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5 July 2019

Mental Health Royal Commission
Department of Premier and Cabinet
GPO Box 4509
MELBOURNE VIC 3001

Online submission

Dear Commission

Royal Commission into Victoria's Mental Health System

We welcome the opportunity to make a submission in response to the terms of reference for the Royal Commission into Mental Health (**Commission**).

St Kilda Legal Service has contributed to the submission of the Federation of Community Legal Centres in its capacity as a generalist service. We provide this further submission in order to address the experience of Lesbian Gay Bisexual Trans Intersex and Queer (**LGBTIQ**) people in Victoria's mental health system.

At the outset, while we acknowledge the significant resilience and strength of LGBTIQ communities, we emphasise that LGBTIQ people continue to experience a very high level of disadvantage and discrimination. Our experience in working with this group of people is that this is something that both impacts on their mental health outcomes, and significantly impedes their capacity to obtain appropriate and sufficient mental health support. Accordingly, it is vital that the Commission holds improvement of LGBTIQ mental health outcomes at the centre of its work.

About St Kilda Legal Service

St Kilda Legal Service (**SKLS**) provides free and accessible legal services to members of the community within the Cities of Port Phillip, Bayside, Stonnington and parts of Glen Eira. The Legal Service is committed to redressing inequalities within the legal system through casework, legal education, community development and law reform activities.

We are a generalist community legal centre that provides legal advice and casework assistance on a broad range of legal issues, and often sees vulnerable clients with legal matters associated with poverty, drug addiction, mental illness and homelessness. SKLS operates four specialist programs: the Community Outreach Program, the Family Violence Duty Lawyer Program, the Family Law and Family Violence Program and an LGBTIQ Legal Service.¹

About the LGBTIQ Legal Service

The LGBTIQ Legal Service is a specialist program operated by SKLS. It commenced operation in May 2018, and is Australia's first LGBTIQ-specific health justice partnership. The service is operated in conjunction with Thorne Harbour Health, which is Victoria's largest provider of LGBTIQ specialist counselling, AOD, family violence brokerage, case management and peer support. Thorne Harbour Health also runs the Positive Living Centre which provides community support to the HIV+ community, the Centre Clinic, an LGBTIQ bulk-billing service, and Equinox Trans and Gender Diverse Health Service, which is the only specialist service of its kind in Australia.

The LGBTIQ Legal Service lawyer is physically located at Thorne Harbour Health, and accepts direct referrals for clients with legal issues. Clients of Thorne Harbour Health are referred into the LGBTIQ Legal Service for support with a range of issues including housing, discrimination, employment matters and police complaints, while continuing to receive mental health care at the same service.

Summary

Our research and casework experience has found that the mental health of LGBTIQ people is among the poorest in Australia. This discrepancy is reflected in previous submissions prepared by SKLS, including:

- Submission to the Justice Project, 2017; and
- Submission in response to the National Inquiry into Sexual Harassment in Australian Workplaces, 2019.²

Our LGBTIQ Outreach Lawyer reports that in the past year over 80% of the clients seen through the LGBTIQ Service have presented with mental health issues, based on our service

¹ We have chosen to use the umbrella title of "LGBTIQ" to advertise our service. We seek to be inclusive of all gender and sexually diverse people, however, including brotherboys, sistergirls, those who identify as asexual, pansexual and genderqueer, and those who use other terms to describe their sexuality and/or gender identity.

² Submissions available at <http://www.skls.org.au/policy-research/>

records. They have sought assistance with fines, debts, housing disputes, family violence, discrimination disputes, police complaints, employment disputes and other matters.

There is a wealth of research to confirm that our clients' experiences are reflected in the broader community. For example:

- LGBTIQ people experience higher rates of disadvantage on key demographic indicators, including mental health issues,³ health-harming drug use,⁴ and youth homelessness;⁵
- Trans and gender diverse (**TGD**) people experience significantly higher rates of mental health issues and suicide rates, with transgender adults being eighteen times more likely than the general population to have thoughts of suicide;⁶
- adults who identified as homosexual or bisexual or not sure/other sexual orientation reported higher levels of psychological distress than heterosexual adults;⁷
- People with intersex variations experiencing trauma as a result of receiving early and unnecessary or deferrable medical interventions.⁸

³ Gabi Rosenstreich, *LGBTI People Mental Health and Suicide* Revised 2nd Edition (National LGBTI Health Alliance, 2013), 3, citing William Leonard et al, *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*, Monograph Series Number 86 (The Australian Research Centre in Sex, Health & Society, La Trobe University, 2012), Julianne Corboz et al, *Feeling Queer and Blue: A Review of the Literature on Depression and Related Issues among Gay, Lesbian, Bisexual and Other Homosexually Active People* (Australian Research Centre in Sex, Health and Society, LaTrobe University, 2008); Suicide Prevention Australia, Position Statement Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities (2009) <https://www.suicidepreventionaustralia.org/sites/default/files/resources/2016/SPA-GayLesbianPositionStatement%5B1%5D.pdf>.

⁴ AHRC Report 2015, above n 10, 18, citing Julie Mooney-Somers et al, *Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008 and 2010* (ACON & VELIM, University of Sydney, 2015), William Leonard et al, *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*, Monograph Series Number 86 (The Australian Research Centre in Sex, Health & Society, La Trobe University, 2012), Zoe Hyde et al, *The First Australian National Trans Mental Health Study: Summary of Results* (School of Public Health, Curtin University, 2014).

⁵ Lynne Hillier et al, *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, 2010). Jed Horner, 'Expanding the Gaze: LGBTI People, Discrimination and Disadvantage in Australia' in Andrea Durbach, Brenden Edgeworth and Vicki Sentas (eds), *Law and Poverty in Australia: 40 Years after the Poverty Commission* (Federation Press, 2017) 92, 95,

⁶ LGBTI National LGBTI Health Alliance, 'The statistics at a glance: the mental health of lesbian, gay, bisexual, transgender and intersex people in Australia', LGBTI Health [website], 2016, <https://lgbtihealth.org.au/statistics/>.

⁷ Accessed online at <https://www.aihw.gov.au/getmedia/61521da0-9892-44a5-85af-857b3eef25c1/aihw-aus-221-chapter-5-5.pdf.aspx> on 27 June 2019.

⁸ <https://ihra.org.au/bodily-integrity/>

It is important to recognise that LGBTIQ people, due to their sexual orientation or gender identity, have unique experiences of the Victorian mental health system which warrant further exploration and specific, peer-led responses.⁹

In the context of the LGBTIQ community, our submission pertains to the following Terms of Reference:

- How to most effectively prevent mental illness and suicide, and support people to recover from mental illness, early in life, early in illness and early in episode, through Victoria's mental health system, and in close partnership with other services.
- How to improve mental health outcomes, taking into account best practice and person-centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health including, but not limited to, people in contact, or at greater risk of contact, with the forensic mental health system and the justice system.

Summary of recommendations

Our recommendations are as follows:

1. The Victorian Government should provide funding to support the development and expansion of specialist, peer-led and integrated support services for LGBTIQ people experiencing mental health issues. Support services should:
 - a. be provided both within metropolitan Melbourne and across regional Victoria;
 - b. provide patients with legal, financial counselling, AOD, family violence, housing and sexual health services and support;
 - c. provide clinical psychologists for trans and gender diverse (**TGD**) people when required so that the TGD people can access gender-affirming surgeries; and
 - d. have the capacity to provide financial support for costs incurred, counselling, legal advice, support and advocacy.
2. The Victorian Government should implement, and advocate for, training to support better service delivery for LGBTIQ communities for all levels of practitioners and workers in the mental health system in Victoria. Training must be:
 - a. peer-led and run by LGBTIQ people with lived experience;
 - b. provided to those that work in private practice, community-based mental health services and those in acute-level care;

⁹ More information about the unique experiences people face due to their sexual orientation or gender identity can be found in our previous submission in response to the National Inquiry into Sexual Harassment into Sexual Harassment in Australian Workplaces, accessed online at <http://www.skls.org.au/policy-research/>. Whilst that former submission relates to sexual harassment in the workplace, we submit that it provides relevant information.

- c. include a comprehensive guide to issues including minority stress, internalised homophobia and transphobia, and the specific human rights concerns of the intersex community regarding medically unnecessary surgical interventions on infants and young people; and
 - d. offered to organisations that assist LGBTIQ people with mental health concerns, including housing and homelessness services, drug and alcohol services, sexual health services (including fertility services), family violence services, GP services and organisations that provide specialist support to the sex worker community.
3. The Victorian Government and the Judicial College of Victoria should foster a community of practice for LGBTIQ specialist mental health practitioners in order for legal services to obtain free or low-cost court reports from trusted providers who are competent to provide de-stigmatising reports.
 4. The Victorian Government should provide funding for LGBTIQ applicant and respondent workers to be available in all Victorian courts for family violence matters.

Support the development and expansion of peer-led, integrated services

It is the experience of SKLS and the LGBTIQ Legal Service that the common concerns for LGBTIQ people in accessing support services (legal, counselling, financial and other) are as follows:

- explicit and implicit discrimination based on sexual and/or gender identity;
- abuse and harassment from strangers, families and friends; and
- prejudices based in homophobia and heterosexism.

These gaps were identified by SKLS prior to founding the LGBTIQ legal service, and is demonstrated in the case study of Sarah who approached the service before our specialist service commenced.

CASE STUDY: Sarah's story

Sarah is a transgender female.

When she attended the Legal Service she was distressed and wanting assistance in applying for a personal safety intervention order. She instructed that she was a victim of an assault and break-in back in 2014, applied for a personal safety intervention order but it was not granted. Sarah reported feeling discriminated against by the police on the basis of being transgender. Due to a series of events after the assault, Sarah suffered a mental breakdown.

Sarah instructed she was in fear of her safety as the perpetrator had recently been released from prison. Sarah contacted the police a number of times to apply for a personal safety intervention order but has not make any progress. Sarah also instructed that she was not

accepted into the mainstream family violence program and that this was also a result of her being transgender.

This case highlights the common barriers faced by transgender people. Sarah experienced discrimination from her landlord and tenancy service providers, she also experienced a lack of empathy and consideration in the justice system as a result of her inability to access mainstream services.

** names have been de-identified to protect confidentiality*

Sarah had the experienced an exacerbation of their mental health concerns in the face of legal issues and a lack of support services with an understanding of the complexities of their situation.

We submit, that in order to “effectively prevent mental illness and suicide, and support people to recover from mental illness...through Victoria’s mental health system, and in close partnership with other service”¹⁰ integrated services must be fostered.

This reflects the findings of the Victorian Inquiry into Access to Justice, which found that people who experience a disability are particularly vulnerable to having a legal problem, and those who have experience of mental health illness have significantly more legal problems compared to other disabilities.¹¹

It is our experience that people who are presenting to the LGBTIQ Legal Service are often experiencing discrimination, stigma and disadvantage on top of their legal issues at a higher rate than the rest of the community. For example, they may be estranged from family, experience discrimination in employment, education, housing and other services. In some circumstances, these issues have led to trauma and even AOD issues stemming from trauma.

The integrated approach of having the LGBTIQ Legal Service co-located with Thorne Harbour Health has proved to be an excellent means of addressing the particular difficulties of engaging people who have significant distrust of the legal system due to previous stigma and discrimination when seeking to access legal services in the past.

The success of this integrated model can be seen in the following case studies of Eddie and Samia.

CASE STUDY: Eddie*

Eddie was a bisexual man in his late 50s who had long-standing drug and alcohol issues and a traumatic personal history. Eddie was living in social housing. The house had been significantly damaged following an act of violence by an unknown person, leaving Eddie unable to return and having to couch surf at an ex-partner’s house while waiting to be transferred to a new social housing property.

Eddie had engaged with sexual health services provided by an LGBTIQ specialist health service for a number of years, and after the act of violence, he was referred for extra

¹⁰ See Commission’s Terms of Reference.

¹¹ *Access to Justice Review: Volume 1 Report and Recommendations*, (2016) accessed online on 4 July 2019 at [https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3314/8601/7221/Access to Justice Review - Report and recommendations Volume 1.PDF](https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-engage.files/3314/8601/7221/Access%20to%20Justice%20Review%20-%20Report%20and%20recommendations%20Volume%201.PDF)

assistance with AOD services and case management. Eddie's LGBTIQ specialist AOD case manager referred Eddie to the LGBTIQ Legal Service for help with receiving an urgent transfer from his social housing property. The LGBTIQ Legal Service was able to successfully advocate for him to be transferred urgently by the Department, citing Victorian Human Rights Charter and policy arguments. During this legal process, the service was able to connect him with a pro bono lawyer to assist with his victims of crime application regarding the act of violence and to draft his will, which he had wanted to do for many years but couldn't afford to.

** names have been de-identified to protect confidentiality*

CASE STUDY: Samia*

Samia is a young transgender woman from South-East Asia living in Australia on a temporary visa. Samia begun accessing gender-affirming healthcare at a LGBTIQ specialist GP service. Samia had significant concerns about returning to her home in South-East Asia, as she feared parental rejection and persecution in her home country due to her transgender status. Samia had received one-advice from another legal service, but had not been able to obtain free-ongoing legal representation due to that service's capacity issues.

Samia contacted the LGBTIQ Legal Service, who met with her and successfully advocated for her her to be represented in a gender identity protection visa application on a pro bono basis by a private law firm. The LGBTIQ Legal Service also referred Samia to the co-located LGBTIQ specialist counselling service for mental health support around her transition and emotional distress around family rejection.

Samia was extremely grateful to receive mental health support that had a de-pathologising model of mental health support for trans and gender diverse clients, which helped her to feel more confident to continue with her protection visa application.

** names have been de-identified to protect confidentiality*

Unlike the case of Sarah, Eddie and Samia were able to access the benefits of a holistic and integrated approach, thereby not only receiving help for their legal matters but also for housing, mental health and AOD support. As a result, their mental health concerns were not exacerbated.

We submit that legal assistance is a vital component to these integrated services.

The need for specialised services should be specifically considered in relation to the TGD community. Our casework has shown that the TGD community experiences higher levels of discrimination and disadvantage and therefore require higher levels of support. As mentioned above, TGD people experience significantly higher rates of mental health issues and suicide rates, with transgender adults being eighteen times more likely than the general population to have thoughts of suicide.¹² The impacts of this can be seen in:

¹² LGBTI National LGBTI Health Alliance, 'The statistics at a glance: the mental health of lesbian, gay, bisexual, transgender and intersex people in Australia', LGBTI Health [website], 2016, <https://lgbtihealth.org.au/statistics/>.

- greater burden resulting from a need to obtain medical reports in order to satisfy documents to change ID;
- difficulties in accessing gender-affirming health care;
- higher levels of poverty and unemployment;
- lack of family support meaning reduced capacity to pay for required health care; and
- significant challenges in finding health practitioners who are competent to address specific health needs and who will not discriminate against them.

In response to the Commission's Terms of Reference, we submit that greater provision of integrated services focussed on LGBTIQ people will:

- prevent mental illness;
- better support people to recover from mental illness; and
- improve mental health outcomes for those in the community, especially those at greater risk of experiencing poor mental health (namely, LGBTIQ people) who are in greater contact with the justice system.

Recommendation 1: The Victorian Government should provide funding to support the development and expansion of specialist, peer-led and integrated support services for LGBTIQ people experiencing mental health issues. Support services should:

- a. be provided both within Melbourne and across regional Victoria;
- b. provide patients with legal, financial counselling, AOD, family violence, housing and sexual health services and support;
- c. provide clinical psychologists for trans and gender diverse (**TGD**) people when required so that the TGD people can access gender-affirming surgeries; and
- d. have the capacity to provide financial support for costs incurred, counselling, legal advice, support and advocacy.

Training for all practitioners and workers in the mental health system

SKLS and the LGBTIQ Legal Service continue to support education and training as a key component to addressing discrimination and raising awareness of how LGBTIQ discrimination can impact mental health. This reflects our findings and recommendations made in previous submissions where we have called for peer-led training¹³ of external organisations. To this end, the LGBTIQ Legal Service has provided a number of LGBTIQ inclusive practice training

¹³ See for example Submission in response to the National Inquiry into Sexual Harassment in Australian Workplaces (SKLS, 2019), available at <http://www.skls.org.au/policy-research/>.

sessions to a range of organisations since its inception, including to other community legal services, private law firms and to university students across Victoria.

It is also important that training has a focus on a “de-pathologising” approach. As is clear from the case study of Samia (above), this is an incredibly important approach to providing legal support to members of the TGD community. We further submit that this approach is necessary in the production of reports in criminal matters.

These recommendations echo those supported by the United Nations Independent Expert on the protection against violence and discrimination based on sexual orientation and gender identity. In 2017, Professor Vitit Muntarbhorn found that one of the principles to protecting the human rights of LGBTIQ people is the “removal of stigma associated with LGBTI people and an end to assessments and treatments that pathologise LGBTI people”. Professor Muntarbhorn went on to report that:

Stigma based on sexual orientation and gender identity, and, concomitantly, violence and discrimination, may arise in a variety of situations, including in the medical and related sectors, and this is linked with the issue of pathologization. Before 1990...homosexuals were classified as mentally ill; this exemplified a pathologization approach towards sexual and gender identity (looking as (sic) lesbian, gay, bisexual and transgender persons as suffering from some form of illness, mental disorder, dysphoria or incongruence)...¹⁴

Following on from the findings of Professor Muntarbhorn, and in support of our previous casework and law reform work, we submit that it is important to ensure that mainstream health service providers (whether they be private practice, community-based or acute-level care providers) are aware of how an individual’s sex or gender identity, variation of sex characteristics, and/or sexual orientation, may impact on their mental health.

It is crucial that this training be provided to organisations in both urban and regional settings, and to all front-line responders to people experiencing mental health distress, including police, paramedics, hospital emergency and psychiatric department staff.

Recommendation 2: The Victorian Government should implement, and advocate for, training for all levels of practitioners and workers in the mental health system in Victoria. Training must be:

- a. peer-led and run by LGBTIQ people with lived experience;
- b. provided to those that work in private practice, community-based mental health services and those in acute-level care;
- c. include a comprehensive guide to issues included minority stress, internalised homophobia and transphobia, and the specific human rights concerns of the intersex

¹⁴ Professor Vitit Muntarbhorn, Secretariat to the Human Rights Council, *Report of the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity*, (19 April 2017) Human Rights Council, Thirty-fifth session, 6-23 June 2017.

community regarding current Victoria hospitals practice of engaging in medically unnecessary surgical interventions on infants and young people; and

- d. offered to organisations that assist LGBTIQ people with mental health concerns, including housing and homelessness services, drug and alcohol services, sexual health services (including fertility services), family violence services, GP services and organisations that provide specialist support to the sex worker community.

Foster a community of practice for LGBTIQ specialist mental health practitioners

Under the Terms of Reference, the Commission has been asked to consider ways to improve mental health outcomes for those in the Victorian community, especially those at greater risk of experiencing poor mental health including, but not limited to, people in contact with the forensic mental health system and the justice system.

It is common practice in criminal, civil and family law cases for advocates to provide detailed court reports from clinical psychologists, psychiatrists and other mental health professionals. There is currently no Victorian network of LGBTIQ mental health specialists recognised as competent in providing case histories that are de-pathologising towards LGBTIQ people, and trans and gender diverse people in particular. “Pathologising” of LGBTIQ people is discussed in more detail above.

This gap means that LGBTIQ clients can be required to engage with a costly mental health professional as part of a legal process with no or little knowledge of LGBTIQ issues, which can result in court reports that:

- reinforce damaging stereotypes;
- ‘dead name’ clients or use incorrect pronouns;
- conflate LGBTIQ status with mental illness; or
- in other ways provide stigmatising and discriminatory accounts of LGBTIQ clients personal histories and current circumstances.

CASE STUDY: Annu*

Annu is a poly and gender diverse 23 year old who was charged with serious criminal offences. The LGBTIQ Legal Service recommended that Annu obtain a comprehensive court report to tender as part of a plea of mitigation. The LGBTIQ Legal Service was, despite significant effort, unable to find a suitably qualified mental health professional to write such a report, and as a result, the report produced misgendered Annu throughout the report and contained stigmatising remarks about her relationship status as a person with more than one intimate partner. Annu experienced additional trauma as a result of reading this report, which exacerbated her mental distress during her legal proceedings.

** names have been de-identified to protect confidentiality*

Recommendation 3: The Victorian Government and the Judicial College of Victoria should foster a community of practice for LGBTIQ specialist mental health practitioners in order for legal services to obtain free or low-cost court reports from trusted providers who are competent to provide de-stigmatising reports in legal matters.

LGBTIQ applicant and respondent workers for family violence matters at all courts

In 2017, prior to the development of the LGBTIQ Legal Service, SKLS made a submission in response to the Justice Project in relation to LGBTIQ people¹⁵ in which we noted the following:

In the context of family violence, the submission by Gay and Lesbian Health Victoria (GLHV) to the Royal Commission (into Family Violence) outlined the complex nature of family violence within the LGBTI community, namely, how it may be compounded by an assumed heteronormative understanding of family violence dynamics. GLHV explains that the terms associated with family violence refer to “the most dominant pattern of violence occurring in the home: the gender-specific dynamics of violence perpetrated by men against women”.¹⁶

Our primary concern is that large numbers of LGBTI family violence survivors are not reporting family violence due to a belief that services will be unsympathetic and unsafe for the LGBTI community. The current discourse around family violence focuses on men and women, thereby disregarding relationships “involving transgender people who identify as heterosexual, or those involving intersex people.”¹⁷

These complexities are demonstrated in the following case study of Simon. Simon was assisted by the LGBTIQ Legal Service.

CASE STUDY: Simon

Simon and Will were a cis-gendered gay male couple in their 60s. Throughout their relationship of 15 years, there was a history of emotional abuse and control, which left Simon experiencing depression and anxiety as a result of his fear of Will.

There was a serious incident of physical and sexual violence against Simon by Will. Simon immediately moved out and attended the local police station to ask police to take out an intervention order (IVO). The police declined to do so as they felt an IVO was not necessary. The police did not take a statement from Simon. Simon had concerns that the police were not taking his safety fears seriously due to the AFM and respondent both being men.

This was extremely distressing to Simon. He accessed an LGBTIQ specialist health service to obtain counselling. Simon was then referred in for family violence brokerage, family-violence peer support and legal support to obtain an IVO, all under the one roof. He received

¹⁵ Submission available at <http://www.skls.org.au/policy-research/>

¹⁶ Gay and Lesbian Health Victoria, Submission to the Victorian Royal Commission into Family Violence, *Family violence and the LGBTI community*, May 2015, 6, citing Victorian Health Promotion Foundation, Preventing violence against women in Australia (Victorian Health Promotion Foundation, 2011).

¹⁷ Gay and Lesbian Health Victoria, Submission to the Victorian Royal Commission into Family Violence, *Family violence and the LGBTI community*, May 2015, 6.

support by way of counselling reports outlining his level of fear and distress, and the LGBTIQ Legal Service represented him in his IVO proceeding. As Simon did not live in the City of Yarra, he was unable to have his matter moved to the Neighbourhood Justice Centre which has specialist LGBTIQ family violence support workers, but due to his engagement with the LGBTIQ specialist health service, Simon had a family violence support worker allocated to support him in court.

At the hearing, Simon was granted a full intervention order for 12 months to protect him from future acts of family violence.

Simon continues to receive counselling support around the end of his relationship and family violence.

** names have been de-identified to protect confidentiality*

Simon was fortunate to be able to receive both legal support (from the LGBTIQ Legal Service) but also the benefits of an integrated service (with counselling support).

We note from the case study that had Simon lived in the City of Yarra, he would have also been able to benefit from the specialist LGBTIQ family violence support workers at the Neighbourhood Justice Centre (**NJC**) in Collingwood. This specialist program was developed as a response to the recommendations made by the Royal Commission into Family Violence in order to address the needs faced by LGBTIQ people affected by family violence.¹⁸

It is our submission that the family violence support services in all Magistrates' Courts around Victoria should be expanded significantly to include LGBTIQ supports as well.

Recommendation 4: The Victorian Government should provide funding for LGBTIQ applicant and respondent workers to be available in all Victorian courts for family violence matters.

If you have any queries, please contact Sam Elkin on 03 8598 6635 (reception) or by email to sam@skls.org.au.

Yours faithfully

ST KILDA LEGAL SERVICE INC

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¹⁸ Star Observer, *Magistrates Court Announces Pilot of Family Violence Court Services for LGBTI people*, accessed online via <http://www.starobserver.com.au/news/national-news/victoria-news/magistrates-court-victoria-pilot-family-violence-court-services-lgbti-people/171386> on 3 July 2019.