



# **(RE)SHAPING RESPECT**

**LGBTIQ young people talk  
healthy, equal relationships**



**Women's Health East**  
Investing in Equality and Wellbeing for Women



# ACKNOWLEDGEMENTS

This report was produced by Women's Health East.

It was written by the Research Team led by Dr Philomena Horsley and including Autumn Pierce, Kristine Olaris, Georgina Nix and Rhiannon Taggart.

The Project Team consisted of:  
WHE staff - Georgina Nix (from February 2019), Rhiannon Taggart (from July 2019), Kristine Olaris, Autumn Pierce, Lara Gerrand (July 2018 - July 2019), and Taylor Nally (July 2018 - Feb 2019)  
Young Leader - Rhiannon Taggart (April 2019 - July 2019)  
Consultant - Dr Philomena Horsley

In addition to the project team, this project was informed by  
Advisory Group members:

Bonnie Lee - Family Planning Victoria  
Chenai Mupotsa - Headspace Knox  
David Towl - Access Health Community  
Debbie Ollis - Deakin University  
Fiona Marshall - Monash University  
Jami Jones - Rainbow Network  
Jac Piper - Whitehorse Council  
Jack Wallace - Swinburne University  
Jessica Occleston - Yarra Ranges Council  
Emily Sykes - Yarra Ranges Council  
Michelle Thompson - Family Access Network  
Philomena Horsley - Consultant and lead researcher  
Rachel Cecilio - Department of Education and Training  
Ryan Hsu - Deakin University  
Stef Tipping - Department of Education and Training  
Tom Stylli - Thorne Harbour Health  
Yvonne Lay - Good Shepherd  
Venetia Brissenden - Thorne Harbour Health

We would also like to acknowledge Louise Keogh from the University of Melbourne for her support with the ethics approval processes.

We would like to additionally thank Thorne Harbour Health and EDVOS for the provision of therapeutic support at the workshops.

We offer our sincere thanks to the young people who participated in the workshops and shared parts of their lives with us. Your views and experiences offer valuable insights into the lived experiences of LGBTIQ young people in the Eastern Region, and make an important contribution to the development of the evidence. Your generosity, strength and commitment inspires us.

## ***Suggested citation:***

Horsley, P., Pierce, A., Olaris, K., Nix, G., Taggart, R., 2019, (Re)shaping respect: LGBTIQ young people talk healthy, equal relationships, Women's Health East, Melbourne.

An electronic version of this publication can be found at Women's Health East's website [www.whe.org.au](http://www.whe.org.au)



Women's Health East acknowledges the Wurundjeri people, the Traditional Custodians of the land on which we work. We pay our respects to Elders past, present and emerging





Picture provided by Disabled and Here  
<https://affecttheverb.com/disabledandhere/>

# CONTENTS

**01 INTRODUCTION**

**03 LITERATURE REVIEW**

**03** Violence experienced by LGBTIQ people

**08** Family violence and LGBTIQ people

**14** Prevention of family violence and young people

**18 METHODS**

**25 ANALYSIS**

**25** Equal and respectful relationships

**35** Comparing LGBTIQ relationships and cis-het relationships

**43** What LGBTIQ young people want

**50** Analysis conclusion

**54 IMPLICATIONS FOR PREVENTION**

**60 RECOMMENDATIONS**

**63 GLOSSARY OF TERMS**

**65 REFERENCES**

**71 APPENDICES**

# INTRODUCTION

There is limited research on, and knowledge about, violence perpetrated against LGBTIQ<sup>1</sup> people in an intimate partner relationship context. There is even less about violence perpetrated by family members, including parents and siblings. Despite significant gaps in research and the invisibility of LGBTIQ relationships in policy and practice, both national and international evidence suggests LGBTIQ people experience intimate partner violence at a similar, if not higher rate to heterosexual, cisgender women.

The Voices for Equality and Respect project was undertaken to better understand the dynamics of LGBTIQ young people's relationships with intimate partners and family members, and the factors that influence these relationships. It is intended to add to the evidence base about LGBTIQ family violence in order to help guide practice.

The Voices for Equality and Respect project's objectives were to:

- Increase LGBTIQ young people's knowledge and understanding of what creates an equal and respectful relationship;
- Provide opportunities for LGBTIQ young people to develop leadership skills;
- Contribute to the evidence base about drivers of LGBTIQ family violence and LGBTIQ young people's understanding of equal and respectful relationships, and;
- Share knowledge and learnings beyond the Eastern Metropolitan Region and family violence prevention sector.

The practical outputs of the project – a research report, *(Re)shaping Respect: LGBTIQ Young People Talk Healthy, Equal Relationships* and a practice guide with key report findings – aim to support practitioners in promoting equal and respectful relationships among young LGBTIQ people. The report was launched at a summit that brought together practitioners across sectors with a vested interest in supporting LGBTIQ communities.

For the purposes of this project:

- when referring to the project's target group, 'young' refers to those aged 16 to 25 years old,
- the term 'LGBTIQ' is used to refer to the queer community. This abbreviation was chosen as it was deemed relatable to and inclusive of the target group
- the term 'family' refers to young people's biological family members or families of origin.

This research project builds on Women's Health East's *'Young & Queer in Melbourne's East'* (2018) project. *'Young & Queer'* used a survey and focus groups to explore experiences accessing sexual and reproductive health (SRH) services for LGBTIQ young women in the Eastern Metropolitan Region of Melbourne (EMR).

<sup>1</sup> In recent years a range of different abbreviations have been used (LGB, LGB+, LGBT, LGBTQ, GLTB, LGBT + etc.) to refer to people who do not fit the heterosexual and cisgender norm. Sometimes the term queer (Q) is included as an umbrella term for all, although Q has also been used in research specifically focused on young people to indicate 'questioning'. The term intersex (I) is used to indicate people born with a mix of male and female sex characteristics. This study used the term LGBTIQ.



# LITERATURE REVIEW

Family violence (FV) is part of the lives of many LGBTIQ people, either currently or in their past. However, the issue is still largely under-recognised in the LGBTIQ community, the community services sector, and the broader community. Despite the fact that Australians of diverse sexual orientation, biological sex or gender identity may account for up to 11% of the Australian population (Australian Human Rights Commission, 2014), significant gaps also remain in relation to research and evidence-based prevention strategies.

In Australia, we understand that the intimate partner violence experienced by LGBTIQ people shares some gendered drivers associated with that of violence against heterosexual, cisgender women, but that it also incorporates distinct drivers (Our Watch, 2015). We also know little about the LGBTIQ community's perspective on healthy relationships; its understanding of FV (intimate partner and family); the ways that it impacts differently on members of the community; and how the community could be engaged in prevention approaches.

A comprehensive review of existing evidence related to LGBTIQ people and family violence is available in the research report published by Our Watch (2017) and Volume V of the report of the Victorian Royal Commission into Family Violence (State of Victoria, 2016a). This section aims to identify and summarise the pertinent evidence, particularly as it relates to young people, and acknowledge relevant research published since 2017. It begins with a description of the various forms of violence and abuse experienced by LGBTIQ people, including young people, and then explores evidence related to LGBTIQ people and family violence, followed by a brief comment on the existing lack of knowledge related to prevention strategies.

## 1. VIOLENCE EXPERIENCED BY LGBTIQ PEOPLE

The primary prevention of family violence against people from LGBTIQ communities is inextricably linked to the context: the existence of systemic violence and discrimination experienced by LGBTIQ people (Our Watch, 2017). Indeed, the recent Victorian Royal Commission into Family Violence recognised that population groups such as LGBTIQ people experience multiple forms of discrimination, oppression and disadvantage which compounds their experience of family violence (State of Victoria, 2016a).

There is a substantial body of Australian evidence, documented over the past two decades, that confirms that LGBTIQ people experience higher levels of violence and abuse overall than the

general population. Internationally, a meta-analysis of 65 studies that compared LGB and heterosexual groups' experiences of violence indicated that LGB individuals were significantly more likely to be bullied, discriminated against, physically and sexually assaulted, verbally and emotionally abused, and threatened (Katz-Wise & Hyde, 2012). This pattern of violence and abuse experienced by LGBTIQ people includes those of all ages and in a range of settings – public spaces, workplaces, services, educational, social settings and home – and continue throughout their lifespan.

## **1.1 LGBTIQ PEOPLE EXPERIENCE HIGH RATES OF PHYSICAL VIOLENCE AND THREATS OF VIOLENCE**

LGBTIQ people in Australia continually live with the threat or experience of violence that is directly related to their sexuality or gender identity. National research has shown that 35% lesbians and 31% bisexual women experienced heterosexist harassment or abuse in the previous twelve months, the same proportion as gay/bisexual males (Leonard et al., 2012). Around half (49%) of transgender women and transgender men (55%) reported harassment or abuse in the previous 12 months, with nearly one in five (18%) trans women experiencing physical attack or assault without a weapon (punched, kicked, beaten) (Leonard et al. 2015).

This pattern of violence and abuse, both of individuals and when accompanied by partners, is reflected internationally across a range of nationalities and cultures. For instance, evidence indicates that homophobic hate crimes and incidents are widespread across Europe (European Union Agency for Fundamental Rights, 2009).

Such events generally occur in public places, the perpetrators are usually unknown to the victims, are primarily men, and often young men in groups. Lesbian and bisexual women across Europe are more likely than gay or bisexual men to experience sexual assaults or threats, and young people are subjected to more assaults than other age groups (European Union Agency for Fundamental Rights, 2009).

The Gay British Crime Survey of more than 2,500 lesbian, gay and bisexual people across Britain found that one in six lesbian, gay and bisexual people had experienced a homophobic hate crime or incident over the previous three years (Guasp et al., 2013). Almost one in five victims were threatened with violence or the use of force. Eight in ten lesbian, gay and bisexual people had experienced harassment, insults and intimidation in the last three years, and almost a third of the victims were with their partner at the time.

## **1.2 LGBTIQ PEOPLE EXPERIENCE HIGH LEVELS OF SEXUAL COERCION, VIOLENCE AND HARASSMENT**

A large proportion of the violence directed at LGBTIQ people is sexual in nature. For instance, large population studies in Australia demonstrate that lesbians, gay men, and bisexual men and women have experienced significantly higher rates of sexual coercion than heterosexual men and women (De Visser et al. 2003). The Australian Study of Health

and Relationships (De Visser et al. 2014) surveyed more than 20,000 people aged 16 to 69 years old. It reported that lesbian women experienced significantly higher rates of sexual coercion than heterosexual women (32% v 21%), and nearly half of women who identify as bisexual (48%) had experienced sexual coercion, more than twice the rate of

heterosexual women. Gay and bisexual men were four times more likely to have experienced sexual coercion than heterosexual men. In another national study of over 3,800 LGBT Australians, 3.1% of lesbian and bisexual women, 2.3% of gay and bisexual men reported an experience of sexual assault in the previous 12 months (Leonard et al., 2012).

Australian research also suggests that transgender people face elevated risks of sexual violence. In Leonard et al. (2012), 6.8% of trans women reported an experience of sexual assault in the previous 12 months. Transgender participants in another Australian study reported rates of sexual violence or coercion nearly four times higher than found in the general Australian public (Callender et al. 2019), while international studies report that nearly 50% of transgender people have experienced sexual violence in their life time (James et al. 2015).

With regard to sexual harassment, the Australian Human Rights Commission found that rates were higher for LGBT adults than the heterosexual, cisgender adult population

across a range of settings (Australian Human Rights Commission, 2017). Its most recent report (2018) notes that LGBT people were more likely to be sexually harassed in the workplace over the last five years than those who identify as straight or heterosexual people (52% and 31% respectively). The Commission's survey also reports that 83% of people who identify as gay or lesbian, 90% of people who identify as bisexual, and 89% of those who identify as non-binary or as a gender other than male or female have experienced sexual harassment in their lifetimes, compared to 70% of people who identify as straight or heterosexual (Australian Human Rights Commission, 2018). This pattern is similarly reflected in higher comparative rates of stalking experienced by LGBT people compared to heterosexual people, and the authors note that the behaviours tended towards the more serious end of scale in relation to verbal abuse, physical harm, forced sexual contact and threats (Sheriden et al., 2016). National research on Australians' experience of image-based abuse, such as revenge porn, also found a higher incidence among LGBT people (Henry et al. 2017).

### 1.3 LGBTIQ PEOPLE AND THE RATES OF SOCIAL ABUSE AND SYSTEMIC DISCRIMINATION

Despite legislative and policy protections across Australia, LGBTIQ people continue to experience unjust discrimination in Australia today at the structural level (eg. the operation of law), institutional level (eg. the provision of services), and interpersonal level (Australian Human Rights Commission, 2015). Many social and community settings, particularly workplaces and education institutions, remain places where many LGBTIQ people have experienced discrimination, or hide their identity for fear of discriminatory behaviours. For instance, nationally, 35% of trans women had been refused employment or denied promotion because of their gender identity (Leonard et al., 2015).

Everyday 'microaggressions', including

explicit, demeaning, and disrespectful comments and behaviours directed, are often reflective of social inequalities. Hence it is not surprising that workplace surveys indicate that more lesbians report this experience compared to women overall (Krivkovich et al., 2018). Similarly, in its 2015 survey the Victorian police force found that 70 per cent of its lesbian, gay, and bisexual employees had experienced negative gay commentary or jokes at work, and 11 per cent had personally experienced bullying or harassment while at work because of their sexual orientation in the previous year (VHREOC, 2019).

In Victoria, services in the health, housing, legal and family violence sectors have continued to create barriers to access,

provide inappropriate or uninformed services, or discriminate against LGBTIQ people despite the existence of the Victorian Equal Opportunity Act 2010 (State of Victoria, 2017). As a result of the many reports of direct and indirect discrimination against LGBTIQ (and other disadvantaged) populations, the Family Violence Royal Commission requested that the Victorian Equal Opportunity and Human Rights Commission produce guidelines for the family violence and housing sectors to ensure greater compliance with the Act (State of Victoria, 2017).

Most recently, in the broader public arena, the LGBTIQ community was exposed to ongoing negative discourse and hate speech about the nature and value of their relationships and family structures during the recent Federal Government plebiscite on same sex marriage. As Frost and Fingerhut note, 'Exposure to a devaluing regarding the rights of same-sex couples

represents a unique form of social stress resulting in negative consequences for the psychological and relational well-being of same-sex couples' (Frost & Fingerhut, 2016).

There are legislative proposals currently proposed in the Federal Government's draft religious freedom bill, to be voted on in early 2020, which would strengthen the right of faith-based organisations to discriminate against members of the LGBTIQ community in the provision of services (Karp, 2019). Such initiatives, and the public debates they provoke, promote feelings of fear and vulnerability among the LGBTIQ community, and threaten existing protections in relation to education, employment and essential support services. For young people in particular, the right to be free from discrimination at school, such as expulsion on the basis of their sexual orientation or gender identity, is essential (Australian Human Rights Commission, 2019).

## 1.4 DIVERSITY OF THE LGBTIQ COMMUNITY IS REFLECTED IN LEVELS OF VIOLENCE

The Victorian State Government has adopted an intersectional approach to understanding how social identities and systems of oppression can intersect to affect the ways that family violence is experienced by individuals and groups (State of Victoria, 2018b). Our Watch (2017) has also argued for a 'more expansive model that looks at the interactions and intersections of dominant constructions of biological sex, gender and sexuality' (p.28). These constructions affect and reflect the respective vulnerabilities of certain populations within the collective LGBTIQ community.

For instance, in terms of sexual diversity, women who identify as bisexual experience some forms of violence at higher rates than lesbians or heterosexual women. In terms of gender diversity, recent Australian research suggests the experience of sexual violence and coercion is more common among trans

people who have been assigned female at birth – trans men and non-binary people – compared with those assigned male at birth (Callender et al., 2019). Higher rates of violence experienced by transgender people compared to LGB and cisgender people are consistently reported in international studies (Wirtz et al. 2018; James et al., 2016).

Research also illuminates other factors of societal disadvantage and discrimination that compound the vulnerabilities of sex, sexuality and gender pertinent to the LGBTIQ community. These factors include ethnicity and religious affiliation, disability status and Indigeneity. For instance, major barriers exist in Victoria for LGBTIQ people from CALD and asylum seeker backgrounds when seeking access to support and informed interventions from services (Noto et al., 2014).

National research indicates that people with

disabilities are more likely to be victims of crime and experience violence and discrimination than those without disabilities, and additional data suggests that rates of crime, violence and discrimination are even

higher among LGBTI people with disability (Leonard & Mann, 2018). This pattern is particularly reflected in cases of sexual violence.

## 1.5 LGBTIQ YOUNG PEOPLE'S EXPERIENCE OF ABUSE AND VIOLENCE

Foundational and repeated Australian research since 1996 (the Writing Themselves In reports) has focused on the experiences of sex attracted and gender diverse young people aged 14 to 21. It has consistently found that most young people reported experiences of homophobic abuse and violence, particularly in school settings. The incidence has increased, not decreased over the past twenty years, increasing to 80% from 70% in the most recent study (Hillier et al., 2010)<sup>2</sup>.

Similarly, a Western Australian study found that 61% of young people of school age reported verbal abuse, 18% physical abuse, and 69% experienced other forms of homophobia including exclusion, cyber-bullying and rumours (Jones, 2012). Findings such as these are reflected in international studies, such as the United Kingdom, where 55% of LGB students have reported homophobic bullying (Guasp, 2012).

There is evidence that transgender and gender diverse young adults are at particularly risk of abuse and violence, with this group experiencing even more identity-based abuse and physical abuse than their cisgender LGB young peers (Scheer & Baarms, 2019). Australian research has indicated that those young people on the 'trans-spectrum' - which includes those who are gender questioning, transgender, intersex, genderqueer, and angrogynous - report experiencing homophobic abuse and suicide attempts in response to homophobia and cissexism at significantly higher rates than

their cisgender counterparts (Jones & Hillier, 2013). Concerning national research in Canada involving nearly a 1000 young trans people aged 14-25 indicated that school was an unsafe place for many (Veale et al. 2015). In particular, more than one in three (36%) of those in the 14 to 18 years age group had been physically threatened or injured in the previous year.

Childhood can be a dangerous time for LGBTIQ people, including in their family home. International research indicates that gender and sexually diverse people experience higher levels of sexual abuse in childhood compared to cisgender and heterosexual children (Roberts et al., 2012; Schneederger et al., 2014). Research also indicates that, when compared with heterosexual controls, LGBT people report a higher prevalence of stressful childhood experiences, including physical and sexual abuse, emotional and physical neglect, and household dysfunction (Schneeberger et al., 2014). Other studies indicate that LGB youth experience high levels of verbal, physical, and sexual harassment, and that rates of sexual violence are also higher among LGB young people compared with their non-LGB peers during both childhood and adolescence (Coker et al., 2010).

Unsurprisingly, gender plays a pivotal role in incidences of sexual violence. LGB women have reported a higher incidence of adult-to-child sexual victimisation than their heterosexual peers (Stoddard et al., 2009; Wilsnack, et al., 2012). In addition, the sexual

<sup>2</sup> At time of publication the survey of the 4th Writing Themselves In research project was still in the field. The results will include more focus on family violence than the three previous reports.

violence began at an earlier age, was more severe, and involved more perpetrators. Expressions of gender diversity at a young age can also create additional vulnerabilities: evidence suggests that gender nonconformity in childhood is an indicator of children at increased risk of physical, sexual, and psychological abuse (Roberts et al., 2012). LGB young people who report gender nonconformity in childhood experience more frequent victimisation of different kinds than gender-conforming LGB young people (D'Augelli, 2006).

Educational settings are also not protective or safe places. The recent report from the Australian Human Rights Commission (AHRC, 2017) into sexual assault and sexual harassment in universities, suggested that many LGBTIQ young people will experience harassment and violence throughout their entire education, from primary school through to university.

## 2. FAMILY VIOLENCE AND LGBTIQ PEOPLE

The Victorian Royal Commission into Family Violence acknowledged that LGBTIQ-related FV was under-reported and not well understood, and therefore an invisible problem within both the broader community and the family violence system (State of Victoria 2016a). The Commission reminded people that the Family Violence Protection Act (2008) applies to members of LGBTIQ communities, that the definitions are not confined to acts of violence involving heterosexual couples or different-sex-parented families. Its recommendations recognised the fact that LGBTIQ people have urgent and particular issues in relation to family violence (State of Victoria 2016a).

The Victorian Government has identified the LGBTIQ population as a specific target group in the development of its Free from Violence Strategy (State of Victoria, 2018a). Through its published commitment to apply an intersectional framework, it aims to recognise that 'the centre of all instances of family violence are the individual and structural power imbalances' (State of Victoria, 2016b: vii). These imbalances include 'not only traditional and patriarchal constructions of gender, but also the deeply held, but rarely acknowledged, links between sex, gender and sexuality (Our Watch, 2017:5).

### 2.1 LGBTIQ PEOPLE AND INTIMATE PARTNER VIOLENCE (IPV)

Domestic or intimate partner violence is widely and pervasively perceived as extremely gendered and heteronormative, both in Australia and internationally, and momentum has grown for a re-appraisal of such approaches (Wendt & Zannettino, 2014). There is now a significant body of evidence in Australia and internationally which establishes that IPV is experienced by lesbian, gay, bisexual, transgender individuals at the same or higher rates as that of heterosexual, cisgender individuals (Our Watch, 2017; Gray et al. forthcoming).

In the latest study of LBQ women in Sydney, 45% of women reported they had been in a relationship where a partner had physically or emotionally abused them; 32% of women reported experiencing intimate partner violence from a woman (Mooney-Somers et al. 2017). Other recent research by ACON suggests that there are particular concerns for gay, bisexual, transgender, intersex and queer (GBTIQ) men in relationships, with significant numbers indicating that they had experienced unhealthy or abusive relationships (Ovenden

et al., 2019). In an earlier survey of domestic violence, (ACON, 2014), the organisation reported that, of those LGBTIQ people in a current relationship, 41.8% reported verbal abuse, 22.1% reported physical aggression, and 14.1% reported being hurt at least once.

Research within the Australian LGBTIQ community indicates concerns that healthy intimate partner relationships are not as prevalent as they should be. ACON's Healthy Relationships Survey for LBQ women and non-binary people who have sex with women found that only 52% of adult participants believed their LBQ female and non-binary friends were in healthy relationships and reported that being LGBTIQ was a challenge to having successful relationships (ACON, 2016). Only half of the participants (51%) in ACON's study of GBTIQ men's experiences of IPV and sexual assault believed their friends were in healthy and respectful relationships, and half of respondents (51%) also believed that sexual coercion and pressure was common amongst GBTIQ men (Ovenden et al., 2019).

Large international studies of LGBTIQ-related IPV indicate that a bisexuality identity is a major risk factor for women. For instance, research in North America has indicated that bisexual women are nearly twice as likely to report ever having experienced IPV as heterosexual women and nearly three times more likely to report ever having experienced sexual violence within an intimate partner relationship compared to heterosexual women (Brown & Herman, 2015). Bisexual women also report a higher prevalence of rape, physical violence, and/or stalking by an intimate partner compared to both the lesbian and heterosexual women. However, of the bisexual women who experienced IPV, approximately 90% reported only male perpetrators, while two-thirds of lesbians reported having only female perpetrators of IPV. Specific issues related to the experience of IPV among bisexual people include biphobia, the relative invisibility of this identity compared to gay or lesbian identities, and the consequent non-acknowledgement of

issues faced by bisexual people. Researchers link this partly to the fact that bisexual people are most commonly in other-sex rather than same-sex relationships, a pattern which also correlates with recent Australian research (Taylor et al., 2019).

Other large scale studies have noted the broad and disproportionate effect of sexual minority's status in the experience of IPV victimisation. For instance, North America's National Intimate Partner and Sexual Violence Survey has reported its findings on victimisation by sexual orientation: 61% of bisexual women, 37% of bisexual men, 44% of lesbian women, 26% of gay men had experienced rape, physical violence, and/or stalking from an intimate partner in their lifetimes, compared to 35% of heterosexual women, and 29% of heterosexual men (Niolon et al., 2017; Walters et al., 2013).

Large scale research in Britain also reports concerning high levels of IPV among gay, lesbian and bisexual people. Over 6,000 lesbian and bisexual women completed Stonewall's national survey (Hunt & Fish, 2008). The results indicated one in four lesbian and bisexual women had experienced domestic abuse in a relationship (the same proportion as women in the UK overall). Two-thirds of those reported that the perpetrator was a woman. Sixty-two per cent of the lesbians and bisexual women who had experienced domestic abuse from a female partner have experienced some form of physical violence. Stonewall's survey of gay and bisexual men (6,861 respondents) indicated that more than one in three (37 per cent) gay and bisexual men had experienced at least one incident of domestic abuse in a relationship with a man (Guasp, 2013; Guasp & Taylor, 2017).

There is still very limited research on the prevalence and characteristics of IPV in relationships involving transgender people (Walker, 2015). When transgender people have been included in studies, they have formed a very small part of a larger 'LGBTQ' sample made up of a majority of 'LGB'

individuals (Guadalupe-Diaz & Jasinski 2016). As Barrett and Sheriden argue (2017), these are due to a range of complex factors that have made it difficult to ascertain the frequency with which the violence occurs in the context of transgender intimate relationships. However, there is some preliminary evidence that suggests trans people may be more vulnerable to IPV than lesbian, gay or bisexual cisgender people (Seelman, 2015). In their national survey, the Scottish Transgender Alliance (2010) found that eighty per cent of their respondents stated that they had experienced emotionally, sexually or physically abusive behaviour by a partner or ex-partner.

Research related to perpetrator characteristics and patterns of behaviour remains limited. Clearly research that measures lifetime experiences of IPV for individuals who identify as lesbian and gay may include episodes of intimate partner violence perpetrated by a different sex partner. Similarly, given the paucity of research specifically involving bisexual men and women it remains difficult to ascertain the gender patterns of their offending partners at different life stages. More complex factors are at play in understanding the role that different constructions of gender play in IPV involving transgender people.

## 2.2 LGBTIQ YOUNG PEOPLE AND IPV

A growing body of literature suggests that young people who are LGBTIQ are experiencing higher rates of IPV than their cisgender, heterosexual peers. Some international studies suggest that, starting in adolescence, young people who identify as gay, lesbian, or bisexual are at an increased risk for 'dating violence' compared with their heterosexual peers and that violence in intimate partner relationships is highly prevalent among this group (Reuter et al., 2015; Graham et al., 2016; Scheer & Baams, 2019). Research reports higher rates of forced sexual contact experienced by high school students who had only sexual contact with the same sex or both sexes, compared to those students who had only had sexual contact with another sex (Movement Advancement Project, 2016). Other research has identified a disproportionate prevalence of IPV among LGBT university age students, particularly for those who identify as bisexual and/or transgender, with transgender students at much higher risk compared with

their cisgender peers (Whitfield et al. 2018). Transgender and gender diverse young people remain under-researched, although there is evidence that suggests transgender young people are particularly vulnerable to IPV. For instance, a national study of Canadian transgender youth found more than one in four (27%) indicated that they had been abused physically or sexually in the context of a dating relationship (Veale et al., 2015). Another recent study on IPV among transgender and gender nonconforming young adults indicated that this group experienced more identity-based intimate partner abuse than cisgender sexual minority male and female young adults, and more physical abuse than cis-gender female young adults (Scheer & Baarms, 2019). A longitudinal study also found that transgender young people experienced much higher rates of physical abuse in intimate partner relationships than cisgender sexual minority young adults (Whitton et al., 2016).

## 2.3 PATTERNS OF LGBTIQ IPV

Cisgender, heterosexual relationships, same sex relationships, and those involving transgender people, share many

interpersonal patterns of manipulation, control and violence. However there are specific are also characteristics and patterns

that can be more specific to LGBTIQ intimate partner relationships. This is an area that remains under-researched and poorly understood by service providers and the LGBTIQ community (Horsley, 2015).

Dynamics that are particular to LGBTIQ relationships can include what is termed 'identity abuse': a set of IPV tactics that aim to leverage elements of heterosexism and cisgenderism against LGBTQ partners (Woulfe & Goodman, 2018). For instance, threats by the violent partner to 'out' the victim to their family, workplace, neighbourhood, religious community, or social group can be used as a powerful form of control (Kay & Jeffries 2010). Undermining, denying or attacking a partner's sexual or gender identity has been documented as another tactic, and one that has particularly negative effects on LGBTIQ young people (Sheer & Baarms, 2019). Tactics specifically used against transgender people by abusive partners include violating physical boundaries (eg. touching body parts against a trans person's wishes), withholding hormone

medication, or stopping someone from expressing their gender identity through appearance (Barrett & Sheriden, 2016; Woulfe & Goodman, 2018). Perpetrators exerting power by isolating a partner from LGBT-friendly spaces or community events, or from key sources of support such as LGBTIQ friends, has been recognised as an effective control strategy (Walters & Lippy, 2016). A similarly effective tool of isolation can be assuring a victim-partner that the police or justice system are homophobic and will not help them (Horsley, 2015; Guadalupe-Diaz & Jasinski, 2016).

The structures, practices and norms that discriminate against and oppress people with diverse sexualities and gender identities also render them vulnerable to IPV. This is why prevention that aim to address heterosexism and cisgenderism (which adversely affect all individuals, irrespective of sex, gender, gender identity, and/or sexuality) would help reduce IPV in LGBTIQ communities (Our Watch, 2017).

## 2.4 LGBTIQ FAMILY VIOLENCE INVOLVING FAMILY OF ORIGIN

Since the 1970s, LGBTIQ people have used different terms to differentiate their 'biological family' or 'family of origin' from their 'logical family' or 'family of choice'. The latter terms refer to the bonds between groupings of friends, significant others, and community members. Strong social and emotional ties that are determined by choice rather than by blood or legal ties have traditionally formed the basis of alternative families for LGBTIQ people (Barrett & Sheriden, 2016). However, in this section, we are specifically referring to violence involving family of origin relationships – parents (including step-parents), siblings, uncles, aunts etc.

There is relatively little research and knowledge within Australia detailing the experiences of family violence experienced by people in LGBTIQ communities, outside of the

intimate partner relationship context. Indeed, researchers – and the justice and social services sectors – have traditionally not recognised homophobic or transphobic violence or abuse directed at LGBTIQ people by family members as 'family violence'.

Much of the research exploring this form of family violence against LGBTIQ people is concentrated on parents' reactions or responses when other family members, especially young LGBTIQ people, come out, or display gender nonconforming behaviours. It is recognised that the process of coming out to family members can be a particularly dangerous time for LGBTIQ people of all ages: they may be subject to abuse, violence, estrangement, disowning and exclusion from the family home, which are not uncommon responses (Asquith & Fox, 2016). Australian research into homelessness has noted that

'Family rejection and isolation from community' is a "massive driver" of LGBT homelessness, resulting in people leaving home at a younger age than their peers' (McNair et al., 2017:14).

Researchers have observed that family responses from those of certain cultural or religious groups can be more negative because these families may hold culturally rigid views about sexuality and gender roles. For instance, research involving same sex attracted women from immigrant and refugee communities in Melbourne highlights the complex challenges of intersecting sexual, cultural and religious identities that makes disclosure of sexual orientation to their families a difficult, sometimes dangerous process (Polijski, 2011).

Some instances of disclosure to families have resulted in rejection, forced marriage, family violence, homelessness and exclusion from their ethnic communities. Research in New South Wales investigating homophobia in Arabic-speaking communities has indicated that there are specific issues regarding family 'honour' (or reputation) that place lesbian, gay and bisexual people at high risk of violence (ACON, 2011). LGBTIQ people living in rigid faith-based environments also face particular

risks of rejection, exclusion and violence from family members. This behaviour from families and their communities has often been characterised as reasonable 'religious discipline', even to the point that 'conversion therapies' utilised by conservative families have been characterised as 'legitimate' strategies for parents to apply to their children. As a recent Australian study argues, up to 10% of LGBT Australians are still vulnerable to harmful conversion therapy practices applied by certain religious communities (Jones et al., 2018).

In the United Kingdom, studies have reported that nearly half (42%) of LGBT people have been subjected to homophobia, biphobia or transphobia from family members (Donovan et al., 2014), and almost one in four (23%) gay and bisexual men have experienced domestic abuse from a family member since the age of 16. Family behaviours frequently reported by LGBTIQ people often replicate tactics used in abusive intimate relationships: being repeatedly belittled, punched, kicked or slapped; stopped from seeing friends and relatives; having their sexual identity used against them by a family member (Guasp, 2013; Guasp & Taylor, 2017; Todd et al., 2016).

## 2.5 LGBTIQ YOUNG PEOPLE AND FAMILIES OF ORIGIN

Family rejection and violence against LGBTIQ people can and does occur throughout their life course. However, family violence involving young people is of particular concern given the developmental process of childhood, adolescence and young adulthood, and the dependence of young people on their families for food, shelter, and emotional support (Horsley, 2015). Studies highlighted above reinforce the fact that for many LGBTIQ people, threats or experiences of violence often begin at a young age and within the family context. Parental and broader family responses can have significant impacts on the young person's mental health, and general health and wellbeing.

National Australian research indicates that 24% of same sex attracted and gender diverse young people aged 12 to 21 years have experienced homophobic abuse at home, with fathers the most likely to physically assault their children (Hillier et al., 2010). Similarly, in a recent Australian study of 859 trans young people aged 14 to 25 years, 25% of participants reported having experienced physical abuse within their family, while 8% had experienced sexual abuse within their family, and 58% had experienced some other form of abuse from family members, including neglect, verbal or emotional abuse (Strauss et al., 2017). Other Australian research by Smith et al. (2014) found that 25%

of trans and gender diverse young Australians aged between 14 and 25 years experienced verbal or physical abuse at home.

The impact and influence of responses by families of origin on LGBTIQ young people cannot be underestimated. Parental understanding, acceptance or rejection of a young person based on sexual or gender diversity significantly shapes a young person's self-perception, their feelings and attitudes towards their own identities, as well as the quality of their relationships with all family members. Most of the literature related to parental reactions relates to non-heterosexual young people. However, there is evidence that parents of transgender and gender-diverse (TGD) individuals can have substantively different reactions to their children compared to parents of LGB children and, in fact, can confuse their child's behaviour with issues of sexual identity rather than gender identity (Abreu et al., 2019).

Negative and abusive parental behaviours - emotional, psychological and physical interactions - have been shown to have devastating health and social impacts on LGBT young people (Ryan et al. (2009). The high rates of mental distress in the LGBTIQ community are well documented (Leonard et al., 2015). Tate and Anderson (2018) identified that greater stress and depressive symptoms among LGB individuals were partially accounted for by less favourable parental relationships. Family rejection and/or violence perpetrated by family members has also been strongly linked to LGBTIQ young people's high rates of homelessness, greater propensity to run away from home, and greater likelihood that they will leave the school early (Pearson et al., 2017; Robinson et al., 2013; Corliss et al. 2011). Victorian research into youth homelessness has also found that same-sex attracted young people experienced homelessness at a rate greater than opposite-attracted young people (Rossiter et al., 2003; Mallett et al., 2010).

Much of the research focus has been on parent-child relationships. However, sibling-to-sibling aggression and victimisation is a relatively common, though under-researched, form of childhood violence. A recent study compared the retrospective accounts of experiences of sibling-to-sibling aggression among heterosexual cisgender women and LGBQ cisgender women (Martinez & McDonald, 2016). The results suggested that, for both GLBTQ and heterosexual women, brothers rather than sisters were significant contributors to childhood victimisation (verbal, physical and sexual), with LGBQ women reporting more significant levels of verbal aggression during childhood.

There are likely to be particular challenges in parent-child relationships when family dynamics of acceptance/rejection involve the intersections of ethnicity, faith and LGBT identity. One local study of LGBT young people from multicultural and multi-faith backgrounds argues that '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' (Pallotta-Chiarolli, 2016:63).

Parental acceptance and support for LGBTIQ children does indeed matter. The consequences of positive family experiences can reach well into adulthood for LGBTIQ individuals. A range of studies have suggested that positive responses by, including support and acceptance from, close family members are protective for LGB young adults in relation to substance abuse, depression and suicidal ideation (Needham & Austin, 2010). Fuller and Rutter (2018) also note a strong, positive relationship between LGB people's parental acceptance when they were young and their current experience in adult romantic relationships. They argue that there is a lifetime significance for this acceptance and therefore therapeutic supports for parents of LGB children would be invaluable.

### 3. PREVENTION OF FAMILY VIOLENCE AND YOUNG PEOPLE

Dominant models used to explain violence against women, including intimate partner violence, have been shown to be inadequate in relation to understanding violence experienced by, and perpetrated by, LGBTIQ people. Some have argued that popular frameworks, such as the Duluth Model which focuses on men's tactics of power and control over women, 'inadvertently reinforce the invisibility and experiences' of LGBTIQ people (McQueeney, 2016:2). However, evidence in relation to better frameworks and interventions remains very limited.

A range of more appropriate and inclusive conceptual frameworks are being explored to gain a better understanding IPV in non-heteronormative contexts. All move beyond the traditional single-oppression feminist models that are rooted in white, heterosexual women's experiences, and take a more intersectional approach to the problem of violence. They include re-workings of theories of sex, gender and sexuality; explorations of the structural inequalities created by heteronormativity and cisgenderism, and micro-level theories of 'minority stress' (Gray et al., forthcoming).

There is also renewed focus on the promotion of healthier, more diverse and more positive representations of masculinities that would benefit all sexes and genders (The Men's Project & Flood, 2018; Jewkes et al., 2014). In addition, some have argued there is need for more clarification and debate about the term 'gender' itself, as it is understood and applied in the context of Victoria's response to family violence (Yates, 2018). Throughout this developmental period, researchers and the prevention/response practitioners are working together to understand how to reliably facilitate prevention, intervention and responses in relation to all who experience

family violence.

LGBTIQ-related FV requires action from governments and across a range of health and community sectors in Australia (Ovenden et al. 2019; Horsley et al., 2016; Compo & Tayton, 2015). Recent developments around Australia have included supporting family violence services to become LGBTIQ-inclusive. They included government-subsidised Rainbow Tick accreditation for services in Victoria, and the Say It Out Loud National Partnership program offered by ACON to other states and territories (ACON, 2019). However, the funding, design, implementation, and evaluation of LGBTIQ-inclusive and LGBTIQ-specific prevention programs remain in their infancy.

The analysis by Our Watch (2017) of existing evidence related to the prevention of family violence against LGBTIQ people remains the most comprehensive and detailed summary to date. As Our Watch has argued, a more nuanced understanding of gender inequality would recognise the role that gender plays as a driver of violence against people within LGBTIQ communities, in conjunction with institutionalised heterosexuality and essentialist understandings of biological sex and sex differences. It argues for a 'more expansive model that looks at the interactions and intersections of dominant constructions of biological sex, gender and sexuality' (Our Watch, 2017; 28).

Drawing on existing research and evidence-based prevention practice, Our Watch identified 10 key principles as essential to the development and implementation of prevention initiatives to reduce all forms of family violence experienced by LGBTIQ people.

*The principles are integrated and all are important.* However, the following are particularly relevant to prevention initiatives focussed on LGBTIQ young people, and we briefly explain why:

- **Engage and include LGBTIQ people in the planning, design and implementation of all prevention efforts.** The lives of LGBTIQ young people are complicated by many factors related to their age and relative dependence on family and other institutions. Efforts to engage with their lived experience and expertise will enhance prevention efforts and build awareness of FV and respectful relationships within their peer groups.
- **Adopt an intersectional approach that acknowledges and responds to the diversity and diverse needs within LGBTIQ communities.** LGBTIQ young people are identifying with more complex and fluid identities than the older generations of LGBTIQ people. Responsiveness to the diversities related to sexuality, gender and sex, as well as other key demographic attributes such as ethnicity, ability and location, is a significant challenge. However, prevention strategies are most successful when they engage with the lived experience of their target group.
- **Address the structural drivers of violence against LGBTIQ people.** Given the multiplicity and fluidity of young people's sexual and gender identities, an explicit focus on the key drivers of family violence - the structures, practices and norms that seek to control and oppress people on the basis of their gender and sexuality - will do much to create safer environments for young people.
- **Be open to synergies with other fields of prevention work.** Across Victoria, there are a range of funded programs with a significant focus on the health and wellbeing of all young people. There are also a range of school and university programs focussing on gender inequality, relationships and sexual health. Ensure they are inclusiveness of and informed about LGBTIQ young people will enhance the visibility of LGBTIQ young people and support their development of healthy relationships. Partnering with or aligning with other relevant initiatives will assist prevention efforts and facilitate sustainable change in the area of human rights.
- **Be evidence-based and evidence-building.** The evidence base for LGBTIQ-related violence prevention field is building. However, there is a pressing need to invest in evaluation, documentation and monitoring of new programs and policies to build and share evidence of what works.

# CONCLUSION

The body of research related to family violence affecting LGBTIQ communities continues to grow. It clearly demonstrates the need for action to specifically support LGBTIQ people of all ages and their communities. However, challenges remain in ensuring that people of different sexualities and genders are recognised in family violence prevention spaces, and more inclusive and responsive frameworks are developed that encapsulate the intersections of sex, sexuality and gender, and recognise the systems of disadvantage and violence that continue to impact the lives of LGBTIQ people. Significant research gaps remain with regard to issues faced by bisexual, transgender and gender diverse populations, as well as those with multiple identities that face higher levels of violence.

Overwhelming evidence over decades demonstrates that all children thrive in family and community environments that nurture them and positively support their physical, emotional, and psychological development to adulthood. Many LGBTIQ young people clearly face challenges, including abuse and rejection, within their families and in compulsory setting such as schools. Research that further investigates the needs of LGBTIQ young people with regard to their right to healthy and respectful relationships, and which identify strategies to enhance the safety of their environments, is essential.





# METHODS

This project was overseen by an Advisory Group of representatives from key Eastern Metropolitan Region and statewide services.

There were four major components of this qualitative research project – a literature review, recruitment and data collection, data analysis, and consultation regarding resource development.

## PHASE 1: LITERATURE REVIEW

A focussed literature review was undertaken with the aim of building on *Primary prevention of family violence against people from LGBTI communities: An analysis of existing research*, published by Our Watch in October 2017. Its purpose was to summarise pertinent evidence, particularly as it related to young people, and acknowledge relevant research published since 2017.

## PHASE 2: WORKSHOPS

The second phase of this project involved a series of four workshops to explore young people's understanding of what makes LGBTIQ relationships respectful and safe as informed by their own observations and experiences. Initial drafts of the workshop outline were developed in consultation with the Voices for Equality and Respect Advisory Group. The three key focus areas for the workshops were:

1. Young people's understanding and views on what is a healthy, equal and respectful relationship;
2. Young people's thoughts on ways LGBTIQ intimate partner relationships may be similar or different to heterosexual/cisgender relationships; and
3. Young people's identification of prevention strategies around LGBTIQ family violence.

The aims were to collect data and analyse it in relation to these and newly emergent themes.

## PARTICIPANTS

Inclusion criteria for the workshops were young people who:

- a) were aged 16-25 years. Those aged 16-17 were included to capture the views of a group most likely to be living at home and who have also been exposed to the Respectful Relationship education program in schools. Including mature LGBTIQ young people under 18 without parental consent is common in research involving this community, as any requirement for parental consent can potentially expose them to risk;
- b) self-identified as LGBTIQ;
- c) lived, worked or studied in the Eastern Metropolitan Region.

### *Participant recruitment*

A flyer with information about the workshops was developed by Women's Health East for participation recruitment (Appendix A). The flyer was disseminated through the existing communication channels of Q-East, a network of practitioners working with LGBTIQ+ young people in the EMR. All Advisory Group members were asked to advertise the flyer at their respective organisation and through their networks. The flyer was also shared through Women's Health East's social media platforms, affiliations with services in the EMR, and with universities and local radio.

A recruitment process was specifically developed to ensure the privacy and safety of workshop attendees. Young people were asked to register their interest in attending a workshop by contacting the Project Leads and were sent a Plain Language Statement, Consent Form, and a Registration Form. The registration process required participants to provide their age, regional association, gender identity, sexual identity and preferred pronouns to be used when personally addressed within the workshop. Those who returned the consent form were informed of the day, time and location of the relevant workshop. Registration information was only accessible to members of the research team prior to the relevant workshop.

### *Young Leader recruitment*

One aim of the project was to recruit up to four young people for the Young Leader position. They were to be aged 20 to 25 years and would assist with the planning, delivery and facilitation of the workshops. A flyer with information about the project and Young Leader role (Appendix B) was distributed by Advisory Group members via their existing communication channels. These included avenues such as local service information boards, campus LGBTIQ events, young people's support groups, queer social media networks, and relevant social events. Interested young people were asked to contact the WHE project leader to obtain a Plain Language Statement, Position Description, and Expression of Interest form.

A number of young people applied and were interviewed via this process to assess their capacity to contribute and to ensure they had a detailed understanding of the requirements of the project role. One Young Leader was formally recruited. They were awarded a payment to compensate for their time and travel, including attendance at meetings and workshops. The Young Leader was later presented with the opportunity to commence employment with Women's Health East as a Project Officer for the Voice for Equality and Respect Project.

## PHASE 3: DATA COLLECTION AND ANALYSIS

Workshops took place over four months, from May to August, and were held in Lilydale, Ringwood, Box Hill and Knox. Four workshops were held, with a total of 15 participants overall. Workshops were recorded and subsequently transcribed. The demographics of participants are outlined in Table 1.

DEMOGRAPHIC FEATURE	NUMBER	DEMOGRAPHIC FEATURE	NUMBER
<b>AGE</b>		<b>INTERSEX VARIATION</b>	
16-18	7	Yes	0
19-21	7	No	14
22-24	0	Unsure	1
25	1	<b>ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN</b>	
<b>GENDER IDENTITY</b>		Yes	1
Women	3	No	14
Man	2	Did not disclose	0
Trans women	0		
Trans man	4		
Gender queer	0		
Non-Binary/Agender	8		
Did not disclose	1		
<b>SEXUAL IDENTITY</b>			
Lesbian/Gay	3		
Bisexual	6		
Pansexual	4		
Panromantic	2		
Queer	4		
Asexual	2		
I don't know/Unsure	1		

Table 1. Workshop Participant Demographics

Workshops were held in private meetings rooms for approximately three and a half hours. Participants received a \$20 gift voucher for their attendance.

Women's Health East staff attended each workshop to facilitate activities and write notes. Advisory Group members were given the opportunity to attend workshops as available and one member attended. A support worker from Thorne Harbour Health or EDVOS was present at workshops to provide counselling support if needed.

A run sheet (Appendix C), which included an overview of activities, prompts, outline of the days and times, was used to guide the workshops.

Data collection included: audio-taped discussion; paper-based data from group activities; and reflective feedback forms completed by participants. Notes were also be taken by facilitators during the workshops. Workshop notes were transcribed by WHE staff.

Coding and analysis was undertaken by the research team led by Dr Philomena Horsley as Chief Investigator (research consultant). Thematic analysis of data was performed to determine factors relevant to respectful and non-respectful (including abusive) relationships, ways to support LGBTIQ young people to better navigate relationships, and factors that can inform primary prevention strategies. Themes were refined and organised to sub-themes relevant to family and intimate partner relationships, and to different identities where relevant.

## **PHASE 4: RESOURCE DEVELOPMENT SESSION**

The purpose of developing a practice guide for practitioners as part of this project was to communicate the research learnings in a concise manner to people who are well positioned to promote equal and respectful relationships among LGBTIQ young people. It is also intended to be used as a tool to promote intersectional practice among primary prevention practitioners.

Advisory Group members were invited to participate in the resource development session to allow them the opportunity to reflect on emerging themes from the workshops and provide input into the content of the resource from the perspective of a practitioner. The session had the following aims:

- To provide stakeholders an overview of emerging themes from the workshops
- To identify target groups for wider dissemination purposes
- To prioritise the most helpful and practical information gathered from young people for inclusion in the resource
- To create a space to voice opinions around formatting preferences for the resource

People most likely to benefit from the resource were identified as prevention of violence against women practitioners, health & wellbeing practitioners, community health workers, practitioners working with LGBTIQ young people, and teachers.

## ETHICS APPROVAL

Involving young people directly in research related to their lived experiences is important. In situations where participants may experience increased vulnerability, additional consideration is required in the design and conduct of the project to minimise vulnerabilities and ensure that the ethical values of respect, research merit and integrity, justice, and beneficence are met, as defined by Australia's National Statement on Ethical Conduct in Human Research (Australian Government, 2007 [updated 2018]). We sought formal ethical review from The University of Melbourne's Human Research Ethics Committee. Approval was granted in March 2019: Ethics Application 1853347.

### *Risk minimisation strategies*

In accordance with its ethical approach, the project developed a range of strategies to minimise risk to young participants during and after the workshops, and included the following,

- Dates and locations of workshops were not made public, and were only available once young people had registered an interest in attending;
- A safety protocol was developed and available at all workshops should any participant become distressed;
- A qualified counsellor attended all workshops;
- All attendees at the workshops were provided with a brochure listing key LGBTIQ support services; and
- Names and identifying characteristics of individuals or services were removed from transcripts and will not be included in any presentation or publications.

## STRENGTHS AND LIMITATIONS

This is a modest study that adds to what is known about the views of young people about respectful relationships and issues of family violence. Though small in number, the participants were diverse in their identities and comfortable with speaking about the issues in some depth through the half-day workshops.

The project's methodology drew on best practice when involving marginalised young people in qualitative research (Lucassen et al., 2017). We disseminated recruitment information through multiple avenues. We based workshops in locations across the Eastern Metropolitan region that were easily accessible by public transport and to those with disabilities, and on days and times appropriate for those at school, study or work. We sought to include young people through the Young Leader role, and to generate a sense of trust and ease by: speaking to each potential participant prior to the workshop; holding workshops in safe, confidential and comfortable settings; and providing meals and vouchers in recognition of the value of participants' input. Workshop evaluations indicated that participants valued and enjoyed the discussion, the respect modelled in workshop interactions, and the opportunity to hear from their peers.

However, the sample size is small and reflects the difficulty in recruiting marginalised young people to projects that involve face-to-face engagement outside convenience venues (eg. schools,

universities), as opposed to anonymous, online surveys. Significantly more young people were registered to attend workshops than actually attended on the day. Because of the small numbers it is not possible to generalise from these findings.





# ANALYSIS

The objectives of the Voices for Equality and Respect project included contributing to the evidence base about drivers of LGBTIQ family violence and to our knowledge and understanding of equal and respectful relationships. To achieve these objectives, we developed half-day workshops that provided young people with a safe space in which to share their views and experiences of intimate partner and family relationships.

Underpinning the design of the workshops were the following exploratory research questions:

- What are LGBTIQ young people's understandings of respectful and equal relationships?
- What underpins violence experienced by LGBTIQ young people from intimate partners and family members?
- How can LGBTIQ young people be supported to navigate equal and respectful relationships?

The workshops were structured around a range of facilitator-led questions and activities. Because the workshops were over three hours, discussions created many inter-related and interwoven themes. This analysis represents the key themes that emerged in relation to the research questions, such as communication and safety, as well as the challenges of living identities of difference in places such as home and school.

Quotes from participants are extensively included, in recognition of the importance of hearing young people's voices. To protect their identity, in most cases participants are identified by number only. Potentially identifying sexual and/or gender identities or ages are only included if it is directly relevant to the content of the quote.

## 1. EQUAL AND RESPECTFUL RELATIONSHIPS

The first section of the workshop discussions focused on the qualities that young people felt were characteristic of healthy and respectful relationships and essential to such relationships. We then asked the participants in each workshop to prioritise these qualities according to their importance. We used a scoring activity and then combined the responses from all workshops. The outcomes of the discussions and activities resulted in the following main themes: communication, boundaries, safety, autonomy and equality, and comments about the opportunities and barriers available to LGBTIQ young people to learn about relationships.

## 1.1 COMMUNICATION

---

'Communication' was considered the number one priority in all forms of relationships for most of the participants. This included the ability to talk about everything, including how each person was feeling, and any issues or concerns that existed.

*"It doesn't matter whether it's romantic, professional, a friendship, a relationship between family, I think everything to do with communication is really important because without it you don't really have a relationship." [P5]*

Explicit and implicit in discussions about communication in healthy and respectful were notions of honesty and trust.

*"I definitely think communication is such a huge thing because it really, regardless of the relationship you do have with another person you have to be able to communicate with them openly and honestly and that's what makes a really strong and healthy relationship." [P8]*

A person's capacity to communicate their needs and feelings was considered a key to negotiating respectful relationships. This included being able to find a "happy balance" when compromises are required.

### DOES BEING LGBTIQ MAKE A DIFFERENCE TO COMMUNICATION?

Being LGBTIQ was acknowledged as creating particular challenges for communication in relationships. There was a view that the social 'script' for, and expectations of, heterosexual, cisgender relationships are well known in broader society. But many queer relationships are essentially 'off-script' in relation to gender roles and sexual interactions. Hence participants highlighted the communication challenges when relationships might be based on normative expectations.

There are also additional communication challenges related to the diverse forms of identities and relationships that are more

likely, more common, or more accepted in queer youth culture compared to heterosexual, cisgender peer groups and youth spaces. For instance, participants noted that there could be push back when they tried to communicate the importance of their identity to their non-LGBTIQ peers: the response could be, "Why are you telling me this? When would this ever come up?" [P1]. These obstacles to communication could also play out through people's ignorance of the discourse of 'queer culture'.

*"Pronouns - that's a huge thing in the community, especially if people haven't been in the community for very long, and can be triggering and detrimental to other people. A really great quality is to ask people's boundaries and pronouns and things like that. Also for people not to get offended when you ask them their identity, that's another big one, because I would rather someone just ask what my identity is than just assume it." [P8]*

Within such socio-cultural environments, a number of participants identified that dating people who were aromantic, asexual or polyamorous required particularly high levels of awareness and communication.

*"I think that in intimate partner, romantic relationships, and queer platonic relationships, communication is important. But - like how do I put this - monogamy is slightly lazier with it. Like polyamorous couples, there are more people involved, so there is a lot of work with communication to make sure no one is overstepping boundaries, and the boundaries are really clear." [P8]*

In such contexts, communication about one's expectations of possible intimate relationships at the very beginning can be an important discussion.

*"I was in a relationship where we didn't really communicate anything and I didn't actually know they were asexual, the whole time, because it was just never something that was*

*brought up. So that's one of the reasons that the relationship ended up failing, because we didn't communicate enough. ... I was going into the relationship, like okay, it's going to be a romantic relationship. All cool. All cool. It's gonna be chill. And then like nothing changed and we just stayed friends." [P2]*

Communication in all its facets is fundamental to healthy relationships, and particularly those involving strong emotional ties. The need for respectful communication underpins most of the subsequent themes in the workshops.

## 1.2 SAFETY

'Safety', including physical safety, received the second highest score in the qualities that were collectively defined as important in relationships. Its frequency was notable, sometimes as the first quality mentioned in discussions of health and respectful relationships. The issue of boundaries (discussed in 1.3) was also integrally related to issues of safety by the participants.

### FAMILIES

The family home should be places of safety and support for all young people. However, as McDermott et al. (2019: 3) have noted, 'the family as a site of security, identity and belonging has always been potentially problematic for young queer people because they may face hostility towards their sexual or gender diversity from family members'. In Australia, one in four LGBTIQ young people report that families are places where homophobic and transphobic abuse and physical assaults have occurred (Hillier et al., 2010).

One of the participants alluded to an undisclosed family event that threatened their physical safety and had led them to cut ties with their mother.

*"I said to my dad, 'I don't want to talk to my mum'. And I find it hard to cut ties. And then last week Dad went, 'You know what? I'm going to step in now'. And he said to [mother], 'Don't talk*

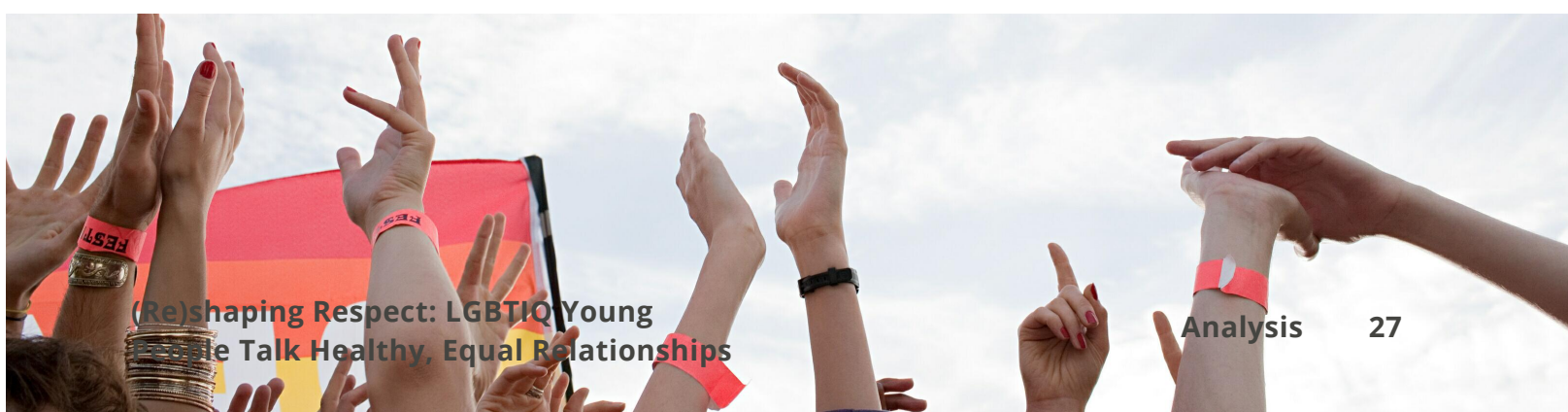
*to him, don't call him, don't text him'. I think that's important to have someone on your side, who will actually step up for you and have a voice for you, when you can't. That was like a major thing for me. Because I think communication can be really hard, even though it's important." [P3]*

Family violence perpetrated by parents and siblings in the form of verbal and physical abuse is a significant issue for LGBTIQ young people in Australia. It can be vital that, in the face of such threats, young people have access to safety and support within these spaces.

### INTIMATE PARTNER RELATIONSHIPS

Safety in intimate relationships with partners or potential partners – 'someone you can feel safe with' – was considered a significant aspect of relationships. At times it related to one's ability to talk honestly about one's identity or views. When asked to explain 'respect' in a relationship one participant described it as:

*"Feeling comfortable and safe around them. Not feeling like you're going to be in harm's way. Just being able to talk to your partner or whoever you're in a relationship with. Just like being able to express yourself without having to feel, like, something negative's going to happen to you." [P12]*



Another participant referred to the risks that intimate discussions could entail.

*"Like disclosing personal experiences or things that you've seen. Just to be able to have conversations about it, like open, safe conversations. But also, physical safety, that's quite important." [P2]*

Safety in intimate relationships also directly related to the capacity to preserve or control one's boundaries (see below).

## GENERAL SENSE OF SAFETY IN OTHER CONTEXTS

The focus on safety in relationships as a theme was concerning, though not surprising, given the everyday kinds of threat and abuse that the majority of queer young people continue to experience in all aspects of their lives. Having a broader sense of safety in daily life - whether in educational, work or social contexts - is integral to being able to develop and/or maintain healthy relationships with those close to you, or around you.

We know from Australian research that schools are the most likely place of homophobic abuse, both physical and verbal (Hillier et al., 2010). In the workshops, schools were commonly identified as places where most participants had felt, or continued to feel unsafe, whether alone or with a partner. Some participants described serious and protracted experiences of abuse. One participant (aged 16 to 19 years) described an extended period of abuse in Catholic school over a number of years where no school support was provided:

*"I missed a lot of school and just ended up dropping out. But before that part I would come back for like a day and get stuff thrown at me. Like people would yell at me and stuff and I go to school and be like, 'This isn't okay. What are we going to do about it?'. And nothing [from the teachers], 'Like we want to help you, but we can't' [was the response], because they were Catholics." [P4]*

Another participant had been attending a Uniting Church school and experienced sexually threatening behaviours from another student.

*"I went through something last year that ended really terribly. In a criminal sense, it was really bad. So, I was terrified. I had no one to turn to. I wasn't out at that point. When I went to my friends about it, my friends told me that they still wanted to remain friends with that person. So I had to completely cut myself off from them because that was too scary. I went to a teacher and told him about some of the situation, how I was getting stalked online by this other student, they knew my address. And he told me that it was an issue for the police."*

*[The participant then described some failed efforts by the school to keep the offender physically separate from them, but which resulted in another sexually threatening incident during class time].*

*And at one point I just lost it and I went on Instagram, I talked about how I had this treatment from the school. It got back to the school and I had to have a meeting about how I was risking expulsion for having revealed these things about the school and how they treated me." [P1]*

Having a sense of safety at school and in public spaces is fundamental to an individual's ability to feel positive about self and personal identity. It was a particularly strong theme for those participants who did, or had, attended religious schools. In their research of same sex attracted and gender questioning young people, Hillier et al. (2010) also note that the presence of religion was linked to young people not feeling supported when they disclosed their sexual identity to a teacher, student welfare coordinator or counsellor.

A sense of safety also directly links to a young person's capacity to interact with others from a position of self-respect, resilience and strength. There was a prevailing consciousness among participants that they needed to be constantly vigilant about their

safety in a range of contexts because of their sexuality or gender identity. For some, any visibility of their sexuality (especially when in intimate relationships) or gender non-conformity invoked a real sense of threat, as well as a belief that there would be little support if they experienced any identity-related abuse or violence.

*"Being trans literally, like just going out in certain suburbs, it's a risk against you. Because you don't know who's going to be there, you don't know what type of people are gonna see you, or will want to do something [bad]. Yeah. So it feels like you're always walking around with a target on your back and no one else sees it. And*

*if someone was to do something, what are you going to do about it? Like the police? It's not that hard of a crime that they're going to actually help. And it's like, your parents, what are they like really going to do, you know?" [P4]*

'Trans-spectrum' young people experience a high level of risk to their safety and consequently to their mental health (Jones & Hillier, 2013). They face significant levels of social discrimination; lack of support and verbal and physical abuse within families; significant issues within schools, TAFEs and universities; and significant threats in public places (Strauss et al., 2017).

## 1.3 BOUNDARIES: 'IT'S A STRUGGLE'

Boundaries in healthy relationships – being able to set them and maintain them – was the third most important characteristic collectively identified by the participants. Young people referred to both physical and social boundaries, and the responsibilities of both themselves and others to understand and respect them. Some also commented that part of the complexity of boundaries for them was the fact that these had shifted as they grow older and refined their thinking about their identities.

### PHYSICAL BOUNDARIES

In the context of dating, communication about physical boundaries was forefront. There will always be differing levels of comfort about physical touch among individuals in society. However, it has been suggested that it is not uncommon for gender diverse and sexually diverse young people to be uncomfortable with, or wary of, such touch. Reasons for this can include the fact that, for many LGBTIQ people, there has been an awareness from an early age of their 'difference' with regard to their sexuality or gender identity. This can create a heightened awareness of their physical and/or sexual self and a desire to maintain personal space. In addition, the higher levels of physical and sexual abuse experienced by this population group in

childhood and adolescence compared to their heterosexual counterparts (Coker et al., 2010; Corliss et al. 2002; Roberts et al., 2012) may also be at play in the lives of some young people.

Some of these factors might help explain why physical boundaries were a particularly strong theme when discussing the qualities of respectful relationships.

*"So, I don't like touchy feely [behaviour] with family members. People I like, I have to have a strong trust with them, and even then I may not like people touching me. So growing up, you always have your family and you have to hug them to greet them because it's a loving thing. And me having to put up a wall, I'm not comfortable with that, you know. And then never getting defensive, well, the family are like 'You don't love us', you know. So we have ended up going round in circles in circles because, whenever I would bring it up, it was just like 'You hate us', when that wasn't the situation at all it." [P4]*

This strong resistance from family members when asked to respect physical boundaries was shared by other participants:

*"I was assertively communicating to my family, my direct family, because it was still weird to be like, 'Hey Grandad, don't touch me', you know?"*

*So, I tried to talk to my direct family and be like, 'It's not that I don't love you. It's I just don't want you kissing my face dude, OK?'. And I've been saying it for years and I think they are just getting it." [P3]*

For those LGBTIQ young people who are connected to the queer community, there is likely to be a much higher level of social awareness of and sensitivity about a range of boundary issues related to gender diversity and non-conformity, than among their cisgender, heterosexual peers or families.

## **SOCIAL BOUNDARIES**

Because of the emotional and social bonds that form the foundations of family relationships, these ties are important to all young people regardless of gender or sexuality. However, these relationships can hold particular ambivalence or tensions for queer young people. It was generally agreed that ending relationships with partners and friends was much easier than moderating or even ending the ties they had with family members.

Maintaining respectful relationships with family members had proved challenging for some participants. There was an acknowledged stress in maintaining healthy relationships within families when the desire to maintain a social distance because of past homophobic interactions created some family conflict.

Participants talked about the conflict that arises between themselves and family members, when the young person needs to set boundaries in relation to 'toxic family members' who were not accepting of their sexual or gender identities.

*"I get a lot of hate for this, but I've come to a point where I've had to cut ties with family because it got too toxic or it just wasn't beneficial to me. ... It was just too bad. I got a lot of hate because it's like, 'family is family, blood is blood', you know? I think relationships get to a point where they can't be made again. Like, you*

*just [can't] associate with that person because it's not good for your mental health." [P4]*

Family get-togethers and celebratory events can be times of high stress and conflict. This participant described her 18th birthday event:

*"We always do big family-dos for family birthdays. And my one was actually a lot smaller, cause it was the year after I had officially come out. So I was at this event with my few family members and decided to come out and stuff and they still remained homophobic and racist. It was really difficult for me to ... I didn't feel like I could speak up for myself at that event and say 'Actually this is like my birthday and you're being really awful'. So when I came home, I told my parents, 'I'm setting up the boundary now. I don't want to go out to events with these people anymore unless you guys want me to start a fight. So I'm gonna stay home from these things now and I'm not going to put myself in that situation'. ... And the response was, 'You're tearing the family apart, you're ruining things'. You shouldn't have to put on a brave face or silence yourself or squander who you are in front of others, especially if they're saying things that are wildly disproportionate to what you agree with in a public setting like that. So setting up those boundaries with family, like it's really difficult because of the whole 'family's family and blood is blood' kind of thing. It's a struggle. It's a really significant struggle." [P1]*

Participants were outlining the challenges they faced when the concept of family 'togetherness' and blood ties were rated more highly than the mental health and safety of its young member who did not conform to conventional notions of sexuality or gender. It is unsurprising that reports into the high levels of homelessness among LGBT young people indicate that they are more likely to report 'family conflict' as a reason compared to heterosexual people (McNair et al. 2017).

## **PARTNER RELATIONSHIPS**

In the context of partner relationships, participants recognised that learning about and negotiating different boundaries was a

learning process, particularly when someone young had experienced few such relationships.

As one participant noted, with the move out of teen years, *"you do with experience gain a sort of maturity and ability to comprehend and discuss ... that in-depth understanding of how to respect peoples boundaries and how to articulate those boundaries."* [P6]. They explained:

*"I've definitely had my boundaries crossed because I didn't realise that that they were there until they were crossed. I've definitely crossed people's boundaries and I think part of that is everyone has come from so many different experiences and has been raised so differently. So, ... in the first few months of our relationship, mine and my partners relationship was actually really harmful for him, because I would make a joke or something and he would say, 'Can you not say that in front of my friends', and we would define those boundaries afterwards and be really conscious about it. Because*

*[harmful joking] it's just how I learned to relate to people, especially as I've had some not so great relationships and some not great people in my life in the past."* [P6]

Another participant expressed a similar approach to developing healthy relationships that included a recognition of boundaries, but also warned that a person had to also be careful not to give ground in such negotiations to the point where their own needs were discounted or erased.

*"I think with boundaries in healthy relationships, if one is overstepped then the partner that overstepped would probably sort of take a step back, stop what they were doing and sort of recognise that what they did made the other person uncomfortable or not feel safe in that environment, and try and remind themselves not to overstep that again. Like be very aware of where the boundaries are and be aware of their own ones as well, and not sort of lose themselves in trying to be overly accommodating where they don't accommodate themselves."* [P11]

## 1.4 AUTONOMY AND EQUITY IN RELATIONSHIPS

'Autonomy' and 'equality/equity' were qualities that also rated highly in discussions about the characteristics of respectful and healthy relationships. Each were considered fundamental to an individual's capacity to maintain a positive and distinct sense of self.

*"Autonomy, however many parties there are, how they retain their autonomy in the relationship, I think that's really important."* [P9]

In the discussions a number agreed that a relationship can be respectful without being equal, depending on context. As one participant said:

*"I think there is a big difference between respect and equality, and I think you can definitely have mutual respect in the relationship without it necessarily being equal."* [P6]

These themes were explored further with respect to different forms of relationships.

### FAMILIES

Given the age of most of the participants, it is not surprising that discussion about the need for autonomy in relation to their family was prominent. Participants recognised and discussed the different stages of negotiation required in relationships with parents and other family members as they developed from childhood through to adulthood. The tasks of developing maturity and independence during adolescence inevitably leads to some parental tensions and conflicts for all young people. However, the emerging sexual and gender identities of LGBTIQ young people can create additional sources of conflict as well as attempts by parents to control, contain or change these expressions. One participant (16 to 19 years) described some difficulties in negotiating with their family:

*"They get very defensive, and blame it on themselves. Even though it's a natural thing, as*

*you grow older you need more freedom. We want to make good decisions and stuff. So them thinking they've done something wrong and then getting defensive and blaming it on you. You know, that doesn't help at all."* [P4]

The theme of autonomy also links to some of the conflicts participants shared in relation to their struggle to maintaining boundaries within families.

*"It's just so weird how sometimes your parents think they know you better than you, and it's kind of like, 'Sorry, are you the owner of my brain? ... Basically I think respecting personal space is definitely a big thing. Because parents go, 'Oh, this is my baby' and 'It's my right to hold my child' ... nah, it's chill, don't do that."* [P3]

Research has confirmed that positive, respectful family environments are protective against the effects of abuse and discrimination regularly experienced by LGBTIQ young people (McDermott et al., 2019). One participant gave the example of a child-parent relationship where respect was framed in terms of the autonomous right of each to communicate their differing views: there is disagreement about the rules, and there is genuine listening, but parents have the final say.

*"There's still that mutual respect and understanding and listening to each other, and understanding that two people have two different experiences and that people have autonomy in the situation despite the power dynamic. They have autonomy, it's like freedom of speech. They have the autonomy to say what they want and the respect [of other person] is taking that on board."* [P6]

## INTIMATE RELATIONSHIPS

The concept of autonomy was sometimes connected to equality and a sense of independence and freedom in intimate relationships. Strategies discussed included, 'giving people space', having 'alone time', and allowing differences in the way people dress and think.

Conversations about autonomy nearly always assume a focus on heterosexual, cisgender relationships and the ways that societal structures of gender inequality are carried into such relationships. It was not surprising, given the gender diversity of the young people we talked to, that they challenged the idea of strict gender roles or were more openly exploratory of what such expectations meant for them in relationships. Overall, they were questioning of some of the conventional notions of equality in relationships and mindful of the concept of equity.

*"Everyone has something to offer in a relationship. But like thinking of it as everyone has to be, you know, putting the same amount of the same stuff in, is like a very weird way of looking at it. Like [the idea that] you have to put the same coins in in the same slots, otherwise it's not right - I don't think, a very healthy way of looking at relationships."* [P9]

One of the participants acknowledged the potential power differences that can occur based on characteristics such as disability, but which can be negotiated in a way that is fair to both parties.

*"I'm disabled, I can't physically do as much stuff as an abled body person can. But that doesn't mean my position in any kind of relationship, whether it be platonic or romantic or whatever is lesser. Like everyone should be on the same level, so I guess equity."* [P8]

The concepts of 'equality' and 'equity' are sometimes used interchangeably or in different ways by service providers and others. In the discourse of public health and prevention of family violence these terms have distinct meanings. 'Equity' is grounded in the discourse of human rights and social justice. In the services sector it relates to 'fairness' in terms of ensuring everyone, regardless of difference, has access to the same opportunities or to essential services (GLHV, 2016). It is often said, 'If equality is the end goal, equity is the means to get there'.

The theme of 'equality' in relationships would benefit from more in-depth exploration with a

broader group of young people in relation to family violence. For some years now there has been a clear need to understand intimate partner violence in ways that move beyond

the parameters and heterosexual, binary-gendered concepts that are the focus of frameworks such as 'Change the Story' (Our Watch 2017; Wendt & Zannettino 2014).

## 1.5 OPPORTUNITIES AND BARRIERS TO LEARNING ABOUT RELATIONSHIPS

---

Discussions about the qualities necessary for equal and respectful relationships inevitably generated concerns about the nature and paucity of relationship information available to queer young people. Participants identified a range of areas where LGBTIQ relationships were invisible or stereotyped, and which hindered their ability to negotiate safe and equal relationships.

This educational void is occupied by some of the myths about same sex relationships that are propagated by both the LGBTIQ and the general community. Pedagogical frameworks such as 'Change the story' that concentrate on men's violence against women underpin a family violence response and prevention that has been focussed on heterosexual relationships. Consequently, much of the public discourse, media attention, and educational resources in relation to family violence have also focused on heterosexual relationships. The resultant invisibility of LGBTIQ relationships has contributed to widespread beliefs that same sex relationships can't be violent, and that 'gender inequality' is the only factor that needs to be addressed in order to create a safe and equal society that is free from violence.

For instance, one participant [P5] argued that LGBTIQ young people may be "*more susceptible to thinking that it's okay to be sexually abused or to have ... some sort of sexually violent act committed against them and not speak up about it*" because of the lack of inclusive education or the invisibility of these relationships in various media. They continued:

*"In movies they say that [sexual violence] is not okay. There's always that cliché of a guy raping or committing some sort of a sexually violent act against somebody who is female. And we're*

*constantly exposed to that from young ages. And so we see that that isn't okay. But there isn't any sense that somebody who is male doing the same thing to another male isn't okay or somebody who is female, vice versa. Nobody teaches you that that's not okay."* [P5]

Conversely, it can be argued that having to combat the heterosexism and cisgenderism of the mainstream community and defend the legitimacy of its relationships has hampered the LGBTIQ community's ability to recognise, or acknowledge, or speak up about intimate partner violence. As one participant explained,

*"There is a lot of like idolisation of the LGBT relationship, that it's gonna go perfectly because it's your first one within this safe space, that kind of stuff. And you don't realise you are at the same level of susceptible to any kind of abuse, manipulation and toxic relationships that you would find within the heterosexual community."* [P1]

### SCHOOL

Participants' experiences of school, both past and current, were noteworthy for both the non-inclusion of sexual and gender diversity in programs and the negativity that any attention to the topic of LGBTIQ may have merited. Despite the Victorian Education Department's commitment to inclusive relationship education, there are clearly problems with its implementation. As one participant explained:

*"Well in my school at the moment, from year 9 to year 12, we do a lot of programs on respectful relationships, but it's so cis and het and straight and white-washed and everything like that. So, if*

*you were just looking at it you would never know that there was any other communities around. Like they are not inclusive at all, and it's like bare minimum for the straights as well. So we do so much of it but it's so useless because it's not any help to anyone." [P8]*

Victoria has had a long engagement with the Safe Schools program, and more recently the Respectful Relationships initiative. And there is no doubt that there has been a huge shift in how sexuality and relationships education is taught in Australian schools in recent times, characterised by a broader and more inclusive Australian national curriculum. It appears that, overall, students do find such programs to be beneficial. For instance, in a recent study of over 2,000 students in 31 secondary schools in South Australia and Victoria, three out of four students said that school-based sexuality and relationships education programs were a significantly used and trusted source of information (Johnson et al., 2016). However, these students made a number of suggestions to improve the programs and, interestingly, the two topics students said they most wanted greater depth on were 'Gender diversity' and 'Violent relationships'. And there is on-going evidence that LGBTIQ young people, in particular, find these programs deficient and exclusionary. In their national survey, Hillier et al. (2010) reported that, 44% of same sex and gender diverse young people found their Sexuality Education was 'not useful at all', 40% felt it was only partly useful, and a proportion of responses described these classes as actively harmful due to their homophobic content.

Some of our participants reported that the lack of formal, explicit inclusion and support for LGBTIQ students in their schools was harmful. Also damaging were some school 'support' initiatives that were ill-considered, lacked sensitivity, and attention to the potential risks they might pose for LGBTIQ students. For example, one participant described a school initiative during the national Marriage Equality debate:

*"At my school it was frowned upon to support LGBT people. So when the marriage thing was going about, the school did a video to try and support them. They would interview students, 'Tell us why you think this is a good thing'. They got two positive responses from the entire thing, and the video just had to be thrown out. Because like we couldn't show that at assembly, like come on!" [P4]*

## **ROLE MODELS AND MEDIA REPRESENTATIONS**

Our participants recognised a significant gap for young people in not having access to positive models of queer relationships. All participants felt they lacked access to representations of healthy 'out' relationships they could look to when thinking about their own relationship aspirations. This theme was also evident in ACON's recent survey (2016) of LBQ women where respondents reported that they have few or no role models for healthy and respectful relationships.

Workshop participants wanted LGBTIQ relationships to be more visible in all spheres of life, and particularly in domains such as politics and other positions of influence. They believed that everyday examples of 'normal queer relationships' would be very beneficial to young people. Concerns were particularly raised about either the relative invisibility of same sex and transgender relationships in various media platforms, or the insubstantial or negative portrayals if such representations did in fact exist.

Media portrayals of queer relationships were generally considered unsatisfactory. Some found it hard to think of portrayals that could be admired.

*"It's very common for, if there are LGBT people like shown in media a lot of this time, it's like a sad story, a tragic story, like something horrible is happening to them. Often gay characters die because the director either doesn't want to continue their character arc. ... Not seeing lots of really good, fun filled with stuff, like the cis straight people get with all their romance movies. There's always a happy ending. There's*

*not many good wholesome happy endings for LGBT people." [P3]*

A number of participants also pointed to the fact that media representations of LGBTIQ relationships, when they existed, were often highly sexualised. When seeking queer content or posting stories about themselves, participants were often tagged to sex-specific content:

*"You can't look at LGBT tags, you can't look at like a thread post, you can't go on Tumblr without seeing those things, which I think is just, it's just ridiculous these days. It's the same with dating apps, it seems to be like a kink or a fetish thing. Like it's so out of hand these days with the community." [P3]*

A few had managed to find positive portrayals after searching online. One lesbian explained:

*"Ah, I think of my favourite YouTuber couple, they are Rose and Rosie; they're two British women, they're like a married couple and they're so cute. But they just have a lot of humour, like I appreciate humour, having a sense of humour and just being able to have fun just relaxed in a*

*relationship. And obviously, they are a YouTube couple, and they don't show everything of their life. But the things you do see are real: it is just genuine, funny conversations, sharing things with each other, making jokes, like really light hearted good stuff. But I guess basing your ideal relationship off a couple that only show part of the relationship isn't the best." [P7]*

In the context of the dearth of appropriate representations for queer young people, the overwhelming pervasiveness and influence of heterosexual representations of intimate relationships was hard to avoid. As one participant observed,

*"The fact is we often don't have role models in the media, we have to base our relationships off of the healthy heterosexual couples that we see." [P8]*


As indicated in the next section, the dominance of this heterosexual focus can distort or diminish some of the key issues that require attention if LGBTIQ young people's relationships are to be optimally healthy, safe and respectful.

## 2. COMPARING LGBTIQ RELATIONSHIPS AND CIS HET RELATIONSHIPS

Social expectations about, and patterns of behaviours involving, intimate and family relationships always reflect the dominant cultures and structures of any specific society at that time. They include a range of very broad, generic scripts (eg. the necessity of 'love' in intimate relationships; the importance of 'blood ties' for biological families) as well as more specific scripts that are delineated by factors such as gender, age and ethnicity.

The discrimination and violence that LGBTIQ people have traditionally experienced is related to the ways that they do not easily fit these social expectations. For example, dominant social, cultural and legal structures have been predicated on beliefs that sexual relationships should involve different sex partners; that marriage is for procreation; that only monogamy is acceptable; that the only valid form of sex involves penis-vagina penetration.

Since the 1970s, in particular, LGBTIQ communities have written alternative socio-cultural scripts involving patterns of intimate relationships, the constitution of families ('logical' or chosen families), and the forms of sexual expression. However, LGBTIQ people continue to exist in a



'context in which systemic heteronormative and heterosexist practices, coupled with strict gender structures and norms, lead to the undervaluing of LGBTIQ people and their relationships, and violence towards LGBTIQ people within families' (Our Watch, 2017: 62).

As a way of better understanding what underpins the family violence experienced by LGBTIQ young people, we asked participants to talk about what they perceived were the similarities and differences between LGBTIQ and cisgender, heterosexual relationships.

Unsurprisingly, the similarities identified were generic to all kinds of relationships: qualities such as trust, love, communication, respect were commonly noted, and the observation by some that all relationships have their unique or individual patterns or expectations.

*"I think the fundamentals are similar; I think expectations for the relationship are different from person to person whether they are queer or straight. I think that it's very case by case. But I think everyone has that same expectation, regardless of whether it's about marriage, children or not. It's, 'Oh, I'm getting into this relationship because I genuinely like being around you and I want to be with you for a long time'." [P7]*

However, participants were more focussed on describing the range of ways that they experienced the differences – both positive and negative – of being a minority in a heterosexual, cis-gendered society.

## 2.1 THE POSITIVES IN BEING DIFFERENT

---

Participants identified some distinct advantages in not being heterosexual or cisgender in intimate partner relationships. These included more 'equality' and 'fluidity' when it came to roles and power dynamics in relationships, and the resilience and strength that can characterise relationships formed despite societal negativity. For instance, they observed that one benefit arising from exclusion from heterosexual, gender normative structures and privileges had been the LGBTIQ community's history of, and commitment to, exploring and creating alternative ways of relating and being sexual.

Among participants there was a general sense of freedom from relationships expectations that are socially prescribed for heterosexual, cisgender people, particularly in relation to gender roles.

*"In the LGBTIQ community [compared to heterosexual community] there's a lot more*

*space to sort of express yourself and be who you are and say whatever you want and still be included and still be positive and not be judged for it. So I guess that's a positive." [P5]*

*"I think one of the positive things about LGBT relationships is that like we're not always boxed in with the standard male/female roles - let's kind of make it up for yourself, you know. Like it's not, in most cases, as binary. It can be fun, like people take on different roles and stuff. With my relationship with my partner, I'm the one who kills the spiders! Having same sex relationships, it's kind of like there's not a pre-idea of what it's going to be, maybe in the way that straight people experience, cis people experience. So I think that's really fun that we have that kind of flexibility, and I really like that about the community." [P2]*

For some participants identifying as female or women, there was an expressed relief for the freedom to resist some of the sexist

expectations and pressures that are pushed onto heterosexual women. This included the potent pressures young women feel to conform to ideals of female beauty and the consequent body shaming that inevitably ensues.

*"In the women-loving-women community specifically, one of the wonderful perks that I find of relationships and friendships and more that I've had with women is the fact that, when we look at one another and we look at ourselves, we wouldn't hate an imperfection, a societal imperfection in the other person. Why should we hate it in ourselves? It's the most wonderful and beautiful freedom that we've discovered." [P1]*

Many commented on the sense of community they had experienced with other LGBTIQ people of all ages, and the opportunity to build resilience through the support they had received from peers and others. Some felt that their experience of community connectedness had strengthened them:

*"I feel like we all have a lot of the same experiences, so we're all able to bond on that and form stronger friendships, stronger relationships with other people." [P5]*

However, these positive differences were constructed as also potentially 'complicated' by some participants because they are negotiated outside the social rules and expectations of conventional relationships.

*"I feel like a lot of queer relationships shouldn't be treated as if it's a straight relationship, like it's a heterosexual relationship, because it isn't. ... Especially if you're poly, you have to make things more clear, because it's more grey than if you were heterosexual and in a heterosexual relationship. If you treat it like a straight relationship then things can get a little messy, because it's not a relationship like that, it's more complicated. Relationships between queer people are more complicated." [P8]*

Some young people felt that straight peers, family members and broader society often did not recognise or understand that queer relationships can have characteristics and qualities that do not match the societal expectations commonly placed on heterosexual, cisgender people. This was a source of frustration for some that was imbedded in the challenge of being different.

## 2.2 THE BROAD CHALLENGES IN BEING DIFFERENT

The view that being LGBTIQ can be a challenge to having successful relationships was a major theme in ACON's 'Healthy Relationships' Online survey (2016). The survey participants in that study (aged 17 years to 73 years) identified issues such as having less 'options' (partners) to choose from, being fearful of your own sexuality, finding a partner who respects your gender and sexual identity, and pressures to copy the dynamics of heterosexual relationships or conform to stereotypes.

Our participants echoed all of these themes. They readily listed a number of ways that queer relationships were different to relationships involving cisgender,

heterosexual people, and these certainly included challenges such as 'a smaller dating pool'. But they also articulated the ways that many of these difficulties have been created by heterosexist societies. These issues included 'societal expectations', 'exclusion from family', 'lack of role models', 'lack of education' (in relationships, sex education and sexual health), and the way that 'queer young people are ignored'. As one participant observed of their peer group, *"No matter how people identify, it's harder to be in a queer relationship"* [P6].

Some participants articulated the tension or confusion that can exist when the expectations placed across all types of

relationships are also expressed through different identities and within the different hierarchies of privilege and discrimination that exist in a heterosexist society.

*"Yeah, I've wanted to tell myself that I'm not like different to anyone else. Like I tried, I had to fit in with everyone at school, even with the*

*Marriage Equality campaign, like "We're just like you, we're in normal relationships", things like that. I've just had that mindset that I'm not that different and I don't know. In the end my view is that all relationships are made up of two or more humans with different sets of emotions and different sets of values." [P7]*

## 2.3 SMALLER 'DATING POOL' FOR LGBTIQ YOUNG PEOPLE —

Participants agreed that, numerically speaking, the number of potential partners for LGBTIQ young people was very small compared to their cisgender, heterosexual peers. This 'smaller dating pool' creates difficulties in finding potential partners. One participant related the impact that coming out had on their potential pool of partners, including the attitudes potential partners might have to queer issues.

*"Before I was out the only thing standing between me and relationships was my personality and that's very fair. Now it's like, which of these things are they going to have a problem with? Is it gonna to be the trans thing, is it gonna to be the bi thing, is it gonna be the asexual, thing or is it going to be the disability thing? And any one of those things can knock someone out. Obviously I don't really want to date someone who has a problem with that, but it also vastly limits my dating pool." [P9]*

The narrowing of the choice of potential partners can generate pressures to date someone who is 'not quite right' because of the young person's desire to have a partner. As one participant explained:

*"When you're starting out you can literally just be looking for the other LGBT kid at your school who fits the bar. You might not even be attracted to them, just to date them, just to experience it." [P1]*

Consequently, the desire and the societal pressure to be in relationships that all young people experience, can have a particular, sometimes negative, impact on LGBTIQ young

people. It can increase the likelihood of starting relationships with inappropriate people as well as increase the pressure to stay in relationships that are abusive.

Due to the difficulties in finding and connecting with other LGBTIQ young people, participants suggested that, among their peer group, there was a heavy reliance on social media, dating apps, online forums, Instagram and so on.

*"A lot of LGBT people are dating online, especially like young LGBT people. Probably most LGBT people know another person who's dating someone online. It's because these days it is so hard being young LGBT to like to meet someone." [P3]*

A reliance on online dating as well as the interconnectedness of the Melbourne scene also prompted observations, questions, and in some cases concerns, about the age differences between some young people in their peer group and their sexual or romantic partners:

*"You don't even have their age verified or their proper age. It's dangerous territory, but you're looking for anything you can take." [P1]*

These pressures created potential challenges and risks for young people, including the need to develop and maintain boundaries. As one (non-identified) participant in the 16-19 age range observed:

*"It's like, in the LGBTIQ community it's more accepted that it's okay to date people who are*

*a lot older than me. You'll have, like, 22 year olds hitting up 14 year olds, and because they're getting manipulated, they're thinking it's okay. And then everyone's just suddenly thinking that that's all okay, because they're also young and the world's a 'happy place' you know, because they're LGBT and they're in this really loving*

*community. But in reality, you're still in a toxic community, just like everyone else sort of is, you know. You can still be manipulated - like that 27 year old dude does not like love you, he just likes the idea of you - and you have to be able to set up boundaries and stuff in that."*

## 2.4 CONCEALMENT OF RELATIONSHIP FROM PEERS, FAMILY MEMBERS, AND BROADER SOCIETY

---

The need to conceal one's sexual and/or gender diversity is a dominating theme of both historical and contemporary LGBTIQ life. Concealment of one's identity and one's intimate relationship(s) for fear of violence, discrimination and abuse is strongly correlated with the poorer mental and physical health status of the LGBTIQ population. The need to hide intimate relationships is a particularly strong and prevalent pressure in the lives of young people because of their dependence on families for housing, and emotional, financial and other supports.

*"I think fear is really, like, across the whole queer community; every kind of relationship often has that element of fear and of hiding. Like I know a lot of people who are in relationships and hide that from their parents." [P11]*

Ironically, this concealment of intimate relationships can lead to suspicion and inquisitorial behaviours on the part of some parents. Some participants reported being subjected to parental questions such as 'Why aren't you in a relationship? Is there something wrong with you?'.

For young people, the establishment of a first or new intimate relationship can raise potentially confronting issues of 'being out' in non-supportive or threatening everyday environments such as school, home and public places. As a lesbian participant shared:

*"I had to hide my first relationship in high school because I couldn't say anything to my friends. I'm still scared to walk around a shopping*

*centre holding my girlfriend's hand because I'm scared of the looks that I might get. But then cis het couples can still do that and no one bats an eyelid. But you're still worried to show your relationship to greater society. Like queer people have to hide their relationships and that can cause a lot of pain for one or both or more members in the relationship. So I think that is something that cis het relationships don't have to worry about in most circumstances; they don't have to worry about that shame that could come from being open about being in a relationship." [P1]*

Some participants also explained how fear and fear of relationship exposure was a central experience through their school life, something that often required silence during exposure to significant kinds of homophobic content:

*"I grew up going to a Christian school and some of the things I heard in my classrooms were absolutely disgusting. Like some of the things I got told, not being out because I felt if I had come out I would be expelled. Like I had that constant fear that I couldn't say anything about being in a relationship, if I was seeing someone, anything like that. I had to keep my mouth shut because I thought I would be expelled." [P7]*

A dissonance within intimate relationships about each person's desire or capacity to be out can also manufacture stresses on these relationships that are very specific to LGBTIQ people. If one partner feels the need to hide their sexual or gender identity and the other does not, it can lead to unhealthy or destructive dynamics in a relationship.

One lesbian participant explained the pressures that wrecked her relationship, as well as the specific issues confronting some young people from families that held very traditional beliefs about sexuality:

*"I had a relationship with one of my friends, and she was a girl, and because of the societal expectations I guess she was terrified to be seen with me - like in public and at school especially ... Also the fact that her family were ... not from Australia, they don't have Australia's point of view on matters like this. So she could not come out to her family. So essentially, she was just out to me. But in a way it ruined the relationship she's had with her friends, with me, and her family as well, just because she was too terrified to be any part of herself." [P8]*

The need to keep safe and protected while also seeking support around relationship issues or breakdowns was also identified as a particular difficulty facing LGBTIQ young people.

*"One of the issues that we face compared to straight people is when you're still in the closet, and you're seeing someone, and then if like something were to go wrong or something. Like you can't really talk to anyone about it. Like there's school counsellors, but nothing I'd talk to friends about, and I wouldn't be able to talk to parents about it. It's all being very hush, hush; you're feeling very alone and everything. Straight people would not experience that as much. ... It's like a queer thing, you're very much alone in it." [P2]*

## 2.5 OTHER IMPACTS OF HETEROSEXISM ON INDIVIDUALS AND QUEER RELATIONSHIPS

---

Participants made reference to the ways that societal prejudice, and the consequent need to hide one's sexual or gender identity, impacted on their (and others') development as social and sexual beings. For some participants there was a sense that their capacity to live as fully themselves was consciously delayed by social pressures.

*"When you're queer you have this delayed adolescence. Like you don't get to be young when you're young. You get to be young when you're not in high school and you have more privacy from your peer group and from your parents. Like maybe adolescence starts when you move out, but it's always because like there's been a shift in some level of privacy and independence. And that's when you can come out in an area of your life, and that's when you do your teenager hood for the first time." [P9]*

On the other hand, because their queer identities invoked notions of sexuality, there were confusing expectations from some in both the queer community and among their peers. There were assumptions that that young people would be sexually experienced, or 'free' sexual beings. One participant who

identified as pansexual described the conflict in others' expectations:

*"At my school there's pressure not to have a relationship but to be experienced in sexual relations by the time you do kind of get to dating. There's a weird sort of pressure at my school. Everyone [the cis-het people] would ask, 'do you have a girlfriend?', or 'do you have a boyfriend?' But from other queer people it was like 'Can I be your friend?'"*

Another participant felt the contradictions were more apparent later:

*"I feel like the relationship pressure is less of a thing until you hit your twenties. Well, this is what your life is supposed to be like - get into a relationship, get married, die unhappy [laughs]. But you're supposed to be very sexually experienced and there is that societal expectation in the queer community that you will have had sex and that you would want to have sex and that you would always be open to that."*

One participant also remarked on the complexities and contradictions generated by the long, historic fight by the LGBTIQ

community to have the value of their relationships socially and legally acknowledged. This activism has included the needs to claim 'We are the same as you' while also believing LGBTIQ lives were proudly and profoundly different in significant ways, such as the risk of violence. For instance, the same-sex nature of many of these intimate relationships has led to erroneous assumptions that 'gender-equal' relationships must be non-violent. As one participant said, *"Now is the time to say, 'Alright, let's be realistic, we got that under our belts, now let's talk about the family violence'." [P6].*

Some participants specifically referred to the negative impact of the recent Marriage Equality debate on the LGBTIQ community. They felt that they had 'lived' this political issue amidst groups that had no idea of, or cared little for, its negative impact on them, a negative impact which has been broadly noted by others (Kolstee & Hopwood, 2016). In fact, one (non-identified) participant described the way the debate became a clueless class exercise in their school.

*"Should same-sex marriage be legalised?", that was the classic English debate. We would learn*

*about debating language by debating my future relationship. It was really dismissive, just derogatory things were being said. And they wouldn't understand that there could be kids there that could be affected by that, it just didn't occur to them."*

The pressure to fit in, to be 'normal' and 'just like everyone else' had produced significant pressures and confusions for some participants. At the same time, participants also noted the complexity of family expectations that had arisen within the context of the Marriage Equality debate. Depending on the levels of acceptance of LGBTIQ relationships within families, some were now being subjected to the traditional heterosexual pressures to 'get married and have children', to be 'fruitful'. Others felt difficulties remained when family members and friends were not supportive.

*"In relation to queer relationships, it's almost like [heterosexual family members] don't know how to navigate that conversation or there's that internalised homophobia - they don't want them to get married so they don't talk about it." [P6]*

## 2.6 DIFFERENCE WITHIN DIFFERENCE, FURTHER CHALLENGES

We asked the participants to reflect on whether there were differences or challenges for people with particular identities within the LGBTIQ communities, and if so, what these might be. Issues facing bisexual and transgender young people, those living with disabilities, and those with non-traditional identities were raised.

### BISEXUAL YOUNG PEOPLE

The issues facing young people who identified as bisexual were a continuing theme. Both bisexual participants and other participants acknowledged that the bisexual young people they knew were experiencing prejudice in the form of biphobia from both the straight and the queer community. A participant told us:

*"One of my [female] friends, they identify as bisexual, but a lot of the time, if they were getting with someone who identified as lesbian, they would have to lie and say like they were lesbian. Because a lot of like people who identify as lesbian, they don't like women that are touched by men or whatever. Like it's a kind of a big thing for them and they are kind of like very biphobic towards a lot of these women." [P2]*

A bisexual participant commented that:

*"You're not as welcome [in gay spaces] ... you don't even fit in that space because you're not gay enough for the gay people; you're not straight enough for the straight people." [P5]*

Another, a (non-identified) bisexual woman, had experienced abuse from the queer community that challenged her identity: *"you're not a real bi person because you've never been with a girl."*

## DISABILITY

Compared to other 'differences', disability was an attribute barely mentioned by the participants, perhaps reflecting the general invisibility of LGBTIQ people with disabilities in the broader community, the LGBTIQ community (and the disability sector). However, it was noted by one participant living with disabilities that it was an additional characteristic that can create inequality in relationships, particularly financial inequality, and hence greater vulnerability.

*"Something that comes up a lot for disabled queer people that I speak to, like I don't earn as much as my partner, I will never earn as much as my partner. I can make it up in housework or make it up in other ways but like they can't, so it's very easy for them also to feel like shit about themselves. It's very easy for someone to be like, 'Well you bring nothing to this relationship', which is obviously untrue because like your value is not determined by your productiveness or like your monetary value or whatever. But it is a very easy situation or scenario to be in exploited by other people." [P9]*

## LACK OF COMMUNITY ACCEPTANCE OF TRANS AND GENDER-DIVERSE IDENTITIES

Among the participants there was recognition that the Australian community in general was either more familiar with or comfortable with well-known terms and identities such as 'lesbian', 'gay' and 'bisexual' than with gender diversity. The profile of transgender people, including the discrimination and violence they specifically experience, has attracted more recent attention from researchers and policy makers as well as the general community.

A number of workshop participants identified as trans men. Throughout the workshops they articulated concerns in relation to their

specific relationship challenges. However, other workshop participants also noted that the queer community was capable of perpetrating transphobic attitudes.

*"We definitely still have those same kind of institutionalised violence towards trans women in our community too. Like we're not exempt." [P1]*

The emergence of multiple, new terms related to sexual or gender identity, such as 'aromantic' or 'agender', is a particular characteristic of the young queer population. It has been noted across the youth-specific research and service delivery spaces that the current generation of young people is the 'gender fluid' and multiple-identity generation (McGlashan & Fitzpatrick, 2018; Bragg et al., 2018).

This social change, where gender identities, expressions and sexualities are expressed in increasingly diverse ways, is readily identifiable in the proliferation of resource glossaries with ever-expanding numbers of terms and concepts. This movement has been met with some resistance and derision from among the broader community and also some elements of the LGBTIQ community.

Participants suggested that those who identified as gay, lesbian or even bisexual were often more acceptable to their peer group or the LGBTIQ community than those who identified as transgender or expressed diversity in their gender representation.

*"I've gone through a couple of gender identities especially, more so than sexual ones, and trying to figure myself out it's still a pathway for me, but I've had people being like refused to have a relationship with you because you are not cis. ... There was a point the first time I came out to my friends as gender fluid - they flipped their cis shit and were like, 'That's a weird one I've never heard that before', and 'how dare you'." [P10]*

*"There is a debate. I've seen a lot of social media and in real life of, 'asexual doesn't exist. How dare they belong in our community'. I've seen a lot of that. There's been a lot of 'You're not trans enough,' ... 'How dare you say you're pansexual,*

*that's just you being a snowflake. You're really just bi'. Some people thinking they're more queer or better than other queer people because they have a more recognised identity. ... For a period of time I went by the identity of 'pansexual' and I got lot [of verbal abuse] from people I know, and people I don't know, like 'you're attracted to kitchenware', things like that. That's them trying to be offensive, but in a joking way. Other people would be like 'you're greedy'. I know that some of my friends that go by 'lesbian' or 'gay' will not get comments like that." [P1]*

As Our Watch has argued, 'binary sex categorisations and rigid adherence to binary gender roles and stereotypes significantly impact on how LGBTI people are treated – both structurally and individually – and are key drivers of the family violence experienced by LGBTIQ people (Our Watch, 2017). However, concepts of 'sexuality' and 'gender' and efforts to expand or diversify them in relation to family violence, remain contested space. This inevitably complicates any prevention approaches that are predicated on strictly binary approaches to sex, sexuality and gender.

### 3. WHAT LGBTIQ YOUNG PEOPLE WANT

The final section of the workshops investigated young people's perception of the societal factors that combined to shape and influence their experiences of being LGBTIQ and their relationships. We asked young people how they could be better supported to develop and maintain healthy and respectful relationships. The discussion included contributions on what changes they wanted to see at a range of levels, including at the level of the LGBTIQ community, local and state-wide services, and within broader society.

Their responses throughout the workshops indicated an awareness that unhealthy relationships take many forms and often reflect the structural inequalities and unequal power relations that are based on biological sex, sexuality and gender. They also identified a number of topics that would contribute to the evidence base for prevention of family violence as well as the gaps that exist in resources for young people and their families.

#### 3.1 SUPPORT AND RESOURCES FOR YOUNG PEOPLE AND THEIR FAMILIES

---

##### **MORE RESOURCES AND ROLE MODELS FOR YOUNG PEOPLE ABOUT RELATIONSHIPS**

In their data analysis of the 2017 National Community Attitudes towards Violence against Women Survey, Politoff et al. (2019) noted the particular vulnerabilities of youth: 'Young people have limited personal experience to draw on to navigate gender roles, identities and relationships. Being closely bound to family and peers, they may have access to fewer countervailing influences' (p. 12). This claim is even more

potent when specifically applied to the issues that queer young people are negotiating.

Our participants emphasised the need for more support and resources. In this context, the term 'resources' refers to a broad range of possibilities. It includes all modes of delivery that would enhance the availability of positive and accurate information about healthy queer relationships, safe sex and strategies for coming out to parents and peers.

*"I'm not sure how you would exactly go about it, but making sure people know what are good*

*relationships and qualities, and which ones are red flags, type of thing. Because there are certain behaviours and stuff that could be hints that the person is possibly abusive ... 'You show this [behaviour], I'm out of here' type of thing." [P11]*

Suggestions include initiatives or products that encompass 'out' LGBTIQ relationships and which provide positive role models for young people. Not only would such resources be informative and affirming, they would also counter the sense of isolation that many queer young people feel and the limitations of their experience. As one participant explained:

*"I think definitely the role models thing, of people like guiding you, saying like you don't have to rush in to having a relationship. You don't have to go for the first available option to you, even if you might feel like this deep overwhelming sense of loneliness at your school." [P1]*

Mention of role models included references to high profile LGBTIQ people, such as politicians and sports people, and representation in various media. But there is also the recognition that everyday queers that these young people meet or know can have the greatest influence, positive or negative. This crucial need for role models underscores the need for greater visibility of LGBTIQ relationships, but also the importance of young people having access to multiple and diverse models of healthy relationships.

One participant argued that role modelling was *"incredibly important"* and would form *"a big part of prevention ... whether that is online or someone you know in person, or even cis-het parents, role modelling what a healthy relationship is"*.

As one participant explained:

*"I think people close to you have a bigger impact than media. I participated in [a discussion group with other young queer peers] where we all sat down and I was the oldest person there, I was 20 or 19 I think at the time. I felt like the oldest*

*person there, like, I needed to keep in contact with these kids, and I needed to project my healthy relationship and be like, 'This is okay, this is normal'. Not as in, 'Look at me', but I felt the need to almost be a role model ... I think it's important that queer people get as much representation, at any level, of queer relationships. ... It's not just about who the good role model or how do we know it's respectful, it's about seeing as many queer relationships as possible." [P6]*

## **SUPPORT: HAVING SOMEONE 'IN YOUR LANE'**

It is important to recognise that queer young people are actively searching multiple avenues in their efforts to locate resources that speak to their specific needs. Schools (discussed below) have a mandated responsibility to support young people through the provision of generic relationship education. However, the information that our participants shared indicated that understanding and acceptance with regard to their sexual and gender identities from those close to them, or those that they interacted with regularly, was extremely important.

## **MORE SUPPORT FOR PARENTS AND SIBLINGS**

Families have a profound impact on the health and wellbeing of young people. Although there is still much to learn about this influence on LGBTQ youth specifically, we do know that parent-child relationships remain as one of the strongest predictors of LGBT adolescent wellbeing (Newcomb et al., 2019; Mills-Koone et al., 2018). Parental messages during and after the process of a young queer person coming out to them have significant consequences, positive or negative.

Unfortunately research indicates that, 'although many LGBTI youth do find supportive circumstances at home, others face negative responses from family members or are forced to maintain secrecy around their identities for fear of negative consequences' (McKinnon et al., 2017: 150). Households that hold strongly to rigid gender norms, identities,

and cultural stereotypes; that hold strong traditional values; and that strictly police non-heterosexual behaviours, are more prone to rejecting and abusing young family members who are LGBTIQ, and hence negatively impacting on their mental and physical health (Jadwin-Cakmak et al., 2015; Baiocco et al., 2014; Grossman et al. 2006). Conversely, international research suggests that there is a lifetime positive effect for lesbian, gay and bisexual individuals who experience genuine parental acceptance of their identities when young - as adults they are more likely to feel secure and satisfied in their intimate relationships (Fuller & Rutter, 2018).

Among our participants it was clear that, beyond the general tensions common in child-parent relationships, some of their parents were clearly struggling with the sexuality or gender of their children. An increase in the provision and accessibility of resources for family members that encourage the support of young people of diverse sexualities and genders would be an important step in the prevention of family violence.

Improved familial support would not only improve the mental health of LGBTIQ young people, contribute to a reduction in LGTIQ youth homelessness and improve school retention, but also potentially enhance the quality of their relationships with others. As one participant explained, the support of their sibling network was essential and positive, both for them individually and for the whole family:

*"They're in my lane so hard ... we're all there to support each other. We have our group chats and if something happens, good or bad, for the other person we're always the first to know. We give each other support ... If I need to go stay with them cause I'm having a hard time with my family, they're down to support me no matter what. ... When I came out [as trans] my entire way of living changed ... Sometimes you need your siblings in your lane to help you vocalise your things to you parents and in that way you can change the entire family dynamic and make it happier and healthier for everyone." [P4]*

## SCHOOL SUPPORT

The prevalence of homophobia and transphobia in Australian schools seriously impacts the lives of many LGBTIQ young people. There can be adverse impacts on young people's sense of self and personal development, friendships, capacity to concentrate in class, and hence on their levels of educational attainment and future prospects (Robinson et al. 2014).

However, as the Victorian Government's current Safe Schools Guide states, 'schools can also be powerful places of respect and acceptance and tolerance for all students, regardless of their sexuality or gender' (undated, p.3). The support strategies encompassed in the Guide and its associated Resources are critical to making schools safer places for queer students. The whole of school approach of Respectful Relationships education initiative that began in Victorian schools in 2015 is also a key initiative for the primary prevention of family violence. However, the fundamental focus of its whole school approach remains the prevention of 'gender-based violence'. While the program claims that using that term 'is also inclusive of and extends to violence experienced by the lesbian, bisexual, gay, transgender, queer and intersex communities' (Our Watch, 2015:6), some LGBTIQ young people clearly do not find themselves represented in its implementation.

Schools have an important role in offering general support to LGBTIQ young people outside, as well as inside, the formal curriculum. The continuing high levels of homophobic and transphobic bullying experienced by students across Australian schools is unacceptable. Anecdotal reports from LGBTIQ-specific counselling and support services such as Thorne Harbour, Switchboard, Drummond Street and Headspace have suggested that the distress of young people significantly spiked during the Marriage Equality debate. A number of our participants also referred to experiences of bullying during this time.

There were indications from some participants that things had improved in

recent years in their school, although sometimes as a response to crisis incidents. For instance, one participant had come out six years after their gay brother was bullied at that same school 'to the point of being suicidal'.

*"At my school now, because of [my older gay brother's] experiences and a couple of others, we have a lot of things set up to help queer students that wasn't in place when he was there."*

The importance of openly queer teachers as role models and sources of support was also mentioned.

*"I'm lucky enough at the school I go to now. My teacher is LGBT, I've got two teachers in my classroom for only 10 students and one of them is LGBT which makes such a difference. Like we do gender equity and all these kind of things, which is really nice, but it makes such a difference to know like someone is there to support you." [P3]*

However, those had been or were currently enrolled in faith-based schools expressed particular concerns about issues such as the competence of their school support systems and student-staff confidentiality.

One participant, still enrolled in school, said that students were simply told at beginning of the year, *"If you are struggling with same sex attraction or temptation, go and see the Chaplain."* [P7]. Another shared their frustration regarding breaches of confidentiality.

*"I went to a Catholic school. There was the counsellor, and even though they were supportive, they weren't educated enough to actually help. Their result was to just call up your parents. You know, the amount of times I signed forms, being like 'this is confidential', and then two weeks later, my mum texts me and like, 'I just talked to the counsellor, are you okay?'. [P4]*

How schools can best support their LGBTIQ students remains a contentious and unresolved issue in some quarters. Efforts to do so remain under-resourced and too many schools remain uncommitted to the safety of their students. However, the need for support and safety remains paramount. As McKinnon et al. argue, 'Surely LGBTI young people should be afforded the same right to safe schools as their heterosexual and cisgender peers?' (McKinnon et al., 2017: 151).

### 3.2 INCLUSIVE AND RESPONSIVE SERVICES AND PROGRAMS

---

In the last decade there has been both international and local initiatives that have promoted more pro-active models of professional care for LGBTIQ people. The guidelines have primarily focussed on health services, particularly those services providing primary care (McNair & Hegarty, 2010). But more recently the focus of policy, guidelines and staff training initiatives has broadened to include a range of other essential community

services such as aged care, youth services, housing and homelessness services, mental health services, drug and alcohol services, and family violence services. In Victoria there are a number of options for services to be more responsive to LGBTIQ young people in terms of their overall wellbeing and their relationships (GLHV, 2016; State of Victoria, 2017)<sup>3</sup>.

<sup>3</sup> The Victorian Government's 'Rainbow eQuality' Guide and website provides resources to assist mainstream health and community service agencies to identify and adopt inclusive practices and become more responsive to the health and wellbeing needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals and communities. <https://www2.health.vic.gov.au/rainbowequality>



Participants indicated their strong support for services to become more inclusive and better educated about their needs. They unanimously agreed that local agencies needed to 'step up their game' in terms of the provision of expert, accessible and inclusive service.

### **BETTER PROMOTION OF SERVICES**

Participants wanted services, particularly relevant health and housing services, to be more visible - 'more widely advertised or promoted' to young people so they 'can find them early, before a crisis'. As one participant suggested, *"If you're not searching with a magnifying glass, you don't know they exist"* [unknown].

### **MORE ACCESSIBLE SERVICES**

Accessibility of services was a strong theme in discussions and referred to a number of problematic issues. Some participants who lived furthest east raised concern about the distances they needed to travel to access support such as a youth group or transgender-related medical services. Others expressed concerns about waiting lists for emergency support services, and the fact that sometimes young queer people need immediate access if they perceive they are at risk. When commenting on the need for affordable and appropriate housing one participant commented:

*"Everyone having access to affordable housing is good. But I also think those services need to be like really easy to access and clear of their backlog if it does get really bad so I can access. If they need to get out now, I can get out, so it's not like, 'How much of this am I willing to tolerate', coz that also happens too much. And I think part of prevention is be able to get people out at all stages."* [P9]

Issues were raised about services being discriminatory because of an individual's sexuality or gender identity, or their disability.

*"There is a problem particularly with emergency housing being inaccessible and also discriminatory. They are not queer friendly spaces. And if they are they are sexuality friendly, they're not trans friendly. I know a lot of trans women who have been turned away from family violence shelters and homeless shelters. I have homeless friends that have been turned away from homeless shelters: 'Oh you're a wheelchair user, we can't get you in, I'm sorry, see you'."* [P9]

### **BETTER TRAINED STAFF**

Participants indicated that it was not uncommon for them to have to educate providers about their specific needs. They also found providers were often ignorant about the existence of LGBTIQ-specific referrals that might be of assistance to young people.

There are a number of options for mainstream and family violence-specific services to improve their accessibility, promotion and practice. As recommended by the Royal Commission, the state government has funded the roll out of LGBTIQ FV education and inclusive practice training for specialist family violence services through Rainbow Health. The training aims to better equip family violence services to provide safe and inclusive support for LGBTIQ people experiencing IPV and other forms of family violence and, where applicable, support services to attain Rainbow Tick accreditation. Other versions of this kind of inclusive practice training are also available to mainstream health and community services. The Rainbow Network (based at La Trobe University) also offers staff training that specifically focuses on the everyday experiences of LGBTIQ young people and principles of inclusive practice relevant to services that work with young people.

### 3.3 THE NEED FOR SOCIAL CHANGE

---

Based on its review of research and evidence, Our Watch argues that, 'there are commonalities between the underlying drivers of violence against heterosexual, cisgender women and their children, and violence against people from LGBTI communities' (2017: 4). Challenging the binary constructs of sex (men and women), gender (male and female), and sexuality (heterosexuality and 'other') which underpin patriarchy and heterosexism is an essential part of challenging family violence experienced by LGBTIQ people as well as cisgender, heterosexual people. However, such a process requires an authentic intersectional approach that promotes 'difference-consciousness' (McQueeney, 2016:2), that interrogates and deepens understandings of gender, and offers more creative and LGBTIQ-inclusive strategies for change.

It is important to recognise that LGBTIQ young people are far more fluid and dynamic in their sexual and gender identities than older LGBTIQ people. Therefore they are particularly disadvantaged by the dominance and centrality of the binary, heterosexual focus of dominant family violence prevention approaches.

Respect Victoria is required to develop public initiatives to help reduce homophobia, biphobia and transphobia, and positively promote the rights of LGBTIQ people to live without violence. Given these are government funded and supported commitments, they will be significant steps in combatting some of the drivers of LGBTIQ FV. However, combatting deep-seated structural and cultural prejudice and the harm it causes requires sustained commitment and action.

Workshop participants recognised the impact of growing up in these kinds of toxic social environments, both on themselves and their peers. They drew linkages between young people's experience of maturing in these environments and the different forms of

family violence that can stem from these influences. One participant offered a possible explanation of partner violence.

*"In terms of preventing intimate partner violence, especially in queer relationships, I think a big part of that is so much internalised homophobia, biphobia. And there is so much of that from the societal level. And that creates a lot of tension, it creates a lot of miscommunication, which then inevitably or could possibly lead to intimate partner violence. So I think on a broader societal level, work at reducing homophobia and transphobia will be a good start at minimizing what is currently causing intimate partner violence in the queer community." [P6]*

#### WHAT CAN THE QUEER COMMUNITY DO TO SUPPORT HEALTHY RELATIONSHIPS?

The Royal Commission into Family Violence had recommended the development of resources and 'shared community education campaigns via LGBTI and family violence services' (Recommendation 168) to support the identification and reporting of LGBTI-related family violence. During the time the workshops were conducted, and the writing of this report, an LGBTIQ family violence prevention campaign specifically focussing on the needs of the LGBTIQ community had yet to commence (State of Victoria 2018a). Without the backing and resourcing of targeted campaigns it is difficult for the LGBTIQ 'community', however it is conceived, to undertake pro-active education in the prevention space.

Nevertheless, we asked participants about the things that the LGBTIQ community could do. Responses generally incorporated notions of education about what queer healthy and respectful relationships might entail, and indicators of what might constitute patterns of coercion, control and abuse in an LGBTIQ context.

Some participants felt that there were relatively informal initiatives already underway. However, they made the point that, to benefit from these, a young person would need to be already well-connected to the LGBTIQ community.

*"I think the communities are doing quite a bit, but I think that specifically comes from, if you're well connected within the community ... But you can't rely on the queer community in its entirety to be supporting young people in navigating relationships." [P6]*

Nevertheless, the existence and visibility of the queer community continues to offer support to young people.

*"You sort of get an idea of what a relationship is meant to look like from your parents and people around you, a lot of our foundation and validation, and acceptance, the self-acceptance of queer relationships, comes from the community itself." [P6]*

In this context it is worth re-iterating the first guiding principle for all prevention activities that was identified in the Our Watch report (2017; 96): 'Engage and include LGBTI people in the planning, design and implementation of all prevention efforts in order that all such efforts work with and for people in LGBTI communities'.

### 3.4 SAFE SPACES FOR YOUNG PEOPLE

---

A sense of security and safety is paramount to the health and well-being of all young people. This includes the ability to safely move through online and public spaces; to access appropriate social venues; to have safe conversations with one's peers about relationships and other issues.

Although schools are the most common places where same sex attracted and gender diverse young people experience verbal and physical abuse, a significant minority also experience it 'in the street' (Hillier et al. 2010). For transgender and gender-diverse young people, public spaces are particularly unsafe: forty percent have experienced physical and verbal abuse the street and one in five have avoided public transport due to feeling unsafe (Smith et al., 2014).

Conversations with participants highlighted their need to be able to safely travel and to meet in secure surroundings in order to

socialise, develop relationships, and have discussions about their issues. Their suggestions for the ways they could be better supported incorporated a variety of safer places for young people in LGBTIQ community spaces and social venues. These included:

- more, accessible LGBTIQ support groups in the Eastern Metropolitan Region, 'because some people are still figuring it out and they are a bit lost'.
- groups for different age ranges
- local activities for young people (eg. film nights)
- more queer-specific services in mainstream services, including for trans youth
- social venues for meeting other queer youth other than gay bars
- more social/recreational opportunities provided by youth services, for example, LGBTIQ-specific camps.
- More rainbow flags in public places

### 3.5 MORE RESEARCH

---

Given this was a research project that sought to involve young people, we asked participants to share their views on the issues they felt required more investigation.

Their comments reflect some of the existing gaps in the evidence base and included topics such as:

- **The impact of non-inclusive health services** on LGBTIQ people's physical and mental health
- **Why bisexual women are victims of abuse** at much higher rates than lesbian or heterosexual women
- **Why bisexuality attracts so much biphobia and misunderstanding**, in both the general community and the LGBTIQ community. And why harmful and incorrect stereotypes, such as 'sexual promiscuity', are so imbedded in cultural discourse. As one participant explained, *"When females come out as bi, there is much more joking, like, 'So, can we have a threesome now?'"*.
- **The differences in experiences of coming out** in relation to different identities: ie. "When an L or G comes out, as compared to a B, T, and then QIA+".
- **The effects of religious education**, and the interplay of religion, in the lives of young queer people

It is hoped that the commitments of funding by the Department of Health and Human Services and Respect Victoria to family-violence related research, as well as broader national and academic research initiatives, will address some of these issues.

## CONCLUSION

The young people in this project shared their views about respectful and equal relationships and with great generosity and maturity. Their input across all the workshops served to illuminate many of the key themes and gaps that characterise the current evidence base in relation to LGBTIQ family violence.

Central to the data we collected was the primacy of respectful communication based on honesty and trust. However, LGBTIQ young people face particular challenges because their relationships with both partners and families are commonly 'off-script' and underpinned by the interrelated subjects of personal safety, concealment of identity and boundaries. These themes shape any discussion about LGBTIQ young people being able to experience respectful relationships, and hence the development of primary prevention strategies.

As Australia's National Plan to Reduce Violence against Women and their Children argues, positive parenting practices and violence-free home environments are crucial to the development of healthy social behaviour skills and healthy relationships (Commonwealth of Australia, 2019). With

respect to LGBTIQ young people, the culture of their family home is particularly crucial to their wellbeing. There is strong evidence that parents' acceptance of their child's sexual or gender identity is predictive of the child's development of self-esteem, resilience, good health, and social support (Ryan et al., 2010; Needham & Austin, 2016). A LGBTIQ young person's sense of safety, or lack of safety, within their family of origin will play an essential role in their development, and in their existing and future formation of healthy and respectful relationships. Some of our participants described the difficult challenges they had faced, or continued to face, in maintaining relationships with family members that felt safe and healthy.

Participants also indicated that they experienced a concerning, heightened sense of vigilance with respect to their safety in other contexts, such as school, public spaces, and even in LGBTIQ community settings. For some participants, strategies for maintaining personal safety were directly connected to the ordeal of concealing one's sexual or gender identity in a range of social contexts. For young people who are transgender or present as gender-diverse in particular, this may be difficult, if not impossible, and significantly increases the risk

of their exposure to abuse and violence. Some of our participants indicated that the need to suppress or conceal one's identity or same sex relationship status to enhance a feeling of personal safety directly impacted on their capacity to form and maintain healthy intimate relationships. The need to conceal meant some young people were also unable to access the necessary support when they experienced relationship problems. Understanding the reason why queer young people need to conceal their relationships reminds us of the role everyone has – including families, service providers, and citizens – in facilitating fundamental respect for LGBTIQ young people and hence preventing family violence and other forms of violence.

The capacity to recognise and accept boundaries – both one's own and those of others – is another key factor in a continuum that connects safety with respectful communication. The types of boundaries discussed in the workshops included the protection of one's physical space from unwanted touch. These boundaries encompassed a range of behaviours from unwanted 'affectionate' gestures to disrespectful or coercive conduct from both family members and intimate partners. The disproportionately higher rates of sexual harassment and violence experienced by LGBTIQ young people, which is reported in national and international research, suggests that this population group is particularly vulnerable to coercion from intimate partners and others with whom they share some form of relationship.

It is concerning that our participants explained they had few opportunities to learn about, and hence recognise and negotiate, safe sexual boundaries with partners. This reflected recent research that suggests the depth of coverage of 'violence in relationships' is unsatisfactory for Victorian and South Australian secondary students overall and not in keeping with their expressed needs (Johnson et al., 2016). The researchers from that study note that a positive sense of 'power

and control' in romantic relationships comes from 'having knowledge and being informed about sex and relationships' (p.42). The need to include positive and diverse examples of healthy LGBTIQ relationships in any prevention resources targeting young people was clearly articulated by our participants.

Foundational to a person's ability to develop and maintain respectful relationships is the experience of being respected for who you are as a person. Participants' stated desire for respectful boundaries in relationships also referred to the nature of social interactions with others. In Australia, LGBTIQ people of all ages experience disrespect, harassment, discrimination and verbal abuse associated with their sexual and gender identity in diverse range of settings, including workplaces, educational institutions and public spaces (Leonard et al., 2012). Our participants discussed experiences of homophobic and transphobic behaviours from some family members which also strained their relationships with other family members. Evidence of the high levels of mental distress and illness among LGBTIQ people in Australia and internationally (Festerson et al., 2018; Leonard et al., 2015), is directly linked to heteronormativity, homophobia and transphobia. This reminds us that the support and acceptance required to remain healthy (and therefore experience healthy relationships) in the face of this constant disrespect is not accessible to many. Importantly, as Campo and Tayton (2015) note, experiences of homophobia, transphobia and heterosexism directly affect the experience of, and responses to, intimate partner violence in LGBTIQ populations.

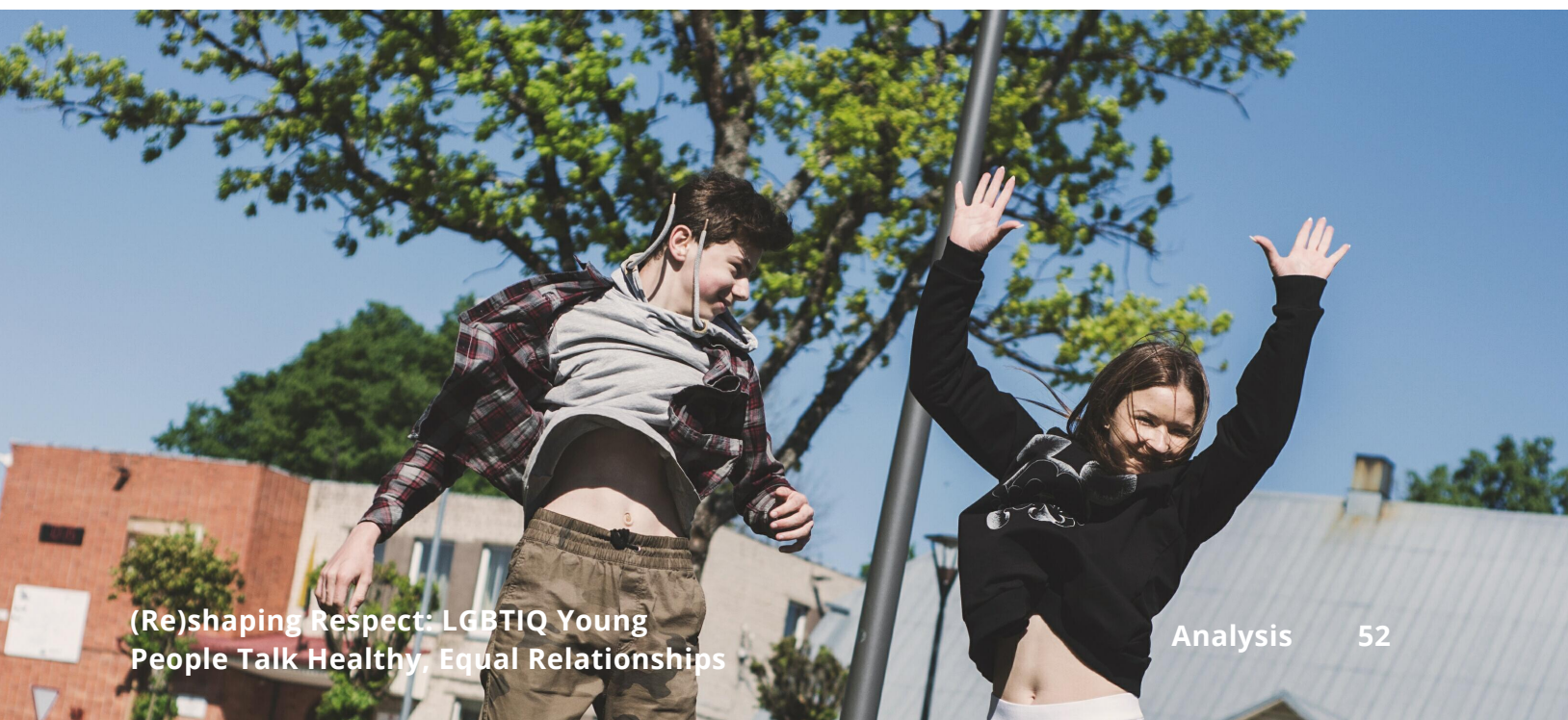
Participants described a number of ways in which it was 'harder to be in a queer relationship'. These included having less access to information about queer relationships and positive role models, and less access to local supports, including welcoming services that were informed about, and respectful of, sexual and gender diversity. Difficulties in finding partners were also a factor due to the 'smaller dating pool' and the minimal opportunities they had to meet other young queer people in safe

social environments. Given that being in a relationship is an important component of happiness (as well as self-esteem and self-acceptance), these difficulties may partially account for research that indicates teenage LGBTIQ young people are less happy than LGBTIQ people of other ages (de Vries et al., 2019). Until very recently, the invisibility of LGBTIQ relationships in a range of policy and practice contexts, and a lack of acknowledgement that LGBTIQ intimate partner violence exists, has compounded these problems (Campo and Tayton, 2015).

Developing appropriate primary (and secondary) prevention strategies that target LGBTIQ people, and especially young people, present particular challenges. Queer relationships are 'different'. They can be 'complicated' because they have characteristics and qualities that do not match the societal expectations – the socio-cultural road maps – that steer the relationships of heterosexual, cisgender people. In addition, LGBTIQ young people are especially fluid in relation to their sexual and gender identities: they commonly reject the heteronormative, binary concepts of gender and sexuality that underpin all current approaches to the prevention of family violence. This is evidenced, for instance, in the diversity and multiplicity of identities registered by our group of participants (see Table 1) as well as other research involving this population group. This phenomena among young people can be advantageous in that it may free young

people from dominant gender scripts. However, it can also complicate the understanding of commonly used violence prevention concepts such as 'equal relationships' and 'equity' in relationships because these are inevitably based on binary notion of gender, that is, relationships between 'men and women'. In turn this can serve to disguise abusive dynamics in LGBTIQ intimate partner relationships. Family violence experienced by LGBTIQ people does share some gendered drivers associated with violence against girls and women, but it also incorporates distinct drivers that require more research, more understanding and more attention (Our Watch, 2015). As Cannon and Buttell (2015) assert, a continued focus on the gender paradigm alone to account for intimate partner violence in LGBT relationships is simply inadequate.

In conclusion, the valuable contributions of our participants provide some small yet significant insights into the challenges and opportunities that confront the field of primary prevention in its efforts to help 'create a Victoria free of family violence' (State of Victoria 2018a). Primary prevention requires a long-term approach focused on preventing violence from happening in the first place by focussing on the whole community and the systemic structural and social drivers that allow violence to happen (Respect Victoria, 2019). Listening to the voices of LGBTIQ young people in the Eastern Metropolitan Region is one contribution to an approach that needs to be truly intersectional and inclusive to be equitable and successful.





# IMPLICATIONS FOR PREVENTION

## WHAT WE KNOW ABOUT PREVENTING VIOLENCE AGAINST LGBTIQ PEOPLE

Discrimination and violence are prevalent issues for young people and have serious health and wellbeing consequences.

Preventing family and intimate partner violence for LGBTIQ young people is important and should be a part of the core work of family violence and violence against women prevention practitioners. The Royal Commission into Family Violence in Victoria highlighted the need to address violence in LGBTIQ communities. The Victorian government has a reform agenda and variety of policy documents which focus on building a fair and equal society, which values diversity and inclusion, and is free from family violence for all Victorians. It promotes intersectionality as a vital approach in these guiding documents.

Respect Victoria has also displayed a commitment to preventing violence for LGBTIQ people and will soon launch a promotional campaign to this effect.

At a national level, Our Watch released *Primary prevention of family violence against people from LGBTI communities* which outlines what is known about this topic. This analysis tells us that there are commonalities and differences between the underlying drivers of violence against heterosexual, cisgender women and violence against LGBTIQ communities.

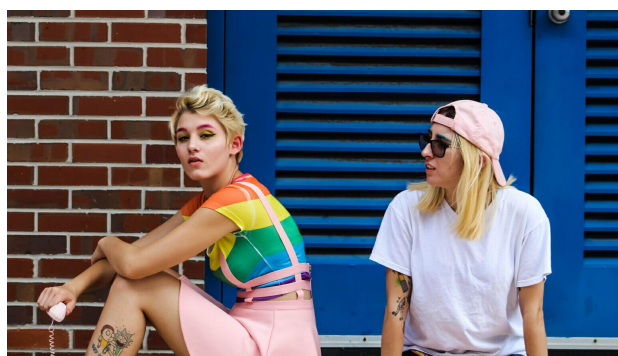
Gender inequality is the driver of violence across all women in our society including LGBTIQ women. It also impacts on LGBTIQ people and communities. Heteronormative concepts of femininity and masculinity, for example, can impact on LGBTIQ people from a young age, being 'policed' by family and the community more broadly. Adherence to rigid ideas of masculinity has also been identified as a strong predictor of homophobia, and Carlton, et al. (2015) put forward that "intimate partner violence is intimately connected to male dominance and sexism even if an abuser is not male, because intimate partner violence occurs within a culture, created by men, that condones violence as a strategy for dominant people to control subordinate people" (p. 4). Advancing gender equality therefore remains vital to preventing violence in our society.

Our Watch also highlighted the following:

- Inequality and power imbalances which result from heteronormativity and binary concepts of gender and sex play a central role in driving violence and create the social context that condones violence and discrimination against LGBTIQ people and communities
- Understanding the intersections of the binary concepts of gender, sex and sexuality is critical to the understanding and prevention of all forms of violence against women and family violence
- Efforts to prevent violence against LGBTIQ people should focus on taking an intersectional approach to the norms, practices and structures that discriminate and oppress LGBTIQ individuals and communities, as well as recognise other forms of discrimination such as racism, ageism, and discrimination based on disability

However, there has been a shortage of well documented and evaluated initiatives in LGBTIQ violence prevention and therefore there is currently no guiding framework to fully understand the drivers of family violence in the LGBTIQ context, and to provide an evidence-based approach to action.

The findings of the *(Re)shaping Respect* research reinforce Our Watch's analysis and add to an understanding of family violence beyond heteronormative frameworks and narratives.



## CONTRIBUTING TO A FRAMEWORK TO PREVENT VIOLENCE AGAINST LGBTIQ YOUNG PEOPLE

In addition to the *Primary prevention of family violence against people from LGBTI communities* literature review, the violence prevention sector has access to other key tools and resources on which to rely. These include *Change the Story* and *Changing the Picture* frameworks.

An understanding of the interconnections between these resources will support the development of an evidenced prevention framework for understanding family violence in an LGBTIQ context.

To contribute to the thinking about a framework for the prevention of violence against LGBTIQ people, and young people in

particular, we have organised learnings in line with current sociological approaches, with a focus on norms, practices and structures. We acknowledge that these are intricately related, and some examples may be applicable at more than one level due to the overlapping nature of the approach.

The socio-ecological model is useful for understanding violence as an outcome of interactions among many factors, as well as how these factors influence experiences of violence. The model highlights the multiple levels at which action needs to take place to effect the whole of population change that is essential to achieve social change.

## SOCIAL NORMS

Social norms are the ideas, values or beliefs that are common or dominant in a society. Heteronormativity and rigid and stereotyped expectations of sex and gender – for example that people must be attracted to the opposite sex and that people must wear clothes and pursue interests according to gender – are social norms of significance for LGBTIQ people. They result in discrimination, inequality and intolerance of people who identify outside of these norms. Challenging the expectation to conform has implications across all levels of the socio-ecological model.

The following examples illustrate how social norms have influenced research participants experiences:

### ***At the individual and relationship level...***

Homophobia, biphobia and transphobia from family members, 'push back' from peers when trying to explain the importance of their identity, fear associated with 'coming out'.

### ***At the organisational and community level...***

Heteronormative delivery of education around sexuality and respectful relationships, language used by service providers, teachers and others is not LGBTIQ inclusive.

### ***At the systems and institutional level...***

Institutions such as police and school authorities downplay experiences of violence for LGBTI young people or lack the training to respond to reports of family violence.

### ***At the societal level...***

Minimal representation of LGBTIQ people in movies and in popular culture, fetishisation/sexualisation of queer people in movies and in online environments.

## PRACTICES

Practices and behaviours reflect or result from gender inequality, hetero-normativity, and rigid constructs of sex and gender. Discriminatory practices are knowingly and unknowingly utilised to impose conformity and punish non-conformity.

The following examples illustrate how social norms have influenced research participants experiences:

### ***At the individual and relationship level...***

Misgendering of trans young people, bullying and abuse from peers at school, disrespecting personal boundaries, policing of clothing or appearance by others.

### ***At the organisational and community level...***

Services which are not inclusive or responsive to LGBTIQ young people's needs, lack of bystander action and support from community members, abuse or potential abuse in response to public displays of affection between LGBTIQ young people, lack of local support groups and formal social activities for LGBTIQ young people, inadequate resources or supports for LGBTIQ community, parents, and siblings.

### ***At the systems and institutional level...***

Religious institutions including schools failing to provide adequate support to LGBTIQ young people and to implement the Respectful Relationships initiative.

### ***At the societal level...***

Under-representation of LGBTIQ people appointed to positions of power, harmful media representation of LGBTIQ people during the marriage equality postal vote process, portrayals of LGBTIQ characters in media can reaffirm or perpetuate negative stereotypes.

## STRUCTURES

Our behaviours are underpinned and supported by social structures such as the hierarchies that exist within families, organisations or communities and the formal structures such as policy and legislation that uphold and reinforce gender inequality, heteronormativity, rigid constructs of sex and gender and the condoning of violence against LGBTIQ people.

Structures can result in systems that advantage and promote the visibility of some

people over others, for example the patriarchal systems support a binary hierarchy which advantages men over women and heterosexuals over LGBTIQ-identifying people (among other identifying characteristics).

***At the individual and relationship level...***

Hierarchical family relationships that limit LGBTIQ young people's autonomy in relation to their gender and sexual identity.

***At the organisational and community level...***

Under-representation of openly 'out' people in the community, lack of resources or supports for LGBTIQ community, parents, and siblings, lack of LGBTIQ training opportunities for staff

within organisations, failure to recognise and acknowledge distinct forms of LGBTIQ violence.

***At the systems and institutional level...***

Lack of mandating of Respectful Relationships initiative in religious schools, lack of requirement for LGBTIQ inclusivity for organisations and services.

***At the societal level...***

Historical criminalisation of same sex relationships, the marriage equality legislation and the associated debate, numerous structural barriers to LGBTIQ people becoming politicians or holding positions of power.

## FROM THEORY TO PRACTICE

### PREVENTION PRACTITIONERS

Our research has reinforced much of the analysis that has been put forward in *Primary prevention of family violence against people from LGBTI communities*, though there is still work to be done in defining the drivers of violence against LGBTIQ people, and to inform a robust prevention framework.

This report identifies the following key practice directions:

- Address the **drivers of LGBTIQ violence**, heteronormativity and rigid binary concepts of gender and sex, and the condoning of violence against LGBTIQ people;
- **Undertake action** to transform the norms, practices and structures that result in discrimination and violence against LGBTIQ people across our society.
  - o Challenge expectations about relationships only being heterosexual and between cisgender people.
  - o Challenge the rigid adherence to binary gender stereotypes and roles which underpin patriarchy and heterosexism.
  - o Recognise, value and celebrate LGBTIQ people, relationships and queer culture.
  - o Promote equality and respect for people of all genders in relationships and in public life.
  - o Build an equitable representation of LGBTIQ people in positions of responsibility and authority across all levels of society.
  - o Challenge the condoning of violence against LGBTIQ people.

Other suggestions for prevention practice include:

- Ensure the inclusion of LGBTIQ women as a focus in prevention of violence against women initiatives.
- Embed intersectionality and the analysis of sex, gender and sexuality into family violence and violence against women prevention planning and action.
- Address gender inequality because patriarchal systems disadvantage everyone, including LGBTIQ people.
- Develop relevant LGBTIQ partnerships and engage LGBTIQ young people and communities in the planning, design and implementation of prevention initiatives of relevance to them.
- Focus on schools as an important setting for prevention action for LGBTIQ young people, due to high prevalence of reported abuse including transphobia, biphobia and homophobia.
- Continue to build evidence through well documented and evaluated programs and initiatives.

## WORKING WITH LGBTIQ YOUNG PEOPLE

Practitioners can bring a prevention approach to their work by working with LGBTIQ young people in ways that role model respectful and equitable relationships, and are responsive to their needs. These approaches are important for prevention and response practitioners as well as teachers and others engaging young people in codesign processes. Participants of this research project highlighted the following:

- Use appropriate pronouns eg ask the person what pronoun they use, use their pronoun, have your own pronoun on your name tag.



- Keep up to date with evolving language and identities in relation to gender and sexuality.
- Be aware of the young person's need for personal space and possibly other social and physical boundaries particularly for trans and gender diverse individuals.
- Be conscious that young people may not have an awareness of what constitutes violence in LGBTIQ relationships, which may involve different dynamics to cisgender, heterosexual relationships.
- Know and have a service list of LGBTIQ specific services or LGBTIQ friendly services to which you can refer young people.

## ADDITIONAL SUGGESTIONS FOR TEACHERS

- Be aware of and use Safe Schools resources.
- Use LGBTIQ specific case studies and examples provided in the Respectful Relationships teaching and learning materials.
- Role model use of inclusive language and class content outside of specific LGBTIQ focused topics.

## ADDITIONAL SUGGESTIONS FOR DIRECT SERVICE PROVIDERS

- Promote services to young people so they can find you when they need you.
- Provide resources and support:
  - for young people on for topics such as healthy queer relationships, safe sex and coming out;
  - for parents and family members to encourage support of young LGBTIQ people.



# RECOMMENDATIONS

The following recommendations have emerged from this report. Some of these are focused on inclusive and intersectional practice which may require reorientation of existing practice and services. Others will require adequate resourcing or funding.

## KNOWLEDGE AND PRACTICE

Further research is required to build an evidence based framework for preventing violence against LGBTIQ people, including young people. Suggestions for prevention practitioners are outlined earlier in the report, with recommendations for practice. Women's Health East recommends:

- 1) Further research into LGBTIQ peoples' experiences of violence to develop further understanding of the drivers of violence against LGBTIQ people.
- 2) Sustained funding of LGBTIQ family violence prevention initiatives.
- 3) Prevention of violence against women partnerships, led by Women's Health Services across Victoria, to strengthen the focus on LGBTIQ women in regional action plans.
- 4) Prevention initiatives undertaken to include robust evaluation frameworks to contribute to this burgeoning area of knowledge and practice.

## LOCAL GOVERNMENTS, SUPPORT SERVICES AND OTHER ORGANISATIONS

The Royal Commission into Family Violence in Victoria recommended that funded family violence services work towards Rainbow Tick accreditation. This transition is underway.

Young LGBTIQ people, however use a variety of services across our society and it is essential that all services are accessible and responsive to their needs (Women's Health East, 2019).

A range of programs and resources exist to support organisations to ensure LGBTIQ inclusive practice eg. websites such as Rainbow eQuality, Say It Out Loud, Rainbow Health Victoria (including Rainbow Network and Rainbow Tick), Pride inclusion programs through ACON (eg. Pride in Diversity, Pride in Sport). There are opportunities for organisations to not only become inclusive but also to become champions for LGBTIQ young people.

Participants in this research identified a need for more support and resources on topics such as healthy queer relationships, family and intimate partner violence, safe sex and coming out, to help them safely navigate the complexities they face in their lives. The research also points to areas of support for families, in order to build positive relationships with LGBTIQ young people. These include understanding gender identities and diverse sexualities, supporting the 'coming out' process, language and use of pronouns, discussing boundaries, and the importance of autonomy.

Recommendations for mainstream/generalist services:

**5)** Undertake a whole of organisation program to build LGBTIQ inclusive practice.

**6)** Develop and /or maintain a foundational level of knowledge regarding LGBTIQ young people's experience of violence, and family violence in particular.

**7)** Increase formal opportunities for young LGBTIQ people to socialise and support one another through development and/or expansion of LGBTIQ specific support groups, events and activities.

**8)** Publicly support diversity and inclusion through recognition of relevant dates and events such as Midsumma festival, Wear it Purple Day, IDAHOBIT, and Trans Awareness week.

Recommendations for all organisations that provide services to young people and families:

**9)** Undertake an audit of services and resources to ensure that they are inclusive and to identify any gaps in specific information relevant to LGBTIQ young people.

**10)** Increase access to educational resources and support for parents and family members to develop and maintain healthy and positive relationships with LGBTIQ family members.

## SCHOOLS

Learning about sex, sexuality, gender and respectful relationships is important for all young people.

The Respectful Relationships initiative aims to provide content that is inclusive for LGBTIQ young people. However, our research suggests that this does not always translate into practice. A number of young people reported that the content presented did not reflect their experiences or recognise the LGBTIQ community and that often teachers were not informed around inclusive language and practices.

Schools are an important setting for prevention practice. They are a universal health promotion setting, bringing together young people, teachers, parents and carers, with potential to build positive connections and relationships through daily interactions. Teachers are ideally placed to role model use of inclusive language and practice outside of specific LGBTIQ curriculum. Schools can also be an unsafe place for young people due to the high likelihood of LGBTIQ young people experiencing discrimination and abuse at school.

Recommendations for the Victorian government include:

**11)** Continue focus on the Respectful Relationships initiative's role in upskilling and supporting teachers to confidently deliver LGBTIQ inclusive content.

**12)** Encourage and support religious schools to participate in the Respectful Relationships initiative.



# GLOSSARY

We acknowledge that language is constantly evolving, and that each person may respond to terms differently. This is a list of common terminology, as well as terms used by the young LGBTIQ participants in this project.

## **Agender**

Refers to people who don't identify themselves with any particular gender. This can mean being genderless, lacking gender, or having a null gender. However, people also use "agender" to mean identifying as gender-neutral or having an undefinable gender.

## **Asexual**

A person who does not experience sexual attraction. Unlike celibacy (when people choose not to have sex), asexuality is when someone does not feel the physical desire to have sex at all. Asexual people may still have sex if they are comfortable with it. Many asexual people still want to have relationships and will have a 'romantic' orientation and relationships that do not necessarily involve sex.

## **Bisexual**

A person of any gender, who is attracted to people from more than one gender. Traditionally the term was used to describe someone attracted to both men and women, but it has since evolved in recognition of the growing spectrum of gender identities.

## **Cisgender**

A person whose gender identity aligns with the sex assigned to them at birth.

## **Gay**

A person whose primary emotional and sexual attraction is toward people of the same sex. The term is commonly applied to men, but women also use this term.

## **Gender**

Socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for a person based on their sex. Traditionally gender constructions have been focused on rigid interpretations of femininity and masculinity. Gender expectations vary between cultures and change over time.

## **Gender binary**

A Western concept that there are only two gender options: man or woman.

## **Gender diverse**

Gender diversity includes people who identify as agender, bigender (both a woman and a man) or non-binary. 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 non-conforming**

A person whose expression does not conform to binary gender identity.

## **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 LGBTIQ people. Recently, heterosexism has been used as the preferred term to highlight the systemic discrimination that LGBTIQ people encounter, which includes 'homophobia', 'biphobia', and 'transphobia'.

## **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 LGBTIQ people, both by individuals, and at an institutional level in society.

**Intersex**

Intersex is an umbrella term that describes people who have natural variations that differ from binary expectations 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.

**Lesbian**

A woman who is emotionally, romantically and/or sexually attracted to other women.

**LGBTIQ**

An acronym meaning lesbian, gay, bisexual, transgender, intersex, queer (or questioning).

**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.

**Non-binary**

An umbrella term referring to someone who identifies as outside the gender binary of woman to man, but can also be used as its own term of identification.

**Pansexual**

A person who is attracted to people of a number of different genders, which may include people who are transgender or gender diverse. Some people may use both bisexual and pansexual interchangeably to describe themselves.

**Queer**

An umbrella term for sexually and gender diverse people, often used to refer to the entire LGBTIQ community.

**Sex**

The biological characteristics related to sexual reproduction (including anatomy, hormones, and chromosomes) that are used to define humans as male or female.

**-sexual vs -romantic**

The suffix 'sexual' refers to sexual attraction, whereas the suffix 'romantic' refers to romantic attraction. For instance, an individual may be asexual biromantic, which means they feel romantic attraction to multiple genders, but feel no sexual attraction.

**Transgender**

Transgender (or trans) is an umbrella term 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.

**Transition/Transitioning**

This refers to the process of altering a person's expression to match their gender identity, specifically people who identify differently to the gender they were assigned at birth.

**Transfeminine**

Is a term used to describe transgender people who were assigned male at birth, who identify more with femininity than masculinity, but do not wish to be seen as totally female.

**Transmasculine**

Is a term used to describe transgender people who were assigned female at birth, but identify with masculinity to a greater extent than with femininity, but do not want to be perceived as wholly male.





# REFERENCES

Abreu, R., Rosenkrantz, D., Ryser-Oatman, J., Rostosky, S., & Riggle, E. (2019). Parental reactions to transgender and gender diverse children: A literature review. *Journal of GLBT Family Studies*, DOI: 10.1080/1550428X.2019.1656132

ACON (2011). *'We're family too': The effects of homophobia in Arabic-speaking communities in New South Wales*. Lesbian and Gay Anti-Violence Project, Sydney.

ACON (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.

ACON (2016). *ACON's Healthy relationships survey for LBG women and non-binary people who have sex with women. Overview of key findings*. November, Sydney.

ACON (2019). *Say it out loud national: Partnership project*. [www.sayitoutloud.org.au](http://www.sayitoutloud.org.au)

Asquith, N.L., & 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.

Australian Human Rights Commission (2014). *Face the Facts: Lesbian, gay, bisexual, trans and intersex people*. Sydney.

Australian Human Rights Commission (2015). *Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights National Consultation Report*. Sydney.

Australian Human Rights Commission (2017). *Change the course: National report on sexual assault and sexual harassment at Australian universities*. Sydney.

Australian Human Rights Commission (2018). *Everyone's business: Fourth national survey on sexual harassment in Australian workplaces*, Sydney: Australian Human Rights Commission.

Australian Human Rights Commission (2019). *Sex Discrimination Amendment (Removing Discrimination Against Students) Bill 2018*, Australian Human Rights Commission Submission to the Senate Legal and Constitutional Affairs Legislation Committee, January, Sydney.

Baiocco, R., Fontanesi, L., & Santamaria, F. (2014). Coming out during adolescence: Perceived parents' reactions and internalized sexual stigma. *Journal of Health Psychology*, <https://doi.org/10.1177/1359105314564019>.

Barrett, B., & Sheridan, D. V. (2017). Partner violence in transgender communities: What helping professionals need to know. *Journal of GLBT Family Studies*, 13, 137-162.

Bragg, S., Renold, E., Ringrose, J., & Jackson, C. (2018). 'More than boy, girl, male, female': Exploring young people's views on gender diversity within and beyond school contexts. *Sex Education*, 18(4), 1-15.

Brown, T., & Herman, J. (2015). *Intimate partner violence and sexual abuse among LGBT people: A review of existing research*. The Williams Institute, UCLA School of Law, Los Angeles.

Callander D., Wiggins J., Rosenberg S., Cornelisse V. J., Duck-Chong E., Holt M., Pony M., Vlahakis E., MacGibbon J., & Cook T. (2019). *The 2018 Australian Trans and Gender Diverse sexual health survey: Report of Findings*. Sydney, NSW: The Kirby Institute, UNSW Sydney. DOI: 10.26190/5d7ed96ceaa70.

Calton, J.M., Cattaneo, L.B., & Gebhard, K.T. (2015). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 1-16.

Campo, M., & Tayton, S. (2015.) *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities, Key issues*. Australian Institute of Family Studies. Melbourne. <https://aifs.gov.au/cfca/sites/default/files/cfcaresource-dv-lgbti.pdf>.

Cannon, C., & Buttell, F. (2015). Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. *Partner Abuse*, 6(1), 65-77. doi:10.1891/1946-6560.6.1.65

Coker, T., Austin, B., & Schuster, M. (2010). *The Health and Health Care of Lesbian, Gay, and Bisexual Adolescents*, *Annual Review of Public Health*; 31, 457-77.

Commonwealth of Australia (2019), *Fourth Action Plan—National Plan to Reduce Violence against Women and their Children 2010-2022*. Canberra.

Corliss, H.L., Cochran, S.D., & Mays, V.M. (2002). Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse and Neglect*, 26, 1165-78.

Corliss, H., Goodenow, C., Nichols, L., & Austin, S. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101, 1683-1689.  
doi: 10.2105/AJPH.2011.300155

D'Augelli, A.R., Grossman, A.H., & Starks, M.T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence*, 21, 1462-82.

De Visser, R., Badcock, P.B., Simpson, J.M., Grulich, A.E, Smith, A.M., Richters, J., & Rissel, C. (2014). *Attitudes toward sex and relationships: the Second Australian Study of Health and Relationships*, *Sexual Health*, 11(5), 397-405.

De Visser, R., Smith, A., Rissel, C., Richters, J., & Grulich, A. (2003). Experiences of sexual coercion in a representative sample of Australians, *Australian and New Zealand Journal of Public Health*, 27 (2):198-203.

De Vries, J., Downes, C., Sharek, D., Doyle, L., Murphy, R, Begley, T., Sheerin, F., Smyth, S., & Higgins, A. (2019). An exploration of happiness within the Irish LGBTI community, *Journal of Gay & Lesbian Mental Health*. Published online, 20 August 2019:  
<https://doi.org/10.1080/19359705.2019.1646689>

Donovan, C., Barnes, R., & 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.

European Union Agency for Fundamental Rights (2009). *Homophobia and Discrimination on Grounds of Sexual Orientation and Gender Identity in the EU Member States. Part II – The Social Situation*.

Festersen, C., Costongs, C., Sherriff, N., Zeeman, L., Amadeo, F., Aujean, S., Donisi, V., Davis, R., Farinella, F., Gios, L., McGlynn, N., Mirandola, M., Pinto, N., Rosinska, M., & Zakrzewski, K. (2018). LGBTI people and health inequalities, *Eurohealth*, 24(3): 41-44.

Frost, D.M., & Fingerhut, A.W. (2016) Daily exposure to negative campaign messages decreases same-sex couples' psychological and relational well-being, *Group Processes & Intergroup Relations*, 19, 4, 477-492. DOI: 10.1177/1368430216642028

Fullera, K., & Rutter, P. (2018). Perceptions of Parental Acceptance or Rejection: How does it Impact LGB Adult Relationship Quality and Satisfaction? *Journal of GLBT Family Studies*, 14, 4, 317-336.

GLHV (2016). *The Rainbow Tick guide to LGBTI-inclusive practice*, 2nd edition, La Trobe University, Melbourne.

Graham, L. M., Jensen, T. M., Givens, A. D., Bowen, G. L., & Rizo, C. F. (2016). Intimate partner violence among same-sex couples in college: A propensity score analysis. *Journal of Interpersonal Violence*, 1-28.

Gray, R., Walker, T., Kean, J., Ling, J., & Broady, T. (Forthcoming). *Research report: Developing programs for perpetrators and survivors of domestic and family violence*. Australia's National Research Organisation for Women's Safety Limited (ANROWS).

Grossman, A.H., D'Augelli, A.R., Salter, N.P., & 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.

Guadalupe-Diaz, X., & Jasinski, J. (2016). 'I wasn't a priority, I wasn't a victim': Challenges in help seeking for transgender survivors of Intimate Partner Violence. *Violence Against Women*:1-21.  
doi: 10.1177/1077801216650288.

Guasp, A. (2012). *The School Report: The experiences of gay young people in Britain's schools in 2012*, Cambridge: Stonewall UK, Centre for Family Research - University of Cambridge.

Guasp, A. (2013). *Gay and Bisexual Men's Health Survey*, London. [www.stonewall.org.uk/gaymenshealth](http://www.stonewall.org.uk/gaymenshealth)

Guasp, A. , Gammon, A., Ellison, G. (2013). *Homophobic hate crime: The Gay British Crime Survey 2013*, Stonewall and YouGov, London.

Guasp, A., Taylor, J. (2017). *Domestic abuse*, Stonewall Health Briefing, London.  
[www.healthylives.stonewall.org.uk](http://www.healthylives.stonewall.org.uk)

Henry, N., Powell, A., & Flynn, A(2017), *Not just 'revenge pornography': Australians' experiences of image-based abuse*, RMIT University, Melbourne.

Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., & 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.

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.

Horsley, P., Moussa, B., Fisher, J., & Rees, S. (2016). Intimate partner violence and LGBTIQ people: Raising awareness in general practice, *Medicine Today*. 17, 11, November.

Hunt, R., Fish, J. (2008). *Prescription for change: Lesbian and bisexual women's health check*, Stonewall.  
[www.stonewall.org.uk/lesbianhealth](http://www.stonewall.org.uk/lesbianhealth)

Jacobson, L., Daire, A. P., & Abel, E. M. (2015). Intimate partner violence: Implications for counselling self-identified LGBTQ college students engaged in same-sex relationships. *Journal of LGBT Issues in Counselling*, 9, 2, 118-135.

Jadwin-Cakmak, L.A., Pingel, E.S., Harper, G.W., & 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, 274 – 288.

James S.E., Herman J.L., Rankin S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

Jewkes, R., Flood, M., & Lang, J. (2014). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *The Lancet*, Published online, November 21, 2014.

Johnson, B., Harrison, L., Ollis, D., Flentje, J., Arnold, P., & Bartholomaeus, C. (2016). 'It is not all about sex': Young people's views about sexuality and relationships education. Report of Stage 1 of the Engaging Young People in Sexuality Education Research Project. Adelaide: University of South Australia.

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

Jones, T., & Hillier, L. (2013). *Comparing Trans-Spectrum and Same-sex-Attracted Youth in Australia: Increased Risks, Increased Activisms*, *Journal of LGBT Youth*, 10, 4, 287-307. DOI: 10.1080/19361653.2013.825197

Jones, P. E., Brewer, P. R., Young, D. G., Lambe, J. L., & Hoffman, L. H. (2018). Explaining public opinion toward transgender people, rights, and candidates. *Public Opinion Quarterly*, 82(2), 252-278. doi:10.1093/poq/nfy009

Jones, T, Brown, A, Carnie, L, Fletcher, G, & Leonard, W. (2018). *Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia*. Melbourne: GLHV@ARCSHS and the Human Rights Law Centre, 2018.

Karp, P. (2019, 11 November). *Religious freedom bill 'will sustain nastiness and hostility', Michael Kirby warns*. The Guardian. <https://www.theguardian.com/australia-news/2019/nov/11/religious-freedom-bill-will-sustain-nastiness-and-hostility-michael-kirby-warns>.

Katz-Wise, S. L., & Hyde, J. S. (2012). Victimization experiences of lesbian, gay, and bisexual individuals: A meta-analysis. *Journal of Sex Research*, 49, 142-167.

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

Kolstee, J., & Hopwood, M. (2016). *The impacts of marriage equality and marriage denial on the health of lesbian, gay and bisexual people: Evidence review & annotated bibliography*, ACON Centre for Social Research in Health UNSW, September.

Leonard, W., Lyons, A., & 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. Gay and Lesbian Health Victoria & Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne.

Leonard, W., & Mann, R. (2018). *The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability*. La Trobe University, Melbourne.

Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., & 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.

Lorenzetti, L., Wells, L., Logie, C. H., & Callaghan, T. (2017). Understanding and preventing domestic violence in the lives of gender and sexually diverse persons. *The Canadian Journal of Human Sexuality*, 26, 3, 175-185. doi:10.3138/cjhs.2016-0007

Lucassen, M., Fleming, T., & Merry, S. (2017). Tips for research recruitment: The views of sexual minority youth, *Journal of LGBT Youth*, 14 (1), 16-30, DOI: 10.1080/19361653.2016.1256246

Mallett, S., Rosenthal, D., Keys D.W., & Averill R.S. (2010). Moving out, moving on: *Young people's pathways in and through homelessness*, Routledge.

Martinez, K., & McDonald, C. (2016). By the hands of our brothers: An exploration of sibling-to-sibling aggression for victimized heterosexual and sexual minority women, *Journal of GLBT Family Studies*, 12 (3), 242-256. DOI: 10.1080/1550428X.2015.1041069

McDermott, E., Gabb, J., Eastham, R., Hanbury, A. (2019). *Family trouble: heteronormativity, emotion work and queer youth mental health*. Health, 1-19.

McGlashan, H, & Fitzpatrick, K. (2018). 'I use any pronouns, and I'm questioning everything else': Transgender youth and the issue of gender pronouns. *Sex Education*, 18, 3, 239-252.

McKinnon, S., Gaitt, G., & Gorman-Murray, A. (2017). *The Safe Schools Program and Young People's Sexed and Gendered Geographies*, *Australian Geographer*, 48, 2, 145-152.

McNair, R., Andrews, C., Parkinson, S., & Dempsey, D. (2017) *GALFA LGBTI Homelessness Research Project, Stage 1 Report. LGBTI Homelessness: Preliminary findings on risks, service needs and use*. January. Lord Mayors Charitable Foundation, Assia Altman Fund of the Australian Communities Foundation, Launch Housing, and Gay and Lesbian Foundation of Australia.  
Accessible at <http://www.lgbtihomeless.com/>

McQueeney, K. (2016). Teaching domestic violence in the New Millennium: Intersectionality as a framework for social change, *Violence Against Women*.  
DOI: 10.1177/1077801215626808.

Miller E, Goodman, L., Thomas, K., Peterson, A., Scheer, J., Woulfe, J., & Warshaw, C. (2016). *Trauma-informed approaches for LGBTQ\* survivors of intimate partner violence data: A review of literature and a set of practice observations*, The GLBTQ Domestic Violence Project, USA, June.

Mills-Koonce, W.R., Rehder, P., & McCurdy, A. (2018). The significance of parenting and parent-child relationships for sexual and gender minority adolescents. *Journal of Research on Adolescence*, 28, 3,  
<https://doi.org/10.1111/jora.12404>

Mooney-Somers, J, Deacon, R.M., Klinner, C., Richters, J., & Parkhill, N. (2017). *Women in contact with the 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.

Movement Advancement Project (2016). *Invisible majority: The disparities facing bisexual people and how to remedy them*, Denver, September. [www.lgbtmap.org](http://www.lgbtmap.org).

Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence*, 39, 1189–1198. <https://doi.org/10.1007/s10964-010-9533-6>.

Newcomb M., LaSala, M., Bouris, A., Mustanski, B., Prado, G., Schrager, S., & Huebner, D. (2019). The influence of families on LGBTQ youth health: A call to action for innovation in research and intervention development. *LGBT Health*, 6, 4. June.  
<https://doi.org/10.1089/lgbt.2018.0157>.

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Noto, O., Leonard, W., & Mitchell, A. (2014). *Nothing for Them: Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds*. Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

*Our Watch (2015) Respectful relationships education in schools*. Evidence Paper, December.

*Our Watch (2017). Primary Prevention of Family Violence Against People From LGBTI Communities: An Analysis Of Existing Research*, October.

Ovenden, G., Salter, M., Ullman, J., Denson, N., Robinson, K., Noonan, K., Bansel, P., & Huppertz, K. (2019). *Gay, Bisexual, Transgender, Intersex and Queer Men's Attitudes and Experiences of Intimate Partner Violence and Sexual Assault, Sexualities and Genders Research*, Western Sydney University and ACON.

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.

Payne, S., & Doyal, L. (2010). Gender equity or gender equality in health? *Policy and Politics*, 38, 1 (January), 171–175. London.

Pearson, J. Thranea. L., Wilkinson, L. (2017). Consequences of runaway and throwaway experiences for sexual minority health during the transition to adulthood, *Journal of LGBT Youth*, 14, 2, 145–171.

Polijski, C. (2011) *Coming out, coming home or inviting people in? Supporting same sex attracted women from immigrant and refugee communities*. MCWH, Melbourne.

Politoff, V., Crabbe, M., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Powell, A., Stubbs, J., Ward, A., & Webster, K., (2019). *Young Australians' attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)*. ANROWS Insights, 01/2019. Sydney: ANROWS.

Respect Victoria (2019). *Respect Victoria Strategic Plan 2019-2022*, March.

Reuter, T. R., Sharp, C., & Temple, J. R. (2015). An exploratory study of teen dating violence in sexual minority young adults. *Partner Abuse*, 6, 8-28.

Roberts, A.L., Rosario, M., Corliss, H.L., Koenen, K., & Austin, B. (2012). Childhood gender nonconformity: A risk factor for childhood abuse and posttraumatic stress in youth. *Paediatrics*, 129, 410-717.

Robinson, K.H., Bansel, P., Denson, N., Ovenden, G., & Davies, C. (2013). *Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse*, Melbourne: Young and Well Cooperative Research Centre.  
Rossiter, B. (2003). *Living well?: Homeless young people in Melbourne*, Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino Lesbian, gay, and bisexual young adults. *Pediatrics*, 123, 1, 346–352.  
<https://doi.org/10.1542/peds.2007-3524>

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>

Scheer, J., & Baarms, A. (2019). Help-seeking patterns among LGBTQ young adults exposed to intimate partner violence victimization, *Journal of Interpersonal Violence*, 1 – 20.

Scheer, J., & Poteat, P. (2018). Trauma-Informed Care and Health Among LGBTQ Intimate Partner Violence Survivors, *Journal of Interpersonal Violence*. 1–23.

Schneeberger, A., Dietl, M., Muenzenmaier, K., Huber, C., & Lang, U. (2014). Stressful childhood experiences and health outcomes in sexual minority populations: a systematic review. *Soc Psychiatry Psychiatr Epidemiol*, 49, 1427-1445.

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

Seelman, K.L. (2015). Unequal treatment of transgender individuals in domestic violence and rape crisis programs. *Journal of Social Service Research*, (March), pp.1–19.

Sheriden, L., Scott, A., & Campbell, A. (2016). Perceptions and experiences of intrusive behaviour and stalking: Comparing LGBTIQ and heterosexual groups, *Journal of Interpersonal Violence*, 1–22.

Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). *From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia*. Melbourne: The Australian Research Centre in Sex, Health, and Society, La Trobe University, Melbourne.

State of Victoria (2016a). Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16).

State of Victoria (Department of Premier and Cabinet) (2016b). *Ending family violence: Victoria's plan for change*.

State of Victoria (2017). *Guideline: Family violence services and accommodation. Complying with the Equal Opportunity Act*. Victorian Equal Opportunity and Human Rights Commission, June.

State of Victoria (2018a). *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women, First Action Plan 2018–2021*, January.

State of Victoria (Family Safety Victoria) (2018b). *Everybody Matters: Inclusion and Equity Statement*, December.

State of Victoria (undated) *Safe Schools: Guide to making your school safe and inclusive for LGBTI students*.

Stoddard, J., Dibble, S., & Fineman, N. (2009). Sexual and physical abuse: A comparison between lesbians and heterosexual sisters. *Journal of Homosexuality*, 56, 407–420. doi: 10.1080/00918360902821395

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results*. Telethon Kids Institute, Perth, Australia.

Tate, D. & Patterson, C. (2019). Sexual Orientation, Relationships with Parents, Stress, and Depressive Symptoms among Adults. *Journal of GLBT Family Studies*, 1, :3, 256-271.

Taylor, J., Power, J., Smith, E., & Rathbon, M. (2019). *Bisexual mental health: Findings from the 'Who I Am' study*. Australian Journal of General Practice, 48, 3. March.

The Men's Project & Flood, M. (2018). *The Man Box: A Study on Being a Young Man in Australia*. Jesuit Social Services: Melbourne.

Todd, M. E., Oravecz, L., & Vegar, C. (2016). Biphobia in the family context: Experiences and perceptions of bisexual individuals. *Journal of Bisexuality*, 16, 2, 144-162. doi:10.1080/15299716.2016.1165781

Veale, J., Saewyc, E., Frohard-Dourlent, H., Dobson, S., Clark, B. & the Canadian Trans Youth Health Survey Research Group. (2015). *Being safe, being me: Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.

Victorian Equal Opportunity and Human Rights Commission (VHREOC) (2019). *Proud, visible, safe: Responding to workplace harm experienced by LGBT employees in Victoria Police*, May.

Victorian Gay and Lesbian Lobby (2015). Submission to the Royal Commission into Family Violence, Melbourne.

Walker, J. K. (2015). Investigating trans people's vulnerabilities to intimate partner violence/ abuse. *Partner Abuse*, 6, 1, 107–125.

Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Walters, M.L., & Lippy, C. (2016). Intimate Partner Violence in LGBT Communities. In Carlos A. Cuevas and Callie Marie Rennison (Eds), *The Wiley Handbook on the Psychology of Violence*, (pp 695-714). John Wiley & Sons.

Wendt, S., & Zannettino, L. (2014). *Domestic Violence in Diverse Contexts: A Re-Examination of Gender*, Routledge.

Whitfield, D.L., Coulter, R.W., Langenderfer-Magruder, L., & Jacobson, D. (2018). Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: The intersection of gender, race, and sexual orientation. *Journal of Interpersonal Violence*. Nov 19:886260518812071. doi: 10.1177/0886260518812071.

Whitton, S. W., Newcomb, M. E., Messinger, A. M., Byck, G., & Mustanski, B. (2016). A longitudinal study of IPV victimization among sexual minority youth. *Journal of Interpersonal Violence*, 34, 912-945.

Wilsnack, S., Kristjanson, A., Hughes, T., & Benson, P. (2012). Characteristics of childhood sexual abuse in lesbians and heterosexual women. *Child Abuse & Neglect*, 36, 260-265. doi: 10.1016/j.chiabu.2011.10.008

Wirtz, A.L., Poteat, T.C., Malik, M., & Glass, N. (2018). Gender-based violence against transgender people in the United States: A call for research and programming. *Trauma Violence Abuse*. 1524838018757749.

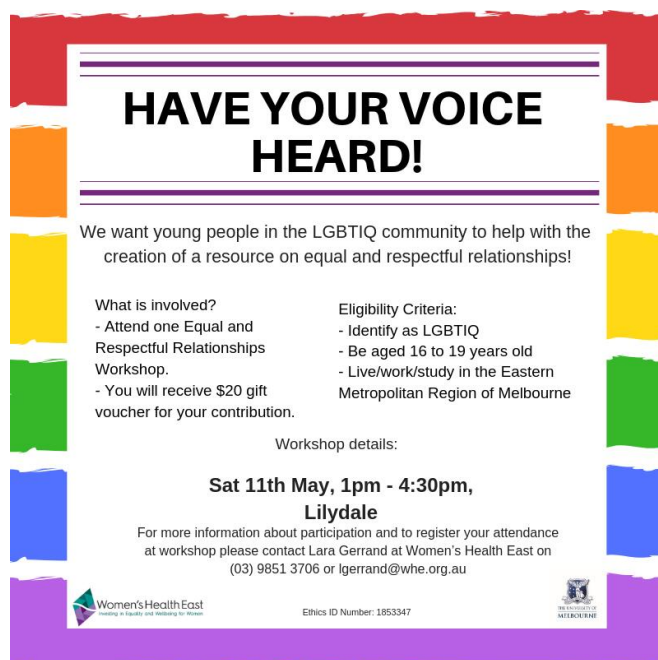
Women's Health East (2019). *Young and Queer in Melbourne's East: Exploring LGBTIQ young women's access to sexual and reproductive health services*, WHE, Melbourne.

Woulfe, J. M., & Goodman, L. A. (2018). Identity abuse as a tactic of violence in LGBTQ communities: Initial validation of the identity abuse measure. *Journal of Interpersonal Violence*, 1-21. doi:10.1177/0886260518760018.

Yates, S. (2018). Power, process, plumbing: Big G and small g gender in Victoria's family violence policy subsystem. *Australian Journal of Public Administration*, 77 (4), 568-58.

# APPENDICES

## APPENDIX A: RECRUITMENT FLYER, WORKSHOPS



**HAVE YOUR VOICE HEARD!**

We want young people in the LGBTIQ community to help with the creation of a resource on equal and respectful relationships!

**What is involved?**

- Attend one Equal and Respectful Relationships Workshop.
- You will receive \$20 gift voucher for your contribution.


**Eligibility Criteria:**


- Identify as LGBTIQ
- Be aged 16 to 19 years old
- Live/work/study in the Eastern Metropolitan Region of Melbourne

**Workshop details:**

**Sat 11th May, 1pm - 4:30pm, Lilydale**

For more information about participation and to register your attendance at workshop please contact Lara Gerrand at Women's Health East on (03) 9851 3706 or [lgerrand@whe.org.au](mailto:lgerrand@whe.org.au)

 Women's Health East  
Ethics ID Number: 1853347



## APPENDIX B: RECRUITMENT FLYER, YOUNG LEADERS



**WANTED: YOUNG LEADERS**

We need Young Leaders in the LGBTIQ community to lead the creation of a resource on equal and respectful relationships. In your role as a Young Leader you will gain valuable **project planning, facilitation, communication and leadership** skills!

**Key responsibilities:**

- Sharing your knowledge and experiences in meetings.
- Developing of content for recruitment and workshops.
- Attending workshops.
- Supporting the development of the resource.

**Eligibility criteria:**

- Identify as LGBTIQ
- Be aged 20 to 25 years old
- Live/work/study in the Eastern Metropolitan Region of Melbourne

You will be reimbursed for your contribution to the project.

Please contact Lara Gerrand at Women's Health East on (03) 9851 3706 or [lgerrand@whe.org.au](mailto:lgerrand@whe.org.au) for a full position description and expression of interest form.

**Applications close 9th April 2019.**

 Women's Health East  
Ethics ID Number: 1853347



## APPENDIX C: WORKSHOP RUNSHEET

Time	Activity
(30 mins)	Setup registration /reception area and room layout
(10 mins)	<b>LARGE GROUP</b> Acknowledgement of Country Brief introduction to project and plan for day
(10 mins)	<b>MINGLING</b> Ice breaker “Bingo” activity
<b>SESSION 1</b> (10 mins)	<b>LARGE GROUP</b> Determine group’s agreement on respectful behaviour in workshop
<b>SESSION 2</b> (20 mins)	<b>SMALL GROUPS</b> Gather young people’s understanding and views on: What is a healthy / respectful relationship? <b>Discussion: What is a respectful/health/equal relationship? What qualities should it have?</b> 1. General qualities in all such relationships 2. Romantic/sexual partners 3. Family of origin (parents, siblings, close relatives)
<b>Session 2 cont.</b> (10 mins)	<b>SMALL GROUPS cont.</b> Prioritise key aspects of relationships
<b>SESSION 3</b> (10 mins)	<b>LARGE GROUP</b> What research tell us re. LGBTI IPV so far. <b>Q. What are the gaps? What questions do you have that you’d like future research to answer?</b>
(10 min)	<b>BREAK</b>
<b>SESSION 4</b> (40 mins)	<b>SMALL GROUPS</b> Discussion on ways LGBTIQ intimate relationships may be different & similar to heterosexual/cisgender relationships  <b>Q1. What is same for LGBTIQ and het/cisgender intimate partner relationships?</b> <b>Q2. What is different for LGBTIQ relationships?</b> <b>Q3. Are there differences between each subgroup of LGBTIQ community?</b>
<b>SESSION 5</b> (30 mins)	<b>SMALL GROUPS</b> How can young people be better supported (to experience/develop/maintain) respectful relationships: - at <b>LGBTIQ community level</b> – give examples for each level - at <b>regional services level</b> – clarify what is meant by a ‘regional service’ broader <b>societal level</b> <b>Where to from here? Identifying prevention strategies</b>
(15 mins)	<b>LARGE GROUP</b> <b>Debrief &amp; evaluation</b>



Women's Health East  
1/125 George Street, Doncaster East VIC 3109  
(03) 9851 3700 - (03) 9848 3160 (fax)  
health@whe.org.au  
www.whe.org.au



Women's Health East  
acknowledges the support of the  
Victorian Government

