

## Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities

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Although the vast majority of literature and research on sexual violence has focused on the experiences of heterosexual women, a burgeoning body of work has highlighted the occurrence of sexual violence within and against gay, lesbian, bisexual, trans, intersex, and queer (GLBTIQ) communities. Research suggests that members of GLBTIQ communities may face significant levels of abuse, harassment and violence (Leonard, Mitchell, Pitts, Patel, & Fox, 2008; NSW Attorney General's Department [NSW AGD], 2003). Experiencing sexual or physical violence, or other forms of abuse and victimisation, is often associated with a range of negative health and social outcomes—such as post-traumatic stress disorder, depression, anxiety, suicide, and drug and alcohol abuse (Ryan & Rivers, 2003). However, it should also be recognised that members of GLBTIQ communities show great resilience in the face of social exclusion, discrimination and abuse (Scourfield, Roen, & McDermott, 2008).

Documenting the violence experienced by GLBTIQ communities is an important step towards acknowledging the harm caused by this violence, ensuring that adequate and appropriate support services are provided (Duke & Davidson, 2009), and ultimately, preventing violence. There remains, however, only limited research on sexual violence in or against GLBTIQ communities.

This Resource Sheet:

- provides an overview of GLBTIQ communities, and explores the key differences, debates and complexities around gender identity, sexual practice/sexuality, and biological sex;
- draws together the current research on GLBTIQ sexual violence;
- discusses the limitations of current research;
- identifies issues with service provision to GLBTIQ victim/survivors;
- explores the key barriers to disclosing and reporting experiences of sexual violence; and
- provides some key resources for members of GLBTIQ communities.

## GLBTIQ communities

The acronym GLBTIQ is used to refer broadly to gay, lesbian, transgender/transsexual, bisexual, intersex, and queer individuals and communities. Gay and Lesbian Health Victoria's (GLHV, 2008) *Glossary of Terms* resource provides an excellent overview and definitions of the key terms used in describing GLBTIQ communities, and is a useful reference point for readers of this Resource Sheet (refer to "Resources" at the end of this paper).

There is, of course, a great deal of diversity within each of these communities, and a wide variety of terms and language is used to describe biological sex, gender, sexuality and sexual practice. While this Resource Sheet strives to recognise this complexity and diversity, due to its brevity a list of resources and further reading is available at the end of this sheet. Further, it is important to note that there is a complex relationship between biological sex, sexuality and gender identity. This complexity is not necessarily well encapsulated in simplistic or essentialist labels or categories of behaviour (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). There can also be a difference between GLBTIQ individuals public and private persona—not everybody is "out" or openly identifies as belonging to the GLBTIQ communities.

## Biological sex

Biological sex refers to the genetic makeup of an individual's sex chromosomes (the X and Y chromosomes), and the sexual organs (penis or vagina, internal reproductive structures etc.), among other factors (Australian Human Rights Commission [AHRC], 2009). Biological sex is often understood through the binary categories of male (XY chromosomes, and a penis/"male" reproductive organs) and female (XX chromosomes, and a vagina/"female" reproductive organs) (Aizura, Walsh, Pike, Ward, & Jak, 2010). However, as is broadly recognised (Aizura et al., 2010; AHRC, 2009) biological sex is far more complex and diverse than this, with a wide range of naturally occurring variation in both chromosomal make-up and the appearance and functioning of the reproductive/sex organs. This suggests that biological sex in fact occurs along a continuum, and a binary view of sex (M/F) excludes many people of diverse sex identities (Aizura et al., 2010). Individuals whose biological sex identity is not recognized by the M/F sex binary are referred to as "intersex" in this Resource Sheet.

## Gender identity

Gender refers to the socially constructed ideas around what it means to be a "man" or a "woman" (although the idea that gender is a social construct has been contested and others have argued that gender is biologically determined; AHRC, 2009). Gender norms change across time, space and social context, and there are often multiple and competing constructs of what it means to be a "man" or "woman" in any given community.

While gender identity is generally associated with biological sex (often referred to as cis-gendered), the gender identity of an individual does not necessarily always "match" their biological sex identity. Many individuals experience their personal identity in very complex ways, and this is not necessarily well encapsulated by the male/female binary construct (Couch et al., 2007). The terms "transgender" and "transsexual" are often used to describe individuals who do not experience their biological sex and gendered selves in this way, although there is great variation in how trans people respond to this, for instance via surgery, hormone replacement, clothing choices, amongst others. Trans people may engage in some, all, or none of these actions. Berman and Robinson (2010) suggested that "the term transgendered is generally used to describe those who have not had medical treatment to align their biological sex and gender identity, while those individuals who have undergone medical treatment often prefer to be known as transsexual" (pp. 4–5). However, as the *TranZnation* report documented, trans people use a wide variety of terms to express their gender and sexuality, including "transman", "granny tranny" and "genderqueer transboi" (Couch et al., 2007) to name but a few. Many of the participants in the study by Couch et al. referred to themselves using more than one term, again highlighting the complexity of individual identity.

## Sexuality/sexual practice

This refers to both the sexual behaviour people engage in and who they find themselves physically and emotionally attracted to (GLHV, 2008), as well as the sexuality they locate themselves within. However, the sexual behaviour someone engages in and their sexuality are not always one and the same (Duke & Davidson, 2009). For instance, a man who has sex with other men might not necessarily identify as gay. Sexuality and sexual practices can be fluid and context dependent. For instance many men engage in same-sex relationships or are the victims of same-sex sexual assault in the context of prison (Butler et al., 2010; Richters et al., 2008). However, they may still identify as heterosexual. For others, their sexual identity may remain stable across their lifetime, while others still may adjust or redefine their sexuality (Bentleigh et al., 2002; Leonard, 2002). For instance, a middle-aged woman may separate from her husband and enter a lesbian relationship.

## Conceptualising sexual violence against GLBTIQ communities

Individuals (and communities of people) who challenge the dominant norms around sex, gender, and sexuality can face significant levels of violence and abuse of both a physical and sexual nature. Heterosexism is the underlying social climate that allows such abuse and discrimination to occur. Heterosexism may be described as a set of beliefs that privilege heterosexual relationships “at the expense of non-heteronormative sexual orientations and gender identities” (Leonard et al., 2008, p. 4), and that promote a view:

... that sex, gender and the relationship between the two are fixed at birth. Men are born masculine, women feminine and sexuality is the gendered, reciprocal relationship between the two. (Leonard et al., 2008, p 4)

Any “non-heterosexual forms of behaviour or identity are denigrated, stigmatized or denied” (Mason, 1993, p. 2) under a heterosexist belief system.

Heterosexism is reinforced throughout various social and cultural beliefs and practices, and through social and political institutions (e.g., in law, through family structures and religious beliefs), although social, cultural and legal progress is occurring, albeit slowly in some instances. This social backdrop creates a space for extreme intolerance of GLBTIQ people to arise (Mason, 1993), which can manifest in violence and other forms of abuse and oppression. This may include:

- **Homophobic and transphobic violence:** According to Mason (1993), violence can be viewed as homophobic “when its victims are chosen because they are believed to be homosexual” (p. 2), and likewise for transphobic violence or other forms of violence specifically aimed at an individual because of their sexuality, sex or gender identity. That is, it is violence (sexual, physical, verbal) directed at GLBTIQ individuals by perpetrators (usually heterosexual men) because of their “transgressive” (e.g., non-heterosexual, transgender) sexuality or gender identity (Leonard et al., 2008; Tomsen, 2009). Such violence sends “a powerful message of hatred and intolerance” (Mason, 1993, p. 2) to other members of the GLBTIQ communities when it occurs, and therefore has ramifications that extend far beyond the primary victim of the violence.
- **Gender-based violence:** Broader gender-based violence refers to, for example, violence committed against female (or female-appearing) members of the GLBTIQ community because they are identified as female (i.e., as part of “everyday” gender based violence against women, rather than as a result of their sexuality or actual gender identity). However, the distinction between gendered sexual violence and heterosexist or homophobic violence is not always easily made. Indeed, female-identified individuals may be targeted as a result of *both* their gender identity and sexuality.
- **Violence in same-sex relationships.** The occurrence of same-sex sexual violence—that is, sexual violence that occurs within the context of an intimate, same-sex relationship—will also be considered throughout this Resource Sheet. Violence occurring in same-sex relationships is not currently well theorised in comparison to other forms of violence occurring against GLBTIQ communities, or sexual violence against women by men, and this will be discussed in more detail.

The following section provides an overview of what we know about sexual violence in and against GLBTIQ communities, with a specific focus on heterosexist and intimate partner sexual violence. However, existing research does not always differentiate between the categories of violence described above (or, where it does, does not include all forms of violence against GLBTIQ communities). It is also unclear as to whether members of GLBTIQ communities conceptualise their experiences of violence according to these categories, and how useful they are in understanding the lived experiences of GLBTIQ people. Consequently, knowledge of sexual violence in and against GLBTIQ communities is limited and partial.

## Current research and statistics

Many large-scale surveys on sexual violence do not take into consideration participants' sexuality or gender identity (other than according to a male/female binary, where the sex and gender identity are often conflated) (Lhmond & Saurel-Cubizolles, 2006; Todahl, Linville, Bustin, Wheeler, & Gau, 2009). A similar situation currently exists with police crime data. This makes it difficult, in conjunction with broader methodological limitations and issues around sexual violence research, to gauge the full extent of sexual violence experienced by GLBTIQ communities. Due to the limited research available, this Resource Sheet also refers to violence and abuse more broadly where relevant. Recent Australian and international studies have constructed the following picture of sexual violence in and against GLBTIQ communities.

### Heterosexist sexual violence

- In a Victorian survey, around one in 20 of the 390 GLBTIQ respondents<sup>1</sup> had been sexually assaulted in the 2 years before the survey. Approximately 12% of all participants reported ever experiencing heterosexist sexual assault (Leonard et al., 2008). However, it is unclear how sexual assault was defined in this study, and therefore the range of experiences participants were asked about.
- In contrast to other forms of heterosexist violence (such as physical violence), sexual assault is more likely to occur when the victim/survivor is alone as opposed to being targeted when they are with their partner (Leonard et al., 2008).
- Almost 4% of the 5,476 respondents in the Private Lives national survey of GLBTIQ Australians reported having been sexually assaulted (Pitts, Smith, Mitchell, & Patel, 2006). Again, it is not clear how sexual assault was defined.
- In a US-based survey of 6,456 transgendered people, 10% of respondents reported being sexually assaulted because of their gender identity. Being sexually assaulted was associated with a range of negative outcomes for these individuals in comparison to the broader survey sample, including: higher rates of HIV, higher rates of drug, alcohol and cigarette use, and higher rates of attempted suicide (Grant et al., 2011).
- An Australian study on safety at gay and lesbian public events showed that gay men were more likely to be exposed to physical violence, while lesbian women were more likely to encounter sexually harassing behaviours in public space (Tomsen & Markwell, 2009). This suggests that there are gendered patterns in the occurrence of heterosexist violence.
- A French study looking at data from a national population survey (The Enveff Survey; Lhmond & Saurel-Cubizolles, 2006) showed that in the past 12 months, women who have sex with women<sup>2</sup> were more likely to have experienced sexually harassing behaviours and physical aggression compared to women who have sex with men, while experiences of “sexual aggression” in the

1 Participants were recruited through a range of sources, such as emails to GLBT networks, domestic and family violence agencies, through gay and lesbian media outlets, and through business cards distributed at GLBT events (see Leonard et al., p8, 2008)

2 The Enveff survey did not explicitly ask participants about their sexuality, only the sexual practices that they engage in (Lhmond & Saurel-Cubizolles, 2006). Thus, in this instance, women who have sex with women do not necessarily identify as lesbian.

past 12 months (including rape and attempted rape) were similar for both groups. It is unclear whether the perpetrators of these experiences were male or female.

- GLBTIQ people employ a range of precautionary strategies to avoid exposure to heterosexist violence and abuse, such as taking steps to conceal their gender identity or sexuality when in public or social spaces (Leonard et al., 2008; Mason, 1993; NSW AGD, 2003; Pitts et al., 2006; Tomsen & Markwell, 2009). The Private Lives national survey found that GLBTIQ people living in regional areas and younger participants were most likely to modify their behaviour (Pitts et al., 2006).
- Research suggests that the majority of incidents of heterosexist sexual and other violence are not reported to police (e.g., see Leonard et al., 2008; NSW AGD, 2003).

## Intimate partner sexual violence

A number of national and international studies have suggested that intimate partner sexual violence occurs at a similar rate in GLBTIQ relationships to heterosexual intimate partner sexual violence (Duke & Davidson, 2009; Girshick, 2002; Leonard et al., 2008; Turell & Herrmann, 2008; Vickers, 1996). For example:

- Nearly 26% of respondents reported experiencing sexual abuse within a same-sex relationship in a Victorian based study (Leonard et al., 2008).
- Lesbian women were more likely to report having been in an abusive relationship compared to other women and men (Leonard et al., 2008) although the reasons for this were unclear.
- Almost 33% of participants in the Private Lives study reported ever experiencing intimate partner violence. Forced sex was included as a form of intimate partner violence, and while females and intersex males were most likely to report experiencing forced sex (25%), males, trans males and trans females also reported experiencing this. Only 18% of participants who had experienced forced sex in a relationship reported this to the police, indicating that sexual violence in the GLBTIQ communities is underreported (Pitts et al., 2006).
- There appear to be differences between gay men and lesbians in the way in which they experience intimate partner sexual violence. For instance, lesbian women appear to be more likely to be assaulted in private spaces and within intimate relationships than gay men (Mason, 1993). Again, this suggests that there are gendered patterns in intimate partner sexual violence occurring in the GLBTIQ communities.
- However, there is also research to suggest that gay men do experience sexual violence and coercive behaviour within relationships and casual sexual encounters. For example, young gay men may feel pressured to engage in sexual activity in order to establish their identity as a member of the gay community, and consequently may submit to unwanted or coerced sex (Braun, Schmidt, Gavey, & Fenaughty, 2009). Further, discourses around men and sexuality suggest that men (and particularly gay men) cannot be raped or are always “up for” sex. As Braun et al. observed:

... sexual coercion among gay men has been regarded as virtually oxymoronic. Dominant discourses of masculinity and male sexuality ... render the possibility that sex could be unwanted for men as an almost unthinkable proposition. (2009, p.337)

Such discourses can result in an under-reporting of, and difficulty in recognising, gay men's experiences of sexual violence (Braun et al., 2009; Duke & Davidson, 2009).

- Research on lesbian and bisexual women's experiences of violence from female perpetrators (Girshick, 2002), and gay men's experiences of violence from male perpetrators (Braun et al., 2009) has indicated that experiences of sexual violence consist along a continuum of behaviours, from relatively “minor” forms of violence (such as harassing and coercing behaviours) through to sexual assault and rape. This is consistent with research on heterosexual women's experiences of sexual violence (e.g., see Kelly, 1988).
- In cases of intimate partner sexual abuse, the abusive partner may exploit broader issues around homophobia and heterosexism as a mechanism to prevent the victim/survivor from disclosing the abuse (Duke & Davidson, 2009; Vickers, 1996). For instance, Vickers noted that abusive

same-sex partners may tell “a partner that no-one will help him or her because the police and the justice system are homophobic” (1996, para 10). Authors such as Ristock (2002) have argued that these factors—homophobia and heterosexism—are the key distinguishing factors between violence in heterosexual and GLBTIQ relationships, both in terms of the ability of perpetrators to exploit these to their advantage, and in terms of forming unique barriers to the recognition and reporting of violence in GLBTIQ relationships.

## Limitations of current research

The research covered above represents a positive start to documenting, understanding and, ultimately, preventing sexual violence in and against GLBTIQ communities. However, many of these studies have significant methodological and other limitations that are important to keep in mind. For instance:

- Many studies use measures of sexual violence that are limited and/or problematic, or the methods used to ask participants about experiences of sexual violence are unclear. For example, Leonard et al.'s (2008) survey on same-sex and heterosexist violence asked participants to indicate if they had experienced “sexual assault”. This typically results in a lower disclosure rate than asking participants to identify with descriptions of sexually abusive behaviour (Cook, Gidycz, Koss, & Murphy, 2011). Further, it is unclear what range of behaviours “sexual assault” refers to. For instance, is it referring to legal conceptions of sexual assault, or experiential definitions of sexual assault (Edwards, 2003)?
- The definitions of sexual or other violence used in studies may vary, making it difficult to compare results or to establish clear trends in the literature (Turell & Swanson-Cornell, 2005).
- There are very few studies that include all “types” of sexual violence that GLBTIQ people may experience. For instance, they may focus specifically on heterosexist violence or specifically on violence occurring in relationships, but there is a lack of research drawing these different experiences together. While these studies are important and informative, they are nonetheless only able to produce a fragmented picture of sexual violence against GLBTIQ individuals. It should also be noted that conducting such large scale and inclusive research (as this approach would require) may be difficult in practice, as the ability to conduct such research is restrained by access to resources (such as time and money). Difficulty may also be encountered in recruiting GLBTIQ community members for such studies, for example due to the shame and stigma that can be associated with identifying as GLBTIQ. Individuals who are not “out” in relation to their gender identity or sexuality may also be difficult to access, as they may not readily identify as being GLBTIQ. Further, as with all victim/survivors of sexual assault, GLBTIQ individuals may not recognise or label their experiences as constituting sexual assault.
- There is a dearth of large, randomised population studies that would allow an estimate of the prevalence of sexual violence within and against GLBTIQ communities. As noted, most major surveys or sources of data on sexual violence, such as the Australian Bureau of Statistics (ABS) 2005 Personal Safety Survey, do not record victim or perpetrator sexuality, gender or sex identity (other than according to a M/F binary) and this is a significant limitation of these data sources (Lhmond et al., 2006; Ryan & Rivers, 2003; Todahl et al., 2009).
- Based on these methodological issues, it is unknown whether current estimates of the prevalence of sexual violence in GLBTIQ communities are accurate, or whether they overestimate (e.g., through non-random sampling/oversampling of GLBTIQ sexual assault victim/survivors) or underestimate (e.g., as a result of poorly designed question constructs, small sample sizes) the actual rate of sexual violence.
- The intersections between sexuality, sex and gender identity and other factors such as age, race or cultural background, religious background, physical and/or cognitive impairment, and experiences of sexual violence are not well understood (Girshick, 2002; Leonard, 2002; Turell & Swanson-Cornell, 2005). Existing research has indicated that these issues may impact experiences

of violence more broadly, as well as the likelihood that an individual will be believed and supported upon disclosing their experience to others.

- Feminist theory on sexual violence has, by and large, excluded the possibility of sexual violence occurring within same-sex relationships (and particularly lesbian relationships, which have at times been depicted as a kind of “utopia” for women; Duke & Davidson, 2009; Girshick, 2002; Hotten, 2009) by almost exclusively focusing on or conceptualising sexual violence as something done by men to women (Girshick, 2002). To some extent this has contributed, though not necessarily intentionally, to the occlusion of sexual violence experienced and/or perpetrated by GLBTIQ individuals. Of course, there were, and continue to be, valid reasons for the strong feminist focus on a gender-based model of sexual violence. Nonetheless, it is necessary to develop theoretical understandings of sexual and other violence that are inclusive of the violence that occurs against GLBTIQ individuals, towards which authors such as Girshick (2002) and Ristock (2002), among others, have worked.
- The experiences of transgender, intersex and bisexual individuals remain under-researched and poorly understood (Duke & Davidson, 2009; Ryan & Rivers, 2003; Turell & Swanson-Cornell, 2005).

## Service provision and GLBTIQ communities

While members of the GLBTIQ communities may encounter significant levels of physical and sexual abuse, there is an apparent lack of appropriate support services available to these communities. This is at least in part influenced by the dearth of research on sexual violence and GLBTIQ communities, and theoretical models that account only for heterosexual women’s experiences of violence (Hotten, 2009). If we do not know the extent of sexual violence affecting GLBTIQ people (or do not recognise that it occurs in the first place), it is very difficult to plan and develop appropriate service provision and policy responses (Duke & Davidson, 2009; Rivers, McPherson, & Hughes, 2010).

Some key concerns for GLBTIQ people in accessing services include:

- GLBTIQ individuals may worry that they will be met with a homophobic or heterosexist response from service providers (Turell & Herrmann, 2008).
- GLBTIQ people may perceive that violence in same-sex relationships will not be taken seriously (Turell & Herrmann, 2008).
- It is often unknown whether service providers will be sensitive to the unique needs of GLBTIQ individuals, or whether they will be knowledgeable of GLBTIQ relationships and sexual practices (Turell & Herrmann, 2008). For instance, only some of the domestic violence service providers interviewed in Hotten’s (2009) study “understood how outing could be used as a form of power and control in abusive lesbian relationships” (p. 40). Many services may be lacking in adequate training and sensitivity towards the needs of GLBTIQ communities (Duke & Davidson, 2009).
- Many services are not welcoming and accepting of GLBTIQ communities; for instance, by assuming that all service users are heterosexual, or by not providing appropriate options on client intake forms (e.g., only providing “male” or “female” options to indicate one’s sex, which excludes and marginalises intersex people).
- For GLBTIQ people living in regional or remote communities, access to appropriate and sensitive services may be particularly limited.
- Many GLBTIQ individuals do not access support services. For instance, only 7% of participants in a NSW report on homophobic violence contacted a counsellor, psychologist or social worker about the incident (NSW AGD, 2003, p. 3). Likewise, only 25% of Berman and Robinson’s (2010) participants sought any form of assistance in relation to their experiences of homophobic or transphobic harassment or violence. Of those who sought help, the most popular avenues used included the police<sup>3</sup> (12%) or a counsellor, psychologist or social worker (8%) (Berman & Robinson, 2010, p. 114).

3 However, the majority of participants who sought help did not go to the police.

- Accessing services appears to be gendered in nature, with one study suggesting that lesbian women are more likely to access services for same-sex relationship abuse than gay men or bisexual people (Turell & Swanson-Cornell, 2005, p. 82). This reflects broader trends in accessing services, with women generally more likely to access services than men.

## Same same, but different? Barriers to reporting

All victim/survivors of sexual violence face significant barriers to recognising and reporting an incident of sexual violence that has been committed against them (Lievore, 2003). GLBTIQ individuals can also face additional or unique barriers to recognising and reporting incidents of sexual violence compared to heterosexual, cis-gendered<sup>4</sup> women and men. As Todahl et al. (2009) argued, these barriers are based on the “discrimination, marginalisation, and social oppression” (p. 954) that are faced more generally by GLBTIQ people. Some of these barriers include:

- There is a myth that sexual violence does not happen in same-sex relationships (Girshick, 2002; Vickers, 1996). These myths may be based on a variety of misconceptions, such as that women are not violent or are not the perpetrators of sexual violence, which may silence victim/survivors of same-sex sexual abuse. These myths draw on essentialist understandings of gender roles, for instance that women are inherently nurturing and caring, and are therefore never violent. Similarly, myths around men always being “up for” sex, amongst myriad other myths, promote the incorrect belief that men cannot be raped.
- There is a desire not to draw negative attention to GLBTIQ communities (Duke & Davidson, 2009; Girshick, 2002; Todahl et al., 2009; Vickers, 1996), particularly as this may fuel homophobic or heterosexist beliefs.
- Victim/survivors may risk being alienated by the GLBTIQ communities as a result of reporting an abusive partner/community member (Duke & Davidson, 2009; Girshick, 2002).
- The status of GLBTIQ relationships in the broader community may function as a barrier to recognising and reporting violence. As Girshick (2002) asserted, “same-sex relationships are not given the same legitimacy as heterosexual relationships, so it has been nearly impossible to recognize same-sex abuse within relationships” (p. 10).
- GLBTIQ victim/survivors may believe that an incident is not serious enough to report (Leonard et al., 2008). For instance, the majority of participants in Berman and Robinson’s study who did not report their experience of homophobic or transphobic violence, abuse or harassment, believed that the incident was minor.
- Victim/survivors may not recognise that certain experiences constitute sexual violence.
- Victim/survivors may believe that they will not be taken seriously, or will otherwise receive an inadequate response, by police or other service organisations upon reporting or disclosure (Berman & Robinson, 2010; Leonard et al., 2008; Todahl et al., 2009)
- There is a lack of GLBTIQ-sensitive/appropriate support services (Girshick, 2002; Leonard et al., 2008; Todahl et al., 2009), such as counselling, medical/health care and social support services.
- Victim/survivors may be concerned that they will receive a homophobic response by police or other service providers (Girshick, 2002; Leonard et al., 2008).
- There have been historically poor relationships between GLBTIQ people and the police (e.g., due to police involvement of policing homosexual communities, police violence against GLBTIQ communities), resulting in mistrust or fear of police (Leonard et al., 2008). Although, it should be noted that police in all Australian states and territories have taken steps to address this, particularly through the introduction of Gay and Lesbian Liaison Officers (Tomsen, 2009), and there is evidence to suggest that this has resulted in *some* improvement in the relationship between police and GLBTIQ communities (NSW AGD, 2003). However, the findings of Berman and

<sup>4</sup> Cis-gendered refers to individuals whose biological sex and gender identities are the same (i.e., male sex/male gender, female sex/female gender).

Robinson's (2010) Queensland-based study indicated that there is room for further improvement. Some of their participants reported receiving homophobic or transphobic responses from police when reporting experiences of homophobic or transphobic abuse or violence. Most of these complaints were about liaison programs in regional, rural and remote parts of Queensland.

- GLBTIQ individuals may fear being “outed” to friends and family (Leonard et al., 2008). This may be particularly pertinent to GLBTIQ youth.
- GLBTIQ victim/survivors may fear retaliation/retribution, especially in incidents of heterosexual violence and intimate partner violence.
- Many GLBTIQ people live in a rural or regional area, where same-sex relationships or gender and sex diversity may not be tolerated. The fear of being outed may be particularly acute, and GLBTIQ support services or networks may be absent (Leonard et al., 2008).
- Internalised homophobia (i.e., homophobic beliefs held by people who identify as gay or lesbian) may contribute to belief in myths around sexual assault, and this may further serve as a barrier to recognising and reporting experiences of sexual assault (Gold, Dickstein, Marx, & Lexington, 2009). These myths may include, for example, that GLBTIQ individuals “deserve to be sexually assaulted because they are immoral and deviant” (Gold et al., 2009, p. 55). Gold and colleagues also found a relationship between internalised homophobia and post-traumatic stress disorder symptom severity for lesbian women victim/survivors.
- Arguments around the right to privacy, based upon the notion that “sexuality is a personal, private issue which the State has no business in regulating” (Vickers, 1996, para 26), have often been used as a tool to promote the rights of the GLBTIQ community, and to argue against state intervention against consensual sexual practices. However, this may simultaneously prevent the disclosure and scrutiny of same-sex violence, which is, subsequently, also viewed as a “private” matter that should not be addressed through state intervention (Vickers, 1996).

Some of these barriers can operate in different ways, depending on the circumstances of the assault.

## Resources for service providers

Best practice protocols for the provision of sexual assault services to GLBTIQ communities were not found when researching this Resource Sheet, and it is unclear if any best practice protocols have been developed. However, such protocols are available for health care settings, and these may provide a useful reference point for developing appropriate and sensitive service environments for GLBTIQ victim/survivors:

- Gay and Lesbian Health Victoria—*Sexual Diversity Health Services Audit* <[glhv.org.au/sexual-diversity-health-services-audit](http://glhv.org.au/sexual-diversity-health-services-audit)>
- Health Action Network for Diverse Sexualities Standards Organisations Valuing Diversity (Benchmarking for quality health services to LGBTI populations). This document provides a comprehensive overview of key indicators and practice standards for developing practice that is inclusive of GLBTIQ communities <[glhv.org.au/node/446](http://glhv.org.au/node/446)>.
- Department of Health Victoria. (2011). *Service guideline on gender sensitivity and safety: Promoting a holistic approach to wellbeing*. Melbourne: Mental Health, Drugs and Regions Division, Victorian Government. Available from <[www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)>
- Queensland Police Service: Good practice guide for interaction with Transgender clients <[www.police.qld.gov.au/programs/cscp/communityLiaison/lgbti/lgbti\\_region.htm](http://www.police.qld.gov.au/programs/cscp/communityLiaison/lgbti/lgbti_region.htm)>

Many more useful resources are available through the Gay and Lesbian Health Victoria website <[glhv.org.au/](http://glhv.org.au/)>.

### Resources and support for the GLBTIQ communities

#### Police GLBTIQ liaison units

ACT – Gay, Lesbian Liaison Officer network <[www.police.act.gov.au/community-safety/for-other-community-groups/gay-lesbian-and-transgender-persons.aspx](http://www.police.act.gov.au/community-safety/for-other-community-groups/gay-lesbian-and-transgender-persons.aspx)>

NSW – Sexuality and Gender Diversity <[www.police.nsw.gov.au/community\\_issues/gay\\_lesbian\\_and\\_transgender\\_issues/](http://www.police.nsw.gov.au/community_issues/gay_lesbian_and_transgender_issues/)>

NT – General Enquiries 131 444

QLD – LGBTI Liaison Officers <[www.police.qld.gov.au/programs/cscp/communityLiaison/lgbti/liaison\\_off.htm](http://www.police.qld.gov.au/programs/cscp/communityLiaison/lgbti/liaison_off.htm)>

SA – Gay & Lesbian Liaison Officers <[www.sapolice.sa.gov.au/sapol/community\\_services/gay\\_lesbian\\_liaison\\_officers.jsp](http://www.sapolice.sa.gov.au/sapol/community_services/gay_lesbian_liaison_officers.jsp)>

TAS – LGBTI Liaison Officers <[www.police.tas.gov.au/what-we-do/lesbian-gay-bisexual-transgender-intersex-lgbti-liaison-officers/](http://www.police.tas.gov.au/what-we-do/lesbian-gay-bisexual-transgender-intersex-lgbti-liaison-officers/)>

VIC – Gay and Lesbian Liaison Officers <[www.police.vic.gov.au/content.asp?Document\\_ID=30300](http://www.police.vic.gov.au/content.asp?Document_ID=30300)>

WA – People of diverse sexuality and/or gender <[www.police.wa.gov.au/OurServices/Communitydiversity/Peopleofdiversesexualityandorgender/tabid/904/Default.aspx](http://www.police.wa.gov.au/OurServices/Communitydiversity/Peopleofdiversesexualityandorgender/tabid/904/Default.aspx)>

#### AIDS councils

The state and territory AIDS council websites provide a range of information on sexual health and wellbeing, including information targeted for the GLBTIQ communities.

ACT – AIDS Action Council of the ACT <[www.aidsaction.org.au/aac/](http://www.aidsaction.org.au/aac/)>

NSW – ACON <[www.acon.org.au/](http://www.acon.org.au/)>

NT – Northern Territory AIDS and Hepatitis Council <[www.ntahc.org.au/](http://www.ntahc.org.au/)>

QLD – Queensland Association for Healthy Communities <[www.qahc.org.au/](http://www.qahc.org.au/)>

SA – AIDS Council of South Australia <[www.acsa.org.au/](http://www.acsa.org.au/)>

TAS – Tasmanian Council on AIDS <[www.tascahrd.org.au/](http://www.tascahrd.org.au/)>

VIC – Victorian AIDS Council <[www.vicaids.asn.au/](http://www.vicaids.asn.au/)>

WA – WA AIDS Council <[www.waids.com/](http://www.waids.com/)>

#### Sexual assault services

For a comprehensive list of sexual assault counselling and crisis services in Australia, please refer to the ACSSA website <[www.aifs.gov.au/acssa/crisis.html](http://www.aifs.gov.au/acssa/crisis.html)>

#### GLBTIQ counselling and health services/resources

- The National LGBTI Health Alliance provides a comprehensive list of Australian resources for the GLBTIQ community <[www.lgbthealth.org.au/members](http://www.lgbthealth.org.au/members)>
- Gay and Lesbian Counselling and Community Services Australia <[www.glccs.org.au](http://www.glccs.org.au)>
- Gay and Lesbian Health Victoria <[www.glhv.org.au/](http://www.glhv.org.au/)>
- The ALSO Foundation works to enhance the lives of Victoria's GLBTIQ communities <[www.also.org.au/](http://www.also.org.au/)>  
They have produced a booklet on abuse in same-sex relationships <[www.also.org.au/resources/domestic\\_violence/abuse\\_in\\_same\\_sex\\_relationship](http://www.also.org.au/resources/domestic_violence/abuse_in_same_sex_relationship)>

ALSO have also produced a sexuality awareness resource for GLBTIQ youth, covering a range of topics including sexuality and gender, homophobia, health and the law <[www.also.org.au/resources/youth/alsorts](http://www.also.org.au/resources/youth/alsorts)>

- ZoeBelle Gender Centre is an online resource for people interested in the health and wellbeing of sex and gender diverse people (Victorian based) <[gendercentre.com/](http://gendercentre.com/)>
- The Freedom Centre, based in WA, provides support to young people (under 26) about their sexuality and gender <[www.freedom.org.au/](http://www.freedom.org.au/)>
- The Anti-Violence Project Victoria is the peak community body for discussing violence and its impact within and against GLBTIQ communities <[antiviolence.info/](http://antiviolence.info/)>

### Reports and other resources

- *Tranznation: A report on the health and wellbeing of transgendered people* <[www.glhv.org.au/files/Tranznation\\_Report.pdf](http://www.glhv.org.au/files/Tranznation_Report.pdf)>
- *Gay and Lesbian Health Victoria Glossary*: Provides an overview and definition of key terms used by GLBTIQ communities <[www.glhv.org.au/files/glossary.pdf](http://www.glhv.org.au/files/glossary.pdf)>
- *Gender Questioning Resource Sheet* <[www.glhv.org.au/files/GQv3.pdf](http://www.glhv.org.au/files/GQv3.pdf)>
- Australian Research Centre in Sex, Health and Society (ARCSHS), is a leading national and international centre for research on sexuality, health and gender <[www.latrobe.edu.au/arcschs](http://www.latrobe.edu.au/arcschs)>

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