

# Pride in Prevention

A guide to primary prevention of family violence experienced by LGBTIQ communities

Marina Carman, Jackson Fairchild, Matthew Parsons, Claire Farrugia, Jennifer Power and Adam Bourne



Rainbow  
Health  
Victoria

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# Introduction and aims

This guide has been produced to inform primary prevention initiatives aimed at family violence experienced by lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) communities.

It is an output of the LGBTIQ Family Violence Prevention Project 2019–2021 which is funded by the Office for Women in the Victorian Department of Premier and Cabinet. The project is being undertaken by Rainbow Health Victoria, a program that supports LGBTIQ health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. Rainbow Health Victoria sits within the Australian Research Centre in Sex, Health and Society at La Trobe University.

The overall aims of the project are to:

- ▶ address critical evidence gaps in LGBTIQ family violence primary prevention
- ▶ strengthen understanding of the drivers of family violence experienced by LGBTIQ communities
- ▶ develop shared understandings of the drivers of LGBTIQ family violence and prevention approaches across LGBTIQ organisations, family violence services and government
- ▶ build the expertise and capacity of LGBTIQ organisations and mainstream family violence services in the design and delivery of primary prevention activities for LGBTIQ communities
- ▶ test and deliver community-based primary prevention activities with and for LGBTIQ communities and explore opportunities for replication

This guide has been developed as a resource for those engaged in the primary prevention of family violence experienced by LGBTIQ communities, and will underpin pilot interventions undertaken as part of this project. The guide:

- ▶ builds on existing frameworks and initiatives
- ▶ summarises the existing research base and knowledge gaps
- ▶ puts forward a proposed model for understanding the drivers of family violence experienced by LGBTIQ communities
- ▶ makes recommendations for the design and delivery of future primary prevention activities

Note: Variations of the acronym LGBTIQ will be used throughout this document depending on which communities are included in particular studies or discussions. There is a notable lack of research including people with an intersex variation, but they will be included in the discussion below where research and insights are relevant to their experiences and needs.



# Where we stand

## Existing frameworks

This guide is informed by *Change the story*, a national framework for primary prevention of violence against women and children in Australia<sup>1</sup>. *Change the story* defines primary prevention as follows:

*Primary prevention requires changing the social conditions, such as gender inequality, that excuse, justify or even promote violence against women and their children. Individual behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader change in the underlying drivers of such violence across communities, organisations and society as a whole. A primary prevention approach works across the whole population to address the attitudes, practices and power differentials that drive violence against women and their children. (p. 13)*

Primary prevention is targeted at the deep underlying social drivers of violence through initiatives aimed at stopping violence before it starts. This should be distinguished from early intervention, which aims to support individuals and families by identifying and stopping violence in the early stages.

*Change the story* identifies gender inequality as the key social factor driving violence against women. This is associated with rigid gender roles and stereotyped constructions of masculinity and femininity. It does not, however, include an examination of family violence experienced by LGBTIQ communities.

Subsequent work by Our Watch and GLHV (now called Rainbow Health Victoria) identified commonalities in the drivers

of violence for women and children, and LGBTIQ communities.<sup>2</sup>

*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. (p. 8)*

The report highlighted the need to address the structural drivers of violence experienced by LGBTIQ people through work 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)’. (p 11)

This guide aims to develop these ideas further. Larger-scale consultation and reviews of evidence and interventions will be needed in order to develop a shared national primary prevention framework that is inclusive of LGBTIQ experiences of family and intimate partner violence. This guide seeks to contribute to a process that can be continued into the future.

## Existing policy initiatives

As part of the whole-of-government approach to tackling family violence in



Victoria, LGBTIQ communities have been recognised and included in a comprehensive policy response.

The *Everybody Matters: Inclusion and Equity Statement*<sup>3</sup> strengthens the policy commitment to focusing on diverse communities and working towards an inclusive, safe, responsive and accountable

**There is a growing body of literature that has investigated the prevalence, nature and forms of violence that are specific to LGBTIQ communities.**

family violence system for all Victorians. Rainbow Health Victoria is contributing to the strategic priorities in this policy by leading a series of interlinked projects providing training, support for service accreditation through the Rainbow Tick, and family violence sector development to improve LGBTIQ inclusion.

*Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women*<sup>4</sup> also includes a focus on driving innovative prevention practices, including with LGBTIQ communities. Activities focussed on primary prevention of family violence experienced by LGBTIQ communities have tended to be small-scale and uncoordinated. Several projects funded by the Office for Women in the Victorian Department of Premier and Cabinet are being undertaken, including mapping existing initiatives with a range of partners and testing new ones. The LGBTIQ Family Violence Primary Prevention Project aims to bring together and build on this existing work.

## Existing research and limitations

Overall, there is a lack of population-wide data on the prevalence of family violence experienced by LGBTIQ communities, as adequate questions about sex characteristics, gender identity and sexuality have not been included in national data sets and studies. Some have suggested that this lack of a research focus is related to a culture of silence around this violence.<sup>5</sup> However, there is a growing body of literature that has investigated the prevalence, nature and forms of violence that are specific to LGBTIQ communities.

In reviewing the literature, it is worth acknowledging important limitations and challenges.

- ▶ The few studies that do address family violence experienced by LGBTIQ communities tend to have small sample sizes and vary in terms of methodology, making generalisations and comparisons difficult.
- ▶ Definitions of violence and abuse vary between studies, and are applied inconsistently across violence experienced in families and intimate relationships.
- ▶ Definitions of sex, gender and sexuality are used differently across studies, failing at times to capture diversity in identity and experience within LGBTIQ communities.<sup>6-8</sup>

An important issue in the literature on family violence more generally is the dominance of studies of victim-survivors, despite the difficulties involved in securing participation while minimising re-traumatisation. This focus is valid and necessary, but it can obscure the importance of investigating what influences and motivates people who choose violence, and what can be done for and with perpetrators to prevent family violence.

There are very few studies that include perpetrators of family violence experienced by LGBTIQ communities. Many studies investigating the prevalence of LGBTIQ experiences of family violence have not included questions about the identity of perpetrators. This significantly limits understanding of the dynamics of violence.

## Prevalence

### Intimate partner violence

A number of studies have found that intimate partner violence is reported at similar rates in same-gender relationships to heterosexual relationships, while some studies have found higher rates.<sup>5,7,9-11</sup> Research looking at the experiences of bisexual people has mostly investigated the experiences of bisexual women, finding higher rates compared to lesbian-identified or heterosexual women. This appears to most often be violence perpetrated by a male partner,

though the gender of the perpetrator was not always included.<sup>12,13</sup> There is limited research looking at trans and gender diverse experiences of intimate partner violence, but it is reported at higher rates than their cisgender peers, and there are indications that trans women report higher rates than trans men.<sup>14,15</sup>

Major gaps here include research that includes an examination of the gender and sexual identity of perpetrators, that separates out the experiences of trans and gender diverse people assigned male or female at birth, and that investigates the specific experiences of non-binary people.

Due to limited research, very little is currently known about the experiences of people with an intersex variation.<sup>16</sup>



Most studies looking at prevalence are located in the United States and Canada, but a small number of Australian studies have investigated experiences of LGBTIQ intimate partner violence.<sup>17-19</sup>

**The types and impact of intimate partner violence have been found to be similar for same gender relationships and heterosexual relationships. However, some differences have been identified in terms of how perpetrators exploit knowledge of sexual and gender identity within social networks or wider community in order to control and harm.**

### Family violence

Definitions of family for LGBTIQ people often distinguish between 'family of origin' (biological or adoptive family) and other family forms or 'chosen family' that LGBTIQ people create, sometimes in response to rejection.

The literature on violence and abuse of LGBTIQ people by members of their family of origin is limited, and often does not define this as 'family violence'. There is a small body of research mostly focussed on the impact of negative relationships between parents and LGB adolescents, with even less focussed on trans and gender diverse adolescents.<sup>20</sup>

Experiences of family rejection have been found to have significant negative consequences on the mental health and wellbeing of LGBT young people and, by contrast, family acceptance has both a positive impact and protective effect against negative outcomes.<sup>20-22</sup> A small number of studies have found that LGB young people are more likely than heterosexual siblings to experience childhood verbal, physical and sexual abuse.<sup>23</sup>

In 'coming out' within families, LGBTIQ people can be subject to rejection, abuse and violence.<sup>24-28</sup> Experiences of rejection are linked to high rates of homelessness, with young people describing verbal and physical abuse, and family attempts to 'normalise' their gender and sexuality.<sup>29</sup> Despite little published evidence, people with an intersex variation report family rejection and abuse, especially when their affirmed gender identity differs from their birth-assigned sex.<sup>16</sup>

Violence in the 'chosen family' of LGBTIQ people has not been investigated. In addition, up to a third of LGBTIQ people experiencing intimate partner violence have reported having children living with them at the time of the abuse,<sup>30</sup> but little is known about the experiences of children in LGBTIQ-parented families.

### Broader experiences of violence

A number of Australian studies have found that LGBTIQ people report high levels of verbal and physical abuse, harassment and sexual assault, including within their homes.<sup>23,31,32</sup> A recent international review found an elevated risk for these experiences for LGBTIQ people that persists through childhood, adolescence and adulthood.<sup>23</sup>

Within this, trans and gender diverse people report higher levels of violence and abuse, and sexual violence and coercion. In a recent Australian study of trans and gender diverse sexual health, sexual violence and coercion was reported most often by trans and non-binary participants who were assigned female at birth.<sup>32</sup>

Experiences of family violence are compounded by experiences of abuse and violence in public spaces, educational settings and workplaces, impacting LGBTIQ people in all areas and at all stages of their lives.<sup>2</sup>

People with intersex variations may not have diverse sexual and gender identities, and

therefore may not be subjected to abuse and violence motivated by homophobia, biphobia or transphobia. However, people with an intersex variation may experience unnecessary medical and other 'normalising' interventions, as well as negative attitudes towards their bodies and identity.<sup>33</sup>

While violence is perpetrated against LGBTIQ people, it is important to note that violence is also perpetrated by and within LGBTIQ communities — and can potentially be motivated by homophobia, biphobia, transphobia and intersexphobia, as well as sexism and misogyny. Much less is known about this violence, and a research focus has perhaps been avoided due to fear of further stigmatising LGBTIQ communities.

### Nature of violence

Family violence experienced by LGBTIQ people can include a range of verbal, emotional, psychological, financial, physical, and sexual abuse, intimidation and threats. The types and impact of intimate partner violence have been found to be similar for same-gender relationships and heterosexual relationships.<sup>9,34-36</sup>

However, some differences have been identified in terms of how perpetrators of intimate partner violence against LGBTIQ people exploit knowledge of identity within social networks or wider community, in order to control and harm.

This can include:

- ▶ Using homophobia, biphobia and transphobia as a means to assert power and control
- ▶ Revealing or threatening to reveal the sexual or gender identity or birth-assigned sex of a partner
- ▶ Revealing or threatening to reveal the HIV status of a partner<sup>19,35,37-40</sup>

For trans and gender diverse people this can also include:

- ▶ Withholding of finances for medical services or items for expressing gender identity
- ▶ Focusing on features associated with an individual's birth-assigned sex and saying that a transgender person isn't a 'real' woman or man
- ▶ Targeting of gendered body features during violence<sup>41-43</sup>

While these studies have focussed on intimate partner violence, there are similarities with the homophobic, biphobic and transphobic violence reported by LGBTIQ people within their families of origin.

There are also reports that psychological abuse of people with an intersex variation within their families can include shaming and ostracising, treating the child less favourably and insistence on 'sex-appropriate' behaviour.<sup>16</sup>

### Existing approaches to drivers



The literature on drivers of family and intimate partner violence for LGBTIQ communities is not well-developed. However, existing work on the drivers of violence against women, particularly theoretical approaches, is relevant and useful in this context.

Approaches to understanding the drivers of violence against women have focussed on the role of gender inequality.

According to [Change the Story](#), the national framework for the primary prevention of

**The literature on drivers of family and intimate partner violence for LGBTIQ communities is not well developed. However, existing work on the drivers of violence against women, particularly theoretical approaches, is relevant and useful.**



violence against women and their children in Australia, the gendered drivers of violence are:

- ▶ Condoning of violence against women
- ▶ Men's control of decision making and limits to women's independence
- ▶ Stereotyped constructions of masculinity and femininity
- ▶ Disrespect towards women and male peer relations that emphasise aggression<sup>1</sup>

This approach is underpinned by a significant body of feminist literature from the 1970s onwards, which has focussed on power imbalances that are rooted in social structures, specifically gender inequality.<sup>44-46</sup>

An important predictor of men's violence against women has been found to be adherence to sexist, dominating and sexually hostile attitudes.<sup>47-49</sup>

So a major focus in family violence prevention — particularly in working with men who use violence — is how gender inequality is reinforced through social norms.<sup>50</sup> Gender norms are not biological, but socially constructed, learnt, and subject to cultural and historical variation.<sup>51</sup> Norms are unwritten rules of acceptable and ideal conduct and behaviour. These are articulated in institutions and systems, and influence attitudes and behaviours for individuals within family and intimate relationships. The socio-ecological model developed to understand the drivers of men's violence against women is a way of describing this complex interplay of individual, relationship, community and macro-social levels.<sup>1,52</sup>

Important insights can be gained by bringing an analysis of this literature together with existing research that has investigated experiences and understandings of LGBTIQ family and intimate partner violence.

The following section includes some key insights from this analysis.

# Key insights

## Inequality and power

A small number of studies have found that power imbalances influence the dynamics of violence within same-gender intimate relationships, such as inequalities related to income, education, ethnicity, access to social networks, being 'out' or other factors.<sup>53-56</sup> Inequality can also be based on gender identity in intimate relationships for trans and gender diverse people,<sup>41</sup> particularly those in partnerships with cisgender people. Inequality in power is also a key factor in violence perpetrated in families by adults against LGBTIQ children and adolescents.

## Gender dynamics

LGBTIQ communities are not immune to gender norms, but how these operate in the context of same-gender and gender diverse relationships is a gap in knowledge.

The application of feminist approaches to men's violence against women can inadvertently reproduce stereotypes that link violence perpetration to 'masculine' bodies or gender presentation. This can lead to assumptions that LGBTIQ people recycle these norms in their intimate relationships,<sup>57</sup> for example, along the lines of 'butch/femme' or 'top/bottom'. Some existing approaches to intimate partner violence have inadvertently contributed to societal myths that either violence does not occur in lesbian relationships or is 'mutual violence', and that violence between gay men should be tolerated and excused because of perceptions about comparable physical strength and power.<sup>39,58,59</sup>

Additional research is needed to investigate gendered dynamics within the diversity of LGBTIQ relationships, and how these interact with experiences of violence.

LGBTIQ people also exist within a broader context of masculinised social norms that endorse and legitimise violence. It is not uncommon for men to inflict violence upon other men in a range of circumstances, and for this to be excused and condoned. Women may also enact violence against other women, including female partners, in the context of a cultural environment that endorses anger as one of the few emotions deemed acceptable during periods of distress<sup>60</sup> and assigns greater social value to traits of aggression and dominance typically seen as masculine.<sup>51</sup> In these ways, violence is condoned as a means of control, regardless of the gender of the perpetrator.<sup>61</sup>

**A number of studies have found that the dominance of heteronormative (and cis-normative) models of family violence make it harder for LGBTQ people to recognise and label intimate partner violence as such, creating silence around this violence.**

## Cisnormativity and heteronormativity

Rigid gender norms are reinforced by the idea that the only 'normal' and 'natural' bodies and gender identities are 'male' and 'female'. The binary gender norms that drive violence against women are therefore inherently linked to the cisnormativity that drives violence against trans and gender diverse people, and motivates medical interventions aimed at 'normalising' intersex bodies.

In addition to rigid gender norms and cisnormativity, heteronormativity is a key factor in the inequality and discrimination experienced by LGBTIQ communities.



Heteronormativity includes a suite of cultural, legal and institutional practices that work to explicitly privilege relationships between 'men' and 'women' as the only 'normal' and 'natural' form of relationship.<sup>62</sup>

A number of studies have found that the dominance of heteronormative (and cisnormative) models of family violence make it harder for LGBTQ people to recognise and label intimate partner violence as such, creating silence around this violence.<sup>63</sup> This silencing has been found to impact on LGBTQ people staying in abusive relationships, and also to delay recognition of violence by victim-survivors, their families and communities.<sup>64</sup> There are indications that LGBTQ community awareness of intimate partner violence is low.<sup>65</sup>

LGBTQ people may delay reporting due to fears that police and service providers will minimise or fail to understand or take their concerns seriously.<sup>17,61</sup> Other studies have suggested that silencing occurs because of fear that reporting intimate partner violence will lead to further stigmatisation of LGBTQ identities and relationships.<sup>57</sup> This fear of further stigmatisation appears to be compounded for people from culturally and linguistically diverse communities.<sup>66,67</sup>

Experiences of stigma and discrimination have also been shown to impact on disclosure

**Overlapping systems of inequality and discrimination can influence LGBTQ peoples' experiences of intimate partner and family violence. This includes inequality and discrimination based on culture, Aboriginality, ethnicity, socio-economic status, ability, geography, age, migration status and religion.**

and help-seeking by victim-survivors<sup>37,54,63</sup> in some cases also because of self-blame for victimisation.<sup>68</sup> This can be worse for bisexual people who feel doubly excluded from mainstream and LGBTIQ communities.<sup>5</sup>

Because of the dominance of cisnormativity and heteronormativity, LGBTIQ people may also be less able to recognise and identify abuse and violence in their 'family of origin' as 'family violence'. This violence may be excused or condoned on cultural or faith-based grounds. It is also possible that LGBTIQ people may label their experiences as homophobic, biphobic, transphobic or intersexphobic violence, and therefore not see the relevance of messaging and programs aimed preventing or responding to family violence.

Rigid gender norms, cisnormativity and heteronormativity are key factors in the abuse and violence experienced by LGBTIQ people within their families of origin, and in society more generally. A recent Australian review has reinforced the significant connection between gendered and homophobic violence.<sup>69</sup> This connection reinforces the need for gender-transformative approaches that challenge rigid gender norms by simultaneously addressing cisnormativity and heteronormativity.

## Intersectionality

Overlapping systems of inequality and discrimination can influence LGBTIQ peoples' experiences of intimate partner and family violence. This includes inequality and discrimination based on culture, Aboriginality, ethnicity, socio-economic status, ability, geography, age, migration status and religion. These can all influence individual, family and community understandings of sex, gender and sexuality. Through this, the impact of rigid gender norms, cisnormativity and heteronormativity will be felt differently by LGBTIQ people depending on these intersecting social characteristics, and can be made worse.



One study on family acceptance of LGBT young people found that it was lower amongst those from migrant, religious and lower socio-economic backgrounds.<sup>26</sup> Others found specific experiences within LGBTIQ culturally and linguistically diverse communities, including faith- or religious-motivated verbal and physical abuse and family exile.<sup>70,71</sup> A small number of Australian studies have looked at experiences of LGBT people in migrant and refugee communities, finding erasure and shame, and concern about the reactions of immediate and extended family and communities.<sup>72-75</sup>

More research is needed to look at intra-group differences in these communities that might interact with experiences of intimate partner and family violence, such as migration status, experiences of pre-arrival or migration trauma, patterns of help-seeking, and varying understandings of relevant issues such as family responsibility and confidentiality.

There is an absence of research on the experiences of family violence for LGBTIQ Aboriginal and Torres Strait Islanders. However, there are indications that family

and community support or rejection is closely related to health outcomes.<sup>76</sup> More needs to be done to understand the compounded impact of colonialism and the historical imposition of rigid gender norms and heteronormative family structures, as well as how these operate in a current-day context. Meanwhile, there is evidence of high levels of violence and sexual violence (including within family settings) experienced by LGBT people with a disability.<sup>77,78</sup> Little has been published on the drivers of violence in this context.

It is worth noting that LGBTQ people report that relationships with peers and community connections are important protective factors in terms of health and wellbeing.<sup>31</sup> Having other community, organisational, religious, cultural and extended family connections can also be important sources of support for LGBTIQ people.<sup>70</sup> However, protective factors for wellbeing, such as religious affiliation, can be disrupted depending on the level of community acceptance.<sup>20</sup>



on both perpetrators and victim-survivors.<sup>81-84</sup> The literature focusses on how negative self-worth is expressed through violence against partners, or in accepting violence by partners.<sup>85</sup> However, while there is some evidence of an association, a causal link is not clear.<sup>5,38,86</sup>

In addition, the relationship between family of origin violence and perpetration of intimate partner violence is unclear. Various studies have linked harsh parenting to later intimate partner violence in intimate relationships,<sup>87-89</sup> but more work needs to be done in the context of LGBTIQ experiences.

More broadly, LGBTQ people face high levels of homophobic, biphobic and transphobic abuse and violence within a range of social contexts outside of the family,<sup>77,90</sup> and have been found to experience poorer mental health.<sup>91-95</sup> This creates a challenging social context within which to build individual self-worth and healthy relationships.

Overall, existing research on family violence experienced by LGBTIQ communities does not currently address a wide range of research questions that are key to understanding the predictors, drivers or correlates of this violence. There is also a very small body of literature on interventions, involving counselling, couple and group therapy, and perpetrator interventions.<sup>96</sup> The literature on primary prevention of family violence experienced by LGBTIQ communities is not developed.

Nevertheless, existing research on family and intimate partner violence experienced by LGBTIQ communities has established these as issues requiring further investigation, service responses and policy focus. Additional insights can be gained by connecting this with the strong body of existing research on the drivers of violence against women.

# Building on existing work



Despite the limitations of existing research, the insights outlined above provide a basis to begin to develop a conceptual model for the drivers of family violence experienced by LGBTIQ communities. A preliminary model presented below is intended to guide prevention approaches and future research that will allow it to be tested and adapted over time.

For LGBTIQ people the drivers of violence are likely to be similar and different to those experienced by heterosexual and cisgender women, in that they include rigid gender norms, but also cisnormativity and heteronormativity. A conceptual model for understanding the drivers of family violence experienced by LGBTIQ communities must consider the resulting inequality attached to LGBTIQ bodies, identities and relationships, and how this plays out within the different contexts of family and intimate relationships.

Drawing on foundational work in *Change the Story*, a proposed socio-ecological model for

the drivers of family violence experienced by LGBTIQ communities is presented here. The model includes an examination of the drivers that operate at different levels, including societal, systems and institutional, organisational and community, and individual and relationship.

This model suggests that the drivers of family violence experienced by LGBTIQ communities are likely to be better understood in the broader social context of marginalisation and discrimination faced by LGBTIQ communities. These conditions create attitudes that potentially drive family violence experienced



## Perpetration of violence

A problem noted in the literature on men's violence against women is the tendency to focus on adversity as a cause of individual perpetration.<sup>1</sup> This can be misinterpreted as making excuses for violence, a pattern that can be echoed by perpetrators in justifying their behaviour.<sup>79,80</sup>

A number of studies have focussed on the relationship between experiences of stigma, discrimination, 'minority stress' and 'internalised homophobia', and experiences of intimate partner violence for LGBTQ people, though most studies look at the influence

**Relationships with peers and contact with LGBTIQ communities are important protective factors in terms of health and wellbeing. Having other community, organisational, religious, cultural and extended family connections can also be important sources of support for LGBTIQ people.**

	Societal	System & institutional	Organisational & community	Individual & relationship
Drivers	<ul style="list-style-type: none"> <li>▶ Rigid gender norms</li> <li>▶ Cisnormativity</li> <li>▶ Hetero-normativity</li> </ul>	<ul style="list-style-type: none"> <li>▶ Inequality in recognition of bodies, identities and relationships</li> </ul>	<ul style="list-style-type: none"> <li>▶ Devaluation of bodies, identities and relationships</li> <li>▶ Reproduction of norms and stereotypes</li> </ul>	<ul style="list-style-type: none"> <li>▶ Homophobic, biphobic, transphobic and intersexphobic behaviour</li> <li>▶ Normalisation of violence and abuse</li> </ul>
What do these lead to?	<ul style="list-style-type: none"> <li>▶ Homophobia, biphobia, transphobia and intersexphobia</li> <li>▶ Gendered cultures of violence</li> </ul>	<ul style="list-style-type: none"> <li>▶ Invalidation of identities and relationships</li> <li>▶ Loss of bodily autonomy</li> <li>▶ Discrimination</li> <li>▶ Failure of responses to violence</li> </ul>	<ul style="list-style-type: none"> <li>▶ Stigma and discrimination</li> <li>▶ Normalisation of inequality</li> <li>▶ Failure to recognise violence</li> </ul>	<ul style="list-style-type: none"> <li>▶ Negative self-worth</li> <li>▶ Perpetration of violence and abuse</li> <li>▶ Poorer health outcomes</li> </ul>



by LGBTIQ communities, including views that LGBTIQ bodies, people and relationships are less valid, healthy or worthy.

It is proposed that these violence-supporting attitudes operate at each level of the model to increase the perpetration of violence experienced by LGBTIQ communities, and the likelihood that this violence is condoned or accepted. Each level of the proposed socio-ecological model for the drivers of family violence experienced by LGBTIQ communities will be examined below.

**This model suggests that the drivers of family violence for LGBTIQ people are likely to be better understood in the broader social context of marginalisation and discrimination faced by LGBTIQ communities.**

## Societal level

Rigid gender norms produce attitudes that the only acceptable and 'normal' forms of human expression of sex, gender and sexuality are cisgendered and heterosexual. Homophobia, biphobia and transphobia are expressions of discrimination against people who sit outside of dominant gender norms and heteronormative assumptions about relationships. Similarly, people with intersex variations can be seen as sitting outside of medical and social norms relating to sex and gender, and therefore be subjected to stigma and shame.

Experiences of violence and abuse for LGBTIQ people within society and within families result from, or are condoned because of, the belief that LGBTIQ people are 'less than', or that they require correction to bring them back to the norm.

Homophobia, biphobia, transphobia and intersexphobia drive violence and abuse towards LGBTIQ people within their families

of origin. Gendered patterns of inequality and cultures of violence also contribute to the perpetration and experience of violence within families and LGBTIQ intimate relationships.

## System and institutional level

In Australia, legal recognition and protections for LGBTIQ people have changed significantly in the last decade, although important gaps remain for trans and gender diverse, and people with an intersex variation. Regardless, LGBTIQ people regularly experience institutional failures to recognise their identities and relationships, as well as systemic and institutional obstructions to individual bodily autonomy. LGBTIQ people continue to face socially-sanctioned discrimination in areas including work, religion, schooling, healthcare and social service provision.

Inequality in recognition of LGBTIQ bodies, identities and relationships is devaluing and reproduces stigma and discrimination. Media portrayals of, and commentaries about, LGBTIQ people can be negative and reproduce stereotypes, thereby further reinforcing marginalisation and justifying the perpetration of violence.

Inequality in recognition at this level also creates silence around LGBTIQ families and intimate relationships. This perpetuates an environment where family violence experienced by LGBTIQ people can remain unrecognised and unaddressed in policy and service responses.

## Organisational and community level

LGBTQ people are regularly denied equal recognition in organisational policies and processes. In addition, norms that exclude LGBTQ people are reproduced in organisational cultures unless challenged. People with intersex variations, especially

those who do not have diverse sexual and gender identities, may not always be impacted. However, distinct organisational failures to acknowledge and validate people with intersex variations can occur.

More broadly, silencing and negative stereotypes in community and family discussions about LGBTIQ bodies, identities and relationships mean that these are denied and invalidated. This perpetuates a situation where stigma endures, and violence can be excused and condoned.

LGBTIQ people who experience family violence may be less able to recognise or name their experiences as family violence. This is likely to be compounded by an absence of positive models and portrayals of healthy family and intimate relationships. Some LGBTIQ people have limited support from their families and communities, and this may increase social isolation. LGBTIQ communities may not know about or be able to access inclusive family violence services, as this has only more recently been recognised as a community need in Victoria.

Within LGBTIQ communities, there may be less willingness to recognise and respond to experiences of intimate partner or other family violence — either due to reliance on maintaining community cohesion, or investment in the appearance of LGBTIQ people having relationships appearing worthy of equal recognition and value.

## Individual and relationship level

The compound impact of rigid gender norms, cisnormativity and heteronormativity can create a sense of negative self-worth for LGBTIQ individuals. Homophobia, biphobia, transphobia and intersexphobia can motivate violence experienced by LGBTIQ people within their family of origin and be used by partners in relationships with LGBTIQ people. Intimate partner violence

**LGBTIQ people regularly experience institutional failures to recognise their identities and relationships, as well as systemic and institutional obstructions to individual bodily autonomy. LGBTIQ people continue to face socially-sanctioned discrimination in areas including work, religion, schooling, healthcare and social service provision.**

experienced by LGBTIQ people is influenced by inequalities and cultures of violence created by gender norms, cisnormativity and heteronormativity, along with other inequalities in power and resources.

Repeated experiences of stigma and discrimination can lower the expectations of LGBTIQ people that they deserve to be treated equally and with respect. Coupled with broader experiences of violence, this can serve to normalise violence experienced by LGBTIQ people within a family or intimate partner context.

The perpetration of family violence in all forms is a choice. Perpetrators of violence need to be held accountable for using violence. Better understanding the association between stigma, self-worth, experiencing family of origin violence, and perpetration within the diversity of LGBTIQ relationships would help to identify strategies for prevention. Negative beliefs about self-worth may influence people to deny, condone or accept violence and abuse. This is associated with negative health, particularly mental health, outcomes.



# Implications for primary prevention

Understanding the drivers of family violence experienced by LGBTIQ communities is essential in targeting primary prevention efforts.

An integrated and mutually reinforcing approach needs to be developed. This approach needs to both counter the drivers of violence and increase the ability of people and communities to recognise and respond.

Again, *Change the story* provides important groundwork in identifying essential actions to reduce the drivers of violence against women and children, as well as suggestions

around approaches, settings and techniques. Change the story argues for a sustained and intensive effort at all levels of the socio-ecological model in order to shift the entrenched gender-based norms driving violence. For LGBTIQ communities, this must include effort to shift rigid gender norms, as well as cisnormativity and heteronormativity.

There is significant expertise in LGBTIQ community organisations in addressing these issues, and a progressive investment in LGBTIQ inclusion programs and policy initiatives, particularly in Victoria. However, within this, the dynamics around the drivers of family and intimate partner violence experienced by LGBTIQ people have not been consistently understood or addressed.



On the other hand, existing primary prevention organisations and programs have significant expertise in understanding and acting to challenge the drivers of gender-based violence. However, programs addressing or including LGBTIQ communities have not yet been consistently implemented.

An integrated and mutually reinforcing approach needs to be developed. This approach needs to both counter the drivers of violence and increase the ability of people and communities to recognise and respond. This is important in leading whole-of-community initiatives to prevent violence, and supporting LGBTIQ people and communities.

The earlier literature review by Our Watch and GLHV (now Rainbow Health Victoria) outlined a number of important principles to guide primary prevention work for family violence experienced by LGBTIQ communities.

- ▶ Engage and include LGBTIQ people in the planning, design and implementation of all prevention efforts
- ▶ Address the structural drivers of violence against LGBTIQ people
- ▶ Uphold and promote human rights
- ▶ Be inclusive of the diversity of LGBTIQ people and communities in all universal prevention efforts
- ▶ Adopt an intersectional approach that acknowledges and responds to the diversity and diverse needs within LGBTIQ communities
- ▶ Be specific about who prevention efforts are tailored for
- ▶ Ensure planning allows time, space and resources for ongoing critical reflection, and reflective practice
- ▶ Be open to synergies with other fields of prevention work
- ▶ Identification and balancing of risks and benefits
- ▶ Be evidence-based and evidence-building<sup>2</sup>

Repeated experiences of stigma and discrimination can lower the expectations of LGBTIQ people that they deserve to be treated equally and with respect. Coupled with broader societal violence, this can serve to normalise experiences of violence for LGBTIQ people within a family or intimate partner context.

These principles should be considered in the design and implementation of all primary prevention activities aimed at family violence experienced by LGBTIQ communities. In doing so, activities must ensure:

- ▶ LGBTIQ-community-led messaging ('Nothing about us without us')
- ▶ Leadership on the integration of LGBTIQ inclusion into mainstream primary prevention activities.

The conceptual model outlined above can be used to inform the development of essential high-level strategic actions as well as achievable short-term interventions. Proposed approaches to guide future primary prevention activities will be outlined below for each level of the model.

# Responding to drivers at societal level

## Drivers at this level

- ▶ Rigid gender norms
- ▶ Cisnormativity
- ▶ Heteronormativity

## What do these lead to?

- ▶ Homophobia, biphobia, transphobia and intersexphobia
- ▶ Gendered cultures of violence

## Essential actions

- ▶ Challenging rigid gender norms, cisnormativity and heteronormativity
- ▶ Challenging homophobia, biphobia, transphobia and intersexphobia

## Initial priorities for intervention

### A gender-transformative approach

A gender-transformative approach is one which addresses rigid gender norms and recognises their inherent connection to cisnormativity and heteronormativity. This approach recognises the need to address homophobia, biphobia, transphobia and intersexphobia as an integral part of broader approaches to achieve gender equity.

It is recommended that leading organisations in the sectors engaged in primary prevention of violence against women, and in LGBTIQ health and wellbeing, explore building coalitions to further understanding and action to prevent family violence experienced by LGBTIQ communities. This could include developing shared messaging, collaborative projects and activities, and further development of gender-transformative primary prevention models and interventions.

Coalition-building will also be important in minimising resistance to social change, and responding to backlash.

### Workforce development

A successful primary prevention strategy requires a workforce trained in delivering and testing interventions based on the available evidence. There is already a robust workforce engaged in the primary prevention of violence against women in Victoria, with an established reach, practice base and coordinated leadership. Meanwhile, LGBTIQ community organisations are experienced in challenging cisnormativity and heteronormativity and shifting community attitudes through health promotion, community development, human rights advocacy and targeted campaigns that counter myths and stigma. The resources and skillsets of these workforces could be combined and readily applied to the prevention of family violence experienced by LGBTIQ communities.

Workforce development strategies are cost-effective and scalable, and should be prioritised. Initial investment could include the development of complementary training packages to support mainstream prevention workers to understand the drivers of family violence experienced by LGBTIQ communities, and the principles for partnering in this context, and to train LGBTIQ organisations in how to apply their existing community engagement and advocacy skills to preventing family violence. An ongoing professional network and community of practice could also be established to support ongoing learning.



# Responding to drivers at system and institutional level

## Drivers at this level

- ▶ Inequality in recognition of bodies, identities and relationships

## What do these lead to?

- ▶ Invalidation of identities and relationships
- ▶ Loss of bodily autonomy
- ▶ Discrimination
- ▶ Failure of responses to violence

## Essential actions

- ▶ Promoting equal recognition and celebration of LGBTIQ bodies, identities and relationships
- ▶ Integration of family violence experienced by LGBTIQ communities in primary prevention responses

# Initial priorities for intervention

## Civil society advocacy

As in mainstream primary prevention, political, sector-specific and civil society leadership is critical to promoting equal recognition and celebration of LGBTIQ people.

Initial investment at this level could focus on testing existing civil society primary prevention advocacy techniques shown to be effective in working towards gender equity, to support coalition-building around campaigns for equality for LGBTIQ people.

Programs could also be provided to LGBTIQ human rights advocates and community leaders to assist them in understanding the role of their work in the primary prevention of family violence, and how this complements the work of the sector engaged in primary prevention of violence against women.

## Legislative reform

Current government and sector-led strategies tend to conceptualise LGBTIQ equality and gender equality as separate areas of focus. Consideration should be given to building on strategies, such as *Safe and Strong: A Victorian gender equality strategy*, to acknowledge the importance of addressing equality for LGBTIQ people as key to achieving gender equality for all.

## Media

Existing advisory guidelines produced by the Australian Press Council cover the reporting of family violence, as well as reporting on people with LGBTIQ identities. In future discussion around guidelines and the quality of Australian media reporting, advocates should continue to raise the harm created by negative and stereotypical representation of LGBTIQ people and seek to promote positive representation. Key messages could also be integrated into existing media engagement programs focussed on violence against women.

Further investment could be made in state-based guidance around positive media representation of LGBTIQ bodies, identities, families and relationships, and to support the responsible reporting of issues impacting LGBTIQ communities, including family violence, hate crimes and suicide.

# Responding to drivers at organisational and community level

## Drivers at this level

- ▶ Devaluation of bodies, identities and relationships
- ▶ Reproduction of norms and stereotypes

## What do these lead to?

- ▶ Stigma and discrimination
- ▶ Normalisation of inequality
- ▶ Failure to recognise violence

## Essential actions

- ▶ Supporting positive, equal and respectful LGBTIQ relationships and communities
- ▶ Promoting pride in LGBTIQ bodies, identities, families and relationships
- ▶ Raising awareness and community capability to respond to violence

# Initial priorities for intervention

## LGBTIQ-community-led prevention campaigns

LGBTIQ community organisations should be supported to develop primary prevention messaging and resources. These can target LGBTIQ communities where relevant, but also be designed to be distributed throughout the broader sectors engaged in primary prevention of violence against women.

Primary prevention messaging guidance should be developed to support media and marketing campaigns that focus on responsible and positive representation of LGBTIQ people, myth-busting to assist in recognition of violence, and messages on how to be a good ally. Guidance should be developed around effective and ongoing consultation with LGBTIQ communities in the development of primary prevention messaging.

## Organisational development

Guidance could be developed on including measures and questions around gender diversity within whole-of-organisation gender equality strategies and workplace or community attitude surveys. Other measures for LGBTIQ inclusion are established as part of the Rainbow Tick accreditation program, with associated resources and training available to organisations nationally.

## Community mobilisation

Attention should be given to strategies that improve awareness in families with LGBTIQ family members and encourage access to support. Other interventions could draw on the successful mobilisation of the broader community around LGBTIQ-specific issues (e.g. marriage equality), with the aim of including family violence prevention.

Existing primary prevention interventions targeting violence against women that have been effective in improving community sensitivity and responsiveness should be tested in LGBTIQ communities. Interventions should aim to improve LGBTIQ community awareness and encourage early help-seeking.

## Bystander programs

Priority should be given to engaging and mobilising bystanders throughout the community to challenge homophobic, biphobic, transphobic and intersexphobic behaviour and attitudes that support violence against LGBTIQ communities, where it is safe to do so.

Existing bystander programs designed to support participants to take safe and appropriate action to challenge gender-based violence and violence-supporting attitudes and behavior could be readily adapted to include responding to homophobia, biphobia, transphobia and intersexphobia.

LGBTIQ-community-specific bystander programs should be developed and tested to focus on challenging existing cultures of violence and the normalisation of violence experienced by LGBTIQ communities and within LGBTIQ intimate relationships.



# Responding to drivers at individual and relationship level

## Drivers at this level

- ▶ Homophobic, biphobic, transphobic and intersexphobic behaviour
- ▶ Normalisation of violence and abuse

## What do these lead to?

- ▶ Negative self-worth
- ▶ Perpetration of violence and abuse
- ▶ Poorer health outcomes

## Essential actions

- ▶ Supporting families to fully embrace LGBTIQ children and family members
- ▶ Supporting positive intimate relationships
- ▶ Enabling positive community connections



## Pride Programs

There are a range of existing pride programs that focus on remedying damage caused to individuals by homophobia, biphobia and transphobia, and promoting pride in identity and relationships. Opportunities should be explored to expand the capacity of existing pride programs to prevent and respond to family violence experienced by LGBTIQ communities.

## Initial priorities for intervention

### Supporting families

Existing programs for new parents and other family support programs could be expanded to incorporate positive messaging around having a child that is LGBTIQ. There could also be an expansion of peer programs for the parents and siblings of LGBTIQ children. These programs should be recognised for their role in primary prevention of family violence, in that they:

- ▶ Address homophobia, biphobia, transphobia and intersexphobia
- ▶ Promote celebration of diverse bodies, sexualities and genders
- ▶ Provide connections to a supportive community

### Supporting positive intimate relationships

Peer programs and online resources could also be funded that assist LGBTIQ individuals to develop the skills and attitudes that support equal, respectful and non-violent relationships. An important focus in these programs should be connecting LGBTIQ people with community programs and spaces that celebrate and support positive intimate relationships.

Programs should also be developed to support the partners of LGBTIQ people to build positive and healthy intimate relationships. This could include programs aimed at the heterosexual and cisgender partners of bisexual or trans and gender diverse people. Messages could target shaming and silencing, with a focus on building pride, respect and positive community connections.

# Next steps

More research is needed to better understand the nature, dynamics and drivers of family violence experienced by LGBTIQ communities. This will help to further refine and develop the preliminary conceptual model presented here and its application.

Ideally this should contribute to the development of a shared national framework incorporating the prevention of family violence experienced by LGBTIQ communities. However, action can and should be taken now, with an initial focus on the coordination of efforts, and collaboration between, the LGBTIQ sector and mainstream primary prevention sector.

This guide aims to build on existing research, frameworks and practice knowledge in order to develop shared understandings and to acknowledge strengths that can be built on into the future. Overall, the shared purpose that will drive effective primary prevention is to better serve LGBTIQ communities experiencing family violence.



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