An analysis of existing research

Primary prevention of family violence against people from LGBTI communities

A research project commissioned by the Victorian State Government.

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EXECUTIVE SUMMARY

This research project has been commissioned by the Victorian government in response to needs identified by the Royal Commission into Family Violence. Recognising the significant gaps in research and knowledge with respect to family violence against people from lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) communities, this research specifically focuses on the *prevention* of family violence against LGBTI people. In order to identify effective prevention strategies for LGBTI communities, it is necessary to understand LGBTI people's experiences of violence, including family violence.

National and international research suggests that the rates of family violence against LGBTI people is as high as, if not higher than, family violence against heterosexual, cisgendered women and their children. Despite this, little is understood about what drives this violence. Many researchers and LGBTI community representatives have long argued that people from LGBTI communities are likely to experience higher than average rates of violence from many types of individuals, and at multiple points in their lifetime. For many, violence is experienced during childhood, in school and work settings, out in the public domain, and within relationships with intimate partners, parents, siblings, children, housemates and carers.

This report distils existing international and national evidence pertaining to family violence against LGBTI people. It includes a review of research on the broader determinants of violence against LGBTI people which, this paper argues, have an impact on rates and patterns of family violence specific to LGBTI people.

KEY FINDINGS

Violent acts are often fuelled by a need to exert power and maintain control. Research confirms that family violence does not occur in a vacuum, insulated and impervious to societal influences. Current research and evidence suggest that there are commonalities between the underlying drivers of violence against heterosexual, cisgendered women and their children, and violence against people from LGBTI communities.[1] In both cases, gender norms and structures operate to create inequalities between women and men, with masculine ways of being associated with male bodies and valued over and above feminine ways of being associated with female bodies. Women who reject traditional patriarchal roles and stereotypes may find that they and their children are subject to violence by men who experience the rejection of such stereotypes as a challenge to their masculinity, power and privilege. Intersex, transgender and gender diverse people challenge the assumption that binary biological sex determines a binary gender, undermining the assumption that masculinity and male power are grounded in male biology.

Adherence to traditional constructions of masculinity is a strong indicator of sexist attitudes towards women (both predicting violence against women), and it has also been suggested that traditional

[1] Jackson, S., 2006, Gender, sexuality and heterosexuality: The complexity (and limits) of heteronormativity, *Feminist Theory,* 7(1), pp. 105 – 121; Brown, C., 2008, Gender-role implications on same-sex intimate partner abuse, *Journal of Family Violence,* 23, pp. 457 – 462; Seelau, S.M., and Seelau, E.P., 2005, Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence, *Journal of Family Violence,* 20(6), pp. 363 – 372; Knight, C., and Wilson, K., 2016, Domestic violence and abuse in same-sex relationships in C. Knight and K. Wilson (ed), *Lesbian, gay, bisexual and trans people (LGBT) and the criminal justice system*, Palgrave Macmillan UK.

masculinity is one of the strongest predictors of homophobic attitudes.[2] Bufkin (1999), in an early study, argues that accomplishing or 'doing' hegemonic masculinity lies at the heart of bias offending, stemming "in part from the fact that the victims of bias crimes are antithetical to the 'hegemonic idea' of manhood which emphasises aggressiveness, competitiveness, risk-taking, and other similar qualities".[3] Taken together, research suggests that there is a strong correlation between traditional masculine ideals (and associated attitudes and behaviours), violence against women, *and* violence against LGBTI people.

Many LGBTI people challenge not only traditional and patriarchal constructions of gender, but also the deeply held, but rarely acknowledged, links between sex, gender *and* sexuality. Gender and gender inequality are built on the assumption that 'real' men and 'real' women are necessarily heterosexual. But the existence of LGB people raises the possibility that men and women may or may not behave in stereotypically masculine and feminine ways, and can be attracted to people of more than one sex or gender. Here, like trans and gender diverse people, LGB people challenge the assumptions that underpin a binary, *heterogendered* model of the relationship between sex, gender and sexuality. In doing so, they threaten to expose the patriarchal *and* heterosexist underpinnings of family violence that link violence against women and their children, and violence against LGBTI people.

Heterosexism and cisgenderism[4] are systems which adversely affect all individuals, irrespective of sex, gender, gender identity, and/or sexuality. These mutually reinforcing systems, in tandem with racism, sexism, ageism, and ableism, compound experiences of violence for many LGBTI people, and influence and shape their day-to-day lives. Family violence experienced by LGBTI people mirrors the violence LGBTI people experience in the broader community. As Mason argues, "violence will fail to serve a function for the perpetrators if the prejudicial attitudes undergirding such violence are no longer supported by societal norms or by religious, legal and political doctrines".[5]

In line with the work being done to prevent violence against heterosexual, cisgendered women and their children, challenging prejudicial attitudes towards LGBTI people and transforming hierarchical and harmful notions of gender are key actions to prevent all forms of violence against people from LGBTI communities. Much of the research argues that violence against LGBTI people is associated with "extreme expression[s] of … cultural stereotypes and expectations regarding male and female behaviours … a learned form of social control of deviance".[6] As such, it is important to acknowledge that violence against people from LGBTI communities, in any form, does not occur within a vacuum. Negative and discriminatory societal attitudes, norms, and behaviours (historical and contemporary) towards LGBTI people ultimately influence and to some degree, justify and condone family violence against LGBTI people, including by LGBTI perpetrators. This serves to keep the issue invisible in the public domain.

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[2] See Epstein, D., 2001, Boyz own stories: Masculinities and sexualities in schools, pp. 96 – 109, In W. Martino and B. Meyenn (eds), *What about the boys?: Issues of masculinity in schools,* Buckingham: Open University Press; Mandel, L., and Shakeshaft, C., 2000, Heterosexism in middle schools pp. 75 – 103 in N. Lesko (ed), *Masculinities at school*, London: Sage; Pheonix, A., Frosh, S., and Pattman, R., 2003, Producing contradictory masculine subject positions: Narrative of threat, homophobia and bullying in 11 – 14 year old boys, *Journal of Social Issues,* 59(1), pp. 179 - 195.

[3] Bufkin 1999 cited in Kelley, K., and Gruenewalk, J., 2015, Accomplishing masculinity through anti-lesbian, gay, bisexual, and transgender homicide: A comparative case study approach, *Men and Masculinities,* 18(1), pp. 3 – 29, p. 4.

[4] See the glossary of terms for definitions.

[5] Mason, G., 1993, Violence against lesbians and gay men, Violence Prevention Today, Canberra: Australia Institute of Criminology, p. 6.

[6] Franklin, 1998 cited in Stotzer, R. L., Chapter 3, Bias crimes based on sexual orientation and gender identity: global prevalence, impacts, and causes, in D. Peterson and V.R Panfil, (eds), *Handbook of LGBT communities, crime, and justice*, New York: Springer Scient + Business Media pp. 45 – 64, p. 57.

Similarly, efforts to address societal gender structures are fundamental in preventing violence against people from LGBTI communities. Indeed, this will aid and facilitate strategies to prevent violence against heterosexual, cisgendered women and their children, and vice versa. Without addressing and challenging the drivers of violence against LGBTI people more broadly, that is, the perpetration of discrimination, disadvantage and violence against LGBTI people by socio-structural systems, it is unlikely that the issue of family violence against LGBTI people will be effectively addressed and prevented. Likewise, without addressing and transforming the gendered structural inequalities that continue to oppress and disadvantage women, preventing violence against women *and* LGBTI people will remain elusive.

RECOMMENDATIONS

Recommendation one: Ongoing legislative reform to remove lawful grounds for discrimination against LGBTI people, and to remove all barriers that prevent or hinder people from LGBTI communities from accessing publicly-funded services, including family violence services.

Recommendation two: Design specific public campaigns aimed to reduce homophobia, biphobia and transphobia, and that positively promote sexual and gender identity diversity.

Recommendation three: Explore, plan and implement how best to integrate the prevention of family violence against people from LGBTI communities into the existing prevention initiatives that are currently implemented through various settings and sectors (see also The Equality Institute, 2017). This could include:

- Expanding the Respectful Relationships Education framework and curricula to be more inclusive of sex, gender and sexual diversity, whilst challenging and transforming heterosexist attitudes, practices and norms. This could also include amending whole-of-school anti-bullying initiatives to address heterosexism and binary gender structures.
- Expanding the purview of prevention initiatives across workplaces, sports and the media to ensure that messages and campaigns are inclusive of the lives, realities and experiences of people from LGBTI communities.
- Conducting an audit of existing department-funded initiatives to ensure they are inclusionary and demonstrate an intersectional approach to primary prevention.

Recommendation four: Support and fund primary research projects to better understand the drivers of violence against people from LGBTI communities, with a view to obtaining greater empirical data to facilitate deeper understandings of which drivers have the most impact, and how drivers intersect to compound experiences of violence for LGBTI people. Further, it is recommended that consideration be given to support a research partnership to develop a new approach to family violence prevention that examines the areas of overlap and commonality between the underlying causes of family violence against women and their children, and against LGBTI people.

Recommendation five: Representatives of sexual and gender diverse communities continue to be engaged and consulted in future policy and/or legislative reforms, particularly through existing mechanisms such as the LGBTI Family Violence Working Group and the whole-of-government LGBTI Advisory Group. Consideration is given to LGBTI population groups who experience multiple forms of discrimination and disadvantage.

Recommendation six: Establish a dedicated and expert advisory structure, with Ministerial access, within the new Victorian Prevention Agency, to guide and support all future work pertaining to the primary prevention of violence against people from LGBTI communities.

Recommendation seven: The Department of Premier and Cabinet consider:

- funding, overseeing and hosting an LGBTI family violence-specific conference, bringing together practitioners and researchers from both the violence against women *and* LGBTI sectors;
- funding two full-time positions to oversee the design, implementation and evaluation of future programming in this space, advise policy-makers, and further conceptualise, enhance and refine the understanding of family violence against LGBTI people;
- commissioning further research specifically focused on trans and gender diverse people and intersex people's experiences of family violence. Consideration should be given to trans and gender diverse people and people with intersex variations who experience multiple forms of discrimination and disadvantage.

In addition, the Department of Premier and Cabinet identify, in consultation with LGBTI communities, fund a series of comprehensively funded, multi-year action research projects to address violence against people from LGBTI communities. Ideally, these multi-year action research projects would be partnerships between academic experts and/or universities, practitioners and LGBTI-specific services and/or groups.

Recommendation eight: Maintain funding to key specialist organisations to support policy and practice development on the prevention of violence against people from LGBTI communities.

Recommendation nine: Provide support to all existing response agencies and mechanisms (service providers, police, justice system) to adopt and integrate an intersectional and inclusive approach to create a safe space for LGBTI people.

GUIDING PRINCIPLES OR ALL FUTURE PREVENTION ACTIVITIES

The following principles have been identified as essential to guide and underpin the effective development and implementation of all future primary prevention efforts:

- **Engage and include LGBTI people in the planning, design and implementation of all prevention efforts.** Prevention efforts are encouraged to work with *and* for people LGBTI communities. In order to maximise prevention success, activities should reflect of the lived realities of LGBTI people's lives. Their involvement and engagement enriches prevention efforts with their lived experience and expertise, and also serves to build awareness and capacity for prevention within LGBTI communities.
- **Address the structural drivers of violence against LGBTI people**. This requires addressing gender structures, and heterosexism. Specifically designed prevention efforts to combat violence against LGBTI people must include an analysis of heterosexism and address the oppressive and institutional factors that generate and sustain harmful gender and sexuality stereotypes. This involves working at both the socio-structural level (such as through policy, legislation and institutional practices), and at the community or individual level (such as through direct participation or community mobilisation approaches).[7] Importantly, this also requires a clear and explicit focus on the drivers of violence, that is, the structures, practices and norms that discriminate and oppress people with diverse sexualities and gender identities, rather than focusing on the identities of LGBTI people.

[7] Matthews, C. R., and Adams, E. M., 2009, Using a social justice approach to prevent the mental health consequences of heterosexism, *Journal of Primary Prevention,* 30, pp. 11 – 26.

- **Uphold and promote human rights**. Every individual has the right to live free from violence. The *Charter of Human Rights and Responsibilities Act* 2006 (Vic) clearly articulates that human rights: are essential in a democratic and inclusive society; belong to all people without discrimination; and come with responsibilities and must be exercised in a way that respects the human rights of others. Many people from LGBTI communities are likely to experience multiple and compounding forms of discrimination and oppression. Taking a human rights based approach to prevention requires acknowledgement that by prioritising, addressing and challenging the drivers of discrimination experienced by those most marginalised in our community, benefits *all* individuals.
- **Be inclusive of the diversity of LGBTI people and communities in all universal prevention efforts**. As this report has evidenced, due to the current heterogendered framing of family violence, the experienced and lived realities of people from LGBTI communities has largely been hidden from public discourse. Proactively including LGBTI people in all universal prevention efforts will facilitate a greater understanding of their experiences of family violence in LGBTI and mainstream communities. Adopting this principle also works to challenge heteronormative and heterosexist attitudes, norms and practices.
- Adopt an **intersectional approach that acknowledges and responds to the diversity and diverse needs** within LGBTI communities, including initiatives that are tailored to meet the different needs of groups within LGBTI communities.
- **Be specific** about who prevention efforts are tailored for. This includes being conscious about who is to be included *and* excluded in the program focus, and a clear articulation and justification of these decisions.
- Ensure planning allows time, space and resources for ongoing **critical reflection, and reflective practice.** This may involve all prevention project personnel reflecting on their own experiences of power and privilege, and recognising the areas where an individual benefits from privilege, as well as areas where privilege is not afforded. Reflecting critically on personal biases, assumptions and judgements is also important to ensure that such attitudes do not permeate prevention planning and associated activities.
- **Be open to synergies with other fields of prevention work**. A significant amount of work has already been undertaken in various areas to promote the health and wellbeing of LGBTI people. Although this work has largely taken place in discrete policy areas, collectively there is a wealth of knowledge and information with respect to working with people from LGBTI communities. Partnering, or aligning with other prevention efforts will maximise effectiveness, and facilitate greater success for sustainable change.
- **Identification and balancing of risks and benefits.** This principle is fundamental to ethical research and health practice, and is particularly important in the application of primary prevention efforts that involve discrimination and violence prevention. For instance, given the history of discrimination against LGBTI people and communities, and continuing prejudice against them, prevention efforts must do their best to minimise harmful stereotypes. The inclusion and involvement of LGBTI people in the planning, implementation and evaluation process will support prevention efforts to minimise these risks.
- **Be evidence-based and evidence-building**. Draw on the established evidence base in the broader violence prevention field, and from LGBTI health and rights-based policy and programming. Prevention of family violence against LGBTI people is an emerging area, so

there is a pressing need to invest in evaluation, documentation and monitoring of new programs and policies to identify any unintended consequences early, and to build and share evidence of what works. This includes ensuring that all future prevention initiatives and/or research projects include scope, time and resources to conduct rigorous evaluations. Evaluation results should be disseminated through appropriate channels to ensure that learnings and emerging good practice principles are integrated into future prevention work.

CHAPTER 1: INTRODUCTION

Understanding and preventing family violence is a complex issue. Much of what we know of family violence has been shaped, informed and driven by the work and advocacy of heterosexual, cisgendered women's groups and collectives over the past four decades. Evidence from around the globe strongly indicates that family violence is predominately perpetrated by men against women and/or children.[8] The impacts and consequences of family violence are wide-reaching, affecting, communities, businesses, and the Australian economy. In 2015, it was estimated that family violence costs the Australian economy $21.7 billion a year.[9]

The work to date has been critical and instrumental in raising awareness and shining a light on this pervasive issue. Once deemed a 'private' issue and 'just another domestic', family violence, and violence against women more broadly, is now part of public discourse in Australia, and Victoria particularly. Individuals, communities, businesses, governments and non-government agencies are now taking significant steps to identify and respond to family violence. With the release of *Change the story: A shared framework for the primary prevention of violence against women and children*, a new national focus on the prevention of violence is finally emerging. The Victorian Government's commitment and focus on primary prevention is articulated in *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women.* The strategy acknowledges that many forms of inequality can intersect with gender inequality to drive perpetration of violence against different groups of women.[10]

What is also emerging in the public discourse is the need to ensure that services, prevention programs and policy frameworks are designed and delivered in a way that is inclusive of the diversity of the Victorian population. A number of communities argue that their rights and needs are not being sufficiently met, or worse, are being denied completely. Thus, while the progress made to date in bringing the issue of family violence from the margins to the centre is significant, much more work is required to ensure that the different manifestations of family violence within different communities are understood and addressed. This requires an intersectional approach across the continuum from tertiary intervention through to primary prevention efforts.

The recent Victorian Royal Commission into Family Violence (Royal Commission) acknowledged that family violence impacts and affects people differently, and therefore tailored or specialised approaches are necessary, from tertiary to primary prevention. This acknowledgement is indicative of the growing awareness that there are population groups within our community that experience multiple forms of discrimination, oppression and disadvantage, and therefore their experience of family violence is compounded by various other forms of violence and abuse. Similarly, there is growing recognition that, as a result of experiencing multiple forms of discrimination and disadvantage, members of some population groups are at higher risk of experiencing family violence.

This report focuses primarily on family violence against lesbian, gay, bisexual, trans and gender diverse people, and people with intersex variations (LGBTI). The limited research suggests that rates of

[8] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, 2015, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia,* Melbourne: Our Watch; World Health Organisation, 2002, *World report on violence and health: Summary,* Geneva: World Health Organisation;

[9] PricewaterhouseCoopers Australia (PwC), 2015, *A high price to pay: The economic case for preventing violence against women,* Melbourne: PwC.

[10] Government of Victoria, 2017, *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women,* Melbourne: Government of Victoria.

intimate partner violence within same-sex relationships are as high as the rates experienced by cisgender women in intimate heterosexual relationships, and may be higher for bisexual, trans and gender diverse people. Due to limited research and evidence with respect to family violence and/or intimate partner violence experienced by intersex people, it is unknown how rates of violence against intersex people compare. This report synthesises the current research and knowledge in order to both better understand the context within which family violence against people within LGBTI communities is perpetrated and to address gaps in the evidence base. The report also identifies and details initiatives aimed at preventing family violence against LGBTI people and provides recommendations for future prevention efforts and research directions.

STRUCTURE OF THE REPORT

This report presents literature and data on the rates and types of family violence experienced by people in LGBTI communities, as well as looking at the broader social determinants that lead to higher than average rates of violence and discrimination against LGBTI people and communities. The remainder of this chapter provides a snapshot of LGBTI people in Australia, details limitations of past and current policy and practice approaches regarding LGBTI family violence, and scope and definitions of the research. In Chapter 2 we describe the methodological approach taken in conducting this literature review, and detail the rationale for selecting this method. Chapter 3 presents the framework from which violence against LGBTI people is theorised, drawing together commonalities between the drivers of violence against LGBTI people *and* violence against women. Chapter 4 provides a nuanced investigation of family violence against LGBTI people. Chapter 5 provides an examination of the social context which gives rise to, and condones violence against LGBTI people more broadly. Chapter 6 goes on to identify prevention initiatives from Australia and internationally that may be useful in informing and developing strategies to prevent family violence against LGBTI people. Finally, Chapter 7 draws together the evidence reported on in the previous chapters in order to consider the implications for the future prevention of family violence against LGBTI people. It concludes with a set of key guiding principles to underpin all future prevention work, and a series of recommendations.

LGBTI PEOPLE IN AUSTRALIA

People who identify as LGBTI are often grouped under the convenient 'LGBTI' umbrella. However it is important to note that there are several distinct, but sometimes overlapping, cohorts, each with their own distinct histories, experiences and needs.

SEXUAL IDENTITY AND BEHAVIOUR

It is important to understand the distinction between sexual identity and sexual behaviour. Sexual identity refers to an individual's self-identified sexuality (or sexual orientation), whereas sexual behaviour is defined by an individual's sexual interactions/encounters with others. Importantly, an individual's sexual behaviour does not define their sexual identity. For instance, some people who identify as LGBTI will be in heterosexual relationships, while others will be in same-sex relationships. Similarly, some heterosexual relationships include one or more trans or gender diverse person, and some who identify as heterosexual will be in same-sex relationships (refer to glossary for definitions). Individuals who identify as bisexual may have intimate relationships with people of more than one sex or gender. However, their sexuality is not determined by the gender of the person with whom they may be in an intimate relationship with at any given time.

The largest and most robust research studies to date to quantify the sexual identities and practices of Australians are the first and second Australian Study of Health and Relationships (ASHR) (2003, 2014).

Each was designed to "describe the prevalence of same-sex and opposite-sex attraction and experience in Australia and the prevalence of different sexual identities".[11] The first ASHR study (2003) involved 19,307 respondents aged between 16 and 59 years of age, and found that:

- 1.6 percent of men identified as homosexual and 0.9 percent identified as bisexual;
- 0.8 percent of women identified as lesbian, and 1.4 percent identified as bisexual;
- 8.6 percent of men and 15.1 percent of women reported either feelings of attraction to the same gender, or some sexual experience with the same gender.[12]

The second study, ASHR2 (2014), involved 20,055 respondents aged between 16 and 69 years. It found that the number of people who identified as heterosexual had decreased from the previous survey from 97.5 percent to 96.3 percent.[13] It was also found that 9 percent of men and 19 percent of women had some history of same-sex attraction and/or experience.[14] Both ASHR and ASHR2 reported that women were more likely than men to identify as bisexual, and women were less likely than men to report exclusively other-sex or same-sex attraction and experience.

Other studies in Australia report similar findings. One aspect of the Wave 12 HILDA study involved the sexual identity of 17,476 persons aged 15 years or older, and found that 2.6 percent identified as gay, lesbian or bisexual. Wooden (2014) notes however that this figure is likely to be an under-reporting, but lies within the range reported in population surveys conducted in other countries.[15] For instance, the Norwegian Living Conditions Survey (2010) reported that 1.2 percent of Norwegian adults identified as LGB; the Canadian Community Health Survey (2005) reported that 1.9 percent of the population identified as LGB; and the National Survey of Sexual Health and Behaviour (2009) in the United Stated reported that 5.6 percent of Americans identified as LGB.[16]

Importantly, estimates of those who report any lifetime same-sex sexual behaviour and any same-sex sexual attraction are substantially higher than estimates of those who identify as LGB – for example, in a US study, an estimated 19 million Americans, or 8.2 percent, report that they have engaged in same-sex sexual behaviour, and nearly 25.6 million Americans, or 11 percent, acknowledge at least some same-sex sexual attraction.[17]

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[11] Richter, J., Altman, D., Badcock, P.B., Smith, A.M., de Visser, R.O., Grulich, A.E., Rissel, C., and Simpson, J.M., 2014, Sexual identity, sexual attraction and sexual experience: The Second Australian Study of Health and Relationships, *Sexual Health,* 11, pp. 451 – 460;

[12] Smith, A.M., Rissell, C.E., Richters, J., Grulich, A.E., and de Visser, R.O., 2003, Sex in Australia: Sexual identity, sexual attraction and sexual experience among a representative sample of adults, *Australian and New Zealand Journal of Public Health,* 27(2), pp. 138 – 45.

[13] Richter, J., Altman, D., Badcock, P.B., Smith, A.M., de Visser, R.O., Grulich, A.E., Rissel, C., and Simpson, J.M., 2014, Sexual identity, sexual attraction and sexual experience: The Second Australian Study of Health and Relationships, *Sexual Health,* 11, pp. 451 – 460

[14] Richter, J., Altman, D., Badcock, P.B., Smith, A.M., de Visser, R.O., Grulich, A.E., Rissel, C., and Simpson, J.M., 2014, Sexual identity, sexual attraction and sexual experience: The Second Australian Study of Health and Relationships, *Sexual Health,* 11, pp. 451 – 460

[15] Wooden, M., 2014, *The measurement of sexual identity in Wave 12 of the HILDA Survey (and associations with mental health and earnings.* HILDA Project discussion paper series No. 1/14, Melbourne: Faculty of Business & Economics, The University of Melbourne.

[16] Gates, G.J. 2011, *How many people are lesbian, gay, bisexual, and transgender?* Los Angeles: The Williams Institute, UCLA School of Law.

[17] Gates, G.J. 2011, *How many people are lesbian, gay, bisexual, and transgender?* Los Angeles: The Williams Institute, UCLA School of Law.

GENDER IDENTITY

Cisgender describes a person whose gender conforms to the social expectations of the biological sex they were assigned at birth. In contrast, trans or gender diverse refers to people whose gender identity or expression does not match the social expectations of the sex they were assigned at birth, or whose gender identity does not sit within the gender binary.[18] Trans and gender diverse people are subject to various forms of discrimination and abuse in societies where a cisgender and binary model of sex and gender are taken and socially policed as the 'norm'. Levitt and Ippolito (2013) argue that, "those who challenge gender norms challenge one of the most fundamental bases of power in Western society".[19]

Until the recent 2016 Census, Australians who identify as non-binary – that is, neither 'male' or 'female' – have been unable to specify their sex and/or gender in the Census. Although the 2016 Census provided scope for the identification and therefore reporting of one's sex and/or gender other than male or female, the Australian Bureau of Statistics (ABS) notes that it "does not consider the count of people reporting as other than male or female in the 2016 Census to be an accurate measure of the number of people with other than male or female sex or gender".[20] Of the 2016 Census data released (to date), there were 1,300 Australians who provided a sex or gender response other than male or female that could be validated; a rate of 5 per 100,000 people.

Overall, our understanding of the lived realities of trans and gender diverse Australians is severely limited due to the lack of population level research, and significant limitations in data collection tools and methods.

INTERSEX PEOPLE

Intersex refers to people born with sex characteristics (including reproductive systems, hormones and chromosomal patterns) that do not fit medical or typical binary notions of male or female bodies.[21] Intersex variations are a natural part of human biological variation. The Australian Human Rights Commission (AHRC) estimates that 1.7 percent of children born in Australia are intersex,[22] however it is also argued that this may be a conservative estimate "given that many elements of sex are difficult to detect".[23]

The very first national study on Australians with intersex variations was carried out in 2015 with 272 participants. The study found that:

- 52 percent of the participants were allocated a female sex at birth,
- 41 percent of the participants were allocated a male sex at birth,

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[18] GLHV@ARCSHS, La Trobe University, 2016, *Rainbow tick guide to LGBTI-inclusive practice,* Prepared by Pamela Kennedy, Melbourne: La Trobe University, p. 71.

[19] Levitt, H.M. and Ippolito, M.R., 2013, Being transgender: Navigating minority stressors and developing authentic self-presentation, *Psychology of Women Quarterly,* 38(1), pp. 46 -64, p. 47

[20] Australian Bureau of Statistics, 2017, Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016, Sex and Gender Diversity in the 2016 Census, Cat No. 2071.0, Canberra: ABS, available at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Sex%20and%20Gender%20Diversity%20in%20the%202016%20Census~31

[21] GLHV@ARCSHS, La Trobe University, 2016, *Rainbow tick guide to LGBTI-inclusive practice,* prepared by Pamela Kennedy, Melbourne: La Trobe University, p. 73.

[22] Australian Human Rights Commission, 2014, *Face the facts: lesbian, gay, bisexual, trans and intersex people*, Sydney: AHRC available at https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people

[23] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers, p. 12.

- 2 percent of the participants were allocated X sex at birth; 2 percent unsure; and 4 percent another option.

Participants in this study had over 40 specific intersex variations, with 22 percent of participants indicating that they had knowledge of at least one relative with their specific variation, including siblings, parents, and parents' siblings.[24] This study also noted that participants labelled and defined their sexualities in multifarious ways, with 48 percent identifying as heterosexual, and eight percent identifying themselves as transgender.[25]

There is a scarcity of population data with respect to intersex people, both nationally and internationally. Thus, little is known and understood about the lived experiences of intersex Australians.

A SNAPSHOT OF LGBTI RIGHTS IN AUSTRALIA TO DATE[26]

Year	Event
1949	• Victoria downgrades the punishment for gay male sex from the death penalty to 20 years imprisonment
1975	• SA the first state to decriminalise male homosexuality
1980	• Victoria decriminalises homosexuality
1982	• NSW the first state to pass laws prohibiting discrimination against homosexuals
1985	• Interdependency Visa allowing Australian citizens and permanent residents to sponsor their same-sex partner to Australia
1989	• WA removes consenting homosexual activity from its Criminal Code
1992	• *R v Murley* (Vic) – 'gay panic' defence[27] accepted, murder charge downgraded to manslaughter • The Keating Labor government removes the ban on same-sex attracted men and women serving in the military (despite opposition from defence groups, the Liberal party and Keating's own Defence Minister)
1994	• *Human Rights (Sexual Conduct) Act* passed – superseding all state and territory legislation relating to sexual acts between consenting adults. • ACT passes *Domestic Relationships Act* – giving same-sex relationships the same legal standing as heterosexual de facto relationships
1997	• Tasmania becomes the last Australian jurisdiction to decriminalise homosexuality • *R v Green* – High Court ruling sees the 'gay panic' defence established in national law
1999	• Beginning of state and territory reforms to remove discrimination against same-sex couples
2001	• Victoria's *Statute Law Amendment (Relationships) Act* and *Statute Law Further Amendment (Relationships) Act* replaced the concept of 'de facto spouse' with 'domestic partner' to recognise the rights and responsibilities of partners in domestic relationships irrespective of gender
2002	• WA the first state to allow same-sex adoptions
2003	• Tasmania abolishes the 'gay panic' defence
2004	• Howard Government changes the Marriage Act to define it as the "union of a man and a woman to the exclusion of all others, voluntarily entered into for life"
2008	• *Relationships Act 2008 (Vic)* allows same-sex couples to register their relationship as a 'domestic relationship' with the Registry of Births, Deaths and Marriages. Registering a domestic relationship provides conclusive proof of the existence of a domestic relationship for the purposes of Victorian law.

[24] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[25] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[26] This list is not exhaustive but rather indicates the range of different legislative reforms since 1949.

[27] The 'gay panic' defence (also knowns as the 'homosexual advance' defence) is a legal argument used by defence lawyers to downgrade murder charges on the basis that the defendant was 'provoked' into homicide by a sexual advance from the victim.

Year	Event
2009	• Australian government introduces several reforms designed to equalise treatment for same- sex couples and same-sex couple families relating to areas such as tax, veteran's affairs, social security and health.
2010	• New South Wales legislates to allow same-sex couples to adopt
2011	• The Gillard Labor government introduces legislation to add an 'X' gender option to passports and allow transgender people to select their gender without medical intervention
2013	• The Gillard Labor government publishes guidelines which enable intersex people to list their gender as 'X' in their passports. Also allows transgender people to choose their preferred gender regardless of medical interventions. • Transgender children no longer required Family Court approval to access puberty blockers • The Gillard Labor government legislates an amendment to the Sex Discrimination Act making it unlawful to discriminate against LGBTI people – exemptions remain for religious organisations and hospitals • TAS allows same-sex couples of adopt
2014	• The ACT allows transgender children to change the sex on their birth certificate without medical intervention • The ACT passes a law allowing same-sex marriage • High Court of Australia overturns the ACT law allowing same-sex marriage
2015	• Victoria allows same-sex couples to adopt
2016	• QLD allows same-sex couples to adopt • Victorian Premier Daniel Andrews issues a formal apology for the state's history of anti-gay laws • *Relationships Amendment Act 2016 (Vic)* provides for the recognition of same-sex couples who have been married overseas, as well as allowing same-sex couples to hold official ceremonies in conjunction with the registering of their relationship in Victoria. Under this Act, death certificates will also acknowledge de facto relationships and same-sex overseas marriages and civil unions. • NSW Police and the state government apologise for the arrests and beatings at the 1978 Mardi Gras Parade
2017	• Queensland abolishes the 'gay panic' defence. • South Australia remains the only Australian jurisdiction yet to overturn the 'gay panic' defence • Australian Marriage Law Postal Survey – a voluntary survey asking voters one question: "should the law be changed to allow same-sex couples to marry?"

LGBTI FAMILIES

Like heterosexual, cisgender families, LGBTI Australians live in a variety of family formations that include biological, social, emotional and legal connections. The National LGBTI Health Alliance observes that "families may identify as an LGBTI family due to any of their family members being LGBTI, not just parents and primary caregivers being LGBTI".[28]

LGBTI people have long challenged the 'traditional' notion of 'family'. In her book, *Families we choose*, Weston (1991) notes the use of kinship as the way in which lesbians and gay men experience 'otherness', negotiate their relationship to the outside world, and in forming their families of choice, challenging the belief that only families of origin are durable given biological connections.[29] Similarly it has been argued that the term 'family' is often used by LGBTI people to describe "core

[28] National LGBTI Health Alliance, 2016, *Working with LGBTI: People & Families,* Newtown, NSW: National LBGTI Health Alliance, p. 4.

[29] See K. Weston, 1991, *Families we choose: Lesbians, gays, kinship*, Columbia University Press,

relationships", suggesting that the notion of 'family' is more about a set of social practices, rather than an institution; similar to Judith Butler's notion of 'performing' gender, family practices are also 'performative', This approach argues that family is something we do, a "subjective set of activities, whose meanings are made by those who participate in them".[30]

Weston and others refer to these primarily non-biological LGBTI constructions of family and familial connections as 'families of choice'. Families of choice are built on enduring connections of mutual love, trust, care and support that includes a multitude of relationships from friends, ex-casual and long-term partners to children from previous heterosexual relationships and more.

There are many reasons why LGBTI people create one or more families of choice. These include because they have experienced discrimination and/or rejection from their family of origin; a need for connection with people who have experienced the same or similar forms of discrimination and marginalisation; or because they simply wish to.[31] It is important to recognise and acknowledge varying LGBTI family formations, as this has direct implications for response and prevention efforts in relation to experiences of family violence. Whilst the legal definition prescribed within the *Family Violence Protection Act 2008* (Vic) provides a broad scope in terms of defining a 'family member', it is imperative that response services, and the wider community also acknowledge the breadth of many LGBTI families of choice.

FAMILY

In acknowledging the different contexts and types of family violence experienced by LGBTI people, and that many LGBTI individuals create their own 'family of choice' distinct from their 'family of origin', this report defines 'family' as:

> *Any person (or persons) who plays a significant emotional, social, financial, caring and/or supportive role in an individual's life.*

COUPLES/PARTNERS

The 2016 Census data suggested that there were 46,800 same-sex couples across Australia, an increase of 39 percent since the 2011 Census. Female same-sex couples made up 49 percent of all same-sex couples recorded. The ABS acknowledges this is an underestimate given many LGB couples were mostly likely unwilling to report their status.

Legislated definitions play a significant role in the perceived 'legitimacy' of LGBTI families by the broader community. Currently in Australia, the *Marriage Amendment Act 2004* (Cth) defines marriage as being "between one man and one woman". [32] In Victoria, the *Statute Law Amendment (Relationships) Act 2001* and *Statute Law Further Amendment (Relationships) Act* 2001 replaced the concept of 'de facto spouse' with that of 'domestic partner' for both same-sex and heterosexual couples in most Victorian Acts, recognising "the rights and responsibilities of partners in domestic relationships…irrespective of gender".[33] The ushering in of these amendments in Victoria, to some extent, 'legitimised' same-sex relationships.

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[30] Weeks, J., Heaphy, B., and Donovan, C., 2001, *Same-sex intimacies: Families of choice and other life experiments*, London: Routledge, p. 39.

[31] QLife, *Families: A QLife guide for health professionals,* QLife, National LGBTI Health Alliance, p. 2.

[32] *Marriage Amendment Act 2004 (Cth)*

[33] *Statute Law Amendment (Relationships) Act 2001 (Vic).*

The case, however, for married transgender people remains uncertain. In most Australian states and territories (with the exceptions of the ACT and South Australia), a married transgender person is prohibited from changing the sex recorded on their birth certificate unless they divorce their spouse first. Recently, a transgender woman from New South Wales took her case to the United Nations Human Rights Committee after being told she could not amend her birth certificate while still married to her wife (effectively registering a same-sex marriage, inconsistent with the *Marriage Act* 1961). In handing down its decision in June 2017, the UN HRC rejected the government's assertion that denying a transgender married person a new birth certificate that accurately reflects their gender identity was necessary, in compliance with the *Marriage Act*. The UN HRC also found that Australia was in breach of the International Convent on Civil and Political Rights. Specifically, in violation of the right to privacy and family, (article 17), and the right not to be discriminated against on the basis of marital status or gender identity (article 26).

Ironically, Australian same-sex couples who were married overseas cannot get a divorce in Australia. In a decision handed down in March 2017 and published on August 3, the UN HRC found in favour of an Australian woman who married her wife in Canada in 2004. The couple separated 13 years ago and have been prohibited from getting a divorce in Australia. In order to get a divorce in Canada, the couple had to have lived there for one year. In its ruling, the UN HRC stated that "in the absence of more convincing explanations from the State party, the Committee considers that the differentiation of treatment based on her sexual orientation to which the author is subjected regarding access to divorce proceedings is not based on reasonable and objective criteria and therefore constitutes discrimination under article 26 of the [International Covenant on Civil and Political Rights]".[34]

For same-sex couples where one or both parties are not Australian citizens or permanent residents, federally-legislated migration laws also significantly impact their relationship and their families. For example, the *Migration Act 1958* (Cth) does not recognise a marriage between same-sex partners that took place outside Australia. Migration legislation and rules also deny same-sex couples access to a range of visas available to heterosexual couples because a same-sex partner does not qualify as a 'spouse', as defined in the *Marriage Act 1961* (Cth), and is therefore not a 'member of the family unit' according to the *Migration Regulations 1994* (Cth).

FAMILIES WITH CHILDREN

LGBTI families – or rainbow families, as they are often known – come in many forms, including same-sex couples (which may include someone who is trans or gender diverse), co-parenting arrangements between two or more parents, single parents, trans-hetero couples[35], and families involving intersex people. While there is a significant amount of research on children within same-sex couple families, there has been little research into single parents who identify as LGBTI, trans or gender diverse and bisexual parented families. Similarly, while co-parenting arrangements in which one or all parents are LGBTI are relatively common within LGBTI communities, this is not measured on current data sets. Finally, there is limited data on the prevalence and experiences of trans-hetero couples with children and parents with intersex variations. For these reasons, this section will focus on same-sex couples with children.

[34] United Nations Human Rights Committee, 2017, Views adopted by the Committee under article 5(4) of the Optional Protocol, concerning communication No. 2216/2012, CCPR/C/119/D/2216/2012, 119th session (6 – 29 March 2017).

[35] The term 'trans-hetero couple' is used to describe an intimate partner relationship where one or both individuals identify as transgender, and based on their respective affirmed genders, would identify their relationship as being a heterosexual relationship.

The 2011 Census reported that there was a total of 6,300 children living in same-sex couple families, up from 3,400 in 2001, with 89 percent of these children living in female same-sex couple families. Similarly, the 2016 Census reported that female same-sex couples were five times more likely to have children compared with male same-sex couples (25 percent and 4.5 percent respectively).[36]

There is a long-standing and growing body of research on the health and wellbeing of children raised by same-sex couples. Recently, an Australian study surveying 315 same-sex parents and 500 children found that children raised by same-sex partners scored an average of six percent higher than the general population on measures of general health and family cohesion.[37] Similarly, a meta-analysis of 33 studies comparing the wellbeing of children raised by opposite sex couples with children raised by same-sex couples found no evidence that children raised by same-sex couples fared any worse than other children.[38]

Children in same-sex couples may have been born into a previous opposite sex relationship of one of the partners, conceived by assisted reproductive technology or through home insemination with a known sperm donor, or adopted or fostered into the family. As of February 2017, all Australian states and territories, with the exception of the Northern Territory, allow same-sex couples to adopt. Single LGBT people may also adopt in some states, however priority is given to couples. In Victoria, amendments to the Victorian *Adoption Amendment (Adoption by Same-Sex Couples) Act* 2015 allows same-sex couples to adopt children, however religious adoption agencies retain the right to refuse to adopt children to same-sex couples.

With respect to assisted reproductive technology, in January 2010, legislative changes to the Victorian *Assisted Reproductive Treatment Act 2008* gave single women and lesbian couples access to assisted conception procedures. These changes also opened-up altruistic surrogacy as a parenting option for gay men. The *Act* also recognises same-sex couples as legal parents of children they conceive through assisted reproductive treatment.

Recent legislative changes have provided LGBTI Australians with the same rights afforded to their non-LGBTI counterparts, particularly with respect to family formation and recognition. Less than ten years ago, in November 2008, the Australian Parliament passed the Rudd government's same-sex law reform package which saw the removal of discriminatory legislation that excluded same-sex couples and their families from receiving benefits that heterosexual cisgendered couples and families had long enjoyed. This included changes to areas of taxation, superannuation, social security and family assistance, aged care, and child support and family law.[39]

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[36] Australian Bureau of Statistics, 2017, Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016, Sex and Gender Diversity in the 2016 Census, Cat No. 2071.0, Canberra: ABS, available at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Sex%20and%20Gender%20Diversity%20in%20the%202016%20Census~31

[37] Crouch, S., Waters, E., McNair, R., Power, J., and Davis, E., 2014, Parent-reported measures of child health and wellbeing in same-sex parent families: A cross-sectional survey, *BMC Public Health,* 14, https://doi.org/10.1186/1471-2458-14-635

[38] Biblarz, T.J., and Stacey, J., 2010, How does the gender of parents matter?, *Journal of Marriage and Family*, 72(1), pp. 3 – 22.

[39] Department of Social Services, Families and Children: Recognition of same-sex relationships, available at https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/recognition-of-same-sex-relationships

LIMITATIONS OF PAST AND CURRENT POLICY AND PRACTICE APPROACHES REGARDING LGBTI FAMILY VIOLENCE

There have been significant gains in recent years in relation to the recognition of family violence in Australia, and internationally, in both legislation and public discourse. The 'mainstreaming' of family violence in the media, politics, education and sports settings is indicative of the monumental steps taken in elevating this issue in the public's consciousness. Governments across Australia have publicly taken a stand against family violence, and backed up their commitment with unprecedented levels of funding to address, and prevent its occurrence. The creation of state and federal actions plans to address and prevent family violence is indicative of political and social commitment.

This has particularly been the case in Victoria, following the 2015 Royal Commission into Family Violence and the subsequent injection of unprecedented levels of funding for reform. These reforms span all areas of government and society, including courts, essential services, victim support, education, and legal services. Equally importantly, investment into the primary prevention of violence against women and their children has been prioritised.

In addition, the Victorian Government has committed to supporting the development of a specialist LGBTI family violence service sector as well as supporting 'mainstream' family violence services to better understand how family violence impacts on certain population groups, including LGBTI communities. This research project is one component of this commitment. Notwithstanding these achievements, there is much more to be done to advance research, evidence, knowledge and awareness of family violence outside of the 'traditional', white-Australian, middle-class, heterosexual, cisgendered couple and/or family. As Donovan and Hester (2014) argue, whilst the articulation of Australia's 'public story' of domestic and/or family violence is rightly celebrated as one of the major legacies of feminist activism, it is also a "story of exclusion". [40] Similarly, Seymour argues, that Australia's *National Plan to Reduce Violence against Women and Children* (National Plan), "simultaneously denounces violence against women whilst, perhaps, inadvertently, silencing other forms and experiences of violence". [41] Further, Seymour asserts that "the Plan perpetuates the exclusion of certain bodies, identities and experiences, such that rights to protection and safety are reserved for some and not others".[42]

Indeed, Australia's commitment to addressing and preventing violence against women and their children is critical to ensuring that women and children live free from violence, and can enjoy their fundamental human rights. However, public policies, including the National Plan's implicit heteronormativity and focus on the binary of man/woman and masculine/feminine, fails to recognise that gender identities are not static, but rather are the "products of power-laden social practices"[43]. The inherent heteronormative framing of issues like family violence thus fails to recognise and validate experience of violence outside of the male/female binary relationship, resulting in the continuing invisibility of violence against LGBTI people in the familial context.

[40] Donovan, C., and Hester, M., 2014, *Domestic violence and sexuality: What's love got to do with it?* Bristol: Policy Press, p. 9.

[41] Seymour, K., 2017, (In)Visibility and recognition: Australian policy responses to 'domestic violence', *Sexualities,* pp. 1 – 16, p. 12.

[42] Seymour, K., 2017, (In)Visibility and recognition: Australian policy response to 'domestic violence', *Sexualities,* pp. 1 – 16, p.1.

[43] Coleman, 2007: 205 cited in Seymour, K., 2017, (In)Visibility and recognition: Australian policy responses to 'domestic violence', *Sexualities,* pp. 1 – 16.

The definition of family violence enshrined in the Victorian *Family Violence Protection Act (2008)* allows scope for the inclusion of family violence that occurs outside of the confines of heterosexual relationships and families. LGBTI-specific organisations and advocates have commended the Victorian Government for their inclusion of specific forms of family violence experienced by LGBTI people, such as threatening to 'out' a partner to family and/or friends.[44] Use of the terms 'domestic partner' and 'family member' as defined within the *Family Violence Protection Act* (2008) apply to members of LGBTI communities, as the definitions do not confine applicability of violence to heterosexual couples or different-sex-parented families".[45]

However, understanding and acknowledgement of family violence against LGBTI people remains limited, whether perpetrated by a partner or a family member. As mentioned above, much of this is a result of the heteronormative framing of family violence. Consequently, LGBTI people who are victim/survivors of family violence may not identify nor locate their experience as one of family violence victimisation. Similarly, perpetrators of family violence against an LGBTI person may not recognise their abusive behaviours as constituting family violence. And the broader community remains largely ignorant of the issue, perpetuating harmful misconceptions about LGBTI people and minimising the severity of violence against them.

The legacy of past discriminatory government policies and laws cannot be discounted nor dismissed, particularly for older LGBTI people. The individual and collective histories of abuse, violence, discrimination and oppression will inevitably influence and impact the ways in which older LGBTI people navigate the public discourse around family violence. Their past experiences with discriminatory and oppressive institutions, policies and legislation are not erased with the abolition of laws that criminalised their identities, or by the introduction of new protections. Thus, in relation to family violence, the totality of their lived experiences will shape how they understand themselves and how they respond. Finally, the continued invisibility of the lived realities of people from LGBTI communities from the public discourse in relation to family violence further entrenches discrimination against LGBTI people, impacting on their individual and collective health and wellbeing.

To be inclusive of all forms of family violence, the centrality of binary gender constructs needs to be addressed, along with assumptions that power inequalities exist only in relation to opposite-sex relationships. The persistence of compulsory gender binaries and their insidious influence on all intimate relationships also requires attention.

Power dynamics within same-sex intimate partner relationships are invariably formed by the same socio-historical forces that shape power dynamics in heterosexual relationships. These include, the construction of gender along hierarchical and stereotypical lines and the privileging of heterosexuality. This can, to some degree, feed harmful misconceptions about what does and does not constitute family violence, and who can and cannot be victims and/or abusers of family violence. Addressing these issues is important, not only in furthering our understanding of family violence against LGBTI people, but also in preventing it. As argued by Seymour, terminology is more than semantics: "the naming of violence reflects what is understood as violence and this, in turn, impacts on what is 'counted' and hence, what comes to be seen as the size of the 'problem'".[46]

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[44] National LGBTI Health Alliance, 2014, *Submission to the New South Wales Senate inquiry of domestic violence in Australia,* Newtown, NSW: National LGBTI Health Alliance, p. 4.

[45] Victorian Gay and Lesbian Lobby, 2015, *Submission to the Royal Commission into Family Violence,* p. 1.

[46] Seymour, K., 2017, (In)Visibility and recognition: Australian policy responses to 'domestic violence', *Sexualities,* pp. 1 –16, p. 6.

SCOPE AND DEFINITIONS

In order to identify effective primary prevention principles and/or models for preventing family violence against LGBTI people, it is necessary to understand the social context within which this occurs. This report explores and details the factors that give rise to violence against LGBTI people more broadly. This includes examining the influence and impact of heterosexist violence perpetrated against members of LGBTI communities, including homophobic, biphobic and transphobic violence. Understanding how general discrimination affects the lives of LGBTI people has the potential to facilitate a greater appreciation and understanding of possible drivers of family violence against them, including intimate partner violence.

LGBTI people and communities are not a homogenous group. Many LGBTI people experience multiple forms of discrimination and disadvantage, and therefore their experiences of violence are often compounded. Where possible, the report identifies *intersecting* factors that may compound LGBTI individuals' experiences of violence. This identification will help tailor future prevention efforts to meet the different needs and experiences of specific groups within LGBTI communities.

DEFINITIONS OF FAMILY VIOLENCE

At the Commonwealth level, the term 'family violence' refers to "violent, threatening or other behaviour by a person that coerces or controls a member of the person's family, or causes the family member to be fearful".[47] Across Australia the terms "domestic violence", "family violence", "domestic and family violence" and "domestic abuse" are all used to describe this phenomenon. In most states and territories these terms refer to violence occurring between intimate partners, relatives, family members, carers and children. Tasmania is the only Australian state or territory in which the term "family violence" is used to refer only to violence between intimate partners.[48]

As this research has been commissioned by the Victorian Government, this report uses the definition of '**family violence'** provided by the Victorian *Family Violence Protection Act 2008:*

a) Behaviour by a person towards a family member of that person if that behaviour –
(i) Is physically or sexually abusive; or
(ii) Is emotionally or psychologically abusive; or
(iii) Is economically abusive; or
(iv) Is threatening; or
(v) Is coercive; or
(vi) In any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member of another person; or
b) Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).[49]

The broad nature of the above definition allows for the inclusion of:

- Violence perpetrated by a person against their LGBTI intimate partner or former intimate partner;
- Violence perpetrated by an LGBTI person against an LGBTI family member;

[47] Family Law Act 1975 Act No. 53 of 1975 as amended, January 2013
[48] Family Violence Act 2004 (Tas)
[49] *Family Violence Protection Act 2008 (Vic)* s 8.

- Violence perpetrated by a parent against their LGBTI-identified child(ren);
- Violence perpetrated by a child against an LGBTI-identified parent;
- Violence perpetrated by a carer (paid or unpaid) against an LGBTI-identified person in their 'caring' capacity; and
- Violence perpetrated by a non-LGBTI person against an LGBTI-identified family member.

FAMILY MEMBER

The *Family Violence Protection Act 2008* (Vic) clearly defines the term 'family member' as:

a) A person who is, or has been, the relevant person's spouse or domestic partner; or
b) A person who has, or has had, an intimate personal relationship with the relevant person; or
c) A person who is, or has been a relative of the relevant person; or
d) A child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis; or
e) A child of a person who has, or has had, an intimate personal relationship with the relevant person.

Further, a 'family member', irrespective of sex, gender identity and/or sexuality, also includes:

> "any other person whom the relevant person regards or regarded as being like a family member if it is or was reasonable to regard the other person as being like a family member having regard to the circumstances of the relationship, including the following –
>
> a) the nature of the social and emotional ties between the relevant person and the other person;
> b) whether the relevant person and the other person live together or relate together in a home environment;
> c) the reputation of the relationship as being like family in the relevant person's and the other person's community;
> d) the cultural recognition of the relationship as being like family in the relevant person's or other person's community;
> e) the duration of the relationship between the relevant person and the other person and the frequency of contact;
> f) any financial dependence or interdependence between the relevant person or other person;
> g) any other form of dependence or interdependence between the relevant person and the other person;
> h) the provision of any responsibility or care, whether paid or unpaid, between the relevant person and the other person;
>
> i) the provision of sustenance or support between the relevant person and the other person."[50]

The expansive and gender neutral definition of 'family member' is broad enough to apply to LGBTI families, and allows 'family violence' to include acts of violence perpetrated within same-sex relationships, same-sex parented families, and violence perpetrated by siblings, parents and/or children against another family member. In recognition of violence perpetrated by carers (paid or unpaid), the definition of 'family member' also extends to "any other person whom the relevant person regards or regarded as being like a family member". Again, the broad definition of 'family member' in this context is applicable to family violence experienced by LGBTI people, particularly given that LGBTI families often include 'families of choice' – that is, the formation of a family outside of biological family members.

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[50] *Family Violence Protection Act* 2008 (Vic)

CHAPTER 2: METHODOLOGY

The primary objectives of this literature review are to:

- analyse existing research with respect to family violence involving lesbian, gay, bisexual, trans and gender diverse people and people with intersex variations (LGBTI) people; and
- facilitate a greater understanding of what is required to prevent family violence against this diverse population.

The vast majority of the existing academic and grey literature pertaining to family violence, including intimate partner violence, is focused on heterosexual, cisgendered men's use of violence against heterosexual, cisgendered women and/or children. This focus reflects the reality that the majority of family violence *is* committed by men against their female partners and children, and the growing attention and awareness of violence against women more broadly, both in Australia and internationally.

There is an obvious comparative scarcity of research and evidence into family violence against people from LGBTI communities, particularly with respect to bisexual, trans and gender diverse and intersex people. And whilst more research is required into the needs and experiences of these specific population groups, it is important to acknowledge the work that has been undertaken on same-sex intimate partner violence. LGBTI individuals, activists, organisations, academics, community groups, and their allies have been investigating violence in same-sex relationships for many years, and it is this work that will support future prevention efforts in LGBTI family violence more broadly.

METHOD

This report draws on a review of research reports and academic articles dealing with LGBTI family violence and violence against LGBTI people and communities more broadly. While there exists a substantial body of evidence about LGBTI peoples' experience of violence and discrimination there is a dearth of literature, and significant gaps in our knowledge of family violence against LGBTI people. Similarly, given that the primary prevention of family violence is a relatively new and emerging field of study and practice, there is little available evidence on what works in relation to preventing violence, particularly against LGBTI people and within non-heterosexual and non-cisgendered intimate partner relationships.

Nonetheless, the limited quantitative and qualitative research available has assisted in identifying some of the key drivers of family violence specific to LGBTI people and communities. The existing literature and evidence builds an overall picture of family violence against LGBTI people that is important in considering the development of LGBTI-inclusive family violence policies, programs and services.

SEARCH STRATEGY

LGBTI people and communities are not a homogenous group. Therefore, a broad and inclusive search strategy was adopted. Separate search strategies were employed to locate literature pertaining to family violence and relationship violence for*: lesbian women, gay men, bisexual men and women, trans and gender diverse people,* and *people with intersex variations.* In many areas of work, the term 'family violence' is not often used to describe violence perpetrated amongst family members. For instance, abuse that is perpetrated by parents or other family members such as siblings against another family member who is 'coming out' is rarely understood by the broader community as family violence. To address these and other limitations that exclude types of family violence that affect LGBTI people the following search terms were used: *coming out and family reactions; family rejection and LGBTI disclosures;* and *abuse against LGBTI young people in the home.*

At the same time, the prevention of family violence is itself an emerging field. Within this field, family violence against LGBTI people is not neatly bound, but rather, cuts across a range of what are often considered to be discrete policy areas such as sexual health and youth-specific issues, mental health and wellbeing, and alcohol and drug reduction initiatives. Therefore, to capture potentially useful primary prevention-related literature from a diversity of fields, the search strategy included the following terms: *domestic/family violence prevention; intimate partner violence prevention; preventing youth violence; HIV/AIDS prevention; mental health and/or suicide prevention; drug and/or alcohol harm minimisation and prevention;* and *health promotion.*

A search strategy was also devised to explore the degree to which family violence against people from LGBTI communities and violence in same-sex intimate relationships is influenced and shaped by broader heterosexist violence against LGBTI people. We used an 'ecological approach', necessitating an examination of the broad societal factors that help to create a climate in which violence against LGBTI people and communities is tolerated, if not encouraged. The following search terms were used: *LGBTI hate crimes; heterosexist violence; bullying against LGBTI people; homophobic violence; biphobic violence; transphobic violence; dating violence; adolescent violence; LGBTI adolescent violence,* and *LGBTI elder abuse.*

Both academic sources and grey literature from Australia and internationally were used in this review. Research studies conducted in international jurisdictions that have similar socio-political systems to Australia and similar attitudes toward LGBTI people were prioritised in this literature review, including North America, Canada, New Zealand, and the United Kingdom. Grey literature was also garnered from various sources including government reports and policies; clearinghouses; LGBTI organisation websites; program descriptions and evaluations (where available); organisational and community-based reports; and more broadly, Google Scholar. Academic research concerning violence against LGBTI people was identified by searching a number of social science and legal databases. These searches were limited to full text articles only, from the 1992 to present (2017).

ANALYTICAL APPROACH

Intersectional theory underpins the analysis of the literature reviewed, and the framing of primary prevention opportunities with respect to family violence against LGBTI people. This project investigates and challenges the ways in which social structures, systems, attitudes and norms intersect and interact to oppress, and discriminate against LGBTI people. In particular, it looks at how sexism, racism, ableism, classism and ageism intersect with heterosexism to create the social context in which LGBTI people and communities become targets of systemic abuse and discrimination. This includes LGBTI people with a disability, LGBTI people who are Aboriginal and/or Torres Strait Islander, or those from an immigrant or refugee background, young and old people from LGBTI communities, and LGBTI people living in rural and regional areas.

Drawing on the work of intersectional theorists, including Audre Lorde, Kimberlé Crenshaw, and Patricia Hill Collins, this analysis will allow for a deeper and more complex understanding of the many ways in which LGBTI people experience violence. It will stimulate thinking for future primary prevention directions and approaches, both tailored and specific.

This intersectional approach is consistent with *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women.*[51] It is also consistent with the understanding of intersectionality in primary prevention work as articulated in *Putting the prevention of violence against women into practice: How to change the story.*[52]

The work of some feminist theorists[53] also provides a solid foundation for the conceptualisation of family violence against LGBTI people. In particular, this analysis draws on the work of trans-feminist and queer theories, recognising that violence manifests differently for trans and gender diverse people and people who are same-sex attracted. Trans-feminist theory posits that long-held harmful attitudes towards femininity in conjunction with transphobia contributes to a violent and sexist society, impacting all women, and men. The analysis provided in this report acknowledges the tensions between some strands of feminism and transgender identity politics, and transgender studies more broadly, and takes the position that sex assigned at birth and gender identity and/or expression are not co-dependent categories.

Queer theory situates itself in direct opposition to hegemonic constructions of sex, gender and sexuality and the relationship between all three. It will be applied throughout our analysis to challenge and critique dominant paradigms of sexuality and gender, and to problematise the notion that 'woman' and 'man' are essential or biologically determined categories. Warner and Shields (2013) argue that it is important to identify and recognise the active role people play in asserting their identities, often in different ways in different contexts, in order to break down socially constructed norms. To understand how these dual processes of self-affirmation and "identity-making" work for LGBTI people, it is important to firstly acknowledge that for many LGBTI people, 'being an LGBTI person' is not an adopted identity, but simply who they have always been. Secondly, it is recognised that existing (structural) power relations influence and ultimately inform how LGBTI people navigate the "identity-making" process, and how, as a result, LGBTI people negotiate 'mainstream culture' whilst simultaneously reconstructing, to some extent, representations of 'normal'.

A NOTE ON LANGUAGE AND TERMINOLOGY

This report relies on the definition of family violence used in the Victorian *Family Violence Protection Act (2008).* However, in order to understand family violence against LGBTI people, it is necessary to locate, and understand that family violence occurs within a broader socio-cultural context that condones many forms of violence and discrimination against LGBTI individuals and communities.

The terms 'LGBTI people' and 'people from LGBTI communities' will be used interchangeably throughout the report, unless directly citing or paraphrasing from external sources. The use of these terms refers to people who self-identify as lesbian, gay, bisexual, trans or gender diverse, and those who have intersex variations. The 'LGBTI' acronym is also used to include people who may not identify exclusively as LGBTI but who may have relationships that are same-sex, bisexual, pansexual or with someone who is transgender or gender diverse or someone with intersex variations. This report also acknowledges that there may be many people who do not identify with any of these categorisations,

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[51] Government of Victoria, 2017, *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women*, Melbourne: Government of Victoria.

[52] Our Watch, 2017, *Putting the prevention of violence against women into practice: How to Change the story,* Melbourne: Our Watch.

[53] Heise, L., 1998, Violence against women, an integrated, ecological framework. *Violence against Women,* 4(4), pp. 2622 – 2690; Jewkes, R., 2002, Intimate partner violence: Causes and prevention, *The Lancet,* 359, pp. 14231 – 14429; Sokoloff, N., and Dupont, I., 2005, Domestic violence at the intersections of race, class and gender: Challenges and contributions to understanding violence against marginalised women in diverse communities, *Violence against women,* 11(1), pp. 38 – 64.

or who eschew any such labels for themselves or their relationships, but who are nonetheless affected by the issues outlined and analysed in this literature review.

Where relevant, distinctions will be made when referring to specific groups under the 'LGBTI' umbrella. Further, when citing research or studies, the specific terms used in the literature will be used, and it will be made clear what type of relationship that particular term refers to.

A glossary of key terms has been included in this report (see pages 117 - 120).

STRENGTHS AND LIMITATIONS OF EXISTING RESEARCH

As noted earlier, there is comparatively little research focused on the breadth of LGBTI people's experiences of family violence. However, there is rich information, insights and knowledge with respect to violence perpetrated within gay male and lesbian intimate partner relationships. Studies investigating the health disparities between LGBTI and non-LGBTI populations have also been invaluable in elevating the issues specific to LGBTI people and communities.

INVISIBILITY OF SEXUAL AND GENDER DIVERSE IDENTITIES

The lack of large, randomised population studies hinders any attempt to understand the extent and nature of family violence against LGBTI people. For instance, the Australian Bureau of Statistics (ABS) Personal Safety Survey does not record victim or perpetrator sexuality, nor gender or sex outside of the male/female binary; nor does it distinguish between cisgender and trans-gender. The lack of demographic data on sexual or gender diverse identities limits the design and development of effective public policies.

DEFINITIONAL VARIATIONS

While there are studies that suggest that gay men and lesbians experience intimate partner violence at a similar rate to cisgendered women in heterosexual relationships, definitions of violence used in these studies vary. This makes it difficult to compare results or establish clear trends in the literature. Some researchers argue that because of a lack of consistent use of definitions of 'violence', 'domestic violence', 'family violence', and 'intimate partner violence', "the results of the studies can be misleading, because they probably do not assess the same aspects of same-sex domestic violence".[54] Owen and Burke (2004) note that "there is no sampling frame that lists gay and lesbian persons, so all samples are based on self-identification of sexual orientation; this makes a random sample impossible to design".[55] Similar methodological issues also exist in relation to bisexual people who may be in same-sex or opposite sex relationships, and who may or may not identify as bisexual. Similarly, as many LGBTI specific studies have shown, people may engage in sexual activity and/or feel attraction to a person of the same-sex, but nonetheless identify as heterosexual. Therefore, despite research categorisations and definitions of 'identity', the reality of the fluidity of identity, and the fact that identity will vary across generations, geographical locations, education levels, and cultural background, poses significant methodological limitations.

[54] Potocznaik, M.J., Mourot, J.E., Crosbie-Burnett, M., & Potoczniak, D. J., 2003, Legal and psychological perspectives of same-sex domestic violence: A multisystemic approach, *Journal of Family Psychology,* 17, pp. 252 – 259, p. 253.

[55] Owen, S. S. and Burke, T.W. 2004, An exploration of prevalence of domestic violence in same-sex relationships, *Psychological Reports,* 95, pp. 129 – 132, p. 131

SMALL SAMPLE SIZES AND DISAGGREGATION OF DATA

Studies on rates of violence within same-sex intimate partner relationships have generally had small sample sizes, and within samples, there have been low representation of trans and gender diverse people, and people with intersex variations. Studies conducted on rates of violence within opposite sex intimate partner relationships have also largely ignored trans and gender diverse people, and people with intersex variations. Experiences of bisexual men and women are also not accurately disaggregated, thus the way in which bisexuals experience this violence is poorly understood. [56] Notwithstanding the importance of research and studies in relation to LGBTI people's experiences of violence, caution is needed when using such data and making generalisations because of the limitations of small samples and particularly the modest proportions of bisexual, trans and gender diverse and intersex people within them.[57]

AN INTERSECTIONAL APPROACH TO DATA COLLECTION AND ANALYSIS IS STILL EMERGING

LGBTI people are not a homogenous group. Their experiences and needs vary – as they do for other groups – according to a range of intersecting factors such as ethnicity and race, age, ability and socio-economic status. However, intersectional approaches to research, data collection and analysis are still emerging, particularly with reference to population-level research aimed at informing public policy. Population studies on LGBTI issues and experiences are rarely disaggregated according to other variables. As a result, the needs of LGBTI people, irrespective of race, age, ability, and socio-economic status, are often conflated, limiting the scope to adequately identify and address the interactions between various factors that may impact some LGBTI people differently to others.

Nevertheless, despite the growing body of research on LGBTI family violence, there is a pressing need for population-level data collection and analysis, and for more work in the development of LGBTI-specific primary prevention initiatives. This requires commitment, resourcing and planning to facilitate rigorous evaluations of programs to determine their effectiveness for each group under the LGBTI umbrella, and for the diversity of people within each of these groups.

[56] Duke, A., & Davidson, M.M., 2009, Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy, *Journal of Aggression, Maltreatment & Trauma,* 18(8), pp. 795 - 816; Turrell, S.C., & Swanson-Cornell, L., 2005, Not all alike: Within group differences in seeking help for same-sex relationship abuses, *Journal of Gay & Lesbian Social Services,* 18, pp. 71 – 88;

[57] Rogers, M., 2017, Challenging cisgenderism through trans people's narratives of domestic violence and abuse, *Sexualities,* pp. 1 - 18.

CHAPTER 3: DEVELOPING AN LGBTI-INCLUSIVE MODEL OF FAMILY VIOLENCE

The types of family violence experienced by LGBTI and non-LGBTI people are often the same or similar. The forms of family violence include physical violence, emotional and psychological violence, coercive control, isolation, financial and verbal abuse and sexual violence.

However, rates and patterns of family violence against LGBTI people are influenced by broader and deeply entrenched heterosexist discrimination and abuse. This includes acts of public harassment and violence, social isolation and oppression, and legal discrimination that denies LGBTI people many of the rights, protections, responsibilities and freedoms enjoyed by the population at large. These wider processes of discrimination and abuse can affect familial attitudes toward LGBTI family members, LGBTI people's own sense of their personal worth, and the perceived worth of their intimate relationships. In turn, 'heterosexism in the home' can lead to patterns and types of family violence directed at LGBTI people that may be significantly different to those experienced by non-LGBTI victim/survivors and perpetrators of family violence.[58]

CHAPTER SUMMARY

This chapter offers a broader conceptualisation of the underlying causes and dynamics of family violence than analyses focussed on violence against cisgendered women by cisgendered men. It argues for a more expansive model that looks at the interactions and intersections of dominant constructions of biological **sex**, **gender** *and* **sexuality**. By incorporating and addressing these constructs in our understanding of family violence, we expose the assumptions that render family violence against LGBTI people invisible, whilst simultaneously elevating the role that heteronormativity and heterosexism play in the perpetration of family violence against heterosexual, cisgendered women and their children, *and* against people from LGBTI communities.

In doing so, this chapter highlights the mutual constitution of sex, gender and sexuality, bringing into view family violence against LGBTI people who are seen to transgress, in various ways, binary categorisations of sex and gender within the overarching heteronormative frame. It also brings into focus the ways in which male gendered violence against women and their children is also sexualised, and might be better described as *heterogendered* within the terms of this more expansive model.

Specifically, the following issues facilitate a deeper understanding of family violence against people from LGBTI communities:

- heterosexism and cisgenderism are systems which adversely affect all individuals, irrespective of sex, gender identity, and/or sexuality;
- rigid adherence to binary notions of sex and gender, including gendered roles and stereotypes, throughout all facets of society can significantly impact on the ways that people from LGBTI communities are treated – both structurally and individually;
- gender inequality and the privileging of heterosexual, cisgendered masculinity, drives violence against heterosexual, cisgendered women and their children *and* against people from LGBTI communities;

[58] The term 'heterogendered' was contributed to this report by William Leonard (GLHV@ARCSHS, La Trobe University) to highlight that male violence against women is not only gendered, but is also sexualised. The term is used to highlight that a focus on gender alone hides or invisiblises same-sex intimate partner violence, whilst simultaneously masking the ways in which male violence against women relies on gendered constructions of heterosexuality.

- the social policing of 'correct' expressions of gender and sexuality occur very early on in the lives of LGBTI people, particularly trans and gender diverse people;
- heterosexism assumes that all people are or should be heterosexual *and* cisgender; implying that cisgendered heterosexuality is normative, and subordinates all other sexualities and genders that do not fit within the institutionalised binary heterosexual frame;
- the current (hetero)gendered framing of family violence renders LGBTI people's experiences of family violence invisible, and has meant that little attention has been paid to preventing its occurrence.

REFRAMING WHAT WE KNOW: INTERSECTING CONSTRUCTIONS OF SEX, GENDER, AND SEXUALITY

Societal heteronormativity and the centrality of binary sex and gender constructs has informed dominant understandings of family violence, and violence against cisgender, heterosexual women more broadly. As a result, family violence against LGBTI people has largely been rendered invisible, and consequently omitted from the mainstream discourse. To bring family violence against LGBTI people into view necessitates an expansion of current understandings of gender and gender inequality, as well as the inclusion of the mutual constitution of sex, gender and sexuality.

GENDER INEQUALITY DRIVES VIOLENCE AGAINST CISGENDERED WOMEN *AND* VIOLENCE AGAINST LGBTI PEOPLE (BUT NOT ALONE OR IN THE SAME WAY)

Social researchers, activists and academics have isolated gender inequality as a driver of violence against women. What is increasingly evident is that gender inequality *also* functions as a driver of violence against people within LGBTI communities, albeit with a slightly more nuanced focus. With respect to violence against LGBTI people, binary sex categorisations and rigid adherence to binary gender roles and stereotypes significantly impacts on how LGBTI people are treated – both structurally and individually. The social policing of 'correct' and 'incorrect' gender expressions occurs very early on in the lives of children, and often the cultivation of masculinity for boys and femininity in girls is directly associated with presentations of heterosexuality. Children who transgress compulsory gendered norms risk parent and familial rejection, victimisation and isolation. This form of gender policing crosses the divide between private and public, and occurs in public spaces including within educational settings, and workplaces, thus affecting LGBTI people in all areas and stages of their lives.

CONSTRUCTIONS OF SEX, GENDER AND SEXUALITY INTERSECT TO DRIVE VIOLENCE AGAINST LGBTI PEOPLE

The assumption and/or assertion that heterosexuality is the only natural and/or legitimate form of sexuality interacts with harmful gendered norms, structures and practices to further isolate and denigrate LGBTI people. Heteronormativity assumes that all people are or should be heterosexual while heterosexism subordinates all sexualities and gender diverse identities that do not fit within this institutionalised heterosexual framework. Conceptualised as mutually reinforcing systemic drivers of violence against LGBTI people, gender structures and heterosexism interact to produce the current social context whereby violence against LGBTI people is condoned and tolerated.

Finally, inextricably linked to constructs of gender and sexuality is the essentialist understanding of biological sex and sex differences. This refers to the dominant scientific and social belief that there are only two sexes – male or female – which are stereotypically defined in terms of sexual anatomy (e.g. type and size), reproductive organs (and reproductive capacity), sex hormone patterns (including

relative proportions and levels) and/or chromosomal patterns. [59] These binary definitions and expected presentations are applied to all humans, predominantly in Western cultures[60], and ignore the natural biological variations present in all people. However, such beliefs most profoundly and negatively impact on intersex people – those who are born with characteristics that significantly diverge from medical definitions of 'normal' male and female bodies. Further, the assigned sex at birth establishes a person's gender, and sets the socially acceptable parameters in relation to becoming a boy/man and a girl/woman. As such, the concept of the binary sex categories encourages the endorsement of gender stereotypes, sexist attitudes, and the acceptance of gender inequalities as "natural".[61]

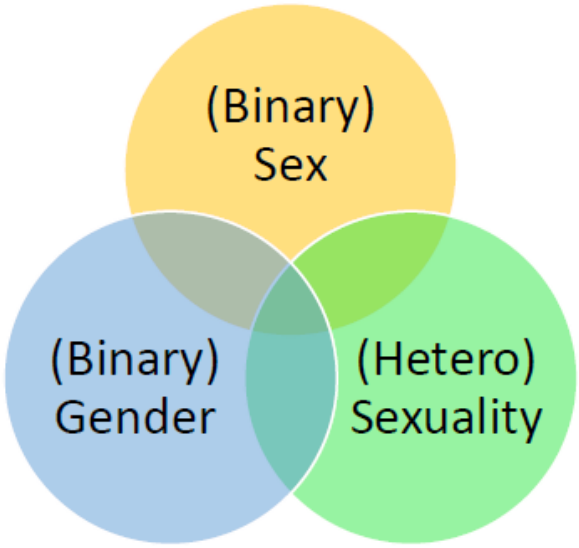

Figure 1: A Venn Diagram showing the constructions of Binary sex, Binary gender and Hetero sexuality intersecting with each other

Thus, to understand what drives violence against LGBTI people, it is necessary to acknowledge that for all human beings, sex, gender and sexuality are key parts of an individual's makeup (see Figure 1). Not discounting other forms of compounding discrimination and disadvantage, discrimination against LGBTI people is underpinned by rigid binary understandings of sex and gender, and the privileging of heterosexuality. Discrimination and violence against LGBTI people stems from the intersections of these factors. Thus, in order to prevent violence against LGBTI people requires the transformation of the (binary) sex – (cis) gender – (hetero) sexuality relationship.

GENDERED STRUCTURES AND VIOLENCE AGAINST LGBTI PEOPLE

Perpetrators of family violence rely on dominant socio-cultural systems to exert and maintain power and control. Harmful constructs of 'gender' and what is considered to be socially acceptable

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[59] Oii Australia, 2017, Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington, 10 March 2017, https://oii.org.au/wp-content/uploads/key/Darlington-Statement.pdf

[60] Davidshofer, E., 2009, *Alternative sex and gender categories cross-culturally: A structural anthropological exploration*, Illinois: Illinois State University.

[61] O'Connor, C., 2017, 'Appeals to nature' in marriage equality debates: A content analysis of newspaper and social media discourse, *British Journal of Social Psychology,* 56(3), pp. 493 – 514. See also Brescoll, V., and LaFrance, M., 2004, The correlates and consequences of newspaper reports of research on sex differences, *Psychological Science,* 15(8), pp. 515 - 520; Keller, J., 2005, In genes we trust: The biological component of psychological essentialism and its relationship to mechanisms of motivated social cognition, *Journal of Personality and Social Psychology,* 88(4), pp. 686 – 702; Morton, T.A., Postmes, T., Haslam, S.A., and Hornsey, M.J., 2009, Theorizing gender in the face of social change: Is there anything essential about essentialism?, *Journal of Personality and Social Psychology,* 96(3), pp. 563 – 564.

expressions of gender, play a role in male heterogendered violence against women and their children. They also play a role in the violence perpetrated against people from LGBTI communities.

The World Health Organisation defines gender as:

> *The socially constructed roles, traits, attitudes, behaviours, values, responsibilities, relative power, status and influence ascribed to male and female humans on a differential basis. Gender identity (masculinity/femininity) is not biological, but learned. It is changeable over time, and varies widely within and across cultures. Gender refers not simply to women and/or men, but to the relationships between and among them. Gender identities condition the way human beings are perceived, and how they are expected to think and act.*[62]

Gender role socialisation and messages continue to determine the 'right' and 'wrong' ways to be 'man' or 'woman'. Strict adherence to social constructs of binary notions of sex and gender often motivates punishment and victimisation of LGBTI people, particularly as young children. Gender role stereotypes have also created myths surrounding who can be a legitimate victim or perpetrator of family violence. In this way, heterosexism and heteronormativity has shaped society's responses to family violence within LGBTI communities.[63]

GENDER AND VIOLENCE INVOLVING LESBIANS AND GAY MEN

Misconceptions or myths about same-sex partner violence can be seen as a derivative of homophobic assumptions, which can contribute to the isolation of men and women who are victims of family violence.[64]

Gender structures also contribute to violence in lesbian and gay intimate relationships, for example, by creating myths that minimise, invalidate and/or deny any form of violence experienced within these relationships. In relation to lesbian relationships, Hassouneh and Glass (2008) identify the following myths, and their reliance on gender role stereotyping that shapes experiences of violence:

- *girls don't hit other girls* – women who do not fit the traditional feminine role may find it difficult, if not impossible, to find a suitable family violence service that addresses their specific needs as for some lesbians, they do not 'fit' or conform to stereotypes of traditional femininity;
- *lesbian relationships are inherently egalitarian* – based on the assumption that lesbian communities, and as an extension, lesbian relationships form a sort of utopia whereby women do not oppress nor perpetrate violence against other women. This myth "reinforces traditional gender role stereotypes of women as being nonviolent"[65], thereby supporting the status quo, and again, limiting the likelihood that victims will recognise that they are experiencing family violence;
- *cat fight* – subscription to this myth denies the fact that two women can really hurt each other, "in part because violence goes against the grain of women's nature and…because women are not big or strong enough to inflict serious harm"[66]; and

[62] World Health Organisation, 2017, Gender, equity and human rights: Gender, www.who.int/gender

[63] Brown, C., 2008, Gender-role implications on same-sex intimate partner abuse, *Journal of Family Violence*, 23, pp. 457 - 462.

[64] Chan, C., 2005, *Domestic violence in gay and lesbian relationships*, Topic Paper, Sydney: Australian Domestic & Family Violence Clearinghouse.

[65] Hassouneh, D., and Glass, N., 2008, The influence of gender role stereotyping on women's experiences of female same-sex intimate partner violence, Violence against Women, 14(3), pp. 310 – 325, p. 319.

[66] Hassouneh, D., and Glass, N., 2008, The influence of gender role stereotyping on women's experiences of female same-sex intimate partner violence, Violence against Women, 14(3), pp. 310 – 325, p. 319.

- *playing the feminine victim* – the justice system, including the police, tend to rely on gender stereotypes to identify perpetrators, and this reliance is based on traditional feminine and masculine behaviours. As such, perpetrators may 'play the feminine victim' in order to avoid arrest.[67]

Similarly, other scholars have argued that the same gendered norms impact on how men in same-sex relationships experience violence, whether that be victimisation or perpetration. For instance, Knight and Wilson (2016) identify that there can be the assumption that violence in gay male relationships is mutual; that men can or should defend themselves; and that both are equally able to be abusive.[68] As with violence in lesbian relationships, such myths "denies the power differences that can occur in gay relationships in the same way as they can in heterosexual relationships".[69]

Seelau and Seelau (2005) argue that gender stereotypes influence perceptions of violence, as well as minimise the impacts of violence experienced in same-sex relationships.[70] The results from their study are indicative of the way in which violence within same-sex relationships, and violence against LGBTI people, is viewed more broadly, and is interlinked with harmful constructs of 'gender' and heterosexual, cisgendered masculinity.

Connell (1995), in her pioneering work on masculinities, coined the term 'hegemonic masculinity' to describe the type of masculinity at the top of the gender hierarchy. As Connell argued, hegemonic masculinity is imbued with patriarchal power[71], and "has historically been understood as embodied and sustained by White, Western, middle-class, heterosexual men".[72] On the bottom of the gender hierarchy, in direct opposition to hegemonic masculinity, is homosexual masculinity. According to Connell, homosexuality is emblematic of all forms of subordinate masculinity "associated with weakness, domesticity and a lack of authority". [73] Donaldson (1993) further argues that heterosexuality and homophobia are "the bedrock of hegemonic masculinity".[74]

Societal understandings of masculinity play critical roles in the way relationships between individuals, irrespective of sex, gender identity, and/or sexuality identity are perceived, navigated, legitimised and/or denigrated. In a study conducted by Woodford et al (2013) exploring the perpetration of sexual orientation micro-aggressions on campus (i.e. use of the term 'that's so gay'), the authors found that "for male students, homophobia is often underpinned by notions of masculinity…[and] homophobic jokes and slurs are frequently used between heterosexual males to regulate masculinity and reinforce traditional gender norms".[75] In concluding, Woodford et al found that attitudes towards male gender

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[67] Hassouneh, D., and Glass, N., 2008, The influence of gender role stereotyping on women's experiences of female same- sex intimate partner violence, *Violence against Women*, 14(3), pp. 310 - 325

[68] Knight, C., and Wilson, K., (eds), 2016, *Lesbian, gay, bisexual and trans people (LGBT) and the criminal justice system*, Palgrave Macmillan UK.

[69] Knight, C., and Wilson, K., (eds), 2016, *Lesbian, gay, bisexual and trans people (LGBT) and the criminal justice system*, Palgrave Macmillan UK, p. 188.

[70] Seelau, S.M., and Seelau, E.P., 2005, Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence, *Journal of Family Violence,* 20(6), pp. 363 – 371.

[71] Connell, R., 1995, *Masculinities,* Sydney: Allen & Unwin.

[72] Oliffe, J.L., Han, C., Sta. Maria, E., Lohan, M., Howard, T., Stewart, D.E., and MacMillan, H., 2014, Gay men and intimate partner violence: A gender analysis, *Sociology of Health & Illness,* 36(4), pp. 564 – 579, 566.

[73] Oliffe, J.L., Han, C., Sta. Maria, E., Lohan, M., Howard, T., Stewart, D.E., and MacMillan, H., 2014, Gay men and intimate partner violence: a gender analysis, *Sociology of Health & Illness*, Vol 36 No. 4, pp. 564 – 579, p. 565 – 566.

[74] Donaldson, M., 1993, What is hegemonic masculinity?, *Theory and Society,* 22, pp. 643 – 657, p. 645.

[75] Woodford, M.R., Howell, M.L., Kulik, A., and Silverschanz, P., 2013, 'That's so gay': Heterosexual male undergraduates and the perpetration of sexual orientation microaggressions on campus, *Journal of Interpersonal Violence,* 28(2), pp. 416 – 435, p. 419.

norms were associated with the use of the phrase 'that's so gay', reporting that participants who felt uncomfortable around feminine men tended to report using the expression more often than others.[76]

In an earlier study conducted in the Netherlands, van Der Meer (2003) found that perpetrators who physically assaulted gay men in front of heterosexual men did so as a means of achieving a masculine status. [77] This highlights that male violence, particularly against another man perceived to be homosexual, is one way a man can demonstrate or perform his masculinity and heterosexuality in front of other putatively heterosexual men, elevating his status among his fellow heterosexual male peers. These constructions of hegemonic masculinity have also been shown to impact men who use violence against their same-sex partners.[78]

Studies also suggest that the system of hegemonic masculinity can have detrimental physical and psychological impacts on same-sex attracted men who experience violence from their male partners.[79] Jadwick-Cakmak et al (2015) argue that the strong and pervasive pressure on same-sex attracted men to conform to societal sanctioned masculine norms is linked with lower self-esteem, increased symptoms of depression and anxiety, feelings of anger, and increased health risk behaviours including alcohol abuse, drug use, and sexual risk behaviours.[80] Oliffe et al (2014) undertook a qualitative study to investigate the connection between masculinities and experiences of partner violence in gay male relationships. Their study found that sustaining physical and/or psychological injuries as a result of partner violence was often normalised "as part of being a man…and of taking it like a man". [81] Consequently, participants reported that they often concealed their victimisation and covered up their experiences of violence "through masculine stoicism". [82] These findings suggest that harmful constructs of masculinity plays a significant influential role on men and young boys, irrespective of sexuality, and influences both victimisation and perpetration experiences of violence.

Exploration of the connection between masculinity and violence directed at lesbian women have also been undertaken. In an Australian study, Mason (2001) considered the experiential accounts of anti-lesbian violence in the lives of 75 women where perpetrators included male strangers, work colleagues, or family members, including ex partners. In closely examining the specific language used by perpetrators, and the social and personal contexts within which it was used, Mason found that the

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[76] Woodford, M.R., Howell, M.L., Kulik, A., and Silverschanz, P., 2013, 'That's so gay': Heterosexual male undergraduates and the perpetration of sexual orientation microaggressions on campus, *Journal of Interpersonal Violence,* 28(2), pp. 416 – 435.

[77] Cited in Stotzer, R.L., Bias crimes based on sexual orientation and gender identity: Global prevalence, impacts and causes, Chapter 3 in D. Peterson and V.R. Panfil (eds), *Handbook of LGBT communities, crime and justice,* New York: Springer Science + Business Media, pp. 45 – 64.

[78] Cruz, J.M., 2000, Gay male domestic violence and the pursuit of masculinity in P. Nardi (ed), *Gay masculinities,* Newbury Park, CA: Sage, pp. 66 – 82; Oringher, J., and Samuelson, K., 2011, Intimate partner violence and the role of masculinity in male same-sex relationships, *Traumatology,* 17(2), pp. 68 – 74.

[79] see Carlson, H.M., and Steuer, J, 1985, Age, sex-role categorisation, and psychological health in American homosexual and heterosexual men and women, *Journal of Social Psychology,* 125, pp. 203 – 211; Hamilton, C. J., and Mahalik, J. R., 2009, Minority stress, masculinity, and social norms predicting gay men's health risk behaviours, *Journal of Counseling Psychology,* 56, pp. 132 - 141; Kimmel, S. B., and Mahalik, J. R., 2005, Body image concerns of gay men: The roles of minority stress and conformity to masculine norms, *Journal of Consulting and Clinical Psychology,* 73, pp. 1185 - 1190; Simonsen, G., Blazina, C., and Watkins, C. E., 2000, Gender role conflict and psychological well-being among gay men, *Journal of Counseling Psychology,* 47, pp. 85 – 89.

[80] Jadwin-Cakmak, L.A., Pingel, E.S., Harper, G.W., and Bauermeister, J.A., 2015, Coming out to dad: Young gay and bisexual men's experiences disclosing same-sex attraction to their fathers, American Journal of Men's Health, 9(4), pp. 274 – 288, p. 276.

[81] Oliffe, J.L., Han, C., Sta. Maria, E., Lohan, M., Howard, T., Stewart, D.E., and MacMillan, H., 2014, Gay men and intimate partner violence: a gender analysis, Sociology of Health & Illness, Vol 36 No. 4, pp. 564 – 579, p. 574.

[82] Oliffe, J.L., Han, C., Sta. Maria, E., Lohan, M., Howard, T., Stewart, D.E., and MacMillan, H., 2014, Gay men and intimate partner violence: a gender analysis, Sociology of Health & Illness, Vol 36 No. 4, pp. 564 – 579, p. 574.

violence perpetrated against lesbians enforced acts of male heterosexuality, and perpetrators sought to "temporarily feminise" the victim/survivor in order to re-establish the perpetrator's sense of "masculine sexual right". [83]

GENDER AND VIOLENCE INVOLVING TRANS AND GENDER DIVERSE PEOPLE

With respect to trans and gender diverse people's experiences of family violence, Serano (2007) uses the notion of 'trans-misogyny' which is "founded upon a perceived hierarchy of gendered positioning where masculinity is superior, femininity is inferior and trans identity is deviant and abject". [84] Bornstein further argues that sexism and misogyny interact and reinforce the other to "maintain the cult of gender", placing pressure on all individuals to be one or the other.[85] Thus, trans and gender diverse individuals who are seen to transgress norms of sex and gender are targeted as they "challenge the privileges and marginality that are maintained by these normative hierarchies…[in particular] trans women challenge the privileged status of masculinity and male sex; in the act of transition, they threaten the elimination of these norms entirely".[86]

Serano and Bornstein's arguments are supported by Grossman et al's study (2008) which explores parental responses to their child's gender nonconformity. Drawing on the lived experiences of 24 transgender girls (assigned male at birth) and 31 transgender boys (assigned female at birth), Grossman et al found that parents of transgender girls were more likely feel that their child required counselling and some form of intervention in comparison to transgender boys. Further they found that transgender girls were more likely to report being physically victimised by their parents as a result of their transgender identity.[87] Similarly, Kane (2006) revealed that while parents may welcome what they perceive as gender nonconformity among their daughters, they are often less accepting of gender variant behaviours in their sons. Kane (2006) found that parents across a range of racial and class backgrounds accepted some tendencies they consider atypical for boys, however this acceptance was largely mediated by efforts to enforce hegemonic ideas of masculinity.[88]

Thus, just as gender stereotypes and norms influences and impacts experiences of violence for LGB people, it also plays a specific and unique role for transgender and gender diverse people. The strict social policing of gender norms to maintain a clear delineation between (two) genders is what motivates violence against trans gender diverse people. To this end, Serano, also argues that motivations of violence, particularly against transgender women, is also "because we 'choose' to be women rather than men. The fact that we identify and live as women, despite being born male and having inherited male privilege, challenges both those in our society who wish to glorify maleness and

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[83] Mason, G., 2001, Body maps: Envisaging homophobia, violence, and safety, *Social & Legal Studies,* 10, pp. 23 – 44.

[84] Rogers, M., 2017, Challenging cisgenderism through trans people's narratives of domestic violence and abuse, *Sexualities*, pp. 1 – 18, p. 11.

[85] Cited in Goodmark, L., 2012, Transgender people, intimate partner abuse, and the legal system, *Harvard Civil Rights - Civil Liberties Law Review*, 48, pp. 51 – 104, p. 91 – 92.

[86] Perry, B., and Dyck, D.R., 2014, 'I don't know where it is safe': Trans women's experiences of violence, Critical Criminology, 22, pp. 49 – 63, p. 52.

[87] Grossman, A.H., D'Augelli, A.R., Salter, N.P., and Hubbard, S.M., 2006, Comparing gender expression, gender

nonconformity, and parents' responses of female-to-male and male-to-female transgender youth, *Journal of LGBT Issues in Counseling,* 1(1), pp. 41 – 59 Kane, E.W., 2006, 'No way my boys are going to be like that!': Parents' responses to children's gender nonconformity, *Gender & Society,* 20(2), pp. 149 – 176.

[88] Kane, E.W., 2006, 'No way my boys are going to be like that!': Parents' responses to children's gender nonconformity, *Gender & Society,* 20(2), pp. 149 – 176.

masculinity, as well as those who frame the struggles faced by other women and queers solely in terms of male and heterosexual privilege".[89]

Similar to the perpetration of violence against women, violence against LGBTI people is firmly rooted in harmful constructs of the gender binary, and the subsequent gender hierarchy. Just as gender constructions and inequality drive violence against women, so too does the rigid adherence and enforcement of binary gender roles and stereotypes continue to harm LGBTI people.

POWER AND CONTROL DYNAMICS IN LGBTI RELATIONSHIPS

Power and control (that is, the exercise of power) in violent heterosexual, intimate partner relationships is well documented. The perpetration of family violence, and violence against women more broadly, epitomises the unequal power relationships between heterosexual men and their (usually) female victims. Conceptualised from a feminist perspective, in a sexist and misogynist society where (masculine) men continue to hold and be afforded greater status, power is used to maintain practices based on gender inequality and reinforce a gender hierarchy that privileges men, particularly those who display hegemonic masculinity.

The exertion of power and control in same-sex relationships can also be a significant issue. In 2015, Kubicek et al (2015) sought to explore how power is conceptualised within the relationships of young men who have sex with men (YMSM). Over all, Kubicek et al found that the conceptualisation of power for YMSM in their study were derived from the following factors, which include gender constructs as well as other sources of social power:

- sexual positioning;
- masculinity;
- gender roles;
- maturity;
- prior relationship experiences;
- fidelity;
- education/employment; and
- degree of, and comfort level in being 'out' in public and to family/friends.[90]

According to Renzetti (1992) sources of personal power in lesbian relationships can be constructed according to "social currencies"[91] such as race, income, educational achievement, and employment status. Ristock (2003) also identified that being 'out' for a longer period of time, being the older partner, or being more known in the lesbian community conveyed additional sources of power in intimate relationships.[92] Hart (1986) asserts that age, physical stature, and health status can also be used to construct one's sense of personal power.[93]

There is a dearth of research that focuses on patterns of control or power in intimate relationships that do not involve heterosexual couples, and ways such dynamics may be the same and/or different to LGBTI relationships. Arguably, the scarcity of knowledge around power dynamics within same-sex

[89] Serano, J., 2007, *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity,* Berkeley, CA: Seal Press.

[90] Kubicek, K., McNeeley, M., and Collins, S., 2015, Same-sex relationship in a straight world: Individual and societal influences on power and control in young men's relationships, Journal of Interpersonal Violence, 30, pp. 83 – 109.

[91] Renzetti, C.M., 1992, *Violent betrayal: Partner abuse in lesbian relationships,* Newbury Park, CA: Sage, p. 43.

[92] Ristock, J.L., 2003, Exploring dynamics of abusive lesbian relationships: Preliminary analysis of a multisite, qualitative study, *American Journal of Community Psychology,* 31, pp. 329 – 341.

[93] Hart, B. 1986, Lesbian battering: An examination. In K. Lobel (ed), *Naming the violence,* Seattle, WA: Seal Press, pp. 173 – 189.

relationships, and within relationships involving bisexual, trans and gender diverse people and people with intersex variations (in both same-sex and heterosexual intimate relationships), reflects the heterogendered framing of family violence, particularly violence in intimate partner relationships. This has made it difficult to assess and understand the dynamics of power and control within relationships where individuals transgress traditional understandings of sex, gender and/or sexuality.

HETEROSEXISM, HETERONORMATIVITY AND VIOLENCE AGAINST LGBTI PEOPLE

The concept of heteronormativity refers to a general perspective which sees heterosexual experience as the only, or central, view of the world, and assumes a linear relationship between sex, gender and (hetero)sexuality. In reality, this preferences "codes of conduct that normalise, privilege, and reward acceptable performances of heterosexuality and cisgender"[94], to the exclusion and severe detriment of those who do not identify as heterosexual *and* cisgender.

Asquith and Fox (2016) argue that "the power of heteronormativity is such that it is capable of compelling a particular sexualised and gendered order that is as much about those who comply with gender and sexuality norms as it is about those who deviate from those same norms".[95] Further, Jackson (2005) asserts that:

> *a child cannot locate herself in a gendered social order without a sense of herself as gendered, without being able to make sense of self and others as embodied, gendered beings. Moreover, the gendered others in most children's experience order their lives in terms of heterosexual relations – thus the gendered social order a child learns to navigate is for most, a heterosexually ordered one.*[96]

Thus, within a context of heteronormativity is the assumption that all people are or should be heterosexual, placing heterosexuality as superior to all other forms of sexuality.

Heterosexism enacts a structural dimension to the prejudice and discrimination against people from LGBTI communities, for instance through discriminatory laws and exclusionary services. It highlights the larger "institutionalised system of oppression that stems from our rigid patriarchal gender hierarchy and fosters a culture in which homophobic attitudes are common and 'normal'".[97]

It has been argued that heteronormative models of intimate partner violence present a unique challenge to men experiencing violence from their same-sex partners. This has led to a lack of understanding about, and support services for, men in violent intimate partner relationships with other men. [98] Arguably, the same is true for violence in lesbian relationships and violence in relationships involving transgendered people. Heterosexism has indeed resulted in structural discrimination against non-heterosexual *and* non-cisgender people across all facets of society. As a

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[94] Asquith, N.L. & Fox, Christopher A., 2016, "No place like home: intrafamilial hate crimes against gay men and lesbians", in A. Dwyer, M. Ball and T. Crofts (eds) *Queering Criminology*, Plagrave Macmillan Basingstoke, Hampshire, pp. 163 – 182, p. 166.

[95] Asquith, N.L. & Fox, Christopher A., 2016, "No place like home: intrafamilial hate crimes against gay men and lesbians", in Angela Dwyer, Matthew Ball and Thomas Crofts (eds) *Queering Criminology*, Plagrave Macmillan Basingstoke, Hampshire, pp. 163 – 182, p. 166.

[96] Jackson, S., 2006, Gender, sexuality and heterosexuality: The complexity (and limits) of heteronormativity, *Feminist Theory,* 7(1), pp. 105 – 121.

[97] Guadalupe-Diaz, Xavier L., 2013, *Victims outside the binary: transgender survivors of intimate partner violence*, PhD dissertation, Orlando, Florida: Department of Sociology, College of Sciences, University of Central Florida, p. 12.

[98] Kay, M., and Jeffries, S., 2010, Homophobia, heteronormativism and hegemonic masculinity: Male same-sex intimate violence from the perspective of Brisbane service providers, *Psychiatry, Psychology and Law,* 17(3), pp. 412 – 423, p. 3

driver of violence against people from LGBTI communities, heterosexism is imbued with ideologies of sex, gender and (hetero)sexuality.

Even in societies where there is a greater acceptance and inclusiveness of LGBTI people, undercurrents of heteronormativity and heterosexism are still present. For example, Buijs et al's (2011) study concludes that while Nordic countries have made significant progress in *recognising* equal rights for LGBTI people, "ongoing dominance of the heteronormative regime prevents deep-rooted acceptance".[99] Tomson (2013) further argues that violence directed at LGT people is not dissimilar to other forms of male perpetrated violence, highlighting that violence directed at "sexual groups are highly gendered…built on masculine understandings of a sexual mainstream and subordinate others".[100] As such, heterosexist violence seeks to enact, police and reinforce sexual hierarchies and gender boundaries.

HOMOPHOBIA, BIPHOBIA, TRANSPHOBIA AND INTERSEX DISCRIMINATION – BYPRODUCTS OF HETEROSEXISM AND HETERONORMATIVITY

Heterosexism generates and sustains homophobia, biphobia, transphobia, and intersex discrimination. At the individual level, it reproduces attitudes and behaviours that discriminate against people who are not heterosexual *and* cisgender *and* non-intersex. The concept of homophobia was first coined in the 1960s/70s to describe heterosexuals who harbour fears, hatred and anger towards homosexual people. More recently, social theorists have expanded the description to include anti-homosexual beliefs and prejudices.

Similarly, biphobia is a term that first came into use following the coining of homophobia.[101] Hayfield et al (2014) argue that biphobia stems from "monosexism", that is, the belief that everyone should only be attracted to one gender, and therefore bisexual people are "punished for their lack of compliance with this assumption".[102] Thus, it has been asserted that bisexuals may often feel invisible in both heterosexual and homosexual spheres. 'Bi-erasure' is a term used to describe the ways which monosexism can render bisexuality invisible and lead to its legitimacy being questioned or denied. For example, when a bisexual person is in a relationship with someone of the same-sex they are often viewed as either lesbian or gay. Conversely, when in a relationship with someone of the opposite sex, they may be viewed as heterosexual. In neither instance is the individual's bisexuality 'seen' or acknowledged. They are assumed to be either homosexual or heterosexual – a dichotomous understanding of sexuality.[103]

Transphobia on the other hand refers to "feeling of unease or even revulsion towards those who express non-normative expressions of gender identity and expression"[104], that is, gender expression that does not adhere to socially sanctioned 'traditional' masculine, nor feminine scripts.

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[99] Buijs, L., Hekma, G., and Duyvendak, J.W., 2011, 'As long as they keep away from me': the paradox of antigay violence in a gay-friendly country, *Sexualities*, 14(6), pp. 632 – 652, p. 647.

[100] Tomsen, S., 2013, Homophobic violence and masculinities in Australia, in S. Magaraggia and D. Cherubini (ed), 2013,

Men against women: The roots of male violence, Italy: UTET University, pp. 77 – 102, p. 81.

[101] Obradors-Campos, M., 2011, Deconstructing biphobia, *Journal of Bisexuality,* 11, pp. 207 – 226.

[102] Hayfield, N., Clarke, V., and Halliwell, E., 2014, Bisexual women's understandings of social marginalisation: 'The heterosexuals don't understand us but nor do the lesbians', *Feminism & Psychology*, 24(3), pp. 352 – 372, p. 354 – 355.

[103] Hayfield, N., Clarke, V., and Halliwell, E., 2014, Bisexual women's understandings of social marginalisation: 'The heterosexuals don't understand us but nor do the lesbians', *Feminism & Psychology*, 24(3), pp. 352 - 372

[104] Lombardi, E., 2009, Varieties of transgender/transsexual lives and their relationship with transphobia, *Journal of Homosexuality,* 56, pp. 977 – 992.

Because intersex people are born with sex characteristics more diverse than stereotypical definitions of male or female, they suffer discrimination stemming from "stigmatisation and unnecessary pathologisation of intersex bodies".[105]

Homophobia, biphobia, transphobia and intersex discrimination, as by-products of heterosexism, play key roles in the motivations of violence perpetrated against LGBTI people. Strongly linked to societal ideals and the privileging of heterosexual, cisgendered masculinity, violence against LGBTI people is designed to punish and oppress LGBTI individuals for transgressing norms of sex, gender and sexuality, in attempt to uphold and maintain these normative hierarchies.

Just as heterosexist beliefs and attitudes influence and shape societal attitudes, norms and practices against LGBTI people, they also frame violence perpetrated by family members against LGBTI people, and violence perpetrated by LGBTI family members. While there is a scarcity of research and evidence focused on family violence against LGBTI people, the limited research suggests that heterosexism operates within families in ways that are similar to gender inequality. Just as gender inequality structures both public and private relationships between men and women, so too does heterosexism structure public and private relationships between heterosexual, cisgendered men and women and LGBTI people. In both cases, structural inequalities lead to higher rates of family violence directed against heterosexual, cisgendered women and children (by virtue of gender inequality), and LGBTI people (by virtue of heterosexism).

THE ROLE OF MINORITY STRESS

Whilst there have been numerous studies investigating the role of minority stress on the perpetration of violence in same-sex relationships[106], no study has definitively demonstrated that internalised homophobia and/or minority stress is a primary driver of violence within same-sex relationships. For example, Badenes-Ribera et al's (2017) meta-analysis investigating the association between internalised homophobia and intimate partner violence perpetration and victimisation found that sexual minority stress in addition to stigma consciousness, degree of outness, and experience of discrimination based on sexual orientation were all related positively to violence in same-sex relationships among lesbian, gay and bisexual people.[107]

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[105] Black, E., Bond, K., Briffa, T., Carpenter, M., Cody, C., David, A., Driver, B., Hannaford, C., Harlow, E., Hart, B., Hart, P., Leckey, D., Lum, S., Mitchell, M., Nyhuis, E., O'Callaghan, B., Perrin, S., Smith, C., Williams, T., Yang, I., and Yovanovic, G., 2017, *Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington,* March 2017. Sydney, NSW [Working Paper].

[106] Longobardi, C. and Badenes-Ribera, L., 2017, Intimate partner violence in same-sex relationships and the role of sexual minority stressors: a systematic review of the past 10 years, *Journal of Child and Family Studies*, 26(8), pp. 2039 – 2049; Edwards, Katie M., and Sylaska, Kateryna M., 2013, The perpetration of intimate partner violence among LGBTQ college youth: the role of minority stress, *Journal of Youth and Adolescence*, 42, pp. 1721 – 1731; Badenes-Ribera, L., Sanchez-Meca, J. and Longobardi, C., 2017, The relationship between internalized homophobia and intimate partner violence in same-sex relationships: a meta analysis, *Trauma, Violence & Abuse*, pp. 1 – 13; McKenry, P.C., Serovich, J.M., Mason, T.L., and Mosack, K., 2006, Perpetration of gay and lesbian partner violence: A disempowerment perspective, *Journal of Family Violence*, 21, pp. 233 – 243; Balsam, K.F. and Szymanski, D.M., 2005, Relationship quality and domestic violence in women's same-sex relationships: the role of minority stress, *Psychology of Women Quarterly*, 29, pp. 258 – 269; Hill, Nicholle A., Woodson, Kamilah M., Ferguson, Angela D., and Parks Jr. Carlton W. 2012, Intimate partner violence among African American lesbians: Prevalence, risk factors, theory, and resilience, *Journal of Family Violence*, 27, pp. 401 – 413; Milletich, R.J., Gumienny, L.A., Kelley, M.L., and D'Lima, G., 2014, Predictors of women's same-sex partner violence perpetration, *Journal of Family Violence*, 29, pp. 653 – 664; Stephenson, Rob, and Finneran, Catherine, 2016, Minority stress and intimate partner violence among gay and bisexual men in Atlanta, *American Journal of Men's Health*, pp. 1 – 10;

[107] Badenes-Ribera, L., Sanchez-Meca, J., and Longobardi, C., 2017, The relationship between internalized homophobia and intimate partner violence in same-sex relationships: a meta analysis, *Trauma, Violence & Abuse*, pp. 1 – 13, p. 9.

As such, it is important to note that the following discussion on the role of minority stress is purely theoretical, and this report does not identify minority stress as a driver of violence within LGBTI relationships. It remains unclear as to why some who experience minority stress or who are victims of heterosexist violence become victims of family violence, whilst others become perpetrators, and others are neither.[108] However, such studies do highlight the fact that heterosexism and heterosexist structures, practices, attitudes and norms have profound adverse impacts on people from LGBTI communities. Whilst the internalisation of heterosexism is inadequate to explain family violence against LGBTI people, it is clear that heterosexism plays a significant role in driving all forms of violence against LGBTI people.

Meyer's (2003) theory of "minority stress" suggests that dominant and 'minority' beliefs and values are interlinked, and the tension or dissonance between the two can result in internalised conflict and/or psychosocial stress experienced by members of minority and stigmatised groups. Also referred to as 'internalised homophobia' (to include internalised biphobia, transphobia and intersex discrimination), this theory suggests that an LGBTI person's internalisation of society's negative views and perceptions of homosexuals, homosexuality, trans and gender diverse people and identities, and intersex characteristics and intersex people, may lead to a sense of not being in control. Here, the perpetration of violence by LGBTI people could be a way to regain some sense of power, authority and control in their 'private' relationships withheld from them or denied to them, in their public lives. Its application to violence in LGBTI relationships, or that perpetrated by LGBTI people against their family members, would suggest that experiencing or anticipating daily discrimination and violence can manifest in the perpetration of violence.

Scholars have also suggested that internalised homophobia and transphobia, and the stress of staying closeted can negatively affect the quality of same-sex and trans and gender diverse relationships. Consequently, this may exacerbate existing relationship issues or create specific problems. For example, Balsam and Szymanski (2005) suggest that a woman who is in a relationship with another woman, and who is closeted about, or uncomfortable with, her sexual identity, may hold negative feelings about lesbians and herself, and thus may perpetrate violence against her own partner.[109]

In relation to gay male relationships, Finneran et al's (2012) study found that internalised homophobia as a manifestation of heterosexism and heteronormative social pressures, and experiences of homophobia and heterosexism flowing from authorities, can act as a way to silence reports of violence by victim/survivors in gay men's relationships.[110] Kay and Jeffries (2010) also found that as a result of societal homophobia and heterosexism, victim/survivors were likely to blame themselves for their victimisation, leading to men feeling alone and isolated[111], further compounding help-seeking decision making processes and/or behaviours.

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[108] Barnes, R., and Donovan, C., Developing interventions for abusive partners in lesbian, gay, bisexual and/or transgender relationships, pp. 297 - 320 in S. Hilder and V. Bettinson (eds), 2016, *Domestic violence: interdisciplinary perspectives of protection, prevention and intervention*, Palgrave Macmillan UK: Donovan, C., 2015, Tackling inequality in the intimate sphere: Problematizing love and violence in same-sex relationships. In R. Leckey (ed), *After legal equality: Family, sex, kinship*, Abingdon: Routledge; Donovan, C., and Hester, M., 2014, *Domestic violence and sexuality: What's love got to do with it?* Bristol: Policy Press.

[109] Balsam, K.F. and Szymanski, D.M., 2005, Relationship quality and domestic violence in women's same-sex relationships: the role of minority stress, *Psychology of Women Quarterly*, 29, pp. 258 - 269.

[110] Finneran, C., Chard, A., Sineath, C., Sullivan, P., and Stephenson, R., 2012, Intimate partner violence and social pressure among gay men in six countries, *Western Journal of Emergency Medicine,* 13(3), pp. 260 – 271.

[111] Kay, M., and Jeffries, S., 2010, Homophobia, heteronormativism and hegemonic masculinity: Male same-sex intimate violence from the perspective of Brisbane service providers, *Psychiatry, Psychology and Law,* 17(3), pp. 412 – 423.

Conversely, some feminist and queer theorists have critiqued how the notion of homophobia and attempts to measure homophobia, effectively ignore the political and social systems of economic, institutional and structural power.[112] Indeed, to ignore macro-level influences ostensibly refutes the fact that discrimination and oppression of LGBTI people, or any 'minority' population, relies on structures of power to maintain superiority and dominance. In a similar vein, Serano (2007) argues that transgendered people's experiences of violence in their intimate relationships, whether that be as victim or perpetrator, is better framed as symptomatic of heteronormativity, cisgenderism and cisgender privilege[113], all of which are situated at the socio-cultural level.

The *Coral Project*, a UK-wide study explored the abusive behaviours experienced by 872 LGB and/or T people in their intimate relationships. It found that respondents who had reported experiences of homophobic, biphobic or transphobic experiences were more likely to report perpetrating at least one abusive behaviour. Further, the study found that the likelihood of the perpetration of violence significantly increased if an individual had experienced a hate crime or homophobic, biphobic or transphobic bullying.[114] The *Coral Project* also argues that a broader understanding of heterosexism and the resultant exclusion of LGBT people is required to fully understand how violence manifests within same-sex relationships.[115] Furthermore, little to no research currently exists to understand how violence manifests in relationships involving intersex people.[116]

IMPORTANCE OF AN INTERSECTIONAL APPROACH TO PRIMARY PREVENTION

LGBTI people have faced, and continue to face, a variety of types of discrimination in all sorts of settings including the workplace, medical settings, within educational institutions, and within families.

To understand violence against people from LGBTI communities, it is necessary to understand and unpack traditional understandings of biological sex, gender and sexuality. However, it is also important to recognise that although the 'LGBTI' umbrella acronym is often used to group people with diverse sexualities, genders, gender identities and people with intersex variations, there is a rich diversity within and amongst LGBTI populations. Within LGBTI communities are people who are young and old, people with and without disabilities, people who have a diverse range of beliefs and religions, from different socio-economic backgrounds, and who have distinct and unique histories. As articulated by the UK Women's Resource Centre, "LGBT people are not defined by, nor confined to a sexual act, just as heterosexual people are not solely defined by a sexual act. Human beings manifest diverse identities associated with behaviour, class, lifestyle, culture, economy, race, history, home, romance, relationships, networks, family and everyday life".[117]

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[112] Hayfield, N., Clarke, V., and Halliwell, E., 2014, Bisexual women's understandings of social marginalisation: 'The heterosexuals don't understand us but nor do the lesbians', *Feminism & Psychology*, 24(3), pp. 352 - 372

[113] Serano, J., 2007, *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity,* Berkeley, CA: Seal Press.

[114] Donovan, C., Barnes, R., and Nixon, C., 2014, *The Coral Project: Exploring abusive behaviours in lesbian, gay, bisexual and/or transgender relationships. Interim Report: Executive Summary.* Economic and Social Research Council.

[115] Donovan, C., Barnes, R., and Nixon, C., 2014, *The Coral Project: Exploring abusive behaviours in lesbian, gay, bisexual and/or transgender relationships. Interim Report: Executive Summary.* Economic and Social Research Council, p. 2.

[116] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic and family violence,* New South Wales: Organisation Intersex International Australia.

[117] Kairos in Soho. *The PIP Project: Phase One LGBT Infrastructure Development Project. 2006.* Kairos in Soho: London

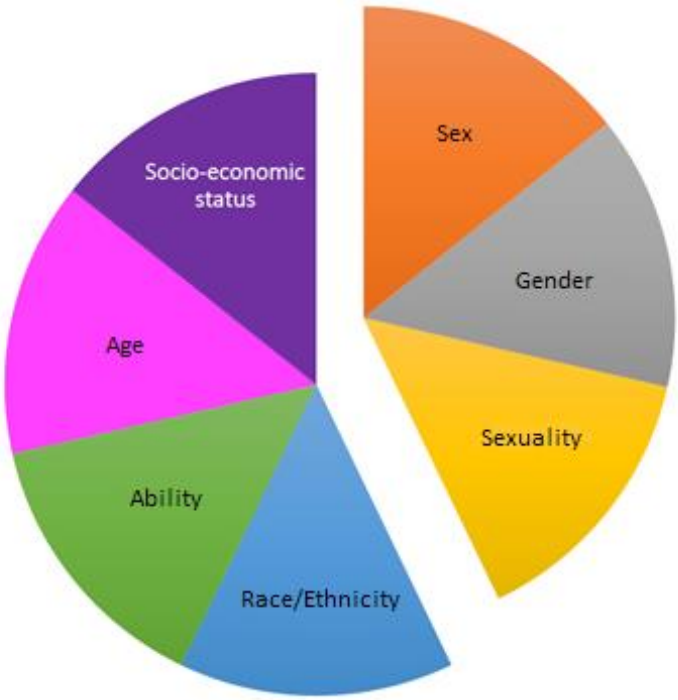

Figure 2: The Intersections of identity characteristics (Long Text Description in Appendix 1.1)

The collective diversity of LGBTI people requires a conscious consideration of differences, and the identification of the multiple forms of discrimination that LGBTI people encounter and experience on a daily basis. Figure 2 (above) illustrates some of the factors that make up individual identities. Along with sex, gender, and sexuality, individual attributes also include country of birth, religious and/or faith background, age, and ability. Identity attributes shape and influence individual experiences of daily life, and discrimination and/or violence directed at an individual is often directly associated and driven by larger societal discriminatory norms, practices and attitudes, such as racism, ableism, ageism, sexism and gender inequality.

INTERSECTIONALITY

To prevent family violence against LGBTI people, an intersectional analysis and approach is also necessary. Intersectionality was first coined by American civil rights activist and feminist, Kimberlé Crenshaw in 1989. Crenshaw argued that Black women were discriminated against in ways that often did not neatly fit within the legal categories of either 'racism' or 'sexism' – but rather a combination of both racism and sexism. Crenshaw argued that understanding intersecting and multiple identities was crucial to understand disadvantage and discrimination.[118]

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[118] Crenshaw, K., 1989, Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics, *University of Chicago Legal Forum,* pp. 139 – 167; 1991, Mapping the margins: Intersectionality, identity politics, and violence against women of color, *Stanford Law Review,* 43, pp. 1241 – 1299.

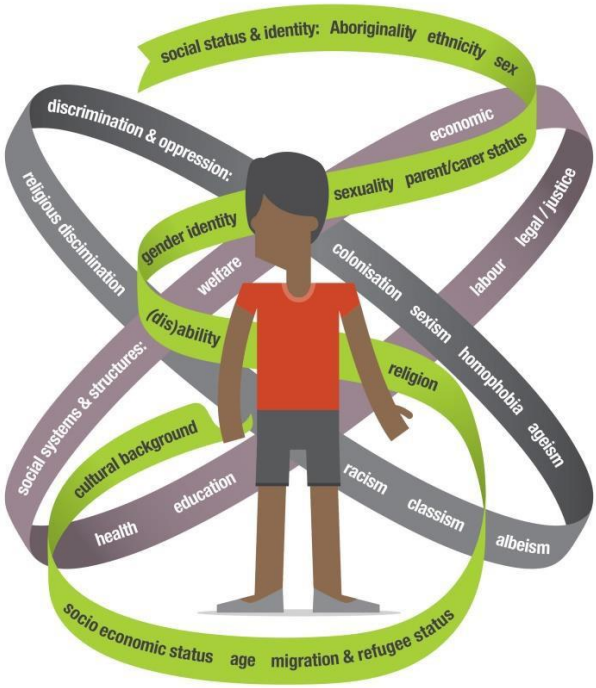

Figure 3: Identity and systems of discrimination and inequality (Long Text Description in Appendix 1.2)

Figure 3 illustrates how systems and structures of oppression and discrimination affect people differentially. This often results in simultaneous and compounding experiences of discrimination and disadvantage for particular groups and communities. The green ribbon represents the variety of factors that make up a person's social status and/or identity. The purple ribbon represents the social systems and structures which can impact people positively or negatively. The grey ribbon represents forms of oppression and discrimination.[119] In adopting an intersectional approach to understanding and preventing violence against LGBTI people, the focus of prevention initiatives must be concentrated on transforming the structures, practices and norms that discriminate against them.

As articulated in the Victorian Government's *Diversity and Intersectionality Framework* (2017), "taking an intersectional approach means looking beyond a person's individual identities and focusing on the points of intersection that their multiple identities create. These points of intersection will alter the way family violence is experienced by individuals"[120], and therefore the prevention of family violence requires tailored and targeted efforts.

Manjoo (2011) argues:

> *To date, theories about why violence happens have failed to provide a comprehensive understanding of how various forms of discrimination, beyond a male/female gender binary, contextualise, exacerbate, and correlate to high levels of violence in given societies. The lack of an intersectional approach can lead to the reinforcing of one form of discrimination in attempts to alleviate another…The different ways in which women may experience violence, particularly in intimate and interpersonal violence, depends on how they are positioned within social, economic and cultural hierarchies that prohibit or further compromise certain women's*

[119] Our Watch, 2017, *Putting the prevention of violence against women into practice: How to Change the story*, Melbourne: Our Watch.

[120] Government of Victoria, 2017, *Diversity and intersectionality framework,* Melbourne: Government of Victoria

> *ability to enjoy universal human rights. These institutions and structures often promote access for a privileged group of women at the expense of those who are less privileged.*[121]

Although Manjoo speaks with specific reference to the subordination of, and violence against, women, her argument is applicable, and to some degree, relevant to violence against LGBTI people. There is a need to adopt an intersectional approach in order to understand the different manifestations of violence at all levels, and how this ultimately prohibits and excludes LGBTI people from enjoying and exercising their basic human rights.

Discrimination, disadvantage and violence perpetrated against LGBTI people serves to maintain inequality. A genuine commitment to the prevention of all forms of violence against LGBTI people requires "making all forms of violence and intersections between inequalities more visible".[122] The primary prevention of violence is "a transformative agenda that requires shifting the social conditions that excuse, justify or even promote violence. Individual attitudinal or behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader challenge to the underlying drivers of such violence across communities, organisations and society as a whole".[123]

The prevention of all forms of violence is fundamental if we are to facilitate opportunities for all people to enjoy and exercise their basic human rights. As stated in *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women,* preventing violence requires increasing knowledge, and "investigating the particular ways in which different social conditions lead to other forms of inequality, both by themselves and in combination, and how this leads to the perpetration of family violence".[124] While the focus on violence against women, and family violence in particular, is an essential component of violence prevention, addressing the gaps that remain requires additional and a concerted effort. An intersectional approach to violence prevention provides a framework within which the multiple ways in which certain population groups experience violence can be identified and understood, and perhaps it is only when policy development focuses on and centralises the needs and experiences of those who experience multiple and compounding forms of discrimination and oppression, that we can truly prevent all forms of violence

[121] Manjoo, R., 2011. *Report of the Special Rapporteur on violence against women, its causes and consequences,* Human Rights Council, Seventeenth session, United Nations General Assembly, pp. 11 – 14.

[122] Strid, S., Walby, S., and Armstrong, J., 2013, Intersectionality and multiple inequalities: Visibility in British policy on violence against women, *Social Politics,* 20(4), pp. 558 - 581; Verloo, M., and Walby, S., 2012, cited in Hearn, J., Strid, S., Husu, L., and Verloo, M., 2016, Interrogating violence against women and state violence policy: Gendered intersectionalities and the quality of policy in The Netherlands, Sweden and the UK, *Current Sociology Monograph,* 64(4), p. 553.

[123] Our Watch, 2015, *Our Watch submission to Victoria's Royal Commission into Family Violence. Part one*, Melbourne: Our Watch, p. 6.

[124] State Government of Victoria, 2017, *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women*, Melbourne: Victorian Government, p. 14.

CHAPTER 4: FAMILY VIOLENCE AGAINST LGBTI PEOPLE – PREVALENCE, NATURE AND DYNAMICS

In Australia, it is "overwhelmingly women and children who are affected by family violence, and men who are violent towards them".[125] In part, this reflects gender inequality more broadly and patriarchal structures and beliefs in which men and masculinity are overvalued at the expense of women and femininity. Family violence committed by men against their female partners and children can also be understood as an extreme instance of the overvaluing of *heterosexual* masculinity in all areas of social life. As this report argues, however, the privileging of heterosexual masculinity and with it, rigid, binary norms of sex, gender and sexuality, also provides the broader context for the justification and backgrounding of family violence committed against, and sometimes by, LGBTI people.

Australian and international studies on gay and lesbian relationships have generally concluded that violence perpetrated by a partner occurs at a similar rate, if not higher, to that of men's intimate partner violence against cisgendered women.[126] For example, a New South Wales study *Fair's Fair* found that 48 percent of respondents had experienced some form of abuse in their current or previous relationship.[127] The United States' National Intimate Partner and Sexual Violence Survey (2010) found that 44 percent of lesbian women and 26 percent of gay men had experienced physical forms of domestic violence.[128] Studies conducted on the experiences of heterosexual, cisgendered women have produced similar results, with the Australian component of the International Violence Against Women Survey in 2002 – 03 (2004) finding that 34 percent of these women had experienced domestic violence during their lifetime.[129]

CHAPTER SUMMARY

The available research suggests that the prevalence of family violence against LGBTI people is similar to that perpetrated against non-intersex, heterosexual, cisgendered women and their children. Perpetrators of family violence against LGBTI people include parents and carers, siblings, children including adult children, and partners or ex-partners. Family violence perpetrated against LGBTI people can include a range of physical, sexual, emotional, verbal, psychological, financial, and/or social abuse-tactics, intimidation and threats. There are also specific abuse tactics that are used against an LGBTI person's gender identity, sexuality, and/or biological sex which differentiates family violence directed at an LGBTI person from that perpetrated against non-intersex, heterosexual and cisgendered people. These specific abuse tactics include:

[125] Victorian Royal Commission into Family Violence (2015) *Issues Paper,* para 14, p.3.

[126] Donovan, C., Hester, M., and McCarry, M., 2006, *Comparing domestic abuse in same-sex and heterosexual relationships,* Bristol: University of Bristol; Pitts, M., Smith, A., Mitchell, A., and Patel, S., 2006, *Private lives: A report on the health and wellbeing of GLBTI Australians,* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne; Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexist violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[127] Farrell, J., Cerise, S., AIDS Council of New South Wales, and Same-sex Domestic Violence Working Group, 2007, *Fair's fair: A snapshot of violence and abuse in Sydney LGBT relationships 2006,* Sydney: ACON and Same-sex Domestic Violence Interagency Group.

[128] National Coalition of Anti-Violence Programs, 2010, *Hate violence against the lesbian gay, bisexual, transgender and queer communities in the United States in 2009,* New York, NY: National Coalition of Anti-Violence Programs.

[129] Mouzos, J., and Makkai, T., 2004, *Women's experiences of male violence: Findings from the Australian component of the International Violence Against Women Survey (IVAWS),* Research and public policy series, Canberra: Australian Institute of Criminology, http://www.aic.gov.au/publications/current%20series/rpp/41-60/rpp56.html

- Threats to 'out' or reveal the victim/survivor's sexual orientation, gender identity and/or intersex status to friends, families, peers, or work colleagues as a method of control;
- Abuse towards the victim/survivor that is directly associated with their sexuality, gender or biological sex;
- Questioning an LGBTI person's 'true' identity (sexuality and/or gender) – this includes questioning a partner's sexual orientation and coercing a partner to 'prove' their sexual orientation;
- Exploiting the heterogendered understanding of family violence as a way to shame the victim/survivor into not disclosing the abuse – this includes perpetuating heterosexist attitudes and telling victim/survivors that the police, justice systems and/or family violence services are homophobic/transphobic and therefore, no assistance is available.

The same systems of oppression against women have also, to some extent, rendered family violence against LGBTI invisible. Simultaneously, and mutually reinforced, heteronormativity, heterosexist attitudes, practices and norms interact with binary sex and gender constructs and structures to condone and drive violence against people from LGBTI communities.

INTIMATE PARTNER RELATIONSHIPS: NATURE AND DYNAMICS OF VIOLENCE

Since American researcher Renzetti pioneered research into abuse in woman-to-woman relationships in the 1990s, many other studies have since confirmed that the types of abuse perpetrated in same- sex relationships are similar to that perpetrated by heterosexual, cisgendered men against their female partners or ex-partners in heterosexual relationships.

Family violence perpetrated against LGBTI and non-LGBTI people can include a range of physical, sexual, emotional, verbal, psychological, financial, and/or social abuse-tactics, intimidation, and threats against their partners in attempt to control and/or coerce them. However, the following abuse-tactics have been identified as specific to LGB people:

- threats to 'out' or reveal the victim/survivor's sexual orientation to friends, families, and peers as a method of control[130];
- abuse towards the victim/survivor that is associated with their sexuality, gender or biological sex;
- questioning a partner's 'true' sexual orientation and coercing a partner to 'prove' their sexual orientation;[131]
- exploiting the stigma that still surrounds violence in non-heterosexual relationships as a means to shame the victim/survivor into not disclosing the abuse, including telling the victim/survivor that 'no one will believe you'[132];

[130] Badenes-Ribera, L., Bonilla-Campos, A., Frias-Navarro, D., Pons-Salvador, G., and Monterde-i-Bort, H., 2016, Intimate partner violence in self-identified lesbians: A systematic review of its prevalence and correlates, *Trauma, Violence & Abuse,* 17(3), pp. 284 – 297; Horsley, P., Moussa, B., Fisher, J., and Rees, S., 2016, Intimate partner violence and LGBTIQ people: Raising awareness in general practice, *Medicine Today,* 17(11), pp. 26 – 32

[131] Walters, M.L., and Lippy, C., 2016, Intimate partner violence in LGBTI communities, C. A. Cuevas and C. M. Rennison, 2016, *The Wiley Handbook on the Psychology of Violence*, Chichester, UK: John Wiley & Sons.

[132] Gehring, K.S., and Vaske, J.C., 2015, Out in the open: The consequences of intimate partner violence for victims in same- sex and opposite-sex relationships, *Journal of Interpersonal Violence,* 20, pp. 149 – 154; Horsley, P., Moussa, B., Fisher, J., and Rees, S., 2016, Intimate partner violence and LGBTIQ people: Raising awareness in general practice, *Medicine Today,* 17(11), pp. 26 – 32.

- threatening to disclose health related issues, such as HIV status, to family members, friends, or peers[133];
- telling their partner that they will lose custody of the children as a result of being 'outed'.[134]

Forms of violence perpetrated against trans and gender diverse, and intersex people also have specific traits and are linked to the victim/survivor's trans and gender diverse identity or intersex status, thus "exploit[ing] identity-based vulnerabilities".[135] Intersex and transgender advocates have identified the following specific forms of violence that are often perpetrated against intersex and trans and gender diverse people:

- withholding, or threatening to restrict access to hormones, medications, medical treatment or support services;
- ridiculing or disrespecting gender identity or intersex status;
- demanding that a partner present as a certain gender;
- insisting that a partner has treatment to look more 'male' or more 'female';
- drawing attention to anatomical differences;
- misgendering the victim/survivor (that is, calling the victim/survivor by the wrong pronoun or referring to the transgender person as "it")
- assault, mutilation or denigration of body parts such as chest, genitals, and hair that signify specific cultural notions of sex or gender
- and, specific to transgender people, making threats related to the transgender person's custody of or relationship with their children.[136]

The abuse tactics listed above have, by and large, been identified as tactics used by a perpetrator against their intimate partner. All the LGBTI-specific abuse tactics listed above could also be used by any family member against an LGBTI person. Similarly, they could be used by an LGBTI person against another LGBTI family member.

PREVALENCE OF VIOLENCE IN INTIMATE PARTNER RELATIONSHIPS

Stigma still surrounds violence in LGBTI relationships. LGBTI people are less likely to report, seek support for, or identify experiences of family violence. This can be, at least in part, because of a fear of being 'outed' or, fears of discrimination and harassment from service providers. In addition to this, victim/survivors of family violence, particularly those who identify as LGBTI, may worry that speaking about their experiences of family violence, or reporting family violence to authorities will provoke further stigma and discrimination against LGBTI communities. This may be particularly pertinent in the current context of the marriage equality debate in Australia. Although family violence and marriage equality are distinct and unrelated issues and policy areas, given the current political and social climate surrounding marriage equality, there may be concerns that the two issues will be conflated. A potential consequence of this could be that LGBTI victim/survivors of family violence are reluctant to seek support, and/or report the violence to authorities in fear of the repercussions to themselves, their family, and the broader LGBTI communities.

[133] Walters, M. L., and Lippy, C., 2016, in C.A. Cuevas and C.M. Rennison, 2016, *The Wiley Handbook on the Psychology of Violence*, Chichester, UK: John Wiley & Sons.

[134] Chan, C., 2005, *Domestic violence in gay and lesbian relationships*, Topic Paper, Sydney: Australian Domestic & Family Violence Clearinghouse.

[135] Brown, N., 2011, Holding tensions of victimization and perpetration: partner abuse in trans communities, in Intimate Partner Violence in LGBTQ Lives in J.L. Ristock (eds), 2011, *Intimate partner violence in LGBTQ lives,* New York & Oxford, UK: Routledge.

[136] Goodmark, L., 2012, Transgender people, intimate partner abuse, and the legal system, *Harvard Civil Rights - Civil Liberties Law Review*, 48, pp. 51 – 104, p. 63.

Much of the literature concerning family violence against LGBTI people is predominately focused on same-sex intimate partner relationships, that is, in lesbian and gay male relationships. Much of this research indicates prevalence rates equal to, or higher than partner violence in heterosexual relationships.[137] However, there is great variability amongst studies, including different sampling techniques and variations in research methods (for example, definitions and ways of measuring partner violence; the time-period over which violence occurred; and, definitions of identity and sexual orientation). Issues of under-reporting, and the suggestion that many LGBTI people do not identify family violence when they experience it because of a lack of recognition of its existence in same-sex relationships are additional factors that are also likely to hinder attempts at defining prevalence rates of family violence against LGBTI people.

Despite this, a number of key studies have attempted to report prevalence rates of violence within LGBTI intimate relationships, both in Australia and internationally. According to *Private Lives* (2006), a national study of LGBTI Australian's health and wellbeing, 32.7 percent of respondents reported being in a relationship where their partner was abusive. [138] Partner abuse was reported more frequently by transgender males (61.8 percent), followed by intersex females (40.7 percent), females (40.7 percent), transgender females (36.4 percent), intersex males (36.4 percent), and males (27.9 percent).[139]

Tranznation (2007) surveyed 253 transgender people from Australia (90.5 percent) and New Zealand (9.5 percent) and found that partner violence was reported by 16.1 percent of participants, with more trans women reporting to have experienced partner violence in comparison to trans men.[140]

A 2008 Victorian report, *Coming forward*, found that 32.7 percent of the 390 LGBT respondents had been in a relationship where their partner was abusive (same-sex or opposite sex partner), with one-third of this group reporting that they had been physically injured.[141] A more recent New South Wales report, *Calling it what is really is: A report into lesbian, gay, bisexual, transgender, gender diverse, intersex and queer experiences of domestic and family violence* (2014) found that 54.7 percent of all participants reported that they had previously been in one or more emotionally abusive relationship, and 34.8 percent reported sexual or physical victimisation by a previous partner.[142]

The 2017 *Sydney women and sexual health (SWASH) survey,* the only study specifically focused on the health issues relevant to lesbian, bisexual and queer women, found that of the 623 participants, 44.7 percent reported that they had been in a relationship where a partner had physically or emotionally abused them (up from 40.4 percent in 2014). Of these women, 13 percent identified that the violence was perpetrated by a male, 26.2 percent reported a female perpetrator, and 5.5 percent reported

[137] Ard, K.L., and Makadon, H.J., 2011, Addressing intimate partner violence in lesbian, gay, bisexual and transgender patients, Journal of General Intern Medicine, 26(8), 930 – 933;

[138] Private Lives was one of the largest national studies of LGBTI people at the time, with 5476 respondents.

[139] Pitts, M., Smith, A., Mitchell, A., and Patel, S., 2006, *Private lives: A report on the health and wellbeing of GLBTI Australians,* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

[140] Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., and Patel, S. 2007, *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand,* Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[141] Leonard, W., Mitchell, A., Patel, S., and Fox. C. 2008, *Coming forward: The underreporting of heterosexist violence and same-sex partner abuse in Victoria,* Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[142] LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014, *Calling it what it really is. A report into lesbian, gay, bisexual, transgender, gender diverse, intersex and queer experiences of domestic and family violence*, Sydney: UNSW

both male and female perpetrators. Nearly one in four (24 .1 percent) reported that they had experienced this violence in the past two years.[143]

Similarly, the *Sexual health and behaviour of men in New South Wales 2013 – 2014* found that nearly one in four men who have sex with men had ever experienced sexual coercion (being forced or frightened into doing something sexual they did not want).[144]

INTERNATIONAL STUDIES – PREVALENCE OF VIOLENCE IN INTIMATE PARTNER RELATIONSHIPS

A US study found that lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner was 43.8 percent for lesbian women, 61.1 percent for bisexual women, 35 percent for heterosexual women, 26 percent for gay men, 37.3 percent for bisexual men, and 29 percent for heterosexual men.[145] The National Violence Against Women (NVAW) survey found that 21.5 percent of men and 35.4 percent of women who reported a history of cohabitation with a same-sex partner had experienced physical abuse in their lifetimes.[146]

Brown and Herman's (2015) review of 42 studies (a majority from the US), found that lifetime prevalence of intimate partner violence (IPV) is as high, or higher among same-sex attracted and bisexual men and women, and transgender people than among the US general population.[147] Their review found that in studies that used representative samples:

- the prevalence of intimate partner violence in participants' lifetimes ranged from 8.8 percent to 56.9 percent;
- prevalence over the past year ranged from 8.6 percent to 27.5 percent; and
- lifetime prevalence of intimate partner sexual abuse (IPSA) ranged from 3.1 percent to 15.7 percent.[148]

Among transgender people, Brown and Herman identified five studies that also examined the prevalence of IPV and intimate partner sexual assault (IPSA), all of which based their findings on purposive sample. Lifetime IPV ranged from 31.1 percent to 50 percent. Of the three studies that provided findings of lifetime prevalence of IPSA, this ranged from 25 percent to 47 percent, suggesting that transgender people experience similar, if not higher levels of violence in comparison to the LGB population.

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[143] Mooney-Somers, J., Deacon, R.M., Klinner, C., Richters, J., Parkhill, N. 2017, *Women in contact with gay and lesbian community in Sydney: Report of the Sydney women and sexual health (SWASH) survey 2006, 2008, 2010, 2012, 2014, 2016.* Sydney: ACON & Sydney Health Ethics, University of Sydney

[144] Richters, J., Zou, H., Yeung, A., Caruana, T., de Visser, R.O., Rissel, C., Simpson, J.M., and Grulich, A.E., 2015, *Sexual health and behaviour of men in New South Wales 2013 – 2014,* Sydney: UNSW, School of Public Health and Community Medicine.

[145] cited in Longobardi, C. and Badenes-Ribera, L., 2017, Intimate partner violence in same-sex relationships and the role of sexual minority stressors: a systematic review of the past 10 years, *Journal of Child and Family Studies*, 26(8), pp. 2039 – 2049.

[146] Tjaden, P., and Thoennes, N., 2000, *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey,* U.S. Department of Justice, Office of Justice Programs.

[147] Brown, T.N., and Herman, J.L., 2015. *Intimate partner violence and sexual abuse among LGBT people: a review of existing literature*, The Williams Institute, available at https://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf

[148] Brown, Taylor N.T., and Herman, Jody, L. 2015. *Intimate partner violence and sexual abuse among LGBT people: a review of existing literature*, The Williams Institute, available at https://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf, p. 7.

Brown and Herman also identified one study that looked exclusively at the experiences of both bisexual men and women.[149] It reported that 44 percent of bisexual people had experienced IPV in their lifetimes, and 7 percent had experienced sexual abuse by an intimate partner. Another study that looked at relationships involving bisexual people found that 18.4 percent had ever been threatened with physical violence by a partner.[150]

Similarly, Miller et al (2016) found in their review that bisexual and transgender individuals were at particularly higher risk of violence within their intimate relationships in comparison to lesbian and gay individuals.[151] Landers and Gilsanz's (2009) survey of 1600 people in Massachusetts also found that transgender respondents reported lifetime physical abuse rates by a partner of 34.6 percent compared to 14.0 percent for gay or lesbian individuals.[152]

The Youth Risk Behaviour Survey in the United States (2015) found that 23 percent of LGB students who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence in the prior year; 18 percent had experienced physical dating violence; and 18 percent had been forced to have sexual intercourse at some point in their lives.[153]

A 2013 representative Canadian study found a prevalence rate of 36 percent among LGB participants.[154] In addition, it reported that one in three LGB people in Canada experienced emotional and/or financial IPV, and one in five experienced physical and/or sexual IPV.[155]

More recently, a 2016 report prepared by Egale Canada Human Rights Trust concluded that while prevalence rates differ, "several investigations estimate that nearly 50 percent of all same-sex relationships involve some degree of [domestic/interpersonal violence D/IPV]".[156]According to the Canadian Labour Congress' survey, transgender people are almost twice as likely to report ever experiencing D/IPV compared to cisgender people.[157]

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[149] See Turrell, S.C., 2000, A descriptive analysis of same-sex relationship violence for a diverse sample, *Journal of Family Violence,* 15(3), pp. 281 – 293.

[150] See Landers, S., and Gilsanz, P., 2009, *The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts: A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts,* Massachusetts Department of Public Health.

[151] Miller, E.C., Goodman, L.A., Thomas, K.A., Peterson, A., Scheer, J.R., Woulfe, J.M., and Warshaw, C., 2016, *Trauma-informed approaches for LGBQT* survivors of intimate partner violence: a review of literature and a set of practice observations*, Boston: GLBTQ Domestic Violence Project

[152] Cited in Ard, K.L., and Makadon, H.J. 2011, Addressing intimate partner violence in lesbian, gay, bisexual and transgender patients, Journal of General Intern Medicine, 26(8), 930 - 933.

[153] Centers for Disease Control and Prevention, LGBT Youth, https://www.cdc.gov/lgbthealth/youth.htm

[154] Barrett, B.J., and St. Pierre, M. 2013, Intimate partner violence reported by lesbian-, gay-, and bisexual-identified individuals living in Canada: An exploration of within-group variations, *Journal of Gay & Lesbian Social Services,* 25(1), pp. 1–23.

[155] Barrett, B.J., and St. Pierre, M. 2013, Intimate partner violence reported by lesbian-, gay-, and bisexual-identified individuals living in Canada: An exploration of within-group variations, *Journal of Gay & Lesbian Social Services,* 25(1), pp. 1–23.

[156] Canadian Labour Congress (CLC) survey cited in Bucik, A. 2016, *Canada: Discrimination and violence against lesbian, bisexual, and transgender women and gender diverse and two spirit people on the basis of sexual orientation, gender identity and gender expression*. Prepared for The Committee on the Elimination of Discrimination against Women for consideration at the 65th session, 2016. Canada: Egale Canada Human Rights Trust in partnership with the International Lesbian, Gay, Bisexual, Trans and Intersex Association – North America Region (ILGA-NA), p. 6. See also Sinha, M. 2013, *Measuring violence against women: Statistics trends* (Juristat NO. 85-002-X). Canadian Centre for Justice Statistics: Statistics Canada.

[157] Canadian Labour Congress (CLC) survey cited in Bucik, A. 2016, *Canada: Discrimination and violence against lesbian, bisexual, and transgender women and gender diverse and two spirit people on the basis of sexual orientation, gender identity and gender expression*. Prepared for The Committee on the Elimination of Discrimination against Women for

In the United Kingdom, Stonewall's national survey into lesbian and bisexual women's health (over 6,000 participants) found that one in four lesbian and bisexual women had experienced domestic abuse in a relationship, with two thirds indicating that the perpetrator was a woman. It also reported that four in ten lesbian and bisexual women with a disability had experienced domestic abuse in a relationship.[158]

Stonewall's companion investigation into gay and bisexual men's health (6,861 respondents) found that 49 percent of all gay and bisexual men had experienced at least one incident of domestic violence from a family member or partner since the age of 16. Additionally, 63 percent of gay and bisexual men with a disability had experienced at least one incident of domestic abuse from a family member or partner since the age of 16.[159]

A 2001 In New Zealand survey of 95 lesbians and bisexual women and found that almost half of the participants reported having been abused in lesbian relationships.[160]

DIFFERENCES IN THE TYPES OF VIOLENCE PER PETRATED AGAINST LGBTI PEOPLE

Whilst there are similarities in the types of intimate partner violence experienced by LGBTI people, there are also significant variations in the rates of particular types of violence according to differences in sexuality and gender identity. For example, in Victoria, *Coming forward* (2008) found that lesbians were more likely than gay men to report having been in an abusive same-sex relationship (41 percent and 28 percent respectively), with 78 percent of participants indicating being subject to psychological abuse, and 58 percent subject to physical abuse.[161] Of all participants who had been in an abusive relationship, women were more likely than men to report ongoing harassment after the relationship had ended (69 percent of women compared with 57 percent of men).[162] The sex, gender and/or sexuality identity of the perpetrators was not reported.

Similarly, *Calling it what it really is* (2014) found that nearly 55 percent of LGBTIQ participants reported that they had previously been in one or more emotionally abusive relationship, and 34.8 percent reported they had been sexually or physically abused by a previous partner. *Calling it what it really is* also noted that experiences of past emotional, physical and sexual abuse was disproportionally higher for transgender, gender diverse and intersex participants.[163] Furthermore, of the 66.8 percent of participants who were in a current relationship, 12.8 percent of transgender, gender diverse and

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consideration at the 65th session, 2016. Canada: Egale Canada Human Rights Trust in partnership with the International Lesbian, Gay, Bisexual, Trans and Intersex Association – North America Region (ILGA-NA), p. 6.

[158] Stonewall, 2012, *Domestic abuse: Stonewall health briefing,* London: Stonewall.

[159] Stonewall, 2012, *Domestic abuse: Stonewall health briefing,* London: Stonewall.

[160] Lievore, D., and Mayhew, P., 2007, *The scale and nature of family violence in New Zealand: A review and evaluation of knowledge,* Wellington: Centre for Social Research and Evaluation.

[161] Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexist violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[162] Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexist violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University

[163] LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014, *Calling it what it really is. A report into lesbian, gay, bisexual, transgender, gender diverse, intersex and queer experiences of domestic and family violence*, Sydney: UNSW

intersex participants reported that their gender diversity or intersex status had been used against them.[164]

In the United States, the NCAVP (2013, 2015) reported that transgender women were the most likely group to experience intimate partner violence-related threats, intimidation, harassment, and injury when compared with transgender men, lesbian women, gay men, bisexual men and women, and queer identified individual.[165] In their 2016 report, NCAVP found that of the 1,976 reports of LGBTQ and HIV-affected intimate partner violence:

- those under the age of 24 were three times more likely to report experiencing sexual violence compared to those who were 25 years old or older;
- transgender victim/survivors were three times more likely to report being stalked compared to cisgender survivors;
- victim/survivors who reported a disability were two times more likely to be isolated by their abusive partner, three times more likely to be stalked, and four times more likely to experience financial abuse.[166]

Similarly, the Scottish Transgender Alliance (2010) reported that transgender people experience significantly higher levels of emotional, sexual or physical abuse from a partner or ex-partner[167] compared with to lesbian, gay or bisexual people.

In a Canadian prevalence study into IPV in LGB relationships, it was found that bisexual women were more likely to be victims of physical/sexual IPV (40 percent), followed by gay men (26 percent), lesbian women (20 percent) and bisexual men (15 percent).[168] Furthermore, it was found that bisexual people were significantly more likely to experience intimate partner violence, physical injuries as a result of intimate partner violence, and a higher number of incidents of violence in comparison to gay men and lesbians.[169] Similarly, Messinger (2011) reports that bisexual people were more likely to experience IPV in the context of opposite-sex rather than same-sex relationships.[170]

National and international evidence indicates that LGBT people experience intimate partner violence at a similar, if not higher rate to heterosexual, cisgendered women. Studies also reveal that trans and gender diverse people experience higher rates of violence from an intimate partner in comparison to LGB people, and cisgendered people. Although it is important to note the scarcity of research that

[164] Note that within the sample size (n=813), 1.4 per cent identified as intersex, and 6.9 per cent as transgender/gender diverse. LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research in Health, University of NSW, 2014, *Calling it what it really is. A report into lesbian, gay, bisexual, transgender, gender diverse, intersex and queer experiences of domestic and family violence*, Sydney: UNSW

[165] cited in Langenderfer-Magruder, L., Whitfield, D.L., Walls, N.E., Kattari, S.K., and Ramos, D., 2016, Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado: Comparing rates of cisgender and transgender victimization, *Journal of Interpersonal Violence*, 31(5), pp. 855 – 871, p. 860

[166] National Coalition of Anti-Violence Programs, 2016, *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence in 2015,* New York: Emily Waters.

[167] Scottish Transgender Alliance 2010, *Out of sight, out of mind? Transgender people's experiences of domestic abuse,* Edinburgh: Scottish Transgender Alliance.

[168] Barrett, B.J., and St. Pierre, M., 2013, Intimate partner violence reported by lesbian-, gay-, and bisexual-identified individuals living in Canada: An exploration of within-group variations, *Journal of Gay & Lesbian Social Services,* 25(1), pp. 1 – 23

[169] Barrett, B.J., and St. Pierre, M., 2013, Intimate partner violence reported by lesbian-, gay-, and bisexual-identified individuals living in Canada: An exploration of within-group variations, *Journal of Gay & Lesbian Social Services,* 25(1), pp. 1 – 23.

[170] Messinger, A.M., 2011, Invisible victims: Same-sex IPV in the national violence against women survey, *Journal of Interpersonal Violence,* 26(11), pp. 2228 – 2243.

specifically explores the experiences and needs of trans and gender diverse people. The lack of knowledge pertaining to experiences of people with intersex variations is another significant gap in research.

Further investigation into the different forms of violence perpetrated against LGBTI people, and their experiences could facilitate a clearer understanding of the motivations behind this form of violence, and thus support more effective prevention efforts. A greater understanding of this could also support more tailored prevention initiatives specific to particularly groups within LGBTI communities.

DOMESTIC HOMICIDE

Given the comparative scarcity of research and evidence with respect to family violence against LGBTI people, both in Australia and overseas, it is unsurprising that little attention has been paid to family violence against LGBTI people which has resulted in death. In Australia, Gannoni and Cussen (2014) undertook a study using data from the National Homicide Monitoring Program (NHMP) to "describe what is known about the trends and key characteristics of same-sex intimate partner homicide in Australia".[171] In their study of 1,536 intimate partner homicides recorded from 1989-90 to 2009-10 in Australia, 2.1 percent were classified as same-sex intimate partner homicides, consistent with figures from the United States.[172]

As with general under-reporting issues faced by LGBTI victims of family violence, and violence more broadly, Gannoni and Cussen noted that the data available to them was likely to have under-reported same-sex intimate partner homicides due to missing data on gender of partners and victims.

INTERNATIONAL STUDIES – DOMESTIC HOMICIDE

In the United States, yearly reports from the National Coalition of Anti-Violence Programs (NCAVP) have reported on the number of intimate partner violence-related homicides against LGBTQ and HIV-affected persons. These numbers reflect only those murders/homicides that family, friends, police, and/or media clearly categorise as intimate partner violence.[173] This is similar to the under-reporting and/or under-identification of same-sex domestic homicides in Australia. The NCAVP suggests that IPV-related murders/homicides in LGBTI relationships can be mistakenly categorised as acquaintance or even stranger violence, when family, friends or law enforcement do not recognise the intimate nature of the relationship.

The highest number of reported IPV-related homicides involving LGBT people was in 2012 and 2013 where 21 deaths were reported. In their report for 2015, it was found that 77 percent of IPV-related homicide victims were people of colour, and six of the homicides were transgender women, all of whom were transgender women of colour.[174] Again, this suggests that specific groups within LGBTI

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[171] Gannoni, A., and Cussen, T., 2014, *Same-sex intimate partner homicide in Australia*, Trends & issues in crime and criminal justice, no. 469, Canberra: Australian Institute of Criminology, available at http://www.aic.gov.au/publications/current%20series/tandi/461-480/tandi469.html

[172] Mize, K.D., and Schackelford, T.K., 2008 cited in Gannoni, A., and Cussen, T., 2014, *Same-sex intimate partner homicide in Australia*, Trends & issues in crime and criminal justice, no. 469, Canberra: Australian Institute of Criminology, available at http://www.aic.gov.au/publications/current%20series/tandi/461-480/tandi469.html

[173] National Coalition of Anti-Violence Programs, 2011, *Lesbian, gay, bisexual, transgender, queer and HIV affected: Intimate partner violence,* New York: NCAVP.

[174] National Coalition of Anti-Violence Programs 2016, *Lesbian, gay, bisexual, transgender, queer and HIV-affected intimate partner violence in 2015,* New York: Emily Waters.

communities are at a greater risk of being killed by their intimate partner, and thus nuanced approaches to address these specific risk factors are required.

FAMILY VIOLENCE BY FAMILY MEMBERS

Much of the research into violence against LGBTI people has largely been concentrated on violence perpetrated by non-family members (i.e. strangers, acquaintances, peers or work colleagues) or intimate partners. However, there is some available literature pertaining to family violence involving LGBT people which includes violence perpetrated by family members.

It should be noted that the literature pertaining to violence and/or abuse of LGBTI people by family members is rarely defined as 'family violence'. Further, much of the research and studies examining this form of violence against LGBTI people is mainly concentrated on parents' reactions and/or responses to young LGBTI people 'coming out' and/or children displaying gender nonconforming behaviours. These studies have found that for many LGBTI people, particularly young people, negative parental responses to their identities impact on their mental health and general health and wellbeing. This area of work highlights the fact that for many LGBTI people, violence or threats of violence often begin within the family context, and continues throughout their life course.

The process of 'coming out' to family members can often be a dangerous time for LGBTI people; they may be subject to abuse, violence, estrangement, disowning and exclusion from the family home.[175] In an Australian study, Smith et al (2014) found that 25 percent of trans and gender diverse young people aged between 14 and 25 years experienced verbal or physical abuse at home.[176] Hillier et al (2010) also found that violence against LGBTI young people occurred at similar rates and was often perpetrated by fathers.[177] Although intersex young people who are not also LGBT do not usually have a 'coming out' experience in the same way, Organisation Intersex International Australia (OII) notes that "parents and family can and do reject intersex children because of their difference" and intersex children and young people may be subject to abuse by parents.[178] OII also identifies the psychological abuse often inflicted upon intersex children which includes shaming and ostracising the child, treating the child less favourably compared to siblings, and encouraging siblings to reject their intersex sibling(s) due to their 'differences'.[179]

Whilst family violence against LGBTI people can and does occur throughout their life course, family violence against young and older LGBTI people is of particular concern as both population groups are more likely to be dependent on their families.[180] Despite this, there is relatively little research and

[175] Asquith, N.L., and Fox, C.A., 2016, "No place like home: intrafamilial hate crimes against gay men and lesbians", in A. Dwyer, M. Ball and T. Crofts (eds) Queering Criminology, Palgrave Macmillan Basingstoke, Hampshire, pp. 163 - 182

[176] Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L., 2014, *From blues to rainbows: The mental health and well-being of gender diverse and transgender young people in Australia*, Australian Research Centre in Sex, Health and Society, University of New England, BeyondBlue, Melbourne.

[177] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[178] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic & family violence,* New South Wales: Organisation Intersex International Australia, available at https://oii.org.au/292/nsw-domestic-family-violence/

[179] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic & family violence,* New South Wales: Organisation Intersex International Australia, available at https://oii.org.au/292/nsw-domestic-family-violence/

[180] Horsley, P., 2015, *Family violence and the LGBTI community. Submission to the Victorian Royal Commission into Family Violence,* Melbourne: Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, p. 8.

knowledge within Australia detailing the experiences of family violence against people in LGBTI communities, outside of the intimate partner relationship context.

INTERNATIONAL STUDIES – FAMILY VIOLENCE BY FAMILY MEMBERS

For many young LGBTI people, parental acceptance or rejection of their identity and/or sexuality plays a significant role in shaping the young person's self-perception, and broader feelings and attitudes towards their own identities in relation to that of other family members. Parental and family responses can have significant impacts on the young person's mental health, and general health and wellbeing.

Policing gender: exercise of power and control

Parents and other family members are often the first to police a young child's gender expression. "Gender policing" of children can sometimes result in neglect, rejection, and/or violence towards the young person. Perry and Dyck's (2014) exploration of trans women's experiences of violence suggests that parents and siblings are the first of many gender police that trans and gender diverse young people will confront in their lives. Perry and Dyck also point out that family members "are not above beating the nonconformity out of their trans children".[181] Consequently, some young people are thrown out of home, or feel the need to run away from home.[182]

Bauermeister et al (2017) examined the relationship between parental gender policing during childhood and adolescence and subsequent substance use and psychological distress. More than one in three (37.8 percent) participants reported their parent(s) or the person(s) who raised them had policed their gender, including the use of disciplinary actions.[183] D'Augelli et al (2006) found that sexual-minority young people (both boys and girls) who reported more gender nonconformist behaviour during childhood had been verbally attacked for the first time at earlier ages, and had encountered more experiences of physical homophobic violence during their life course.[184]

Similarly, research in adult samples have also shown that gender nonconforming gay and bisexual men reported more experiences of verbal and physical abuse, and also reported more incidents of childhood sexual abuse and rape by relatives or lovers as an adult compared with gender conforming gay and bisexual men.[185] These studies suggest that parental impositions of broader societal gender *and* sexual identity norms underpin motivations of violence and abuse against young LGBTI and/or gender nonconforming children.

Similar studies have found that children who do not conform to expected gender roles, or who display non-heterosexual behaviours are more at risk of sexual, physical and psychological abuse. In the UK, the *Coral Project* reported that 42.1 percent of LGB and/or T respondents reported being subject to

[181] Perry, B., and Dyck, D.R, 2014, 'I don't know where it is safe': Trans women's experiences of violence, *Critical Criminology*, 22, pp. 49 – 63, p. 56.

[182] Morewitz, S.J., 2016, Runaway and homeless sexual minorities, Chapter 8 in Stephen J. Morewitz, 2016, *Runaway and homeless youth: New research and clinical perspectives,* Springer International Publishing

[183] Bauermeister, J.A., Connochie, D., Jadwin-Cakmak, L., and Meanley, S., 2017, Gender policing during childhood and the psychological well-being of young adult sexual minority men in the United States, *American Journal of Men's Health,* 11(3), pp. 693 – 701.

[184] D'Augelli, A.R., Grossman, A.H., and Starks, M.T., 2006, Childhood gender atypicality, victimisation and PTSD among lesbian, gay, and bisexual older adults, *Journal of Interpersonal Violence,* 21, pp. 1462 – 1482.

[185] Sandfort, T.G.M., Mendelez, R.M., and Diaz, R.M., 2007, Gender nonconformity, homophobia, and mental distress in Latino gay and bisexual men, *Journal of Sex Research,* 44, pp. 181 – 189.

homophobia, biphobia or transphobia from family members.[186] Similarly the National Center for Transgender Equality (NCTE) (2011) reported that 19 percent of transgender and gender nonconforming individuals experienced violence against them by family members, including partners, specifically because of their transgender or gender nonconforming identity.[187] The NCTE's 2015 report also found that one in ten of those who were out to their immediate family reported that a family member was violent towards them because they were transgender, and eight percent were kicked out of the house because they were transgender, and one in ten ran away from home.[188]

In the United States, Feinstein et al (2001) found that 78 percent of LGBTQ young people in New York City were removed from or ran away from foster care placement as a result of hostility and violence due to their sexual orientation or gender identity.[189] Similarly, a focus group study with LGBTQ young people reported that participants described being emotionally, sexually, and physically abused in group care settings, sometimes with staff knowledge and inaction.[190] In Whitbeck et al.'s (2004) report, homeless and runaway LGB youth were found to have a higher probability of being sexually abused by their adult caretakers (44.3 percent) compared to heterosexual youth (22.3 percent).[191]

Masculinity and femininity and differences in the enforcement of heterosexuality

Studies have also highlighted that parental responses to their child's expression of sexuality is often determined by the linear, traditional understanding of sex and gender roles. For instance, Kane (2006) found that parents generally accepted, and in fact celebrated what they perceived as gender nonconformity among their daughters, however parents, especially fathers, were far more concerned about gender nonconformity in their sons.[192] As argued by Solebello and Elliot (2011), masculine dominance and privilege hinges on the successful presentation of heterosexuality.

In a qualitative study examining heterosexual fathers' conversations with their teen children about sexuality, and their perceptions of their teen children's sexual identities, it was revealed that although fathers participate very little in their sons' or daughters' sex education, they had a greater vested interest in their son's sexuality over their daughters. This suggests that fathers in this study perceived their son's sexual identity as being directly linked to their own sense of masculinity. According to this research, fathers construct and reinforce male sexual privilege and heterosexuality status as the natural and right form of sexuality.[193]

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[186] Donovan, C., Barnes, R., and Nixon, C., 2014, *The Coral Project: Exploring abusive behaviours in lesbian, gay, bisexual and/or transgender relationships. Interim Report: Executive Summary.* Economic and Social Research Council.

[187] Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., and Keisling, M., 2011, *Injustice at every turn: A report of the National Transgender Discrimination Survey*, Washington: National Centre for Transgender Equality and National Gay and Lesbian Task Force.

[188] James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., and Anafi, M., 2016, *The report of the 2015 U.S. Transgender Survey,* Washington, DC: National Centre for Transgender Equality.

[189] Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., and Rana, J., 2001, *Justice for all? A report on lesbian, gay, bisexual and transgendered youth in the New York juvenile justice system,* Report commissioned by the Lesbian and Gay Youth Project of the Urban Justice Centre.

[190] Woronoff, R., Estrada, R., and Sommer, S. 2006, *Out of the margins: A report of listening forums highlighting the experiences of lesbian, gay, bisexual, trasngeder and questioning youth in care.* Washinton, D.C: Child Welfare League of America, Inc cited in E.A. Winter, Lesbian, gay, bisexual, transgendered, questioning, and queer youth: The challenge for child welfare, Chapter 6, H. Cahalane (ed), 2013, *Contemporary issues in child welfare practice,* Contemporary Social Work Practice.

[191] Whitbeck, L.B., Chen, X., Hoyt, D.R., Tyler, K.A., and Johnson, K.D., 2004, Mental disorder, subsistence strategies, and victimisation among gay, lesbian, and bisexual homeless and runaway adolescents, *Journal of Sex Research,* 41(4), pp. 329 – 342.

[192] Kane, E.W., 2006, 'No way my boys are going to be like that!': Parents' responses to children's gender nonconformity, *Gender & Society,* 20(2), pp. 149 – 176.

[193] Solebello, N., and Elliott, S., 2011, 'We want them to be as heterosexual as possible': Fathers talk about their teen children's sexuality, *Gender & Society,* 25(3), pp. 293 – 315.

These few studies suggest that children are socially policed very early on in their lives by parents and other family members in terms of their gender expression and sexual identity. Children who do not perform their gender within the heterosexual frame can be encouraged and/or coerced to conform to more appropriate gendered heterosexual expressions. Indeed, homophobic, biphobic and transphobic attitudes, and rigid understandings about sex and gender, are all factors in the perpetration of family violence against LGBTI people.

FAMILY VIOLENCE AGAINST INTERSEX PEOPLE

It has been argued that family violence for some intersex people begins at birth when, in some cases, parents, who are often pressured by medical practitioners, consent to cosmetic genital surgery on intersex infants - "the beginning of a lifetime of violent disempowerment".[194] There has been much debate around the performing of 'normalising' surgery on intersex infants in Australia. After their inquiry into involuntary or coerced sterilisation of intersex people in Australia, the Senate Community Affairs Committee report concluded that there is no medical consensus around the procedure[195], however fell short of adopting recommendations by the UN calling for the prohibition of such surgeries. Submissions to the inquiry from intersex advocates and their allies strongly argue that surgical interventions are primarily concerned and focused on appearance rather than the health of the child.

Little is known about the experiences and impacts of family violence on intersex people. As asserted by OII,

> *Intersex individuals are at least as likely as any other person to be subjected to domestic and family violence … [however] the incidence of violence perpetrated against intersex individuals in domestic situations is unknown, like nearly every other aspect of intersex; no research has ever been attempted in this area.*[196]

Research and knowledge in relation to experiences of family violence against intersex people is a significant gap. Consequently, public policy remains silent on the issues specific to intersex people, which further entrenches harmful beliefs and understandings about intersex people, compulsory binary sex constructs, and diversity more broadly.

CULTURE, FAITH, SEXUALITY, GENDER IDENTITY AND FAMILY VIOLENCE

For many LGBTI people, the role and influence of their family and culture will be significant factors in their experiences with family and their broader community. Following the release of *You shouldn't have to hide to be safe* (2003) by the NSW Attorney General's Department, ACON was commissioned to further investigate Arabic-speaking lesbian and gay males' experiences of hostilities and violence within their families and communities. In relation to experiences with families, the subsequent *We're family too* (2011) report found that:

- same-sex attracted people from Arabic speaking backgrounds shared some similarities and some culturally-specific differences with other same-sex attracted people – namely that

[194] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic & family violence,* New South Wales: Organisation Intersex International Australia, available at https://oii.org.au/292/nsw-domestic-family-violence/

[195] Commonwealth of Australia, 2013, Senate Community Affairs References Committee, *Involuntary or coerced sterilisation of intersex people in Australia*, Canberra: Commonwealth of Australia.

[196] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic & family violence,* New South Wales: Organisation Intersex International Australia, available at https://oii.org.au/292/nsw-domestic-family-violence/

cultural values such as rigid gender roles, the importance of getting married and having children, a resistance to children moving out of home before marriage, and taboos surrounding the discussion of sexuality, add culturally-specific nuances to these experiences;

- same-sex attracted people from Arabic-speaking backgrounds often carry the burden of familial 'honour', particularly in the context of wide communities built upon extended family members and family friends, and are often fearful of bringing shame to their families; and
- same-sex attracted people from Arabic-speaking backgrounds are more likely to disclose their same-sex attracted identities to siblings, rather than parents or extended family members.[197]

Likewise, a Victorian project focused on building the capacity of bicultural and bilingual community workers to support same-sex attracted women from their ethnic communities noted that there are two commonly-held beliefs in immigrant and refugee communities that play significant roles in LGB people's lives – that is that same-sex attracted people do not exist in ethnic communities and sexual diversity is specific only to Western societies.[198] In addition to this, the report notes that "family is considered paramount, so gender expectations are strongly defined by traditional familial roles".[199]

In an Australian study, 71 percent of intersex respondents "explained that due to their negativity (whether directly about intersex variations or simply in terms of sex and gender normativity) religious/spiritual views on their variation were not useful to them or affirming".[200]

These commonly held beliefs, and tightly held notions of family and gender roles present significant barriers to acceptance of LGBTI people within their families and cultural communities. While these beliefs may compound experiences of discrimination and violence for LGBTI people from culturally and/or linguistically diverse backgrounds, the imposition of gender roles and stereotypes affects all people from LGBTI communities.

Asquith and Fox (2016) argue that, not dissimilar to those who experience honor-based violence, lesbian and gay men are often seen by family members as bringing the family and/or their community into disrepute. To punish lesbian or gay family members, violence "aims to punish transgressions in sexual, sexuality, and gender norms whilst simultaneously reinstating a heteronormative order and publicly safeguarding the family honour". [201] Again, pressures from family members and cultural communities seek to enforce societal sanctioned gender and sexuality norms and stereotypes, posing significant harms to the health and wellbeing of people from LGBTI communities.

FAMILY VIOLENCE AGAINST OLDER LGBTI PEOPLE AND/OR AGAINST LGBTI PEOPLE IN CARE SETTINGS

The Victoria *Family Violence Protection Act 2008* recognises that family violence can be perpetrated against people by their carers. This includes family members as well as non-family members and paid caring staff. In the recent Australian Law Reform Commission (ALRC) report into elder abuse (2017), it

[197] ACON, 2011, *We're family too: The effects of homophobia in Arabic-speaking communities in New South Wales,* Darlinghurst, NSW: ACON, p. 6.

[198] Poljski C. 2011. Coming out, coming home or inviting people in? Supporting same-sex attracted women from immigrant and refugee communities. MCWH: Melbourne.

[199] Poljski C. 2011. Coming out, coming home or inviting people in? Supporting same-sex attracted women from immigrant and refugee communities. MCWH: Melbourne, p.12.

[200] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[201] Asquith, N.L., and Fox, C.A., 2016, "No place like home: intrafamilial hate crimes against gay men and lesbians", in A. Dwyer, M. Ball and T. Crofts (eds) *Queering Criminology*, Plangrave Macmillan Basingstoke, Hampshire, pp. 163 – 182, p. 178.

was identified that older LGBTI people may experience abuse related to their sexual orientation and/or gender identity from members of their 'families of choice' in addition to blood-relatives. Submissions to the ALRC also highlighted that "little attention has been paid to the experiences of LGBTI+ people…particularly those entering or already in aged-care facilities".[202] According to the Centre on Elder Abuse, the types of discrimination experienced by LGBT older people in institution and long term care facilities include:

- denial of visitors;
- refusal to allow same-sex couples to share a room;
- refusal to place a transgender person in a ward that matches their gender identity;
- keeping partners from participation in medical decision making.[203]

Indeed, the types of discrimination noted above are also forms of violence that family members may subject older LGBTI people to.

The evidence presented here confirms that family violence against people from LGBTI communities is a significant public issue. However, outside of intimate partner violence within gay and lesbian relationships, there remains very little research, knowledge and data pertaining to the broader experiences of family violence against people from LGBTI communities. This is particularly true for bisexual, trans and gender diverse people, and people with intersex variations. In this absence, public understandings of family violence remain limited by heteronormative, and binary gendered constructions.

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[202] Australian Research Network on Law and Ageing submission 262 cited in Australian Law Reform Commission, 2017, *Elder abuse – A national legal response. Final report,* Sydney: Australian Law Reform Commission, Commonwealth of Australia, p. 73

[203] National Center on Elder Abuse, *Mistreatment of lesbian, gay, bisexual and transgender (LGBT) elders,* Research brief, http://www.centeronelderabuse.org/docs/ResearchBrief_LGBT_Elders_508web.pdf available at www.centeronelderabuse.org

CHAPTER 5: UNDERSTANDING THE SOCIAL CONTEXT OF FAMILY VIOLENCE AGAINST LGBTI PEOPLE

There is an overwhelming body of research documenting rates of discrimination and violence against LGBTI people and the effects of this systemic discrimination and prejudice on their health and wellbeing. Discrimination among LGBTI communities varies according to differences in sexual orientation, gender identity and intersex variations. Furthermore, LGBTI people who identify with other stigmatised communities may be subject to the effects of multiple and intersecting forms of discrimination and disadvantage. This includes LGBTI people who are Aboriginal and/or Torres Strait Islander, who have disabilities, or who are from refugee and/or migrant backgrounds.

There is little research linking LGBTI people's experiences of heterosexist discrimination and abuse to their experiences of family violence, as both victims and perpetrators. However, the limited data available suggests that it is living in a heteronormative world and LGBTI people's experiences of discrimination that, in part, lead to types, rates and patterns of family violence particular to LGBTI individuals. Furthermore, the data suggests that rates and patterns of violence vary for LGBTI people who experience multiple intersecting forms of discrimination and oppression. Thus, when examining the social context within which family violence against LGBTI people is perpetrated, we acknowledge the diversity within the diversity of these populations, and acknowledge that for many LGBTI Australians, their lived experiences may also be compounded by other forms of discrimination and disadvantage.

CHAPTER SUMMARY

This chapter details the social context of violence against LGBTI people and communities. This is a context in which systemic heteronormative and heterosexist practices, coupled with strict gender structures and norms, lead to the undervaluing of LGBTI people and their relationships, and violence towards LGBTI people within families. This includes violence from non-LGBTI members who hold heterosexist beliefs and values, and from some LGBTI people themselves toward their partners and loved ones because of their own internalised feelings of powerlessness and diminished self-worth.

The evidence presented in this chapter focuses on systemic violence and discrimination against LGBTI people and communities and its effects on LGBTI peoples' health and wellbeing. It explores how this broader, heterosexist violence and discrimination influences violence against, and by, LGBTI people *within families*.

A review of the literature and evidence shows that:

- heterosexist violence and discrimination are part of the culture and embedded in all major social settings (including schools, workplaces, online, and public spaces);
- trans and gender diverse people are more likely to be victimised, harassed and/or abused compared to their lesbian, gay, or bisexual cisgendered peers;
- heterosexist bullying and violence is also directed against children whose parents are lesbian, gay, or trans and gender diverse, particularly within educational institutions;
- LGBTI young people are likely to experience harassment and violence from primary school through to university;
- violence against people from LGBTI communities impacts their mental health, increasing the likelihood of self-harm and/or suicide, increases the use of alcohol and/or other drugs, and adversely affects educational and employment opportunities.

Understanding this social context allows for a greater understanding of the lived experiences of LGBTI people, and a deeper appreciation of the structural barriers that hinder and prevent LGBTI people from enjoying fundamental human rights. Further, understanding the social context within which family violence occurs exposes the pervasive nature of heterosexist attitudes, behaviours and norms, and its influences on the perpetration of family violence against LGBTI people.

The Chapter then concludes with a brief discussion on the impacts of all forms of violence on LGBTI people.

PREVALENCE OF VIOLENCE AGAINST LGBTI PEOPLE INTERNATIONALLY

In 2011, the United Nations released its first-ever report on the human rights of LGBT people around the world, detailing the often grim, and on-going, realities of violence and discrimination.[204] In 2015 an updated report was released, highlighting the achievements and progress made by governments since 2011. These achievements included adoption or strengthening of anti-discrimination and hate crime laws, abolishing criminal sanctions for homosexuality, introduction of marriage or civil unions for same-sex couples, and reforms to make it easier for transgender people to obtain legal recognition of their gender identity.[205] However amongst these important gains and advancements which protect and uphold fundamental human rights, the UN states that there remains "serious and widespread human rights violations perpetrated, too often with impunity, against individuals based on their sexual orientation and gender identity".[206] For example, same-sex sexual acts remain illegal in 79 out of the 193 United Nations' countries, and the death penalty remains in seven countries, including Saudi Arabia, Iran and parts of Somalia and Nigeria.[207] The UN also recognised human rights violations experienced by intersex people.[208]

Between 2008 and 2014 there were 1,612 murders reported across 62 countries, of transgender persons, which is equivalent to one murder every two days.[209] In the United States, the Department of Justice reported in 2013 that there were 5,922 single-bias incidents of which 20.8 percent were motivated by sexual-orientation bias, 0.5 percent motivated by gender-identity bias [210] , and 0.3 percent motivated by gender bias.[211,212] Of the 1,402 hate crime offenses based on sexual-orientation bias, 60.6 percent were classified as anti-gay (male) bias; 13.2 percent as anti-lesbian bias; 1.9 percent as anti-bisexual bias; 1.7 percent the result of anti-heterosexual bias; and 22.6 percent were 'mixed group' bias (i.e. anti-lesbian, gay, bisexual or transgender).[213]

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[204] UN Human Rights Council, 2011, *Report of the United National High Commissioner for Human Rights on Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity,* A/HRC/19/41.

[205] UN Human Rights Council, 2015, *Discrimination and violence against individuals based on their sexual orientation and gender identity*, A/HRC/29/23.

[206] UN Human Rights Council, 2015, *Discrimination and violence against individuals based on their sexual orientation and gender identity*, A/HRC/29/23, p. 3.

[207] International Lesbian, Gay, Bisexual, Trans and Intersex Association: Carroll, A., and Mendos, L.R., *State sponsored homophobia 2017: A world survey of sexual orientation laws: criminalisation, protection and recognition,* Geneva: ILGA.

[208] UN report on forced sterilisation.

[209] UN Human Rights Council, 2015, *Discrimination and violence against individuals based on their sexual orientation and gender identity*, A/HRC/29/23.

[210] 33 offenses were a result of gender-identity bias. Of these, 25 were anti-transgender, and eight were anti-gender non-conforming.

[211] Of the 30 offenses of gender-bias, 25 were anti-female, and five were anti-male.

[212] United States of America, Department of Justice, 2013, *Hate Crimes Statistics, 2013,* Uniform Crime Report, available at https://ucr.fbi.gov/hate-crime/2013/topic-pages/incidents-and-offenses/incidentsandoffenses_final

[213] United States of America, Department of Justice, 2013, *Hate Crimes Statistics, 2013,* Uniform Crime Report, available at https://ucr.fbi.gov/hate-crime/2013/topic-pages/incidents-and-offenses/incidentsandoffenses_final

A report by the Centers for Disease Control (USA) found that 13.1 percent of lesbians and 46.1 percent of bisexual women report experiencing rape during their lifetime and 46.4 percent of lesbians, 74.9 percent of bisexual women, 40.2 percent of gay men, and 47.4 percent of bisexual men experienced other forms of sexual violence.[214] High rates of violence have also been reported in understudied transgender populations.[215] Rates of sexual violence against intersex people is also understudied but thought to be the same or higher than non-intersex people.[216]

VIOLENCE AGAINST LGBTI PEOPLE WHO EXPERIENCE MULTIPLE AND COMPOUNDING FORMS OF DISCRIMINATION AND DISADVANTAGE

An individual's sex, gender identity, and sexuality form only a part of their overall identity. Other aspects of identity are often shaped by factors such place of birth, religion or faith, migration status, ethnicity, age, relationship status, ability, and lived experiences. An intersectional approach recognises that each of these factors shape and compound experiences, including experiences of violence and discrimination. It is therefore acknowledged that violence against an LGBTI person will not be experienced the same, nor will the impacts and consequences of the violence be the same for every LGBTI person. Thus, while the rainbow flag represents diversity, it is important to understand 'diversity within diversity', that is, diversity is not only limited to sex, gender and/or sexuality identities.

ABORIGINAL AND/OR TORRES STRAIT ISLANDER LGBTI PEOPLE

While Aboriginal and/or Torres Strait Islander people make up 2.8 percent of the Australian population, they are over represented in adult prisons, in youth detention centres, crime victimisation statistics, and in homelessness statistics.[217] The legacy of colonisation and intergenerational trauma is further compounded by pervasive racism which is devastating Australia's Aboriginal and/or Torres Strait Islander people, families and communities.

Australian research into violence against heterosexual, cisgendered women has found that Aboriginal and/or Torres Strait Islander women experience both higher rates and more severe forms of family violence compared to non-Aboriginal and/or Torres Strait Islander women.[218] The perpetrators of this violence are both Aboriginal and/or Torres Strait Islander men, and non-Aboriginal and/or Torres Strait Islander men. While there is a growing research and evidence base on family violence against Aboriginal and/or Torres Strait Islander women, there is no publicly available Australian research on the rates of violence against Aboriginal and/or Torres Strait Islander people who are also LGBTI.

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[214] Walters et al., 201

[215] cited in Turchik, J.A., Hebenstreit, C.L., and Judson, S.S., 2016, An examination of gender inclusiveness of current theories of sexual violence in adulthood: recognising male victims, female perpetrators, and same-sex violence, *Trauma, Violence & Abuse,* 17(2), pp. 133 - 148

[216] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic and family violence,* New South Wales: Organisation Intersex International Australia.

[217] Australian Bureau of Statistics, 2017, Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016, Sex and Gender Diversity in the 2016 Census, Cat No. 2071.0, Canberra: ABS, available at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Sex%20and%20Gender%20Diversity%20in%20the%202016%20Census~31

[218] ANROWS, 2017, *Fast facts – Indigenous family violence,* Melbourne: Australia's National Research Organisation for Women's Safety; Steering Committee for the Review of Government Service Provision, 2016, *Overcoming Indigenous disadvantage: Key indicators 2016,* Canberra: Productivity Commission, p. 4.98 and table 4A.12.13.

Data suggests that the percentages of Aboriginal and/or Torres Strait Islanders who identify as LGBTI are similar to those of the Australian population as a whole.[219]

Anecdotal reports suggest that the number of suicides among LGB and gender diverse Aboriginal and/or Torres Strait Islanders is critically high.[220] In Australia's first national trans mental health study, it was reported that "sistergirls and brotherboys face a number of problems not shared by non-indigenous trans people".[221] As a consequence of the intersections of racism, sexism, cisgenderism and the legacies of colonisation, transgender Aboriginal and Torres Strait Islander people are "a population that is at high risk of discrimination, violence and poor mental health".[222]

Whilst there is growing interest and research into the health and wellbeing of sexuality and gender diverse Australian's, there is still very little investigation into the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander people who are also sexuality and gender diverse.

LGBTI PEOPLE WITH DISABILITIES

Research suggests that women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives, and over one-third of women with disabilities experience some form of intimate partner violence. [223] The 2012 ABS Personal Safety Survey found that men with disabilities are more likely to experience physical violence, both in the past 12 months and since the age of 15 compared to men without disabilities.[224]

Twenty three percent of LGBTI people in the *Private Lives 2* study reported having a disability or long-term health condition.[225] Of these, 40.8 percent reported that the disability was primarily a physical or diverse disability; 31.1 percent that it was primarily a psychiatric disability; and 22.1 percent who reported 'other'. The National LGBTI Health Alliance reports that 27 percent of people with an intersex variation aged 16 and over identified as having one or more disabilities. [226] These figures are comparable to national data showing that approximately one in five Australians experience some form of disability.[227]

Overall, research both nationally and internationally consistently report that both children and adults with disabilities experience higher rates of violence, including sexual violence, compared to those

[219] National LGBTI Health Alliance, 2016, The statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia, http://lgbtihealth.org.au/statistics/

[220] The Healing Foundation, 2015, *Sexuality and gender diverse populations (lesbian, gay, bisexual, transsexual, queer and intersex – LGBTQI). Roundtable Report.* The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

[221] Hyde, Z., Doherty, M., Tilley, PJM., McCaul K.A., Rooney, R., Jancey, J., 2014, *The first Australian national trans mental health study: Summary of results,* Perth: School of Public Health, Curtin University, p. 65.

[222] Hyde, Z., Doherty, M., Tilley, PJM., McCaul K.A., Rooney, R., Jancey, J., 2014, *The first Australian national trans mental health study: Summary of results,* Perth: School of Public Health, Curtin University, p. 65.

[223] Women with Disabilities Victoria, 2016, *Violence against women with disabilities: Fact sheet 3,* Melbourne: Women with Disabilities Victoria, available at http://www.wdv.org.au/publications.htm

[224] Krnjacki, L., Emerson, E., Llewellyn, G., and Kavanagh, A.M., 2015, Prevalence and risk of violence against people with and without disabilities: Findings from an Australia population-based study, *Australian and New Zealand Journal of Public Health,* 40(1), pp. 16 – 21, available at http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12498/full

[225] Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., and Barrett, A., 2012, *Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians,* Monograph Series No. 86, Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[226] National LGBTI Health Alliance, 2016, The statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia

[227] Australian Bureau of Statistics, 2011, General social survey: Summary results, Australia 2010, Cat No. 4159.0, Canberra: ABS.

without disabilities. In Australia, unpublished data from *Private Lives 2* indicates that LGBT Australians living with a disability experience higher rates of violence compared to LGBT people living without a disability. A recent international review on the prevalence and risk of violence against children with disabilities found that overall, children with disabilities are almost four times more likely to experience violence than non-disabled children. Specifically, this review found that children with disabilities are:

- 3.7 times more likely to be victims of any sort of violence;
- 3.6 times more likely to be victims of physical violence; and
- 2.9 times more likely to be victims of sexual violence.

Further, children with mental or intellectual impairments are 4.6 times more likely to experience sexual violence than children without disabilities.[228]

Similarly, a review on violence against adults with disabilities found that overall, they are 1.5 times more likely to be a victim of violence, and those with a mental health condition are at nearly four times the risk of experiencing violence.[229] Given what we know of the high levels of family violence experienced by women and men with disabilities generally, it is probable that LGBTI people with disabilities experience similar or greater risks of violence as a result of heterosexism, rigid gender structures, and ableism.[230]

LGBTI PEOPLE FROM CULTURALLY AND/OR LINGUISTICALLY DIVERSE BACKGROUNDS

The limited Australian research on LGBTI people from culturally and/or linguistically diverse communities suggest that those who have recently arrived in Australia, may experience higher levels of violence from within their communities, and specifically their biological families.[231]

According to a report on LGBT young people from multicultural and multi-faith backgrounds, "being a same-sex attracted and trans* young person raised within an ethnic group requires the negotiation and interweaving of varying and multiple regulations, expectations and social codes in relation to gender, sexuality, faith and ethnicity".[232] Similarly, a recent Australian report looking at the needs of same-sex attracted, sex and gender diverse young people who are recently arrived, refugees or seeking asylum in Australia, argues that "young people's sexuality or gender identity is not an add-on to their migration experiences but are intimately bound to their sense of feeling welcome and at home in their country of arrival".[233] Thus, for many LGBTI young people from culturally and/or linguistically diverse backgrounds, it is probable that their lived experience of migration, settlement, family and faith, is shaped and compounded by racism, heterosexism, and rigid gender structures.

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[228] Jones, L., Bellis, MA., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., and Officer, A., 2012, Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies, *The Lancet,* 380(9845), pp. 899 – 907.

[229] Hughes, K., Bellis, MA., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., Officer, A., 2012, Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies, *The Lancet;* 379(9826), pp. 1621 – 1629.

[230] Horsley, P., 2015, *Family violence and the LGBTI community. Submission to the Victorian Royal Commission into Family Violence,* Melbourne: Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, p. 10.

[231] Horsley, P., 2015, *Family violence and the LGBTI community. Submission to the Victorian Royal Commission into Family Violence,* Melbourne: Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, p. 9.

[232] Pallotta-Chiarolli, M., (2016), *Supporting same-sex attracted and gender diverse young people of multicultural and multifaith backgrounds: Executive summary and full research report.* Melbourne: Equality Branch of the Department of Premier and Cabinet.

[233] Mejia-Canales, D., and Leonard, W., 2016, *Something for them: Meeting the support needs of same-sex attracted and sex and gender diverse (SSASGD) young people who are recently arrived, refugees or asylum seekers,* Monograph Series No. 107, Melbourne: GLHV@ARCSHS, La Trobe University, p. i.

Unfortunately, much like other areas of research specific to LGBTI populations, little is known about the experiences and needs of LGBTI people from culturally and/or linguistically diverse backgrounds. Indeed, to prevent family violence against culturally and/or linguistically diverse LGBTI people, further investigation into how intersecting factors such as racism, Islamaphobia, rigid gender structures and heterosexism influence and compound experiences of family violence is required.

OLDER LGBTI PEOPLE

Despite two decades of legislative and social reforms, many older LGBTI people continue to be denied access to the rights and responsibilities that their heterosexual and cisgender counterparts take for granted. Many LGBTI older people who witnessed these 'advancements' have also lived through a time where social exclusion, community-sanctioned violence and discrimination, 'corrective rape' and 'conversion therapies' were common place, and consensual gay male sex was a criminal offence punishable by lengthy terms of imprisonment. For many older LGBT people, the only way to stay safe was to be invisible, hiding who they are from public view, and in order to 'pass' as heterosexual and cisgendered.

These historical experiences of targeted violence and oppression remain freshly etched in the memories of significant numbers of older LGBTI people, and may impact on how they live their lives, and interact with societal systems and structures *today*.

A 2011 United States study surveyed 2,560 LGBT older Americans aged between 50 and 95 and found that 82 percent reported experiencing at least one incident of anti-LGBT victimisation during their lifetime, and 64 percent three or more. Older transgender adults, on overage, reported 11 incidents of lifetime discrimination and victimisation, almost double the average for cisgender LGB participants.[234]

The recent Australian Law Reform Commission's 2017 report into elder abuse identified that older LGBTI people may experience abuse related to their sexual orientation and/or gender identity. The report also highlighted that older LGBTI people may be reluctant to disclose their sexual orientation or gender identity to services for fear of discrimination.[235]

The extent of violence, harassment and bullying against LGBTI people in aged care is unclear. A 2011 Productivity Commission inquiry into the aged care sector noted that submissions were received that raised concerns about discrimination and elder abuse against LGBTI people in aged care facilities.[236]

Following the Productivity Commission inquiry, Australia became the first country to implement a national LGBTI-specific ageing and aged care strategy. The release of the *National Strategy for LGBTI Ageing and Aged Care* provides a systematic framework to ensure that aged care services involve LGBTI people in program planning and evaluation, as well as ensuring that services are provided by a skilled workforce. The *National Strategy for LGBTI Ageing and Aged Care* sets out to ensure the delivery of LGBTI-inclusive aged care services and improvements in the quality of care and health of all LGBTI Australians. In 2012, the *Aged Care Principles Act* 1997 was amended to include people in

[234] Fredriksen-Goldsen, K.I., Kim, H., Emlet, C.A., Muraco, A., Erosheva, E.A., Hoy-Ellis, C.P., Goldsen, J., and Petry, H., 2012, *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults,* Services and Advocacy for LGBT Elders: New York*, p. 543.*

[235] Australian Law Reform Commission, 2017, *Elder abuse – A national legal response. Final report,* Sydney: Australian Law Reform Commission, Commonwealth of Australia, p. 46.

[236] Productivity Commission, 2011, *Caring for Older Australians,* Canberra: Commonwealth of Australia*,* p. 280

the LGBTI community as a 'Special Needs Group', followed in 2013 by amendments to the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act* 2013 (Cth). The amendments made it unlawful for Commonwealth-funded aged care services to discriminate on the basis of an individual's sexual orientation, gender identity or intersex status.

LGBTI PEOPLE LIVING IN RURAL AND REMOTE AREAS

LGBTI people are overrepresented in inner-city suburbs across major Australian capital cities. For many LGBTI people, this may reflect their desire for greater safety and connection with their community.

However, the 2011 Census reported that same-sex couples are also spread throughout all areas of regional and rural Australia.[237] In addition, the National LGBTI Health Alliance notes that 18 percent of LGBT young people aged 14 to 21 live in rural areas, and two percent in remote areas[238], while 5.9 percent of trans and gender diverse people aged 18 and over (1.7 percent trans men, 8.1 percent trans women) live in regional or remote Australia.[239]

Living in rural and remote areas can compound experiences of disadvantage, discrimination and violence. Research indicates this is particularly true for LGBTI people because levels of homophobic attitudes are higher in rural and remotes areas in Australia.[240] Flood and Hamilton's (2005) analysis indicates that city areas in all states are less homophobic than country areas, with some exceptions.[241] de Visser et al (2014) also found that LGBTI people living in rural and regional areas across Australia are exposed to higher levels of homophobia, including from family members.[242] Hyde et al (2014), note that this is of particular concern for sistergirls and brotherboys living in rural and remote areas.[243] These experiences may also be exacerbated by less connection to LGBTI communities; being less likely to be 'out'; and fewer LGBTI inclusive services.

VIOLENCE SPECIFIC TO INTERSEX PEOPLE

The experiences of people with intersex variations has received increased attention over recent years, particularly in Australia with the Senate Community Affairs References Committee conducting an inquiry into the involuntary or coerced sterilisation of intersex people in Australia in 2013. Submissions from intersex advocate groups, and broader LGBTI organisations strongly argued that people with intersex variations are disproportionately affected by involuntary or coerced medical interventions that affect their long-term health and wellbeing.[244] Advocates for intersex rights argued that the

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[237] Australian Bureau of Statistics, 2013, *Same-sex couples,* Australian Social Trends, Cat. No. 4102.0, available at http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10July+2013#live

[238] National LGBTI Health Alliance, 2016, The statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia, http://lgbtihealth.org.au/statistics/

[239] National LGBTI Health Alliance, 2016, The statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia, http://lgbtihealth.org.au/statistics/

[240] Smith, A.M.A., Rissel, C.E., Richters, J., Grulich, A.E., and de Visser, R.O., 2003, Sex in Australia: Reflections and recommendations for future research, *Australian and New Zealand Journal of Public Health,* 27(2), pp. 251 – 256. [241] Flood, M., and Hamilton, C., 2005, Mapping homophobia in Australia, Australia Institute.

[242] de Visser, R.O., Hart, A., Abraham, C., Memon, A., Graber, R., and Scanlon, T., 2014, Which alcohol control strategies do young people think are effective?, *Drug and Alcohol Review,* 33(2), pp. 144 – 151.

[243] Hyde, Z., Doherty, M., Tilley, PJM., McCaul K.A., Rooney, R., and Jancey, J., 2014, *The first Australian national trans mental health study: Summary of results,* Perth, Australia: School of Public Health, Curtin University.

[244] National LGBTI Health Alliance, 2012, *Submission to the Community Affairs References Committee: Involuntary or coerced sterilisation of intersex people in Australia,* Newtown, NSW: National LGBTI Health Alliance; OII Australia, 2013,

practice of 'sex normalising' surgeries, particularly those performed on infants and/or children without their informed consent, is tantamount to state sanctioned abuse and a violation of their basic human rights. Among the Committee's recommendations was that all intersex medical procedures be managed by multidisciplinary teams in a human rights framework, and require authorisation by a court or tribunal. These recommendations however have not yet lead to policy changes or legislative reform.

Internationally, the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment has expressed concern at evidence of non-consensual gender assignment surgery, calling for such surgeries to be outlawed. It was noted that what passes for 'reparative therapies', including hormone therapy and genital normalising surgeries, are 'rarely medically necessary', and can result in ongoing physical and mental health problems, and contributes to stigma and discrimination.[245]

Despite the increasing awareness of these issues specific to intersex people both here in Australia and internationally, Malta remains the only country to date that has explicitly outlawed the practice with the adoption of the *Gender Identity, Gender Expression and Sex Characteristics Act* (2015).

VIOLENCE AGAINST LGBTI PEOPLE IN PUBLIC SPACES

LGBTI people across the globe continue to be discriminated against, oppressed and victimised, purely based on their identity, gender, gender expression, and/or sexual orientation.[246] Since the 1980s, the terms 'hate crime'[247] or 'bias offending' has become commonplace, particularly in North American and Europe, to describe violence perpetrated against individuals based on their race, ethnicity, religion, sexuality, and/or gender identity.

There has been a range of recent national and multinational studies documenting violence and discrimination against LGBTI people. A Europe-wide survey of 93,000 LGBT persons conducted in 2013 for the European Union Agency for Fundamental Rights found that a quarter of all respondents had been attacked or threatened with violence in the previous five years.[248] In 2012, a survey conducted by Stonewall in the United Kingdom and Northern Ireland found that one in six LGBT respondents had experienced a hate crime or incident in the previous three years.[249] Many LGBTI people who are victimised do not report incidents of violence to authorities for fear of further discrimination, violence and prejudice.

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[250] *Submission on the involuntary or coerced sterilisation of people with disabilities in Australia,* New South Wales: Organisation Intersex International Australia.

[245] Méndez, J.E., 2013, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment,* UN General Assembly; UN.Doc A/HRC/22/53, p. 18.

[246] UN Human Rights Council, 2015, *Discrimination and violence against individuals based on their sexual orientation and gender identity*, A/HRC/29/23.

[247] A hate crime is a "crime, most commonly violence motivated by prejudice, bias or hatred towards a particular group of which the victim is presumed to be a member. As such, hate crime is generally directed towards a class of people, the individual victim is rarely significant to the perpetrator and is most commonly a stranger to him or her" as cited in G. Mason, 1993, Violence against lesbians and gay men, Violence Prevention Today, Canberra: Australian Institute of Criminology, p. 1.

[248] European Union Agency for Fundamental Rights, 2013, *EU LGBT Survey: European Union lesbian, gay, bisexual and transgender survey. Results at a Glance*, Belgium: European Union Agency for Fundamental Rights, p. 7.

[249] Guasp, A., Gammon, A., and Ellison, G., 2013, *Homophobic hate crimes: The Gay British crime survey 2013*, London: Stonewall, pp. 116 – 117.

[250] Guasp, A., Gammon, A., and Ellison, G., 2013, *Homophobic hate crimes: The Gay British crime survey 2013*, London: Stonewall, pp. 116 – 117. This research found that of those who were victimised by a hate crime, 75 percent did not report the experience to the police.

A 2013 US analysis of the 2010 National Intimate Partner and Sexual Violence Survey data by sexual orientation reveals that bisexual women report experiencing stalking (36.6 percent) at a statistically significant higher rate than heterosexual women (15.5 percent). Stotzer's (2009) systematic review of violence against transgender people reported in community assessments, official police reports, and social service agencies reports found that generally, 25 to 50 percent of respondents had been victims of gender identity-motivated physical attacks, 15 percent reported being victims of sexual assault/rape, and over 80 percent had reported being victims of verbal abuse motivated by their gender identity.[251]

In Australia, changes to state and territory legislative frameworks have sought to provide greater protection to LGBTI people, such as protection from discrimination and vilification. However, as found by Madison and Partridge (2007), "there remains considerable inconsistency in the protections offered across the sub-national jurisdictions and a distinct lack of protection at the federal level".[252]

Much of what we know about the victimisation of LGBTI people in Australia is specific to violence perpetrated, often by strangers, in public spaces. According to the Australian Human Rights Commission:

- Six in ten LGBTI Australians experience verbal homophobic abuse;
- Two in ten LGBTI Australian experience physical homophobic abuse; and
- One in ten LGBTI Australians experience other types of homophobia.[253]

A national study on people with intersex variations in Australia found that 66 percent of participants had experienced discrimination from strangers ranging from indirect to direct verbal, physical or other discriminatory abuse.[254]

Research studies conducted in a number of Australian states yield similar results, confirming that for many LGBTI people, being open and themselves in public, can be dangerous. In New South Wales, the Attorney General's Department reported that almost one-third of violence against LGBTI people occurs on the street.[255] Hillier et al (2005), with specific research involving young LGBTI people found that almost half had experienced violence on the street.[256]

One of the largest surveys of LGBTI-related violence and harassment undertaken in Australia revealed that in Queensland:

- 82 percent of LGBTIQ people have experienced homophobic/transphobic violence or harassment in their lifetime;

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[251] Stotzer (2009) cited in Stotzer, R.L., Chapter 3, Bias crimes based on sexual orientation and gender identity: global prevalence, impacts, and causes, in D. Peterson and V.R Panfil, (eds), Handbook of LGBT communities, crime, and justice, New York: Springer Scient + Business Media pp. 45 - 64.

[252] Madison, S., and Partridge, E., 2007, *How well does Australian democracy serve sexual and gender minorities?*

Democratic Audit of Australia, School of Social Sciences, The Australian National University, p. 17.

[253] Australian Human Rights Commission, 2014, *Face the facts: Lesbian, gay, bisexual, trans and intersex people,* Australian Human Rights Commission, https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people [254] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[255] Attorney General's Department NSW, 2003, *You shouldn't have to hide to be safe: A report on homophobic hostilities and violence against gay men and lesbians in NSW,* Sydney: Office of the Attorney General's Department.

[256] Hillier, L., Turner, A., and Mitchell, A., 2005, *Writing themselves in again: 6 years on. The 2nd national report on the sexual health and well-being of same-sex attracted young people in Australia,* Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University, p. 39.

- 53 percent of LGBTIQ people have experienced homophobic/transphobic violence or harassment in the past two years;
- 75 percent of LGBTIQ people did not report or seek professional help the last time they were harassed. Reasons as to why victims did not report or seek support included previous negative experiences of reporting, fearing further violence or discrimination, and fearing that their report would not be treated fairly.[257]

DIFFERENCES IN THE TYPES OF VIOLENCE PER PETRATED AGAINST LGBTI PEOPLE

As with family violence perpetrated against LGBTI people, the types of violence perpetrated against LGBTI people can range from verbal abuse and harassment to physical and/or sexual assaults. Again, similar to family violence, different patterns of violence can be related to gender *and/or* sexuality. For instance, in 1992, Berrill found that gay males experienced more physical violence in comparison to lesbians. This finding was also supported by Poelman and Smits (2007) who reported that gay and bisexual men are more likely to experience physical violence and serious threats than lesbian and bisexual women.[258] Research by the Centers for Disease Control found that 46.1 percent of bisexual women reported experiencing rape during their lifetime compared to 13.1 percent of lesbians; 74.9 percent of bisexual women reported experiencing other forms of sexual violence in comparison to 47.5 percent of bisexual men, 46.4 percent of lesbians, and 40.2 percent of gay men.[259]

Other studies have found that victimisation of LGBTQ people varies both by gender and by racial and/or ethnic background. For example, Berrill's review (1992) concluded that lesbians and gay men of colour were more at risk of violence, in comparison to white lesbians and gay men.[260] The National Coalition of Anti-Violence Programs (NCAVP) 2012 report also found that LGBTQ people of colour were disproportionately killed as a result of hate violence, and in 2009 LGBTQ people of colour made up 53 percent of all victims of LGBTQ hate crimes.[261]

In Australia, Berman and Robinson's (2010) Queensland study found that over the course of a lifetime, verbal abuse (73 percent) was the most common form of homophobia or transphobia, consistent with research studies conducted in New South Wales[262] and Victoria[263]. The second most common form of abuse experienced was being spat at or being the subject of offensive gestures (47 percent). This is also consistent with findings from New South Wales where it was found that 61 percent of respondents identified this as a form of abuse they have experienced in their lifetime. The third most prevalent form of abuse identified in Berman and Robinson's study was threats of physical violence, with 41 percent of respondents experiencing threats of physical violence in their lifetime. An earlier Victorian study of heterosexist violence and same-sex partner abuse found that women were more

[257] Berman, A., and Robinson, S., 2010, *Speaking out: Stopping homophobic and transphobic abuse in Queensland*, Brisbane: Australian Academic Press.

[258] Poelman, M., and Smits, D., 2007 cited in D'haese, L., Dewaele, A., and Van Houtte, M., 2016, The relationship between childhood gender nonconformity and experiencing diverse types of homophobic violence, *Journal of Interpersonal Violence*, 31(9), pp. 1634 – 1660.

[259] cited in Walters, M. L., and Lippy, C., 2016, Intimate partner violence in LGBTI communities, C. A. Cuevas and C. M. Rennison, 2016, *The Wiley Handbook on the Psychology of Violence*, Chichester, UK: John Wiley & Sons.

[260] Berrill (1992) cited in Katz-Wise, Sabra L., & Hyde, Janet S., 2012, Victimization experiences of lesbian, gay and bisexual individuals: A meta-analysis, *The Journal of Sex Research,* 49 (2-3), pp. 142 – 167.

[261] National Coalition of Anti-Violence Programs, 2013, *Lesbian, gay, bisexual, transgender, queer and HIV-affected hate violence in 2012,* New York, NY: National Coalition of Anti-Violence Programs.

[262] Attorney General's Department NSW, 2003, *You shouldn't have to hide to be safe: A report on homophobic hostilities and violence against gay men and lesbians in NSW,* Sydney: Office of the Attorney General's Department.

[263] Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexst violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

likely to report that the perpetrator was a stranger or that they had had no prior relationship to the perpetrator, compared with men (70.6 percent and 64.5 percent respectively). Men on the other hand, were more likely to report that the perpetrator was a casual acquaintance (10.7 percent compared to 2.9 percent of women).[264] In relation to the number of perpetrators involved in incidents of violence, women were more likely than men to report two or three perpetrators (50 percent compared to 41 percent of men).[265]

Another study surveyed 292 people across Australia who had experienced street harassment. Of these, 54 percent identified as being sexually diverse. The study found that there was little difference between the types of harassment that women *and* LGBTI experienced, with types of harassment experienced by LGBTI participants including: staring (65.1 percent), wolf-whistling (41.1 percent) and unwanted conversation (42.5 percent). This research noted that the motivation behind street harassment targeted at women was often a sense of the perpetrator's sense of entitlement over women, whereas homophobia is the driving force behind the abuse directed at LGBTI people.[266]

In an Australian-first study on stalking victimisation specific to LGBTIQ people, Sheridan, Scott & Campbell (2016) compared matched LGBTIQ and heterosexual participants and found that the former group were more twice as likely to experience stalking (35 percent and 15 percent respectively) and to be subjected to more severe and threatening forms of stalking.[267]

Couch et al. (2007) found that among 253 transgender people in Australia and New Zealand, 19 percent reported that they had been physically attacked because of their gender identity.[268]

National and international evidence clearly indicate that LGBTI people are at a higher risk of being victimised in public spaces. And, although changes have been made to public policy and laws to "de-problematise" homosexuality and to be more inclusive of trans and gender diverse people, our social fabric remains stained by the legacy of historical discriminatory legislations, practices and norms.

VIOLENCE IN THE WORK PLACE

A 2002 Australian report found that 59 percent of LGBTI people had experienced some form of homophobic behaviour in the workplace.[269] Transgender people in particular reported that they commonly experience discrimination in the workplace, including in both gaining and maintaining

[264] Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexst violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[265] Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexist violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[266] Fileborn, B.K., 2016, Street harassment: Navigating the experiences of sexuality and gender-diverse people, *New Community Quarterly,* Vol. 14.

[267] Sheridan, L.P., Scott, A.J., and Campbell, A.M., 2016, Perceptions and experiences of intrusive behaviour and stalking: Comparing LGBTIQ and heterosexual groups, *Journal of Interpersonal Violence,* pp. 1 – 22.

[268] Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., and Sunil, P., 2007, *Tranznation: A report on the health and wellbeing of transgendered people in Australia and New Zealand,* Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

[269] Irwin, J., 2002, *The pink ceiling is too low: Workplace experiences of lesbians, gay men and transgender people,* Australian Centre for Lesbian and Gay Research cited in Australian Human Rights Commission, *Violence, harassment and bullying and the LGBTI communities*, available at https://bullying.humanrights.gov.au/lesbian-gay-bisexual-trans-and-intersex-equality-1#fn43

employment. [270] In a national Australian study of people with intersex variations, 48 percent of participants indicated that having a congenital sex variation affected their work experiences. The impacts ranged from obstacles to gaining or maintaining work, to particular workplace discrimination issues.[271]

A 2014 report on the issues facing young Australians who are gender variant and sexuality diverse surveyed over 1000 young people between the ages of 16 – 27. Participants identified that discrimination in the workplace is a significant issue, that is both common and infrequently acknowledged or adequately dealt with by employers or work supervisors.[272] Participants reported that it was difficult to find casual or part-time employment, citing the disjuncture between birth names and chosen names (associated with different sex) on employment forms. [273] In *Writing Themselves In 3* (2010), 17 percent of the young participants of working age reported that they had experienced abuse in the work place.[274]

More recently, the independent review of sex discrimination and sexual harassment, including predatory behaviour in Victoria Police found that "sexual orientation is a risk factor for being sexually harassed". [275] The review undertaken by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) found that:

- the rate of workplace harassment in the last five years was six times higher for gay males than heterosexual males; and,
- the rate of sexual harassment was a third higher for lesbians than heterosexual women participants.[276]

Further to this, the VEOHRC report referenced the findings of a survey conducted by Pride in Diversity in which over one thousand Victoria Police employees were interviewed. Over half of the respondents had witnessed negative comments or jokes targeting LGBTI people at work in the previous year, and almost 20 percent had personally witnessed or been made aware of more serious LGBTI employee bullying or harassment. In another Australian study, Willis (2012) found that witnessing the exchange of homophobic expressions, commentary and humour at work hinders the way young LGBQ workers express their identity at work. Whilst they may not be the intended victims of this micro-aggression, LGBQ workers may locate their own sexual identity as the topic of denigration and ridicule.[277]

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[270] Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., and Sunil, P., 2007, *Tranznation: A report on the health and wellbeing of transgendered people in Australia and New Zealand,* Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

[271] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[272] Robinson, KH, Bansel, P., Denson, N., Ovenden, G., and Davies, C., 2013, *Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse,* Melbourne: Young and Well Cooperative Research Centre*,* p. 25.

[273] Robinson, KH, Bansel, P., Denson, N., Ovenden, G., and Davies, C., 2013, *Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse,* Melbourne: Young and Well Cooperative Research Centre.

[274] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[275] Victorian Equal Opportunity and Human Rights Commission, 2015, *Independent review into sex discrimination and sexual harassment, including predatory behaviour in Victoria Policy,* Phase one report, Carlton: Victorian Equal Opportunity and Human Rights Commission*,* p. 90.

[276] Victorian Equal Opportunity and Human Rights Commission, 2015, *Independent review into sex discrimination and sexual harassment, including predatory behaviour in Victoria Policy,* Phase one report, Carlton: Victorian Equal Opportunity and Human Rights Commission*,* p. 90 – 91.

[277] Willis, P., 2012, Witnesses on the periphery: young lesbian, gay, bisexual and queer employees witnessing homophobic exchanges in Australian workplaces, *Human Relations*, 65(12), 1589 – 1610, p. 1590.

In the Pride and Diversity Victoria Police survey, 25 percent of LGB respondents were not 'out' at work, citing the following factors as barriers:

- concern about being labelled;
- concern about repercussions;
- lack of comfort in being out at work; and
- fear of being the target of gay jokes or sexual innuendo.[278]

These workplace 'barriers' are common to many LGBTI people in every facet of their everyday lives. However, the impact of discrimination against LGBTI people in the workplace is of particular importance because paid employment has a direct impact on an individual's economic security, and with that, their general health and wellbeing. The VEOHRC findings highlight the precarious position many LGBTI people may find themselves in, particularly when they are subject to violence. The entrenched homophobic, biphobic and transphobic attitudes and discrimination against people from LGBTI communities that persist today, particularly within institutions like the police force, reinforces barriers that make it incredibly difficult for LGBTI people to report instances of violence, and/or to seek help and support. As with all forms of violence perpetrated against people from LGBTI communities, the impact and consequences of this violence can have a compounding effect on LGBTI people's lives.

VIOLENCE IN EDUCATION SETTINGS

Schools are major sites of homophobic violence, abuse and bullying for students and also for staff. Robinson et al (2013) assert that "schooling often constitutes and perpetuates homophobic and heteronormative discourses through the curriculum, teacher pedagogies, and everyday cultural practices". [279] As with other settings, the perpetration of harassment and/or violence within educational institutions against people from LGBTI communities can compound experiences of family violence.

In *Writing Themselves In Again* (2005), 74 percent of participants reported experiencing abuse at school.[280] In the follow up study, *Writing themselves in 3* (2010), the number of participants reporting abuse at school had increased to 80 percent.[281] In 2010, Jones' report into discrimination and bullying on the grounds of sexual orientation and gender identity in Western Australia found that 61 percent of young people of school age reported verbal abuse because of homophobia, 18 percent physical abuse, and 69 percent experienced other forms of homophobia including exclusion, cyber-bullying and rumours.[282]

Jones et al (2016) in their national study on people with intersex variations found that 92 percent of participants did not attend a school with inclusive puberty and/or sex education provisions, and school

[278] Pride and Diversity cited in Victorian Equal Opportunity and Human Rights Commission, 2015, *Independent review into sex discrimination and sexual harassment, including predatory behaviour in Victoria Policy,* Phase one report, Carlton: Victorian Equal Opportunity and Human Rights Commission*,* p. 91.

[279] Robinson, KH, Bansel, P., Denson, N., Ovenden, G., and Davies, C., 2013, *Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse,* Melbourne: Young and Well Cooperative Research Centre, p. 25.

[280] Hillier, L., Turner, A., and Mitchell, A., 2005, *Writing themselves in again: 6 years on. The 2nd national report on the sexual health and well-being of same-sex attracted young people in Australia,* Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University, p. 39.

[281] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[282] Jones, T., 2012, *A report about discrimination and bullying on the grounds of sexual orientation and gender identity in Western Australian education*, Perth: Commissioner for Equal Opportunity, Government of Western Australia.

counselling services/referrals were widely lacking. Only one-quarter of participants rated their overall education experiences positively, with many identifying experiences of bullying based on physical or other aspects of having a variation.[283]

Studies in the United States have also reported similar findings. For example, the National School Climate Survey 2013 which included a nationally representative sample of 8,854 students in grade 6 - 12 from over 3,200 school districts across America found that 74 percent of LGBT youth reported being verbally harassed in the past year, 36 percent reported being physically harassed, and 16 percent were physically assaulted.[284]

Heterosexist bullying and violence is shown to also impact on school-aged children whose parents are lesbian or gay. This form of abuse directed at children of same-sex attracted parents are said to often be perpetrated by school peers, teachers, and school principals alike. In Australia, Ray and Gregory's 2001 study found that 44 percent of grade 3 – 6 children (aged 8 – 12 years) had experienced teasing, bullying or derogatory language in relation to their same-sex parents. Similar results were found for children in grades 7 – 10 (12 – 16 years), with 45 percent of children with same-sex parents reporting experiences of bullying.[285] This study is particularly pertinent as it highlights the pervasive nature of victimisation against members of LGBTI families, regardless of the targeted individual's identity, sexual orientation, and/or gender.

The recent report from the Australian Human Rights Commission (AHRC) (2017) into sexual assault in universities, indicated that many LGBTI young people will experience harassment and violence throughout their entire education, from primary school through to university. The AHRC study found that:

- trans and gender diverse students were more likely to have been sexually harassed at university (45 percent) in 2016 compared to cisgender male (17 percent) and female (32 percent) students;
- students who identify as gay/lesbian/homosexual were more likely than those who identify as heterosexual to have been sexually assaulted or sexually harassed at university (38 percent and 23 percent respectively); and
- students who identify as bisexual were more likely than those who identify as heterosexual to have been sexually assaulted or sexually harassed at university (44 percent and 23 percent respectively).[286]

Research shows that LGBTI students' experiences of heterosexist bullying have a significant negative impact on their school performance and health and wellbeing. According to *Writing Themselves In 3*, over 50 percent of participants reported that the abuse they had been subjected to impacted on a range of aspects of their schooling:

- 29 percent reported that they were unable to concentrate in class;
- 20 percent reported that they missed classes; and
- 21 percent reported missing days at school, due to harassment and abuse at school.

[283] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[284] Kosciw, J.G., Greytak, E.A., Palmer, N.A., and Boesen, M.J., 2014 cited in Espelage, D.L., Merrin, G.J., and Hatchel, T., 2016, Peer victimization and dating violence among LGBTQ Youth: The impact of school violence and crime on mental health outcomes, *Youth, Violence and Juvenile Justice*, pp. 1 – 18.

[285] Ray, V., and Gregory, R., 2001 cited in Short, E., Riggs, D.W., Perlesz, A., Brown, R., and Kane, G., 2007, *Lesbian, gay, bisexual and transgender (LGBT) parented families: A literature review prepared for The Australian Psychological Society,* Melbourne: The Australian Psychological Society, p. 22.

[286] Australian Human Rights Commission, 2017, *Change the course: National report on sexual assault and sexual harassment at Australian universities,* Sydney: Australian Human Rights Commission, p. 34.

Further to this, 10 percent indicated that they left their school to go to another school as a direct result of abuse, and 8 percent left school altogether.[287]

A 2009 UK qualitative study of the experiences of young people from sexual minorities indicated that poor educational outcomes and high rates of drop out were a common consequence of bullying.[288] Coupled with evidence presented above, it is clear that education settings pose a significant threat to the health and wellbeing of LGBTI people. This directly impacts on the rights of LGBTI people to have equal access to education, and their right to safety and freedom from discrimination and violence.

LGBTI young people's experiences of heterosexist bullying at school compromises their right to an education that, according to Article 13 of the *International Covenant on Economic, Social and Cultural Rights*, is "directed to the full development of the human personality and the sense of its dignity and strengthen[s] the respect of human rights and fundamental freedoms".[289]

ONLINE VIOLENCE

It is difficult to measure the extent of cyber-bullying and cyber-harassment that is specifically directed against LGBTI people. However, reports suggest that with the proliferation of online social networking tools, incidence of cyber-bullying as increased significantly.[290] Cyberbullying involves:

> *deliberate and aggressive and hostile behaviours by an individual or group of individuals intended to humiliate, harm, and control another individual or group of individuals of lesser power or social status using information and communication technologies such as the Internet web sites, email, chat rooms, mobile phone and text messaging and instant messaging.* [291]

In 2012, Queensland University of Technology surveyed 528 first year Australian university students and found that 11.6 percent of all participants reported being victims of cyberbullying in the preceding 12 months. In this study, non-heterosexual males were more likely to be cyberbullied than non-heterosexual females.[292] More recently, a comprehensive study looking at revenge porn and image based abuse in Australia, Henry et al (2017) found that LGB participants were significantly more likely than heterosexual-identifying participants to report experiencing image-based sexual abuse.[293] This study also found that LGB victims of image-based abuse were among those most likely to be victimised by a male perpetrator. For example, 68 percent of LGB victims of the non-consensual taking of a nude or sexual image reported that their perpetrator was male, compared with 57 percent of heterosexual victims; 80 percent of gay and bisexual men reported their perpetrator was another man, and 51 percent of lesbian and bisexual females also reported a male perpetrator.[294]

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[287] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University

[288] Mishna, F., Newman, P.A., Daley, A., and Solomon, S., 2009, Bullying of lesbian and gay youth: A qualitative investigation, *The British Journal of Social Work,* 39, pp. 1598 – 1614, p. 1604.

[289] International Covenant of Economic, Social and Cultural Rights (ICESCR), Article 13.

[290] Shaheen S., 2008, *Cyber-bullying: Issues and solutions for the school, the classroom and the home,* p. 4 cited in Australian Human Rights Commission, *Violence, harassment and bullying and the LGBTI communities*, available at https://bullying.humanrights.gov.au/lesbian-gay-bisexual-trans-and-intersex-equality-1#fn43

[291] Blumenfeld, W.J., and Cooper, R.M., 2010, LGBT and allied youth responses to cyberbullying: Policy implications, *The International Journal of Critical Pedagogy,* 3(1), pp. 114 – 133.

[292] Wensley, K., and Campbell, M., 2012, Heterosexual and nonheterosexual young university students' involvement in traditional and cyber forms of bullying, *Cyberpsychology, Behavior, and Social Networking,* 15(12), pp. 649 – 654.

[293] Henry, N., Powell, A., and Flynn, A., 2017, *Not just 'revenge pornography': Australians' experiences of image-based abuse,* Melbourne: RMIT University.

[294] Henry, N., Powell, A., and Flynn, A., 2017, *Not just 'revenge pornography': Australians' experiences of image-based abuse,* Melbourne: RMIT University.

A US study addressing incidents of cyberbullying against LGBT young people found that of the 444 participants, of whom 350 identified as non-heterosexual, 52 percent reported having been targets of cyberbullying several times. Respondents reported that in the past 30 days, 54 percent had been bullied based on their sexual identity, and 37 percent had been bulled because of their gender identity or expression.[295] Participants who identify sympathetically with LGBT youth, known as straight allies, also experienced cyberbullying as a direct result of their identification with LGBT people.

In 2013, the U.S. Gay, Lesbian, and Straight Education Network (GLSEN) released its *Out online: The experiences of lesbian, gay, bisexual and transgender youth* report. GLSEN's study found that LGBT youth were almost three times more likely to be bullied or harassed online than heterosexual students (42 percent compared to 15 percent), and twice as likely to have been cyberbullied via text messaging (27 percent compared to 13 percent). GLSEN's report also found that 32 percent of LGBT respondents were sexually harassed online during the past year, four times as many as their non-LGBT peers.[296]

While online victimisation and abuse of LGBTI people is of increasing concern, ironically, the use of the Internet also provides LGBTI people with an important platform to connect, find resources and information, and seek support. This is especially true for those who are more isolated due to living in rural or remote settings, or those young people experiencing family violence in the home.

IMPACTS OF ALL FORMS OF VIOLENCE ON LGBTI PEOPLE

Collectively, all victim survivors of violence, including family violence, will generally experience detrimental impacts of their physical, emotional and spiritual health and wellbeing. These effects may include poorer mental health; economic insecurity, including precarious housing security and/or ability to retain employment; and negative impacts on education and on social connections with family, friends and communities. However, the impacts of violence on LGBTI people may be overlaid with pervasive heterosexism on individual, community and societal levels.

The Senate Standing Committees on Community Affairs report (2013) into the World Health Organization's (WHO) Commission on Social Determinants of Health notes that, "sexuality acts as a social determinant of health and needs to be recognised as such. Fields such as education and access to healthcare…are keys areas in which the social determinants of health are acting on LGBTI people".[297] Despite the failure of the WHO to recognise sexual orientation as a social determinant of health, it is clear from the evidence presented above, and in the previous chapter that the violence and disadvantage that LGBTI people experience can often have significant and long-lasting impacts on their general health and wellbeing. This can further compound experiences of violence, making the impact on LGBTI victim/survivors distinct from that of non-LGBTI people.

THE UNDERREPORTING OF INCIDENTS VIOLENCE, INCLUDING FAMILY VIOLENCE

Studies have shown that the reporting rates of violence against LGBTI people is low. As detailed above, this can be attributed to fears of prejudice and discrimination from authorities, a fear of not being

[295] Blumenfeld, W.J., and Cooper, R.M., 2010, LGBT and allied youth responses to cyberbullying: Policy implications, *The International Journal of Critical Pedagogy,* 3(1), pp. 114 – 133.

[296] GLSEN, CiPHR, and CCRC, 2013, *Out online: The experiences of lesbian, gay, bisexual and transgender youth on the Internet,* New York: GLSEN.

[297] Commonwealth of Australia, 2013, *Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation"*, available at http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/socialdeterminantsofhealth/report/c03

believed, and a lack of LGBTI-inclusive support services. In addition to this, for many LGBTI victim/survivors of family violence, there is limited recognition that the behaviours they experience constitute acts of family violence. As previously noted, one of the direct consequences of the gendered and heteronormative framing of family violence is that many people will not see nor identify their experience with that as reflected in the public discourse. This in turn, impacts on their help-seeking decision making processes, and behaviours.[298]

This phenomenon is not exclusive to LGBTI people, as it also affects people with disabilities, people from culturally and linguistically diverse backgrounds, and older people. As argued by Calton et al (2016), how the issue of family violence is framed has direct implications for victim/survivors, and with respect to LGBTI people, the heteronormative dominance of the family violence narrative is an obstacle to awareness and acceptance of family violence for both perpetrators and victim/survivors.[299]

It has been well documented that LGBTI people face specific barriers to support and assistance after experiencing family violence. As noted earlier, some perpetrators may use the fact that societal systems such as the police or the criminal justice system are homophobic, biphobic and/or transphobic as a means to control victim/survivors. This in turn influences help-seeking behaviours, with studies suggesting that reporting of family violence by LGBTI people is three times lower than the national average.[300]

In the *Private Lives* (2006) report, only one in ten LGBT respondents who had experienced violence from their partner reported the abuse to police.[301] Similarly, *Coming forward* (2008) found that only one-third of respondents who had been subjected to abuse by their partner reported the violence.[302] *Coming forward* also provided data on the reasons why respondents did not report the abuse, which included:

- the belief that the violence was a 'minor incident';
- the belief they would be dealt with unfairly;
- fear of further violence or discrimination; and
- not knowing where to go for assistance, or believing that there were no appropriate services.[303]

EXPERIENCES OF HOMELESSNESS AND/OR HOUSING INSECURITY

Family violence can impact on the housing security of victim/survivors. Research has shown that LGBTI people are over-represented among those with current or recent experiences of homelessness. In the 2014 Australian Bureau of Statistics' General Social Survey in Australia, it was recorded that 20.8 percent of bisexual people and 33.7 percent of lesbian/gay people had ever been homeless in

[298] New South Wales Government, 2014, *It stops here: Standing together to end domestic and family violence in NSW. The NSW Government's domestic and family violence framework for reform*, Sydney: Government of New South Wales.

[299] Calton, Jenna M., Bennett Cattaneo, Lauren, and Gebhard, Kris T., 2016, Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence, *Trauma, Violence & Abuse,* 17(5), pp. 585 – 600, p. 589.

[300] ACON, 2015, *Health outcome strategy 2015 – 2018: Domestic and family violence,* Darlinghurst, NSW: ACON, available at http://issuu.com/aconhealth/docs/acon_hos_-_dfv_2015_web_res

[301] Pitts, Marian, Smith, Anthony, Mitchell, Anne and Patel, Suni, 2006, *Private lives: A report on the health and wellbeing of GLBTI Australians,* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, p.52.

[302] Leonard, W., Mitchell, A., Patel, S., and Fox, C. 2008. *Coming forward: the underreporting of heterosexist violence and same-sex partner abuse in Victoria*, Monograph Series Number 69. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[303] Respondents were given the option of selecting multiple reasons.

comparison to 13.4 percent of heterosexuals.[304] Victorian research into youth homelessness has found that same-sex attracted young people experienced homelessness at a rate greater than opposite-attracted young people.[305] It has been suggested that this is partly due to family rejection and/or violence perpetrated by family members.[306]

International research from the United States and Canada also report a similar pattern, with studies indicating that LGBTQ2S (LGBT plus queer and Native American Two-Spirit people[307]) people make up 20 to 40 percent of the youth homelessness population.[308] In the UK, a report by the Albert Kennedy Trust found that LGBT young people are significantly over-represented among the homeless, with LGBT young people making up almost one-quarter of all homeless young people.[309] Whilst data on rates of homelessness experienced by intersex people is not yet available, intersex people also experience some level of family rejection[310], which may lead to homelessness.

The underreporting of incidents of family violence against LGBTI people creates barriers for victim/survivors in receiving support and assistance, particularly in relation to their safety. Further to this, it limits the availability of evidence and data to support the facilitation of more inclusive responses to victim/survivors. However, in the context of systemic discrimination and violence against people from LGBTI communities more broadly, structures and institutions that are designed to provide safety, support, and assistance are part of a broader socio-cultural system that continues to prove to be unsafe and exclusionary.

MENTAL HEALTH

The mental health impacts of violence against LGBT people has been relatively well documented both in Australia and internationally. Research indicates that anger, depression, fear, shame, loss of self-esteem, and onset of post-traumatic stress disorder is common among those who are subjected to homophobic victimisation.[311]

The Australian Bureau of Statistics (ABS) national study of mental health found that people who identify themselves as being homosexual or bisexual were more than twice as likely to have experienced a mental disorder in the previous 12 months.[312] Depression and anxiety rates amongst

[304] Australian Bureau of Statistics, 2014, General Social Survey in Australia, Cat No. 4159.0, Canberra: ABS available at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0

[305] Rossiter, Ben, and Research Centre in Sex, Health and Society, 2003, *Living well?: Homeless young people in Melbourne,* Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University; Mallett, S., Rosenthal, D., Keys D.W., Averill R.S., 2010, *Moving Out, Moving On: Young People's Pathways In and Through Homelessness*, Routledge

[306] Robinson, KH, Bansel, P., Denson, N., Ovenden, G., and Davies, C., 2013, *Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse,* Melbourne: Young and Well Cooperative Research Centre.

[307] 'Two-spirited' refers to a person who has both a masculine and feminine spirit, and is used by some First Nations people in the United States and Canada, to describe their sexual, gender and/or spiritual identity.

[308] Cited in McNair, Ruth, Andrews, Cal, Parkinson, Sharon, and Dempsey, Deborah, 2017, *LGBTI homelessness: Preliminary findings on risks, service needs and use,* GALFA LGBTI homelessness research project, Stage 1 Report, Melbourne: University of Melbourne.

[309] The Albert Kennedy Trust, year, *LGBT youth homelessness: A UK national scoping of cause, prevalence, response, and outcome,* London: The Albert Kennedy Trust.

[310] OII Australia, 2009, *Submission: OII Australia's response to NSW discussion paper on domestic and family violence*, New South Wales: Organisation Intersex International Australia.

[311] See Craig-Henderson, 2009; Jarman & Tennant, 2003; Mason & palmer, 1996; Victim Support 2006 cited in Dunn, Peter, 2012, Men as victims: 'victim' identities, gay identities, and masculinities, *Journal of Interpersonal Violence*, 27(17), pp. 3343 - 3467

[312] Australian Bureau of Statistics, 2007, *National survey of mental health and wellbeing: Summary of results,* Cat No. 4326.0, Canberra: ABS, available at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4326.0

lesbian and bisexual women were at least twice those of heterosexual women.[313] The Australian study, *Tranzation* (2007) also found that trans and gender diverse respondents who had experienced a greater number of different types of discrimination were more likely to report being currently depressed, and almost two-thirds (64.4 percent) of participants reported modifying their activities due to fear of stigma or discrimination.[314] Further, in a more recent Australian national study on the mental health of Australian transgender people, Hyde et al (2014) found that transgender people were four times more likely to have ever been diagnosed with depression than the general population, and approximately 1.5 times more likely to have ever been diagnosed with an anxiety disorder.[315]

Nearly 31 percent of LGBT respondents in *Private Lives 2* reported having been diagnosed with or treated for depression in the past three year, and 22.4 percent with anxiety.[316] In a further analysis of the *Private Lives 2* data, Leonard et al (2015) found that trans females reported the highest rates of diagnosis or treatment for a mental health problem (57.4 percent), followed by trans males (55.3 percent). [317] The report also found that bisexual females had the highest rates of diagnosis or treatment (50.6 percent), followed by lesbian women (39.1 percent), and that bisexual females (21.8 percent) and males (20.5 percent) reported higher rates of psychological distress compared to lesbian and gay participants.[318]

International studies have also found similar trends in mental health outcomes. In Canada, a research study specifically looking at trans women's experiences of violence found that as a direct result of the fear of victimisation, hyper-vigilance was particularly acute among trans women. [319] Other international research has shown that homophobic name-calling, as well as bullying and victimization of LGBT students is correlated with increased depression, increased suicidality, feeling unsafe in school, and continued mental health problems into adulthood.[320]

Poor mental health outcomes for many LGBTI people is causally linked to experiences of discrimination, bullying, abuse, violence, and/or the fear of being subject to heterosexist abuse. For many LGBTI people, experiences of harassment and abuse begins early on in their childhood, particularly within the home, and school setting. Indeed, poor mental health has cascading effects on social connectedness, physical health and wellbeing and quality of life. The ways in which LGBTI

[313] McNair, R., 2003, Lesbian health inequalities: A cultural minority issue for health professionals, *Medical Journal of Australia,* 178(12), pp. 643 – 645.

[314] Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., and Patel, S., 2007, *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*, Melbourne: Australian Research Centre in Sex, Health & Society (ARCSHS), La Trobe University.

[315] Hyde, Z., Doherty, M., Tilley, PJM., McCaul K.A., Rooney, R., Jancey, J., 2014, *The first Australian national trans mental health study: Summary of results,* Perth, Australia: School of Public Health, Curtin University, p. iv.

[316] Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., and Barrett, A., 2012, *Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians,* Monograph Series No. 86, Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[317] Leonard, W., Lyons, A., and Bariola, E., 2015, *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians.* Monograph Series No. 103. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[318] Leonard, W., Lyons, A., and Bariola, E., 2015, *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians.* Monograph Series No. 103. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[319] Perry, B., and Dyck, D.R., 2014, 'I don't know where it is safe': Trans women's experiences of violence, *Critical Criminology,* 22, pp. 49 - 63.

[320] Birkett, M., and Espelage, D.L., 2015, Homophobic name-calling, peer-groups, and masculinity: the socialization of homophobic behavior in adolescents, *Social Development*, 24(1), pp. 184 - 205.

experience prejudice, discrimination and abuse can have an adverse impact on every facet of their life, and these impacts relate to and are often exacerbated by others.[321]

It is important to note that given the very little available representative data on intersex people, and the small numbers of intersex respondents in the few LGBTI surveys in which they are included, it is impossible to compare their mental health with that of the broader LGBT communities. At the same time, it is recognised that intersex people may self-identify as either lesbian, gay or bisexual, although their intersex status is not captured within the data.

Nonetheless, anecdotal evidence and reports suggest that for many intersex people, trauma is often associated with medical examinations, treatment, and for some, recurrent surgical interventions, extending from infancy through adolescence (and beyond). Further, as a direct result of unnecessary 'normalising' surgery, some intersex people experience ongoing physical difficulties, including impairment of genital sensitivity, scarring, urinary issues and chronic pain. Accordingly, intersex people may develop negative body image issues, and experience problems with sexual intimacy associated with genital differences. For some intersex people, a dissonance between their 'surgically assigned' sex at infancy and their adult gender identity, may place them at increased risk of poor mental health outcomes.[322] The National LGBTI Health Alliance's (2013) *LGBTI People: Mental health & suicide* briefing paper asserts that some intersex adults "show psychological distress at levels comparable with traumatised non-intersex women, e.g. those with a history of severe physical or sexual abuse".[323]

SUICIDE AND SELF HARM

LGBTI populations are at particular risk of self-harm and suicide as a result of family rejection, bullying and harassment, and heterosexist violence. The correlation between victimisation, poor mental health, and self-harm and suicide is well documented. Studies in Australia have found that adults who identify as either homosexual or bisexual have a higher risk of suicidal ideation, suicide attempt and non-suicidal self-injury, compared to those who identify as heterosexual.[324] In Swannell et al's 2016 study, gay males were at higher risk of suicidal ideation and attempts, though not non-suicidal self-injury. Bisexuality among females was associated with a higher risk of suicidality and a very high risk of non-suicidal self-injury. For both bisexual male and females, Swannell et al found that they were at greater risk of non-suicidal self-injury compared with participants who identified as either gay or lesbian.[325]

The National LGBTI Health Alliance (2013) reports that LGBT people have the highest rates of suicidality of any population in Australia, with 20 percent of trans and 15.7 percent of LGB people

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[321] Divan, V., Cortez, C., Smelyanskaya, M., and Keatley, J., 2016, Transgender social inclusion and equality: a pivotal path to development, *Journal of the International AIDS Society*, 19(3Suppl 2), p. 1 – 2.

[322] Leonard, W., and Metcalf, A., 2014, *Going upstream: A framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people*, Sydney: National LGBTI Health Alliance, p. 14.

[323] Schutzmann, K. et al. (2009) cited in Rosenstreich, G., 2013, *LGBTI People: Mental health and suicide*, Revised 2nd edition. Sydney: National LGBTI Health Alliance, p. 3.

[324] Swannell, S., Martin, G., and Page, A., 2016, Suicidal ideation, suicide attempts and non-suicidal self-injury among lesbian, gay, bisexual and heterosexual adults: findings from an Australian national study, Australian & New Zealand Journal of Psychiatry, 50(2), pp. 145 - 153.

[325] Swannell, S., Martin, G., and Page, A., 2016, Suicidal ideation, suicide attempts and non-suicidal self-injury among lesbian, gay, bisexual and heterosexual adults: findings from an Australian national study, Australian & New Zealand Journal of Psychiatry, 50(2), pp. 145 - 153.

reporting current suicidal ideation. According to the report, up to 50 percent of trans people have attempted suicide at least once in their lives.[326]

Writing Themselves In 3 (2010) reports a strong relationship between LGBTI young peoples' victimisation, and increased risks of self-harm, suicidal thoughts and suicide attempts.[327] The report found that 40 percent of young people who had been verbally abused had considered self-harm, compared with 22 percent of those who had not experienced abuse. This figure increased to 62 percent for those who had been physically abused.[328]

In the US, a report of the National Transgender Discrimination Survey found that 41 percent of respondents had indicated that they had attempted suicide compared to 1.6 percent of the general population, and further, rates of attempted suicide increased significantly to 55 percent for transgender people who had recently lost a job. Rates of attempted suicide were also significantly higher for transgender people who were harassed and/or bullied in school (51 percent), and following a sexual assault incident (64 percent).[329]

Clearly, there are strong correlations between experiences of victimisation, poor mental health, and suicidality and self-harm. Given what we know of victimisation of LGBTI people, particularly young people, addressing the drivers of violence against LGBTI people is key to improving their health and wellbeing, and reducing existing health disparities.

DRUG/ALCOHOL AND TOBACCO USE

It is well recognised that drug, alcohol and tobacco use is higher among population groups that experience high levels of violence. For example, it has been reported that many Aboriginal and/or Torres Strait Islander people may use alcohol as a tool to cope with the trauma, stress, and personal pain that has been caused by colonisation, dispossession, and loss of culture.[330] Likewise, it has been reported in Australia that of the 27.5 percent of women who had experienced at least one type of gender-based violence at some point in their lifetime, 23 percent also reported experiencing a substance use disorder.[331] Similarly, in a study of 503 victims/survivors of sexual assault, 45 percent reported having had a drinking problem in the past year, and 25.5 percent reported having used one illicit drug during that time.[332]

[326] Rosenstreich, G., 2013, *LGBTI People: Mental health and suicide*, Revised 2nd edition, Sydney: National LGBTI Health Alliance.

[327] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[328] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

[329] Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., and Keisling, M., 2011, *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: National Centre for Transgender Equality and National Gay and Lesbian Task Force.

[330] Victorian Indigenous Family Violence Taskforce 2003, *Victorian Indigenous Family Violence Taskforce: Final report*, Melbourne: State of Victoria, Department for Victorian Communities.

[331] Rees, S., Silove, D., Chey, T., Ivancic, L., Steel, Z., Creamer, M., Teesson, M., Bryant, R., McFarlane, A.C., Mills, K.L., Slade, T., Carragher, N., O'Donnell, M., and Forbes, D., 2011, Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function, *JAMA,* 306(5), pp. 513 – 521.

[332] Ullman, S.E., Townsend, S.M., Starzynski, L.L., and Long, L.M, 2006, Correlates of comorbid PTSD and polysubstance use in sexual assault victims, *Violence and Victims,* 21(6), pp. 725 – 743.

In 2011, the Australian Institute of Health and Welfare (AIHW) found that 26.5 percent of homosexual/bisexual people reported weekly risky drinking (defined as more than four drinks on a single occasion) compared with 15.8 percent of heterosexuals .[333] AIHW also reported that illicit drug use among LGB people is significantly higher than the general population, including the use of methamphetamines (five times higher among men, and three times higher among women), and cocaine use (three times higher among men, and six times higher among women).[334] LGB people were also more likely to misuse pharmaceuticals. With respect to transgender people, a 2014 study found that trans men, and assigned female at birth non-binary individuals were more likely than trans women, and assigned male at birth non-binary individuals to use cannabis, ecstasy, and methamphetamine. Trans men were found to be more likely to use cocaine than any other group.[335]

Tobacco use is also high among LGB people, with 30 percent of Australia's LGB people reporting that they smoke, compared to 16 percent of the general population.[336] In 2013, the AIHW reported that, compared with heterosexual people, people identifying as LGB were 1.9 times more likely to smoke daily.[337] *Private Lives* (2006) reported smoking rates of 44 percent for trans men, and 35 percent for trans women.[338]

Writing Themselves In 3 found strong correlation between victimisation and alcohol/drug use among LGBTI young people, with participants who reported being subject to homophobic abuse more likely to use drugs excessively. The compounding nature of victimisation experienced by many LGBTI people places them at significant risk of increased drug and alcohol use. As argued by Hillier et al, for many LGBTI people, particularly young LGBTI people, the (mis)use of alcohol and other drugs is seen to be a form of self-medication, to ease the pain of rejection, discrimination and violence from families, schools and the wider community.[339]

GENERAL HEALTH AND WELLBEING

Studies comparing the general health and wellbeing of LGBT people and heterosexual people show that the former continue to be at increased risk of a range of health conditions. This is largely attributed to their experiences of heterosexist violence and discrimination. *Private Lives 2* (2012) found that self-reported general health amongst female respondents are lower than those of females

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[333] Australian Institute of Health and Welfare, 2011, *2010 National Drug Strategy Household Survey report.* Drug statistics series no. 25. Cat. No. PHE 145. Canberra: AIHW, available at http://www.aihw.gov.au/publication- detail/?id=32212254712

[334] Ritter, A., Matthew-Simons, F., and Carragher N., 2012, Why the alcohol and other drug community should support gay marriage, *Drug and Alcohol Review,* 31, pp. 1 - 3; Australian Institute of Health and Welfare, 2011, *2010 National Drug Strategy Household Survey report.* Drug statistics series no. 25. Cat. No. PHE 145. Canberra: AIHW, available at http://www.aihw.gov.au/publication-detail/?id=32212254712

[335] Hyde, Z., Doherty, M., Tilley, PJM., McCaul K.A., Rooney, R., Jancey, J., 2014, *The first Australian national trans mental health study: Summary of results,* Perth, Australia: School of Public Health, Curtin University.

[336] Berger, I., and Mooney-Somers, J. 2015, *Smoking cessation programs for LGBTI people: A systematic review of content and effect*, Sydney: VELiM, University of Sydney.

[337] Australian Institute of Health and Welfare, 2013, Drug use and other at-risk groups, http://www.aihw.gov.au/alcohol-and-other-drugs/population-groups/other-at-risk/

[338] Pitts, M., Smith, A., Mitchell, A., and Patel, S., 2006, *Private lives: A report on the health and wellbeing of GLBTI Australians,* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

[339] Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A., 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same-sex attracted and gender questioning young people*. Monograph Series no. 78, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University, p. 54.

in the general population. Specifically, bisexual females and those who preferred another identity reported lower levels of general health in comparison to lesbians.[340]

Tranznation (2007) reports that the health of transgender people in Australia and New Zealand is poorer than the general population. Transgender people's health is also poorer when compared to the average score obtained for all participants in *Private Lives* (2006).[341] This suggests that whilst most, if not all, LGBTI people experience poorer general health in comparison to non-LGBTI people, transgender people are more likely to experience poorer health in comparison to LGB people. Whilst exact comparative studies do not exist, the proportion of respondents in *Intersex: Stories and statistics from Australia* (2016) who assessed their physical health negatively was higher than transgender people in various recent Australian studies.[342]

CONCEALMENT

Concealment of one's sexual or gender identity can have adverse impacts on general health and wellbeing. The concealment of sexual orientation has been associated with increased psychological distress, and poor immune functioning[343], and in turn, can have a negative impact on an individual's health outcomes, job satisfaction, relationships with friends and family, and educational outcomes.

Studies have reported that for some LGBTI individuals, strategies, including concealment, are adopted to reduce the likelihood of being subject to acts of heterosexist violence and abuse. *Private Lives* (2006) found that 90 percent of LGBT people had at some time avoided expressions of affection towards their partner for fear of prejudice or discrimination.[344] Similarly, a 2010 Queensland-based study found that 74 percent of LGBT respondents indicated that they usually or occasionally hide their sexuality or gender identity in public, for fear of heterosexist abuse.[345] According to *Private Lives 2* (2012), 44 percent of LGBTI people usually or occasionally hide their sexuality and/or gender identity in public; 33.6 percent when accessing services; 41.9 percent at social and community events; and 38.3 percent at work.[346]

Given the strong links between identity concealment and poor mental health outcomes, as well as its impact on education, social and work life, it is necessary to address the structural barriers that many LGBTI people face in their daily lives. A culture of heteronormativity and heterosexism and rigid gender structures play important roles in influencing the lived experiences for many LGBTI people, with studies showing that some LGBTI people feel they need to hide their true identity in a range of

[340] Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., and Barrett, A., 2012, *Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians,* Monograph Series No. 86, Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[341] Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., and Patel, S., 2007, *Tranznation: A report on the health and wellbeing of transgendered people in Australia and New Zealand,* Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

[342] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., and Lucke, J., 2016, *Intersex: Stories and statistics from Australia,* Cambridge, UK: Open Book Publishers.

[343] Badgett, M.V., Durso, L.E., Kastanis, A., and Mallory, C., 2013, *The business impact of LGBT-supportive workplace policies,* The Williams Institute.

[344] Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., and Barrett, A., 2012, *Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians,* Monograph Series No. 86, Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University, p. 45.
[345] Berman, A., and Robinson, S., 2010, *Speaking out: Stopping homophobic and transphobic abuse in Queensland*, Brisbane: Australian Academic Press.

[346] Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., and Barrett, A., 2012, *Private lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians,* Monograph Series No. 86, Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University, p. 45.

situations in order to feel safe. Indeed, hetero- and cisgender norms, attitudes and behaviours interact to create an unsafe and unhealthy society for LGBTI people.

The violence perpetrated against LGBTI people occurs within a social context that privileges heterosexuality and cisgender norms. As a consequence, some LGBTI people continue to be excluded and isolated from the wider community, and violence perpetrated against LGBTI people is rendered unimportant at best, or invisible at worst. The impacts of this social structure has, and continues to have, significant adverse impacts on the lives of LGBTI people, affecting their physical, mental and emotional health, education, employment, and overall quality of life. To prevent violence against LGBTI people, the structural barriers that currently exist which deny LGBTI people the same rights as their heterosexual and cisgender counterparts, and those that prohibit LGBTI people from living their lives openly, without concealment and fear of violence, must be addressed.

CHAPTER 6: EFFECTIVE INITIATIVES FOR THE PREVENTION OF FAMILY VIOLENCE AGAINST PEOPLE IN LGBTI COMMUNITIES

This review sought to identity prevention initiatives related to LGBTI family violence that had been rigorously evaluated in terms of their success, impact, and outcomes. However, despite an international and national search, it was unable to do so.

However, there were initiatives that are designed to promote equal, respectful and healthy relationships among lesbian, gay and bisexual (LGB) young people. There were also a number of broader prevention strategies, both LGBTI and non-LGBTI specific, that could potentially inform the development of LGBTI specific family violence prevention strategies. This report presents those that focus on LGBTI relationships, as well as those that are not family violence or relationship specific, but that are focused on or tailored (or have the potential to be tailored) specifically to LGBTI people and communities.

DRAWING ON AND EXTENDING EXISTING PREVENTION WORK

More recently, the issue of violence against women has been conceptualised as a public health issue, thus requiring a public health model to address and prevent its occurrence. Public health is an approach to taking action, aimed at saving and protecting lives, improving health, prolonging life and improving the quality of life among whole populations. The actions involve the development of policies and programs that encompass health protection, health promotion, prevention and other forms of health interventions.[347] Primary prevention activities, as opposed to secondary and tertiary prevention, focus on the whole-of-population (universal) approaches as well as specific populations that might not be reached through broader actions. The ultimate purpose of primary prevention activities and strategies is to prevent disease or injury before it occurs. It employs targeted actions that seek to change behaviour, targeting key risk factors or social determinants at the individual, relationship, community and societal levels.

Examples of major, well known preventative public health actions include road trauma prevention, tobacco control and prevention of harms from exposure to tobacco smoke, and HIV/AID prevention.[348] The success in these health areas has supported the application and implementation of a public health model for violence prevention. The benefits of adopting a public health approach to the prevention of violence was also highlighted by the World Health Organisation in 2002 after it was asserted that interpersonal violence was a leading cause of injury, disability and death across the globe.[349]

In 2007, VicHealth released *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria.* This framework provides a sound theoretical and evidence base to support government, community and the corporate sector in preventing violence against women. The framework identifies priority strategies, settings, and population targets, and suggests that prevention initiatives be guided by three interrelated themes:

- Promoting equal and respectful relationships between men and women;

[347] Keleher, H., 2017, *A review of prevention and public health strategies to inform the primary prevention of family violence and violence against women,* Melbourne: VicHealth and State Government of Victoria, p. 7.

[348] See Keleher, H., 2017, *A review of prevention and public health strategies to inform the primary prevention of family violence and violence against women,* Melbourne: VicHealth and State Government of Victoria.

[349] World Health Organisation (WHO), 2002, *World report on violence and health*, Geneva: WHO.

- Promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children); and
- Improving access to resources and systems of support. [350]

In adopting an ecological approach to understanding the occurrence of violence against women, VicHealth's framework distinguishes between underlying determinants or 'causes' of violence against women, and those considered to be contributory factors. Further to this, the framing of preventing violence against women as a public health issue highlights the structural and institutional discriminatory practices which work with community and individual attitudes to drive violence. The expansion of this view not only shifted focus away from individualised characteristics and factors, but also emphasised the role and responsibility that broader society plays in preventing violence against women. It is strongly argued that in order to prevent violence against women, efforts must address structural, community and individual factors.

More recently, and building on the work of VicHealth, Our Watch et al (2015) released *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia.* An interdisciplinary framework, *Change the story* draws on both feminist human rights frameworks and preventative public health approaches to present a conceptual model and national approach to preventing violence against women and their children. It holds gender inequality as central to understanding violence against women, describing a social context and condition characterised by unequal value afforded to men and women, and an unequal distribution of power, resources and opportunity between them.

Change the story identifies the following specific expressions of gender inequality as 'drivers' of violence against women:

- Condoning of violence against women;
- Men's control of decision-making and limits to women's independence;
- Rigid gender roles and stereotyped constructions of masculinity and femininity; and
- Male peer relations that emphasise aggression and disrespect towards women.

In addition, it shows how the following reinforcing factors, when considered within the context of the gendered drivers, can increase frequency or severity of violence:

- Condoning of violence in general;
- Experience of, and exposure to, violence;
- Weakening of pro-social behaviour, especially harmful use of alcohol;
- Socio-economic inequality and discrimination; and
- Backlash factors (increases in violence when male dominance, power or status is challenged).[351]

Although *Change the story* focuses on the prevention of violence against women, some aspects of the framework can potentially help inform the development of future prevention efforts specifically addressing family violence against LGBTI people, because these two forms of violence both overlap and share some similar drivers. The Victorian Government's *Free from violence* recognises that "both gender inequality and the other systemic and structural inequalities in our society must be addressed"

[350] VicHealth, 2007, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria,* Melbourne: VicHealth.

[351] Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, 2015, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia,* Our Watch: Melbourne, Australia.

if we are succeed in preventing violence against women.[352] Whilst *Free from violence* is specifically focused on preventing violence against women, as Fleming et al (2015) suggest, where there are commonalities found across the drivers of different types of violence, drawing on the evidence base from each field of work could strengthen respective efforts, and facilitate greater opportunity for sustainable change in preventing all forms of violence. [353] Indeed, future universal (whole of population) prevention efforts could benefit from recognising both the commonalities found across the drivers of different types of violence, and the different dynamics and experiences across these types.

KEY EVIDENCE: INITIATIVES TO PREVENT FAMILY VIOLENCE AGAINST LGBTI PEOPLE

Five initiatives have been identified as providing 'key evidence', and these are primarily international examples, specifically, from the United States and Canada. One Australian initiative was identified, provided by ACON. Key initiatives are those with a focus on preventing family violence against people from LGBTI communities. Information on these initiatives was largely collected via project websites, or the website of auspicing bodies. It should be noted from the outset that limited to no evaluative data or information was found with respect to these initiatives.

SAY IT OUT LOUD (AUSTRALIA)

Delivered by ACON, the *Say It Out Loud* website is dedicated to domestic and family violence against LGBTI people (www.sayitoutloud.org.au). The information provided on the website "encourages people from LGBTIQ communities to start talking about our relationships. What is wonderful and unique about them? How can we improve them? What behaviours won't we, as individuals and as a community, accept?".[354]

The website homepage features the short film "Red Flags". "Red Flags" follows a gay and lesbian couple as they fall in love and depicts some early warning signs of violence within the two respective relationships. The homepage also provides links to three personal stories of violence.

Say It Out Loud provides information for LGBTIQ people, as well as their family, friends and communities, and professionals. Site content includes information about healthy relationships including tips for LGBTIQ people to become 'LGBTIQ role models', information targeted at those who are experiencing abuse as well as for those who may be using abusive behaviours, and information to educate website visitors to understand the specificities of violence in LGBTIQ relationships. *Say It Out Loud* also provides specific information about domestic and family violence for:

- LBQ women
- GBQ men
- Living rural or remote
- Transgender, gender diverse and intersex people
- Aboriginal and Torres Strait Islander LGBTIQ people
- Culturally and/or linguistically diverse LGBTIQ people
- LGBTIQ people living with a disability

[352] State Government of Victoria, 2017, *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women*, Melbourne: Victorian Government, p. 13.

[353] Fleming, P.J., Gruskin, S., Rojo, F., and Dworkin, S.L., 2015, Men's violence against women and men are inter-related: Recommendations for simultaneous intervention, *Social Science and Medicine,* 146, pp. 249 – 256.

[354] Say It Out Loud, www.sayitoutloud.org.au

- Older LGBTIQ people
- Young LGBTIQ people
- LGBTIQ people with children
- HIV related abuse.

2GETHER (UNITED STATES)

2GETHER is a collaboration between the University of Cincinnati Department of Psychology and Howard Brown Health Center, and according to the program's website, *2GETHER* "is an innovative HIV prevention and relationship education program for young male couples. *2GETHER* is unique in that it integrates both group-based and individualised couple sessions and address the needs of both HIV-positive and HIV-negative young men". [355] In an academic journal article published by the Chief Investigator and colleagues who are leading the running of two efficacy trials of the program, *2GETHER* is also focused on improving relationship functioning between same-sex male couples.[356]

2GETHER consists of four weekly, face-to-face sessions (total of ten hours), and at least one facilitator identifies as a sexual or gender minority. Session one focuses on defining healthy and unhealthy relationship characteristics, teaching effective communication skills, reviewing couples-based sexual health information and discussing strategies for increasing couples' connectedness. Session two focuses on cognitive-behavioural and acceptance-based strategies for coping with minority stress and relationship stress. For the final two sessions, each couple is paired with one facilitator to focus on in-depth application of the skills to the individual couple's circumstances.

Although at the time of writing efficacy trials are currently being undertaken, the pilot study found promising evidence of the feasibility, acceptability and preliminary efficacy. Overall, *2GETHER* received high acceptability ratings from participants, and found evidence of decreases in HIV risk behaviour, increases in relationship-oriented information, motivation and behavioural skills related to HIV prevention, and improvement in relationship investment.

LEAD WITH LOVE (UNITED STATES)

Lead with Love[357] is a preventative educational resource designed specifically for parents of teenagers and young adults who have recently come out to them as lesbian, gay or bisexual (LGB), with the aim of improving parents' behaviours towards their LGB children. Written by Dr. David Huebner, a clinical psychologist who has undertaken research on the effects of discrimination on mental and physical health, *Lead with Love* is a 35-minute documentary that features real life stories of various parents' reactions to their child's identity. The film also answers frequently asked questions about sexual orientation, and offers positive advice to families who may be struggling with acceptance. Incorporating information and personal stories, Lead with Love describes the research that demonstrates how parental rejection can lead to youth suicide, substance abuse, low self-esteem and depression.

[355] University of Cincinnati Department of Psychology and Howard Brown Health Center, 2017, 2GETHER, Institute of Sexual and Gender Minority Health and Wellbeing, available at https://isgmh.northwestern.edu/about/impact/2gether/#.WYEP2FUjGUm

[356] Newcomb, M.E., Macapagal, K.R., Feinstein, B.A., Bettin, E., Swann, G., and Whitton, S.W., 2017, Integrating HIV prevention and relationship education for young same-sex male couples: A pilot trial of the 2GETHER intervention, *Aids and Behaviour,* 21, pp. 2464 – 2478.

[357] Lead with Love can be viewed at https://video.utah.edu/media/t/0_m8twa0tu

In a paper by Huebner et al (2013) it was reported that in the first 12 months after the launch of the film, 10,949 individuals viewed the film online, and successfully reached 1865 parents of young people (25 and under) who were known or thought to be LGB, and 2509 LBG young people. Pilot data collected also recorded that: more mothers than fathers viewed the film by a ratio of about 3:1; 21.3 percent of parents who viewed the film identified that they had very recently learned their child was LGB (i.e. known for less than a month); 36 percent of parents reported that having an LGB child was difficult for them; and 86 percent of parents had never obtained any other formal support for having an LGB child.[358] Post-film responses from parents are encouraging, with 71.8 percent indicating that they found the film either 'very' or 'extremely' helpful, and similarly, 49.8 percent of LGB young people indicated that they would 'probably or 'definitely' recommend the film to their parents.[359]

PROMOTING HEALTHY RELATIONSHIPS AMONG LGBT YOUTH (UNITED STATES)

Funded by the Medical College of Wisconsin in 2013, the *Promoting Healthy Relationships Among LGBT Youth* project's goal is to "promote health relationship behaviours among LGBT youth in Wisconsin (ages 14 – 24) to decrease their risk of becoming a victim or perpetrator of intimate partner dating violence".[360] Specifically, the initiative seeks to:

- engage LGBT youth and stakeholders in project development and implementation of community-level and group-level intimate partner violence prevention program;
- finalise an adaptation of the National Registry of Evidence-based Programs and Practices (NREPP) recognised, evidence-based youth dating violence prevention curriculum, Safe Dates, to address the unique norms and experiences of LGBT youth;
- develop and implement social marketing, peer outreach and social media strategies in an effort to raise awareness about LGBT youth IPV disparities and shift social norms about healthy dating behaviour among LGBT youth;
- Conduct the adapted Safe Dates with 550 young people in six rural and urban communities; and
- Evaluate results, develop a plan to sustain the project in Wisconsin, and encourage replication in other communities.[361]

The five year project involves academic and community partners working together to "implement a culturally competent, community level intervention focused on LGBT youth IPV prevention"[362], and according to their most recent progress summary, the project has reached over 670 young people through peer outreach, and over 16,000 individuals have been reached through various promotional materials, including healthy dating behaviour messages through Twitter, Facebook and a youth portal on the RoomToBeSafe website (www.roomtobesafe.org). Further to this, 364 LGBT young people have completed the adapted Safe Dates curriculum. The project is funded until the 30th of June 2018.

[358] Huebner, D.M., Rullo, J.E., Thoma, B.C., McGarrity, L.A, and Mackenzie, J., 2013, Piloting Lead with Love: A film-based intervention to improve parents' response to their lesbian, gay and bisexual children, Journal of Primary Prevention, 34, p. 365.

[359] Huebner, D.M., Rullo, J.E., Thoma, B.C., McGarrity, L.A, and Mackenzie, J., 2013, Piloting Lead with Love: A film-based intervention to improve parents' response to their lesbian, gay and bisexual children, Journal of Primary Prevention, 34, pp. 365.

[360] Promoting health relationships among LGBT youth, *Project progress report summary March 2016 – 2017* *http://www.mcw.edu/Advancing-Healthier-WI-Endowment/HWPP-Funded-Awards/2013/Promoting-Healthy-Relationships-Among-LGBT-Youth.htm*

[361] Promoting Health Relationships Among LGBT Youth, *Project overview, http://www.mcw.edu/Advancing-Healthier-WI-Endowment/HWPP-Funded-Awards/2013/Promoting-Healthy-Relationships-Among-LGBT-Youth.htm*

[362] Promoting Health Relationships Among LGBT Youth, *Project overview, http://www.mcw.edu/Advancing-Healthier-WI-Endowment/HWPP-Funded-Awards/2013/Promoting-Healthy-Relationships-Among-LGBT-Youth.htm*

HEALTHY RELATIONSHIPS PROGRAM (HRP) FOR LESBIAN, GAY, BISEXUAL, TRANS, QUEER/QUESTIONING (LGBTQ+) YOUTH (CANADA)

Designed to promote mental wellness and positive relationship development among LGBTQ+ young people, *HRP for LGBTQ+ Youth* was piloted in 2015 – 2016 in eight public school Gay-Straight Alliances (GSA) and one social/support group for LGBTQ+ youth. Program facilitators and youth participants provided feedback that was used to review and revise the program. Feedback from young people resulted in revisions that included: more of an emphasis on LGBTQ+ positive representation; incorporation of more realistic and relatable material; and content to better develop young people's intrapersonal and interpersonal skillset.

The revised *HRP for LGBTQ+ Youth* is comprised of 17, 45-minute sessions:

- I have a voice: introduction to the program
- Mine to name: identities/ways of being*
- Recognise and respect: values and boundaries
- My journey: coming out*
- My mind matters: mental health and wellbeing
- In the know: impacts of substance use and abuse
- I belong: communities and connections*
- My super-power: coping with challenges*
- We all have a say: rights/responsibilities/consent
- My voice, your voice: active listening and communication
- Right and true: communication styles
- Words and actions: communicating through conflict
- Ships: healthy and unhealthy relationships
- Re(building) ties: addressing relationship violence
- My safety: exists and safety plans
- Allies: being there for others*
- The concluding circle: share and celebrate

** denotes sessions that were revised to incorporate feedback and comments from LGBTQ+ youth participants.*

The four initiatives presented above demonstrate the need to incorporate LGBTI specific content into existing 'universal' programs or strategies, particularly in the school setting. They also show that the inclusion and involvement of LGBTI people in design, development and implementation of initiatives is also important.

SUPPLEMENTARY EVIDENCE: DRAWING ON NON-FAMILY VIOLENCE SPECIFIC PREVENTION INITIATIVES

The following six initiatives are non-family violence specific prevention initiatives, and thus categorised as supplementary evidence that may support and inform future family violence prevention strategies specifically tailored for LGBTI people and their communities. Of these initiatives, two are from Australia, and evaluation evidence for three of the programs were found.

VOICES AGAINST VIOLENCE: YOUTH STORIES CREATE CHANGE (CANADA)

Acknowledging the severe and detrimental impacts of structural violence, the *Voices against Violence: Youth Stories Create Change* project consists of a large, multidisciplinary team across Canada, including academics, community-based knowledge users, young people (ages 16 to 24) and community partners. The purpose of the project is to examine the "subtle and explicit ways in which structural violence is woven into the everyday lives of young people in Canada, and how it influences their health, and strategies that can be used by youth to overcome and resist violence".[363] Working in partnership with young people using a participatory action approach and through collaboration with a National Youth Advisory Board, the five year project specifically focuses on inequalities that are derived from gender, race, and class.

At the Canadian conference on Promoting Healthy Relationships for Youth: Breaking Down the Silos in Addressing Mental Health & Violence (February 15 – 17, 2017)[364], Berman and colleagues presented on the *Voices against Violence* project, and highlighted the importance of connecting young people's experiences "with current policies operating upon their lives". Using art-based and intersectional approaches that sought to validate the multiplicity of young people's experiences, young people were supported in naming the problem and connecting individually-felt micro aggressions with larger structures that promote them.[365] In doing so, the project explored how the current Canadian policy landscape either assists or hinders young people from achieving their long-term goals for stability.

SAFE SCHOOLS (AUSTRALIA)

The Safe Schools Coalition Australia (SSCA) program was the first national program funded by the Australian Government aimed at creating safe and supportive school environments for same-sex attracted, intersex, and gender diverse young people. With a focus on reducing homophobic and transphobic attitudes and behaviours, the SSCA program seeks to improve the health and wellbeing of LGBTI young people by addressing homophobic and transphobic attitudes, and subsequent behaviours, across the school setting. To achieve this, the SSCA program supports schools to build the capacity of staff and students, shares good practices and builds national awareness of the issue.

[363] Voices against Violence, 2017, Voices against Violence: Youth stories create change, available at http://www.voicesagainstviolence.ca/project.html

[364] Western Centre for Research & Education on Violence against Women & Children, 2017, *Canadian conference on promoting health relationships for youth: Break down the silos in addressing mental health & violence,* http://learningtoendabuse.ca/speaker-presentation-slides

[365] Canas, E., Berman, H., and Aziz, A., 'Structural violence in the lives of youth: The experience of institutionally permitted micro aggressions on identity, belonging and mental health', Conference paper abstract, Canadian Sociological Association Congress 2017 https://www.csa-scs.ca/conference/paper/structural-violence-in-the-lives-of-youth-the-experience-of-institutionally-permitted-micro-aggressions-on-identity-belonging-and-mental-health/

In February 2016, the Australian Government announced that an independent review of the SSCA program would be undertaken, particularly reviewing the age appropriateness of the program's resources. Led by Professor William Louden, the review found that:

- All of the official resources are consistent with the intent and objectives of the program;
- All of the lessons in *All of Us* are educationally sound, age-appropriate and aligned to the Australian Curriculum. However, three of the eight lessons may not be suitable in all contexts, thus requiring educator discretion; and
- The development of additional guidelines could support schools in their consultation with parents and carers, including specific guidance for parents of LGBTI students.[366]

Participation in SSCA is voluntary for all schools. In Victoria, the Safe Schools program will be expanded to all government secondary schools by the end of 2018, providing schools with information and resources to "implement the program in a way that best suits their students and community".[367]

WISEGUYZ (CANADA)

Figure 4: WizeGuyz poster that outlines the issues of health, relationships, violence prevention, bullying and homophobia

A program of Calgary Sexual Health Centre, *WiseGuyz* is a participatory school based program for grade 9 boys (14 – 15 years of age) that began in 2010. Grounded in social influence theory and information-motivation-behaviour model (IMB), *WiseGuyz* aims to engage participants "in a journey of undoing their masculinity armour" that is defined by "stoicism, disconnection and a muting of their emotions".[368] As described in the *WiseGuyz* research report (2016), the foundation of the program is an integrated curriculum, comprised of four sequential core modules (human rights; sexual health; gender; and healthy relationships) facilitated over fourteen, 90-minute sessions, offered once per week.

[366] Louden, W., 2016, *Review of appropriateness and efficacy of the Safe Schools Coalition Australian Program resources,* Department of Education and Training, Australian Government, available at https://docs.education.gov.au/node/40001

[367] http://www.education.vic.gov.au/about/programs/health/Pages/safe-schools-coalition.aspx#link44

[368] Hurlock, D., 2016, *Boys returning to themselves: Healthy masculinities and adolescent boys. WiseGuyz research report #3,* Calgary Sexual Health Centre: Calgary, p. 4.

Figure 5: Conceptual model illustrating the core elements of healthy masculinities for adolescent boys taken from WiseGuys research report 3. (See Appendix 1.3 for Long text description)

Since 2010, 507 boys have participated in *WiseGuyz*, and in the most recent research report for the period 2014 – 2015, the following assertions are made with respect to the success of the program:

- Boys are more comfortable with expression of emotion as a male norm, and more comfortable with expressions of male norm behaviour that include traditional feminine traits;
- Boys are less homophobic;
- Boys disagree with convention and harmful masculine norms;
- Boys are more confident with sexual health self-efficacy;
- Boys feel better able to engage in health relationships; and
- Boys feel able to address negative expressions in their social life related to gender and sexuality.[369]

According to the *WiseGuyz* website, the program "not only has an impact on the boys themselves, but also their peers and the culture of the school itself, making it a place where students have empathy and stand up for each other. While there are short-term goals of encouraging healthy choices and better relationships, we know that long term this program has the potential to decrease bullying, homophobia and even domestic violence".[370]

RESPECTFUL RELATIONSHIPS EDUCATION (AUSTRALIA)

As defined in an evidence paper produced by Our Watch (2015), Respectful Relationships Education (RRE) "is the holistic approach to school-based, primary prevention of gender-based violence. It uses the education system as a catalyst for generational and cultural change by engaging schools, as both education institutions and workplaces, to comprehensively address the drivers of gender-based violence and create a future free from such violence".[371] In Australia, the greatest level of primary

[369] Hurlock, D., 2016, *Boys returning to themselves: Healthy masculinities and adolescent boys. WiseGuyz research report #3,* Calgary Sexual Health Centre: Calgary, p. 9.
[370] Calgary Sexual Health Centre, WiseGuyz, https://www.calgarysexualhealth.ca/programs-workshops/wiseguyz/#1459807990663-c8897619-dc8c
[371] Our Watch, 2015, *Respectful Relationships Education in schools: Evidence paper,* Our Watch: Melbourne, p. 3.

prevention activity has been implemented in the school setting[372], with strong evaluative evidence suggesting its effectiveness. Delivered within a public health model, school-based violence prevention initiatives are accessible, affordable and have the required broad reach as a whole-of-population action. As highlighted by the RCFV, teaching children and young people about respectful relationships and gender equality, and taking a whole school approach can prevent family violence in the long term.

The drive to implement RRE programs in all schools across Australia was stimulated by the provision of dedicated funding for such projects under the Second National Plan, supporting the design and implementation of RRE programs in each state and territory. At the time of writing, Victoria, Queensland, Tasmania and New South Wales government schools are mandated to deliver RRE content to students from Kindergarten (in Victoria and New South Wales, and Tasmania by the end of 2018), through to Year 12.

In South Australia and the Northern Territory, the *Keeping Safe* child protection curriculum which has a focus on respectful relationships is implemented throughout preschools and schools. And, in November 2015, Western Australia also released respectful relationships information to its schools, with new teaching resources made available online however the state government stopped short of incorporating compulsory lesson content on domestic and family violence prevention and awareness into the State education curriculum. The WA state government's *Youth Say No!* campaign website, aimed at raising awareness among young people about family violence and to educate themselves about respectful relationships, includes generalised information about domestic and family violence and respectful relationships, however this information is not state specific.

PROGRAM H, PROGRAM M AND PROGRAM D (BRAZIL)

Launched in 2002, Program H primarily targets men aged 15 to 24 years old, "to encourage critical reflection about rigid norms related to manhood".[373] In developing the program, extensive research was undertaken with young Brazilian men with more gender-equitable attitudes. Through this research, it was found that these participants had peer groups supportive of gender equality, better personal experiences around gender equality, and more meaningful male role models. These findings facilitated the development of Program H, offering young men opportunities to interact with gender-equitable role models in their community.

In recognition of the need to also work with and empower young women as well as young men, Program M was launched in 2006. Program M engages young women in similar critical reflection about rigid gender norms and non-equitable stereotypes about masculinity and how they affect both men and women, and their relationships. Together, Program H and M constitute a set of tools for incorporating a relational notion of gender into youth programming.

In an impact evaluation of Program H, it was found that homophobia was the attitude that showed the least amount of change on the part of the young participants. Thus, in 2005 a cartoon-video, similar to that used in Program H and Program M was developed. Named 'Afraid of What?', the cartoon focuses specifically on the issue of homophobia, targeting heterosexual youth with the aim of engaging young people, educators and health professionals in discussions on homophobia and the promotion of respect for sexual diversity. Program D uses interactive activities and group education

[372] Walden, I., and Wall, L., 2014, *Reflecting on primary prevention of violence against women,* Melbourne: Australian Centre for the Study of Sexual Assault and the Australian Family and Domestic Violence Clearing house, UNSW, available at https://aifs.gov.au/publications/reflecting-primary-prevention-violence-against-women/export

[373] Promundo, 2017, Program H, http://promundoglobal.org/programs/program-h/

to promote critical discussions about gender socialisation and the construction of sexuality, as well as expanding the vision of young people around caring for their sexual and mental health.

HIV PREVENTION AND HEALTH PROMOTION AMONG ASIAN GAY AND HOMOSEXUALLY ACTIVE MEN IN NEW SOUTH WALES (NEW SOUTH WALES, AUSTRALIA)

The NSW HIV Strategy 2016 – 2020 identified Asian gay and homosexually active men as a priority population given the rise in HIV notifications among these groups over recent years. In a discussion paper released by ACON in January 2017 it was identified that Asian gay and homosexually active men, as well as those from other culturally and linguistically diverse background, require "tailored and relevant programs, resources and services". [374] As such, ACON provides the following recommendations for effective HIV prevention and health promotion specific to Asian gay and homosexually active males:

- Needs assessment and data collection
    - Regular community-based behavioural surveillance survey to develop more effective HIV/STI responses;
    - A needs assessment through qualitative focus groups to survey the specific needs of this particular population group
- Training and skills building
    - LGBTI inclusivity and diversity training for all service providers working with Asian gay and homosexually active men to assist them to understand the needs of these groups;
    - Cultural awareness training among LGBTI community organisations to assist them to understand the cultural contexts from which Asian gay and homosexually active men are accessing services
- Improvement of testing services
    - Expansion of community-based testing services and HIV prevention programs to reach communities outside the inner-city;
    - Appointment of more multi-lingual staff to improve access for linguistically diverse people
- Production of resources and community engagement
    - Tailored and culturally relevant sexual health and HIV resources produced in key community languages and distributed among these communities;
    - Targeted initiatives to reach those who have not been exposed to educational campaigns, including recently arrived Asian gay and homosexually active men
- Enabling legal environments
    - Removal of laws requiring people living with HIV to disclose their status to sexual partners and a shift towards joint responsibility for safer sex;
    - Abolish all mandatory HIV-related testing as a proven barrier to HIV prevention and a human rights issue
- Migration reform
    - Remove prohibition on migration to Australia for people living with HIV;
    - Ensure that migrants, refugees, visitors, temporary visa holders, non-citizens and people without Medicare access are afforded the same access to HIV treatment and related health care, in line with recommendations of the Global Commission on HIV and the Law;
    - Access to human rights, anti-discrimination protections and health care for refugees and asylum seekers and an end to mandatory detention.

[374] ACON, 2017, *Effective HIV prevention and health promotion among Asian gay and homosexually active men in New South Wales. Discussion Paper,* Darlinghurst, NSW: ACON, p. 10.

Activities that are designed to challenge and transform societal structures, norms and practices that discriminate and oppress LGBTI people is key in all primary prevention efforts. For example, Canadian program *WiseGuyz* was specifically designed to challenge harmful masculinity as a way to promote health and wellbeing for all students, promote healthy and respectful relationships, prevent school based violence and bullying, and to address homophobia. Although *WiseGuyz* is a participatory school based program, the program has had far-reaching impacts, influencing and challenging harmful peer-group dynamics, and school culture more broadly. Further to this, as demonstrated by ACON's *HIV prevention and health promotion among Asian gay and homosexually active men in New South Wales* and *Say It Out Loud*, taking an intersectional approach to prevention ensures that efforts are tailored to address the specific structures that impact and affect certain population groups.

The empowerment of people from LGBTI communities is also fundamental in all prevention efforts, particularly those seeking to address social inequities. [375] The family violence-specific initiatives detailed above demonstrate promising practice, and taken collectively, illustrates the need to ensure that prevention efforts are tailored to address the specific population groups within LGBTI communities. For example, *Lead with Love* is specifically designed for parents of LGB teenagers and young adults. As articulated on the *Lead with Love* website, the decision was made to not address issues that parents of transgender youth face because "we opted not to try to address both sexual orientation and gender identity".[376] Clearly, the developers had considered issues specific to sexuality, and gender identity, and given the project resources, made a decision not to oversimplify the content, and reduce the risk of conflating sexual orientation and gender identity.

A number of the initiatives also include, and draw on the experiences of people from LGBTI communities in program design, development and implementation, signalling emerging good practice standards. For example, Canadian *HRP for LGBTQ+ Youth* incorporated recommendations provided by LGBTQ+ young people to ensure that the program content and related material better reflected their relationships in a positive, and strengths-based manner. Similarly, *Voices against violence: Youth stories create change* brought together academics and young people, including the establishment of a National Youth Advisory Board, to oversee and guide the project. ACON's *Say It Out Loud* also features personal stories of people from LGBTIQ communities, facilitating greater awareness of family violence within LGBTIQ relationships and providing a space for LGBTI people to see their experiences reflected in the public domain. Ensuring that prevention efforts are responsive to the unique needs and issues facing population groups is important in maximising impact, and sustainable change.

The notable absence of evaluative data highlights the importance of ensuring that evaluation and monitoring is considered at the planning and design phases of all prevention projects.

[375] Potvin, L., Cargo, M., McComber, A.M., Delormier, T., and Macaulay, A.C., 2003, Implementing participatory intervention and research in communities: Lessons from the Kahnawake schools diabetes prevention project in Canada, *Social Science and Medicine,* 56(6), pp. 1295 – 1305; Capp, K., Deane, F.P., and Lambert, G., 2001, Suicide prevention in Aboriginal communities: Application of community gatekeeper training, *Australian and New Zealand Journal of Public Health,* 25(4), pp. 315 – 321.

[376] http://www.leadwithlovefilm.com/about/faq/

CHAPTER 7: FUTURE DIRECTIONS, PRINCIPLES AND RECOMMENDED NEXT STEPS FOR PREVENTION

Promoting the primary prevention of interpersonal violence involves encouraging and supporting the development, implementation and evaluation of programmes explicitly designed to stop its perpetration. Feeding the results of these efforts into the policy process will ensure that lessons learned from experience, and rooted in local realities, will bring maximum benefit.[377]

This report has presented national and international evidence pertaining to LGBTI people's experiences of violence. It has identified a number of prevention initiatives designed to either prevent violence against LGBTI people or to improve their health and wellbeing. Despite the importance of this work, there have been few if any evaluations of the effectiveness of specific programs or interventions, which poses a challenge in identifying what actually works to prevent violence both generally and within family-base contexts. Furthermore, focusing on generic, public campaigns that target heterosexism and its impacts on LGBTI people as a whole can make it difficult to gauge their impact on the lives of different groups within LGBTI communities. The design of initiatives that target and are tailored specifically for population groups who experience multiple forms of discrimination remains a considerable challenge.

Understanding how LGBTI people experience the world is an important first step in understanding and addressing family violence against LGBTI people. For this reason, the inclusion of LGBTI people in planning and design of prevention initiatives is fundamental. As research has shown, social exclusion, isolation, prejudice and discrimination against LGBTI people, historically and in contemporary life, creates barriers that can impede LGBTI people from living safe and healthy lives. And while a number of policy and legislative changes have been made over recent years to afford LGBTI people greater protection from discrimination, heterosexism and cisgenderism are still widespread and, with that, the continued policing of rigid gender roles and stereotypes. Involvement, inclusion and active participation of LGBTI people in prevention efforts specifically tailored for LGBTI communities will not only provide a solid grounding for prevention activities, but also holds the potential to empower LGBTI people.

In its review of public health strategies, VicHealth (2017) noted that "a combination of strategies across legislation, bi-partisan policy, direct participation, social marketing, research and organisational change will be essential, as well as the institutional arrangements and coordinating mechanisms to ensure prevention is a visible and sustained approach".[378] Violence prevention requires innovative and sophisticated approaches, as well as demanding "difficult conversations about power, control and also gender among individuals and policy-makers".[379] In particular, efforts to prevent family violence against LGBTI people must include discussions on sexuality, heteronormativity and gender diversity.

The current gender order, heteronormativity, and binary understandings of sex and gender inevitably creates inequality. The negative impact of this, in particularly the gender order on women is well documented and evidenced by the work of feminists and social researchers. What we are increasingly

[377] Butchard, A., Phinney, A., Check, P., Villaveces, A., 2004, *Preventing violence: A guide to implementing the recommendations of the World report on violence and health,* Department of Injuries and Violence Prevention, Geneva: World Health Organisation, p. 35

[378] Keleher, H., 2017, *A review of prevention and public health strategies to inform the primary prevention of family violence and violence against women,* Melbourne: VicHealth and State Government of Victoria, p. 3.

[379] Keleher, H., 2017, *A review of prevention and public health strategies to inform the primary prevention of family violence and violence against women,* Melbourne: VicHealth and State Government of Victoria, p. 3.

learning about the rigid binary categorisations of sex and gender, coupled with heteronormativity, is that these structures have an impact on all individuals, albeit in different ways. Therefore, challenging and transforming heterosexist and gender structures, including societal understandings of the relationship between binary sex, gender and sexuality, is key to preventing violence against LGBTI people. By addressing these structures, prevention efforts also seek to transforms attitudes, behaviours, and norms. Failure to address the multiple drivers of violence against LGBTI people runs the risk of producing ineffective and/or unsustainable strategies for change.

GUIDING PRINCIPLES FOR ALL FUTURE PREVENTION ACTIVITIES

Drawing on existing research and practice approaches, and applying an intersectional analysis to the issue, the following principles have been identified as essential to the effective development and implementation of primary prevention efforts:

- **Engage and include LGBTI people in the planning, design and implementation of all prevention efforts.** Prevention efforts are encouraged to work with *and* for people LGBTI communities. In order to maximise prevention success, activities should reflect of the lived realities of LGBTI people's lives. Their involvement and engagement enriches prevention efforts with their lived experience and expertise, and also serves to build awareness and capacity for prevention within LGBTI communities.

- **Address the structural drivers of violence against LGBTI people**. This requires addressing gender structures, and heterosexism. Specifically designed prevention efforts to combat violence against LGBTI people must include an analysis of heterosexism and address the oppressive and institutional factors that generate and sustain harmful gender and sexuality stereotypes. This involves working at both the socio-structural level (such as through policy, legislation and institutional practices), and at the community or individual level (such as through direct participation or community mobilisation approaches).[380] Importantly, this also requires a clear and explicit focus on the drivers of violence, that is, the structures, practices and norms that discriminate and oppress people with diverse sexualities and gender identities, rather than focusing on the identities of LGBTI people.

- **Uphold and promote human rights**. Every individual has the right to live free from violence. The *Charter of Human Rights and Responsibilities Act* 2006 (Vic) clearly articulates that human rights: are essential in a democratic and inclusive society; belong to all people without discrimination; and come with responsibilities and must be exercised in a way that respects the human rights of others. Many people from LGBTI communities are likely to experience multiple and compounding forms of discrimination and oppression. Taking a human rights based approach to prevention requires acknowledgement that by prioritising, addressing and challenging the drivers of discrimination experienced by those most marginalised in our community, benefits *all* individuals.

- **Be inclusive of the diversity of LGBTI people and communities in all universal prevention efforts**. As this report has evidenced, due to the current heterogendered framing of family violence, the experienced and lived realities of people from LGBTI communities has largely been hidden from public discourse. Proactively including LGBTI people in all universal prevention efforts will facilitate a greater understanding of their experiences of family

[380] Matthews, C. R., and Adams, E. M., 2009, Using a social justice approach to prevent the mental health consequences of heterosexism, *Journal of Primary Prevention,* 30, pp. 11 – 26.

violence in LGBTI and mainstream communities. Adopting this principle also works to challenge heteronormative and heterosexist attitudes, norms and practices.

- Adopt an **intersectional approach that acknowledges and responds to the diversity and diverse needs** within LGBTI communities, including initiatives that are tailored to meet the different needs of groups within LGBTI communities.

- **Be specific** about who prevention efforts are tailored for. This includes being conscious about who is to be included *and* excluded in the program focus, and a clear articulation and justification of these decisions.

- Ensure planning allows time, space and resources for ongoing **critical reflection, and reflective practice.** This may involve all prevention project personnel reflecting on their own experiences of power and privilege, and recognising the areas where an individual benefits from privilege, as well as areas where privilege is not afforded. Reflecting critically on personal biases, assumptions and judgements is also important to ensure that such attitudes do not permeate prevention planning and associated activities.

- **Be open to synergies with other fields of prevention work**. A significant amount of work has already been undertaken in various areas to promote the health and wellbeing of LGBTI people. Although this work has largely taken place in discrete policy areas, collectively there is a wealth of knowledge and information with respect to working with people from LGBTI communities. Partnering, or aligning with other prevention efforts will maximise effectiveness, and facilitate greater success for sustainable change.

- **Identification and balancing of risks and benefits.** This principle is fundamental to ethical research and health practice, and is particularly important in the application of primary prevention efforts that involve discrimination and violence prevention. For instance, given the history of discrimination against LGBTI people and communities, and continuing prejudice against them, prevention efforts must do their best to minimise harmful stereotypes. The inclusion and involvement of LGBTI people in the planning, implementation and evaluation process will support prevention efforts to minimise these risks.

- **Be evidence-based and evidence-building**. Draw on the established evidence base in the broader violence prevention field, and from LGBTI health and rights-based policy and programming. Prevention of family violence against LGBTI people is an emerging area, so there is a pressing need to invest in evaluation, documentation and monitoring of new programs and policies to identify any unintended consequences early, and to build and share evidence of what works. This includes ensuring that all future prevention initiatives and/or research projects include scope, time and resources to conduct rigorous evaluations. Evaluation results should be disseminated through appropriate channels to ensure that learnings and emerging good practice principles are integrated into future prevention work.

RECOMMENDED NEXT STEPS FOR FUTURE PREVENTION INITIATIVES AND/OR RESEARCH

Recommendation one: Ongoing legislative reform to remove lawful grounds for discrimination against LGBTI people, and to remove all barriers that prevent or hinder people from LGBTI communities from accessing publicly-funded services, including family violence services.

Recommendation two: Design specific public campaigns aimed to reduce homophobia, biphobia and transphobia, and that positively promote sexual and gender identity diversity.

Recommendation three: Explore, plan and implement how best to integrate the prevention of family violence against people from LGBTI communities into the existing prevention initiatives that are currently implemented through various settings and sectors (see also The Equality Institute, 2017). This could include:

- Expanding the Respectful Relationships Education framework and curricula to be more inclusive of sex, gender and sexual diversity, whilst challenging and transforming heterosexist attitudes, practices and norms. This could also include amending whole-of-school anti-bullying initiatives to address heterosexism and binary gender structures.
- Expanding the purview of prevention initiatives across workplaces, sports and the media to ensure that messages and campaigns are inclusive of the lives, realities and experiences of people from LGBTI communities.
- Conducting an audit of existing department-funded initiatives to ensure they are inclusionary and demonstrate an intersectional approach to primary prevention.

Recommendation four: Support and fund primary research projects to better understand the drivers of violence against people from LGBTI communities, with a view to obtaining greater empirical data to facilitate deeper understandings of which drivers have the most impact, and how drivers intersect to compound experiences of violence for LGBTI people. Further, it is recommended that consideration be given to support a research partnership to develop a new approach to family violence prevention that examines the areas of overlap and commonality between the underlying causes of family violence against women and their children, and against LGBTI people.

Recommendation five: Representatives of sexual and gender diverse communities continue to be engaged and consulted in future policy and/or legislative reforms, particularly through existing mechanisms such as the LGBTI Family Violence Working Group and the whole-of-government LGBTI Advisory Group. Consideration is given to LGBTI population groups who experience multiple forms of discrimination and disadvantage.

Recommendation six: Establish a dedicated and expert advisory structure, with Ministerial access, within the new Victorian Prevention Agency, to guide and support all future work pertaining to the primary prevention of violence against people from LGBTI communities.

Recommendation seven: The Department of Premier and Cabinet consider:

- funding, overseeing and hosting an LGBTI family violence-specific conference, bringing together practitioners and researchers from both the violence against women *and* LGBTI sectors;
- funding two full-time positions to oversee the design, implementation and evaluation of future programming in this space, advise policy-makers, and further conceptualise, enhance and refine the understanding of family violence against LGBTI people;
- commissioning further research specifically focused on trans and gender diverse people and intersex people's experiences of family violence. Consideration should be given to trans and gender diverse people and people with intersex variations who experience multiple forms of discrimination and disadvantage.

In addition, the Department of Premier and Cabinet identify, in consultation with LGBTI communities, fund a series of comprehensively funded, multi-year action research projects to address violence against people from LGBTI communities. Ideally, these multi-year action research projects would Be

partnerships between academic experts and/or universities, practitioners and LGBTI-specific services and/or groups.

Recommendation eight: Maintain funding to key specialist organisations to support policy and practice development on the prevention of violence against people from LGBTI communities.

Recommendation nine: Provide support to all existing response agencies and mechanisms (service providers, police, justice system) to adopt and integrate an intersectional and inclusive approach to create a safe space for LGBTI people.

CHAPTER 8: CONCLUSION

Significant steps have been taken over recent years to challenge the discrimination and prejudice directed towards people from LGBTI communities, particularly in education and workplace settings. These to some extent, acknowledge the significant harms caused to people from LGBTI communities, and the implications for their individual and collective mental health, and general health and wellbeing.

We are now ready, as a community, to move beyond the rhetoric of 'acceptance' and 'tolerance' to genuine respect and inclusion. Violence perpetrated against people from LGBTI communities from other family members, like violence perpetrated by an LGBTI individual, occurs within a social context that subordinates LGBTI people and communities. To prevent family violence against LGBTI people necessitates the challenging and transforming of binary categorisations of sex and gender, as well as societal heteronormative gendered structures.

The drivers of family violence against LGBTI people are similar to the drivers of violence against women. However, social constructs and structures related to sex, sexuality and gender create particular complexities in relation to family violence against LGBTI people. Addressing and preventing family violence against people from LGBTI communities will no doubt be aided by efforts to prevent violence against women, however a more inclusive and nuanced approach is required. The reframing of family violence to be more inclusive of LGBTI people and communities requires a more expansive understanding of sex, gender, and sexuality structures, and a model that looks at the interactions and intersections of dominant constructions of biological sex, gender and sexuality. To understand gender as a socially constructed phenomenon which links certain abilities, attributes, privileges and qualities to men and women requires challenging the notion that biological sex and gender is relational. To this end, understanding and accepting that gender roles are not biologically determined, but rather vary according to the prevailing culture of the time (and that for some individuals, gender can vary throughout their life course) is a fundamental step towards inclusivity and respect.

In addition, to accept that gender structures inherently privilege heterosexual, cisgender masculinity is to also accept that the same gender order assumes a linear link between sex, gender *and* sexuality. The discrimination, oppression and violence that LGBTI people experience reflects and reinforces not only conventional gender norms and practices, but also closed biological sex, sexual and gender categories. Within this context, the interplay between sex, gender, and sexuality reveals how patriarchy and heterosexism underpins family violence against LGBTI people – an institutional value system that privileges cisgender heterosexuality.

Given the similarities and overlapping issues that preventing violence against women and violence against LGBTI people presents, prevention efforts need not be oppositional. Indeed, to facilitate sustainable change, tailored and nuanced approaches to family violence prevention are required to ensure that initiatives reach population groups that would otherwise be 'missed' by universal strategies. This is not to assert that one population group of victim/survivors are more deserving than another, but rather it is an acknowledgement of the fact that victim/survivors of family violence are not a homogenous group. Structural inequalities, whether driven by gender inequality, racism, classism, sexism, heterosexism, or a combination of these, interact and reinforce each other to influence and shape people's experiences in various ways, and to varying degrees – these nuanced realities reflect the complexity of family violence, and thus should be recognised rather than obscured.

APPENDIX 1 – LONG TEXT DESCRIPTIONS

APPENDIX 1.1 – FIGURE 2 LONG TEXT DESCRIPTION

Figure 2 shows a pie chart with equal parts Social-Economic Status, Age, Ability, Race/Ethnicity, Sex, Gender and Sexuality. The slices for Sex, Gender and Sexuality are separated from the rest.

APPENDIX 1.2 – FIGURE 3 LONG TEXT DESCRIPTION

Figure 3 is a graphic showing a cartoon man surrounded by three ribbons with each representing social status and identity, discrimination and oppression, and social systems and structures. The words on the ribbons state:

Social Status and Identity Ribbon:

- Aboriginality
- Ethnicity
- Sex
- Parent/carer status
- Sexuality
- Gender identity
- (dis)ability
- Religion
- Migration and refugee status
- Age
- Socio economic status
- Cultural background

Discrimination and Oppression Ribbon:

- Colonization
- Sexism
- Homophobia
- Ageism
- Ableism
- Classism
- Racism
- Religious discrimination

Social Systems and Structures Ribbon:

- Welfare
- Economic
- Legal / Justice
- Labour
- Education
- Health

APPENDIX 1.3 – FIGURE 5 LONG TEXT DESCRIPTION

Figure 5 is a cyclical flowchart with the core elements of Comfort with Emotion, Empathy, Consiousness, and Sustaining healthy masculinities and relational capacity. Each of these core elements is a safe space. Comfort with emotion leads to empathy by creating comfort with vulnerability, trust and connections. Empathy leads to Consciousness by disrupting negative and stereotypical discourse. Consciousness leads to sustaining healthy masculinities and relational capacity by having self-awareness in relationships.

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GLOSSARY OF TERMS

ABLEISM

The institutional, cultural, and individual set of beliefs, attitudes and practices that perceives and treats people with a disability as being less worthy of respect and consideration, less able to contribute and participate, or of less inherent value than able-bodied individuals. Ableism results in the systemic and institutionalised exclusion and oppression of people with a disability.

AGEISM

The process of systematic stereotyping of, and discrimination against people based on their age. Although ageism is more generally used in relation to the discrimination against older people, ageist attitudes and norms also adversely affect young people.

CLASSISM

The institutional, cultural, and individual set of beliefs, attitudes and practices that assign differential value to people according to their socio-economic status. Classist attitudes and norms may be based on a person's family background, wealth or income, education, and/or occupation.

BISEXUAL

A person of any gender, who self-identifies as being emotionally, romantically or sexually attracted to people from more than one gender.

BIPHOBIA

Prejudice, fear and/or hatred directed towards bisexual people or bisexuality.

BROTHERBOY

Brotherboys are Indigenous transgender people with a male spirit, whose bodies were considered female at birth. Brotherboys choose to live their lives as male, regardless of which stage/path medically they choose. Brotherboys have a strong sense of their cultural identity.381

CISGENDER

A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

CISGENDERISM

A term referring to the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth. This ideology endorses and perpetuates the belief that cisgender identities are expression are to be valued more than transgender identities and expression, and creates an inherent system of associated power and privilege.

DRIVERS

The underlying causes that are required to create the necessary conditions in which violence against women occurs. They relate to the structures, norms and practices arising from inequality in public and private life, but which must always be considered in the context of other forms of social discrimination and disadvantage.

[381] Sisters and Brothers NT, 2015, www.sistersandbrothersnt.com/

ETHNOCENTRISM

The belief that one's own culture is superior to others, and has the right to impose its norms or tenets onto others. Ethnocentric attitudes and norms often manifest as judgement, prejudice and discrimination against individuals and/or groups, especially with concern to language, behaviour, customs and religion.

GAY

A man who self identifies as a man, and who identifies as being emotionally, romantically or sexually attracted to other men. This term is sometimes used by women (rather than using the term 'lesbian').

GENDER

The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women. Gender defines masculinity and femininity. Gender expectations vary between cultures and change over time.

GENDER DIVERSITY

Gender diversity includes people who identify as agender (having no gender), as bigender (both a woman and a man) or as non-binary (neither woman nor man). Some non-binary people identify as genderqueer or as having shifting or fluid genders. Gender diversity also refers to individuals whose gender expressions differ from what is socially expected.

GENDER IDENTITY

Refers to a person's innate, deeply felt psychological identification of their gender, which may or may not correspond to the person's designated sex at birth.

GENDER POLICING

A term used to describe the way in which normative gender expressions are imposed or enforced upon an individual or group of individuals.

HETEROGENDER (HETEROGENDERED)

Refers to the asymmetrical stratification of the sexes, privileging men and subordinating women, in the institution of patriarchal heterosexuality; the assumed relationship between binary gender categories to heterosexuality.

HETERONORMATIVE

Relates to the systemic privileging of the social models of binary sex, binary gender and the normalisation of heterosexuality. It includes the unquestioning assumption that all people fall into one of two distinct and complementary genders (man and woman) correspondent to their sex assigned at birth with 'natural roles in life'; that heterosexual is the only 'normal' sexual orientation; and that sexual and marital relations are only appropriate between a man and a woman.

HETERONORMATIVITY

Refers to a general perspective which sees heterosexual experiences as the only, or central, view of the world, and assumes a linear relationship between sex, gender and sexuality (e.g. female, woman, heterosexual or male, man, heterosexual).

HETEROSEXISM

Refers to the larger, institutionalised system of oppression and discrimination based on a belief that heterosexual relationships and family forms are the norm, 'natural' and/or superior to all others. Heterosexism fosters a culture in which heterosexuality (and by default, heterosexuals) is the norm, subordinating all 'other' sexualities, and those who are not cisgender and heterosexual. Heterosexist

attitudes and norms result in both the privileging of heterosexual relationships and the conscious and unconscious exclusion of, and prejudice, discrimination and harassment towards LGBTI people, both by individuals, and at an institutional level in society.

HOMOPHOBIA

A term coined in the late 1960s to describe a person's dislike, hatred or irrational 'fear' of people who are homosexual. Homophobia often also refers broadly to a dislike, hatred or fear of all LGBTI people. Recently, heterosexism has been used as the preferred term to highlight the systemic discrimination that LGBTI people encounter, which includes 'homophobia', 'biphobia', and 'transphobia'.

INTERNALISED HOMOPHOBIA

The internalisation by homosexual people of negative attitudes and feelings towards homosexuality.

INTERNALISED BIPHOBIA

The internalisation by bisexual people of negative attitudes and feelings towards bisexuality.

INTERNALISED TRANSPHOBIA

The internalisation by transgender people of negative attitudes and feelings towards transgenderism.

INTERSECTIONALITY

A theory and approach which recognises and respects that our identities are made up of multiple interrelated attributes (such as race, gender, ability, religion, ethnicity, sexual orientation, sexual identity, and socio-economic status) and understands the intersections at which people experience individual, cultural and structural oppression, discrimination, violence and disadvantage.

INTERSEX

The term intersex refers to a diversity of physical characteristics. Intersex is an umbrella term that describes people who have natural variations that differ from conventional ideas about 'female' or 'male' bodies. These natural variations may include genital, chromosomal and a range of other physical characteristics. Intersex is not about a person's gender identity.

LGBTI

An acronym used to refer collectively to people who are lesbian, gay, bisexual, transgender and/or intersex. These are five distinct but sometimes overlapping groupings.

LESBIAN

A woman who self-identifies as a woman, and who is emotionally, romantically and/or sexually attracted to other women.

MISGENDERING

A term for describing or addressing someone using language that does not match how that person identifies their own gender or body. Using inclusive language means not misgendering people.

PRIMARY PREVENTION

Whole-of-population initiatives that address the primary (first or underlying) drivers of violence.

RACISM

The systematic prejudice, discrimination and/or antagonism directed against someone of a different race, ethnicity, culture or religion. Racism can take many forms – attitudinal, institutional and cultural – and is based on the belief that one's own race, ethnicity, culture or religion is superior to another. This may be explicit, but in the contemporary context is more often implicit (and therefore difficult to

identify and counter), typically expressed as negative stereotypes and assumptions about particular individuals or groups and discriminatory organisational and institutional practices.

SEX

The biological and physical characteristics used to define humans as male or female.

SEXISM

Discrimination based on sex and/or gender, and the attitudes, stereotypes and cultural elements that promote discrimination. Sexism relies on rigid, hierarchical binaries of 'male/female' and 'masculine/feminine' that assign a higher value to men and masculinity, and consequently creates societies characterised by structural and normative gender inequality that systematically disadvantage women.

SISTERGIRL

Sistergirls are Aboriginal transgender women (assigned male at birth) who have a distinct cultural identity and often take on female roles within the community, including looking after children and family. Many Sistergirls live a traditional lifestyle and have strong cultural backgrounds. Their cultural, spiritual, and religious beliefs are pivotal to their lives and identities.382

SEXUAL ORIENTATION OR SEXUALITY

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practice, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Some terms used to describe a person's sexual orientation include gay, lesbian, bisexual, heterosexual, straight, homosexual. Sexual orientation is intended to cover all sexual orientations.

TRANSGENDER

Transgender (or trans) is an umbrella terms referring to people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. A transgender person may identify specifically as transgender or just male or female, or outside of these binaries. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as heterosexuality, gay, lesbian bisexual etc.

In some societies, people choose their own gender when they come of age and more than two genders are recognised. These societies often use culturally specific terms instead of 'trans' (e.g. Sistergirl or Brotherboy in Australia, and Two Spirited in North American and Canada).

TRANSPHOBIA

A fear and hatred of, or discomfort with, transgender people.

[382] Sisters and Brothers NT, 2015, www.sistersandbrothersnt.com/