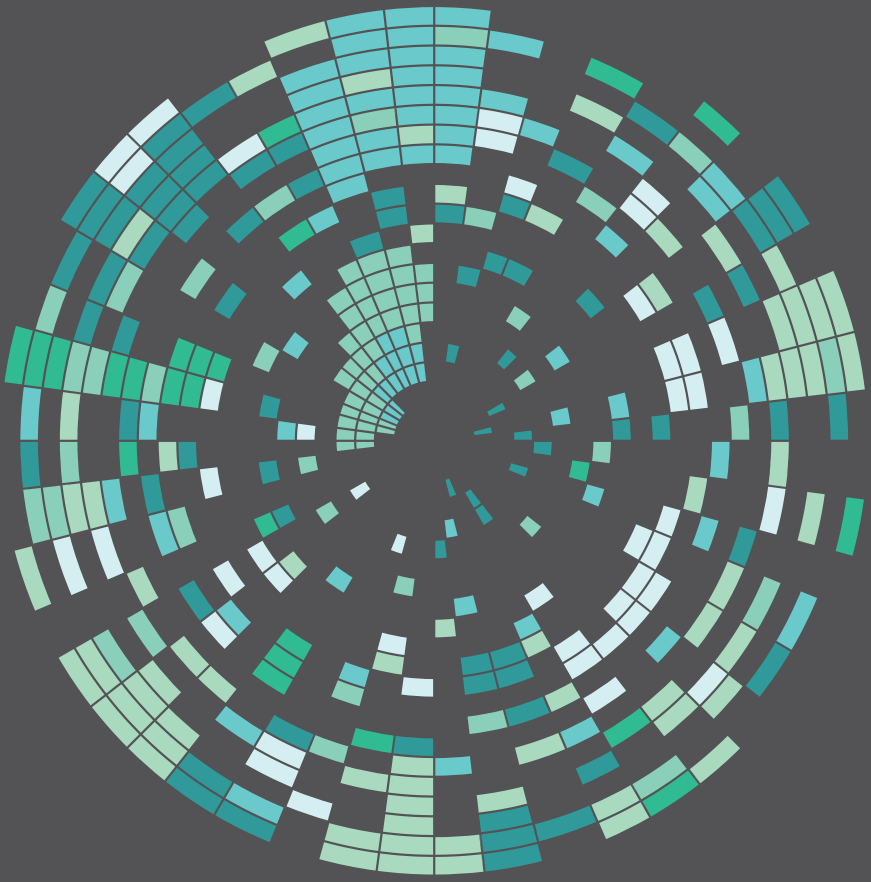

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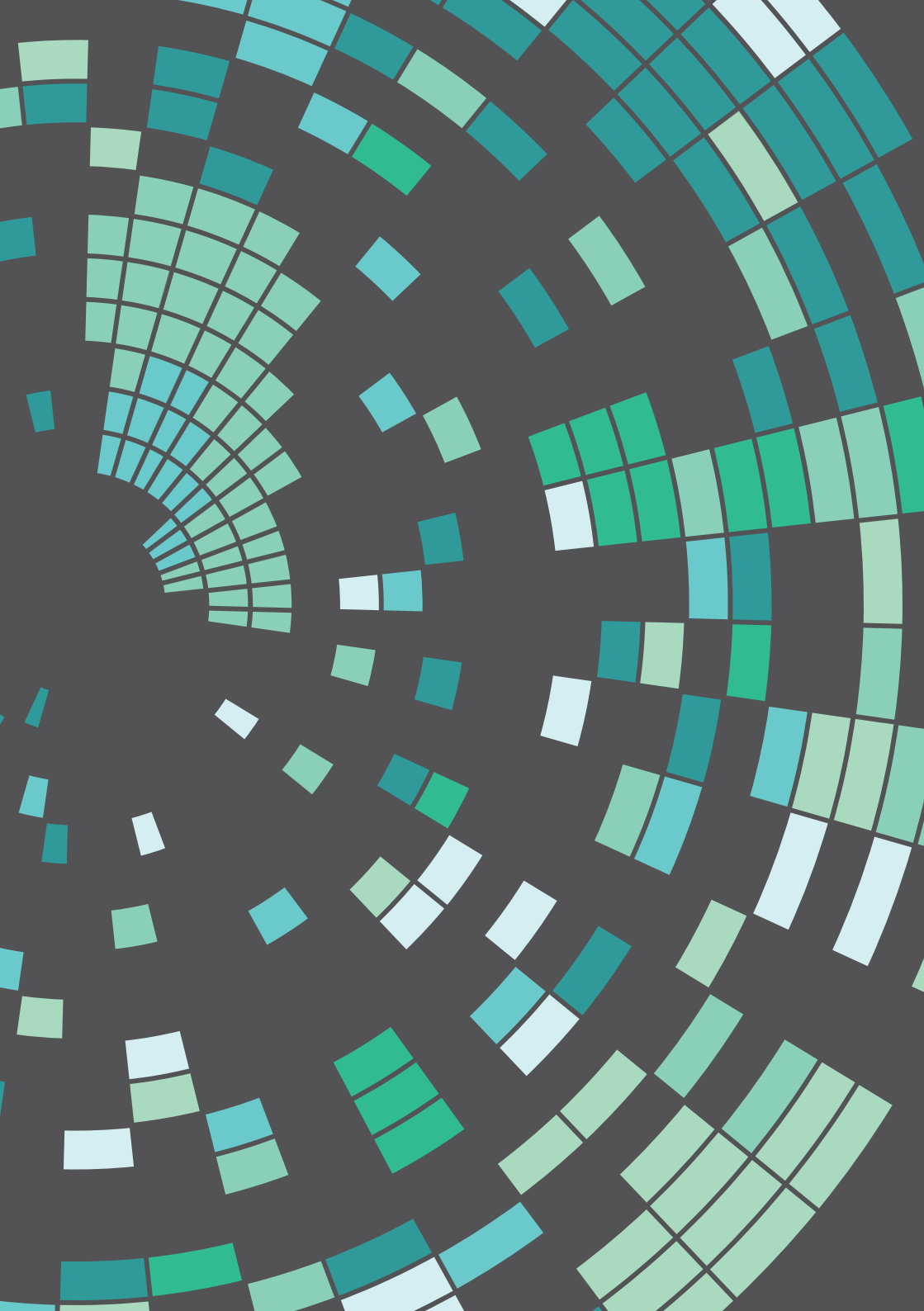
HEALTH OUTCOME STRATEGY 2013-2018
DOMESTIC AND FAMILY VIOLENCE



CONTENTS

RATIONALE AND CONTEXT

Domestic and family violence (DFV) is a serious and widespread issue. DFV and sexual assault cost Australia $13.6 billion each year, a figure that is set to rise to $15.6 billion by 2021, if additional support is not given (KPMG 2009).

The emotional and personal costs of this kind of violence, however, are immeasurable and the effects reach all levels of society (COAG 2011, p. 1).

DFV impacts upon both the immediate and long term health and wellbeing of people who experience it, and contributes to physical injuries, the transmission of sexually transmissible infections (STIs), homelessness, use of alcohol and other drugs (AOD), mental illness, homicide and suicide (Domestic Violence Prevention Centre 2014). Domestic Violence NSW, the NSW sector peak body, has urged political leaders to recognise DFV as a national emergency (Leader 25 April 2014).

An estimated one in three women in non-LGBTI communities experience violence from a partner, former partner or family member (COAG 2011, p. 1). However, it is very difficult to measure the true extent of DFV as most incidents go unreported and many others are not recognised as DFV by victims (ABS 2013, p. 14; Phillips 2006).

LGBTI people are as likely as non-LGBTI women to experience DFV, but are less likely to find support services that meet their specific needs (ABS 1996; ICLC 2011, p. 24; Little 2008; Pitts et al. 2006, p. 51). They are also less likely to identify DFV in relationships, report it to police or seek support from mainstream DFV services (Farrell & Cerise 2006, p. 18; Pitts et al. 2006, pp. 51-52).

There is no dedicated Australian data relating to the experiences of DFV for transgender and intersex people. Our work with partner organisations, such as the Gender Centre and Organisation Intersex International (OII) Australia, however, demonstrates the need for research on transgender, gender diverse and intersex people's experiences of DFV.

Scottish data on transgender people's experiences of DV indicates very high levels of abuse, with 80% of respondents reporting emotionally, sexually or physically abusive behaviour by a partner or ex-partner (LGBT Youth Scotland 2010, p. 5).

Terminology

The use of the community acronym 'LGBTI' across the evidence underpinning this section is varied due to the scope and population target of each individual research study cited. 'LGBTIQ' is used in reference to ACON's work with the LGBTIQ Domestic Violence Interagency NSW, and is increasingly used by the NSW Government and a number of federal agencies in addressing DFV.

ACON, and many other organisations, now refers to domestic and family violence in LGBTI communities simply as 'DFV', and have retired the term, 'same-sex domestic violence' as it does not appropriately or accurately represent all LGBTI communities, and is particularly exclusive of bisexual, transgender and intersex people and their experiences.

Where we refer to women and men in this document, we intend for this to include transgender and cisgender (non-transgender) people who identify as women and men.

This document refers to a wide range of abusive behaviours under the term, 'violence', including physical, sexual, emotional and psychological abuse.

From the National Plan to Reduce Violence against Women and their Children 2010-2022 we take the following definitions (COAG 2011, p. 2).

> *Domestic violence refers to acts of violence that occur between people who have, or have had, an intimate relationship. … [T]he central element of domestic violence is an ongoing pattern of behaviour aimed at controlling a partner through fear… In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal.*

> *Family violence is a broader term that refers to violence between family members, as well as violence between intimate partners. … The term, 'family violence' is the most widely used term to identify the experiences of Indigenous people, because it includes the broad range of marital and kinship relationships in which violence may occur.*

Generally, this document will refer to 'people who experience violence', rather than 'victims' or 'survivors'. While the term, 'victim' can reinforce a sense of powerlessness, it is important to recognise that not all people who experience DFV identify themselves to be survivors, and, indeed, not all people who have experienced DFV have survived (Wheeler 2006, p. 14). Furthermore, the terms, 'victim' and 'survivor' can be seen to describe a type of person, rather than a type of experience (Ibid.).

Similarly, this document will generally refer to 'people who use violence', rather than 'perpetrators', because the term, 'perpetrator' suggests a type of person, rather than a type of behaviour, allowing people who use violence to cognitively distance themselves from their actions (Ibid.). However, 'victim', 'survivor' and 'perpetrator' are all terms in common use, and the terminology used in this document will reflect that of the research from which evidence is drawn.

Data from Australian LGBTI research with small proportions of transgender and intersex participants also places the incidence of DFV among these populations as significantly higher than that among cisgender and non-intersex LGB people (ICLC 2011, p. 24; Pitts et al. 2006, p. 51).

Most DFV organisations do and should work from the perspective that DFV occurs within a framework of structural inequality that disadvantages women and children. This context results in the majority of people who experience DFV being women and children and the majority of people who use this kind of violence being men (COAG 2011, p. 1).

In the general community, the most prevalent occurrence of DFV is a woman experiencing violence in a home committed by a man who she knows (ABS 2006).

The contexts of LGBTI people's experiences of DFV, however, are more diverse, and include higher proportions of men who experience DFV and women who use violence against partners and family members than occur in the general population, due to the nature of LGB relationships; transphobic and/or homophobic motivated DFV; lateral violence within LGBTI communities and violence within families of choice.

In order to understand the issues facing LGBTI people in relation to DFV, it is important to recognise the systemic and institutionalised marginalisation of LGBTI people through heteronormative and cisgenderist practices.

These terms describe, respectively, the assumptions that relationships are heterosexual and that individuals identify with the gender that they were assigned at birth.

These institutionalised behaviours result in services that fail to meet the needs of LGBTI people and also contribute to experiences of discrimination and abuse among LGBTI people, producing a number of health disparities such as higher rates of anxiety and depression and elevated levels of AOD use, all of which are implicated in DFV.

For many, limited role models of respectful relationships and isolation from families, including families of choice, can exacerbate the likelihood of experiencing or using violence in relationships.

Effective work to reduce experiences of DFV in LGBTI communities requires an understanding of this context in order to deliver appropriate services.

While no longer funded, ACON previously had an LGBTI DFV role that worked to build the capacity of the mainstream DFV sector to meet the needs of LGBTI communities, raise awareness of DFV among LGBTI communities and provide information and referral services to community members experiencing DFV.

Over the life of this Strategy, we intend to seek opportunities to sustain this work to ensure that services and access exist for LGBTI people who are currently experiencing or have experienced DFV.

POLICY FRAMEWORKS

While many policy frameworks have begun to recognise and include LGBTI people as a specific population affected by DFV, inclusion is intermittent and, in many cases, extends only to naming the LGBTI population and referencing some specific needs. Far fewer frameworks and policies have identified clear, concrete actions that could help meet these needs or address disparities in outcomes and service access.

The DFV sector in NSW is currently being reconfigured following strong recommendations for a cross-departmental justice and human services approach, a common definition of DFV to be shared across agencies, best practice sector policies and responses, a draft framework for reform that advocates for collaborative partnerships between government and non-government organisations (NGOs) and explicit recognition of the barriers that LGBTIQ people face in identifying, reporting and seeking support for DFV.

Key NSW policy frameworks:

- *NSW Domestic Violence Justice Strategy: Improving the NSW criminal justice system's response to domestic violence 2013-2017 (Department of Attorney General and Justice 2012b)*

  This strategy does not currently address LGBTI people meaningfully, although it does discuss 'diverse' and 'vulnerable' communities and mentions that improved access to the justice system is needed for people in same-sex relationships (Ibid., p. 12, 20).

- *It Stops Here: Standing together to end domestic and family violence in NSW: The NSW Government's domestic and family violence framework for reform (Women NSW 2013)*

  This framework includes same-sex relationships in its definition of intimate relationships and includes mention of LGBTIQ families of choice in its definition of families (Ibid., p. 7). LGBTIQ people are mentioned throughout and identified as a vulnerable group (Ibid., p. 8).

- *Minimum Standards for Men's Domestic Violence Behaviour Change Programs (Department of Attorney General and Justice 2012a)*

  This paper acknowledges that not all men who use violence are heterosexual and recommends that programs must also consider issues of safety for gay, bisexual and/or transgender men due to the possibility of homophobic abusive behaviour from other men and facilitators in groups (Ibid., p. 14).

- *Towards Safe Families: A practice guide for men's domestic violence behaviour change programs (Department of Attorney General and Justice 2012c)*

  In 2011, ACON's Anti-Violence Project (AVP) was contracted by No To Violence, the men's behaviour change peak body, to advise on appropriate responses to gay, bisexual and transgender men in behaviour change programs. The practice guide that accompanies the standards has a number of references to GBTI men and inclusive practice. All programs in NSW have a responsibility to meet the standards and to adhere to principles of Towards Safe Families.

Impending NSW policy reviews/ frameworks:

- *Going Home Staying Home: Reform plan (FACS 2013)*

  While no mention is made of LGBTI communities in the reform plan, the resultant reforms may be LGBTI inclusive. This could be an area for future partnership and advocacy work between the peak and ACON.

- *The New Victims Support Scheme: A detailed guide (Department of Attorney General and Justice 2013*

  The changes outlined in The New Victims Support Scheme resulted from the Victims Compensation Inquiry. LGBTI issues are not named in this guide.

- *Police DV Regional Review*

  ACON, like many other NGOs and service providers, has had no input into this review, which will impact on the structure of Regional DV Coordinators, civilian roles with which ACON works closely.

- *NSW Crimes (Domestic and Personal Violence) Act (NSW Parliament 2014*

  This is a review process of which ACON is still unclear of the outcomes. The Inner City Legal Centre (ICLC) made a submission to the review that represented LGBTI issues. Parts of the Crimes (Domestic and Personal Violence) Act are being amended at the time of writing (Ibid.). Information sharing amendments are currently before NSW Parliament (Ibid.).

- *Domestic Violence Trends and Issues in NSW (NSW Parliament 2012*

  This is a comprehensive review of responses to DFV in NSW. It made 89 recommendations to improve government and non-government approaches to DFV. The Inquiry report refers directly to LGBTI issues, mainly in the context of ACON's and ICLC's submissions. It Stops Here (Women NSW 2013), the NSW DFV framework, goes some way in addressing the recommendations, but there are a number of references to the intricacies of DFV in LGBTI relationships that could be explored further.

Federal policy on DFV:

- ***National Plan to Reduce Violence against Women and their Children 2010-2022 (COAG 2011)***

  This is the main driver of policy at a federal level. There are four three-year action plans that drive state and national policy.

There is some inclusion of LGBTIQ people (ACON's 2012-2014 DFV project was funded under the National Plan), but there are substantial opportunities to address our specific issues in various parts of the National Plan.

The National Plan prioritises women as victims of violence from men, but names same-sex attracted women as a group of concern (Ibid., p. 2).

There is minimal attention paid to men who experience DFV from men and very little recognition of transgender and intersex people.

Under the National Plan, there are two major DFV initiatives that offer opportunities to develop work that is inclusive of LGBTIQ people.

1. The Victoria based 'Foundation to Prevent Violence against Women and their Children' was launched in 2013 to raise awareness and engage the community in action to prevent violence against women and their children. Natasha Stott-Despoja leads the Foundation and is sympathetic to the inclusion of LGBTIQ issues in prevention approaches.

2. Australia's National Research Organisation for Women's Safety (ANROWS) was launched in May 2014. There are a number of grants currently open that offer opportunities for collaborative partnerships to include LGBTIQ people in the broader mainstream violence against women research agenda.

The National Plan is the first plan to focus strongly on prevention by looking to the long term in promoting respectful relationships and focusing on holding perpetrators accountable and encouraging behaviour change (Ibid., p. i).

- ***Commonwealth agencies, such as Centrelink, Medicare and Child Support, are now preparing departmental policies and strategies on DFV.***

WHAT'S DIFFERENT FOR LGBTI PEOPLE?

This section addresses the key evidence from international, Australian and NSW specific studies examining the range of issues related to DFV experienced by LGBTI people, including HIV positive people.

Experiences of domestic violence

The observed low rates of reporting of DFV in the broader population are magnified in LGBTI communities, where the rates of reporting are even lower (Farrell & Cerise 2006, p. 18; Pitts et al. 2006, pp. 51-52).

However, available evidence suggests that LGBTI people are as likely as non-LGBTI women to experience DV (ABS 1996; ICLC 2011, p. 24; Little 2008; Pitts et al. 2006, p. 51).

Additionally, many people in the broader population who experience DFV do not identify their experiences as abuse, an issue that is also heightened in LGBTI contexts (ICLC 2011, p. 26).

In *Outing Injustice*, a NSW survey investigating the legal needs of LGBTI people in NSW, one respondent remarked that, "it took me three years to work out that it wasn't okay, because I didn't think a woman would abuse another woman" (Ibid., p. 23).

A participant in another NSW survey made similar comments: "I did not recognise it for what it really was until I was doing a survey on relationships a couple of years later and thought – hang on that is exactly what it was like for me" (LGBTIQ DV Interagency 2014, p. 33).

The available data on transgender and intersex people and their experiences of DFV are drawn from studies with small sample sizes and, currently, there is no accurate comparative data; however, this data indicates disproportionate experiences of DFV, compared with those of the broader population.

Scottish data on transgender people's experiences of DV indicates very high levels of abuse, with 80% of respondents reporting emotionally, sexually or physically abusive behaviour by a partner or former partner (LGBT Youth Scotland 2010, p. 5).

Outing Injustice found that 88% of intersex respondents had at least one experience of DV (ICLC 2011, p. 24).

Among transgender men in relationships, 70% indicated some experience of DV (Ibid.). Less is known about the transgender women in this sample, who were less likely than transgender men to have been in a relationship in the preceding three years (Ibid.).

In another NSW study into the experiences, attitudes and responses to DFV by LGBTIQ people, participants who identified their sexuality as lesbian (57%), bisexual (64%) or other (74%) were significantly more likely to experience DFV, compared to gay participants (50%) (LGBTIQ DV Interagency 2014, p. 30).

Outing Injustice indicated experiences of a range of abusive behaviours from respondents who had been in a relationship in the preceding three years (ICLC 2011, p. 23).

- 20% of respondents had experienced their partner humiliating them, calling them names or making them feel worthless.
- 13% of respondents experienced actual physical violence, such as being hit, kicked or pushed, or having things thrown at them.
- 9% of respondents were threatened with physical violence.
- 4% of respondents were threatened with being outed to family, friends or work colleagues.
- 4% of respondents were forced to engage in sexual acts with which they were not comfortable (ICLC 2011, p. 23).

Another NSW study detailed experiences of emotional, verbal and financial abuse; socially isolating, transphobic, anti-intersex and other controlling behaviour; stalking, physical aggression, physical injury, sexual assault and hindering or preventing access to medical treatment from participants' current and previous partners (LGBTIQ DV Interagency 2014, pp. 13-23).

In the 2012 Sydney Women and Sexual Health (SWASH) survey of LBQ women, 37% of respondents reported having ever experienced DV, with 26% reporting violence from a woman only, 11% from a man only and 1% from both women and men (Mooney-Somers et al. 2013, p. 38).

There has been a general increase in the proportion of SWASH participants indicating experiences of DV in recent years: 34% in 2006, 33% in 2008 and 37% in 2010 (Ibid.).

This increase, however, needs to be interpreted with some caution as it is not clear whether experiences of DV are increasing or if awareness has increased, resulting in more women identifying their experiences as DV (Ibid.).

In 2012, 51% of women who reported experiencing DV had sought help, a proportion that has reduced from 56% in 2010 (Ibid.).

Experiences of family violence

Family members sometimes use violence against LGBTI young people. In a 1998 national study of same-sex attracted (SSA) young people, titled Writing Themselves In, 10% of participants had been abused by family members (Hillier et al. 1998, p. 3).

In a later volume of Writing Themselves In, reports of abuse in the home rose to 18% and affected young women (22%) more than young men (17%) (Hillier, Turner, & Mitchell 2005, p. 39). The proportion of respondents experiencing abuse in the home continued to rise to 24% in 2010 (Hillier et al. 2010, p. 46).

As with the SWASH data, this increase needs to be interpreted with caution as it is not clear whether experiences of family violence are increasing or if awareness has increased, resulting in more young people identifying their experiences as family violence.

Additionally, the three volumes gathered data on increasingly diverse populations of young people, with earlier surveys targeting only SSA young people and later surveys also including gender questioning (GQ) young people; this may also affect the resultant data.

This abuse varied in nature, including verbal and physical violence, and was often perpetrated by parents, particularly fathers (Ibid.).

Family violence in relation to young SSAGQ people is often grounded in the presence of homophobic and/or transphobic attitudes and behaviours, and is often triggered by the discovery or suspicion that a person is SSAGQ (Ibid., p. 42, 46).

Homophobic and/or transphobic religious beliefs also impact upon the safety of young SSAGQ people, and participants who mentioned religion in their responses were more likely to experience homophobic abuse in the home than those who did not (Ibid., p. 94).

While it is broadly acknowledged that young LGBTI people are at particular risk of family violence, often due to financial dependence on families, elder abuse is also an issue of concern. Elder abuse can come from carers or family, and is likely to be an issue for LGBTI elders, many of whom have adult children. However, there is little data on the relative prevalence of this among older LGBTI people.

Reporting

Rates of reporting of experiences of DFV in Australia are unacceptably low at 36% (FaHCSIA 2012, p. 1). However, work is being done to improve this figure (Department of Attorney General and Justice 2012b). Among LGBTI people, rates of reporting are approximately three times lower than the national average (LGBTIQ DV Interagency 2014, p. 30; ICLC 2011, p. 23; Pitts et al. 2006, p. 52).

The three key reports that outline the factors contributing to these low rates of reporting are *Making Waves* (Bird 2003, p. 9), *Outing Injustice* (ICLC 2011, p. 25) and *Lesbian, Gay, Bisexual, Trans*, Intersex and Queer Domestic and Family Violence in New South Wales* (LGBTIQ DV Interagency 2014, p. 31), which propose the following reasons.

- Shame and stigma surrounds DFV in LGBQ relationships, particularly among women.
- There is widespread fear of discrimination from police.
- The heterosexual model of DFV obscures lesbian experiences of abuse by suggesting that abuse between women must be mutual.
- LGBTI communities may minimise or refuse to acknowledge DFV, as it detracts from positive images of LGBTI relationships, may hinder efforts to achieve legal recognition and reinforces the pathologisation of LGBTI people.
- Some lesbians may object to the acknowledgement that women can be abusers, as it challenges a 'utopian view of womanhood' and brings a deep sense of betrayal when a woman is abused by another woman.
- LGBTI people are often already marginalised from family and the broader community, which may limit their support network.
- There is a lack of LGBTI aware DFV services, resources and shelters. This is especially problematic for GBTI men, particularly in regional areas.
- Anonymity and confidentiality can be harder to maintain in rural areas, which compromises opportunities for safe planning.
- Women, transgender people, intersex people, Aboriginal and Torres Strait Islander people and CALD people face multiple prejudices when accessing services.
- Victims are often unaware that their experiences constitute DFV until after they have left the relationship.
- There are misconceptions suggesting that DFV does not happen in LGBTI relationships, according to the evaluation survey for the AVP's bystander intervention campaign, 'Stand UP'.
- The fear of being outed can prevent access to support.
- A reluctance to initiate legal proceedings and seeking other options to stop the abuse can hinder reporting.

- In a NSW study of LGBTI experiences of DFV, in which 13% of participants indicated that they had reported at least one incident of DV to police, participants who categorised their sexual identity as bisexual (24%) or other (21%) were significantly more likely to report DV to NSW Police than lesbian (9%) or gay (11%) participants (LGBTIQ DV Interagency 2014, p. 30).

In this sample, where 57% indicated some experience of DFV, 85% had never reported abuse to police (Ibid.). Of those who made reports to police, 61% of participants deemed their experience with police as somewhat or extremely helpful, while 39% found that police were not at all helpful (Ibid.).

Of respondents who indicated the year in which they had made a report, 44% had done so since 2010 (Ibid., p. 31). This may relate to the release of NSW Police's third strategy document in relation to LGBTIQ communities, Policy on Sexuality and Gender Diversity 2011-2014 (NSW Police Force 2011). This document aimed to build trust with LGBTIQ communities and improve confidence levels in reporting and was the first police policy document to recognise bisexual, transgender and intersex people (Ibid., p. 1).

The increase in reporting after 2010 may also have resulted from ACON's 'Speak Up' campaign, which was rolled out in this period. AVP data also reflects an increase in reporting DFV to the AVP after 2010.

Accessing support

LGBTI people are less likely than people in the general community to identify DFV in relationships, report it to police or seek support from mainstream DFV services (Constable et al. 2011, p. 4; Farrell & Cerise 2006, p. 18; Pitts et al. 2006, pp. 51-52) and, when they do, they are less likely to find support services that meet their specific needs (Constable et al. 2011, p. 4; Pitts et al. 2006, p. 51).

It is often difficult for a person experiencing DFV to seek support, information or advice and, for LGBTIQ people, barriers and deterrents to access can be greater in number and intensity (Constable et al. 2011, p. 4; LGBTIQ DV Interagency 2014, p. 32). This is, in part, the result of widespread misconceptions surrounding DFV, the limited existence and promotion of specialist LGBTIQ DV services, and the ongoing discrimination and marginalisation of LGBTIQ communities (Ibid.).

In a NSW study of LGBTI experiences of DFV, 31% of respondents who had experienced DFV reported that they had never sought support, information or advice in relation to the abuse; 51% had sought support only after the abuse had ended and only 25% of participants reported seeking support, information or advice while the abuse was occurring (LGBTIQ DV Interagency 2014, p. 32).

The reasons behind the reluctance of LGBTI people to seek support are manifold. Several reasons are common across the broader population, including being less likely to report abuse to police for fear of ostracism, police, escalating the abuse, disbelief and blame; self-blame; shame; embarrassment and protection of the abuser (Ibid., pp. 32-33). LGBTI people face additional fear of being outed and a lack of awareness of what DFV looks like in LGBTI contexts (Bird 2003, p. 9; Ibid.).

Even when participants were able to recognise DFV, many expressed that they had been unaware of the existence of specialist services for LGBTIQ people, causing participants to feel unsupported, marginalised and powerless to escape abuse (LGBTIQ DV Interagency 2014, p. 33).

Those who had accessed mainstream services often found that these services had difficulties responding appropriately to their experiences (Ibid.). Where barriers to access to formal support systems exist, many participants indicated that they relied on informal networks for support: 38% of participants reported that they sought support from friends, 22% from family and 10% from work colleagues (Ibid., p. 34).

This support is highly accessible to many people: 86% of respondents reported that they would be willing to provide various kinds of support to an LGBTIQ friend who had experienced DFV and only 6% indicated that they would not offer support (Ibid., p. 24).

Speaking to personal contacts may also encourage a person to access formal support services (Ibid., p. 34). Many participants reported positive experiences in seeking informal support (Ibid.). Some prospective support people, however, responded with accusations of provocation or exaggeration (Ibid.).

In addition to informal support, participants reported seeking support from a range of formal sources; those deemed most helpful were health professionals and counsellors (Ibid.).

Increased capacity is required in the provision of support services around DV to respond to LBQ women and to understand their crisis and longer term needs (Mooney-Somers et al. 2013, p. 9). This includes support to report to law enforcement agencies (Ibid.).

Campaigns that raise awareness of DV in lesbian relationships are still needed (Ibid.). Further research is required to better understand the dynamics of lesbian relationships and the contexts of DV therein to inform culturally appropriate and sensitive responses (Ibid.).

It is also highly recommended that further specialised research on the unique needs of transgender and intersex people experiencing DFV be undertaken (Constable et al. 2011, p. 5). Work needs to be done to build the capacity of mainstream DFV services to ensure inclusion and provision of support services for transgender and intersex women and address the lack of formalised DFV crisis care for GBTI men and non-binary identified people.

WHY ARE THINGS DIFFERENT?

Most DFV organisations base their work in the perspective that DFV occurs within a framework of structural inequality that disadvantages women and where the most prevalent occurrence of DFV is a woman experiencing violence in a home committed by a man who she knows (ABS 2006).

Because of the more diverse range of gender and power dynamics in relationships that often occur within LGBTI communities, this framework is often unable to adequately respond to DFV that involves LGBTI people.

Mainstream DFV services may struggle to deliver appropriate services to men who are experiencing DFV committed by men, women who are experiencing DFV committed by women, DFV involving non-binary identified people, people experiencing transphobic and/or homophobic motivated DFV, people experiencing lateral violence from within LGBTI communities and violence committed by members of families of choice.

LGBTI people's experiences of DFV call for specialist support to complement the availability of mainstream DFV services (ABS 2013, p. 13; Farrell & Cerise 2006, p. 5).

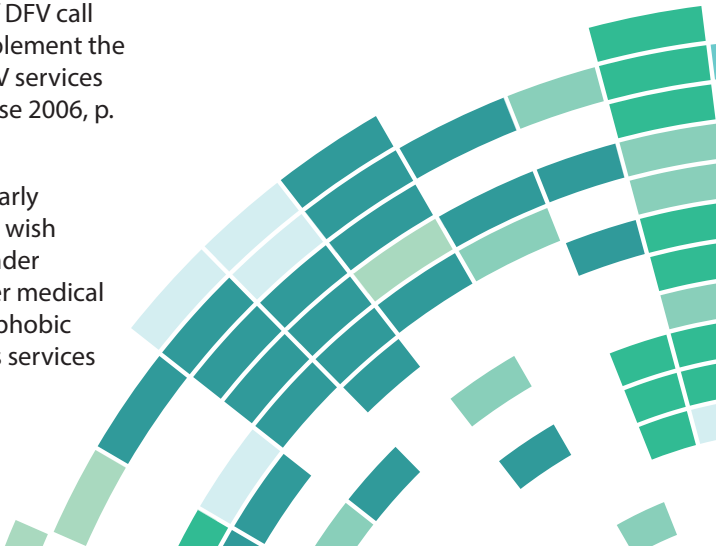
Transgender women, particularly women who have not, do not wish to or are unable to access gender affirming surgery and/or other medical intervention, often face transphobic barriers to accessing women's services (ICLC 2011, p. 25).

The Gender Centre provides limited accommodation for transgender people (Ibid.), although, this is likely to be affected by *Going Home Staying Home* (Department of Family and Community Services 2013).

For GBTI men leaving abusive relationships, there are no specific services available, which may lead to them accessing homeless shelters, which are often unsafe and may expose victims to homophobic and transphobic violence (ICLC 2011, p. 25).

In a NSW survey, 58% of participants reported awareness of specialist support services for LGBTIQ victims of DFV (LGBTIQ DV Interagency 2014, p. 25). Lesbians, more than gay, bisexual or other participants, were aware of these services (Ibid.).

This is likely to relate to the fact that there are some specific services for lesbian and bisexual women but not for gay men, transgender people or intersex people (Ibid., p. 27).



Participants in this study expressed the following preferences for LGBTIQ support services.

- In-person services (36%) were generally preferred over phone or email delivery (24%) (Ibid., p. 25).
- People living in rural and regional areas preferred LGBTIQ specific support services in their closest city to phone or email services (Ibid.).
- LGBTIQ services were preferred over mainstream services; however, mainstream in-person services were preferred over LGBTIQ email or phone services (Ibid.).
- Local mainstream services ranked higher among lesbian women than gay or bisexual men (Ibid., p. 26).

This presents a strong argument for building the capacity of mainstream services to understand the crisis and longer term needs of LGBTIQ clients who have experienced or are escaping DFV (Ibid., p. 27; Mooney-Somers et al. 2013, p. 9).

Specifically, services that support LGBTIQ people to access law enforcement agencies and promote awareness of police procedures after a report is made would benefit people who experience violence (Mooney-Somers et al. 2013, p. 9).

Many LGBTIQ respondents to this survey would have been satisfied with a mainstream service, as long as it was culturally sensitive (LGBTIQ DV Interagency 2014, p. 27).

Accessing both specialist LGBTIQ DV websites and general DFV websites was a popular means of obtaining information (Ibid., p. 34).

Respondents in rural areas confirmed a lack of available services for LGBTIQ people outside of Sydney and key regional centres such as Lismore, Newcastle and Wollongong (Ibid., pp. 27-28).

WHAT WORKS?

This further demonstrates the need for services to promote their phone and online counselling services in mainstream media, local rural media and on web sites (Ibid.).

ACON directly and indirectly addresses the needs of LGBTI clients affected by DFV through a range of programs, and has been involved in this area of work for more than a decade through direct client support, training, a range of health promotion activities and an analysis of the DFV sector's awareness and responses to LGBTI DFV as well as through our involvement with the LGBTIQ Domestic Violence Interagency.

ACON's primary activities in this area include:

- Client support through the AVP and referrals to specialist legal and court support, related family law matters and victim's compensation;
- Social marketing campaigns related to both the promotion of healthy relationships and identifying DFV in LGBTI relationships through bystander intervention;
- Referrals to NSW Police for Apprehended Domestic Violence Order (ADVO) applications;
- Referrals to mainstream and specialist DFV support services;
- Training for NSW Police and other government departments;
- Training for the NGO sector and mainstream and specialist DFV support organisations;
- Policy and advocacy;
- Trauma counselling and crisis support;
- Housing support to respond to DFV issues and
- Awareness raising of DFV related issues through the delivery of multimedia campaigns.

The following programs have had proven success.

- ACON, the NSW Domestic Violence Interagency, ICLC and the Harbour City Bears have run a number of effective awareness raising campaigns.
- The increase in reporting of experiences of DFV to the AVP indicates the effectiveness of strategies to both raise awareness of DFV and also of the existence of the report line.
- Under the now defunct Yellow Card system, Domestic Violence Liaison Officers attached to Local Area Commands (LACs) would directly connect people experiencing DFV to the AVP or another DFV victim service. It remains to be seen whether the new referral system to be launched in NSW in late 2014 will ensure that LGBTIQ people are provided with appropriate referrals to LGBTI community based organisations.
- ICLC's Safe Relationships Project provides court support, information and advocacy to LGBT people who are experiencing DFV and has also prompted the implementation of a LGBTIQ Safe Room at the Sydney Downing Centre local court.
- The presence of mainstream agencies, such as Relationships Australia, in the LGBTIQ Domestic Violence Interagency has prompted the roll out of internal LGBTIQ cultural sensitivity training at Relationships Australia across NSW and enhanced their engagement with the LGBTI Safe Place Program.
- Women's court support services and legal support through community legal centres have been effective and this model can be applied more broadly to support LGBTI people who are experiencing DFV to seek legal redress.
- The Victorian AIDS Council's ReVisioning project, a behaviour change group for gay and bisexual men who use violence, delivered successful outcomes (VAC 2013).

WHAT NEEDS TO CHANGE

While the presence of DFV is widespread and in no way unique to LGBTI populations, there are certain specific issues that require a unique set of strategies in order to respond effectively to DFV in an LGBTI context.

There is limited research into DFV among LGBTI people, and developing a deeper and more nuanced understanding of the dynamics of relationships involving LGBTI people and the contexts of DV therein would better inform the development of LGBTI culturally appropriate and sensitive services.

The current patterns of support seeking behaviour practiced in LGBTI communities, to receive assistance from friends, should be supplemented by culturally appropriate formal support services.

Informal sources of support are important to LGBTI communities and should be maintained, but should not preclude a focus on improving access to DFV services (LGBTIQ DV Interagency 2014, p. 34).

The work of LGBTI DFV services should be promoted to maximise awareness of and, therefore, access to the services. LGBTI services should be strengthened to respond to significant need for specialty services (Ibid., p. 29, 35).

There is particular need for services for gay and/or transgender men and intersex people, especially in housing, crisis accommodation and after care services (Ibid., p. 30).

Some LGBTI people, however, cannot or do not wish to utilise LGBTI specific services and would prefer to seek mainstream support (Ibid., p. 27).

To broaden the range of options for all LGBTI people, mainstream DFV services need to be supported to build their capacity to respond appropriately to LGBTI victims outside of a heteronormative framework (ICLC 2011, p. 30; Ibid., p. 30).

Such services are particularly lacking in rural, regional and remote areas (LGBTIQ DV Interagency 2014, p. 30).

Work with peak and statewide services can extend the reach of LGBTI appropriate service provision.

In addition to providing practical support, participants in a NSW study recommended that services disseminate information to LGBTIQ people to increase awareness of the existence of DFV in LGBTIQ communities to enhance the capacity of individuals and communities to recognise and respond to DFV (Ibid., p. 35).

ACON has a long history of providing peer led services in the fields of HIV and sexual health.

Peer led services has proven to be a highly effective model of service delivery that could be applied to the provision of support to people experiencing DFV.

Additionally, ACON is experienced in providing cultural sensitivity training to a range of mainstream service providers to build their capacity to address the specific needs of LGBTI people.

Building the capacity of mainstream DFV services has been a primary focus of the DFV role at ACON.

Given the critical role that police play in addressing DFV, it is essential that ACON continues to work with the NSW Police Force to ensure that they respond in a culturally appropriate manner to DFV in our communities.

In the past, ACON has provided training to police officers and should continue to work in partnership to strengthen this program.

We also need to recognise that LGBTI communities have a problematic history with police, which may affect the ability of some people to access NSW Police services and require specific support to develop a level of confidence and trust.

It is also critical for services to specifically support LGBTI people in navigating service networks during or following an experience of DFV.

When DFV is formally reported and legal proceedings begin, these events can persistently re-traumatise a person who has experienced DFV.

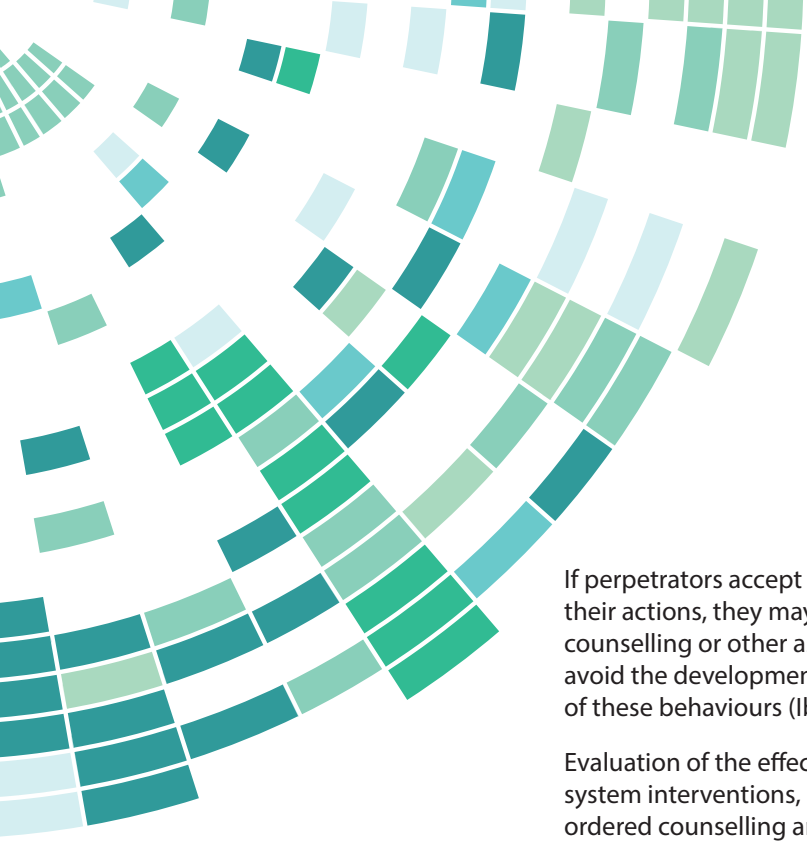
Culturally appropriate support, such as the Safe Relationships Project, a DV court assistance project run by ICLC across NSW, is needed to protect the health and wellbeing of victims to facilitate seeking legal redress and make this an accessible option for more victims (ICLC 2011, p. 25).

However, services of this kind are severely limited outside of Sydney.

Capacity building and LGBTIQ cultural awareness for criminal justice agencies (such as police, magistrates, victim's services and DFV referral networks) and court support services should be prioritised by the NSW Department of Police and Justice under *It Stops Here* (Women NSW 2013) to ensure that LGBTIQ people are able to access support that understands the complex dynamics of DFV in LGBTIQ relationships.

Behaviour change services for people who use violence is new terrain for ACON and is complicated by the fact that many incidents of DFV go unreported and unrecorded (ABS 2013, p. 30).

Thus, perpetrators may not be detected or counted in official agency records, either within the justice system or through services related to health and welfare (Ibid.).



It is also the case that, even when a perpetrator does come into contact with the civil or criminal justice system or other formal process, the incident may not be identified and recorded as DFV and, therefore, the perpetrator is not identified (Ibid.).

There is insufficient information regarding the types of intervention or other support that may assist in the prevention of further offending (Ibid., p. 45).

However, investigation can be made into the outcomes of existing programs such as the Gatharr Weyebe Banabe program for Aboriginal men.

If perpetrators accept responsibility for their actions, they may voluntarily seek counselling or other assistance to help avoid the development or maintenance of these behaviours (Ibid.).

Evaluation of the effectiveness of justice system interventions, such as court ordered counselling and other programs, is necessary (Ibid.).

Behaviour change, however, is an area in which significant government policy exists.

The NSW Men's Behaviour Change Network is developing models of good practice and there is an unprecedented opportunity for ACON to lead the field in this area.

There are no known behaviour change groups that work with LBQ women who use violence, although there may have been some approaches tested in the Northern Rivers area of NSW that work with lesbians who use violence in relationships.

HOW WILL ACON RESPOND?

ACON's expertise in understanding and engaging with LGBTI communities and in health promotion provides a strong basis for working with the wider DFV sector to ensure that LGBTI people experiencing DFV receive appropriate support and referrals and that mainstream services provide an inclusive and supportive environment for members of our communities.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training, and advocacy and awareness raising. ACON is a key strategic partner for others seeking to engage with LGBTI communities.

The ACON AVP report line was originally established as a service for people who had experienced homophobic and/or transphobic street violence. In the past few years, there has been a marked increase in reports of DFV. While the increased reporting rates of DFV may be due to the increased general promotion of the report line, and not necessarily due to increases in the actual experience of DFV, this trend shows the importance of a community supported report line for those affected.

Between 2010 and 2013, the AVP received 100 reports of DFV, contributing 37% of all reports in the 2012-2013 financial year. This figure represents a 40% increase between 2011-2012 and, in 2012-2013, reports of DFV received by the AVP averaged 2.5 occasions of service per client.

Year	Total AVP reports (#)	Phone and face to face reports (#)	Online reports (#)	DFV reports (#)	DFV reports (%)	Occasions of service
10/11	173	85	88	21	12	537
11/12	145	85	60	33	27	419 (166 DV)
12/13	124	77	47	46	37	335 (113 DV)

The proportion of LGBTI clients seeking support from the AVP in relation to DFV has increased substantially since 2010.

DFV support work with LGBTI people involves a significant amount of time as people who are experiencing DFV often have complex and diverse needs and can require support in accessing legal and ethical service delivery options.

ACON has recently launched 'Stand UP', a campaign to promote bystander interventions, based on the positive testimonials from some people who have experienced DFV whose friends and family offered support when they identified relationships as abusive, and other reports from people who have experienced DFV who said that they wished that someone had spoken up.

Bystander intervention is a primary prevention strategy that seeks to mobilise the community to talk about DFV, identify it and take action when it is recognised.

It aims to challenge and change a bystander's actions or thoughts prior to an incident occurring, promoting a cultural shift in attitudes towards DFV (VicHealth 2011).

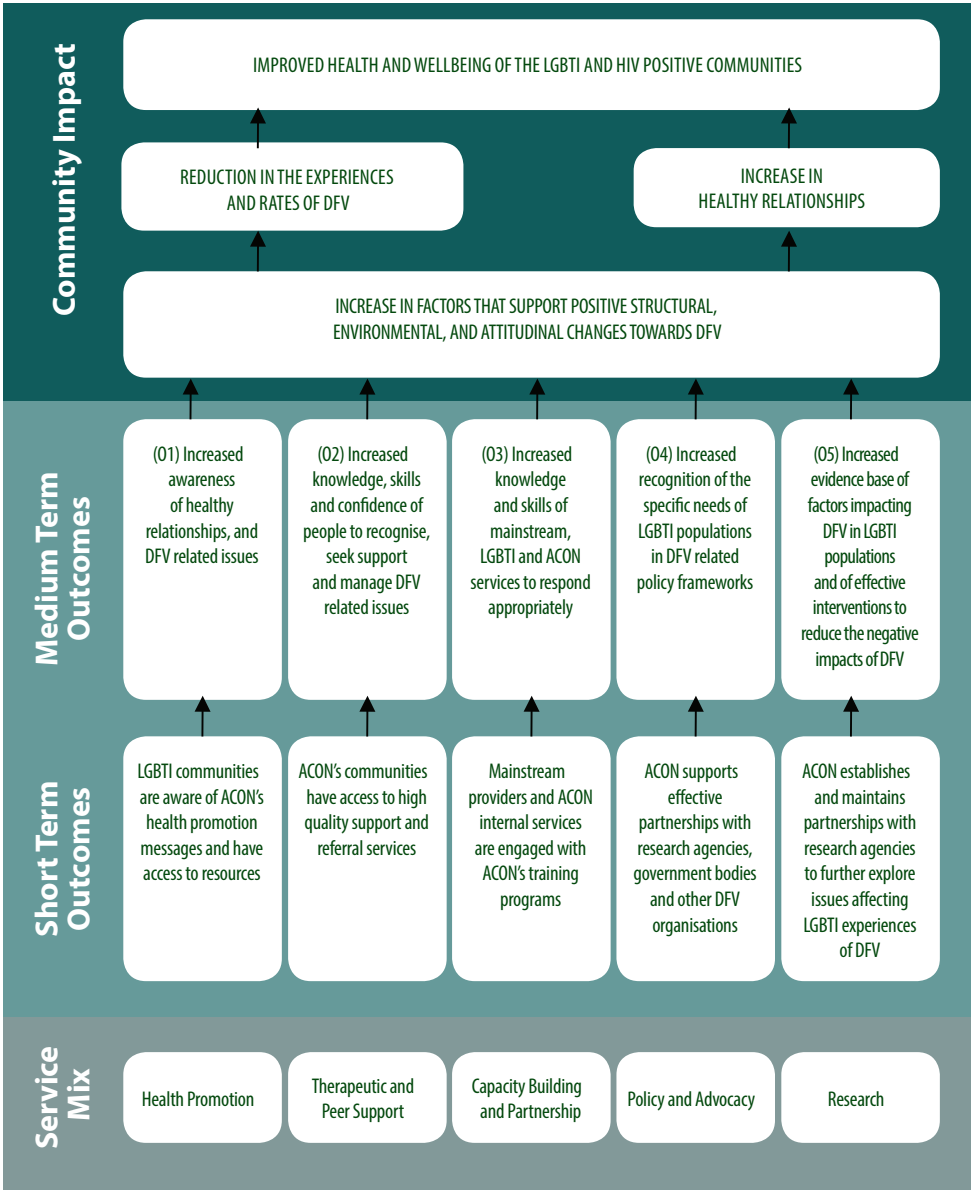
In the evaluation survey for 'Stand UP', 89% of respondents agreed that DFV happens in LGBTI relationships and 87% of respondents knew or had known someone in an abusive relationship, but 65% of respondents felt that persisting misconceptions lead to the belief that DFV does not happen in LGBTI relationships.

The areas in which we believe that we can make the most impact in the short term are in:

- Population level campaigns, training and capacity development;
- Pursuing funding and sustainable models for DFV work;
- Advocacy for inclusion of LGBTI indicators into mainstream DFV research, both nationally and state based, through work with ANROWS and building research partnerships with key academics;
- Working with researchers to develop research projects into DFV in LGBTI relationships and
- Developing and building partnerships with support services, service providers, researchers, police, peaks and statewide bodies, etc.

Limitations in capacity and funding, however, are such that ACON currently has no specific DFV role.

PROGRAM LOGIC: DOMESTIC AND FAMILY VIOLENCE



OBJECTIVES, STRATEGIES AND ACTIVITIES

IMPLEMENTATION

This Strategy outlines a comprehensive response and is contingent on appropriate funding and partnerships becoming available over its life.

Nonetheless, ACON has some internal capacity and programs to continue to meet the needs of our populations.

This Strategy will commence with a focus on continuing the services that are able to be offered within current funding constraints.

Much of this Strategy remains unfunded at the present time.

ACON will monitor funding opportunities and work with partners to deliver on this Strategy as and when opportunities arise.

If, over the course of this Strategy, ACON is successful in securing additional funding for targeted DFV programs, we will prioritise the work outlined within the strategies and activities table in this document.

In terms of current capacity, ACON will prioritise the following activities in the first year of this Strategy.

- Continue to provide trauma counselling and emotional support for members of our communities who experience DFV through ACON's Counselling program.
- Continue to provide client support and referrals through the AVP to specialist legal and court support, related family law matters and victim's compensation services.
- Provide referrals to NSW Police for ADVO applications.
- Provide housing support that responds to DFV issues and referrals to mainstream and specialist DFV support services.
- Run community social marketing campaigns and initiatives related to healthy relationships and raising awareness of DFV in LGBTI relationships by using bystander intervention strategies.

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES

*This table represents the strategies and activities that ACON can currently deliver independently and/or in partnership **(P)**, within current resource and funding limitations in this area.*
Priority areas for development are in black text. Potential activities dependent on securing additional resources are in teal text.

Objectives	Strategies	Activities
1. Increased awareness of healthy relationships and DFV related issues	1.1 Develop and promote campaigns and resources that promote healthy relationships in LGBTI communities	1.1.1 Seek funding to develop and implement health promotion campaigns on DFV in LGBTI relationships
	1.2 Develop education and information resources that educate our communities on DFV related issues	1.2.1 Consider best practice approaches to primary prevention that can be adapted from successful mainstream campaigns and strategies
	1.3 Develop community engagement strategies that include targeted forums and social media to increase community knowledge around DFV issues	1.2.2 Run community social marketing campaigns and initiatives related to healthy relationships and raising awareness of DFV in LGBTI contexts by using bystander intervention strategies
	1.4 Work with key partners including governments and NGOs on information campaigns to make sure they are relevant to LGBTI people	1.3.1 Partner with LGBTI community organisations to include DFV messaging through their networks and at community based events
2. Increased knowledge, skills and confidence of people to recognise, seek support and manage DFV related issues	2.1 Deliver quality interventions to clients who present with DFV issues	1.4.1 Seek opportunities to work with government and other organisations to include LGBTI relevant content to the work that they are doing
	2.2 Build and maintain referral networks to services that provide culturally appropriate DFV support for LGBTI people and promote appropriate care pathways	2.1.1 Continue to provide trauma counselling and emotional support through ACON's Counselling program for members of our communities who experience DFV
	2.3 Promote community development initiatives, such as the bystander intervention campaign, that build the capacity of LGBTI communities to identify and respond to DFV in social circles	2.1.2 Ensure that the ACON Counselling, Social Work and Care Coordination teams (Sydney and regions) have the capacity to effectively respond to cases of DFV and related issues
		2.2.1 Continue to provide client support and referrals to specialist legal and court support, related family law matters and victim's compensation services
		2.3.1 Consider specific approaches to respond to DFV in diverse LGBTI communities and relationships
		2.3.2 Encourage bystanders of DFV in our communities to respond to DFV when identified (POTENTIAL)
		2.3.3 Work with people who use violence to change their behaviours (POTENTIAL)

Objectives	Strategies	Activities
3. Increased knowledge and skills of mainstream, LGBTI and ACON services to respond appropriately	3.1 Deliver LGBTI cultural sensitivity training to mainstream DFV services **(P)**	3.1.1 Investigate new avenues for capacity building and training of mainstream service providers and agencies in LGBTI inclusivity and how to appropriately work with LGBTI people experiencing DFV, particularly regionally **(P)**
		3.1.2 Build capacity within mainstream housing services to meet the needs of GBTI men leaving DFV
	3.2 Continue to utilise existing community groups and networks to support community messaging around healthy relationships and identifying DFV in LGBTI relationships	3.2.1 Maintain partnerships with community based organisations and party promoters to provide information and resources on DFV and promote available support services **(P)**
	3.3 Work with relevant government and NGO services that work in DFV to ensure the development of localised services for LGBTI communities	3.3.1 Explore partnerships with services in the DFV sector to provide culturally appropriate and LGBTI sensitive services across NSW **(P)**
		3.3.2 Work with partners to devise specific strategies to include sistergirls, brotherboys and other LGBTIQ Aboriginal and Torres Strait Islander people in broader family violence policies and services **(P)**
		3.3.3 Continue to work with key services in the DFV sector, such as the NSW Police Force, criminal justice agencies, magistrates, victim's services and court services to ensure their ability to respond to DFV issues in LGBTI relationships **(P)**
		3.3.4 Seek opportunities to work with the NSW Men's Behaviour Change Network, which is developing models of good practice in behavioural change in the area of DFV, as well as other approaches tested that can be modelled for our communities (POTENTIAL)
		3.3.5 Follow the outcomes of existing behaviour change programs to assess viability and application to ACON's communities and programs
		3.3.6 Explore opportunities for behaviour change work with LGBTI people who use violence (POTENTIAL)

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES (continued)

Objectives	Strategies	Activities
4. Increased recognition of the specific needs of LGBTI populations in DFV related policy frameworks	4.1 Advocate for increased recognition of LGBTI populations in DFV related policy and for routine collection of LGBTI indicators in service data among DFV related service providers	4.1.1 Work with the ANROWS to ensure that LGBTI needs are reflected in policy frameworks
		4.1.2 Work with NSW policy makers and peak bodies through active, ongoing participation in the NSW Women's Alliance to determine a policy strategy for LGBTI inclusion
		4.1.3 Work with the NSW Police and other key organisations to seek opportunities to support improved routine collection of DFV and LGBTI related service use data **(P)**
5. Increased evidence base of factors impacting on DFV in LGBTI populations and of effective interventions to reduce the negative impacts of DFV	5.1 Seek opportunities to work in partnership with researchers to undertake DFV and LGBTI research	5.1.1 Engage with researchers to identify possibilities for collaboration on or to support research into DFV issues as they affect LGBTI populations
	5.2 Advocate for the need for an evidence base regarding the types of interventions and other support that assist in preventing DFV from occurring	5.2.1 Seek opportunities to work with university faculties and students to investigate what motivates DFV in LGBTI relationships and compile findings from ACON's client service activities in relation to DFV
		5.2.2 Explore opportunities to work with researchers, academics and ANROWS in this area

POPULATIONS

ACON's historical engagement with LGBT people means that we have experience in connecting with and providing health services that are meaningful to these populations, especially around HIV and STI prevention.

Some of this expertise may vary when it comes to the broader health issues affecting LGBTI people, and we do not expect to always have the answers or the connections.

This is why it is important that we partner with other health and community organisations that have the technical and social expertise to help us to build the targeted interventions necessary for sub-population groups within LGBTI communities.

Within the context of funding constraints, our main communities of focus will include:

- LGBTI people and
- People with HIV.

Where the evidence suggests disproportionality in health outcomes for the following diverse backgrounds, ACON will partner with key organisations to build health promotion programs and services for:

- Aboriginal and Torres Strait Islander LGBTI people, families and communities;
- LGBTI people from CALD backgrounds;
- Transgender and gender diverse people and
- Intersex people.

We recognise that, while we have expertise in developing programs for many of our populations, more targeted work is best placed to occur in partnership with services that have a historical and cultural connection to specific communities.

Our engagement with intersex and transgender communities will rely heavily on partnership with intersex and transgender organisations to help build our awareness of issues, engage in shared capacity building and work together on the common issues of discrimination and stigma that our communities share.

We will also continue to work in partnership with specialist Aboriginal and CALD service providers, to ensure that the needs of Aboriginal and CALD LGBTI people are able to be met.

PRINCIPLES

Over the life of this Strategy, our commitment to working to reduce experiences of DFV will be underpinned by the following principles.

Recognising diversity and promoting inclusivity

Working with LGBTI communities to deliver effective and culturally relevant health services means identifying and addressing common issues that impact the community collectively, as well as recognising the diverse range of experiences and health disparities that disproportionately affect individual groups within the LGBTI acronym, which necessitates more tailored and targeted responses.

This means acknowledging that experiences of sexuality, sex and gender diversity vary, as does the extent to which an LGBTI identity is central to a person's self-definition and community affiliation, and how experiences of social stereotypes and prejudice can impact on health outcomes (Meyer 2001, p. 856).

These differences need to be taken into account when undertaking research and building targeted and effective public health interventions.

As such, ACON will utilise different strategies and approaches to ensure that messaging and targeting is relevant to each key sub-population.

For instance, in supporting a transgender woman in an abusive relationship with a cisgender man, a service will need to employ different language, focus and referrals than it would to support a cisgender gay man who is experiencing violence from a family member.

It is important to note here that intersex is not a category of sexual or gender identity.

Intersex people may identify as women, men, transgender, lesbian, gay, bisexual, heterosexual, or any number or combination of sexual and gender identities.

ACON will, therefore, engage with intersex organisations, such as OII Australia, to support their efforts on behalf of intersex populations.

We will also try to ensure that research conducted for this Strategy asks about the intersex status of participants, thus potentially building the foundation of an evidence base about LGBT intersex people and DFV.

Evidence based

In addition to honouring the individual needs of our clients, we will ensure that our programs and services reflect a good practice approach and, where possible, are delivered and promoted within an evidence based framework.

This will entail actively engaging with and monitoring emerging research on effective interventions, as well as seeking research partners to work with us in developing, trialling and evaluating potential interventions.

ACON has contributed significantly to the LGBTIQ Domestic Violence Interagency, particularly the Second National LGBTIQ Domestic and Family Violence Conference in 2013, where a number of LGBTIQ elders, including prominent sistergirls, shared knowledge, culture and expertise on DFV experiences.

Statewide approach

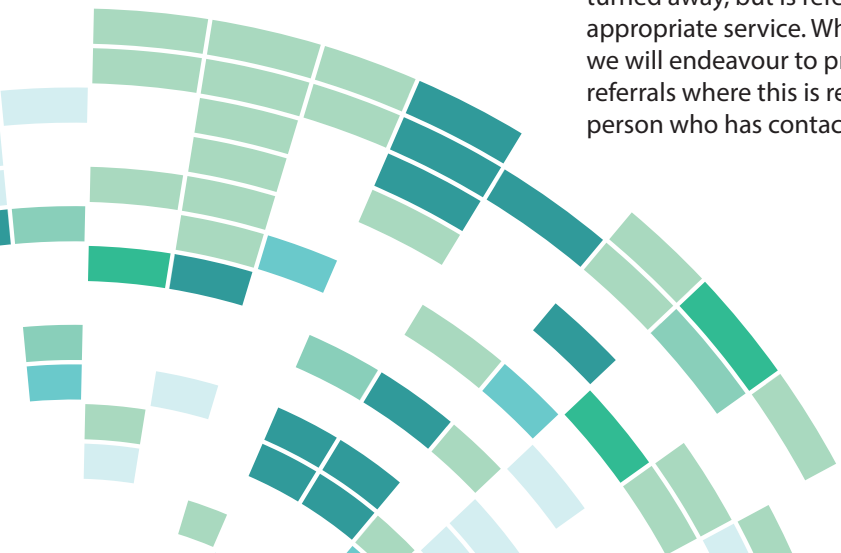
As a statewide, community based organisation, our aim is to provide programs and services to people across NSW. We do this through our offices located in Sydney, the Hunter Region and the Northern Rivers.

A great deal of work also occurs via outreach services across regional and rural NSW. This includes Port Macquarie, Coffs Harbour, Illawarra and Southern and Western NSW.

We will continue to allocate resources where they will have the greatest population level impact and ensure that our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

'No wrong door' policy

While ACON can only offer a limited range of direct services, we aim to build robust referral relationships to ensure that no one approaching us for help is turned away, but is referred on to an appropriate service. Wherever possible, we will endeavour to provide supported referrals where this is requested by the person who has contacted us.



Leadership

ACON has historically been regarded as the lead agency for LGBTI DFV, not just in NSW, but also in the federal arena.

We have actively participated in the NSW Women's Alliance, a network of peak organisations and statewide service providers that formed in late 2012 and is working within the sexual assault and DFV fields to provide advice, support and information to the government and NGO sector on ongoing development and implementation of the DFV framework and related policy and service responses.

With these and other policy developments in the pipeline, ACON is now positioned as the key agency to advise on DFV issues and best practice in relation to LGBTI people and communities in NSW.

Partnerships

Working in partnerships is integral to ACON's success in delivering effective programs across our communities, as well as our ability to deliver a statewide reach of these programs.

Maintaining and building partnerships involves collaborating with key partners, including government, other NGOs, health care providers, researchers and communities, to maximise inclusiveness and relevance of health promotion strategies.

The primary partnership with which ACON works is the NSW LGBTIQ Domestic Violence Interagency. Key partners in the Interagency include:

- The City of Sydney;
- Clarence River Women's Refuge;
- The Deli Women and Children's Centre;
- The Department of Police and Justice;
- The Domestic Violence Line;
- Domestic Violence NSW;
- Elsie Refuge;
- FACS/Women NSW;
- The Gender Centre;
- The Inner City Legal Centre;
- The Junction Neighbourhood Centre;
- NSW Police;
- South Eastern Sydney Local Health District;
- Sydney City Family Relationships Centre/Relationships Australia;
- Sydney Local Health District;
- Women's Domestic Violence Court Advocacy Service and
- Women's Legal Service NSW.

- Research partnerships that ACON intends to pursue include:
- ANROWS: This new national research centre launched in 2014 and is tasked under the National Plan to reduce DFV and sexual assault;
- The Centre for Social Research in Health (CSRH): We worked in partnership with CSRH to analyse data collected by ACON on behalf of the LGBTIQ Domestic Violence Interagency in 2012 that looks at experiences of LGBTIQ DFV in NSW.

  The report, which is currently in the final stages of compilation, has the potential to significantly inform the work of both ACON and the broader DFV sector and
- Other academics, universities and research institutes.

ACON can work more closely with the following organisations on DFV issues.

- 1800 RESPECT, the national sexual assault and DFV counselling service.
- Androgen Insensitivity Syndrome Support Group.
- The Australian Human Rights Commission.
- DVNSW, the NSW DFV peak body.
- Housing NSW, specialist homelessness services and peak bodies.
- Lifeline, a partnership opportunity for training delivery.
- Local DFV working groups in the Northern Rivers and Illawarra.
- National LGBTI Health Alliance.
- NSW Women's Alliance.
- Peak and statewide youth organisations, including Twenty10 and Youth Action.
- Rashida Manjoo, the UN Special Rapporteur on Violence against Women.
- Relationships Australia, a partnership opportunity for training delivery.
- The Six National Women's Alliances.
- Community partnership with groups such as Harbour City Bears, sporting and leisure groups, etc.

ACON's work around DFV has historically been driven by volunteers and member of interagencies who have made important contributions. In addition to the organisations listed above, these include:

- Australian Domestic and Family Violence Clearinghouse;
- Byron Shire Domestic Violence Liaison Committee;
- Inner City DV Action Group;
- Kids and Families, NSW Health;
- Lesbians Initiating Positive Strategies;
- Lismore and District Women's Health Centre;
- Lismore Domestic Violence Liaison Committee;
- Men and Family Centre, Lismore;
- Northern Rivers Women and Children's Services;
- NSW Men's Behaviour Change Network;
- Rape and DV Services Australia and
- Tweed Shire Integrated Response to Domestic and Family Violence Committee.

MONITORING AND EVALUATION

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review.

This enables us to consistently evaluate interventions and programs as they are implemented.

The nominated objectives are areas where ACON can feasibly measure the impact of our work.

We will conduct a midterm review in order to assess the extent to which its objectives have been realised and to adjust our immediate priorities in light of the progress made to date.

At the conclusion of this Strategic Plan, the data collected from all contributing programs and projects will be reviewed and evaluated in order to determine the extent to which we have achieved the outlined objectives.

REFERENCES

ABS – see Australian Bureau of Statistics

Australian Bureau of Statistics 1996, *Women's Safety Australia Study*, ABS, Canberra

Australian Bureau of Statistics 2006, *Personal Safety Survey* (reissue), Cat. no. 4906.0, ABS, Canberra

Australian Bureau of Statistics 2013, *Defining the Data Challenge for Family, Domestic and Sexual Violence*, Cat. no. 4529.0, ABS, Canberra

Bird, K. (ed.) 2003, Making Waves: *Attending to lesbian relationship violence*, Wayward Concepts, Byron Bay

COAG – see Council of Australian Governments

Constable, A., De Castro, N., Knapman, R. & Baulch, M. 2011, One Size Does Not Fit All: *Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities'* needs, ACON, Sydney

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

Department of Attorney General and Justice 2012a, *Minimum Standards for Men's Domestic Violence Behaviour Change Programs*, Department of Attorney General and Justice, Sydney

Department of Attorney General and Justice 2012b, *The NSW Domestic Violence Justice Strategy: Improving the NSW criminal justice system's response to domestic violence 2013-2017*, Department of Attorney General and Justice, Sydney

Department of Attorney General and Justice 2012c, *Towards Safe Families: A practice guide for men's domestic violence behaviour change programs*, Department of Attorney General and Justice, Sydney

Department of Attorney General and Justice 2013, *The New Victims Support Scheme: A detailed guide*, Department of Attorney General and Justice, Sydney

Department of Families, Housing, Community Services and Indigenous Affairs 2012, *Facts about Women's Safety: Fact Sheet 2 Personal Safety*, FaHCSIA, Canberra

Department of Family and Community Services 2013, *Going Home Staying Home: Reform plan*, FACS, Sydney

Domestic Violence Prevention Centre Gold Coast Inc. 2014, *The Impact of Domestic Violence on Women*, Domestic Violence Prevention Centre Gold Coast Inc., accessed 13/05/2014, http://www.domesticviolence.com.au/pages/impact-of-domestic-violence-on-women.php

FACS – see Department of Family and Community Services

FaHCSIA – see Department of Families, Housing, Community Services and Indigenous Affairs

Farrell, J. & Cerise, S. 2006, *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships 2006*, ACON, Sydney

Hillier, L., Dempsey, D., Harrison, L., Beale, L., Matthews, L. & Rosenthal, D. 1998, *Writing Themselves In: A national report on the sexuality, health and well-being of same-sex attracted young people*, Monograph series No. 7, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

Hillier, L., Turner, A. & Mitchell, A. 2005, *Writing Themselves in Again: 6 years on, The 2nd national report on the sexual health and well-being of same sex attracted young people* in Australia, Monograph series No. 50, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

ICLC – see Inner City Legal Centre

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

KPMG 2009, *The Cost of Violence against Women and their Children*, Safety Taskforce, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra

Leader – see Northern Daily Leader

LGBT Youth Scotland – see LGBT Youth Scotland & Equality Network

LGBT Youth Scotland & Equality Network 2010, *Out of Sight, Out of Mind?* Transgender people's experiences of domestic abuse, Scottish Transgender Alliance, Edinburgh

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

LGBTIQ DV Interagency – see LGBTIQ Domestic Violence Interagency, NSW

Little, S. 2008, 'Challenging Changing Legal Definitions of Family in Same-Sex Domestic Violence', *Hastings Women's Law Journal*, Vol. 19

Meyer, I.H. 2001, 'Why Lesbian, Gay, Bisexual, and Transgender Public Health?', *American Journal of Public Health*, Vol. 91, No. 6, pp. 856-859

Mooney-Somers, J., Deacon, R.M., Comfort, J., Richters, J. & Parkhill, N. 2013, *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010 and 2012*, ACON & Centre for Values, Ethics and the Law in Medicine (VELiM), University of Sydney, Sydney

Northern Daily Leader 2014, 'No Excuse for Domestic Violence', the *Northern Daily Leader*, 25 April

NSW Parliament 2012, *Domestic Violence Trends and Issues in NSW* (N. Blair Chair), Report No. 46, Legislative Council, Standing Committee on Social Issues, Sydney

NSW Parliament 2014, *Crimes (Domestic and Personal Violence) Amendment (Information Sharing) Bill 2014, accessed 04/06/2014*, http://www.parliament.nsw.gov.au/prod/parlment/nswbills.nsf/131a07fa4b8a041cca256e610012de17/0af9808485096be1ca257ce500221d7d?OpenDocument

NSW Police Force 2011, *NSW Police Force Policy on Sexuality and Gender Diversity 2011-2014: Working with gay, lesbian, bisexual, transgender and intersex people*, NSW Police Force, Sydney

Phillips, J. 2006, *Measuring Domestic Violence and Sexual Assault against Women: A review of the literature and statistics*, Parliament of Australia, accessed 13/05/2014, http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/archive/ViolenceAgainstWomen

Pitts, M., Smith, A., Mitchell, A. & Patel, S. 2006, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, Monograph series no. 57, the Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

VAC – see Victorian AIDS Council

VicHealth – see Victorian Health Promotion Foundation

Victorian AIDS Council 2013, *ReVisioning*, VAC, accessed 01/07/2014, http://www.vac.org.au/revisioning

Victorian Health Promotion Foundation 2011, *Review of Bystander Approaches in Support of Preventing Violence against Women: Preventing violence against women by increasing participation in respectful relationships*, Victorian Health Promotion Foundation, Carlton

Wheeler, E. 2006, Men's Behaviour Change Group Work: *Minimum standards and quality practice*, No to Violence, Burnley North

Women NSW 2013, *It Stops Here: Standing together to end domestic and family violence in NSW: The NSW Government's domestic and family violence framework for reform*, NSW Government, Sydney

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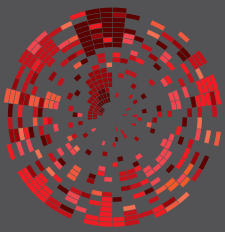

LGBTI HEALTH OUTCOME STRATEGIES

SMOKING

MENTAL HEALTH AND WELLBEING

ALCOHOL AND OTHER DRUGS

COMMUITY SAFETY AND SOCIAL INCLUSION

DOMESTIC AND FAMILY VIOLENCE

HEALTHY AGEING AND AGED CARE

SEXUAL HEALTH AND HEP C PREVENTION

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