

QUESTIONS ON NOTICE

Thorne Harbour Health

The CHAIR: That is great. I think we will move on. But on reflection—please, feel free to take this on notice—if there is anything else around how better data collection or addressing some of those data gaps can support a reduction in misidentification, that would be helpful for the Committee to know.

I'd reiterate that access to data collection points, such as the L17 portal for direct referrals from police would support a reduction in misidentification, while also increasing collaboration between specialist family violence services and police. It would also be helpful to have a range of appropriate options for recording diversity of gender and sexuality on widely used data collection systems – the prime example is SHIP, which is used by housing and family violence services. The options for recording sex are male, female and other, meaning that variations in sex characteristic i.e. intersex variations may be recorded in the same category as gender diversity. This results in degrading the integrity of these data, leading to inaccuracies in reporting on need, patterns of victimisation or perpetration of violence, and obscures social factors such as homophobia, transphobia and LGBTIQ+ antipathy.

Annabelle CLEELAND: I just want to understand how you are funded and then your reporting requirements and whether there are any databases you currently utilise with those reporting requirements, whether it is IRIS or SHIP, and what databases you contribute to. Are there any databases you would want to access to make your job better? More transparent prevention measures—loaded, sorry.

Thorne Harbour Health is funded to deliver state-wide services across all our therapeutic programs, but as I mentioned our DFFH area is Bayside Peninsula. We contribute to SHIP for our family violence victim-survivor and housing programs, but keep most of our data on a secure system called Penelope. This system allows more comprehensive collection of data relating to HIV status, year of diagnoses and other information relevant to service delivery in our blood-borne viruses funded programs, which are not necessary for SHIP or IRIS to collect. DFFH-funded Men's Behaviour Change Programs in Victoria usually report using IRIS, as do sexual assault and family services. Thorne Harbour have an agreement that we submit our PUV data directly to FSV, which I complete using reporting functions of our data-recording system. The reporting options are standard across the state, which means that I answer questions like 'how many men are on a waitlist for MBCP' with a number, rather than disaggregating data to reflect the actual breakdown of gender identity that may be present in a client cohort. This is fine but does impact the integrity of data being reported to DFFH somewhat. As you'd be aware, DFFH are undergoing a review of data systems and looking at implementing a 'single view' system for the family violence sector, for which Thorne Harbour have contributed to as members of peak bodies No to Violence and Safe and Equal. It would be very important for us to access that database system when it comes to implementation.

It would also support our crisis service delivery to be able to access appropriate refuge vacancies and related databases. The barriers to this include the adherence to exclusion of men, trans and gender diverse peoples across the refuge space, which is in most cases a matter of tradition rather than policy or strict funding requirements. To be clear, I am not advocating for necessarily all-gender refuges or the diluting of all women's safety, I'm advocating for more transparency within the sector around rationale for exclusion based on gender history or sexuality. In layperson's terms, getting information from refuge providers about whether they will accept a trans woman escaping family violence or not is often difficult, with decisions about eligibility being inconsistent, ad hoc and often made arbitrarily depending on which worker or team leader is on shift. I'd add the same is broadly true of the sexual assault services in Victoria, although this is outside the database question.

Chris CREWTHER: Thank you very much for your evidence today. Just a quick question: what is your view on the best way to increase public reporting of disaggregated family violence data for your communities?

Vincent SILK: I think I may have to take it on notice. By public reporting—in terms of bystander, non-family violence specialists or –

Chris CREWTHER: I think as it particularly relates to family violence and family violence specialists, but I am happy for you to take that on notice.

Again, I'd advocate for the implementation of the Australian Bureau of Statistics *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020* across the databases and platforms used by community and social services. I'd also reiterate the utility of government support or encouragement for inclusive, culturally sensitive and comprehensive data collection across health and community services. The collection of information around sexual and gender diversity again is an important example of where disaggregated data can be support of tailored, specialised interventions and appropriate resourcing of community organisations. We understand that family violence is gendered, taking place in the context of social disempowerment of women, and an understanding of this context has supported the resourcing of a family violence sector responding, largely, to men's violence against women and children, over several decades. We also understand that abuse of children takes place in the context of adults holding more social power than children. Public reporting of disaggregated family violence data across the community has led to the establishment of culturally specific, specialist services and resources for women from different communities: migrant women, women who have been incarcerated, Aboriginal and Torres Strait Islander women, for example. Without support for appropriate data reporting for LGBTIQ+ communities, we're likely missing information about our community's experiences of family violence and missing opportunities for intervention early. I'd point again to standardising expectations across agencies such as courts, hospitals or area mental health, family violence services and family services as to what data should be collected regarding LGBTIQ+ communities.

In terms of publicly available data reporting, there have been several reviews or reports conducted in Victoria regarding family violence since the Royal Commission, as well as reports conducted into LGBTIQ+ health and wellbeing, including as it relates to family violence. For example, Private Lives is a series of national surveys of the health and wellbeing of LGBTIQ+ Australians, with the most recent Victorian iteration being Private Lives 3, published in 2021. These reports are freely available online via La Trobe University and contain specific findings and disaggregated family violence data relating to LGBTIQ+ communities. Thorne Harbour has contributed to additional reports regarding perpetration of family violence within LGBTIQ+ communities. The public availability of these such data reporting is supportive of raising awareness across the sector and community, but I feel public campaigning on family violence could be more LGBTIQ+ affirming to increase literacy.

The CHAIR: Thank you. I have got a couple more questions that I will leave with you, if you are able to take them on notice perhaps, because we are out of time.

So firstly, what are some of the challenges to collecting, using and analysing data on young people and older people in LGBTIQ+ communities who are using or experiencing family violence, and how can these challenges be addressed? Would you be happy to take that question on notice?

Some similar challenges around recording of sexuality or gender diversity might be present, for example an older person may be 'back in the closet' when entering an aged care facility, or a younger person may be using different names or pronouns in some areas of their life (school, family, or with peers). Depending on how the information about a person's use or experience of family violence is referred to a support service, the data a provider is given may not be congruent with the person's identity. I'm thinking of initiatives for addressing adolescent violence in the home where there may not be a practice of collecting data on gender and sexuality, or necessarily LGBTIQ+ affirmative practice standards across family

services. Again, an approach to addressing some of those challenges could be Government support for LGBTIQ+ affirmative practice across those sectors, as well as proactive collaboration with community organisations. The MARAM tool has a section on LGBTIQ+ specific risk factors which are indicated to be asked if the person says ‘yes’ to the question ‘do you identify as LGBTIQ+’, so perhaps MARAM implementation across youth mental health, youth services could support better collection and analysis of data in this area.

There’s a cultural piece as well, wherein not everyone to whom a younger or older person reports their experiences of homophobia or transphobia may necessarily clock that what is being reported could be a deprivation of their liberty or could constitute family violence, depending on the dynamics and behaviours in the relationship. As I mentioned before, there’s the broader context of the social disempowerment of younger and older people also, the expectation that other people will make decisions for them. It would be very hard to collect, use and analyse data on younger and older LGBTIQ+ peoples’ use of or experience of family violence when the wider cultural belief is ‘that person’s parents should make decisions about their friendship group or medical treatment for them’, or the equivalent for older LGBTIQ+ people.

The CHAIR: Great. The second area, another emerging area that we are finding through submissions and witnesses, is around unreported family violence, so when someone is experiencing family violence or someone is using violence but that is not being reported, say, to an Orange Door or to the courts or the police or the justice system. I am just wondering if you could speak to your experience around unreported family violence, and is there a way that we can better collect data where family violence is not reported to fully understand that full picture of the people who are using violence? Again, if you want to take that on notice that would be fine.

There are significant barriers to reporting family violence in communities across the board, so I might try and limit my answer to LGBTIQ+ communities. Better collection of data on family violence in cases where experiences have been unreported could possibly start with collaborative work with community-controlled organisations and ancillary services. I’d point again to qualitative and quantitative research conducted by, for example, Australian Research Centre in Sex, Health and Society or the periodical SWASH survey conducted by ACON in New South Wales, where data are collected on whether participants reported their experience of violence or sexual assault to a professional, police, GP, or anyone at all. I’m aware surveys are conducted by health services into sexual health, but the data collected on LGBTIQ+ identity and relational experiences isn’t at the forefront. I’d add that, having worked in sexual assault services, which are ‘mainstream’ or non-LGBTIQ+ specific, sexual violence is frequently reported in the context of family or intimate partner relationships. This information may indicate a MARAM assessment to be completed, as sexual assault services implement MARAM frameworks, however it may not translate to a referral or further support. Disclosures or this kind of tertiary reporting is unlikely to be captured in any systematic data collection, much less data about correlation between reporting rates and LGBTIQ+ identity or experience. This leads me to think that a better way of collecting data and getting that full picture and understanding around people’s use of violence would be to work collaboratively with LGBTIQ+ specialist services (GPs, sexual health services, LGBTIQ+ services including youth services and programs), as well as ancillary services (local health hubs, library or council programs, semi-formal social clubs, schools etc.) where evidence shows people are likely to disclose their experiences of hardship. There are lots of reasons that a person might not share their experience of violence by calling police or going through an Orange Door – as I mentioned before, that access point is not Thorne Harbour’s main source of referrals.

Primary prevention or bystander intervention initiatives may be another part of that cultural change piece at a community level. When certain experiences in relationships or families are normalised, it is less likely that a person will recognise their experience as something to report or seek help about, but is also less likely that their experience will be validated by the person they share with.

I remember being involved in many consultations with Family Safety Victoria around the development of MARAM in 2017 and 2018, and I also was lucky to be completing postgraduate studies in Men’s

Behaviour Change around the time of the release of No to Violence's implementation plan for the Minimum Standards for the delivery of Men's Behaviour Change programs, so I have an appreciation for formalising procedures of implementation.