



Family Violence and LGBTQ Women*

A Victorian survey of people who identify as gay, lesbian, bisexual and transgender shows that just under one-third have been in a same-sex relationship where they were subject to partner abuse. Women were more likely to report relationship abuse, with the percentage increasing for those who identify as lesbian.¹

Intimate partner violence (IPV) and sexual assault (partner and non-partner) are the most common forms of violence experienced by women in Australia. Statistics show that one in four women in Australia has experienced violence by an intimate partner whether they are currently living with that person, have lived with that person in the past, are in a relationship with that person but not living with them, or are dating them.² Most research has failed to differentiate between IPV in heterosexual relationships, and IPV against people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI). Even less is known about what drives such violence.³

Accurate data on rates of IPV are difficult to obtain in general, and this is compounded when it comes to partner violence against people within LGBTI communities. Rates of reporting among LGBTQ women are low for a range of reasons, as discussed later.

According to available figures:

- IPV against those identifying as gay, lesbian, bisexual or transgender appears to be as prevalent as it is for women in the general population, with just under one-third of respondents in a Victorian survey reporting abuse from a same-sex partner;¹
- only 18% of LGBTI people who have experienced forced sex and 20% of those physically injured report this to police;⁴
- the numbers of reported family violence incidents involving a current or former same-sex partner in Victoria (2013–2014) accounted for 1.7% of all family violence incidents;⁴
- the numbers of reported family violence incidents involving a current or former same-sex partner in the Eastern Metropolitan Region (EMR) (2012–2016) accounted just on 1.0% of all family violence incidents.⁵

The definition of family violence in legislation (i.e. *Family Violence Protection Act 2008 Vic*) is 'expansive, non-exhaustive and ... gender neutral.' The definitions of domestic partner and family member are applicable to members of the LGBTI community. In determining whether a person is a domestic partner of another person, the genders of the persons are irrelevant. Further, one of the statutory examples of emotional or psychological abuse set out in the *Act* specifically relates to a person's sexual orientation.⁴

Of the 1,536 intimate partner homicide incidents recorded from 1989–90 to 2009–10 in Australia, approximately 2% were classified as same sex, with males comprising the majority of offenders.⁶

Causes and dynamics of IPV against LGBTQ women

Research squarely places gender inequality and the unequal power relationships between men and women as the primary drivers of violence against women.⁷ Research is less clear on what drives IPV against LGBTQ women. While all IPV is about power and control, the sources and contexts for IPV against LGBTQ women are unique.⁸ Little is known on how rigid gender norms and normative heterosexuality intersect as drivers of IPV against LGBTQ women, for instance. More research is needed to understand this connection; failure to recognise this hinders LGBTQ women in their ability to identify relationship violence and seek or receive help.^{9,10}

* This fact sheet focuses on the IPV experience of **women** who identify as lesbian, bisexual, transgender and queer, hence the acronym LGBTQ. LGBTI is utilised when citing studies on the lived experiences of people within the lesbian, gay, bisexual, transgender and intersex communities, noting that specific IPV research has mostly been with those identifying as gay, lesbian and bisexual at the expense of others encompassed by the term. Victimization estimates for transgender people are rare; virtually no data exist on family violence experienced by intersex people.³ Following the National LGBTI Health Alliance, WHE recognises the diversity of experiences within LGBTI communities with respect to their genders, sexualities, bodies, attractions, relationships, identities, actions, and legal and medical classifications.¹¹ WHE acknowledges the shared commonalities of those within LGBTI communities too, in relation to their marginalisation by heterosexist norms, practices and structures, or the privileging of rigidly aligned biological sex, socially constructed gender and heterosexuality.³

As with the IPV experience of heterosexual women, certain factors can increase the risk of victimisation of LGBTQ women including age, race, cultural background, disability status and location (i.e. rurality or remoteness).⁴ LGBTI people may be at greater risk of abuse, harassment and violence from parents, siblings and offspring due to entrenched homophobia in some families. This is particularly for older LGBTI people as they become more frail or dependent on family members.⁹

Where a woman is living with chronic illness such as HIV or other medical condition, or is undergoing gender transition, threats to or the actual withholding of medication and/or treatment by their partner constitutes a type of abuse. This is an under-acknowledged yet serious form of violence that can cause significant ongoing physical and emotional harm.^{9, 12} Victims can fear that speaking out about their abuse will isolate them from their LGBTI communities, and this knowledge is often used by perpetrators to maintain control.⁹

Under-reporting and help seeking among LGBTQ women

LGBTQ women experiencing IPV face particular challenges to reporting their abuse including threats of being 'outed' or having their HIV status made public, fears of losing contact with their children, a history of mistrust of police, and myths regarding gender expression (i.e. 'femme' or 'butch' identification).⁸ For some, a life-long experience of abuse, violence and discrimination in general can result in a high tolerance of violence in personal relationships and an unwillingness to seek help from services.⁹ Research shows that some within LGBTI communities have little or no personal awareness of what constitutes relationship violence.^{12,13,14} Bad experiences of using mainstream services and lack of awareness of specialist LGBTI services can also influence help seeking.¹⁰ Research shows that LGBTI people can delay seeking help because they expect that they will be subject to discrimination or receive a reduced standard of care. Lesbians have consistently reported higher rates of dissatisfaction with the quality of health care they receive.¹⁵

The Victorian survey mentioned earlier found that only 6% of gay, lesbian, bisexual or transgender people reporting same-sex partner abuse to Victoria Police were actually referred to services.¹ Despite equitable legal provisions, the criminal justice system is less effective in instances of LGBTI domestic violence due to sexual prejudice or gender stereotypes (e.g. women cannot be abusers and men cannot be abused).^{14,17}

When help is sought, health and other services (including police) sometimes have difficulty in identifying victim-offender dynamics in LGBTI relationships such as failing to recognise a relationship, presuming a presenting couple are friends, and failing to interview them separately.^{8,13,16}

Health impacts and implications for health services

The impacts of IPV are well documented and include immediate injuries from physical violence as well as longer-term chronic impacts such as stress-related gastro-intestinal disorders, headaches, anxiety, depression, PTSD, alcohol and substance misuse, suicide, self-harm, sleeping and eating disorders, and sexual and reproductive disorders.¹⁸ IPV has been shown to adversely affect work, housing, mental health and social activity, which have associated effects on health.²⁰ In addition to being exposed to these impacts, people within LGBTI communities are more likely to experience IPV health effects related to HIV.²⁰

As mentioned earlier, LGBTI people experiencing IPV encounter multiple barriers to seeking help. This has enormous implications for health service delivery. The Royal Commission into Family Violence recommended updated standards for specialist family violence services to better support those within LGBTI communities.⁴ Since 2013, Australian health and community services organisations can apply for *Rainbow Tick* accreditation to demonstrate their commitment to safe and inclusive service delivery.²¹ Specialist family violence services for people within LGBTI communities are absent from the EMR; however, a number of statewide and national supports can assist LGBTQ women:

- QLife – telephone and online counselling for people who are LGBTI [www.qlife.org.au](http://www qlife.org.au)
- Another Closet – online LGBTIQ domestic violence resource www.anothercloset.com.au/
- Gay and Lesbian Health Victoria www.glhv.org.au/category/topic/domestic-violence
- Switchboard Victoria <http://switchboard.org.au>
- Kara House Lesbian Domestic Violence Outreach Service T: 1800 900 520 E: admin@karahouse.org.au
- Victorian Police LGBTI Liaison Officers T: 03 9247 6944 E: melbourne.glo@police.vic.gov.au

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