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To the Family Violence Reform Implementation Monitor -
Call for submissions

Re: Submission from VSAC Victim Survivor Advocate Russell Vickery

I am delighted to provide this letter to fully endorse the detailed submission of Russell Vickery, as LGBTIQ representative on the Victorian Government's Victim Survivor Advisory Panel (VSAC).

Thorne Harbour Health is a community-controlled organisation with a long history dedicated to improving the health and wellbeing of sex, sexuality and gender diverse communities and people living with HIV. With 130 staff and over 800 volunteers, Thorne Harbour Health is the largest LGBTIQ health service in Victoria. Our organisation is built on a historical foundation of both professional and peer-to-peer expertise in services and programs delivered by staff and volunteers and in partnership with other organisations. Through a range of services, projects and programs, Thorne Harbour Health delivers community-led and culturally appropriate services that support good health for LGBTIQ people living throughout Victoria.

Thorne Harbour Health has been working to end family violence for many years and provides a range of services for both victim survivors and those who chose to use violence in their relationships. We have been deeply impressed by the commitment of the Victorian Government, with the promise to implement all 227 recommendations of the Royal Commission into Family Violence, to improve the service system to better respond to victim survivors and to better hold perpetrators to account.

LGBTIQ communities are not immune to experiencing family violence and whilst many of the drivers overlap with the drivers of violence against women and children, there are specific factors that make family violence for LGBTIQ people require a unique and nuanced response. LGBTIQ family violence is often invisibilised and mainstream services can struggle to provide an appropriate service response, with this being especially true for GBTQ men. Experiences of family violence for LGBTIQ communities are often overlaid with experiences of homophobia, biphobia or transphobia, and historically the service system has not been designed to provide a trauma-informed and culturally safe response.

I am heartened to see that these service and sector gaps have begun to shift through the wide roll-out of Rainbow Tick for mainstream services and a number of specific Royal Commission recommendations that specifically outline the need for a response to the LGBTIQ community. The submission by LGBTIQ advocate Russell Vickery is detailed and I am confident provides key learnings and recommendations for next steps to ensure government meets the commitment made for Victoria to have a world-class family violence service system that is accessible and responsive to the whole of our community.

Yours sincerely

Carolyn Gillespie
Director of Services

Introduction

My name is Russell Vickery, I use he/him pronouns, and I am the LGBTIQ representative on the Victorian Government's Victim Survivor Advisory Council (VSAC). Through VSAC, the Victorian Family Violence sector has centred the voices of lived-experience, and for the first time LGBTIQ voices are a part of this. I am grateful to the generations of LGBTIQ people who have fought for our rights and equity, as well as the generations of feminists whose fight has gained the ground on which the Family Violence (FV) sector is built. It is the coming together of all these efforts that enables a role like mine to exist. I feel humbled, honoured and privileged to fill this role, as I strive to ultimately represent and honour the many LGBTIQ victims of family violence whose voices will never get to be heard.

Given the ongoing stigma and discrimination LGBTIQ people continue to experience, it is worth explicitly saying that most LGBTIQ people's relationships are respectful, loving, and worth celebrating. But intimate partner violence does not discriminate, so some LGBTIQ people's relationships are based on power, control, fear and abuse.

I know this all too well, because of course I myself am a survivor of physical, emotional, and psychological abuse in a gay relationship.

When I was so desperate that I finally reached out to a service for support, they told me 'we don't have the capacity to deal with people with your "lifestyle".' Instead of support I got rejection and homophobia. My perpetrator had already made me feel worthless, so when the services only offered homophobic rejection, well that was it. What else could I feel except worthless *AND* hopeless? I could see no way out, so I resigned myself to trying to endure the extremely violent relationship with its many hospital visits and surgeries. Eventually I was left to consider suicide as my only means of escaping the situation.

This phone call occurred 15 years ago, but unfortunately, even 4 years after the Royal Commission LGBTIQ people still do not have equitable access to services. There are some key points in the system where if I, as a gay man, were to try to gain access to service today I would receive a similar response as I did then. I'm sure you would agree this is unacceptable.

I see my role as the LGBTIQ Representative in VSAC carries a responsibility to advocate for the needs of LGBTIQ people to get the services they deserve. It is with this in mind that I make this submission. It is my belief that many of the people whom I represent are currently falling through the cracks and it is my duty to use my platform to draw attention to this.

Existing accomplishments to build upon

However, I do not wish for this submission to only point out the remaining gaps for LGBTIQ people in the family violence (FV) sector because the leading government agency, Family Safety Victoria (FSV), in fact deserve praise for the impressive amount they have already accomplished for LGBTIQ people experiencing violence. It is no exaggeration to say that we are leading the country in the volume of support and capacity building initiatives and leading the world in some areas. As a member of the LGBTIQ Family Violence Working Group and of the Queer Family Violence Sector Network I have heard updates and tried to keep on top of all of what has gone on in this area. I have attempted to capture it all here, but my apologies if I have left something out.

Whilst much of my abusive relationship actually occurred in this state, very little acknowledgement or support existed at the time. In Victoria this really began in earnest when the Royal Commission recognized that LGBTIQ people deserve to live free from violence and to have access to services to help them with this. It then sought to address our unique needs with recommendations 166 -169. These recommendations have

created a foundation that, if continued to be built upon, has the potential to really positively impact the lives of LGBTIQ Victorians experiencing violence.

Part of this foundation is the ‘Everybody Matters – Inclusion and Equity Statement’ which sets out an intersectionality approach for all Victorian Family Violence services. I was honoured to speak at the launch of ‘Everybody Matters’ alongside several other advocates representing victim/survivors in marginalised communities and alongside Minister Gabrielle Williams. I told the attendees that day that without intersectionality, those of us in marginalized or minority groups are left with fear and uncertainty about whether our needs will be met when accessing a service. This fear and uncertainty leaves us expecting we will just as likely experience exclusion instead. Too often this happens when we are at our most desperate and vulnerable. An intersectional approach is vital to creating equity of access, trust in the service system, and safety for all people.

With this in mind, FSV provided assistance to 20 mainstream family violence organisations across the state to lead the way in achieving the Rainbow Tick. The Rainbow Tick helps organisations show that they are safe, inclusive and affirming to the LGBTIQ community. They funded the Queer Family Violence Sector Network and a Community of Practice to support organisations working on the Rainbow Tick. FSV also provided funding to Rainbow Health Victoria to develop training and build capacity in the FV sector for providing more LGBTIQ inclusive services.

But many LGBTIQ people want to be supported by LGBTIQ ‘community controlled’ specialist services. With this in mind, the Victorian Government funded the ‘With Respect’ consortia of services in 2017, providing funding to build the service response capacity of existing LGBTIQ specialist services; Thorne Harbour Health, Switchboard, Transgender Victoria, and Drummond Street Services - Queerspace.

The Royal Commission revolutionised the Victorian family Violence sector and leapt it forward tremendously. The initiatives I have described above have laid the foundation for LGBTIQ people to gain access to the Victorian Family Violence sector for the first time. However, issues still exist which if not addressed will mean that members of my LGBTIQ communities are being left behind. My intention with this submission is to recognize the value of the progress we have made, but point out that its value will be diminished unless we continue to build upon it and address some critical gaps, especially for Gay, Bi, Trans and Queer (GBTQ) men.

Pathways for GBTQ men

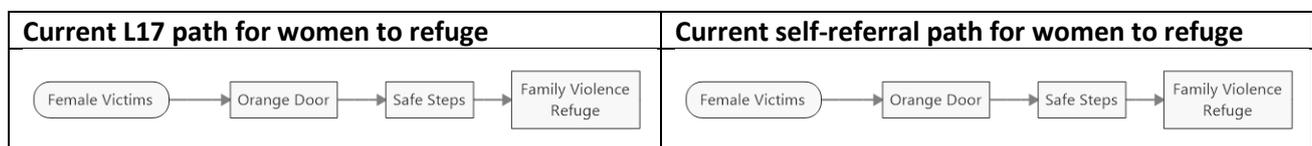
In 2018 FSV commissioned the Australian Centre for Social innovation to conduct a project to develop a better understanding of the pathways of LGBTIQ people who experience family violence move through in the current family violence service system. Findings from this were published in the report *Mapping the Journeys of LGBTIQ People Experiencing Family Violence*. This report noted that ‘[w]e are at a phenomenally important time in the history of designing future strategies to prevent and minimise the harm from Family Violence [for LGBTIQ people].’ It also noted that ‘[s]ystem entry points do exist, but many professionals lack an awareness of what family violence against LGBTIQ people looks like and what referral pathways there are that are inclusive, informed and safe.’

Two years later, many GBTQ men have told me that they are still experiencing significant problems accessing appropriate services. This was also echoed by the LGBTIQ FV specialists I keep in close contact with. For instance, the LGBTIQ specialist peer counselling service, Switchboard Victoria, told me around half of their family violence related calls are from GBTQ men whom they struggle to find appropriate referral options for. (I believe switchboard are also putting in a submission to the Monitor on this). These conversations with victim/survivors and LGBTIQ services prompted me, in preparation for this submission, to conduct my own research to find out what improvements, if any, had occurred since the FSV pathway mapping project.

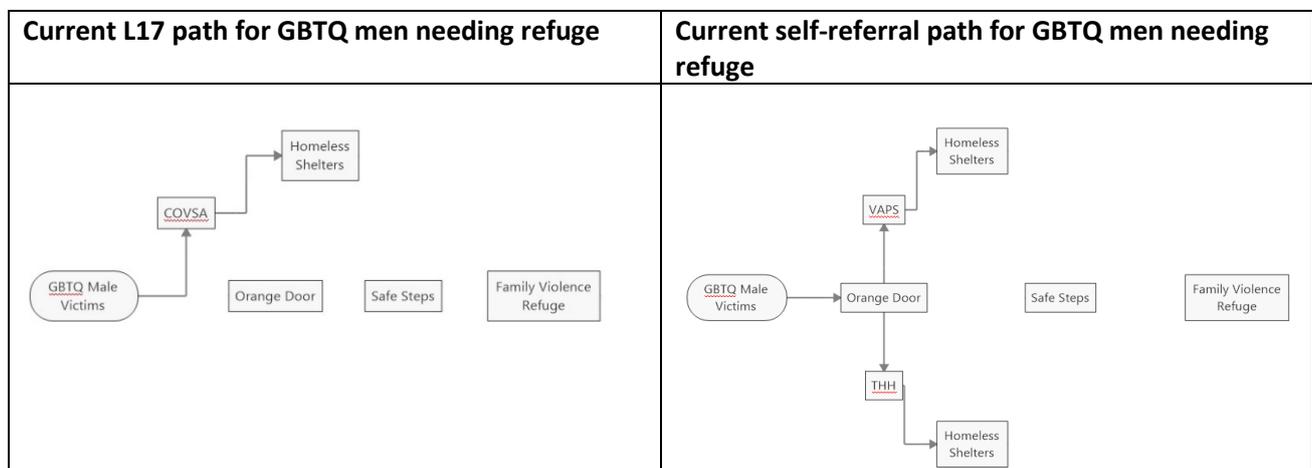
I did this by attempting to map the service system pathways for LGBTIQ in Victoria today. Over the period of June/July 2020 I personally phoned and spoke to key stakeholders, introduced myself, explained my role at VSAC and asked the question ‘if I were a GBTQ man contacting you for support today, what would your response be?’. What I found was that some ‘potential’ service pathways had increased but there are still critical gaps in making a clear pathway that is equitable to that of non-LGBTIQ victims.

This pathway, of course, begins with the Orange Doors. The Royal Commission established the Support and Safety Hubs (now known as Orange Doors) to improve victim pathways to service because it found that women were too often ending up on ‘a roundabout’ when attempting to access services. The Orange Door vision of a single entry point in each region presents a streamlined simplification of situations that are highly emotional and previously more difficult to navigate. Notwithstanding that the VAGO report recently found several issues still needing to be addressed, the Orange Doors do achieve a more streamlined pathway for women. This is especially true for gaining a place in a refuge.

As can be seen from this diagram, all of women’s intake is covered by Orange Door and, if the safety assessment indicates the woman is refuge eligible, they are referred to Safe Steps who in turn allocate a place and refer in to a refuge based on availability.



Unfortunately, this same level of streamlined approach has not yet been achieved for GBTQ male victims. Many still find themselves on a roundabout with ‘two steps forward, one step back (or sideways)’ ultimately leading to a dead end (or at best an inappropriate service). This can be most easily seen when contrasting the lack of authorised pathway to refuge for GBTQ men as opposed to that of women outlined above.



A simple glance tells you these are not equitable, however, to understand the issues that are present in the pathways for GBTQ men each element needs to be looked at individually. Which is what I have attempted in the remainder of this submission by looking at:

- **GBTQ Male Victim/Survivors**
- **The Orange Doors**
- **The Victims Assistance Program (VAPs)**
- **No Clear Pathways into Refuge**
- **So What is the Solution?**

GBTQ Male Victim/Survivors' Experiences

Since becoming an advocate for LGBTIQ family violence I have learned a great deal about how my own experience of intimate partner violence relates to the experiences of so many other people like me. When invited to speak at events I use my own lived experience to teach people about what is common for LGBTIQ victim/survivors so that they can better support LGBTIQ victim/survivors.

I was recently asked to speak at the launch of a resource called 'Pride in Prevention' by Rainbow Health Victoria alongside Minister Gabrielle Williams and Commissioner Ro Allen. This resource aims to

'...address critical evidence gaps in LGBTIQ family violence primary prevention, strengthen understanding of the drivers of family violence experienced by LGBTIQ communities, and develop shared understandings of the drivers of LGBTIQ family violence and prevention approaches across LGBTIQ organisations, family violence services and government...'

However, for me reading the resource was a very personal experience. I could see the homophobia and trappings of masculinity threaded throughout my life and how they had influenced how I ended up being a survivor of intimate partner violence in a gay relationship. And so for my opening speech I told the attendees stories from my life. I told them about how as a young boy I had been taught violence between men was normal, after all 'boys will be boys' but also 'big boys don't cry'. I told them about how in high school I was labelled a 'poofta' and a 'queer' because I liked drama instead of football, and this taught me that I should be ashamed of a part of who I was. I told the attendees how this point was driven home even further when as young man I was the victim of a 'poofta-bashing'. I explained that despite my horrendous injuries I chose to avoid the hospital because I could not risk being outed, and I did not report the incident to the police because it was still illegal to be gay and I was afraid of what the police might do to me. I told them how I hid the fact I was gay until I was 42. I told them that when I finally came out I had no other reference points so I was not able to identify that my first gay relationship was abusive.

While a lot has improved in my lifetime, boys are still taught damaging things about what it means to be 'a real man' and unfortunately LGBTIQ Australians still regularly experience harassment, abuse, violence, and discrimination motivated by homophobia, biphobia and transphobia as we grow up, and in our everyday lives as adults. I have learned how everyday experiences like this in society can 'lower the barometer' for LGBTIQ people like me, making violence towards us in our families and in our intimate relationships feel a little bit like its normal to us. For many of us being constantly treated as "less than" is so common it becomes our 'normal' making it harder for us to identify abuse in our relationships.

My abuser and I were both raised in a homophobic world where violence against gay men was normalised. My abuser made a choice to control and abuse me. But without homophobia, perhaps he would not have had so many tools on hand to hurt me and control me. All he needed to do was echo back the messages I had already been programmed to receive and I would believe him.

When the physical violence started, he told me that since I had never been in a gay relationship I wouldn't know. He said, "When two men are in a relationship, arguments turn physical", "boys will be boys", and no matter how much he broke my bones or my spirit, "big boys don't cry".

Then when I was so desperate that I finally reached out to a service for support and got homophobic rejection, it just further reinforced all of this. So I never again approached a service for assistance. I consider myself lucky to have been able to somehow find my way out of the relationship and in to recovery, narrowly avoiding suicide along the way. This is not necessarily the case for others. However, due to data collection flaws I'll elaborate on later, we actually have no real data on how many LGBTIQ people lose their lives to family violence related homicide or suicide.

I spent a long time, during and after the relationship, wondering what I could have done differently to have maybe avoided the situation, or how I could have got out earlier. Thankfully I have since learnt that it was never my fault and the situation, and all the things that led to it, never should have happened to me in the first place. Or to anyone else like me.

But I have learned that there are a lot of other GBTQ men who have had, and are still having experiences like mine. Unfortunately, we are often ignored or made invisible by the family violence system while it has primarily sought to address men's violence against women. This violence is a major issue that of course needs addressing, but we should strive to do this in ways that do not cause harm to other victim/survivors.

I have learned that one of the most inhibiting barriers for GBTQ men is a lack of language for these victim/survivors to identify their situation as abusive. I have also learned that this is a barrier to identification by services and that there is research explaining what I, and many LGBTIQ victims experience:

For LGBTIQ people, the challenge is heightened due to the dominant cisgender heterosexual discourse in domestic violence campaigns, publications and literature, and enduring ignorance towards domestic violence in relationships involving same-gender attracted, transgender, gender diverse and intersex people. The survey findings reflect this, with participants reporting struggles in identifying their experiences as domestic violence. (One Size Does Not Fit All, LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014)

GBTQ men in Victoria need targeted initiatives to help enable us to better identify abuse in our own or our friends' relationships. But we also need the family violence sector to better acknowledge us in its broader family violence work. GBTQ men who are victims of family violence need the same things as all victim/survivors – to be believed, to be able to access support in a timely way, to have ready access to information, to be able to understand their rights and to have options for support (including refuge options) that promote safety and well-being.

The current hurdles that are in front of GBTQ men when attempting to access the service system go entirely against the concepts of 'trauma-informed practice'. They are instead actually trauma-perpetuating and trauma-creating. These victims are systematically forced to tell, and retell their story at so many different points to keep moving through the system, seemingly having to justify that they do in fact deserve to even move to the next step. It is no wonder so many drop out or never engage in the first place. The structure of the family violence system response to GBTQ men must work towards re-establishing safety and personal agency for victim/survivors to support recovery and minimise our re-traumatisation.

The Orange Doors

The very first contact point most victims will have with a service is its website. So it must be said that the Orange Door website has vastly improved and is now pretty good in terms of LGBTIQ inclusivity. Whilst some improvements could still be made, I believe the website now does not pose any major barriers to GBTQ male victims making contact with the Orange Doors. But the inclusivity of the website may in fact be giving a false impression of what will be the actual experience of GBTQ men when contacting an Orange Door.

I have personally contacted a number of Orange Door sites and spoken to various staff. What I found was inconsistency from site to site (and even staff member to staff member) in how they would approach supporting GBTQ men. These conversations certainly indicated there was no unwillingness or homo/transphobia causing this, but rather a lack of training and an underdeveloped system capacity for the needs of these victims. All of the Orange Door staff I spoke to indicated that they wish to provide best practice service to GBTQ men, however, every single one of them indicated that they are 'inadequately trained and afraid of making mistakes' when dealing with GBTQ male victims. This lack of training and fear of

making mistakes is very disconcerting to me personally. Although the homophobic intent may no longer be present, the statement “we don’t have the capacity to deal with people like you” still rings as painfully true as when I attempted to access the service system, despite 15 years and a Royal Commission in between.

I requested figures on the number of LGBTQ male victims that they had contact with and was told by staff at each OD site that this was unavailable due to flaws in the CRM (Client Relationship Management) data collection system. They said that because the sexuality field was not mandatory it was almost always left blank. Of course, a person should always be provided the option of ‘prefer not to say’ for this question but they should in fact also always be asked the question. The fact this field is so rarely filled in really points again to a lack of training as the key issue here rather than the field being optional. Clearly these staff are not confident to ask this question so are avoiding it. The only figures I was able to obtain from FSV in time for this submission in this area were from the Orange Door 2018-2019 Annual Report which only lists how many people contacted the Orange Door who listed their gender as ‘male’, with no further information as to whether they were victim/survivors or perpetrators, no indication of their sexuality or whether they had a previous gender history. However, given the figure was 35.2% I think it is safe to assume this was primarily heterosexual male perpetrators. But without sound data collection systems this is only an assumption.

One heartening part of my conversations though was that some Orange Doors had taken it upon themselves to reach out to Victoria’s lead LGBTQ intimate partner violence specialist service, Thorne Harbour Health (THH). Several Orange Doors had developed close relationships with THH to facilitate smooth warm referral as well as secondary consult for LGBTQ victim/survivors. However, this was inconsistent from site to site. Some OD staff were unaware of THH’s specialty service for LGBTQ and had no established relationship.

When consulting with THH on this submission, they informed me that they are unable to sustain this approach. Without a mandate for the OD’s to engage with them, as a relatively small specialist family violence service they struggle with shouldering the burden of having to proactively engage and maintain a relationship with each OD site individually. They are not integrated into a centralised referral database or the state-wide integrated information sharing scheme, making it very difficult for them to offer state-wide specialist service support. Given the number is growing, reliance on the Service Navigators at each site to voluntarily maintain engagement with THH is unsustainable. A well-designed systems response must be created to ensure LGBTQ men are as well supported across the state as other victims. This should include integrated systemic triggers to facilitate THH’s co-case-management with OD sites, integration of THH in to the CRM as an ISE (Information Sharing Entity) and an RAE (Risk Assessment Entity) to ensure that this specialist service for LGBTQ men is able to effectively assist in appropriate service for LGBTQ men state-wide.

Most of the Hubs also advised me that when a male victim survivor presents at an Orange Door he is given the opportunity to select whether he would like to have his intake conducted there at the hub or whether he would be happier to be referred to the local arm of Victims Assistance Program (VAPS) or in some instances (depending on THH’s relationships with particular staff at a hub) he is asked if he would prefer to be referred to Thorne Harbour Health or given the option of co-case management with both a VAP & THH. In some cases, even if the intake was to be done at the Orange Door, staff were unaware of any other options in their area where male victims would be eligible for service other than VAPs so this referral becomes inevitable and victims are denied the right of choice. The reality is a stark contrast from the Orange Door policy on the topic:

Where an adult male victim of family violence self refers to a hub or is identified as a male victim of family violence by the hub (not through an L17) they will be offered a choice to access services through COVSA, the Hub or a service that provides a specialised response to meet their needs.

Good policy is only a good intention written on a piece of paper until it is made real through good practice.

The Victim Assistance Programs (VAPs)

The Community Operations and Victims Support Agency (COVSA) oversees the delivery of the Victims of Crime Helpline (VCH) and the Victims Assistance Program (VAP). They are one of the organisations committed to working towards Rainbow Tick accreditation, so some staff of these services have been engaging in LGBTIQ inclusive practice training (some of which I have personally been a part of), as well as developing close co-case management and secondary consult with THH. For its efforts in this area so far this agency and its workers should be commended. If they maintain this and achieve the Rainbow Tick this option will be a good one for some GBTQ men. However, for no fault of the agency or its staff, this option will be *entirely unsuitable* for some GBTQ men and *must not* be left as the only possible option for this cohort as a whole. This is because this agency sits within the Department of Justice.

‘Homosexual acts’ (i.e.: being gay) was criminalised until 1981 in Victoria. It then took until 2015 for GBQ men to be able to have related criminal records expunged. It was only 4 years ago that the Victorian Government issued an apology for what this had done, stating:

On behalf of the parliament, the government and the people of Victoria: for the laws we passed, and the lives we ruined, and the standards we set, we are so sorry; humbly, deeply, sorry.

Because of this history, even if not personally convicted as a criminal simply for being themselves, the majority of GBTQ men have a complex relationship of distrust with the Department of Justice. Historically (and for many years after the day ‘homosexual acts’ were decriminalised) the police raided our safe spaces, entrapped us, harassed us, and even murdered us either directly or by turning a blind eye to violence against us. And although the homophobic treatment may not be so blatant and horrific, the underlying homophobia in the police force has not gone away. A 2019 VEOHRC report detailed an ‘entrenched culture’ of ‘everyday homophobia’ within Victoria Police, with discrimination and violent language reported across several workplaces. Many LGBTIQ police officers and staff themselves reported they were targets of homophobia or transphobia. Whilst attempts to improve how the police engage with LGBTIQ communities like the LGBTIQ Liaison Officers (GLLOs) should be encouraged, it is clear we still have a long way to go in this area.

In 2017 COVSA staff attended a training session incorporating my LGBTIQ intimate partner cabaret show, My Other Closet the Cabaret. I was told by staff at this event that there was a very high drop off rate of male victims referred to VCH simply never returning the agencies calls. I requested clarification on current numbers from FSV and they were unable to provide this because they “don’t own or have access to this data”. It also appears that no one has investigated why these male victims choose to not engage with VCH. However, it is well researched and known that GBTQ men avoid accessing services they are unsure will be safe for them. Further to this, I think it is safe to assume that many of the GBTQ men are going to be even more uncomfortable accessing a service which to them is associated with an institution with a strong history of violence towards GBTQ men and decades of ongoing homophobia. Also toxic ideas of masculinity pressure men to be strong rather than weak so the stigma attached to being a “victim” may be further deterring GBTQ male victim/survivors from engaging with any of the COVSA programs simply because all these service have ‘victim’ in their names. But without sound data collection systems this is only an assumption of course. My fear is that the current situation places these victims ‘out of sight and out of mind’ and *no one really knows* what is happening to them. This is simply unacceptable.

I am particularly surprised to learn that all of the L17’s (the Police family violence incident referral form) for perpetrators are sent to the Orange Doors, but the L17’s for GBTQ male victims are sent to the Department of Justice. Male victims are the only victim L17’s which do not come in to the FSV system from the very start. Why does responsibility of these victims sit with the Department of Justice and not with FSV, the government agency purposely established to specialise in responding to family violence?

Right on the surface this does not sound logical. The *perpetrators* get sent to the purpose-built specialist support and safety hubs, and the *victims* get sent to the Department of Justice? And this is the only option for GBTQ men who are being referred by the police, with their history of criminalising, entrapping, prosecuting, and persecuting GBTQ men, *in addition to* a documented current problem with homophobia and transphobia? Is it any wonder so many GBTQ men do not engage with this system? When the Royal Commission recommendation 181 was created and dictated this pathway for *all* male victims, I do not believe any consultation occurred with gay male survivors or LGBTIQ specialists. If there had been, this glaring issue would have been pointed out.

Why in some parts of the system are we recognising the expertise of Thorne Harbour Health to lead the support of GBTQ men, and yet their L17's go to what could be considered the least 'trauma-informed' option available for these men? Given they have also been running a GBTQ specific perpetrator program for close to a decade, THH should be integrated into the system in a way that supports them to be the first point of contact and to co-case manage both the victim and perpetrator L17's of GBTQ men. Although the training around it is unknown to me and those I spoke to, the L17 was updated with an 'LGBTI' tick box. So in the instances this is correctly filled in by police it would facilitate these L17's to be flagged and forwarded to THH to make first contact and coordinate support more appropriately. Training for Orange Door and COVSA staff in confidently and comfortably *always* reconfirming sexuality and gender identity questions would further improve the experience of GBTQ men in obtaining appropriate service.

Even as desperate as I was when I made that one call 15 years ago, had the only option provided to me been a referral to a program within the Department of Justice, I have no doubt that my mistrust for the police would have been too strong to have accepted this referral. And even today I struggle with the word 'Victim'. I would have thanked whomever provided me with that information and headed back to my violent partner. At least I would know what to expect from my violent partner. On the other hand, interacting with the Department of Justice I'd be afraid that, on top of my partner's abuse, I'd also receive additional abuse from them motivated by homophobia (which is a risk that would not seem worth taking). My reservations and anxiety in dealing with the Department of Justice are not unique given that many other people I have spoken to in the LGBTIQ communities have told me they feel the same. All GBTQ men I have spoken with said that they would be far more likely to remain engaged if the first contact they had about their L17 began with Thorne Harbour Health and this service remained engaged in co-case management and secondary consult after any further referrals occurred.

I wish to reiterate that COVSA, VCH, and VAPs seem to genuinely want to assist GBTQ male victims and have been taking steps to increase their capacity to safely do so. I believe this will benefit some LGBTIQ victims so this should be commended and should continue. However, this cannot be the *only option* available for GBTQ men. GBTQ men deserve to be able to choose a service that is geographically accessible and that they feel safe to access. And they deserve for the lead GBTQ family violence specialist service, Thorne Harbour Health, to be systemically integrated enough to support them (even if sometimes in the background) every step of the way.

Because LGBTIQ inclusivity within family violence services is a rapidly developing area across Victoria (thanks to the many FSV led initiatives previously outlined) additional service options are increasing for GBTQ men. However, these will differ for each Orange Door region, so localised GBTQ male specific pathway mapping needs to occur, as well as targeted service capacity building in regions where no alternative to VAPs exists. However, when considering the plight of GBTQ men who are refuge eligible (their risk levels are so high they need to be supported to flee and hide from the perpetrator) immediate action needs to be taken to address critical failings in the current service system.

No clear pathways into refuge

Within the accomplishments of Royal Commission Recommendation 168, access to refuge is where GBQT men's disparity continues to be the most obvious. It must be noted that until quite recently, no refuges in the state of Victoria had chosen to stop using their exception to the Equal Opportunity Act that allows them to provide service only to women. Thankfully, two rurally located refuges volunteered to do so and were then supported by funding from FSV and direct mentoring from Rainbow Health Victoria to become the first LGBTIQ inclusive refuges in Australia. (Note: the names of these refuges are not public knowledge for the safety of LGBTIQ victims, but I confirmed with these organisations they are happy for their details to be supplied directly to the Implementation Monitor's office outside this submission process if desired.)

I personally presented at the leadership level LGBTIQ training sessions for both of these organisations. I told them my story. I told them how hopeless I felt when I had nowhere to turn. I openly wept when I expressed what it meant to me that they were going to change stories like mine. In fact, most of the room was in tears by this point!

Then when I heard the latest update, it again made me tear up. Recently one of these organisations accomplished a historic milestone in equality by providing the first GBQT man support in a Specialist Family Violence Refuge in Victoria, and perhaps all of Australia. A culmination of a lot of people's great work that is celebration worthy. It has literally changed one man's life for the better and represents future help for so many more!

Sadly though, as the system stands today, it would be very difficult if not impossible for GBQT men outside the local rural region to be referred into these newly LGBTIQ inclusive refuges. In Victoria, the organisation Safe Steps is funded to be the centralised referral point into all of our Family Violence Refuges and the 24-hour support service to clients while they are in refuge. When this first GBQT man stayed in refuge, staff were unable to provide him with Safe Steps' number for afterhours support and had to create their own on-call system for him because it was unclear to them how a Safe Steps after-hours phone operator would react to a GBQT man's call.

I rang Safe Steps myself and I was told that if a GBQT man contacts them they do not even do a MARAM assessment, intake or safety planning, worryingly, they simply refer them elsewhere. Orange Door staff advised me they had been told not to refer any males to Safe Steps because Safe Steps had advised them that it "is only funded to support women and children." I had been told previously that family violence funding no longer has gender stipulations, so I believe that if Safe Steps is excluding men from service it is through an exception or exemption to the Equal Opportunity Act 2010 which allows them to lawfully discriminate by gender. Clarification on this issue was sought but not acquired in time for this submission.

In practice, Specialist Family Violence Services frequently make referrals directly to a specific local refuge bypassing Safe Steps on a localised level if they have the knowledge and relationships to do so. However, this is impractical to rely upon for GBQT men across the state as it would require a tremendous amount of relationship building. And it would raise questions if GBQT men seemed to be 'skipping the queue' and being referred in a separate state-wide system alongside what is already established for women to facilitate a more fair and equitable allocation system. And what's the point of a centralised system if some people are excluded from it, forcing people to have to 'work around' it? And isn't the goal of the centralised referral system to be fair and equitable? Alarmingly I was actually told that if any GBQT men approach them directly, Safe Steps refer him to COVSA. But COVSA and the VAPs do not have a centralised refuge referral system (because this is run by Safe Steps) and, being a parallel system, VAPs seem to not even have the same referral relationships on a local level with refuges to refer directly without using Safe Steps. This is where GBQT men's refuge referral 'round-about' currently reaches its dead-end.

This dead-end has left both VAPs and THH with only one authorised and readily available state-wide option forGBTQ men for emergency accommodation: homeless shelters. FSV funded an LGBTIQ Project Worker at Wombat Housing. This project is, again, an initiative led by FSV which deserves being commended. It has improved the homelessness sector’s ability to recognise and respond to FV when it presents in the LGBTIQ clients they are supporting. This is a key screening and entry point into the FV system for many victims. This sector has skilled capacity for identifying and responding to female victims and linking them into service. And when the risk involved for one of these victims is too high for the homeless service to support, they refer that victim to a specialist family violence refuge. Homeless shelters do not have the same capacity that refuges have to keep high risk victims safe. The family violence refuge system is purposely built for these high-risk family violence situations and staff are specialists in safely supporting high-risk FV situations.

For female victims the homeless sector is seen more as a gateway to appropriate specialist FV services, including refuge if the risk is that high. Yet, currently forGBTQ male victims a homeless shelter is the final destination. There is a profound lack of safety in homeless shelters being the only available option for anyGBTQ men fleeing violence and this absolutely does not align with a trauma-informed response or concepts of ‘Duty of Care’. If we think of FV refuge as the ‘intensive care unit’, it would be unacceptable for a hospital Emergency Department to exclude some people needing the ICU based on gender or sexuality and to send them instead to a lesser equipped part of the hospital. If homeless shelters are already deemed inappropriate or unsafe for high risk female victims of family violence and specialist refuges were created and funded to meet this need, why should high riskGBTQ male victims not have equitable access and clear pathways to this appropriate ‘intensive care’ option?

On a personal note, when I was attempting to find options for escaping my perpetrator I had custody of my 3 children. I actually momentarily considered, but quickly ruled out a homeless shelter as an appropriate option for me, especially with my children in tow. Again, this is already not considered acceptable for women and children fleeing violence and appropriate options exist to meet this need, so why should it be the only option available toGBTQ men and their children? Had specialist family violence refuge been available to us at the time it would have completely changed the trajectory of not only my life for the better, but also the lives of my 3 young children. Which is a point worth emphasising.

Obviously, I do not wish to seeGBTQ men (& their children) fleeing violence put in unsafe situations. This includes homeless shelters as well as a pathway to refuge not involving LGBTIQ FV specialist knowledge and involvement. This is a complex issue requiring FSV, LGBTIQ FV service and capacity building specialists, and all key stakeholders to work collaboratively to create a safe and appropriate system. Until this is accomplished it is my opinion that FSV are not meeting their Positive Duty under the Equal Opportunity Act 2010 as described in sections 14 and 17 of the Act. This is becauseGBTQ men are unreasonably impacted by the current lack of clear pathways to refuge caused by (lawful) discrimination by gender and FSV have a Positive Duty to ensure the impact of any lawful discrimination is adequately minimised. This is not just a matter of what ‘should be done’ on principle, this is truly a matter of life or death. For theGBTQ men who desperately need refuge we simply must provide easy access to this vital life-saving service.

So what is the solution?

I wish to note that none of the information included in this submission is what I would call ‘general knowledge’. It took me two months to investigate and navigate the situation forGBTQ male victims in order to prepare this submission. In contrast to your averageGBTQ male victim, I am a very well informed and well-connected FV advocate. If it took me this much time and effort to navigate the inconsistent, complex, and confusing situation, what hope does the averageGBTQ man really have of getting the help he needs? How many men have given up and dropped out of the system altogether? Because the data collection system is underdeveloped in and between FSV, COVSA, VAPS, and THH, we do not have an answer to this

question. While the system continues failing to meet their needs, how many lives of GBTQ male victims of intimate partner violence have we lost due to homicide or suicide? Because the Coroner's data does not accurately capture this information we have no answer to this question either.

All of this desperately begs the question; 'so what is the solution?'. The truth is, I do not know exactly what the ultimate solution is. But I do have a few ideas to contribute and get us started:

1. I believe the Implementation Monitor should consider **Recommendation 168 not yet** met and:
 - Require FSV to continue to build LGBTIQ 'community controlled' specialist family violence services' capacity in an integrated way across the state-wide system. Keep supporting the LGBTIQ specialist services to work collaboratively with each other, with the Orange Doors, and with mainstream services.
 - Require FSV to continue to build the capacity of mainstream services to provide LGBTIQ inclusive services. Foundational LGBTIQ inclusivity work has already been led by FSV with services across the state, however, addressing knowledge and skill gaps in the Orange Doors is critical to enabling GBTQ men to benefit from any of this. All intake workers at all Orange Doors should be given specific training in appropriately and safely using the MARAM risk assessment tool with LGBTIQ victims and all management and leadership staff should be supported and required to make Orange Doors LGBTIQ inclusive services.
 - Require FSV to improve the Hub's Client Relationship Management system (CRM) to ensure that LGBTIQ people's access to the Orange Doors, VAPs and LGBTIQ specialist services can be accurately monitored and FSV can address systemic issues that are discovered through this as an ongoing quality assurance monitoring mechanism. To meet the needs of GBTQ men, Thorne Harbour Health needs to be integrated into the CRM system as an ISE and RAE to support co-management of GBTQ men's cases. This model already exists for other priority groups (ATSI & CALD), however this would require (as outlined above) LGBTIQ specific training with Orange Door clinicians and capacity building work across ODs in order for this to work consistently, safely and effectively.
 - Require FSV to support each Orange Door's Service Navigator to conduct localised LGBTIQ inclusive service mapping regularly to create equitable choice in the system for LGBTIQ people, especially GBTQ men who currently have very few options or no choice at all.
 - Require FSV to work with LGBTIQ FV specialists to create targeted education and awareness campaigns to better educate LGBTIQ communities and bystanders to identify family violence, and so LGBTIQ people know that Orange Doors can help them find a safe and appropriate service in their local area.
 - Require FSV, COVSA (including VCH & VAPs), Safe Steps, the LGBTIQ inclusive refuges, and the key LGBTIQ FV service and capacity building specialists involved to work collaboratively to create an effective, coordinated, & equitable pathway to refuge that is accessible state-wide for GBTQ men within a 12-month timeframe.
2. I believe the Implementation Monitor should also consider **Recommendation 138 not yet met** in relation to **all** Family Violence related deaths and should require a specific investigation into how Coroner data is collected for LGBTIQ family violence related homicides and suicides. Without data on the LGBTIQ status of victims in this area it makes it far more difficult to guide policy and/or implement appropriate service responses to better prevent these things happening to others.
3. I also believe the Implementation Monitor should **reconsider the appropriateness of Recommendation 181 and reclassify it from 'implemented' back to 'in progress'** until a consultation process has occurred involving COVSA (including VCH & VAPs), FSV, LGBTIQ FV service and capacity building specialists, the LGBTIQ inclusive refuges, LGBTIQ community, and most importantly GBTQ male victim/survivors.

As the LGBTIQ VSAC representative, I not only have a duty to use my platform to draw attention to when the system is failing the communities I represent, I also have a duty to contribute the voice of lived experience to the development of solutions addressing this.

I therefore welcome the opportunity to speak with FSV and/or the monitor, along with any key stakeholders mentioned in my submission, so that we might together build a solution to the issues that this submission has highlighted. We have already come so far in this state it would be an absolute shame to not see this all the way through and ensure that our state can be a place where LGBTIQ victims have truly equitable access to the services they need. Ultimately, I want to live in a future Victoria, the Equality State, where everyone can live free from violence. It is a goal that I believe is well worth putting in some more work to achieve.

Thank you,

Russell Vickery

LGBTIQ Representative,

Victim Survivor Advisory Council

NB:

Whilst working on this submission it seemed to me that because of the binary nature of much of the system, the pathways for lesbian, bi, and trans women have fewer systemic barriers than GBTQ men so I chose to focus this submission in this area. However, I wish to note that while not explicitly excluded from pathways like GBTQ men, without further training and capacity building LGBTIQ women are still likely to face similar issues of inconsistent, non-inclusive or ill-informed treatment when accessing the services system. Of particular worry to me was that no Orange Door staff I spoke to were aware of any 'Trans and Gender Diverse Inclusion' policies or related training. Which is worrying for all trans and gender diverse people but particularly for non-binary people given that, without good policy and training, binary assumptions are likely to be made about them based on gender presentation alone. Transgender and Non-Binary survivors I have spoken to tell me they avoided the service system all together due to fears of being mistreated or misgendered. This was also noted in FSV's 2018 report *Mapping the Journeys of LGBTIQ People Experiencing Family Violence* as a key issue needing addressed. However, it seems adequate steps have not yet been taken to achieve safe and equitable access at key intake points for trans and gender diverse people.