

Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities

Key issues

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KEY MESSAGES

- People who identify as lesbian, gay, bisexual, trans, intersex or queer (LGBTIQ) experience intimate partner violence at similar rates as those who identify as heterosexual.
- There has been an invisibility of LGBTIQ relationships in policy and practice responses and a lack of acknowledgement that intimate partner violence exists in these communities.
- Beliefs that privilege heterosexual relationships affect victims' experiences as well as policy and practice responses.
- Homophobia, transphobia and heterosexism affect the experience of, and responses to, intimate partner violence in LGBTIQ populations.
- Service providers lack awareness and understanding of the LGBTIQ population and their experience of intimate partner violence.

Lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ) communities

The LGBTIQ acronym is used to refer to people who are from sexually or gender diverse communities and who may identify as gay, lesbian, bisexual, trans, intersex or queer. However, there is a great deal of diversity within these communities and a wide range of “terms and language used to describe biological sex, gender, sexuality and sexual practice” (Fileborn, 2012). In Western culture, people are generally expected to conform to gender roles that match their biological sex;

however, many non-heterosexual, transgendered or queer people do not necessarily identify or fit within these narrow, socially defined parameters (Lorenzetti, Wells, Callaghan, & Logie, 2015). As such, “essentialist and simplistic terms” do not capture the complexities and diversities of the LGBTIQ population. For a full discussion of this complexity, see Fileborn (2012) or Calton, Cattaneo, and Gebhard (2015). There is also a list of further reading at the end of this paper.

If you are experiencing family or domestic violence or sexual assault, or know someone who is, please call **1800RESPECT** (1800 737 732) or visit www.1800respect.org.au

Conceptualising and defining intimate partner violence in LGBTIQ communities

Intimate partner violence within LGBTIQ relationships was largely unacknowledged until recently and as such has been absent from governmental, policy and service/practice responses to intimate partner violence (Ball & Hayes, 2009). Research in the area has also been scarce (Calton et al., 2015). Government, policy, research, justice and practice-based responses to intimate partner violence have overwhelmingly assumed a heterosexual framework in which women feature as victims and men as perpetrators (Ball & Hayes, 2009). While LGBTIQ communities have had some effect regarding the acknowledgement of the issue within government agencies, this has not always translated into a substantive policy or practice response (Ball & Hayes, 2009; Tayton, Kaspiew, Moore & Campo, 2014). There has also been a lack of acknowledgement of intimate partner violence within LGBTIQ communities. The reasons for this are multiple but include an inability to recognise abuse outside of dominant understandings of gendered power dynamics (Irwin, 2006; Ristock, 2011).

Feminism has been the predominant lens through which intimate partner violence and domestic and family violence has been understood. In this framework, intimate partner violence is understood as an effect of patriarchal social structures, gender inequality and traditional gender roles and attitudes (Bell & Naugle, 2008; Woodin & O'Leary, 2009). There is no cohesive understanding or theory of intimate partner violence when it occurs in LGBTIQ couples (Calton et al., 2015). However, concepts such as "intimate terrorism" and "coercive control" are thought to be useful for defining intimate partner violence in LGBTIQ populations as these definitions emphasise that intimate partner violence is primarily defined by patterns of coercion, power and control, and recognise that violence may be emotional, sexual, financial and/or physical (Calton et al., 2015; Donovan & Hester, 2010). These definitions also help to "transcend the boundaries drawn by sexuality and gender" (Donovan & Hester, 2010, p. 281), though as Calton and colleagues (2015) argued, feminist frameworks for understanding violence in families and intimate relationships remain vital.

Prevalence

There is little population-wide data available on the prevalence of intimate partner violence in LGBTIQ communities. Large-scale surveys such as the Australian Bureau of Statistics Personal Safety Survey (2013) do not collect data on LGBTIQ identity, and the Australian component of the International Violence against Women Survey (Mouzos & Makkai, 2004) focused on male violence against women. Further, there are methodological issues with existing studies. For example, most studies use convenience samples, raising questions about how representative the figures are (Tayton et al 2014; Calton et al., 2015; Edwards, Sylaska, & Neal, et al 2015; Tayton et al., 2014). As Edwards and colleagues (2015) highlighted, discrepancies in how intimate partner violence is defined; whether studies assess lifetime violence/current relationship/previous year; and whether measurement scales were used or not, mean there are often large inconsistencies between studies.

Further, as described above, there is a lack of recognition of intimate partner violence within gender diverse or same-sex relationships and under-reporting of intimate partner violence in general (Donovan & Hester, 2010; Leonard, Mitchell, Patel & Fox, 2008). Discrimination, stigma and non-recognition of same-sex or other gender diverse relationships further present barriers to the collection of statistical and demographic data and thus obscure the realities of intimate partner violence in LGBTIQ communities (Lorenzetti et al., 2015).

The Australian Research Centre for Health and Sexuality (ARCHS) conducted a national demographic and health and wellbeing survey of 5,476 LGBTIQ people (Pitts, Smith, Mitchell, & Patel, 2006) and found significant levels of intimate partner violence:

- Around 28% of male-identifying respondents and 41% of female-identifying respondents reported having been in a relationship where a partner was abusive.

A smaller study of 390 LGBTIQ respondents in Victoria, also conducted by ARCHS (Leonard et al., 2008) found that just under a third had been involved in a same-sex relationship where they were subject to abuse by their partner:

- 78% of the abuse was psychological and 58% involved physical abuse;
- lesbian women were more likely than gay men to report having been in an abusive

same-sex relationship (41% and 28% respectively); and

- 26% of respondents had experienced sexual assault within a same-sex relationship (Leonard et al., 2008).

This research, in addition to international data (e.g., see Donovan, Hester, Holmes, & McCarry, 2006; Edwards et al., 2015; Lorenzetti et al., 2015), suggests that intimate partner violence occurs in LGBTIQ populations at similar levels as within the heterosexual population.

LGBTIQ children and young people's experiences

Though this paper focuses predominately on intimate partner violence in adult relationships, it is important to note that LGBTIQ people may face abuse and violence across the lifespan as a result of their gender or sexual identity, including from within their own families. A national survey of LGBTIQ young people aged 14 to 21 years (Hillier Jones et al., 2010), for example, found that significant rates of young people had experienced abuse with:

- 61% of young people reporting verbal abuse as a result of their gender identity or sexuality;
- 18% reporting physical abuse as a result of their gender identity or sexuality;
- 80% reporting the abuse occurred at school; and
- 24% reporting they had experienced verbal and physical abuse in the family home.

For the young people who reported abuse in the family home, the abuser was most likely to be a parent and more likely to be their father than their mother.

Experiences of intimate partner violence in LGBTIQ communities: Implications for service providers and practice

While some patterns of intimate partner violence in LGBTIQ relationships are similar to those in heterosexual relationships, others are more specific. This section describes the particular experience of intimate partner violence for LGBTIQ people and how heterosexism, heteronormativity and homo/bi/transphobia (see Box 1 for definitions) shape

that experience (Albright & Alcantra-Thompson, (n.d.); Calton et al., 2015).

Intimate partner violence in LGBTIQ relationships occurs within a “structural environment” of heterosexism, heteronormativity and homo/bi/

Box 1: Terminology

Homophobia and *biphobia* refer to negative beliefs, prejudices and stereotypes about people who are not heterosexual (Lorenzetti et al., 2015).

Transphobia refers to negative beliefs, prejudices and stereotypes that exist about people whose gender identity does not conform to the gender assigned at birth (Lorenzetti et al., 2015).

Heterosexism is the set of beliefs that privilege heterosexuality and heterosexual relationships “at the expense of non-normative sexual orientations and gender identities” and relationships (Leonard et al., 2008, p. 4). As Leonard and colleagues described, heterosexism assumes that sex and gender are fixed at birth and that:

Men are born masculine, women feminine and sexuality is the gendered, reciprocal attraction between the two ... society is built on the primal division and attraction between male and female. (2008, p.4)

Heterosexuality and heterosexual relationships are seen as natural, normal and legitimate (Lorenzetti et al., 2015). These assumptions reinforced through cultural beliefs and practices and through social and political institutions such as the law, family structures and religious beliefs (Fileborn, 2012) and thus become heteronormative (see below). Individuals who challenge this world view are subject to discrimination, and often abuse.

Heterosexism provides the “social backdrop” for homophobic, biphobic and transphobic prejudices, violence and discrimination (Fileborn, 2012). As Leonard et al. explained:

This framework suggests that homophobia and transphobia are both discrete forms of discrimination and also part of a singular, coordinated system for punishing those who in different ways pose a threat to heterosexist privilege and authority. (p. 3)

Heteronormativity is the internalisation of heterosexism at the individual, cultural and institutional level. Lorenzetti and colleagues described heteronormativity as “an internalised set of expectations about gender and sexuality” (2015, p. 33).

transphobia affecting LGBTIQ people across the lifespan (Lorenzetti et al., p. 17). Heterosexism, heteronormativity and homo/bi/transphobia are forms of discrimination and despite LGBTIQ rights being protected in Australian law (Sex Discrimination Act 1984 (Cth)), LGBTIQ communities still face high rates of discrimination, harassment and abuse in many parts of their everyday life including at work, in public, at school/study and in access to health and other services (Australian Human Rights Commission, 2014; Hillier et al., 2010). LGBTIQ communities also face stigma and social exclusion (Lorenzetti et al., 2015).

Research suggests abusive partners within LGBTIQ relationships may use homo/bi/transphobia or heterosexism to exercise power and control. For example, the practice of “outing” or disclosing HIV status, or threats to do so may occur (Ball & Hayes, 2009; Calton et al., 2015; Kay & Jefferies, 2010). Perpetrators may use their partner’s sexuality or identity as a form of control by limiting their access to friends and social networks, or by threatening to tell their partner’s employer, parent, children, landlord or friends about their same-sex relationship or trans identity (Calton et al., 2015; Donovan et al., 2006). This can result in the fear of loss of children, employment, relationships or housing (Calton et al., 2015).

Internalised homophobia can manifest within an abuser as “contempt for an intimate partner” (Lorenzetti et al., 2015, p. 17; Calton et al., 2015). An abusive partner may also use homophobia or transphobia to control and isolate a partner by suggesting that they will not be believed or that they shouldn’t report the violence as they will be discriminated against by services and the law (Calton et al., 2015; Fileborn, 2012). Further to this, fear of isolation and homophobia in the wider community may contribute to victims staying with abusive partners (Kay & Jefferies, 2010; Parry & O’Neal, 2015).

As described above, heteronormative notions of intimate partner violence may also prevent victims from understanding their experience as intimate partner violence as it is predominately viewed as a phenomenon that affects women at the hands of a male perpetrator (Kay & Jefferies, 2010). Many authors argue that idealised understandings of LGBTIQ relationships further cloud understandings of intimate partner violence, particularly among lesbian women, whose relationships have often been understood to exist outside of traditional power dynamics (Merlis & Linville, 2006; Peterman & Dixon, 2003). Similarly, gay men may have difficulty conceptualising

certain behaviours, such as rape within an intimate relationship, as intimate partner violence (Donovan et al., 2006; Fileborn, 2012).

Barriers to accessing support services

There are several issues that act as barriers to LGBTIQ people seeking help from and using support services and the criminal justice system (Calton et al., 2015; Kay & Jefferies, 2010; Leonard et al., 2008; Parry & O’Neal, 2015). These include:

- an inability by support services/practitioners to view intimate partner violence outside of a heterosexual framework;
- an assumption that intimate partner violence is mutual in LGBTIQ relationships;
- insensitivity to and/or lack of awareness of the specific needs/issues of the LGBTIQ population;
- discrimination, or fear of discrimination, particularly from police and the criminal justice system; and
- stigma.

Heteronormative understandings of gender and intimate partner violence

Calton and colleague’s review of the literature (2015) found that gender roles and assumptions about LGBTIQ relationships affect the way domestic violence service providers view intimate partner violence. As described above, the dominant view of men as perpetrators and women as victims may inhibit the ability of both victims and service providers to recognise intimate partner violence in LGBTIQ relationships. In lesbian relationships involving physical violence, for instance, there may be the assumption that women are incapable of exerting physical power over other women. Similarly, stereotypes about gay men not being “masculine” might result in views that they are not capable of violence (Calton et al., 2015; Kay & Jefferies, 2010). Trans victims may be especially affected by a heteronormative lens: “without the stereotypically masculine aggressor and stereotypically female victim easily identifiable, both survivor and potential helpers may not recognise abuse” (though some victims may be in relationships with heterosexual men) (Calton et al., 2015, p. 5).

Another issue identified in the research on LGBTIQ survivors of intimate partner violence is that some lesbian abusers will present as victims (to shelters, support groups, and so on), in order to further perpetuate abuse against their partner by pursuing them in these spaces, or by making it impossible for

them to seek support at these services (Peterman & Dixon, 2003). As such, it is important for services to determine the perpetrator.

Lack of awareness/discrimination

Research suggests that service providers in the domestic violence, counselling and health sectors may lack understanding and sensitivity to issues specific to intimate partner violence in LGBTIQ populations, and some may knowingly and unknowingly discriminate (AIDS Council New South Wales [ACON], 2011; Calton et al., 2015; Donovan et al., 2006). An Australian study examining lesbian experiences of intimate partner violence, for example, found that mainstream domestic violence service providers are often unaware of the particular strategies used by abusers, such as the threat of “outing” as a form of control (Hotten, 2009 in Fileborn, 2012). Some services may not be welcoming or accepting of LGBTIQ communities (Fileborn, 2012); for example, by not providing appropriate options on client intake forms (i.e. only providing male or female options, and thereby marginalising trans and intersex people). Lack of understanding and discrimination may affect trans or intersex individuals more severely; for example, trans women may be refused entry to “women only” domestic violence emergency shelters (Calton et al., 2015). Research from the USA suggests that trans individuals experience discrimination in medical and health settings and from therapeutic programs at higher rates than other populations (Calton et al., 2015).

The AIDS Council of NSW’s (ACON) report into the gaps in services for people who identify as LGBTIQ experiencing intimate partner violence found that services lack awareness of, and sensitivity to, the specific issues and needs of LGBTIQ clients (ACON, 2011). In a survey of 65 mainstream domestic violence services in NSW, the report found:

- services lacked an understanding of gender, sex and sexuality specifically in relation to intersex and transgender clients;
- under half of all services collected data/demographic details about the number of LGBTIQ clients they saw;
- less than 20% rated themselves “fully competent” to work with LGBTIQ clients, and less than 5% with transgender or intersex clients; and
- services acknowledged that they needed extra resources, training and more accessible services for LGBTIQ clients, particularly in rural/regional areas.

The ACON report, as well as an Australian Institute of Family Studies review of services for at-risk groups (which included LGBTIQ communities) (Tayton et al., 2014), suggest that there is a need to demystify and recognise that violence happens in LGBTIQ relationships and in the families of same-sex attracted and gender diverse young people. This needs to occur in the general public as well as within domestic violence services and the justice system. Lorenzetti and colleague’s (2014) framework for prevention of intimate partner violence in LGBTIQ populations was written for a Canadian audience; however, it is relevant to the Australian context. **The framework suggests that building the capacity and knowledge of health care professionals, child welfare professionals, education workers, domestic violence services and the justice system through education and training is imperative in order to improve understanding and responses, and to prevent further violence.**

Stigma

Stigma is another key issue that prevents survivors seeking help, and research suggests this is particularly an issue for bisexual and trans-identifying individuals (Calton et al., 2015). Stigma works in various ways to inhibit help-seeking behaviours. For example, individuals may not reach out for help because they are not open with their sexual orientation or gender identity; especially if their family is unaware about their LGBTIQ status (Calton et al., 2015; Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011). Trans people might fear being “outed” before they are ready to disclose their identity, and/or before they have made associated changes such as using preferred pronouns, a preferred name, changing physical appearance or undergoing any surgical procedures or hormonal therapies (Calton et al., 2015). Conversely, trans people who have been publically “passing” as a particular gender may fear seeking help because this would expose their trans history.

Barriers to reporting intimate partner violence to police

There are further issues identified in the literature around specific barriers for LGBTIQ people reporting intimate partner violence (and other violence more broadly, including homophobic violence). There is a history of poor relationships between police and LGBTIQ communities that has resulted in a fear and mistrust of police (Fileborn, 2012; Parry & O’Neal, 2015). Some state and territory police have sought to address

this through the introduction of LGBTIQ liaison officers and by supporting events such as pride marches and the Sydney Mardi Gras (Fileborn, 2012; Tayton et al., 2014). However, research suggests that LGBTIQ communities still face significant discrimination and homophobic attitudes by police officers (Dwyer & Hotten, 2009; Kay & Jefferies, 2010; Fileborn, 2012; Parry & O'Neal, 2015). This contributes to an underreporting of intimate partner violence. Fileborn (2012) identified several further barriers to reporting and these included:

- the desire not to draw negative attention to LGBTIQ communities;
- the risk of survivors being alienated within LGBTIQ communities;
- the belief that their experience will not be taken seriously by police; and
- the belief that they will be discriminated against by police .

Conclusion

Intimate partner violence in LGBTIQ relationships has been under acknowledged and misunderstood in policy, practice and judicial responses until relatively recently. This has largely been because intimate partner violence has predominately been understood from within a heteronormative framework in which men feature as perpetrators and women as victims. Absence of a cohesive framework from which to understand intimate partner violence in LGBTIQ relationships, the dearth of population-wide data on prevalence, as well as a lack of recognition of the existence of intimate partner violence within LGBTIQ populations have also contributed to this lack of attention. However, there is growing recognition of the issue in policy and practice, and an increasing focus in research.

The available evidence suggests intimate partner violence occurs in LGBTIQ relationships at similar levels to heterosexual relationships and the abuse similarly involves the use of power, coercion and control. However, heterosexism, homophobia, biphobia and transphobia are central to understanding how LGBTIQ people experience intimate partner violence . Heterosexism, homophobia, biphobia and transphobia also affect access to services and responses from service providers and the justice system. Several barriers have been identified for LGBTIQ people accessing services. These include discrimination (real or feared), lack of awareness and sensitivity to LGBTIQ issues, lack of recognition of intimate

partner violence in LGBTIQ relationships and heteronormative understandings of gender and intimate partner violence . Building the capacity and knowledge of health care workers, domestic violence support services and the justice system through education and training is imperative in order to improve understandings and responses and prevent further violence in LGBTIQ communities.

Useful resources

Gay and Lesbian Health Victoria (GLVH) <www.glvh.org.au/training> offer training to health and other professionals and organisations to help them improve the quality of services they deliver to LGBTIQ communities.

Another Closet provides information on LGBTIQ people who are experiencing domestic violence <www.anothercloset.com.au/>.

Is your service LGBTI friendly? Resource available from ACON <static1.1.sqspcdn.com/static/f/471667/11593335/1302072230437/Is+Your+Service+G+LBT+friendly+brochure.pdf?token=%2F7UF55SriI1pV9VhRTWwrjSj8%3D>.

Service Guideline for Gender Sensitivity and Safety <www2.health.vic.gov.au/getfile/?sc_itemid=%7B84F93199-D99F-487A-9546-431E5CE42EE5%7D&title=Service%20Guideline%20for%20Gender%20Sensitivity%20and%20Safety>.

Sexual violence in LGBTIQ communities. Resource sheet from the Sexual Violence Research Centre, Australian Institute of Family Studies <www3.aifs.gov.au/acssa/pubs/sheets/rs3.html>.

Glossary of best practice terms from Teaching Tolerance <www.tolerance.org/LGBT-best-practices-terms>.

Community Action Tool Kit for Addressing Intimate Partner Violence against Transgender people <passthrough.fw-notify.net/download/478626/http://www.avp.org/storage/documents/ncavp_trans_ipvtoolkit.pdf>.

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Australian Institute of Family Studies
Child Family Community Australia

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ISBN 978-1-76016-064-7; 978-1-76016-065-4 (PDF)