

Case study compiled by Thorne Harbour Health and No to Violence

This case study highlights the devastating impacts of inaccurate data collection and misidentification of the predominant aggressor, which are more likely to be experienced by culturally and racially marginalised people, including LGBTIQ+ people.

As outlined in THH's submission to this Inquiry (Inquiry into capturing data on family violence perpetrators in Victoria), "currently, the Victorian Family Violence Data Collection Framework (FVDCF) allows government departments, agencies and service providers to choose whether to adopt data collection standards, and how these standards can fit into their respective data collection guidelines and infrastructure."

We call for a review of the FVDCF and to mandate all government departments, agencies and service providers responding to family violence to use the Australian Bureau of Statistics Standard for Sex, Gender, Variation of Sex Characteristics, and Sexual Orientation Variables 2020 (the ABS Standard). The FVDCF was developed prior to the release of the ABS Standard, which was developed in collaboration with LGBTIQ+ community organisations and researchers.

Tom is currently in a relationship with another cisgender man, Kai. Tom identifies as bisexual. Tom is white and fluent in English, and Kai is living in Australia on a temporary visa.

Tom uses physical violence against Kai, and controls when Kai talks to his friends and family. One night, during a big argument, Tom starts choking Kai. Kai struggles to free himself and in doing so scratches Tom's face. The neighbours called the police. When the police arrive, Tom tells them that Kai assaulted him and points to the minor scratches. Police believe Tom and apply for an intervention order that identifies Kai as the respondent. This is a case of misidentification of the predominant aggressor, which is disproportionately experienced by culturally and racially marginalised people.

Police refer Tom to the Orange Door (TOD) as per their Victims of Crime referral process. The worker at TOD conducting the intake feels a bit awkward asking Tom direct questions about his sexuality or gender. As Tom was talking about his male partner, the worker makes an assumption and documents his sexuality on the assessment form as gay. Tom has in fact had multiple cisgender female partners in the past, including one woman he has a child with who he sees occasionally. The assumption about his sexuality means that his previous history is not explored and does not factor into TOD's risk assessment or referral. TOD then refer Tom to victim-survivor family violence services at Thorne Harbour Health (THH), who specialise in working with LGBTIQ+ communities.

The responses of the Police and TOD reinforce Tom's own victim narrative, which is a smokescreen to taking accountability. It also allows Tom to continue controlling Kai, telling him "See, you're the problem, you better fucking be nice to me or else I'll tell the cops you breached the order." Having

been labelled as the respondent, Kai is at significant risk of being criminalised. The lack of safety and access to appropriate victim-survivor supports for Kai leads him to blame himself and feel shame.

As Tom was referred as the victim-survivor, a THH worker is required to do MARAM (Multi-Agency Risk Assessment and Management) assessment, however the worker is concerned that there may have been misidentification of the predominant aggressor. Information gathered through information sharing requests reveal that Tom has historically used violence against female partners and was referred to mainstream MBCPs, but quickly disengaged as he did not feel able to safely engage in a non-LGBTIQ service as a bisexual man. The THH worker completes the predominant aggressor tool and assesses that Tom has power and control in the relationship and is using family violence towards Kai.

Tom is then referred into THH's person using violence program, however the systemic collusion contributes to him being very resistant to taking accountability for his behaviour. THH have to do significant additional work with him to support him to get to point he is willing to recognise his behaviour is causing harm and he will consider participating in THH's MBCP.

Victim-survivor support is finally provided to Kai, and family safety advocacy support is offered to Tom's ex-partner and child. Kai's THH worker advocates with Police to correct their assessment of the predominant aggressor but Police advise that it's not possible to correct the data on the L17 database. Kai, especially as a non-white migrant, remains at heightened risk of being criminalised and losing his visa for breaches of the intervention order.

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