11 (16.92%)
5 Fully Competent	n5 (7.69%)

3.3 Intersex clients

Collection of data

Part Five of the survey asked services about their relationship with intersex clients. The first question asked about data collection of intersex clients and offered a yes or no response:

> *Does your organisation collect any data on how many intersex clients access your service?*

- Twelve services (18.46%) identified that they collected data on how many intersex clients presented at their service.

Competence of service

The competence of workers to contribute to the support and services needed by intersex clients who have experienced domestic violence was explored:

> *Please rate the competence of your staff to work with intersex clients experiencing domestic violence (please consider training, experience, and knowledge of intersex issues).*

Unlike the other competence rating questions where all sixty five services responded, the intersex competence-rating question only elicited a total of 60 responses.

- Thirty services (50% of the total who answered the question) identified their staff as below moderate to not competent in working with intersex people who have experienced domestic violence.
- Twenty-one services (35%) assessed themselves as moderately competent and nine services (15%) responded that their staff were above moderately to fully competent in working with intersex people experiencing domestic violence.

Confidence rate	Responses
1 Not competent	n9 (15%)
2	n21 (35%)
3 Moderately competent	n21 (35%)
4	n6 (10%)
5 Fully Competent	n3 (5%)

4. Analysis - Data Collection Practices for GLBTI Clients Accessing Services in NSW

- Eleven of the sixty-five (16.92%) organisations surveyed collected all three data fields of sexuality, gender and intersex.
- There was variation in the geographic locations of these eleven organisations with four being situated in urban areas and seven located regionally.

Services collecting data on gay & lesbian clients	n30 (46.15%)
Services collecting data on transgender clients	n25 (38.46%)
Services collecting data on intersex clients	n12 (20%)
Services collecting data on GLBTI clients	n11 (16.92%)

4.1 Reasons for not collecting data

We don't discriminate

Following the survey questions exploring data collection practice, respondents were given an opportunity to explain why this data was or was not collected. There is significant international and Australian evidence that GLBTI people have specific needs when accessing health care and domestic violence support (see the Australian LGBTI Health Alliance's website). Intersex, sexuality and gender may have a strong influence on an individual's ability to access services and their likelihood of experiencing violence and discrimination. These influences may also have significant negative impacts in relation to the specific needs of an individual and appropriate care. A common theme in the service provider responses was an attitude of, "*We don't discriminate. Your sexuality is irrelevant*". Answers that reflected this perspective of non-discriminatory practice were given in response to various questions throughout the survey, particularly in response to the question about whether a service collected data on the sexuality of their clients. One service that indicated that they did not collect data on GLBT people accessing the service for assistance in a case of DV responded, "*Information regarding whether DV is from a heterosexual or homosexual relationship is not determined.*" When asked what the barriers were to undertaking pro-active strategies to create more inclusive services for GLBTI people the worker responded,

> *"We do not discriminate regarding who needs assistance in DV cases. All staff are trained in relation to DV screening. Social work referrals are made, and contact with DV phone services are offered. We are situated in a rural area, with minimal agencies available locally afterhours."*

This response is typical of the services that claimed non-discrimination as a reason for not collecting data. Later in the survey the same service continued,

> *"We have had both gay and lesbian people present to our [Emergency Department], after DV. Staff… would not discriminate. Anti-discrimination laws and EEO are held highly in our facility."*

While a commitment to non-discriminatory service is laudable, this type of response does not indicate an acknowledgement of the specific needs of GLBTI clients experiencing DV. Given that the service is situated in a rural area where few GLBTI organisations or services are available, specialist knowledge of issues specific to GLBTI people would be crucial to the delivery of effective and culturally appropriate service.

All victims are vulnerable

One service recognised the general difficulty that people experiencing domestic violence have in the process of asking for help: "*I think that regardless of the sex and sexuality of people, when experiencing DV it is difficult to seek support*". While it is certainly true that seeking support for DV is difficult, a disregard for factors relating to sex, gender and/or sexuality suggests a lack of awareness of the further impacts for GLBTI people. The worker from this service later described their barriers to providing better support to GLBTI people as, "*lack of funding, currently staff overworked with current workloads - who would then be responsible for this type of work?*"

4.2 Rationales for different data collection policies across similar services

One women's service indicated that they did not collect data on lesbians, bisexual, transgender and intersex (LBTI) clients and wrote, "*We collect data on domestic violence on all women who access the service regardless of their sexual relationship*." This service estimated that "10–20%" of their clients had experienced DV in the context of a LBTI relationship in the previous year, however the service was not undertaking any actions to make their service welcoming for women of diverse genders, sex or sexualities. When asked what barriers were preventing the service from undertaking more proactive strategies to increase the comfort of GLBTI clients the response was, "*nothing really*".

Another service governed by the same peak body chose to collect data on the sexuality of their clients by "*directly ask[ing] clients using DV screen*." This service also indicated that they undertook at least six proactive strategies to make their service more welcoming to people of diverse sex, sexualities and genders including the distribution of GLBTI resources and a service policy encouraging staff to

participate in GLBTI DV training. This discrepancy between two different services governed by the same peak body raises concerns. One service is collecting data on sexuality and another is choosing not to do so. One service is undertaking strategies to be inclusive of GLBTI people, while the other is not. It appears that both services have the capacity to offer culturally appropriate support to GLBTI people but one is choosing not to. When asked why data was not collected on the sexuality or gender identity of clients another service responded,

> *"It is hard to say but it may be that same sex couples are treated the same as heterosexual couples… No one is denied service and all clients/patients are entitled to the same first class health service."*

This statement reinforces a vision of equality as 'everyone being treated the same' as opposed to a recognition of the barriers to equitable access for GLBTI clients. One regional service provider reported that, "*support is provided regardless of perpetrator's gender*". This service responded that they did not undertake specific actions to make their service welcoming to GLBTI people and when asked what barriers restricted them from doing more said, "*there are no barriers. Service is available to all women regardless of sexual orientation*". This service also reported that statistics on transgender clients were not collected because it, "*was not relevant*" and intersex clients statistics because they had "*never been presented with need.*" This type of response suggests that some services do not recognise that clients may be transgender or intersex or that sex or gender diverse clients living in a rural area may have specific support needs.

We're protecting your privacy. You'd want to keep that private right?

Several services indicated that their concern was client privacy and therefore they did not collect data on gender, sex or sexuality. When describing why data was not collected one community service wrote that they were, "*interested in preserving the privacy of our clients.*" Another service responded, "*most of our clients use the term "partner" when talking about their situation so it is hard for us to tell without directly asking, which we feel is not appropriate*."

Again there was wide variation in attitudes expressed by survey respondents, even those who seemed to have some understanding of GLBTI issues feared being criticised for drawing attention to sex, sexuality and gender.

> *"To my knowledge (generic community organisation) doesn't collect this specific data. I have no idea of the reason but may be related to privacy…, identifying same sex DV may be seen by some as discriminatory to same-sex couples. The reason may simply be that no one has thought it warranted collecting. Overall the percentage is probably small. Sometimes the victim does not identify the perpetrator as the same sex. They may refer to them only as their partner and people often assume that the partner is of the opposite sex. As a social worker I would always attempt to clarify this with the victim."*

This response outlines that the peak body of the service sees the intersex, sexuality or gender of someone's partner as a private thing but will automatically assume that the partner is different sex by default. It exemplifies a perspective commonly expressed throughout service provider responses that the gender or sex of someone's partner is only private if the partner is GLBTI. The assumption that someone would want to keep their sex, sexuality or gender private, suggests an inherent secrecy whilst the assumption itself perpetuates and reinforces this homophobia.

4.3 Strategies for good practice in data collection

Among the survey responses, some services shared simple but innovative methods and strategies for inclusion of GLBTI communities and clients. Only one service made an explicit statement recognising the crucial influence of factors relating to intersex, sexuality and gender on clients ability to access general health services and DV support saying that indicators are, "*important for the community to have good health outcomes - it is important that services ask the question and respond appropriately.*"

A regional women's centre offered a solution for services concerned with client privacy with regard to data collection,

> *"We collect generalised statistics which indicate sexual preference where a client elects to identify. We also collect statistics outlining the general issues for each client. This information is de-identified and we do not link the two statistics."*

Another service shared their methods for ensuring a service is GLBTI culturally appropriate,

> *"We use gender neutral language on all proformas and in telephone contact with victims through the DV support rooms co-located with police. For program access (support groups, services etc) participants are asked [sexuality or gender identity] directly to ensure program content (e.g. guest speakers for referral options) are tailored to meet the needs of current groups."*

5. Suggestions for Good Practice in Service Provision

Identification of gaps and areas of need

Services were asked to identify what they thought were the main areas of need and where the significant barriers to service were for GLBTI people. Respondents were invited to indicate multiple needs. The responses can be divided into eleven major themes.

Identified need	No. of services
Dedicated resources	n57 (87.69%)
Training for mainstream service providers	n25 (38.46%)
More counselling services for GLBTI communities	n11 (16.92%)
Education of GLBTI communities	n9 (13.84%)
Co-ordination of services	n5 (7.69%)
Displaying GLBTI resources in services	n5 (7.69%)
Educate general community	n4 (6.15%)
Services for men	n4 (6.15%)
Specialised GLBTI Domestic Violence worker	n2 (3.07%)
Information on how to engage GLBTI communities	n2 (3.07%)
Recent literature on SSDV	n1 (1.53%)

Appropriate and inclusive resources

Fifty-seven services (87.69%) indicated that dedicated resources would be helpful in supporting their work with GLBTI clients and communities, specifically those who had experienced domestic violence. Many of the services indicated that the resources most needed were time and money. "*Funding from alternative sources and strategic capacity building will be needed to fully correct these weaknesses*." Respondents provided specific ideas about resource format and content. It was suggested that future paper resources should be wallet-sized, other suggestions for formats included a DVD, posters, magnets, key rings, pamphlets, website based and e-learning. Suggestions for content included specific legal information and referrals for GLBTI people, information about the prevalence of GLBTI domestic violence, short-term crisis information and an explanation of some of the unique aspects of GLBTI domestic violence. It was also suggested that any resource should contain a directory of interstate and statewide government and non-government support services, including appropriate options in rural and regional areas and specifically providing toll-free numbers for services to make them more accessible.

Other suggestions were for the development of resources to increase the relevance of the message about GLBTI domestic violence to Aboriginal and Torres Strait Islander communities and resources aimed at children of GLBTI families. It was judged important by respondents that the resources not be clichéd or judgemental and that the language of the resources should be gender neutral.

Specialist training for mainstream service providers

Twenty-five services or 38.46% of respondents nominated specialist training for mainstream services as a distinct need with a focus on culturally sensitive domestic violence service provision for GLBTI people. Suggested appropriate audiences for this training include: chamber registrars, counsellors, mainstream service providers and the NSW Police GLLOs, DVLOs as well as general duties officers. It was recommended that this training should be extensively, systematically and frequently delivered throughout NSW, equipping police to be an effective source of key support for GLBTI people experiencing DV (particularly necessary in rural and regional areas). The impacts of transphobia and homophobia on domestic violence and the specific nature and unique aspects of abuse for GLBTI people were two common themes that emerged in recommendations for training.

Access to appropriate counselling

Eleven services (16.92%) nominated an increase in counselling services available to GLBTI communities. Service providers suggested that improvements to counselling could be made by training practitioners in GLBTI DV issues and the diverse needs of clients. Rural and regional respondents pointed out that there was a need for a choice of counsellors to be available to clients and that ideally, these counsellors should be from a different area to minimise the risk of clients personally knowing their service provider. It was also suggested that appropriate, sensitive counselling should be available to all parties involved or affected by the domestic violence, that is - the perpetrator, the person escaping the abuse and children or other family in need of support. A further recommendation was that a statewide, after business hours, toll-free, counselling hotline would be excellent support, especially to GLBTI people in rural and regional communities.

Awareness within GLBTI communities about the existence of DV

Nine (13.84%) services agreed that educating GLBTI communities and raising the awareness of those affected by DV should be a priority. Services suggested that people

should be encouraged to speak out when they see DV occurring in relationships of friends/family and that identification tools be developed which allowed GLBTI people to speak out publically against DV within GLBTI community forums and to encourage people in abusive relationships to seek support. *"Services should better utilise the gay community to reach out to GLBT people experiencing SSDV who are in the early stages of the coming-out process and may not be gay-identifying."*

Co-ordination and supportive communication between services

Five (7.69%) services identified a need for the coordination of stronger links between services and suggested that organisations that were experienced in supporting GLBTI people should be encouraged to share their knowledge and practice with less experienced services. Active participation in interagencies and fostering strategic connections with GLBTI community organisational networks were considered to be key tools in the building of good practice. Better promotion of GLBTI services was also suggested. Other services commented that DV support services had an obligation to consider GLBTI needs as a priority and that effective communication between services would facilitate sharing of GLBTI-friendly referrals to provide new access points for people seeking support.

Displaying GLBTI resources in services

Five (7.69%) respondents talked about the importance of creating welcoming environments for GLBTI clients by displaying posters in public areas and having inclusive materials in waiting rooms. To communicate institutionally to GLBTI people that a service is welcoming and recognises the diversities of GLBTI communities, was identified by these respondents as a crucial first step in the provision of culturally appropriate support.

Education and inclusion in mainstream campaigns

Four services (6.15%) suggested that educating the general community about DV in GLBTI relationships should be a priority. One suggestion was that GLBTI issues be included in mainstream violence-awareness events such as Reclaim the Night and 16 Days of Action Against Gendered Violence. Another suggested that mainstream service providers mark key dates in GLBTI calendars such as the International Day Against Homophobia (17th May), Transgender Remembrance Day in November and Pride in June. One service commented that it would be helpful to have a GLBTI White Ribbon Day Ambassador to speak publically about GLBTI DV.

Services for men

Four (6.15%) respondents drew attention to the need for a range of specialist support services for gay, bisexual and transgender men experiencing DV. A lack of access to appropriate services for men has been a matter of concern since discussions about GLBTI domestic violence began in the 1990's and the situation has not improved. There are huge deficiencies in DV support for men generally, specifically in terms of accommodation. There are no refuges for gay, bisexual and transgender men seeking to escape DV and many of the state and federal government DV programs such as Staying Home, Leaving Violence are accessible only to women and children. In addition to the gaps in emergency support there is also little in terms of recovery support options.

Specialist GLBTI DV worker

Two respondents (3.07%) called for specially trained workers able to respond appropriately to the unique types of abuse in GLBTI relationships. At the time of publication the there is one specialised LGBTIQ DV support worker at the Safe Relationships Project based in the Inner City Legal Centre and one project worker in the Anti Violence Project at ACON although both of these positions are dependent upon securing recurrent funding.

Tools for effective engagement with GLBTI communities

Two services (3.07%) specifically identified a need for information on how to engage GLBTI communities. Engaging diverse communities and building a reputation as a trusted GLBTI-friendly service is a key strategy in the development of culturally appropriate services. Resources designed to educate services about how to engage GLBTI people and communities have been developed to address this need by several organisations in NSW and interstate. Recent examples of this include the Lesbian and Gay Anti-Violence Project´s pamphlet, Is Your Service GLBT friendly? and a range of resources published by The Gender Centre to assist services in understanding the specific needs of transgender and intersex people. For a list of available services, tools and publications see appendix iv.

Literature and research on the impacts of DV in GLBTI relationships

One respondent (1.53%) asked for relevant, inclusive literature and research on DV in GLBTI relationships. Current information and literature on the impacts of domestic violence for GLBTI people in Australia is necessary to assist and guide agencies to develop training, resources and campaigns.

6. Proactive Strategies

6.1 Strategies currently being used by services

Services were asked if they used proactive strategies to engage GLBTI communities. This question was designed so that if a service responded that they did **not** currently undertake any strategies they would then be provided with a list of sample strategies and then asked why they were unable to do so. If a service affirmed that they did use pro-active strategies to engage GLBTI people they were then asked to identify their strategies for engagement. The most popular proactive strategies identified by a number of services were

Strategy	No. of services
Encouraging & allowing time for staff to participate in SSDV educational programs	n35 (53.84%)
Displaying SSDV resources & material relevant to GLBTI communities in your organisation	n33 (50.76%)
Ensuring staff understand the unique aspects of SSDV	n32 (49.23%)
Distributing SSDV information at mainstream community events	n22 (33.84%)
Contributing to GLBTI awareness of DV e.g. distributing resources at Mardi Gras Fair Day	n18 (27.69%)
Seeking staff members from GLBTI communities	n16 (24.61%)
Having an organisational SSDV Policy	n14 (21.53%)
Having SSDV information on the organisational website	n12 (18.46%)
Hosting SSDV education programs for other organisations	n9 (13.84%)

Other strategies included:

- Active participation in the NSW SSDV Interagency (now the LGBTIQ Domestic Violence Interagency),
- Being a member of the ACON Safe Place program (for more information see www.acon.org.au)
- Taking issues relating to GLBTI DV to mainstream DV networks,
- Nurturing active partnerships with local GLBTI organisations.

Some services used information gained through taking the survey as an opportunity to expand the reach of their service and identified the experience as useful. After viewing a list of pro-active strategies to engage GLBTI clients, one respondent wrote, *"Great idea, our website is currently being developed; it would be wise to include a link for SSDV…"*

6.2 Barriers to proactive strategies

Services that weren't undertaking strategies to engage GLBTI clients were asked what prevented them from doing more. Some services were able to identify multiple barriers. Other services already undertaking some proactive strategies identified barriers that prevented them from going further. This section encouraged services to identify and give detail of their specific experiences.

Identified barriers to services undertaking proactive strategies	No. of services
Resourcing	n40 (61.53%)
SSDV is not a priority	n7 (10.76%)
Limited experience or training in SSDV	n7 (10.76%)
Bureaucracy	n1 (1.53%)
Opening hours	n1 (1.53%)
Lack of coordinated approach	n1 (1.53%)
Having no power to do this	n1 (1.53%)

Resource limitations

Forty respondents (61.53%) nominated resourcing as a major barrier preventing them from making their services more accessible to GLBTI people. Of this forty, the top three areas of need identified were staff time, staff numbers and funding. Fifteen services (23.07%) specified staff time as the most pressing need in terms of resources. Thirteen respondents (20%) identified a need for more staff and twelve services (18.46%) highlighted the need for more funding.

Resource	No. of services identifying resource limitations as a barrier to access
Staff Time	n15 (23.07%)
Staff Numbers	n13 (20%)
Funding	n12 (18.46%)

Respondents indicated that overworked and under-resourced staff find the prospect of engaging new communities and areas of work daunting or believe it to be someone else's responsibility. One service expressed this concern over resourcing needs,

> *"Housing staff struggle with being trained in housing issues. (With) lack of funding, currently staff (are) overworked with current workloads - who would then be responsible for this type of work?"*

Organisational prioritisation of GLBTI DV

Seven respondents (10.76%) indicated that GLBTI domestic violence was not considered an organisational priority in their service, *"SSDV is one of many issues that our clients may face, we have other more predominant issues that we address on a larger scale."*

When asked why their service didn't undertake pro-active strategies to engage GLBTI people one service responded that they were, *"already working with a marginalised community."*

This statement implies that if a service is focused on one issue of marginalisation that there is no capacity to address further compounding discrimination. Other services explicitly identified that a focus can remain on the specified area of support for clients but if another issue, such as SSDV were to present then appropriate accommodations could be made.

> *"Our priority population is people living with HIV/AIDS – if DV is also an issue for these clients we will provide appropriate support. All staff are qualified social workers and all have been involved in SSDV service development and training."*

Limited experience or training in GLBTI DV

Seven services (10.76%) nominated having limited experience and a lack of training in GLBTI DV as a barrier to engaging clients. *"Some services may not be aware that this is an issue."* Three of the seven services that responded in this category indicated that they were not aware that DV might be a problem in GLBTI communities.

Lack of autonomy

One respondent from an inner city faith-based service stated that they did not have the autonomy to undertake pro-active strategies to engage GLBTI communities because, *"being a national company our small office is not allowed to take these initiatives."*

Legal service issues

Two legal services identified a specific issue commonly cited by DV support services working with lesbians,

> *"As a (legal) women's service it can be tricky because of conflict. If we help one woman, we will not be able to help the other party in the future. In heterosexual DV matters, we will always be able to assist the woman whereas in a same-sex matter, it is possible that one party will call all the free legal services and conflict the other woman out of the majority of free legal help. Sometimes it can be difficult to know who is the victim when we have to help the first person who calls."*

Another legal service identified a possible way to solve this latter problem.

> *"[There needs to be] coordination of services so if one party has called all the free services and conflicted the other out of help, then the other party can access a grant for one off legal advice with a solicitor. It may also be an issue with (generic community organisation) who cannot identify who is the victim or help one person only to discover later that the other appears to be the victim."*

A third legal service highlighted a problem for transgender people who experience domestic violence who may have to or choose to navigate the legal system,

> *"I wanted to make a note of the difficulties for transgender clients in the judicial system, as they are listed on court papers under their biological/birth name, not the name they are known as."*

6.3 Building trust

Some respondents recognised that to be effective and provide good service an organisation must build rapport, trust and a relationship with diverse GLBTI communities. Comments on this from services varied:

> *"I would hope that Gay and Lesbian people would feel comfortable accessing the service. However it is a new service and trust needs to be gained within the community."*

> *"Our service is well known to the (GLBTI) community and members from the community are prioritised for accessing our sexual health services."*

> *"NGO DV services are quite strong & healthy in the area and have done a lot of work with the gay & lesbian community networks. Being a government department, we can be viewed as harder to approach in terms of seeking assistance."*

> *"Our outreaches are at women's-only spaces, most of which have lesbian groups. We get a reasonable number of enquiries from lesbians about parenting and separation issues."*

Some respondents recognised that if GLBTI people are referred to a mainstream service via a GLBTI source they often feel trust through association. One service commented,

> *"Our service is for women and children only. Gay men contacting the service would be informed of this. Many lesbians who have attended our service have known we are lesbian friendly as they have been referred by another service e.g. ACON, AVP."*

Coming from a different social context and culture and living within a heterosexual paradigm, GLBTI people often experience mainstream service provision differently. Services need to recognise some of the difficulties that GLBTI people may experience both in the initial process of accessing support and later in the diverse needs of clients. The following interviews explore a range of issues related to GLBTI experiences of domestic violence. These interviews explore some of the gaps and barriers to accessing DV support faced by GLBTI people. The format for the information gathered in interviews is deliberately presented in juxtaposition to the statistics collated from the survey responses. This is qualitative material, designed to convey a sense of the range of experiences that the interviewees shared.

In some ways the comments made in the interviews demonstrate just how similar the experiences of GLBTI people and heterosexual survivors of DV are. In others, one can see the extra difficulties that are faced by people of diverse sex, sexuality and gender in the process of leaving an abusive relationship.

7.1 Barriers to accessing support

Difficulty identifying DV

It is often difficult for a person to identify that they are in an abusive relationship but for GLBTI people the issues around identification of domestic violence can be more complex. Most campaigns, publicity and the majority of research and literature on DV focus on the power dynamics of heterosexual relationships and gendered roles. For this reason many GLBTI people do not know that domestic violence even exists in our communities, let alone how to recognise or respond to it.

Each of the interviewees identified a different trigger that brought them to the point of identifying their relationship as abusive. For Tamara, the trigger was an act of physical abuse, the first time her partner hit her,

> *"It never really occurred to me that my relationship might be domestically violent until much later… I think I came to the realisation I was experiencing domestic violence the first time this person hit me. I knew that that was not okay and it totally spun me out. My first thought was that I had to leave but then a whole heap of stuff raced through my mind like where… do I go for this? And who will believe me? I was totally isolated from my friends and family and so I stayed in the relationship".*

Inga did not identify the dynamics of her relationship as domestic violence until she began facilitating a group on relationship abuse.

> *"Ironically I… started recognising my relationship as abusive because I was running a peer education program with components on domestic violence. I was running a group on DV and realised I was in a domestically violent relationship and in denial."*

Like many other survivors of DV, Inga later commented that it was not until she left the relationship and reflected on it that she could see the true extent of the abuse that had occurred.

For Haymish, his own act of physical violence was the catalyst for looking at the relationship.

> *"This scared me, and got me talking to friends and thinking about why I would hit someone. I normally would never resort to hitting someone. So I looked at what had been going on for the past year and realised that I had been the victim of manipulative and controlling behaviour, emotional abuse and verbal abuse for more than a year. I looked at how my self esteem had dropped and how my mental health had suffered, and realised that I had been experiencing DV."*

In this case, Haymish used the episode of violence to consider his behaviour and his relationship. Haymish´s story is also significant because it clearly demonstrates the difficulty that service providers may have in identifying the perpetrator of abuse in a GLBTI relationship.

For others it may take an intervention from an outside person to make the initial identification of a relationship as DV. In Keegan´s case, it was not until the police became involved that he realised that the level of control in the relationship was inappropriate.

> *"When we were going over the events [the Officer] made me realise that what I experienced wasn't fair, wasn't right and it was domestic abuse. I was with my partner for 11 years. I cared for my mum for 2.5 years and needed him to help but once he got the control he wouldn't let it go. It got worse and worse. It was done very slowly and I didn't realise. In the last 5 years I wasn't supposed to answer the phone if he was home. I wasn't allowed access to money. I didn't know what money we had. I wasn't allowed to talk about my life outside of the home. I wasn't able to have friends around. He used affection as a means to control."*

Keegan may not have identified the level and dynamics of the abuse in his relationship until much later had the Police not intervened sensitively. Prior to this he stated that he had not heard of DV in the context of a same-sex relationship and was unaware that it existed.

Matt was also unaware of the dynamics of DV in the context of a gay relationship until he read a book that specifically mentioned GLBTI relationship abuse,

> *"I didn't realise I was experiencing domestic violence until I was reading a book {that} was a collection of different articles… one of them was about domestic violence and in it was a quiz you could take about yours and your partner's behaviour. I found that most of the quiz applied to me. Up to that point I think I'd been denying and I had been putting it down to his personality. It wasn't until I saw this external thing that I was able to apply to my own situation that I was able to see it was domestic violence."*

All of the interviewees talked about their difficulties in the process of identifying the nature of the violence in their relationships and the majority related this to their perception that DV was something that heterosexual men perpetrated against women. This common myth has implications for service provision and for the GLBTI organisations seeking to raise awareness of the existence of abuse in relationships.

Isolation from family, friends and community

For some GLBTI people, family interactions and relationships are tainted by homophobia, transphobia, shame and disappointment. Explaining domestic violence to even the most supportive family can be doubly traumatising and our interviewees talked about it (at best) as a traumatic experience when they were able to tell family members, whilst others made a conscious decision not to reveal the abuse. More than once the experience was compared to a second 'coming out'. Perpetrators of DV often manipulate and control relationships that their partners have outside the relationship and the interviews revealed that GLBTI perpetrators often play with perceptions of homophobia to create further distance from family, friends and community support networks. Tamara describes the isolation from her family that stemmed from their homophobia,

> *"I was isolated from my family because they were not supportive of me being queer. I would never have discussed the violence with them. I felt like it was something that would be outside of their world of their understanding. It wasn't just about the violence it was about everything else going on around it. It was kind of all-compounding."*

Tamara was unable to access support from her family prior to the abusive relationship so turning to them for support, when she realised that she was experiencing DV in the context of a lesbian relationship, was an impossibility.

In contrast with this, Matt´s family were supportive and understanding of his sexuality but he still felt unable to approach them for support,

> *"Turning to my family was not an option. They were far away. They're supportive but they wouldn't have any idea how to respond to same-sex domestic violence. It's so far out of their realm of experience. I was also ashamed. I didn't want them to know."*

The shame of tainting all GLBTI relationships with the label of abuse is another common theme. Many survivors of DV talk about the shame of revealing to someone that they are being abused. For some GLBTI people, the fear that talking about domestic violence will cause homophobia is a very real fear.

GLBTI community connections

Two interview participants said they had trouble finding support for their experience of domestic violence as they were well connected within their GLBTI communities and felt 'ashamed' or 'stupid'. Haymish´s situation summarises this difficulty.

> *"I felt stupid and was embarrassed about trying to get support. My whole situation seemed stupid, as I wanted to fix the problem rather than leave the relationship. I was also worried, because I worked at a GLBTI health organisation and thought that I should have recognised it as DV sooner and stopped it from happening, so I felt really stupid because of that too."*

Perpetrators can sometimes have high profiles within the GLBTI community; sometimes they are working in DV or a related field. In smaller, more isolated communities most GLBTI people know one another and this can also prevent disclosure for fear of not being believed or through the shame or not having spoken up earlier.

Difficulty in finding GLBTI culturally appropriate support

At the time of their abusive relationships, all of the interview respondents identified that they were aware of mainstream domestic violence services or at some point had been given information or referrals to mainstream DV support resources. When asked why they didn't access these, the responses revealed a range of attitudes to mainstream service provision. Daniel´s response demonstrates a common attitude to mainstream DV services.

> *"I was so new to coming out and I didn't really know anywhere to go… The DV pamphlet the police gave me wasn't specifically gay or lesbian geared and I just didn't think contacting (generic community organisation) would work. I thought 'oh well, you know, they're gonna go 'What are you talking about?' so I just didn't bother."*

Daniel held a belief that, as a gay man experiencing DV, he would meet a homophobic response if he tried to access support. By using simple techniques to make services welcoming to GLBTI people such as those outlined in the survey section of this research (having a GLBTI section on a services website or displaying posters in a reception) perceptions such as Daniel's can be changed.

Tamara's comments reveal a similar belief - that mainstream DV support is just for heterosexual women.

> *"I'd just turned 20 or 21 and at the time I didn't know about anything like the (generic community organisation) I wasn't involved in any kind of community things at all. I felt that it would be inappropriate to contact any kind of domestic violence shelters or lines for support because my abusive partner was not a man. And I don't know where that came from but I had this idea in my head that those support services would not be supportive of me or open for me."*

Both these comments suggest that people who are less connected to GLBTI communities and specialist organisations feel that mainstream services will not be able to assist. In this sense, GLBTI people who have recently come out are particularly vulnerable to abuse and less likely to know where to go to seek assistance – either from mainstream DV services or GLBTI community supports.

Difficulties with legal support

As the preceding comments have demonstrated, most of the survivors interviewed for this research identified a fear of institutional homophobia as being a barrier. Progressing through the legal system can be a difficult and traumatic experience for anyone who has experienced DV but navigating the legal system as a person of diverse sex, sexuality or gender creates the additional pressure of having to come out. Natalie comments,

> *"I didn't look for any legal help because prior to that when I went into (generic community organisation) we weren't classified as a couple. Even though I had said, that, you know, she's not my friend she's my partner. They weren't willing to approach the relationship and recognise it for what it was."*

Although GLBTI people now have equal access to DV protection under state laws in Australia, other protections (or the perceptions of those protections) are undermined by the lack of equality across all legislation.
Another respondent, Zoe said she couldn't identify as a lesbian to her solicitor in town and therefore discuss her experience of same-sex domestic violence openly, "because (I) didn't know him and thought it was unsafe to identify as a lesbian."

Legal processes may not take account of the practical differences in GLBTI community dynamics. One respondent talked about the ramifications of seeking an Apprehended Violence Order (AVO) in a regional area within a tightly-knit community:

> *"An AVO in our community doesn't work like a heterosexual AVO because more than likely all those people are going to turn up at the same event because we are such a small community."*

Other interviewees found the court process to be an empowering experience, one said:

> *"My ex has been charged with 6 counts of sexual assault against me. I'm entitled to compensation. I want justice and accountability and going to court is part of it."*

Lack of services for men

All of the men interviewed identified the lack of services available to them when needing support for DV as a major barrier to leaving the relationship. One common theme was having nowhere to go to escape the violence – currently in NSW the only real option for a man escaping DV is to access temporary emergency accommodation through the Department of Housing or to make private arrangements. This can be extremely difficult if their access to money is being controlled or when isolated from friends and family. Often men stay in an abusive relationship longer because they literally have no other option.

> *"If I didn't have my mates place to go to I would have gone to a motel and then I would have run out of money and I would have had to go to a place with lots of people with drugs and alcohol. That's not a safe place. Men have no services in this area. People say 'He'll be right', but you know sometimes he won't be right."*

Gay, bisexual and transgender men accessing emergency accommodation can be extremely vulnerable and fear experiencing homophobia, violence and exposure to serious drug and alcohol abuse. Matt believed that there was no-where to go that would understand his needs as a male survivor of DV.

> *"There was no organisation saying we do SSDV work. I automatically assumed DV services were for women and that responding to men was not something that they did and that was confirmed over time as no-one referred me to those services."*

Matt´s comments reveal the double discrimination that men of diverse sex, sexuality or gender experience. The belief that DV support is for women and that services would not know how to support someone gay, bisexual, trans or intersex, is commonly reinforced when survivors do access services. DV services must build strong links with the key support organisations that are able to offer culturally appropriate support even if those services are hard to find. One of the men commented,

> *"I called (generic community organisation) and they were absolutely useless… If you're not a beaten up woman they don't wanna know about you. They gave me some preliminary telephone counselling and after that I was on my own."*

Services that are unable to help because they are only for women or do not have the resources to support GLBTI people must be prepared to refer survivors on to local or state GLBTI organisations that can help.

The interviews identified that GLBTI people may have a number of preconceptions about the homophobia or transphobia that they anticipate experiencing whilst accessing support for DV. They also explored some of the additional feelings of isolation, shame and guilt specific to the GLBTI survivor experience. The following section explores some of the consequences when these fears and negative expectations are realised during encounters with mainstream DV service providers.

Experiences with service providers

Matt talks about the importance of accessing a GLBTI friendly support service that would understand his sexuality and deal with the consequences of the DV.

> *"It was really important to see a gay service or at least a gay friendly service. I didn't want to have to explain anything other than what had happened. I'd had ill informed experiences before with psychologists and counsellors who quite actively gained information about being queer and what it's like in the GLBT community or to be in a same-sex relationship. Once I was asked about lesbian IVF. I didn't have time for that. I wanted a counsellor who was going to focus on the DV stuff not the same-sex relationship stuff."*

Keegan´s support experience was problematic. He accessed his local area health sexual assault service and found attitudes there to be sexist with regard to male DV.

> *"I wasn't impressed with them at all. It was just their attitude. You were dealing with all women and there seemed to be an attitude that all men are bastards, perpetrators and never a victim. There was a prejudice there. I don't think it's conscious just something that has grown over the years. Cultural sensitivity training wouldn't go astray... Gay men are realistically another culture in some respects."*

Some of the women's experiences of service access were also difficult.

> *"The way in which support was offered was frankly paternalistic. I thought there was a very slight inference of superiority and a lack of concern. It reminded me of a feeling I had 15 years ago talking to a counsellor about a DV relationship. I felt like a naughty girl who needs to learn how not to contribute to the DV situation."*

Zoe´s experience with a sexual assault support organisation was not supportive; she believes that a lack of understanding of sexual diversity was at the core of the response she received.

Challenges with faith-based services

For GLBTI people the issue of accessing faith-based support for domestic violence in a gay or lesbian relationship may bring further complications. To access support, one has to first be out about the relationship and in many religious communities and organisations GLBTI relationships are not looked upon favourably. This issue was of specific concern for Zoe who is a practicing Christian and believed that the homophobia of the institution would be an impediment to support.

> *"It's important to me to go to church once a month but I could absolutely not use the church for support for this and that's a double bind for a lot of gay and lesbian Christian people in the country. It hadn't even occurred to me to access the church. There is a counselling service in town through my church and they might have been gay and lesbian friendly there but the idea of going and then having to work out who was trustworthy and who wasn't would have been horrendous. And if my sexuality was known in my local church community I doubt I would be permitted to keep doing the lessons in church."*

Zoe did eventually approach a Christian counsellor when she decided to leave the relationship. Unfortunately her experience confirmed her fears of homophobia and lack of understanding. Her experience in seeking support added to the existing trauma.

> *"He had absolutely no knowledge about the relationship issues but he referred me to (generic community organisation) which is some sort of Christian therapy course to change people's sexual orientation. He was treating my sexuality as if it were the issue. I was very traumatised. When I went to him in very, very deep distress he interpreted that distress as an experience of guilt and shame (about my sexuality)."*

She revealed more about the service to which she was referred,

> *"it's run by a priest who says he has 'recovered from same sex attraction.' This counsellor seemed to have lumped into the same box that all same-sex attraction was part of the same problem. He was talking about this priest being 'attracted to boys'. It had a flavour of recovering from paedophilia like we're all in the same box."*

Zoe made a decision to continue with the counselling but felt that she was being judged for her sexuality and did not receive the support that she needed. In her interview she described the experience as confusing, inappropriate and unhelpful.

For some GLBTI people, services associated with faith are simply not seen as appropriate or safe. Keegan explained

> *"One time I tried to call (generic community organisation) but they were busy and so they shunted the overflow calls to (another generic community organisation). A woman answered and the first thing she said to me was 'before we start can I say a prayer for you?'. It really irked me. Later she said to me "I know how you feel"... I thought how the fuck do you know how I feel?"*

Keegan´s anger at being marginalised for being a gay male survivor of DV and receiving a faith-based response is understandable. The experiences described above show that a lack of understanding, compounded by what is perceived as religious institutional homophobia can be extremely off-putting for someone trying to leave a DV situation.

Understanding differences

Many GLBTI people feel more secure accessing services that are known and trusted by their communities and this was identified in the interview responses. However even when services are used to dealing with GLBTI clients they still may not instil confidence in a personal of diverse sex, sexuality or gender seeking support for DV. Tamara went to a doctor for a referral for counselling,

> *"The doctor was really queer friendly but I felt like he had never had a request about counselling for same-sex domestic violence before so I didn't feel so confident that the referral was going to be helpful to me. He gave me a number but I didn't ring. I got a counsellor out of the (community paper)."*

Haymish identified that services need an analysis of, and an approach to, relationship abuse outside the traditional heterosexual DV paradigm in order to challenge some of the associated myths and stereotypes. A service provider must first understand some of the dynamics of GLBTI relationships. Providers would then be more likely to be sensitive to the unique aspects of abuse in GLBTI relationships and thus provide a more culturally appropriate service to GLBTI communities.

"My first actual service provider contact was my counsellor, who helps (me) deal with the issues, but doesn't really acknowledge DV at all. I feel he has a really hetero idea about what DV is or something… He seems to think that the physical violence that occurred in my relationship was just "boys being boys" and letting out some aggression and he doesn't seem to recognise the ongoing controlling behaviours as domestic violence. He doesn't name it domestic violence anyway."

This comment is interesting on a number of levels. Haymish was able to clearly identify the abusive patterns of behaviour and the manipulation and control occurring in the relationship but he is unsure as to whether his counsellor judges it to be DV because it is happening in the context of a gay relationship.

7.2 Positive experiences

All of the interview participants who accessed services with a reputation for being GLBTI-friendly spoke positively about their interactions. Telephone counselling was highly regarded for its anonymity, accessibility and affordability. Phone counselling was identified as a vital service, particularly by rural and regional interview participants.

"The (generic community organisation) was absolutely critical in helping me to see clearly what was going on and referring me… and that was very early in the relationship. Also being able to access that service on the 1800 number was a critical aspect."

Keegan explained that he was able to explore some aspects of the abuse with a GLBTI counsellor that he felt unable to convey to his psychologist.

"The psych I'm seeing is good but there are things I can't tell her that I can tell Callum. I feel more comfortable talking to a gay man than a straight woman. I told Callum about the mechanics of the sexual assault and I haven't been able to tell the psych that. She had to look at the police report for that. But I could tell Callum."

Natalie also found support in more than one organisation and was able to deal with different aspects of the abuse in this way.

"When I left the relationship my kids ran wild especially my eldest she was 13 at the time. I needed help so I accessed (generic community organisation) and got a counsellor who would come out to us and… free. She gave me support and the girls too. Would you believe it, she stayed in our lives for about 5 months. I think I would have gone crazy if that woman had not stepped in to our lives. Also I was still seeing my child sexual abuse counsellor. She was a lesbian and she was brilliant with me. I came out to this woman and she pretty much re-enforced that I was feeling the right things. She identified to me that I was not going crazy. That yes, what my partner was doing to me wasn't right."

However the overlap of roles and relationships in communities in rural and regional areas can also be difficult. One participant accessed a local service in relation to sexual assault by her partner but because of mis-identification they were referred to see a lesbian couple's counsellor.

"I spoke about the sexual abuse in the session and I don't know whether this woman knew how to proceed. Here was me saying I was being sexually abused and manipulated and my partner then went on to say she thought she had a right to have sex with me any time that she wanted and that I should just give that to her freely. The counsellor sat in the room and I think she may have been dumbfounded. She didn't say if that was a right thing or a wrong thing. I don't think she really knew what to say. I never went to see her again. Later on she ended up being my (educational institution) teacher."

This anecdote shows that even when GLBTI friendly services are accessible, they may not have the expertise or training to deal with DV within a relationship.

Friends as primary support

All interview participants turned to their friends, usually other GLBTI people as their first contact point for support. Jay´s story is typical,

"After the violent incident I was pretty shaken. I needed somewhere to feel safe and I was shocked by this violence. I felt threatened. I stayed with a close lesbian friend of mine who I felt I could talk with as I knew she'd done voluntary work in the community and she helped me through that crisis. My best friend, another gay guy was supportive of me and advised me to finish the relationship. I was thrown onto my own resources and those of my friends."

Matt commented that his gay and lesbian friends were less likely to be judgemental about the abuse that he was experiencing, for that reason he felt "they were easier to turn to than anyone."

Support in the workplace

Three interview participants indicated that their workplace felt like one of the only safe places they had to go and that friendships from inside the workplace had proven to be a strong support. Tamara reveals that work was the place that she felt safest, for her it was the only place that she could escape the violence.

> *"I thought I would leave but I didn't have anywhere to go. It just got too much and I just stayed. In retrospect there were probably some friends I could have stayed with but our relationships had broken down. So I went to work because that was the only place my partner couldn't come. I waited until the next day though because I had a bump and bruise on my forehead. Then I threw myself into work".*

Matt chose to seek support from a gay colleague,

> *"I confided in him and said I need to get out of this. I thought I'd go back to my house when my boyfriend wasn't there and get my stuff. My friend was good and really supportive. He really gave me shelter from the situation and I stayed on his couch."*

Daniel also decided that a lesbian friend in his workplace was the person who would be most likely to respond sympathetically.

> *"She knew I had been having difficulties with Brian calling all the time. When I first started working in my job I had to explain why I didn't give out my mobile number. He would call me through the switchboard 30 times at work every day. It got to where I didn't want to answer the phone. She would offer to answer it. It was a new job; I'd only been there 2 weeks. And I thought what are these people thinking about me?"*

It is significant that support was often found in the workplace, - interviewees identified that this is sometimes the only interaction that survivors of domestic violence have outside of the 'home'. This is one area where all people experiencing domestic violence can be better supported. Recognition of the workplace impacts of domestic violence in same and opposite sex relationships began to be formalised in Australia in 2010 with landmark domestic violence leave clauses successfully negotiated in Enterprise Agreements in Victoria and NSW.
http://www.austdvclearinghouse.unsw.edu.au/dv_workplace_rights_entitlements_project.htm

Interactions with the police

Overall there was a positive response from interview participants regarding their experiences with the police. Some spoke about very positive and supportive experiences while others received a less favourable response. Initially the majority of the participants felt fearful of contacting and interacting with the police. Matt´s interview summarises this commonly held misapprehension,

> *"I guess it's the perception of the police and the real kind of masculinist culture. I anticipated homophobia. I thought a man going to the police saying another man is threatening him just wouldn't be taken seriously. I anticipated the police I'd have to interact with would be male, straight and really dismissive. I didn't realise that other forms of domestic violence aside from physical domestic violence would be able to be responded to by the police. Even in the case of physical violence. Two gay guys having a fight I didn't think the police would be interested in it."*

After attending an event at which a Gay and Lesbian Liaison Officer spoke about domestic violence Matt´s perception changed. It was the first time he became aware that services might be able to assist him and he contacted the officer after the seminar.

> *"She said, 'Your physical safety is paramount' and said I should try to get myself out. She emphasised the need to do something. She wanted me to stay somewhere else so I would have some breathing space to plan my next steps. When the relationship ended I thought I'd have to just leave with the clothes on my back. I thought I would have to leave my dog. I was very afraid. I thought leaving was going to be so violent that all I'd be able to do was to physically flee. She reassured me the police could help with that. Prior to that I thought the police wouldn't take it seriously at all."*

Matt´s experience with the police was supportive, empowering and encouraging. His story also demonstrates that publically naming DV in GLBTI forums can be a powerful tool. Daniel also commented on the favourable and sensitive police response throughout his experience of DV support.

> *"The biggest thing I'd like to say. I know people have a go at the police but they were very equitable. When the witness said something slightly homophobic it was the police who got all over their arse for it and that made a huge difference for me. That made me feel safe. It's really important that people feel safe when things like this happen."*

The male interviewees may have expected that police response would be less than understanding due to perceptions that the male DV would be treated less seriously but this was not the case even when officers may not have had experience in dealing with a case of GLBTI DV. Jay talked about the importance of the message coming from senior ranks of the police.

> *"The police arrived and calmed the situation. Senior members of the police treated the situation with respect. The junior member was bewildered. His face, you could tell he was just astounded by what was going on."*

One of the female participants revealed that her fears that the police would not respond appropriately prevented her from contacting them for support,

> *"The first time that my partner hit me I thought about going to the police. I felt confused about what I should do so I ran through scenarios in my head about what might happen. Based on the fact that it was same-sex violence I really felt very mistrustful of the police and I didn't feel comfortable with this situation and thought I wouldn't be believed. I thought it would create a lot of problems for me and my partner if the police got involved."*

Inga spoke about the important role of the GLLOs and wished that she had been able to access when during her dealings with the police.

> *"It was difficult to talk… There wasn't a Gay and Lesbian Liaison Officer available at the time. I spoke to a man who I presumed was heterosexual due to his lack of knowledge around GLLOs and specific support for GLBT people. He wasn't rude he just seemed pretty ignorant... It was dealt with relatively well. The police advised me to seek a temporary AVO at that point and to change my phone number and file an unwelcome call report."*

Children

Services need to be equipped to understand and deal with the unique needs of children of GLBTI parents as well as the complex and diverse structure of families. Sensitive support for children and access to services for family members who might be affected by the violence was a common theme discussed in the interviews. Daniel reveals how he was forced to concoct a story about the physical injuries to hide the violence from his children.

> *"At the time Eddie hit me, my ex wife and I were beginning to work out how we were going to share time with the kids. And I was worried she would restrict access because of what happened. I've got 50 % custody now. After Eddie had hit me I told my ex to tell the children that I slipped and fell and hit my eye on the door knob."*

Tamara found that the violence in her relationship was more difficult to address publicly because of their living arrangements.

> *"I had been living with this person and their parents and their younger brother who was 10. After the person hit me I didn't want to cause a fuss and felt like no one should know and what the fuck was I going to say anyway?"*

Tamara's situation is not uncommon. GLBTI families and couples often have non-traditional living arrangements and blended families and they do not have full protection under current Family Law legislation if they are not considered a cohabiting de facto couple. Two out of the nine interviewees identified that they had children who were affected by the domestic violence.

Resilience

While understanding the negative impacts of their abusive relationships, some interview participants also identified that they had learned from their experience, using this knowledge to later contribute positively to their communities and their families. Keegan talked about some of the positive long-term impacts of his experience for himself and others around him.

> *"I'm not hyper vigilant about safety anymore. I was made to live with so many lies for so long. I refuse to lie about anything. I'm not going to compromise myself to suit anyone else any more. I'm realising I'm far more self reliant and resilient. I've convinced some gay guys I know that if they're in a similar situation to me and it gets too much to go and talk to Harrison at the police station. And I've given them Callum's number."*

Natalie also spoke out about the tools it has given her to help others in abusive relationships.

> *"I've been able to support other women in DV situations in our community as well. I'm not afraid to stand there any more and to speak out. I am so happy to be alive and so happy to have a loving family and have the communication process open to discuss what's happened with my kids."*

Key areas for support

All interview participants had strong opinions about the training of culturally sensitive workers and the availability of counselling services. For rural and regional participants this was a particularly important issue.

> *"I think that we need choices of counsellors from outside of our regional community. If counsellors are straight then they should have training for SSDV sensitivity. We need to know that we aren't going to be judged. I don't think the issue lies with having a lesbian counsellor, it lies with who is going to be judgemental."*

Another participant spoke about the importance of having more than one option when accessing services for DV support.

> *"It'd be good to have a wider range of people to see. I would like for domestic violence in GLBT relationships to be understood and responded to as part of mainstream services. Knowing about domestic violence in GLBT relationships should not be an optional extra. Everyone should have that training."*

All respondents talked about the need to educate GLBTI communities and especially younger people about healthy relationships and how to recognise abuse.

> *"My abusive relationship wasn't my first queer relationship but it was my first grown up relationship and I thought, oh maybe this is just what being in a lesbian relationship is like. I think it's helpful or important to be talking about this kind of shit with youth because I feel like if I was in that kind of situation now even if I hadn't have had that experience when I was younger I would deal with it very differently and that is just based on my experience, building my confidence, self esteem and knowing more."*

Explicit identification of abusive behaviour and a direct correlation with the label of DV was a concern for Haymish. He called for increased education and awareness of DV in GLBTI communities could enable prevention and early intervention into abusive relationships.

> *"People in the community and service providers need to know that SSDV exists and know what it is. But not just know what it is, they need to know how to recognise it. I don't know what that means really, but in my case I knew all about what DV was, but it took me more than a year to recognise that I was experiencing it. I guess people need to know that it's not just physical violence that constitutes DV."*

Inga also suggested that more accessible information and education about how to identify DV in a GLBTI relationship would help individuals to recognise abuse.

> *"Having more information around and self identification tools would help people. I didn't want to admit the abuse in my relationship to myself or other people. It's easier if you have something you can read or look at yourself instead of talking to anyone else."*

And finally Daniel called for a better understanding of DV in general.

> *"I think there needs to be more awareness of what constitutes abuse. When people think about DV they think about someone hitting someone but it's about power imbalances. And that's not just for GLBT but DV across the whole spectrum. That psych stuff is much harder to pin down."*

8. Conclusions

A comparative analysis of the survey results and interview responses reveals discrepancies and similarities.

8.1 Discrepancies

- Fifty nine services (90.76%) rated the competence of staff as moderately to fully competent in working with gay and lesbian people who have experienced same-sex domestic violence. Considering that most of the survey participants had had at least one, if not more, negative experiences of service delivery there appears to be an overestimation of competence.

- Services assessed themselves as being most competent in working with gay and lesbian clients who had experienced same-sex domestic violence as opposed to transgender or intersex people who had experienced domestic violence. This is of concern as the majority of interview participants did not expect or receive appropriate service delivery except in the cases where the service was a GLBTI organisation or associated with a GLBTI organisation or community group.

- None of the services specifically identified that children may be impacted by domestic violence in GLBTI relationships. Domestic violence can have a number of negative effects on children and research suggests that it may be an indicator of child abuse. (See Margolin and Gordis (2000) 'The effects of family and community violence on children' as cited in NSW Department of Health (2003) Policy and Procedures for identifying and responding to domestic violence p 51) Workers in community services have responsibilities as mandatory notifiers to report any cases of suspected child abuse, including children witnessing domestic violence to the Department of Community Services.

- It is important for services to ask about children or family responsibilities and not assume that GLBTI people aren't parents or care-givers. Past research has identified that GLBTI people are less likely to disclose to a health professional that they have children because of fears about losing custody due to discrimination based on sexual orientation or gender identity. (LA Gay and Lesbian Centre's STOP Partner Abuse Program research: http://laglc.convio.net). Non-legal or non-biological parents may also fear that coming forward about abuse will lead to losing all contact with the children they have co-parented. These fears of prejudices relating to GLBTI people are, without doubt, still a significant factor preventing some people from disclosing their sexuality, intersex or gender identity to service providers.

- The authors hope that recent changes to federal and state legislation may lead to an improvement in the confidence of GLBTI people to disclose sexuality, intersex or gender and parental status. In the 2010 Canberra lesbian and bisexual women's health study, 34% of respondents stated that they would only offer information about their sexuality to their health care provider if they were asked and 20% had felt uncomfortable accessing the services of a GP because of their sexuality.

  http://lesbianhealth.org.au/snapshot_report.pdf

8.2 Similarities

- Both services and interview participants identified the creation of sustainable relationships of trust between services and GLBTI communities as a positive and necessary priority.
- Another recommendation highlighted by both services responses and the interviewees was the need for specialised training and increased availability and access to GLBTI culturally appropriate counselling.
- Services and interview participants also prioritised education campaigns within GLBTI communities as an urgent need and a crucial step towards early intervention and prevention of domestic, intimate partner and family violence.
- Both survey respondents and interview participants identified the need for more services for men, specifically accommodation services for male survivors.

Intersex and transgender people

- We can not draw any conclusions regarding the disparity between service providers' perspectives and the experiences of intersex or transgender people in service provision as there were no intersex or transgender participants in the interviews. This is an area that warrants extensive future research, as intersex and transgender people may not identify as being in a same sex relationship or with the experiences of gay, lesbian and bisexual survivors of domestic violence. The responses from service providers suggest that intersex and transgender people may have both similar and different experiences depending upon what type of service they access and whether they choose to share their gender identity.

8.3 Key challenges

This research establishes and builds on the relationships between mainstream DV service providers and GLBTI communities. With this in mind, the key ongoing challenges for mainstream DV service providers identified by this research include:

- Identifying and assessing the nature and number of GLBTI people requiring support.
- Identifying and assessing the services available including organisational capacity.
- Identifying and understanding the barriers in service provision.
- Developing meaningful and culturally appropriate collaborative partnerships with GLBTI services / organisations.
- Committing to, establishing and maintaining staff awareness and knowledge of SSDV and related issues.
- Committing to best/good practice regarding approaches to working with sexual and gender diverse populations.
- Identifying and assessing appropriate opportunities in collaboration with GLBTI user groups regarding new and creative initiatives.
- Developing strategies to overcome service delivery barriers.
- Ensuring appropriate and robust approaches to evaluation.

9. Recommendations

Based on an analysis of need, demand, priority and barriers, the report makes recommendations for the development of good practice in service delivery for GLBTI people experiencing domestic violence in NSW. The purposes of the recommendations are to meet identified organisational and GLBTI community needs, the specific needs of those affected by DV as well as a broader awareness and understanding of the context of DV in GLBTI relationships. Most of these recommendations are focused on building the capacity of mainstream service providers to better equip them to work with GLBTI people experiencing domestic violence. Other recommendations are about strengthening and empowering the GLBTI community through education about domestic violence. The report recognises the limitations that mainstream DV services may have in working with or addressing the needs of gay, bisexual and transgender men, and the importance of recognising the needs of men as an 'invisible' group, or a group presenting with unmet needs. The challenges and barriers identified in this report offer opportunities for government agencies and community organisations to take a leadership role in the development of services and good practice principles and policy as well as creating and maintaining points of access.

9.1 Service providers and provision of service to communities

Mainstream service providers are strongly encouraged to:

- Seek the support and resources of specialists in the area of GLBTI DV in the design and delivery of training, services or policies.
- Initiate and foster ongoing working relationships with GLBTI community organisations, networks and groups in building and maintaining culturally appropriate services and access points.
- Ensure that staff are provided with appropriate training and ongoing support in the delivery of best practice in DV service provision to GLBTI people.
- Ensure sustainability of inclusive practices, programs and policies in the reorientation of services.
- Develop, implement and monitor workplace policies which recognise the impacts of GLBTI DV on staff and consequences within the workplace including the formulation of supportive, inclusive clauses within employment agreements to support staff experiencing domestic violence.
- Develop and utilise client intake forms and DV screening processes in order to gather specific statistical data on sexuality, intersex and gender identity.
- Use gender neutral and inclusive language in all intake processes. This includes not assuming heterosexuality, ensuring gendered language does not exclude, and being sensitive to the diversity of relationships.

Peak and local GLBTI service providers/organisations are strongly encouraged to:

- Recognise the value and importance of community and personal support networks regarding GLBTI DV.
- Provide information, education and support options to GLBTI communities about the nature and prevalence of DV. This should include developing culturally appropriate tools to identify DV.
- Develop a service support document identifying best practice in addressing GLBTI DV (building on DV best practice models) including public health policy, principles and definitions, recognition of diversity and inclusivity, and population health approaches.
- Advocate for the specific needs of GLBTI people with regard to DV within key DV services, programs and campaigns.
- Recognise GLBTI DV education as an important part of the 16 Days of Activism Against Gender Violence and specifically to use a GLBTI White Ribbon Day Ambassador to highlight/advocate for/speak out about GLBTI domestic violence.
- Develop and deliver training and resources to mainstream and allied services addressing GLBTI cultural sensitivity and DV.
- Develop community education/campaigns targeting GLBTI people to raise awareness and visibility regarding the (personal and social) impacts of DV.

Building capacity in rural and regional community settings

- As a matter of priority build organisational capacity (staff and resources) of regional and rural services to meet the changing relationship needs of GLBTI people in their communities (such as cyber harassment).
- GLBTI couples accessing support in relation to DV should be able to access more than one counsellor (preferably from outside of the local community) so that both parties needs are adequately and appropriately supported.
- Ensure that key telephone counselling/support/referral services are supported to improve their capacity, knowledge and skills to better meet the needs of GLBTI people from regional and rural communities experiencing DV.

9.2 Clients

Addressing the needs of transgender and intersex clients

- Ensure the specific and unique needs of transgender and intersex people are addressed through the provision of education and awareness training (with reference to the above recommendations).

Addressing the needs of gay, bisexual and transgender men

- Ensure the specific and unique needs of gay, bisexual and transgender male survivors of DV are identified in order to develop and deliver appropriate services. These include routine screening for domestic violence, development of collaborative partnerships or provision of culturally appropriate accommodation.
- A range of culturally appropriate housing options be developed for gay, bisexual and transgender men as a priority. This includes short, medium and longer term housing such as supported accommodation, refuge services and public housing options.
- A collaborative working partnership be developed between existing men's, GLBTI and mainstream DV services, and the NSW Department of Housing. This would seek to address, fund and implement solutions to the paucity of culturally appropriate gay, bisexual and transgendered men's DV housing options.

Addressing the needs of GLBTI families

- Services to recognise the unique cultural, legal and structural nature of GLBTI families (including pets), the diversity of parenting and care giving roles, and the specific impact that DV has on these units.
- Services to be sensitive to the specific inclusion, support and accommodation needs of children of gay, lesbian, bisexual, transgender and intersex families experiencing DV.

Enhanced research and data collection

- Pursue opportunities for further research in order to gain greater understanding of the nature and impacts of GLBTI DV, systemic and institutional barriers to service provision and access, and training and support needs.

It is vital for the development of appropriate/sensitive approaches to DV that accurate data is gathered detailing the number of GLBTI clients are presenting at services and the reasons for accessing services. It is strongly recommended that further specialised research on the needs of transgender and intersex people in SSDV relationships in NSW be resourced.

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Appendices

Appendix i
NSW Service Providers Survey

Same Sex Domestic Violence Service Provision Survey

Part One

Please tell us about your organisation:

Organisation Name	
Organisation Address	
Organisation Telephone Number	
Organisation Email Address	
Name and position of person completing form	
Contact details (if different from above)	

1. Who does your service work with? (tick as many as apply)

	Men
	Women
	Children
	All of the above

2. What services does your organisation provide to people experiencing domestic violence? (Please tick as many as apply)

Support services

	Face to face counselling (crisis/short term)
	Face to face counselling (ongoing)
	Telephone counselling
	Referral to other agencies
	Information and advice
	Accommodation services
	Child care or respite care services
	Financial support
	Group work for victims
	Case management
	Outreach services
	Interpreting services
	Services for perpetrators
	Violence report service
	Safety planning
	Child protection work in the context of DV
	Advocacy on behalf of clients with other organisations
	Parenting in the context of DV

SAMPLE

Legal processes

	Legal Advice
	Support for clients liaising with the police
	NSW Police Force
	Court support services
	Help in applying for compensation
	Information about the process for accessing AVOs
	Negotiating contact or family law matters

Health

	Medical Care
	Screening for domestic violence
	Physical health/Medical care
	Mental health

Educational and community development

	Events, forums, presentations, discussions relating to domestic violence
	Work with marginalised communities to address domestic violence (please specify which communities)
	Work in partnership with other agencies to support clients affected by domestic violence
	Develop resources/run educational campaigns relating to domestic violence
	Advocacy relating to domestic violence
	Provision of information about domestic violence on your organisation's website

Other services (please specify)

SAMPLE

Part Two

The following questions are about violence in same-sex relationships (SSDV) and gay and lesbian people's access to your organisation.

3. Does your organisation collect any data on how many gay and lesbian clients experiencing same sex domestic access your service?

   ☐ Yes ☐ No

   If yes, how do you collect this information? If not, why not?

4. What percentage of your clients have reported experiencing same sex domestic violence in the last year? If you do not collect data on this please give an estimate.

5. Does your organisation undertake specific actions to make your service more accessible to people who may be experiencing same sex domestic violence (SSDV)?

   ☐ Yes ☐ No (Please go to question 7)

6. Please specify how your organisation does this: (Please tick as many as apply)

	By having SSDV information on the organisational website
	By hosting SSDV Education Programs for other organisations
	By contributing to gay, lesbian, bisexual or transgender (GLBT) awareness of SSDV e.g Distributing resources at Mardi Gras Fair Day
	By distributing SSDV information at mainstream community events
	By displaying SSDV resources and material relevant to the GLBT community in your organisation
	By encouraging and allowing time for staff to participate in SSDV educational programs
	By ensuring staff understand the unique aspects of SSDV
	By employing staff from the gay, lesbian, bisexual, transgender community
	By enacting an organizational SSDV Policy

Other:

7. What are the barriers that prevent your service from undertaking more?

SAMPLE

Part Three

These questions ask you to rate the accessibility of your organisation. If you are unsure, please make a considered guess.

8. Please rate how confident you think gay and lesbian people experiencing domestic violence would feel to contact your service:
[Scale of 1-10, 1 = Not Confident, 10 = Fully Confident]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments:

9. Please rate the competence of your staff to work with gay and lesbian clients experiencing domestic violence (please consider training, experience, and knowledge of gay and lesbian issues):
(Scale of 1-10, 1 = Not competent, 10 = Fully Competent

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments:

Part Four

Transgender clients

10. Does your organisation collect any data on how many transgender clients access your service?

☐ Yes ☐ No

If yes, how do you collect this information? If not, why not?

11. Please rate the competence of your staff to work with transgender clients experiencing domestic violence (please consider training, experience, and knowledge of transgender issues):
[Scale of 1-10, 1 = Not competent, 10 = Fully Competent]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments:

SAMPLE

Part Five

Intersex clients

12. Does your organisation collect any data on how many transgender clients access your service?

☐ Yes ☐ No

If yes, how do you collect this information? If not, why not?

13. Please rate the competence of your staff to work with intersex clients experiencing domestic violence (please consider training, experience, and knowledge of transgender issues):
[Scale of 1-10, 1 = Not competent, 10 = Fully Competent]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments:

Part Six

Your ideas

14. We are currently developing a collection of resources to assist mainstream organisations to address the needs of people experiencing domestic violence in same sex relationships. Please tell us what kinds of resources your organisation would find useful:

Comments:

15. Please make any other comments or suggestions about ways to improve services to people experiencing domestic violence in same sex relationships

Comments:

16. Any other comments

Comments:

Thank you for completing our survey.

If you would like to learn more about same sex domestic violence please go to http://ssdv.acon.org.au/

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Appendix ii
SSDV Service Provision Interview

The Same Sex Domestic Violence Service Provision research project aims to assess gaps in services available to people who have experienced same sex domestic violence (SSDV) and make recommendations for improvements to service provision. Your interview will contribute to the body of information we have on experiences of service provision from people who have been in domestically violent same sex relationships.

You may experience some discomfort when discussing previous traumatic incidents during or after the interview. We can stop the interview at any time and we can discuss support services available to you.

The following questions are a guideline for our interview. You have 10 minutes to think about what and how you would like to tell me about your experience of support services. Please keep these questions in mind when I ask you to tell me your story. All questions are optional.

Our interview will last about 1 hour.

Questions

1. Are you currently receiving support for SSDV? What do you think about the support you are receiving?

2. How did you come to realise that you were experiencing same sex domestic violence?

3. Did you seek help or receive assistance from any of the following places: (Please specify)

	Women's centres
	Community health centres
	LGBT community organisations
	Police
	Court
	Domestic Violence support groups
	Legal Centres
	Refuges or supported accommodation
	Sexual assault service
	Domestic Violence Line
	Friends and Family
	LGBT community
	Other

4. What was your first point of contact for SSDV service support? How was that experience?

SAMPLE

5. How did you know where to go for help?

6. What were your concerns, if any, when accessing services for support?

7. What was it about the services you accessed that made you choose them?

8. What could be done to better support people experiencing SSDV?

9. What are some ways that you can look after yourself after this interview?

Referral

Domestic Violence Line - 1800 65 64 63

ACON Counselling 9206 2000 for intake and assessment

Deli Women's Centre - 9.00am — 3.00pm, Monday — Friday (02) 9667 4664

Men's Referral line – Victoria 03 9428 28 99

Sexual assault services

Royal Prince Alfred Hospital's Sexual Assault Service 24-hour counselling, support and referral.
Business hours: (02) 9515 3680
After Hours: (02) 9515 6111

ICLC LGBT Legal Rights Safe Relationships Project
Phone: (02) 9332 1966
Freecall: 1800 244 481
Website: www.iclc.org.au

For enquiries please contact Annaliese Constable, ACON's Lesbian and Gay Anti Violence Project's Same Sex Domestic Violence Officer, aconstable@acon.org.au.

For complaints please contact Nicolas Parkhill, Director of Community Health, ACON, nparkhill@acon.org.au

Thank you for participating

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Appendix iii
Unique Aspects of Domestic Violence in GLBTI Relationships

http://www.anothercloset.com.au/

For GLBTI people, homophobia, transphobia and heterosexism are always stressors on relationships. Although violence within heterosexual and GLBTI relationships is similar in terms of prevalence and type of violence experienced, heterocentrism can create unique difficulties for members of GLBTI communities. Examples of this include:

- Many GLBTI people are unable to be open about their relationships, limiting their opportunity to reach out to friends, colleagues, GPs or family for support where domestic violence is occurring.
- Homophobia and transphobia can mean that individuals are cut off from their families and friends, which impacts negatively on support options available.
- Fear of and actual homophobia, transphobia and heterosexism limit access to support services.
- Many GLBTI people endure abuse, harassment and violence throughout their lives. This can result in an unhealthy tolerance of abuse. An inability to recognise mistreatment may contribute to the current unwillingness to report and seek support for DV.
- The lack of recognition of the existence of GLBTI DV and under-developed community language, dialogue and conceptualisation of the issues limits GLBTI peoples' ability to recognise and respond to domestic violence.
- Perpetrators can use homophobia, transphobia and heterosexism as weapons against their partners. Examples of this include threatening to 'out' their partner or preventing them from accessing services, medical equipment or by creating the impression that those services will discriminate against them due to sexuality or gender identity.
- Transgender and intersex people may be abused using more subtle techniques too.
- In areas with small and close-knit GLBTI communities, issues of confidentiality, stigma, and embarrassment are compounded.
- A lack of visibility and few role models for healthy GLBTI relationships mean that for many people, the abuse and unhealthy relationship dynamic become associated with their sexual identity.
- For same-sex attracted people growing up with overwhelmingly negative messages about same-sex attraction, the impact of internalised homophobia cannot be underestimated. Internalised homophobia or transphobia can create a deep sense of shame about sexual or gender identity and this can present lasting and significant challenges to the creation and maintenance of healthy relationships.
- For HIV positive people, health can also be a significant factor in relationship dynamics where the episodic nature of a person's HIV illness may increase their dependence on their partner. The continuing stigma attached to HIV in our society may also be used as a weapon by a perpetrator.

Other unique aspects outlined in the 1996 study, The Second Closet: Domestic Violence in Lesbian and Gay Relationships: A Western Australian Perspective by Lee Vickers include:

- Telling a partner that they are not a 'real' homosexual because they have previously been sexually active or involved with someone of a different sex, have friends of a different sex, are a 'breeder', or prefer certain sexual practices or behaviours
- Convincing a partner that the abusive behaviour is normal and that the abused party does not understand GLBTI relationships.
- Using heterosexist and sexist stereotypes to hide abuse and increase power and control over their partner by portraying the violence as mutual or consensual combat. Such as: By telling a male partner that the behaviour is not domestic violence but an expression of 'masculinity'. By telling a partner and outsiders that lesbians do not engage in violent abuse against their partners because 'women are not violent'.

Appendix iv
Opportunities for Capacity and Service Development

The following may assist services to work well with GLBTI people experiencing domestic, intimate partner or family violence. For more details or for information contact your nearest GLBTI community organisation.

Resources

- **Another Closet**
  SSDV awareness resources including website, booklets, pamphlets, posters and wallet cards.
  ACON´s Anti-Violence Project and LGBTI DV Interagency (NSW)
  http://www.anothercloset.com.au

- **Gay and Lesbian Health Victoria Clearinghouse**
  http://www.glhv.org.au/?q=taxonomy/term/42

- **GLBTIQ DV Toolkit (New South Wales)**
  Lesbian and Gay Anti-Violence Project, ACON
  http://www.acon.org.au/anti-violence/resources/glbtiq-toolkit

- **Speak freely here resources (Queensland)**
  A campaign for fair and equitable treatment and non-discriminatory service.
  QAHC http://www.yourvoicebox.org

- **Thoughts for supporting people of diverse sexuality and gender who experience abuse (booklet)**
  Same Sex Domestic Violence Abuse Group (SSDAG) (Western Australia)
  http://www.ssdag.org.au/ssdagFiles/SSDAG%20A4%20Booklet.pdf

- **The Gender Centre (New South Wales)**
  http://www.gendercentre.org.au/

- **OII – Organisation Intersex International Australia**
  http://www.oiiaustralia.com/

NSW GLBTI and GLBTI friendly DV support services

- **RSPCA Safe Beds for Pets program**
  http://www.rspcansw.org.au/programs/safe_beds_for_pets

- **Lesbian and Gay Anti-Violence Project, ACON**
  Referrals, support, advocacy and reporting.
  http://www.acon.org.au/anti-violence/Same-Sex-Domestic-Violence
  Report-Line (02) 9206 2116
  Free call: 1800 063 060

- **Transgender Anti-Violence Project, The Gender Centre**
  Counselling, reporting, advocacy, and referrals.
  http://www.tavp.org.au/
  Call: (02) 9569 2366
  Free call: 1800 069 115

- **Gay and Lesbian Counselling Service**
  http://www.glcsnsw.org.au/
  (7 days 5:30pm – 10:30pm).
  Call: (02) 9207 2800
  Free call: 1800 144 527

- **LGBTIQ Domestic Violence Interagency**
  The interagency was formed in 2001 and exists to facilitate collaborative responses to LGBTIQ DV by a range of government and non-government agencies. The Interagency has organised forums, conferences and released a series of resources including community awareness posters; a pamphlet; a larger, more detailed information booklet and an additional booklet containing personal stories from those who have experienced DV.
  Chair: Kate Duffy (02) 9332 1966.
  PO Box 25, Potts Point NSW 1335

- **The Department of Community Services Domestic Violence Line. 24 hours/7 days**
  Free call: 1800 656 463

- **Rape Crisis Line**
  24 hours/7 day
  Free call 1800 424 017
  http://www.rapecrisis.com.au

- **ACON: GLBT counselling, branch offices, resources and support**
  www.acon.org.au
  Call: (02) 9206 2000
  Free call: 1800 063 060

- **Inner City Legal Centre**
  Legal advice and domestic violence court assistance for GLBTI people in NSW.
  http://www.iclc.org.au/srp/
  (02) 9332 1966

Training

- **Education Centre Against Violence**
  Specialist training and resources for DV support service workers in NSW in SSDV.
  http://www.ecav.health.nsw.gov.au/
  (02) 9840 3740 or (02) 9840 3747.

- **Family Planning NSW: That's So Gay**
  One-day training course specifically designed for teachers, health and youth workers and others who work with young people in addressing homophobia in education settings.
  Call (02) 8752 4300
  http://www.fpnsw.org.au/791933_5.html

- **Twenty10: Anti-Homophobia training, Here and Now**
  A practical workshop for building confidence in working with young people of diverse genders, sexes and sexualities. for youth workers, teachers, counsellors, etc.
  http://www.twenty10.org.au/resources
  (02) 8594 9550

- **ACON: Pride in Diversity program**
  Employee support for GLBT people in the workplace.
  http://www.prideindiversity.com.au

Notes

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