

Why same-sex attracted men need to address their use of family violence in a specialist LGBTI service.

My comments here outline the importance of specialist LGBTI family violence services working with same-sex attracted men who are in intimate relationships with men as opposed to mainstream family violence services. I have worked as a counsellor, family violence practitioner and queer activist in mainstream and queer family violence spaces since 2010. I want to offer my perspective based on my work experience with VAC's men's behaviour change program called ReVisioning, my academic training, my various roles in the queer community and not to mention my lived experience as a same-sex attracted male. My views here are not necessarily shared by others I have worked with or currently work with and although I don't not entirely discourage same-sex attracted men from accessing mainstream services for family violence support, my comments here highlight some of the risks involved when mainstream services take on presentations of family violence that fall outside of their core business operations. At the same time, I will turn a critical gaze back onto my own work and highlight how the peer nature of my work can elicit personal and political tensions about how to maintain an ethical and victim-centred stance when working with perpetrators of same-sex family violence (SSFV). Being critical of our own work is responsible practice and allows us to more ethically strive for greater social justice and human rights advocacy for victims of family violence.

The dominant narrative of family violence response in Victoria is underpinned by a feminist framework which identifies that violence is supported by structural gender inequalities where heterosexual men use access to power and resources to control and abuse heterosexual women and children. This narrative offers us ideas on who we hold as victims of family violence and who we hold as perpetrators. The statistics and messages about male family violence help to construct a picture of abuse in relationships; who has them, what they look like, who holds power and who is vulnerable. These messages about heterosexual relationships reinforce the idea of what a typical relationship dyad 'should' look like, setting up heteronormativity as an unseen force that dictates the boundaries of presumed 'normal' sexuality and social interactions in families. Consequently, the normalisation of heterosexual relationships has resulted in non-heterosexual relationships being somewhat invisible. It has only been 5 months since marriage equality became a reality in Australia, non-heterosexual relationships were denied legality, visibility, legitimacy and protection. Mainstream services need to acknowledge the impact of this type of discrimination and how this experience acts as a barrier for same-sex attracted male victims from seeking support and how male perpetrators use these barriers as tactics to terrorise their male victims.

When working with SSFV a feminist framework must be utilised to understand how constructions of gender promote violence and to understand its impact on the balance of power in relationships and using a queer affirmative approach means that we understand SSFV occurs within a context of widespread heterosexism and homophobia. Same-sex couples who face similar degrees of cultural and structural adversity in the mainstream do not automatically become allies at home. I hold the view that male perpetrators of SSFV are committing a form of homophobic violence on members of the LGBTI community, even though they belong to that community.

We all internalise dominant ideas about what it means to be a man in a relationship or family. Hegemonic masculinity makes it difficult for same-sex attracted men to talk about being victims of

violence because society's definition of what it means to be a man often includes the assumption that 'normal' men should be able to defend themselves. Being a victim of SSFV might serve to reinforce a related stereotype that same-sex attracted men are 'effeminate'. As a partner contact support worker I advocate to flip the narrative about traditional notions that victims are passive, powerless, and submissive. The idea of being a victim of SSFV becomes problematic for same-sex attracted men because descriptions of victimhood limit the possibility of performing hegemonic masculinity. As a result, my often involves deconstructing unhelpful ideas and myths about manhood that devalue expressions of homosexuality, vulnerability and to promote help-seeking behaviours.

I often hear male partners tell me that they can 'look after themselves' and sometimes even threaten to use violent behaviour towards the perpetrator if any further abuse appears likely. I don't condone any form of violence, but mainstream services run the risk of concluding that because a male partner is threatening violence, that mutual SSFV is likely. Terms such as primary and secondary aggressor are often used by mainstream services, including police, as a way of making sense of such presentations. I believe that this is an inappropriate position to take on as practitioners. In my time as a facilitator of Revisioning and as the partner contact support worker, I am yet to see a single presentation that genuinely fits such a description. Victims who fight back and defend themselves are not committing SSFV, even if the behaviour is a criminal offense. Services that use this language reinforce a myth that men are innately violent and violence between two men is a mutual fight. I urge service providers to avoid using such terms or holding such attitudes when working with people in the LGBTI community.

Same-sex attracted people live in a world where they experience significantly higher than average levels of violence, discrimination and homophobic harassment in every area of society such as at school, work, in the community as well as at home. Victims of heterosexist community violence may not seek help because of fear of further discrimination and not being taken seriously by police, considering the precarious relationship that same-sex attracted people have had historically with law enforcement. I worked with a gay male victim who told me that when the police arrived at his home after he was repeatedly verbally abused by his male partner, they asked multiple times if there was a woman in the house prior to asking about the nature of their relationship. There are very good reasons why police activate such focused protocols when responding to family violence calls in the community, however the impact of not adequately assessing the scene at the property in this instance led the victim to conclude that female victims are at greater risk and in some way worthier of immediate support from police. The victim was left feeling as though his safety was not valued. These hetero-centred responses can leave male partners remaining victimised by perpetrators to avoid being victimised by the very services that are meant to protect them. Psychiatry, psychology and other medical professions don't have a good track record with the LGBTI community either. Same-sex relations have long been described as abnormal, unhealthy and deviant by these professions. Gay conversion therapy is still practiced in Australia today. The context of entrenched societal discrimination, and the likelihood that same-sex attracted people have experienced community homophobia in the past make many LGBTI people wary of accessing mainstream support services and fear assumptions being made about their relationships.

If mainstream services doubt their own capacity to fully offer an inclusive service to LGBTI clients, they risk overly sympathising and therefore colluding with same-sex attracted male perpetrator's life experiences, perhaps to avoid being seen as heterosexist or homophobic. I know of instances where

family violence services have referred same-sex attracted male perpetrators to individual psychologists instead of a mainstream MBCP to avoid exposing that client to homophobia. The problem with this response is that partner contact is not offered and the individual psychologist is likely to use therapeutic frameworks which collude with and prioritise the perpetrator's needs. Safety for all clients is paramount, yet perpetrators, and perhaps some mainstream services, are likely to use issues such as discrimination and oppression as a justification or valid explanation for their use of SSFV. Specialised LGBTI family violence services are able to navigate their way around LGBTI cultural complexities with greater confidence and integrity.

One major requirement of perpetrator's participation in MBCPs is that partners are always referred to by their name. If agencies and specialised programs are not rainbow tick accredited, or adequately equipped to challenge and address agency structural heterosexism and homophobia, they then risk compromising their victim-centred approach when working with same-sex attracted men. I have heard of instances where using their partner's name in a mainstream group will 'out' them to the straight men in the group. The fear of being 'outed' can create an unease around potential or actual homophobia. Even managing *how* 'out' to be when sharing personal narratives are common experiences for LGBTI people. Creating this type of visibility to same-sex attracted men is likely to strongly connect perpetrators with their own sense of victimisation and move the responsibility focus from their group participation. In the Revisioning group men often state that they could not have spoken as openly and freely in a mainstream group because of the expectation that they would experience a heterosexual bias or homophobia. Consequently, they may be offered 'special' treatment in a mainstream group by not participating as fully as other men. For example, mainstream groups may offer the same-sex attracted male a unisex pseudonym to use when referring to their partner. This is problematic for many reasons, namely because it distances him from his partner's identity as a real autonomous person with feelings and experiences of their own. This approach prioritises the perpetrator's needs over the partner's (in this instance can be argued as necessary) and fails to address the fact that heteronormative presentations of relationships remain dominant and preserved in mainstream spaces, further perpetuating the idea that mainstream spaces are dangerous for LGBTI people to be out and open about their relationships and lives. These unintended acts of microaggressions towards LGBTI people, albeit offered with the best of intentions, do harm and contribute to minority stress.

My journey in working with same-sex attracted men who have perpetrated violence against their intimate partners has led me to confront a number of professional and personal tensions. As a same-sex attracted man I identified strongly with many of the participants' lived experiences of heterosexism and homophobia in mainstream spaces. As I worked to challenge their violence and violence-promoting attitudes in the group, the risk of overly empathising with the men's relationship context was compelling. This can make the work challenging because of the danger of colluding with their choices to use violence in their relationships. I have to constantly scrutinise my own performance against the philosophies and ethics espoused in working against men's violence in MBCPs. This process reminds me of how quickly we can lose sight of the primary and ultimate focus of the work, to prioritise the safety of partners and children at all times. Working more intensely with same-sex attracted male victims in the partner contact service has helped me to feel more skilled at advocating for them in groups when working with perpetrators. This process has left me asking questions about the suitability of MBCP facilitators if they have not worked extensively with same-sex attracted male victims.

A second personal tension was connected to my pride and commitment as a representative of a well known LGBTI service, often seen as a safe haven for same-sex attracted men who attend services and expect to feel safe to 'come out', process their sexuality and gender identity, adjust to living with HIV and feel confident that they can share information about their relationships and lifestyle without judgement against a heteronormative lens. In ReVisioning my duty of care required me to potentially make reports to police if physical violence or other criminal offenses were disclosed in the group or if intervention orders were breached. My reluctance at engaging external mainstream support services was connected to my concern that participants would receive a non-inclusive heterosexist response. This was common to our clients. To process these complexities, I sought regular professional supervision to address my desire to protect the perpetrators from the threat of heterosexism at services not rainbow tick accredited or known to practice in an LGBTI inclusive manner, against my responsibility to challenge them and hold them accountable for their violence. I was in regular contact with Victoria police's senior gay and lesbian liaison officer for advice regarding these uncertainties.

At VAC, LGBTI inclusivity practices are agency-wide, not just a family violence program policy. Staff receive ongoing training and professional development regarding the changing cultural needs of the community. Although this does not guarantee an inclusive service by every practitioner, it does indicate that the agency has undergone a process of accountability at every level of service provision against the minimum standards of LGBTI inclusivity. Just because I identify as same-sex attracted, and work for VAC, I still need to continuously examine my work performance within a queer affirmative, feminist anti-oppressive lens because society still bombards us with relationship and family messages that are problematic for LGBTI people. I urge mainstream providers to address their own heterosexist biases by scrutinising and updating policies and protocols so that LGBTI people in need of support are not subjected to oppressive attitudes and practices. Left unchallenged, heterosexism will continue to institutionalise and legitimise heterosexual privilege and offer heterosexual relationships structural advantages over non-heterosexual relationships, while ignoring or denying the safety of same-sex male victims of family violence.