



Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence:

Key findings and future directions

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

RESEARCH TO POLICY & PRACTICE
ISSUE 10 | MAY 2020

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of LGBTQ people affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing.

Recommended support services include 1800 RESPECT–1800 737 732 and Lifeline–13 11 14.

ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from the ANROWS research project "Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence". Please consult the ANROWS website for more information on this project and the full project report: Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J., & Bear, B. (2020). *Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence* (Research report, 10/2020). Sydney: ANROWS.

Suggested citation

Australia's National Research Organisation for Women's Safety. (2020). *Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence* (Research to policy and practice, 10/2020). Sydney: ANROWS.

ANROWS acknowledgement

This material was produced with funding from the Australian Government Department of Social Services. Australia's National Research Organisation for Women's Safety (ANROWS) gratefully acknowledges the financial and other support it has received from the government, without which this work would not have been possible. The findings and views reported in this paper are those of the authors and cannot be attributed to the Australian Government Department of Social Services.

ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 6–Perpetrators stop their violence and are held to account.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence

BACKGROUND

- Domestic and family violence (DFV) and intimate partner violence (IPV) occur in lesbian, gay, bisexual, transgender and/or queer (LGBTQ) relationships.
- Identifying and responding to LGBTQ DFV/IPV can present specific challenges.
- LGBTQ people who wish to change their violent and abusive behaviours, or seek support after experiencing violence and abuse, may struggle to find and access appropriate interventions.
- LGBTQ people represent a diverse and non-homogeneous group who have differing needs not likely to be met with a one-size-fits-all approach.

KEY FINDINGS

- DFV/IPV in LGBTQ relationships can be difficult to identify and understand due to the “heterosexual face” of domestic violence.
- DFV/IPV in LGBTQ relationships can involve unique tactics of abuse, including identity-based abuse.
- Trauma from discrimination and stigma (minority stress) impact experiences of DFV/IPV for LGBTQ community members, but are not directly causal.
- LGBTQ community readiness to recognise DFV/IPV and seek support, as well as service responses to LGBTQ people experiencing DFV/IPV, must be strengthened.

KEY RECOMMENDATIONS

- Improve recognition and understanding of LGBTQ DFV/IPV among DFV and mainstream service providers and LGBTQ communities.
- Increase DFV sector and police workforce confidence and skills for engaging with LGBTQ people experiencing DFV/IPV.
- Develop and trial tailored programs to ensure that the unique and diverse needs among LGBTQ populations are addressed.

A NOTE ON TERMINOLOGY

DFV terminology can be misinterpreted by LGBTQ people, as there is a tendency for “family violence” to be associated with ostracism/abuse from parents and relatives rather than with intimate partners. To counter some of the challenges with identifying abuse in LGBTQ relationships, and to capture the diversity of LGBTQ living arrangements and relationship styles, this research has chosen to combine domestic and family violence (DFV) and intimate partner violence (IPV) terminology.

DFV/IPV occurs in LGBTQ relationships

Issues relating to gender inequality and rigid gender roles have been widely cited as major influences on the perpetration of domestic violence, with violent behaviour being conceptualised as enacting patriarchal attitudes (Bettman, 2009; World Health Organization, 2009). Existing DFV/IPV interventions tend to focus on cisgender, heterosexual female victims/survivors and male perpetrators, to the exclusion of LGBTQ communities (Cannon & Buttell, 2015). DFV/IPV can appear to be an exclusively gendered, heterosexual phenomenon unless a socio-ecological model of DFV/IPV, using an intersectional analysis to map the interaction of social norms, structures and practices relevant for understanding experiences of DFV/IPV in diverse Australian communities, is applied.

Responding to LGBTQ DFV/IPV can present specific challenges

While the prevalence of DFV/IPV in LGBTQ relationships is unclear, such violence is likely to be under-reported (Donovan & Barnes, 2017; Donovan, Hester, Holmes, & McCarry, 2006). Shared experiences of trauma and stress related to being members of a minority group (minority stress) can make it hard for LGBTQ people to identify abuse within their intimate relationships, and also hinder communities, support services and other service providers from identifying LGBTQ victims/survivors and perpetrators as people in need of assistance (Guadalupe-Diaz & Jasinski, 2016). LGBTQ people who wish to change their violent and abusive behaviours, or seek support after experiencing violence and abuse, may thus struggle to find and access appropriate interventions. Minority stressor variables, including internalised homophobia and discrimination, are positively associated with both increased perpetration and victimisation of DFV/IPV (Balsam & Szymanski, 2005; Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Gehring & Vaske, 2017): therefore, there is a need to increase LGBTQ community readiness to address DFV/IPV and enable help-seeking.

“Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence” by Dr Rebecca Gray, Tommy Walker, Dr Jen Hamer, Dr Timothy Broady, Dr Jessica Kean, Dr Joycelyn Ling and Brandon Bear

This collaborative research project between Relationships Australia New South Wales (RANSW) and ACON (formerly the AIDS Council of NSW) was designed as a pilot study to tailor and deliver existing perpetrator and victim/survivor group programs to LGBTQ people who use, or are affected by the use of violence within their intimate relationships. Difficulties enlisting clients in the tailored programs saw the study shift focus to investigate how potential clients of LGBTQ perpetrator and victim/survivor programs might be located and engaged. The study also explored what sector and workforce development would be required, in both DFV/IPV services and other mainstream services, to establish robust referral pathways to fill future programs. This research was an exploratory, qualitative study that analysed interview and focus group data and conducted a scoping review of the literature surrounding LGBTQ DFV/IPV. It tailored the mainstream perpetrator and victim/survivor programs regularly delivered by RANSW, and delivered one tailored victim/survivor program, resulting in information and findings that can be used to inform future LGBTQ DFV/IPV program development, testing and implementation.

Quotes appearing in this paper come from interviews carried out as part of the study, and also appear in the full report.

See anrows.org.au for the full report.

Key findings

Identifying LGBTQ DFV/IPV can be challenging

The cisgender, “heterosexual face” of domestic violence, including gendered images of perpetrators and victims/survivors, can overshadow abuse occurring in LGBTQ relationships.

LGBTQ relationships and living arrangements sometimes follow non-heteronormative models that can be misunderstood by professionals. This can range, for example, from couples who choose to live apart, to multi-person cooperative households, to relationships structured around polyamory and consensual non-monogamy.

LGBTQ lived experiences of discrimination and abuse as a result of being sexuality and gender diverse may hinder recognition of DFV/IPV, since abusive behaviours may be interpreted as a manifestation of minority stress and trauma, rather than being identified as abuses of power.

The research found that:

- Participants took some time to see a “domestic violence” program as appropriate, as they could not easily reconcile the term with their LGBTQ relationship.
- Participants did not see the abusive dynamics within their relationships as severe enough to ascribe the term “domestic violence” to. This was sometimes due to other forms of abuse they had previously experienced (say in their biological families), such as psychological or emotional abuse, that they deemed to be more insidious.
- Sometimes participants’ reluctance to name behaviours as domestic violence stemmed from the lack of physical abuse in their intimate relationships. Client participants’ knowledge about definitions of abuse seemed to improve over time, from intake and throughout the group program. Ultimately, their awareness of DFV broadened to include concepts like coercive control.
- These factors appear to compound other tactics designed to undermine partners within coercive relationships, and create significant barriers to perceiving an experience as abusive.



My knowledge about domestic violence is broader now. I see how complex it is.
(Summer, client, early 30s)

LGBTQ DFV/IPV can involve unique abuse tactics

Identity-based, or identity-related tactics of abuse are often central to the way dynamics of power and coercive control manifest in LGBTQ relationships. Identity-based abuse capitalises upon a victim’s/survivor’s fear of exposure (“outing”) or their experience(s) of discrimination and internalised homophobia to threaten, undermine or isolate them.



I grew up thinking I was probably crazy because I was queer. So I grew up thinking there was already something in me that's broken. So it doesn't take much for a partner to play on that and go, "Yeah, you are totally broken. And here's the ten ways that you are broken." So it plays out because we have these other vulnerabilities and, but we have other triggers, I think. So it means that like just that stuff around you, your partner saying, you know, "I could out you to broader parts of the community as crazy or I could out you as being gay".
(Arrow, queer, non-binary, community member, 40s)

Trauma and minority stress impact upon LGBTQ experiences of DFV/IPV

Both professional and community participants raised trauma and minority stress as significant challenges facing members of LGBTQ communities, and reflected upon how these impacted relationships, help-seeking and optimal service provision. There is a problem distinguishing domestic violence from every other form of violence experienced by LGBTQ people.

Research participants often felt that they and their peers were affected by traumatic experiences related to minority stress, though they did not identify these experiences as causal. Instead they described how having shared experiences challenged their ability to identify DFV/IPV among their peers or define behaviours as abusive, since they empathised with the people using violence, and struggled to see them as perpetrators.



There's ... a lot of concern for the person who is using violence from the person who is experiencing it because that person's also been like a victim of different things. So, like whether they've had to leave their home countries because of the like intense homophobia they were experiencing, and they've had sort of trauma around that ... It's hard for [their friends] to process the idea of somebody who has been a victim of a whole bunch of violence, then goes on to use it.
(Hoda, queer woman, community member, 30s)

People using violence may also excuse abusive behaviour due to self-perceptions that such behaviours emanate from a place of victimhood and pain.



I was using forms of violence in a recent relationship, like I was getting angry because they were triggering past traumas for me ... and I had to go to counselling to understand what the fuck was going on.
(Axel, queer, non-binary, community member, 30s)

Optimal service provision to LGBTQ clients should take trauma and minority stress into account. Doing this may require additional program time, in particular during the usual pre-group and intake procedures, for clients to build trust with the service.



We did an hour and it still probably wasn't enough. And mainly because the community has been neglected and haven't had support, and quite a lot of trauma ... I guess the strength was spending a lot of time to make sure that the participants felt it was gonna be safe.
(Group worker)

Community and belonging interact with DFV/IPV identification

Strong communities, arising out of shared experiences of minority stress, stigma and discrimination (including ostracism from families of birth), can be both important sources of positive self-esteem and barriers to identifying DFV/IPV for LGBTQ people experiencing or perpetrating abuse.

- Many participants described a strong sense of LGBTQ community and belonging as creating a space of protection and safety for them.
- Protecting the LGBTQ community from further discrimination can be seen as a disincentive to talking openly about DFV/IPV.
- Many participants in this study described their fear of losing community connections by calling out abusive behaviour. This fear can be magnified for people who are part of smaller, more close-knit LGBTQ communities, such as those in rural and regional areas.
- Abusers can capitalise on this fear of isolation from the LGBTQ community to exert control over victims/survivors.



When we've found our community it's become a real core part of our identity and where we feel safe. And we don't wanna give that up. And oftentimes it is, talking about violence can be a threat to that and it can fractionalise our communities, and further marginalise us. So, it is a bit more of a thing, I think, for us to weigh up than it is for say a heterosexual person to weigh up who might be able to find other safe environments to move to if they, if they need to move out of their community.

(Tammy, queer woman, community member, 20s)

Diversity within LGBTQ communities must be considered and managed

People who identify as lesbian, gay, bisexual, transgender and/or queer are not a homogeneous group and are not inherently or inevitably inclusive in their attitudes or behaviours. These differences and potential discrimination *between* members of LGBTQ communities must be taken into account. This research suggests there is a need for program delivery staff to be aware of, and able to manage, transphobia, biphobia, and tensions/power differentials between differing sexualities, genders, abilities and ethnicities.

This process would optimally involve unpacking and examining the unique and specific risks and safety issues experienced by each part of the diverse LGBTQ community, in order to deepen understanding of the drivers of abuse for diverse groups and relationships.

Mainstream DFV/IPV services should also be LGBTQ-inclusive

Intersecting marginalities can mean LGBTQ participants may not always feel comfortable in an LGBTQ-specific, tailored DFV/IPV program. For example, Luke, an Aboriginal gay man in his early 20s, stated that he would rather go to an Aboriginal program, alongside heterosexual, cisgender clients, than a program tailored for LGBTQ people who were not Aboriginal and/or Torres Strait Islander.

There is a lack of data on LGBTQ people accessing existing DFV/IPV services because appropriate gender and sexuality indicators are not collected on all service intake forms. Additionally, stigma and discrimination make it unlikely that all LGBTQ participants accessing mainstream programs reveal diverse sexualities and genders. One counsellor suggested that presenting as an LGBTQ person experiencing DFV/IPV to a service involved a “double stigma”. Identifying as a non-conforming gender or sexuality added to the shame of DFV/IPV, bringing a fear of being outed as well as a fear of not being believed. Given the importance of trust and honesty highlighted by participants in the research, this forced “closeting” of oneself may have negative implications on program outcomes.

Service provision to LGBTQ people experiencing DFV/IPV must be strengthened

Using a partnership approach between a mainstream and an LGBTQ-specific service, this research was able to draw upon the experience and evidence of effective DFV/IPV programs for people in heterosexual relationships, alongside significant LGBTQ expertise. However, even with the strengths and existing referral pathways from both sectors, it proved impossible to enlist enough clients to run the tailored perpetrator program. This demonstrated:

- Work is needed to enable community members to be aware of abusive behaviours in their relationships.

I think the community desperately needs a forum to talk about good relationships. And, and so that we can all be saying to each other, “We have massive amounts of stress. We’re all, like we’re all triggerable most of the time. We’ve all got heightened awareness and anxiety.” This is, like we need to be able to talk about this and have a language where we can say to each other, “I was doing these things. I don’t think they’re okay.”

(Lucinda, community member, 20s)

- LGBTQ community members need service responses which are safe and inclusive.
- LGBTQ-inclusive victim/survivor and perpetrator programs need to include content related to trauma, discrimination and social stigma commonly experienced by LGBTQ people, and the impact of these factors on individual wellbeing.



- Barriers to accessing mainstream services (including the police and the family law system) need to be addressed using a two-pronged approach of trust-building with LGBTQ community members and developing inclusivity in mainstream services.



But I think where I've seen or experienced violence in an intimate partner relationship because if you're both queer or you're both trans, you're both trying to survive in a world that wants to kill you, basically. And by exposing your partner, even if they're being abusive or violent towards you, by exposing them to interactions with police or the criminal legal system, or prison, it could, could basically ... be the death of them. And it's far worse than the sort of abuse or violence that is being done within that relationship.

(Scout, queer, transgender woman, community member, 30s)

- Misidentification of victims/survivors and perpetrators is a key issue affecting service provision to LGBTQ people. The difficulties experienced by this study with recruitment into the perpetrator program does raise questions about whether adapted mainstream DV/IPV programs alone are the best solution for this audience. Supplementary measures currently being explored within one mental health service working with the LGBTQ community include abuse screening for all clients accessing services, with a heavy reliance upon risk and safety planning.

Implications for policymakers

Improve recognition of LGBTQ DFV/IPV

- Improve awareness of DFV/IPV in LGBTQ communities by working in consultation with LGBTQ and DFV/IPV service providers to develop, test and implement campaigns that increase the representation of LGBTQ people in promotional material about DFV/IPV.
- Work to increase the confidence of mainstream clinicians in engaging with LGBTQ community members at all stages of program development, promotion, delivery and evaluation.
- Consider funding LGBTQ healthy relationships programs to make DFV/IPV, particularly non-physical forms of coercion, easier to recognise across a diverse range of relationship types.

Increase sector readiness to respond to LGBTQ DFV/IPV

- Undertake a system audit to ensure all points on the pathways for reporting and preventing DFV/IPV are LGBTQ inclusive, and aware of LGBTQ DFV/IPV specificities.
- Increase workforce confidence in engaging with LGBTQ people experiencing or perpetrating DFV/IPV via LGBTQ inclusivity training co-developed with affected communities.
- Provide ongoing funding to develop, trial and implement tailored LGBTQ-specific or LGBTQ-friendly DFV/IPV programs, keeping in mind that short funding cycles do not provide adequate time to populate groups within an under-developed community area.
- Consider partnership approaches to program delivery that combine service providers with DFV/IPV experience and service providers with LGBTQ experience to ensure knowledge is not lost or siloed in either sector.
- Invest for the long-term in the strengthening of referral pathways from the family law system into LGBTQ-specific or LGBTQ-friendly DFV/IPV programs by working with legal personnel such as court support workers, mediators, and magistrates.
- Strengthen police responses to LGBTQ DFV/IPV via training on the dynamics of DFV/IPV in LGBTQ relationships and the development of LGBTQ-specific referral pathways that offer alternatives to criminal justice approaches.

Implications for practitioners and service providers

Locating and engaging LGBTQ people experiencing DFV/IPV

- Use social media platforms to increase DFV/IPV awareness, with a view to using the same channels to engage service users for future programs.
- Allow sufficient time for promotion, recruitment and intake into LGBTQ-specific programs, particularly perpetrator programs.
- Consider developing healthy relationship programs for ethical LGBTQ relationships, and/or modifying existing program delivery to insert information about DFV/IPV—particularly about unique forms of abuse, like identity-based abuse.
- While LGBTQ community awareness of DFV/IPV is being increased, consider abuse screening for LGBTQ people presenting with trauma, and utilise risk and safety planning.

Ensuring safety for LGBTQ people experiencing DFV/IPV

- LGBTQ service providers should work with the wider community services sector to create robust referral pathways into LGBTQ-specific and LGBTQ-inclusive programs, and to ensure existing DFV/IPV sector programs are alert to, and inclusive of, the possibility of LGBTQ service users.
- Service providers should build capacity in program delivery staff to understand the diversity of LGBTQ experience and acknowledge discrimination and structural disadvantage within LGBTQ groups, in order to sensitively and confidently navigate mixed group dynamics.

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Published by

Australia's National Research Organisation for Women's Safety Limited (ANROWS)
PO Box Q389, Queen Victoria Building, NSW 1230 | www.anrows.org.au | Phone +61 2 8374 4000
ABN 67 162 349 171

Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence: Key findings and future directions / ANROWS (Ed.).

Sydney : ANROWS, 2020

Pages ; 30cm. (Research to Policy and Practice, Issue 10/2020)

I. Intimate partner violence -- Prevention. II. Family violence -- Prevention. III. Victims of family violence -- Services for -- Australia. IV. Lesbians -- Australia. V. Gays -- Australia. VI. Bisexuals -- Australia. VII. Transgender people -- Australia. VIII. Gender non-conforming people -- Australia. IX. Sexual minority community -- Australia.
I. Australia's National Research Organisation for Women's Safety.

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