Homophobia, transphobia and men's behaviour change work

The study of intersections between forms of oppression, domination and discrimination related to gender violence and homophobia and transphobia

Kylie Lloyd – Master of Social Work final placement project
for
No To Violence – Male Family Prevention Association

CONTENTS

Glossary of terms

Hegemonic masculinity is a concept made popular by sociologist R.W. Connell of proposed practices that promote the dominant social position of men, and the subordinate social position of women. Conceptually, hegemonic masculinity proposes to explain how and why men maintain dominant social roles over women, and other gender identities, which are perceived as "feminine" in a given society.

Heteronormative/Heteronormatism is the belief that people fall into distinct and complementary genders (man and woman) with natural roles in life. It asserts that heterosexuality is the only sexual orientation or only norm, and states that sexual and marital relations are most (or only) fitting between people of opposite sexes.

Heterosexual is a person who is attracted to the opposite sex.

Homophobia is the fear and hatred of gay men and lesbians and of their sexual desires and practices.

Hypermasculinity is a psychological and sociological term for the exaggeration of male stereotypical behaviour, such as an emphasis on physical strength, aggression, and sexuality.

Transgender is a person who does not identify with their gender of upbringing.

Transphobia is fear and hatred of people who are transgender.

Introduction

No To Violence Male Family Violence Prevention Association (NTV) Inc. is the Victorian peak body for organisations and individuals working with men to end their violence and abuse against family members. NTV members come from a diverse range of professional and community backgrounds and work in a number of settings including government, the community sector, and private practice. NTV provides resources and opportunities for service providers to enhance their capacity to successfully engage with men who use violence, and work with men to prevent further violence (NTV Annual Report, 2014).

Standards of Practice

NTV advocates that the best practice services for men who use violence are men's behaviour change programs (MBCPs). These programs involve a number of components:

- assessment of men; regardless of whether they self-refer, are referred by others or who are mandated to attend a program by the Department of Justice
- facilitation of one or more men's behaviour change programs through which they engage in processes and practices to take responsibility for their use of violent and controlling behaviour, and work towards changing these behaviours
- in some situations and when resources allow, additional individual work with some group participants, and
- work with partners, ex-partners (and children) to maximise their safety and to support their journeys of healing and empowerment.

Men's behaviour change programs are for men who have been violent and controlling towards a current or previous partner and are either mandated to or are now starting to think about change themselves. Participants talk, share information, challenge and support each other to be better men, partners, and fathers (see ntv.org.au/what-we-do/).

An important aspect of MBCPs provided by NTV organisations is that they are accountable and responsive to the needs and safety of women and children. All programs work with partners and ex-partners to maximise their safety and to support their journeys of healing and empowerment. This is usually conducted by having regular telephone calls with women and can also include face-to-face meetings (see ntv.org.au/what-we-do/).

NTV sets minimum standards for MBCP providers to make it more likely that programs are conducted in ways that are safe, ethical and accountable. MBCPs are delivered by many different providers and in many different settings. They are facilitated by people of diverse backgrounds, disciplines and theoretical positionings. However, all groups operate from an understanding of the gendered nature of family violence, with varying degrees of feminist underpinnings. MBCPs operate in different geographical areas, which can often lead to a difference in available resources for these specific programs. These differences mean that each MBCP will be unique.

Currently, there are thirty-seven mainstream MBCPs operating throughout Victoria, one of these being a program specifically for same sex attracted and bisexual men.

It is important to acknowledge that through this report reference will be made to same-sex attracted, bisexual and transgender people, together with the GLBTI community. The terms are used at different times throughout the document to ensure inclusivity, represent all forms of the community and to relate it to the limited research conducted to date in the family violence sector.

Literature Review

Intimate partner violence (IPV) has been historically framed in terms of heterosexual relationships (Gates, 2011 as cited in Russell, Chapleau, Kraus, 2015). This is not surprising because the origins of IPV were first introduced in terms of social awareness and protection for women from a culture of male dominance and women's oppression in a patriarchal society (Schecter, 1982 as cited in Russell, Chapleau, Kraus, 2015).

Although times have changed and some positive steps have been made regarding research and resources available for victims of IPV, it is still widely accepted that when most people think of a victim of partner abuse, they think of heterosexual woman. A report produced by the Victorian Department of Justice (2010) highlights that in terms of all forms of family violence – including but not limited to IPV – women are at least 3-4 times more likely to be victims than men. In terms of IPV, Hester (2009) states that when violence is perpetrated by a current or former intimate partner, women are at least six times more likely than men to the victim of IPV physical assaults, and 24 times more likely than men to be driven into homelessness due to experiencing IPV.

Furthermore, women's experience of IPV, relative to men's, is in general associated with substantially more fear and severity. This viewpoint is a reflection of the statistics that surround IPV. The lack of resources available for men in same sex relationship mirrors the societal belief that abuse is something that only happens to heterosexual women. Yet sexual orientation of the victim and the gender of the assailant play a significant role when determining our perceptions of abuse (Russell, Chapleau & Kraus, 2015).

A recent report tabled by the NSW Coroner's Court Domestic Violence Death Review Team outlined that 593 men and 283 women were killed in NSW over 10 years (2000-2010). 101 (17%) of male and 137 (48%) of female homicides were domestic violence related. One

hundred and eight women were killed by their intimate partners and thirty five men were killed by their intimate partners. Six of those men were domestic violence victims, all six were killed by male partners (Gilmore, 2015).

Studies have found that the general public tends to be more understanding of IPV committed by women than by men (Simon et al., 2001; Sorenson & Taylor, 2005; Straus, 2009 as cited in Russell, Chapleau, Kraus, 2015). Heterosexual female victims are also perceived as more believable than lesbian or gay male victims and heterosexual men (Poorman, Seelau & Seelau, 2003 as cited in Russell, Chapleau & Kraus, 2015). IPV in same-sex relationships are often considered, by the general public, to be mutually initiated, less severe and less serious than IPV in opposite-sex relationships when the parties are assumed to be similar in size and strength (Brown, 2008; Dalton & Schneider, 2001; Poorman et all., 2003; Sorenson & Taylor, 2005 as cited in Russell, Chapleau & Kraus, 2015).

It is stated that many of the same triggers associated with male same-sex intimate partner violence are also applicable to violence with men against women. Violence as a form of hypermasculine display, power and control, abuse, mental health, substance abuse and intergenerational abuse are all outlined as possible reasons for male same-sex IPV (Babcock, Waltz, Jacobson & Gottman, 1993; Coker et al., 2000; Romans, Poore & Martin, 2000 as cited in Kay & Jefferies, 2010).

Few studies have explored the problem of male same-sex IPV, especially in the context of Australia (Kay & Jeffries, 2010). Consequently, research focused on violence between male and same-sex intimate partners is sparse. Jeffries and Ball (2008) identified twenty six original research studies of which only two were undertaken in Australia. As a body of work this research shows that IPV is not only a problem for heterosexual couples. Violence between male same-sex intimate partners also occurs at levels similar to or higher than opposite sex

relationships (Bradley, Smith, Long, & O'Dowd, 2002; Carrington, 2003; Johnson, 2005, Wilt & Olsen, 1996).

> "Existing studies", writes McClennen, "reveal similarities between opposite- and same-gender domestic violence in prevalence, types of abuse and various dynamics..." (McClennen, 2005: 149).

McClennen (2005) goes on to say that the common denominator with these statistics is the male perpetrator. When men perpetrate violence against an intimate partner, whether they be a male or female, then there are similarities in prevalence, types of abuse and various dynamics.

Despite these similarities, very few domestic violence or sexual assault services provide expert assistance to the victims of same sex partner abuse. In 2006 Victoria Police reported that there was no publicly funded family violence counselling agencies available for police to be able to refer male victims of same sex partner abuse. (Leonard, Mitchell, Pitts & Patel 2008).

As with the struggles already discussed in this paper with regard to same-sex people specifically, it is important to make reference to the GLBTI community in general and the struggles experienced with FV and IPV. Research highlights that many Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) people underreport incidents of heterosexist violence and same sex partner abuse because they believe that authorities will be apathetic to their claims or that they will be subject to further discrimination (as cited in Leonard, Mitchell, Pitts & Patel 2008).

Intersections of oppression and discrimination need to be highlighted in this report, as this theory is another piece of the puzzle with regard to the difficulties the GLBTI community face when trying to report and gain support for IPV.

Intersectional theory suggests that social events are often best understood by examining the connection of institutional power structures such as class, race, gender and sexuality (Choo & Ferree, 2010; Collins, 2000; Crenshaw, 1991). In comparison, approaches that take only one system of oppression into account sometimes support homogenized and distorted views of marginalised groups, enhancing the interests of more privileged individuals (King, 1998; Zinn & Dill, 1996 as cited in Meyer, 2012).

In advancing our understanding of identity categories such as race, class, gender, sexual orientation etc as interrelated (Smooth, 2013 as cited in Cannon & Buttell, 2015), we can better understand the ways these issues are experienced in GLBTI communities. Intersectionality provides the space to ask: In what ways does one's "masculinity" inform this instance of IPV? In what ways does his sexual orientation inform this behaviour? And, in what ways does the intersection of these identities contribute to IPV? Scholars suggest that this is an interesting and potentially valuable tool to help us understand both how violence is experienced in the GLBTI community and how it may vary across both individuals within the community and at different times for the same individual (Cannon & Buttell, 2015).

Research conducted by Chan (2005) suggests that service providers need to be aware that barriers to seeking help or reporting FV/IPV are more acutely felt by GLBTI people, in particular those from Indigenous and ethnic communities. GLBTI people from Indigenous and ethnic communities may have additional reasons to mistrust the police and legal systems. Such apprehension may exist alongside experiences or fear about racism, and cultural or linguistic inappropriateness by support services. Participants at a family violence conference in London in 2002 discussed experiences of gays being "outed" and consequently being ostracized from a particular ethnic or racial community (Jones et al. 2002 as cited in Chan, 2005).

Whilst implicitly acknowledged as being an important issue, IPV in GLBTI relationships has not been extensively studied or analysed, which highlights its status as marginalized in current theoretical frameworks for understanding IPV. Using gender-neutral language, while still tacitly assuming heterosexual perpetrators and victims, masks the specific dynamics, motivations, uses, reactions and treatment both same-sex abusers and victims experience. In doing so, it maintains and reinforces a heteronormative system of oppression that continues to remain invisible and disenfranchise GLBTI people. The outcome of using such politically correct language as "partner" is that it blurs the population we are actually studying (heterosexual men and women) and further excludes GLBTI experiences of IPV (Cannan & Buttell, 2015).

Chan (2005) suggests that same-sex and transgender FV also challenge the gender analysis, saying "Western feminist theories place gender-based power as central in the analysis of inequality in relationships, with the focus mostly on male-female relationships, and thus have been criticized for omitting an analysis of violence in same-sex relationships". She goes on to add that social theorist Elliott's recommendation of 'power analysis' as an alternate viewpoint is more relevant to same-sex violent relationships and also relevant to the experiences of transgender people. Elliott argues that 'as sexism creates opportunity for heterosexual men to batter women, homophobia/transphobia creates opportunity for people in same-sex relationships or with a trans partner to batter their partner'. She says that in both contexts, there is an opportunity to commit violence and a perceived freedom from negative consequences. (Chan, 2005).

The need for this research to be conducted was identified by NTV due to this ongoing unawareness of the needs of GLBTI communities in the family violence sector. MBCPs need to take into account homophobia and transphobia when working with men who commit family violence. As previously mentioned in this report, many of the same triggers associated with male same-sex IPV are similar to violence with men against women. Research shows that IPV is

not just a problem for heterosexual couples and violence between male same-sex partners also occurs at similar levels to heterosexual relationships (Bradley, Smith, Long, & O'Dowd, 2002; Carrington, 2003; Johnson, 2005, Wilt & Olsen, 1996). However, the research conducted by the writer and previous studies continue to highlight that very few family violence services offer expert assistance to victims of abuse in GLBTI communities.

It is also vital to address the fixed binary discourse that exists within the current framework of service provision in this area, and for people to feel comfortable to construct their own gender and not be excluded from services. "Just lock your door" was one police officer's solution when confronted with the problem of heterosexist violence and harassment. It highlights the complex web of prejudice, inaction and lack of awareness that confronts many gay, bisexual and transgender people when deciding whether or not to report violence or same sex partner abuse (Leonard, W., et al 2008).

If we want to undertake work on gender as an "all-encompassing social process, using the female/male fixed binary but affecting everyone, we will continue to exclude all other people who did not fit into the sexed binary (Fletcher, 2015). Connell (2012) has defined such a binary approach as 'categorical thinking', and questions its usefulness within the field of health:

> Categorical thinking does not have a way of conceptualizing the *dynamics* of gender: that is, the historical processes in gender itself, the way gender orders are created and gender inequalities are created and challenged ... we cannot rely any longer on categorical thinking if we are to come to terms with the actual gender processes that affect health, the complex social terrain on which they emerge, and the urgency of these issues. (Connell, 2012, p.1676 & 1681).

The gap analysis "One Size Does Not Fill All" report produced by the Aids Council of NSW (ACON) outlines in its Executive Summary and Recommendations report that barriers to accessing support in GLBTI communities consists of:

- Participants having little or no personal awareness of what constitutes same-sex domestic violence
- Lack of awareness among participants of services that would support GLBTI people experiencing domestic violence
- Isolation from friends or families as a direct result of the abuse
- Most participants in the study didn't recognize their relationships as domestically violent until after it had ended and they became more aware of same-sex FV
- Participants being referred for sexual reorientation instead of family violence support
- A lack of appropriate accommodation and other support services for men
- Participants having to deal with the prejudices of mainstream service providers regarding men getting support in relation to same sex FV.
- Participants initial hesitation in contacting the police due to perceived fears of institutional or interpersonal homophobia

Awareness about these issues and many others discussed in this report that same-sex attracted, bisexual, transgender and intersex people face in accessing MBCPs and other services is also vital to encourage organisations to provide services and groups to meet the specific needs of this community Australia-wide.

Methodology

The methodology used in this project is emancipatory, strongly drawing on feminist theory and practice. Alston and Bowles (1998) suggest that feminist research is characterised by its goals, rather than its methods. The methods adopted in this project were informed by our goals of social change through informing service provision.

Emancipatory researchers argue that research should not merely study the world and preserve the status quo but should aim to reveal power inequities and social constructions which contribute to oppression (Alston & Bowles, 1998). This process also has the aim of empowering and liberating the oppressed through consciousness-raising.

Feminist research comes from a perspective that posits that women do not hold equal power to men and that this is embedded and reproduced by the institutions and structures that make up our society (ref here). Hegemonic binary suggests a "normal" man is one who has male genitalia, displays masculine behaviours, is sexually dominant and is attracted to those who possess female genitalia, demonstrate feminine behaviours and are sexually submissive (Marinucci, 2010). Although there is a misconception that feminism and feminist theory is "anti-male" through its focus on male dominance and masculine attributes such as power and control, feminist theory questions assumptions about privilege and about access. It challenges the devotion to the use of categories that position one gender as normal, natural and neutral (male) versus one gender that is oppositional, subjected, variant and inferior (female), (Gedro & Mizzi, 2014).

Numer and Gahagan (2009) explained, "Feminist, poststructuralist and queer theories 'deconstruct' power relations by dismantling the norm and promote a politics of change" (p. 155). Feminism is primarily concerned with equality and justice for all women and it "seeks to eliminate systems of inequality and injustice in all women's lives" (Shaw & Lee, 2004, p.9 as

cited in Gedro & Mizzi, 2014) Recent versions of feminist theory include diverse populations, such as women of colour, transgender people and effeminate and non-masculine boys and men (Gedro & Mizzi, 2014). Intersectionality and social positioning discussed in feminist theory also highlights way in which individuals' various intersectional social identities (for example, gender, race, social class, disability, sexuality, faith), social positions and consequential social power can impact on experiences and understandings of and responses to family violence (Donovan, Barnes & Nixon, 2014).

This research will be based on mixed methods, in that it is a mix of qualitative and quantitative research methods, involving the use of interviews and a survey. The survey was selected for use to give breadth to the data and the interviews were selected in order to provide depth of information.

Semi-structured interviews were conducted with selected service providers in metropolitan Victoria who either work with male perpetrators of family violence in MBCPs or provide other supports to this cohort of men. Open-ended interview techniques gave research participants the opportunity to respond to a topic in their own words and provide as much or as little information as they felt appropriate.

A survey monkey questionnaire was also distributed Australia wide to service providers who conduct MBCPs. The survey was a structured tool designed to elicit information about individual providers experience working with same-sex attracted or bi-sexual men at the intake, assessment and group participation phases. It also provided the research participants with the opportunity to talk about additional support that could be offered to their service to provide a more holistic service.

Results

As previously discussed, this research project consisted of semi-structured interviews and a survey. I will now discuss the results of both of these areas in more detail.

Semi-Structured Interviews

Interview narratives were explored and the key themes were as follows:

Issues identified by the Service Sector

- Most of the service providers interviewed indicated that male same-sex IPV was thought to be significantly underreported, being a more invisible problem.
- Economic power imbalances between partners and ideals pertaining to masculinity (hegemonic masculinity) were also thought to play a role.
- Service providers acknowledged that same-sex and bisexual men also face a number of homophobic and heteronormative barriers when seeking support from service providers. Numerous reasons were identified however the fact that the law has predominately focused on female victims of family violence (and particularly in heterosexual relationships) was seen to be a significant contributing factor as a barrier to leaving and seeking support.
- The lack of specialty support services available to deal with GLBTI IPV is also a concern and therefore victims often have little choice for support. They are therefore compelled to gain the support from a GLBTI health service or similar. These services are not always equipped to offer appropriate services to people using violence and only one service Australia wide offers a MBCP for GLBTI relationship violence.
- Due to the lack of support available, generalist services may not apply routine relationship violence assessments to same-sex attracted couples as they would with heterosexual couples, or they may minimize the violence between two men as opposed to a man and a woman.

- A small handful of facilitators of MBCPs reported they have had a same-sex attracted man in a mainstream group. They advised it was very rare, however in the majority of examples provided to the writer, the men completed the group sessions and were treated respectfully.
- It was acknowledged that a more welcoming introduction for same-sex attracted and bisexual men within services would be beneficial. For example, a statement on the provider's website acknowledging the organization "welcomes all gender diverse people and sexual orientations". Another suggestion was ensuring the intake form has the provision to not be gender specific and there is an alternative for people who are not a fixed binary, or that there is a requirement for a title.
- Current material used in education/training in the family violence sector is not inclusive of GLBTI communities and therefore alienates a same-sex attracted man from engaging a service.

Issues unique to GLBTI communities

- Societal homophobia was also reported as an additional tension for same-sex relationships which may play a part in contributing to IPV
- In trying to achieve hegemonic masculinity, same-sex men use elements of a power struggle that can result in IPV. It was suggested that often both men in a relationship are trying to oppose their subordinate position as gay men and therefore they use IPV in the relationship as a way to maintain power and achieve hegemonic masculinity.
- The lack of general community acceptance and awareness of alternative lifestyles and societies belief's related to fixed gender binaries was also noted as a barrier to seeking help.
- Homophobic attitudes of police, courts and possibly mainstream service providers and general feelings that reporting to them is not a viable option for same-sex and bisexual men impacts their willingness to report FV.

- Fear of being "outed" when contacting a service as they need to provide their gender and sexual identity was also suggested as a reason as to why these men may not seek support from a service.
- Violence needs to be seen not only as just a gender issue because this may alienate anyone who is not heterosexual.
- Due to the limited public awareness about same-sex attracted or bisexual IPV, GLBTI people also have a limited understanding of what it means and therefore are often not aware that what they are experiencing is FV. Further complications exist due to the nature of same-sex attracted relationships often being casual. This tends to make it even more difficult for LGBTI people to identify with what is happening to them is violent and not acceptable.

On-line Survey

This section will present the findings of a quantitative survey by facilitators of MBCPs Australia wide. The survey consisted of eleven questions with the following results:

Q1 Have you ever had a gay/bisexual or transgender man in one of your MBCPs?

Answered: 32   Skipped: 1
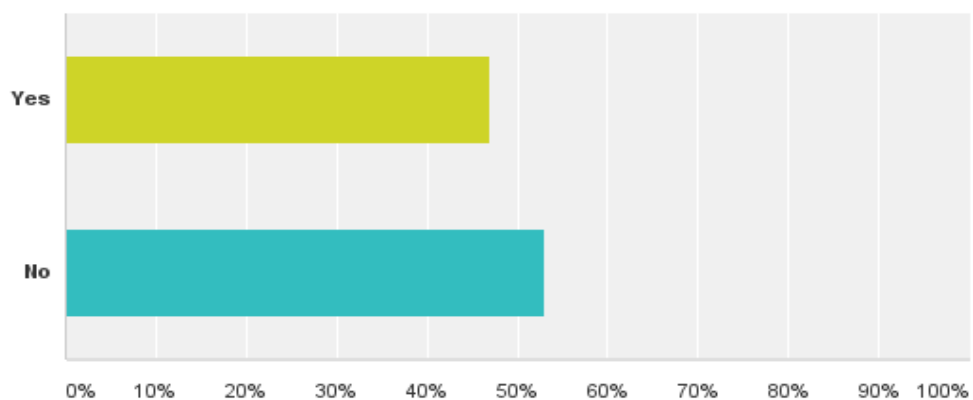
Whilst nearly half of the survey respondents acknowledge that a same-sex attracted, bisexual or transgender man has participated in a MBCP, further research would need to be conducted to establish how many times this has actually occurred over a set period.

Q3 Does your program have any documented policies or protocols for men who identify as gay/bisexual or transgender?

Answered: 31   Skipped: 3
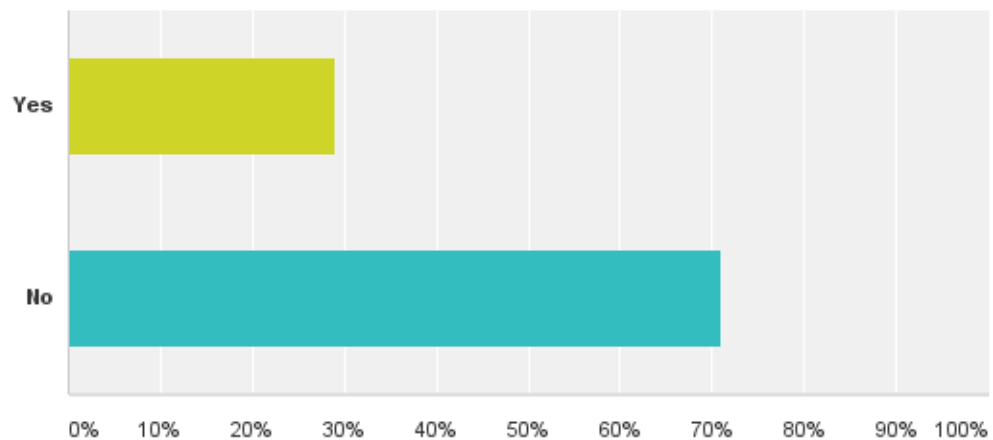
Whilst it is somewhat positive that 29% of respondents advised that they do have policies or protocols for men who identify as same-sex attracted, bisexual or transgender, there was still a significant proportion (71%) who indicated they didn't. This reinforces the issues already identified regarding inclusive practice not being consistent across the family violence sector.

No To Violence
Male Family Violence Prevention Association
ABN 98360665697
www.ntv.org.au

Men's Referral Service
1300 766 491

Q4 Does your program have any measures in place as part of the current intake and assessment procedure that make the process more inclusive for gay/bisexual and transgender people? (For example - do you have a tick box on your intake form for "Other" or "Gender Not Specified"? Does your website welcome all gender diverse people and sexual orientations?)

Answered: 29   Skipped: 5
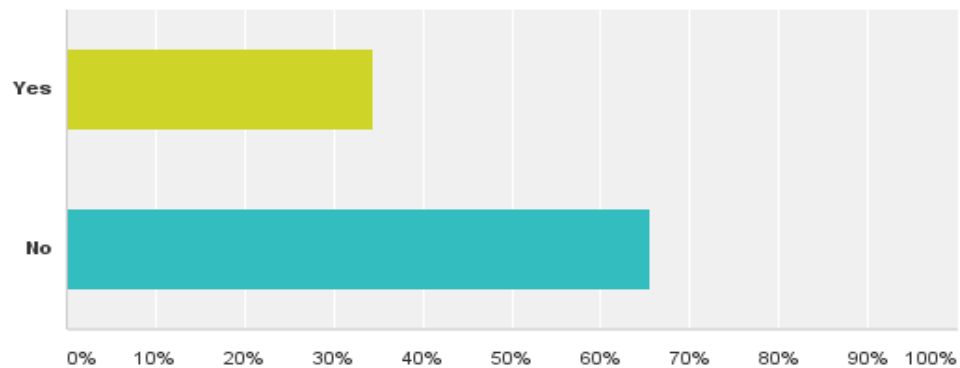
The results tabled in this graph are consistent with the results discussed above. Research discussed in this report, highlights the positive effect that making the "welcoming" process more inclusive can/will make for these communities.

Q7 Do you talk about gay/bisexual or transgender men's masculinity when discussing forms of masculinity within the group setting?

Answered: 29   Skipped: 5
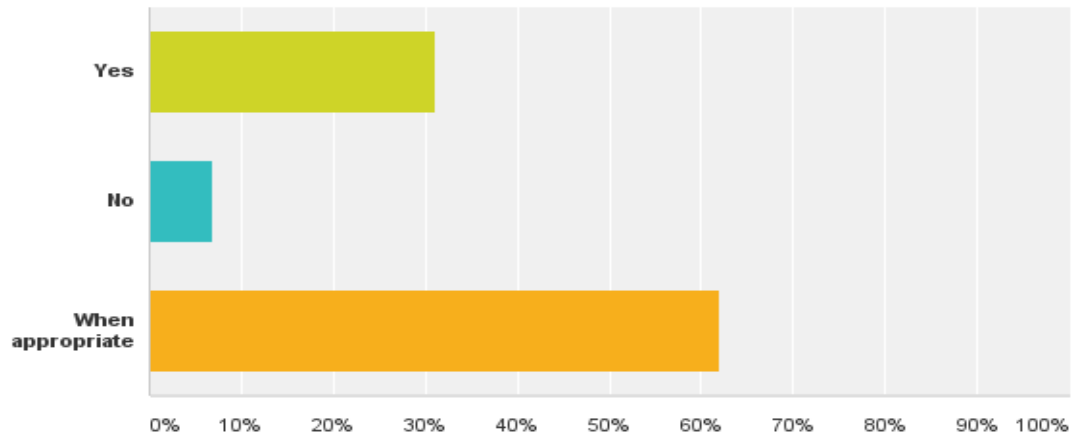
This graph identifies that whilst the constructions of masculinity by same-sex, bisexual or transgender men is not a consistent part of the literature about forms of masculinity, facilitators might draw upon the plurality of masculinities in this context if they feel it is appropriate. Using "when appropriate" raises some questions; how do facilitators define when it is appropriate? Could it be the case that it may be appropriate to draw upon a general discussion of the plurality of masculinities more often than how often a facilitator thinks it is appropriate? Who makes this decision?

Q8 If no, do you think it would be beneficial to include this as part of your discussion?

Answered: 29   Skipped: 5
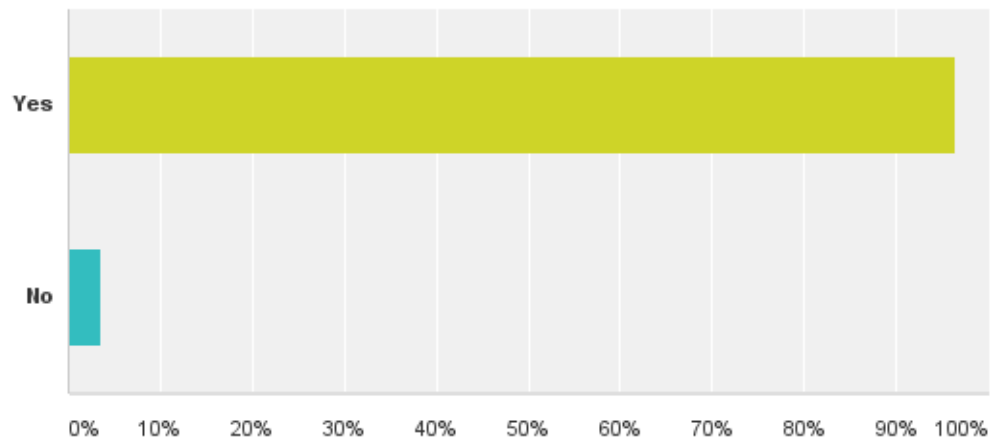
The results of the above graph indicate a near consensus view that discussion of same-sex, bisexual and transgender men's construction of masculinities should form part of the discussion within MBCPs about forms of masculinity.

Conclusion:

Male perpetrators commit violence in both heterosexual and same-sex relationships at an alarming rate (Donovan et al., 2006; Greenwood et al., 2002). In addition, the forms of abuse (physical, sexual and emotional) men experience in their same-sex intimate partnerships are similar to those reported in heterosexual relationships.

However, as discussed previously, due to homophobia-related masculine ideals and heteronormativism, the issue of male same-sex abuse in relationships is often silenced, with the result being significantly under-reported (Kay & Jeffries, 2010).

Research also highlights a number of barriers to same-sex attracted men identifying IPV/FV, leaving the relationship and seeking assistance when subject to violence. The exploitation of homophobia and transphobia as a tool to bind victims to abusive partners, for example, can make it particularly difficult for them to leave. Homophobia and transphobia on the part of the police and mainstream family violence service providers also exist as a barrier to support, together with heteronormative models of family violence and ideals relating to masculinity that annul the possibility of the male victim. Previous literature has similarly highlighted that homophobia, heteronormativism and hegemonic masculinity obstruct male help-seeking (Australian Research Centre in Sex, Health and Society, 2006).

It appears that these factors, along with others mentioned earlier, have a negative impact on the development of male same-sex IPV service provision. Few services are available for both male perpetrators and victims of same sex IPV. Support services that do exist are already overworked and under resourced and often lack the specialities required in this area (Kay & Jefferies, 2010).

Furthermore, as highlighted in the results from Q8 of the on-line survey conducted in the present study, there is overwhelming support (97%) for groups/services to include discussion about same-sex, bisexual and transgender men's masculinities in group curriculum or activity guides/supports, though there are very few documented examples of this occurring. It would appear that this information is absent from most group programs.

The results from the on-line survey completed by facilitators of MBCPs highlights there is a need within the programs to offer a more inclusive and welcoming environment for GLBTI people, and that this could be achieved in a number of ways. Organisational review of policies and procedures together with the updating of forms and social media tools to ensure that respectful language is used in these forums is a very important starting point. What constitutes respectful language includes ensuring that gender neutral language is used in intake and assessment processes and that clients should always be addressed in all ways by their preferred name and pronoun (Gooch, date unknown).

It is therefore important that specialised male same-sex intimate partner violence support services be established Australia wide and that these services are readily available and identifiable. Perpetrators and victims of FV and IPV deserve to be treated equally and offered specialist services regardless of gender or sexual orientation. They deserve to be recognised, heard and supported in a process of safety and recovery for victims, and behaviour change and accountability for perpetrators (Kay & Jefferies, 2010).

Recommendations:

Based on the research undertaken in the past five months, the following recommendations have been identified as initial ways to raise awareness and start addressing the issues identified in this report.

Recommendation 1:

Family violence service providers to become more inclusive of GLBTI communities by conducting the Gay and Lesbian Health Victoria GLBTI –inclusive practice audit
http://www.glhv.org.au/files/glhv_audit_tool_2013_1.pdf

Recommendation 2:

Family violence service providers, including MBCP providers and NTV/MRS, to engage in the Gay and Lesbian Health Victoria "How2 Program" to assist organisations to implement GLBTI-inclusive policies, principles, documentation and practices http://www.glhv.org.au/training

Recommendation 3:

NTV to work in partnership with MBCP providers to develop culturally appropriate GLBTI support services, which focus on holistic health and wellbeing, either as a component of existing services or as stand-alone services.

Recommendation 4:

NTV to source training for MBCP providers on working with clients from GLBTI communities at intake & assessment, MBC group work and partner contact.

Recommendation 5:

Develop resources (brochures, pamphlets, flyers, posters, etc.) that create public awareness and provide education about family violence and IPV in GLBTI communities. Information could include barriers to obtaining support, education on FV and IPV, what to do if a member of a GLBTI community is experiencing violence, etc.

Recommendation 6:

GLBTI specific services to be provided with training and education on what family violence looks like in a same-sex, bisexual or transgender relationship and how to conduct preliminary family violence risk assessments.

Recommendation 7:

Additional support and funding to be provided to GLBTI specific services to encourage more specialised responses to IPV and FV.

References

Alston, M., & Bowles, W (1998). *Research for Social Workers: an Introduction to Methods.* Allen & Unwin, Australia.

Bradley, F., Smith, M., Long, J., & O'Dowd, T., (2002). Reported frequency of domestic violence: Cross sectional survey of women attending general practice. BMJ, 324, 271-274.

Connell, R. (2012) 'Gender, Health and Theory: Conceptualizing the Issue, in Local and World Perspective, *Social Science & Medicine,* 74(11), pp.1675-1683.

Choo, Hae Yeon, and Myra Marx Ferree. 2010. Practicing intersectionality in sociological research: A critical analysis of inclusions, interactions, and institutions in the study of inequalities. *Sociological Theory 28:* 129-49.

Crenshaw, Kimberle. 1991. Mapping the margins: Intersectionality, identify politics and violence against women of colour. *Standard Law Review 43*: 1241-99.

Collins, Patricia Hill. 2004. *Black feminist thought.* New York: Routledge

Donovan, C., Barnes, Rebecca & Nixon, Catherine,. (2014) University of Sunderland and University of Leicester Funded by the Economic and Social Research Council: ES/J012580/1

Donovan, C., Hester, M., Holmes, J., & McCarry, M. (2006). *Comparing domestic abuse in same-sex and heterosexual relationships.* Bristol: University of Bristol.

Fletcher, G., 2015. *Just How Do We Create Change,* Chapter 7, not yet published.

Gedro, J., & Robert, M., (2014). Feminist Theory and Queer Theory: Implications for HRD Research and Practice, *Advances in Developing Human Resources,* 2014. 16(4), 445-456.

Gilmore, M. 2015. Daily Life, May 18, 2015; cited http://www.dailylife.com.au/news-and-views/-gh3qhj.html

Gooch, B. (Date unknown). *Shining the Light: 10 Keys to Becoming a Trans-Positive Organisation,* Galop UK: London.

Greenwood, G.L., Relf, M.V., Huang, B., Pollack, L.M., Canchola, J.A., & Catania, J.A., (2002). Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health,* 92, 1964-1968.

Hester, M. (2009). Who Does What to Whom? Gender and Domestic Violence Perpetrators. University of Bristol.

Kay, M., & Jeffries, S., (2010) *" Homophobia, Heteronormativism and Hegemonic Masculinity: Male Same-Sex Intimate Violence from the Perspective of Brisbane Service Providers",* Psychiatry, Psychology and Law, Vol. 17, No. 3, August 2010, 412-423.

Leonard, W., Mitchell, A., Pitts, M., Patel, S. 2008. Coming Forward. The underreporting of heterosexist violence and same sex partner abuse in Victoria.

Marinucci, M. (2010). *Feminism is queer.* London, England: Zed Books.

Carrington, K., (2003). *Domestic violence in Australia: an overview of the issues.* Canberra: Parliament of Australia.

McClenned, J.C. (2005) "Domestic Violence Between Same-Gender Partners: Recent Findings and Future Research". *Journal of Interpersonal Violence* 20:2, 149-154.

Meyer, D., (2012). An intersectional analysis of Lesbian, Gay, Bisexual and Transgender (LGBT) people's evaluations of anti-queer violence, *Gender & Society,* Vol 26-6, 2012.

NTV/MRS Annual Report 2014, retrieved on April 20, 2015 from http://ntv.org.au/wp-content/uploads/2014-ntv-mrs-annualreport-final.pdf

NTV What We Do page, retrieved on April 25, 2015 from http://ntv.org.au/what-we-do/mens-behaviour-change

Numer, M., & Gahagan, (2009). The sexual health of gay men in the post-AIDS era: Feminist, post-structuralist and queer theory perspectives. *International Journal of Men's Health,* 8, 155-168.

Russell, B., Chapleau, K., Kraus, S., (2015). When is it abuse? How assailant gender sexual orientation and protection orders influence perceptions of Intimate Partner Violence,

Victorian Family Violence Database Volume 5: Eleven Year Trend Analysis 1999-2010. See http://www.victimsofcrime.vic.gov.au/utility/for+professionals/research+reports/victorian+family+violence+d atabase+volume+5+eleven-year+trend+analysis+1999-2010.

Appendix A – Copy of On-Line Survey

<u>Homophobia/Transphobia and MBCP work</u>

Hello. Thank you very much for taking the time to participate in this survey.

As a worker/facilitator associated with a men's behaviour change program, we hope you can help us by completing this survey.

No To Violence together with Kylie Lloyd (Master of Social Work student) is undertaking some research focusing on the study of intersections between forms of oppression, domination and discrimination related to gender violence and homophobia.

Kylie will be exploring the role of challenging homophobia in men's behaviour change work, both conceptually and how this might be applied through MBC group work.

In this survey, we are trying to identify the following:
- Do gay/bi-sexual or transgender men present to your program?
- If they do present, is your process different to the one used for heterosexual men?
- If needed, how can NTV assist programs to develop/review processes around working with gay/bi-sexual or transgender men who experience FV/IPV?

It may take you 15 minutes to complete. You can provide as much detail as you wish.

All responses are anonymous, and individuals/programs will not be identified in any internal/external reporting.

Thank you for considering this opportunity to share your thoughts and practice with us. If you have any questions before filling this out, you can email me at rodneyv@ntv.org.au

This survey will close at 5pm, Friday 10th April, 2015.

Many thanks,

Rodney Vlais
Manager – No To Violence

Q1.   Have you ever had a gay/bisexual or transgender man in one of your MBCPs?

☐ Yes

☐ No

Q2.   If yes, what do you think the experience was like for:

Men at intake/assessment?

Men within the group?

Q3.   Does your program have any documented policies or protocols for men who identify as gay/bisexual or transgender?

☐ Yes

☐ No

Q4.   Does your program have any measures in place as part of the current intake and assessment procedure that make the process more inclusive for gay/bisexual and transgender people? (For example - do you have a tick box on your intake form for "Other" or "Gender Not Specified"? Does your website welcome all gender diverse people and sexual orientations?)

☐ Yes

☐ No

Q5.   If yes, can you please explain what they are?

Q6.   How often (if at all) has your program observed group members talking about gay/bisexual and transgender people in a derogatory and discriminatory way?

☐ Rarely

☐ Occasionally

☐ Sometimes

☐ Often

Q7.   Do you talk about gay/bisexual or transgender men's masculinity when discussing forms of masculinity within the group setting?

☐ Yes

☐ No

☐ When appropriate

Q8.   If no, do you think it would be beneficial to include this as part of your discussion?

☐ Yes

☐ No

Q9.   Has your partner support worker(s) had experience contacting gay, bisexual or transgender partners or former partners?

☐ Yes

☐ No

Q10.   What might assist you (if anything) in developing your current processes when working with men in gay/bi-sexual or transgender relationships who experience FV/IPV?

During the intake/assessment process?	
To challenge in-group homophobia and transphobia?	
To support gay/bisexual and transgender ex/partners?	

Q11. **Can you please tell me whether your program is located in**

☐ Melbourne metropolitan area

☐ A large regional centre

☐ A rural area

Homophobia, transphobia and men's behaviour change work