WEBINAR RESOURCES AND QUESTIONS

Domestic and family violence and intimate partner violence in LGBTQ relationships—A discussion on strengthening practice

ANROWS received a large number of questions during its webinar titled "Domestic and family violence and intimate partner violence in LGBTQ relationships—A discussion on strengthening practice". Responses to some of the questions are provided below. Questions and responses have been edited for clarity.

Do the statistics accurately reflect the actual percentage of LGBTQ relationships affected by domestic and family violence? Or have the barriers that prevent people reporting domestic violence in these relationships resulted in lower figures?

In common with domestic and family violence (DFV) statistics generally, the prevalence of DFV in LGBTQ relationships is likely to be under-estimated because of under-reporting by survivors. In addition, service providers may not recognise DFV when they see it occurring between LGBTQ people and therefore do not record DFV as a presenting issue. Finally, it is not common practice for service providers to collect gender and sexuality indicators, which means LGBTQ clients are invisible in their data. (Dr Jen Hamer, project co-author and Executive General Manager of Education and Trauma Services, Relationships Australia South Australia)

Do you have any ideas about how to work effectively with people who identify as non-binary, when many domestic and family violence services have eligibility criteria stating they only work with people who identify as women?

In the research we speak about a partnership between mainstream and LGBTQ-specific organisations to combine DFV expertise and community expertise. This is not only to improve how the mainstream treats LGBTQ people but also how queer organisations identify and respond to people who use violence in their relationships. While some organisations are appropriately funded specifically for women, there are mainstream services with strong expertise in DFV able to see gender-diverse communities. Many of our LGBTQ participants told us they want a choice of service and have good reasons for not attending LGBTQ organisations, which means we need to collaborate more often to make sure non-binary people are not excluded. (Dr Jen Hamer, project co-author and Executive General Manager of Education and Trauma Services, Relationships Australia South Australia)

What are some of the challenges you have encountered when working with queer BIPOC, and how have you been able to work through them, and provide a culturally safe response?

In our focus groups, a number of LGBTQ professionals remarked on the "white face of gay culture in Australia" and the lack of appropriate services for LGBTQ people who are culturally diverse. The research wasn't able to analyse BIPOC experience in detail but we heard from one gay male Aboriginal participant who felt it would be safer for him to be in an Aboriginal cis men's program than in a queer DFV program. This is not necessarily the choice for everyone, and highlights the need to build trust and design culturally safe responses in partnership with the different communities. It is also why intersectionality is important—to understand discrimination within an already marginalised population of LGBTQ people. (Dr Jen Hamer, project co-author and Executive General Manager of Education and Trauma Services, Relationships Australia South Australia)

Related information about this topic can also be found in the ANROWS-funded research Crossing the line: Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse backgrounds in Australia.

Do Victoria Police LGBTIQ+ liaison officers contribute to a feeling of community safety in reporting family violence to police?

This goes beyond the scope of our project and its sites, but I would caution against assuming that a station or area command has gay and lesbian liaison officers (GLLOs), or that these professionals have training in DFV. Moreover, we found that there was a lack of inclusivity training among police, and the domestic violence liaison officers (DVLOs) we spoke to demonstrated a lack of competence or confidence in discussing issues relating to sexuality and/or gender diversity. Please see the professional accounts provided by police within the report for examples. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Are there any crisis housing options in South Australia for gay male victims of intimate partner violence (IPV)?

This goes beyond the scope of our project. However, there seems to be a lack of crisis housing for all victims of DFV, including men and gay men and other members of LGBTQ communities. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Please address the use of an apprehended domestic violence order (ADVO)—threatened or real—by a perpetrator against a victim in a same-sex abusive relationship.

Due to the lack of intake data relating to LGBTQ people (gender and sexuality indicators are not universally used by services or institutions), "same-sex" dyads and other LGBTQ people are invisible within service records. Given that structural forms of violence are commonly used, it is probable that spurious ADVOs are activated to control and coerce a victim. But we don't currently have access to data which confirm this. Services and institutions would be advised to collect endorsed gender and sexuality indicators (such as those developed by ACON) so that we can track, as a society, the service and funding needs of LGBTQ community members. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Please address best practice in therapeutic intervention for perpetrators of DFV and how this fits with what is actually available in the different states and territories in Australia.

This information is touched on within our report, but is best examined within reports that aim to highlight best practice in perpetrator programs more broadly. The Mirabel Report is one example, and ANROWS has commissioned other local projects within its Perpetrator Interventions Research Stream. Each state has minimum standards relating to behaviour change programs (perpetrator programs), and most services use group meetings with blended, theoretically informed models, and two practitioners, over 12–18 weeks. Many programs include components which address gender stereotypes and gender-based violence. Programs are often accompanied by individual treatment plans and post-program referrals to complementary interventions, such as individual or couples' counselling. Risk assessment, safety planning and support groups for survivors are also included and mandated. Please note that almost all of the programs within Australia are directed towards heterosexual, cisgender men who have used controlling and coercive behaviours against their heterosexual, cisgender female partners and former partners. These programs do not generally apply to women, both cis and trans. They also fail to account for non-binary clients or bisexual and queer people. Heteronormativity is also an issue within programs which assume that clients are living within a long-term and monogamous dyad with biological children in their care. Family units outside of this narrow definition are not reflected in most behaviour change programs available within Australia. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Why did you choose perpetrator and victim/survivor groups over, say, community education on abusive behaviours and healthy relationships if the affected community had trouble identifying with the term "domestic violence"?

Client engagement to any perpetrator program requires multiple sessions (one group information session upon referral, then two pre-program interviews) and this project was no different. We also provided basic training to referral services and via open, community seminars, the objective being to increase community awareness and facilitate referrals and self-directed help seeking. As you will see within the report, our clients and research participants were engaged via web promotion, peer networks and our community events. This study addressed the aims of the ANROWS funding stream, and thus focused on perpetrator programs. For information about strategies that support LGBTQ communities to engage in positive and ethical relationships, please see resources available on the ACON website. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Did the research find anything regarding whether it would be better policy to build LGBTQ literacy in all mainstream DFV services, or whether LGBTQ-specific services would have more success?

This was a major question throughout our research project and we interpret our findings to suggest that both approaches are needed. Some clients prefer a targeted service; others wish to access inclusive programs within mainstream services. At any rate, inclusivity training is needed across all services. Moreover, given the high rates of biphobia and transphobia we experienced throughout the study, we would also suggest increasing inclusivity training within services, including those which target LGBTQ communities. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Is feminism a useful or relevant lens for understanding IPV among LGBTQ people? What current theories are best defining this space?

The literature review and introduction within our main report explore the different concepts and theories available to researchers and practitioners who wish to work in this area. We used intersectional feminism and queer theory as our key conceptual frameworks, integrating other concepts as needed. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

What are the issues we need to be aware of when offering crisis medical and forensic services for people who are LGBTQ and have experienced DFV & IPV?

This goes beyond the scope of our study, but based on our findings we might suggest adopting similar risk management procedures but making these gender neutral. For example, asking if someone feels safe within their partnership is a humane question that is unlikely to cause offense. We found that practitioners make assumptions about the gender of the perpetrator based on the gender of the primary client. Just because the victim is a woman does not mean the perpetrator is a man. Moreover, just because the client might identify as lesbian does not mean the perpetrator is a woman. Gender identify and sexuality are not static and assumptions can foster feelings of shame or exclusion in clients. In serious cases, consider approaching a target service who may have advocacy and "buddy" programs to support LGBTQ people affected in this way. ACON, for example, has a DFV counselling service open to LGBTQ people living within New South Wales. I would also consider using the Q-Life telephone support service to help support the affected individual. (Dr Rebecca Gray, Research Consultant, ACON and Relationships Australia NSW)

Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence (ANROWS)

Crossing the line: Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse (CALD) backgrounds in Australia (ANROWS)

Constructions of complex trauma and implications for women's wellbeing and safety from violence (ANROWS)

Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities (Australian Institute of Family Studies: Child Family Community Australia)