Naming and recognition of intimate partner violence and family of origin violence among LGBTQ communities in Australia

Adam Bourne[1,2*], Natalie Amos[1], Catherine Donovan[3], Marina Carman[1], Matthew Parsons[1], Stephanie Lusby[1], Anthony Lyons[1], Adam O Hill[1]

1. Australian Research Centre in Sex, Health and Society, La Trobe University, VIC Australia

2. Kirby Institute, UNSW Sydney, NSW, Australia

3. Department of Sociology, Durham University, UK

Corresponding author

Associate Professor Adam Bourne

Deputy Director

Australian Research Centre in Sex, Health and Society

Building NR6

La Trobe University

VIC 3083

Australia

a.bourne@latrobe.edu.au

+61 (0)3 9479 8732

Abstract

Dominant framings of intimate partner violence (IPV) construct the experience as one where a cisgender man enacts violence against a cisgender woman. While often the case, this framing obfuscates the experiences of people who identify as lesbian, gay, bisexual, trans, gender diverse or queer (LGBTQ) and may challenge their ability to conceive of their relationship-based experiences as abusive or violent. The extent to which hostile experiences from family of origin (FOV) members are conceived or named as violence is also unclear. A large, online, national survey of LGBTQ adults separately assessed experiences of IPV and FOV in two ways: a direct question relating to abuse from a partner/s or family member/s, and a second question (asked irrespective of the previous answer) which sought to establish experience of a nuanced list of abusive acts that can constitute violence (including emotional abuse, LGBTQ-specific forms of violence and enforced social isolation). Following comparison of responses, multiple regression analyses were performed to assess variation by demographic characteristics.

Among the full sample of 6,835 individuals, when asked directly, 30.93% (n = 2,108) of participants indicated that they had ever experienced FOV and 41.73% (n = 2,846) indicated that they had ever experienced IPV. However, when asked about experiences of FOV using the second nuanced question, 43.18% (n = 2,675) responded in ways that indicated that they had ever experienced FOV and 60.71% (n = 3,716) with respect to IPV. The recognition of violence, as indicated by responses to the direct question varied by numerous characteristics, including age, gender and educational attainment. These findings indicate some LGBTQ people may struggle to recognise or name their family or relationship experiences as abusive or violent, which may complicate their ability or willingness to access professional support. More expansive framings, policies and responses to IPV and FOV are required.

Background

Historical and dominant framings of family violence[i] (often referred to as domestic violence or domestic abuse in other English-speaking contexts) predominantly construct the experience as one whereby a man enacts violence against a woman, possibly with children as victims by proxy. Although rarely made explicit, the implied assumption is of both perpetrator and victim-survivor being heterosexual and cisgender (i.e., their current gender identity aligns with the gender that was presumed and recorded for them at birth) (Donovan & Barnes, 2019; Rogers, 2019). Donovan & Hester refer to the 'public story' of domestic violence and abuse and how this dominant framing has entrenched beliefs that, typically, physical violence only occurs in this heterosexual, cisgender, binary context, with a particular presentation of (cis) gender – the big 'strong' man being physically violent towards the small 'weak' woman; which itself arises due to the structurally unequal power positions of men and women (Donovan & Hester, 2010). While some national family or domestic violence frameworks and national plans increasingly acknowledge diversity in gender (albeit imperfectly) (Seymour, 2019), there are few signs that public discourse pertaining to such violence has shifted and largely remains in a heteronormative, cisgender frame.

A growing body of literature suggests that lesbian, gay, bisexual, transgender or queer identifying (LGBTQ[ii]) people can experience violence within sexuality or gender diverse intimate relationships and family contexts at least as commonly as cisgender and heterosexual people, and in some instances more so (Rollè, Giardina, Caldarera, Gerino, & Brustia, 2018), The 2017 Victorian Population Health Survey (Victorian Agency for Health Information, 2020), a representative household survey of more than 33,000 individuals across the state, identified that 13.4% of LGBTIQ people had an experience of family violence (of all forms) in the last two years. This was more than twice the rate observed among non-LGBTIQ people (5.1%) in the same survey. Similarly, a large survey of lesbian, gay and bisexual people in the

United States found that 61.1% of bisexual women had an experience of intimate partner violence in their lifetime, alongside 43.8% of lesbian women and 37.3% of bisexual men, which compared to 35.0% of heterosexual women and 29.0% of heterosexual men (Breiding, Chen, & Walters, 2013). Some research indicates the prevalence of domestic violence may be higher among cisgender lesbian women compared to other sections of the LGBT community (Messinger, 2011), although other studies point to a higher prevalence among those who are bisexual, less educated and with physical or cognitive impairment (Barrett & St. Pierre, 2013). In their work, (Donovan & Barnes, 2019) report on the analyses conducted by the Crime Survey England and Wales (CSEW) in 2010 and 2018 where the sexuality (not gender identity) of participants to the randomised survey are included in the analysis. In the earlier analysis reported rates of IPV were more than double for participants identifying as lesbian or gay male (13%) than of heterosexual women and men (5%). In addition, compared with heterosexual women (4%) and men (3%), lesbians or bisexual women (12%) and gay or bisexual men (6%) were three times and twice as likely, respectively, to report experiencing one or more instances of non-physical abuse, threats or force (not including sexual assault) in the 12 months prior to the survey (Donovan & Barnes, 2019). In the 2018 analysis (Office for National Statistics, 2018) in Donovan and Barnes, 2019) the analysis only compares women identifying as lesbian, bisexual and heterosexual and finds bisexual women nearly twice as likely to report (10.9%) partner abuse than heterosexual women (6%); and lesbian/gay women also reporting higher levels than heterosexual women (8%). Furthermore, looking at different types of abuse, bisexual women were, five times as likely to report sexual assault than heterosexual women (1.9% and 0.4% respectively); lesbian/gay women also reporting higher rates than heterosexual women (0.5%). In their community survey of family and intimate partner violence, (Donovan, Magic, & West, 2021) also found that bisexual, trans and non-binary folk were more likely to report these than lesbians, gay men, cisgender participants.

The forces that shape the perpetration and experience of family violence among LGBTQ+ communities are complex and a comprehensive account is beyond the scope of this article (see (Carman et al., 2020) for review). Donovan and Hester (2010, 2014) point to the ways in which heteronormative practices of love are implicated in victim/survivors remaining and/or returning to domestically abusive relationships. Donovan and Barnes (2020) develop the finding of Ristock (2002) and Donovan & Hester (2014) that those in their first same sex relationship can be victimised by the experiential power of partners who have been out in their LGBTQ+ identities for longer. Other research has pointed to some gay men (as an example) holding on to heteronormative and stereotypical views of masculinity, particularly as they relate to male cultures of dominance (Salter et al., 2020) which can lead to violence being regarded as routine or aggression not being identified as family violence or men not wanting to self-identify as 'victims' (Oliffe et al., 2014). What is important to take from these findings is that, as Donovan and Barnes argue, more needs to be done to take account 'of the broader socio-structural and cultural context within which LGB and/or T people live that shapes not only whether they recognise their experiences as requiring help, but also their perceptions of what sources of help might be available to them.' (Donovan & Barnes, 2020, p.555).

A key concern conveyed in several qualitative studies (Calton, Cattaneo, & Gebhard, 2016; Donovan & Barnes, 2020; Donovan & Hester, 2014; Head & Milton, 2014; Messinger, 2017), and reinforced by practitioner discourse (O'Halloran, 2015) is that the dominant framing of family violence diminishes the ability of some within the LGBTQ+ community to recognise their experience as one of violence. Other commentators have suggested that a lifelong, elevated experience of verbal, physical and/or sexual assault – still sadly pervasive in a large number of Australian contexts (Hill, Bourne, McNair, Carman, & Lyons, 2020; Hill et al., 2021b; Strauss et al., 2020) – normalises experiences of violence and poor treatment to the extent that some LGBTQ+ people can struggle to recognise violence within relationships or

in the home (O'Halloran, 2015). The recognition of violence is by no means a challenge limited to LGBTQ+ communities with research suggesting that many in the general population can struggle to identify and name their experience as violent or abusive, which poses a significant barrier to accessing help (e.g., (Francis, Loxton, & James, 2017; Kim & Hogge, 2015). However, the challenge of recognition may be further exacerbated for LGBTQ+ communities given their experiences are excluded or erased by the dominant, patriarchal, cisgender and heterosexual lens through which family violence is typically constructed. This challenge to recognition is particularly concerning when considering the important role it plays in help-seeking.

Further challenges may be found in how the act of family violence is commonly understood and how this can be different – or indeed unique – for those who are LGBTQ+. Across all relationship types, the public story of intimate partner or domestic violence as only serious or 'real' when it is physical or sexual in nature can complicate recognition of violence that is enacted in other ways, such as enforced social isolation, emotional or financial abuse (among other forms) (Am, 2013). Such constructions may also fail to account for coercive control; a pattern of behaviour that a perpetrator may use to gain power or control in a relationship and which serves to diminish a person's sense of autonomy, confidence or self-esteem (Stark & Hester, 2018). LGBTQ+ people experience all of these forms of FV in addition to those that that result from identity abuse (e.g., threats to disclose LGBTQ+ identity, HIV status disclosure; withholding gender affirmation treatment (Laskey, Bates, & Taylor, 2019; Merrill & Wolfe, 2000).

In the context of such diverse family violence experience for LGBTQ+ people, and noting the dominant frameworks that operate to impede recognition of violence within these relationships, the means of surveying and documenting this experience becomes particularly challenging. While some notable surveys of family violence among LGBTQ+ communities

have asked nuanced questions in such a way as to recognise a broad range of intimate partner violence experiences, including physical, sexual and psychological abuse (e.g., Coston, 2017; Pantalone, Schneider, Valentine, & Simoni, 2012), others have tended to rely on questions that require an explicit naming and recognition of a relationship as one that was, in general terms, abusive or violent, particularly when conducted as LGBTQ+ specific surveys (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Leonard, Mitchell, Patel, & Pitts, 2008). While valuable in highlighting broad population-level need, these studies may mask the inability of an individual, or in fact whole communities to recognise and name experiences of abuse as such when they do not fit within the normative narrative which reduces the term 'family violence' to only mean in practice 'men's violence against women'. Further to this, global level statistics relating to an 'LGBTQ+ community' likely mask its considerable diversity and the many intersections that may further shape violent experience. In their COHSAR project, Donovan & Hester (Donovan & Hester, 2014) made the decision not to advertise their research in LGBT+ communities as being about domestic abuse but about 'what happens when things go wrong' in intimate relationships (McCarry, Hester, & Donovan, 2008). This approach was intended to prevent the loss of potential participants counting themselves out of research about domestic violence and abuse. Participants were then asked a range of questions including about relation status, conflict, resolution of conflict, victimisation by and perpetration of a range of physical, sexual, emotional, financial abuses, the impacts of these behaviours and help-seeking behaviours and were finally asked whether they had ever experienced domestic violence and abuse. Thirty-eight percent of survey respondents self-identified that they had experienced domestic violence and abuse in a same sex relationship but far more indicated they had experienced at least one form of emotional abuse (54%), physical abuse (41%) or sexual abuse (41%). An analysis taking into account the severity and frequency of victimisation with multiple types of abusive behaviour indicated that about 10% of the survey respondents

experienced the most severe kind of intimate partner abuse, coercively controlling violence. (Hester, Donovan, & Fahmy, 2010).

Within this paper we seek to examine recognition of family violence by attending to the discrepancy between explicitly reporting an experience of family violence and reporting experience that, objectively speaking, may indicate violent or abusive behaviours in a relationship as acknowledged within Australian family violence legislation (Family Law Legislation Amendment Act, 2011). In line with Australian conceptualisations of violence, we draw a distinction between intimate partner violence and family of origin violence; the latter typically referring to birth (or legally adopted/Guardian) families in a way that acknowledges some LGBTQ+ people have 'families of choice', particularly when they have been subject to emotionally abusive rejection by families of origin due to homo/trans/bi/queer phobia (Dewaele, Cox, Van den Berghe, & Vincke, 2011). Our principal aim, therefore, was to examine the differences that arise between explicit reporting of intimate partner violence (IPV) and family of origin violence (FOV) and reporting of experiences that may indicate IPV or FOV even if not named as such by the individual. Furthermore, and in recognition of the heterogeneity of the LGBTQ+ population, we sought to understand if and how these experiences and discrepancies in naming violence are observed across different members and intersections of the community.

Method

Sample and procedure

The study sample was drawn from *Private Lives 3,* a cross-sectional national survey of health and wellbeing among 6,835 LGBTQ+ people in Australia aged 18 years or older (Hill et al., 2020). For most of the current analyses, we included only respondents who reported experiencing some form of FOV or IPV. The resulting sample included 4,607 participants aged between 18 and 88 years old. Participants were recruited from all states and territories. *Private*

Lives 3 was approved by the La Trobe University Human Research Ethics Committee. The survey was open from 24th July 2019 to 1st October 2019 and was advertised through promotion by LGBTQ+ community organisations as well as paid targeted advertising on Facebook and Instagram.

Materials

The *Private Lives 3* survey instrument comprised items pertaining to demographic characteristics including gender, sexuality, age, area of residence, country of birth, level of education, weekly net income and current employment. For the purposes of the current analyses, gender identity was coded as either cisgender or trans and gender diverse.

Experiences of FOV were examined using two questions. The first asked participants to *directly* identify if they had ever experienced FOV: "Have you ever felt you were abused in some way by a family member(s)?" All participants, regardless of how they answered the direct FOV question, were then asked to answer a *nuanced* FOV question. This question asked participants "Have you experienced any of the following from family members? (choose as many as apply)". Response options included 10 forms of violence such as "Physical violence", "Social isolation" and "LGBTQ+ related abuse". All participants who indicated any FOV were also asked if they had reported their most recent experience of violence to anyone – including health professionals, authorities, teachers etc. Participants who had experienced any of these forms of FOV were also asked if they felt they were targeted for the abuse because of their sexual orientation, gender identity, gender expression or intersex variation(s).

With regards to IPV, the initial direct question asked, "Have you ever been in an intimate relationship where you felt you were abused in some way by your partner(s)?" This was followed by the more nuanced question outlined above.

All participants who indicated any experience of FOV or IPV were also asked: "The most recent time you experienced abusive behaviour from a family member or intimate partner,

did you report it to any of the following? (choose as many as apply)". Response options included a list of 11 health professionals, authorities, services, and people of some form of authority, with the additional options to select "other" or indicate that they did not report the violence to anyone.

Statistical analyses

All analyses were performed using STATA (Version 11, StataCorp, College Station, TX, USA). Descriptive statistics were computed for all study variables. This included numbers and percentages of participants who reported ever experiencing FOV or IPV. These were computed for both the initial direct question and the nuanced question that listed different forms of violence. Subsequent analyses focused on participants who reported experiences of violence through either the direct or nuanced question. A series of univariable and multivariable logistic regressions with robust standard errors to account for the variance in sample sizes were used to assess predictors of participants' ability to directly identify having experienced either FOV or IPV. Observations with missing data were excluded from these analyses. Predictor variables included demographics as well as types of violence experienced and whether the most recent experience of violence had been reported to anyone. Types of violence included in the models were physical, sexual, emotional, social isolation and LGBTQ+ related violence. Descriptions of the types of violence (as presented to participants) that were included in the models are provided in Table 1. Two dummy variables were created as outcome variables to indicate participants' ability to directly identify FOV and IPV. These variables were coded as "yes" if participants responded "yes" to the direct question regarding FOV or IPV and coded as "no" if participants responded "no" to the direct question but then identified experiences of violence in the nuanced question.

Regression analyses were conducted separately for FOV and IPV. Univariable regressions were first conducted for each predictor variable to assess associations with the

outcome variable. The FOV regression model also included the additional predictor variables of whether participants who experienced FOV felt that they were targeted for the abuse because of their LGBTQ+ identity/expression. Two separate multivariable logistic regressions were then conducted, one for FOV and one for IPV, to identify significant independent predictors. All relevant predictor variables were entered into each model. Tests of collinearity indicated that multicollinearity was not a concern, with all Variance Inflation Factors (VIFs) < 2. Results are reported as unadjusted (univariable) odds ratios (OR) or adjusted (multivariable) odds ratios (AOR) with 95% confidence intervals (CIs) and $P<.05$ used to assess statistical significance.

Table 1: Violence types included in the model as described in the PL3 survey

Type of violence	Description
Physical violence	Hitting, throwing heavy objects or threats and physical intimidation regardless of whether an injury resulted
Sexual violence	Undesired sexual behavior through force or other means
Emotional violence	Regularly manipulated, humiliated in front of others, gaslighted, bullied, blamed for abuse
Social isolation	Made it difficult to see friends, family or community
LGBTQ+ related abuse	Rejected or made you feel ashamed for being LGBTQ+, refused to support/affirm your identity, other homo/bi/transphobia or intersexism

Results

Frequencies and proportions of sociodemographic characteristics are presented in Table 1. Most participants identified as either gay, lesbian or bisexual, and almost three quarters of the sample identified as cisgender. The majority were aged under 45 years old, born in Australia and currently engaged in some form of employment. The largest proportion of participants

lived in inner suburban areas, and under one third each in outer suburban and regional, rural or remote areas. Three quarters of participants had completed tertiary education, and most earned a net income under $2,000 per week.

Of the full sample of *Private Lives 3* participants (n = 6,835), when asked directly, 30.93% (n = 2,108) of participants indicated that they had ever experienced FOV and 41.73% (n = 2,846) indicated that they had ever experienced IPV. However, when asked about experiences of family violence using the additional nuanced question (43.18%; n = 2,675) indicated that they had ever experienced FOV and 60.71% (n = 3,716) indicated that they had ever experienced IPV.

Of participants who indicated experiencing some form of FOV, most (78.8%, n = 2,108) were able to directly identify that these experiences constitute abuse. However, 21.2% (n = 567) did not name this violence directly, with their identification of violence relying solely on the nuanced question. None of the participants who indicated an experience of FOV answered only the direct question without also indicating this experience through the nuanced question. Similarly, most participants (76.0%, n = 2,846) who had experienced IPV were able to identify this directly, while 24.0% (n = 897) identified violence solely through the use of the nuanced question. Additionally, a small proportion (0.7%; n = 19) of participants directly indicated that they had experienced IPV, while not selecting any form of violence in the nuanced question. While it is challenging to interpret the discrepancy in responses for this small sample of participants, it may simply reflect that their experience was not represented in the list of response options of the nuanced question, and they declined the opportunity to provide further detail through the "other" response option.

Recognising and naming family of origin violence (FOV)

Table 2 displays regression results, including significant predictors, of directly recognising or naming experiences of FOV. In the multivariable results, compared to participants who

identified as lesbian, those who identified as gay had lower odds of directly recognising and naming experiences of FOV (AOR = 0.69, CI = 0.49-0.97, P = 0.034). Participants aged over 55 had 2.5 times higher odds of directly recognising and naming experiences of FOV than 18–24-year-olds (AOR = 2.52, CI = 1.42-4.45, P = 0.002), and those with a post graduate education had 1.5 times higher odds than those with a secondary school education of directly identifying FOV (AOR = 1.51, CI = 1.01-2.25, P = 0.042). Conversely, participants who were engaged in some form of employment had lower odds of directly recognising and naming experiences of FOV, compared to those who were not (AOR = 0.67, CI = 0.49-0.91, P = 0.009). Gender identity, residential location, being born in Australia and income did not have any association with directly recognising and naming experiences of FOV.

Participants who experienced FOV that involved physical abuse, emotional abuse or social isolation had up to 3.4 times higher odds of directly recognising and naming experiences of FOV (physical: AOR = 3.44, CI = 2.7-4.39, P = 0; emotional: AOR = 3.16, CI = 2.49-4.01, P < .001; social isolation: AOR = 1.58, CI = 1.2-2.07, P = 0.001), while those who had experienced sexual abuse had 14.4 times higher odds of directly recognising and naming the FOV (AOR = 14.36, CI = 8.01-25.75, P < 0,001). Participants who reported experiencing LGBTIQ related abuse had around 1.5 times higher odds of directly recognising and naming FOV (AOR = 1.48, CI = 1.14-1.91, P = 0.003). However, participants who felt that they were targeted for the abuse due to their LGBTIQ identity or expression had lower odds of directly recognising and naming experiences of FOV (AOR = 0.72, CI = 0.55-0.94, P = 0.017). Finally, those who had reported their most recent experience of FOV or IPV to someone (e.g., to authorities, school teacher, health professional etc.), had around 1.6 times higher odds of directly recognising and naming FOV (AOR = 1.56, CI = 1.2-2.03, P = 0.001).

Recognising and naming intimate partner violence (IPV)

Table 3 displays regression results, including significant predictors, of directly recognising or naming experiences of IPV. In the multivariable results, compared to participants who identified as lesbian, those who identified as queer had almost one and a half times higher odds of directly recognising and naming experiences of IPV (AOR = 1.47, CI = 1.01-2.13, P = 0.044). Participants aged 25-44 and over 55 years old had up to 3 times higher odss than 18–24-year-olds of directly recognising and naming experiences of IPV (25-34: AOR = 1.35, CI = 1-1.82, P = 0.048; 35-44: AOR = 1.99, CI = 1.38-2.88, P < .001; 55+: AOR = 2.87, CI = 1.78-4.62, P < .001). Gender identity, residential location, being born in Australia, level of education, income and engagement in some form of employment did not have any association with ability to directly recognise and name experiences of FOV. Experiencing LGBTIQ related abuse was not associated with ability to recognise and name experiences of IPV. However, all other types of violence included in the model were associated with much higher odds of directly recognising and naming IPV (physical: AOR = 4.16, CI = 3.23-5.36, P < .001; sexual: AOR = 4.09, CI = 3.15-5.31, P < .001; emotional: AOR = 4.48, CI = 3.59-5.6, P < .001; social isolation: AOR = 1.78, CI = 1.44-2.21, P < .001). Finally, those who had reported their most recent experience of FOV or IPV to someone (e.g., to authorities, schoolteacher, health professional etc.), had 1.3 times higher odds of directly recognising and naming their experience as an instance of IPV (AOR = 1.31, CI = 1.05-1.65, P = 0.018).

Discussion

The experience of intimate partner violence among LGBTQ+ communities is a serious and pervasive concern. Regardless of the manner of questioning, the proportions reporting abusive or violent experiences within intimate relationships are very high. Similarly, a very high proportion of participants directly reported violence enacted by members of their family of origin. When asked as a direct question relating to their experience of abuse or violence from an intimate partner, approximately 4 in 10 provided an affirmative response, however this rose

markedly to around in 6 in 10 when asked to indicate their experience of one or more nuanced forms of violence or abuse (a similar jump was observed from 3 in 10 to 4 in 10 in relation of family of origin violence). Such a finding reinforces the value of sensitive and inclusive questioning in surveys of family violence, including forms of violence that can be LGBTQ+ specific. In addition, differences were noted in the odds of people being able to directly recognise their experience as one of abuse or violence according to differing demographic characteristics and other life experiences. These differences were not always the same when considering IPV and FOV.

In relation to FOV, both older age and a higher level of education were associated with being able to name and recognise this experience, which may indicate a dimension of literacy or exposure to relevant discourse that aids the process of recognition. Gay men had lower odds of directly recognising or naming their experience as one of family violence, compared to lesbian women, which could reflect greater social recognition of family violence as being experienced by women or, conversely the normalisation of violence experienced by men. Those who experienced physical or sexual abuse had higher odds of recognising and naming their experience as one denoting family of origin violence. Finally, those participants who felt that they were targeted for the abuse due to their LGBTQ+ identity or expression had lower odds of directly identifying this as an experience of FOV. The reasons for this are likely multifaceted. This might include a sense of normalisation of experience as a result of living in a context where so many are subject to abuse, rejection or other forms of violence at the point of disclosing their gender identity or sexuality to family members (i.e., 'coming out') (Hill et al., 2021a; Rosario & Schrimshaw, 2013). Additionally, LGBTQ+ people might have grown accustomed to relaying these coming out narratives to others on a regular basis (Marques, 2020), so the framing of this experience as one of violence or abuse may be complicated or impeded. It might also indicate a level of internalised homophobia, biphobia or transphobia

where such abuse was framed as deserved therefore not actually abuse. This relates to the minority stress theory that highlights internalised homophobia as one of the common underpinning associations with pervasive stress experiences (Meyer, 2003).

In relation to intimate partner violence, an age association was observed whereby older participants had higher odds of directly identifying and naming their experience as one of violence, which may reflect greater exposure to public discourses around intimate partner violence, including those that deviate from the dominant public story of this experience. It might also reflect more historic experiences of abuse that an older individual has had more time to reflect on, process and recognise as abuse. At a univariable level, violence within intimate relationships was less commonly named as such by gay identifying participants, but this was not significant at the multivariable level (so too with trans participants). This may indicate ways in which sexuality and gender identity can shape the perception of IPV, however further research (particularly that conducted qualitatively) may wish to explore in more detail how these groups engage with dominant narratives of IPV, and how they may complicate naming and recognition. The experience of LGBTQ specific abuse was not associated with directly identifying and naming IPV, which might suggest that these experiences, sitting outside of the dominant framings of IPV, may pose a particular challenge to recognition. In the case of both IPV and FOV, those who had reported their experience had higher odds of directly recognising and naming it. Partly this is to be expected and cross-sectional data such as these do not allow us to understand the sequence of reporting a form of abuse and then naming this as violence. Irrespective though, it highlights the central importance of raising awareness and improving recognition of violence in its diverse forms in order to increase the proportion of people who reach out for professional support when they need it.

Taken together, these findings suggest considerable complexity in how LGBTQ+ people conceptualise their experience of family of origin and/or intimate partner violence and

if or how they explicitly name it as such. These data also indicate diversity within the LGBTQ+ community regarding this conceptualisation. The reasons for this complexity in naming and recognition could arise for a number of reasons, including those outlined earlier regarding the 'public story' of family violence (Donovan & Hester, 2010). These could relate to a central focus on IPV in discussions of family violence which obfuscates the different relational contexts in which family violence can occur and normalisation of experiences of abuse as part of a 'coming out' story. These could also relate to difficulties in conceiving of a same sex relationship as one involving violence, for example: assumptions that women can't exert physical power (Calton et al., 2016); idealised understandings of LGBTQ relationships that can cloud understandings or recognition of IPV (Irwin, 2008; Merlis & Linville, 2006); or, in the context of lesbian relationships, a concern (conscious or otherwise) that acknowledging lesbian IPV may threaten feminist framings of family violence that emphasise the negative impacts of misogyny and patriarchy (Rollè et al., 2018); a reluctance to further or reinforce societal homophobia by contributing to stigma around LGB relationships (Ard & Makadon, 2011); a perception that violence between two men is not seen as serious because they can both exert physical power so the victim can defend himself (Calton et al., 2016); or a reluctance of people to accept a construction of themselves as a victim, particularly the case for men due to constructions of masculinity (Donovan & Hester, 2010).

In this context it is especially crucial that health and social care providers are attentive to the possibility of violence among relationships involving LGBTQ people and ask appropriate, sensitively worded questions to establish their risk. However, research indicates that many service providers themselves are unaware of the nuanced ways in which family violence can be experienced by LGBTIQ people (Fileborn, 2012; Furman, Barata, Wilson, & Fante-Coleman, 2017) and there is growing evidence to indicate that many LGBTIQ people face significant barriers to accessing and receiving safe and affirming support when they

experience family violence. This can include inappropriate assumptions about the nature of violence in same gender relationships, or a failure to recognise it as such (Calton et al., 2016) as well as conscious or unconscious acts of discrimination (Fileborn, 2012) or a basic lack of understanding relating to sexuality and gender diversity, which stymies the provision of support (ACON, 2011). It might also reflect a reluctance to disclose same gender relationships and LGBTQ identities to healthcare providers for fear of discrimination, which itself presents an inability to raise even more sensitive issues of abuse and violence. While an historic body of research has examined rejection or abuse from family members at the point of disclosing LGBTQ-related identities or practices (Katz-Wise, Rosario, & Tsappis, 2016), there is a lack of research examining broader experiences of family of origin violence, including if and how those working in child and family services understand and recognise family of origin abuse that is directed towards LGBTQ identity.

Outside of direct-contact interventions within family violence service contexts, the findings reported in this paper indicate that there may be value in supporting interventions that encourage LGBTIQ community-level discussion about family violence in ways that assist people to better recognise the diversity of this experience. An example of such an intervention in action can be found in Australian LGBTIQ community-controlled organisation, Thorne Harbour Health and their 'Safe always' intervention (https://www.safealways.org/), which seeks to raise awareness of the ways in which intimate partner violence can operate within LGBTIQ communities and provide signposting to gender and sexuality affirming support services in the state. There may also be value in interventions targeting the family violence services sectors that provide education as well as encourage and facilitate self-reflection on the nature of abusive or violent experiences within family of origin or intimate partner contexts, which may in turn facilitate greater update of professional family violence services' ability to

provide LGBTIQ safe and inclusive services, which in turn may increase trust in these services and the rates in which LGBTIQ seek out these services.

This analysis includes several limitations. The *Private Lives 3* study was cross-sectional in nature and, as such, it is not possible to identify how or when people came to conceptualise or name their experience as one of family violence, nor can we ascertain how the 'public story' of family violence has shaped their responses. It is also the case that some participants may also have been perpetrators of family violence and some both perpetrator and victim-survivor, which may have further complicated recognition of their actions as constituting violence or abuse. It should be noted that we do not seek to recast someone's personal lived experience as violent or name it in ways that they did not themselves. In conducting this analysis, our intention has been to draw attention to very differing levels and patterns of reporting violence that exist for this population which, we surmise, is likely a consequence of the dominant framings and public stories of domestic violence that do not take into account the lives and circumstances of many within the LGBTQ+ communities. This could be the subject of further, detailed, qualitative enquiry. Such qualitative work could account for more recent experiences of violence, experiences of polyvictimization and more nuanced analyses of intersecting backgrounds, including ethnicity. Such work could also examine the extent of exposure to LGBTIQ specific or inclusive FV education campaigns and/or discussion entered into with others in the LGBTQ community regarding family of origin and intimate partner violence.

References

ACON. (2011). *One size does not fit all: Gap analysis of NSW domestic violence support services in relation to gay, lesbian, bisexual, transgender and intersex communities' needs. Executive Summary and Recommendations*. Retrieved from Sydney:

Am, Z. (2013). Shifting language and meanings between social science and the law: Defining family violence. *University of New South Wales Law Journal,, 36*(2), 359-389.

Ard, K. L., & Makadon, H. J. (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *Journal of General Internal Medicine, 26*(8), 930-933. doi:10.1007/s11606-011-1697-6

Barrett, B. J., & St. Pierre, M. (2013). Intimate Partner Violence Reported by Lesbian-, Gay-, and Bisexual-Identified Individuals Living in Canada: An Exploration of Within-Group Variations. *Journal of Gay & Lesbian Social Services, 25*(1), 1-23. doi:10.1080/10538720.2013.751887

Breiding, M. J., Chen, J., & Walters, M. L. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings of Victimization by Sexual Orientation.* Retrieved from Atlanta, Georgia:

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, Violence, & Abuse, 17*(5), 585-600. doi:10.1177/1524838015585318

Carman, M., Fairchild, J., Parsons, M., Farrugia, C., Power, J., & Bourne, A. (2020). *Pride in prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities*. Retrieved from Melbourne:

Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized Sexual Minority Stressors and Same-Sex Intimate Partner Violence. *Journal of Family Violence, 26*(7), 501-509. doi:10.1007/s10896-011-9384-2

Coston, B. M. (2017). Power and Inequality: Intimate Partner Violence Against Bisexual and Non-Monosexual Women in the United States. *Journal of Interpersonal Violence, 36*(1-2), 381-405. doi:10.1177/0886260517726415

Dewaele, A., Cox, N., Van den Berghe, W., & Vincke, J. (2011). Families of Choice? Exploring the Supportive Networks of Lesbians, Gay Men, and Bisexuals1. *Journal of Applied Social Psychology, 41*(2), 312-331. doi:https://doi.org/10.1111/j.1559-1816.2010.00715.x

Donovan, C., & Barnes, R. (2019). Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships. *Sexualities, 22*(5-6), 741-750. doi:10.1177/1363460716681491

Donovan, C., & Barnes, R. (2020). *Queering the Narratives of Domestic violence and Abuse*. London: Palgrave.

Donovan, C., & Hester, M. (2010). 'I Hate the Word "Victim"': An Exploration of Recognition of Domestic Violence in Same Sex Relationships. *Social Policy & Society, 9*(2), 279-289.

Donovan, C., & Hester, M. (2014). *Domestic violence and sexuality: What's love got to do with it?* . London: Policy Press.

Donovan, C., Magic, J., & West, S. (2021). *LGBT+ domestic abuse needs assessment for Central Bedfordshire Council*. Retrieved from London

Family Law Legislation Amendment Act. (2011). Retrieved from Australia:

Fileborn, B. (2012). *Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities*. Retrieved from Melbourne:

Francis, L., Loxton, D., & James, C. (2017). The culture of pretence: a hidden barrier to recognising, disclosing and ending domestic violence. *Journal of Clinical Nursing, 26*(15-16), 2202-2214. doi:https://doi.org/10.1111/jocn.13501

Furman, E., Barata, P., Wilson, C., & Fante-Coleman, T. (2017). "It's a gap in awareness": Exploring service provision for LGBTQ2S survivors of intimate partner violence in Ontario, Canada. *Journal of Gay & Lesbian Social Services, 29*(4), 362-377. doi:10.1080/10538720.2017.1365672

Head, S., & Milton, M. (2014). Filling the Silence: Exploring the Bisexual Experience of Intimate Partner Abuse. *Journal of Bisexuality, 14*(2), 277-299. doi:10.1080/15299716.2014.903218

Hester, M., Donovan, C., & Fahmy, E. (2010). Feminist epistemology and the politics of method: Surveying same sex domestic violence. *International Journal of Social Research Methodology: Theory & Practice, 13*(3), 251-263. doi:10.1080/13645579.2010.482260

Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122.* Retrieved from Melbourne:

Hill, A. O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., . . . Bourne, A. (2021a). *Writing themselves in 4: the health and wellbeing of LGBTQA+ young people in Australia*. Retrieved from Melbourne:

Hill, A. O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., . . . Bourne, A. (2021b). *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National Report. .* Retrieved from Melbourne:

Irwin, J. (2008). (Dis)counted Stories: Domestic Violence and Lesbians. *Qualitative Social Work, 7*(2), 199-215. doi:10.1177/1473325008089630

Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance. *Pediatric Clinics of North America, 63*(6), 1011-1025. doi:10.1016/j.pcl.2016.07.005

Kim, E., & Hogge, I. (2015). Intimate Partner Violence among Asian Indian Women in the United States: Recognition of Abuse and Help-Seeking Attitudes. *International Journal of Mental Health, 44*(3), 200-214. doi:10.1080/00207411.2015.1035073

Laskey, P., Bates, E. A., & Taylor, J. C. (2019). A systematic literature review of intimate partner violence victimisation: An inclusive review across gender and sexuality. *Aggression and Violent Behavior, 47*, 1-11. doi:https://doi.org/10.1016/j.avb.2019.02.014

Leonard, W., Mitchell, A., Patel, S., & Pitts, M. (2008). *Coming Forward: The Underreporting of Heterosexist Violence and Same-Sex Partner Abuse in Victoria.* Retrieved from Melbourne:

Marques, A. C. (2020). Telling stories; telling transgender coming out stories from the UK and Portugal. *Gender, Place & Culture, 27*(9), 1287-1307. doi:10.1080/0966369X.2019.1681943

McCarry, M., Hester, M., & Donovan, C. (2008). Researching Same Sex Domestic Violence: Constructing a Survey Methodology. *Sociological Research Online, 13*(1), 174-187. doi:10.5153/sro.1650

Merlis, S. R., & Linville, D. (2006). Exploring a Community's Response to Lesbian Domestic Violence Through the Voices of Providers. *Journal of Feminist Family Therapy, 18*(1-2), 97-136. doi:10.1300/J086v18n01_05

Merrill, G. S., & Wolfe, V. A. (2000). Battered Gay Men. *Journal of Homosexuality, 39*(2), 1-30. doi:10.1300/J082v39n02_01

Messinger, A. M. (2011). Invisible victims: same-sex IPV in the National Violence Against Women Survey. *J Interpers Violence, 26*(11), 2228-2243. doi:10.1177/0886260510383023

Messinger, A. M. (2017). *LGBTQ intimate partner violence: Lessons for policy, practice, and research*. San Francisco: University of California Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. doi:10.1037/0033-2909.129.5.674

O'Halloran, K. (2015). *Family violence in an LGBTIQ context*. Retrieved from Melbourne:

Office for National Statistics. (2018). *Domestic Abuse: Findings from the Crime Survey for England and Wales, year ending 2018*. Retrieved from London:

Oliffe, J. L., Han, C., Maria, E. S., Lohan, M., Howard, T., Stewart, D. E., & MacMillan, H. (2014). Gay men and intimate partner violence: a gender analysis. *Sociology of Health and Illness, 36*(4), 564-579. doi:10.1111/1467-9566.12099

Pantalone, D. W., Schneider, K. L., Valentine, S. E., & Simoni, J. M. (2012). Investigating Partner Abuse Among HIV-Positive Men Who have Sex with Men. *AIDS and Behavior, 16*(4), 1031-1043. doi:10.1007/s10461-011-0011-2

Ristock, J. L. (2002). *No more secrets: violence in lesbian relationships* New York: Routledge.

Rogers, M. (2019). Challenging cisgenderism through trans people's narratives of domestic violence and abuse. *Sexualities, 22*(5-6), 803-820. doi:10.1177/1363460716681475

Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence. *Frontiers in Psychology, 9*(1506). doi:10.3389/fpsyg.2018.01506

Rosario, M., & Schrimshaw, E. W. (2013). The sexual identity development and health of lesbian, gay, and bisexual adolescents: An ecological perspective. In C. J. Ptterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation*. Oxford: Oxford University Press.

Salter, M., Robinson, K., Ullman, J., Denson, N., Ovenden, G., Noonan, K., . . . Huppatz, K. (2020). Gay, bisexual, and queer men's attitudes and understandings of intimate partner violence and sexual assault. *Journal of Interpersonal Violence*. doi:doi:10.1177/0886260519898433

Seymour, K. (2019). (In)Visibility and recognition: Australian policy responses to 'domestic violence'. *Sexualities, 22*(5-6), 751-766. doi:10.1177/1363460716681465

Stark, E., & Hester, M. (2018). Coercive Control: Update and Review. *Violence Against Women, 25*(1), 81-104. doi:10.1177/1077801218816191

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: findings from Trans Pathways. *Psychological Medicine, 50*(5), 808-817. doi:10.1017/S0033291719000643

Victorian Agency for Health Information. (2020). *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017*. Retrieved from Melbourne:

Author biographies

Adam Bourne is Associate Professor of Public Health and Deputy Director of the Australian Research Centre in Sex, Health and Society at La Trobe University. He leads a program of research relating to LGBTIQ health, including family violence and mental health.

Natalie Amos is a Research Officer at the Australian Research Centre in Sex, Health and Society at La Trobe University. She contributes to a number of studies pertaining to the health and wellbeing of LGBTIQ populations with expertise in large-scale quantitative data analysis.

Catherine Donovan is Professor of Sociology and Head of the Department of Sociology at Durham University, UK. Her research interests relate to the use of violent and abusive behaviours by LGBT people in their intimate relationships.

Marina Carman is Director of Rainbow Health Australia, a specialist LGBTIQ knowledge translation, training and policy team housed within the Australian Research Centre in Sex, Health and Society at La Trobe University.

Matthew Parsons is the Manager, Education and Strategic Development at Rainbow Health Australia within the Australian Research Centre in Sex, Health & Society, La Trobe University. He manages numerous programs relating to family violence sector capacity building.

Stephanie Lusby is a Research Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University where she currently manages a large, national project relating to family violence service provision for LGBTIQ people.

Anthony Lyons is Associate Professor of Public Health at the Australian Research Centre in Sex, Health and Society at La Trobe University. He has expertise and interests in LGBTIQ mental health, stigma and discrimination and in ageing among LGBTIQ communities.

Adam O Hill is a Research Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University where he contributes to a variety of projects relating to LGBTIQ health and wellbeing as well as social and behavioural HIV prevention and care research.

Table 1: Sample characteristics (N = 4607)

	No.	%
Sexual orientation		
Lesbian	984	21.40
Gay	1112	24.18
Bi+	1364	29.66
Queer	652	14.18
Other	487	10.59
Gender		
Cisgender	3399	74.38
Trans or gender diverse	1171	25.62
Age		
18-24	1328	28.83
25-34	1445	31.37
35-44	813	17.65
45-54	575	12.48
55+	446	9.68
State		
Australian Capital Territory	176	3.82
Queensland	854	18.54
New South Wales	1,115	24.21
Northern Territory	24	0.52
South Australia	284	6.17
Tasmania	129	2.80
Victoria	1,578	34.26
Western Australia	446	9.68
Residential location		
Inner suburban	1949	42.75
Outer suburban	1268	27.81
Regional/rural/remote	1342	29.44
Australian born		
No	694	15.09
Yes	3906	84.91
Education		
Secondary or below	1133	24.60
Non-university tertiary	1133	24.60
University-undergraduate	1284	27.88
University-postgraduate	1056	22.93
Income		
0 - $399	1416	31.05
$400 - $999	1236	27.11
$1,000 - $1,999	1378	30.22
$2,000+	530	11.62
Employed		
No	1243	26.98
Yes	3364	73.02

Table 2: Correlates of directly identifying experiences of family of origin violence (n = 2675)

	No.	%	Unadjusted (univariable)		Adjusted (Multivariable)	
			OR(95% CI)	P	OR(95% CI)	P
Sexual orientation						
Lesbian*	448	82.05	-	-	-	-
Gay	380	71.43	0.55 (0.41 - 0.73)	0.000	0.69 (0.49 - 0.97)	0.034
Bi+	688	79.54	0.85 (0.65 - 1.12)	0.246	0.84 (0.61 - 1.17)	0.309
Queer	353	83.85	1.14 (0.81 - 1.59)	0.463	0.90 (0.60 - 1.36)	0.620
Other	236	76.62	0.72 (0.51 - 1.01)	0.057	0.70 (0.46 - 1.07)	0.098
Trans or gender diverse						
No*	1421	77.06	-	-	-	-
Yes	666	82.63	1.42 (1.15 - 1.75)	0.001	1.06 (0.80 - 1.40)	0.677
Age						
18-24*	695	76.80	-	-	-	-
25-34	672	78.32	1.09 (0.87 - 1.37)	0.443	0.93 (0.69 - 1.26)	0.649
35-44	345	79.68	1.18 (0.89 - 1.57)	0.236	1.06 (0.72 - 1.58)	0.759
45-54	240	81.08	1.29 (0.93 - 1.80)	0.124	1.57 (0.98 - 2.52)	0.059
55+	156	85.25	1.75 (1.13 - 2.70)	0.012	2.52 (1.42 - 4.45)	0.002
Residential location						
Inner suburban*	827	77.80	-	-	-	-
Outer suburban	629	80.95	1.21 (0.96 - 1.53)	0.100	1.30 (0.98 - 1.71)	0.066
Regional/rural/remote	635	78.20	1.02 (0.82 - 1.28)	0.835	1.04 (0.79 - 1.38)	0.779
Australian born						
No*	269	74.31	-	-	-	-
Yes	1834	79.46	1.34 (1.03 - 1.73)	0.026	1.37 (1.00 - 1.89)	0.052
Education						
Secondary or below*	559	77.10	-	-	-	-
Non-university tertiary	550	78.80	1.10 (0.86 - 1.42)	0.442	0.95 (0.69 - 1.31)	0.753
University-undergraduate	562	78.16	1.06 (0.83 - 1.36)	0.629	1.14 (0.82 - 1.57)	0.428
University-postgraduate	436	81.95	1.35 (1.02 - 1.79)	0.037	1.51 (1.01 - 2.25)	0.042
Income						
0 - $399*	773	79.77	-	-	-	-
$400 - $999	599	80.51	1.05 (0.82 - 1.33)	0.705	1.15 (0.83 - 1.59)	0.395
$1,000 - $1,999	540	78.15	0.91 (0.71 - 1.15)	0.422	1.13 (0.77 - 1.65)	0.531
$2,000+	176	72.73	0.68 (0.49 - 0.93)	0.018	0.78 (0.48 - 1.29)	0.335
Employed						
No*	699	83.71	-	-	-	-
Yes	1409	76.58	0.64 (0.51 - 0.79)	0.000	0.67 (0.49 - 0.91)	0.009
Type of violence - LGBTIQ+ related						
No*	833	75.25	-	-	-	-
Yes	1275	81.31	1.43 (1.19 - 1.72)	0.000	1.48 (1.14 - 1.91)	0.003
Type of violence - Physical						
No*	845	67.22	-	-	-	-
Yes	1263	89.07	3.97 (3.24 - 4.87)	0.000	3.44 (2.70 - 4.39)	0.000
Type of violence - Sexual						
No*	1576	74.13	-	-	-	-
Yes	532	96.90	10.92 (6.67 - 17.87)	0.000	14.36 (8.01 - 25.75)	0.000
Type of violence - Emotional						
No*	441	60.83	-	-	-	-
Yes	1667	85.49	3.79 (3.12 - 4.61)	0.000	3.16 (2.49 - 4.01)	0.000
Type of violence - Social isolation						
No*	1324	74.30	-	-	-	-

	No.	%	OR(95% CI)	P	AOR(95% CI)	P
Yes	784	87.79	2.49 (1.98 - 3.12)	0.000	1.58 (1.20 - 2.07)	0.001
Targeted because of LGBTQ+ identity						
No*	1406	81.46	-	-	-	-
Yes	700	73.92	0.65 (0.53 - 0.78)	0.000	0.72 (0.55 - 0.94)	0.017
Reported most recent experience of violence						
No*	1354	75.90	-	-	-	-
Yes	692	86.50	2.03 (1.62 - 2.56)	0.000	1.56 (1.20 - 2.03)	0.001

*Reference category

Table 3: Correlates of directly identifying experiences of intimate partner violence (n = 3716)

	No.	%	Unadjusted (univariable)		Adjusted (Multivariable)	
			OR(95% CI)	P	AOR(95% CI)	P
Sexual orientation						
Lesbian*	622	77.56	-	-	-	-
Gay	610	67.18	0.59 (0.48 - 0.74)	0.000	0.82 (0.62 - 1.09)	0.177
Bi+	871	78.26	1.04 (0.84 - 1.30)	0.706	1.22 (0.91 - 1.63)	0.186
Queer	450	84.27	1.57 (1.18 - 2.09)	0.002	1.47 (1.01 - 2.13)	0.044
Other	285	75.40	0.90 (0.67 - 1.19)	0.450	1.35 (0.92 - 1.98)	0.122
Trans or gender diverse						
No*	2069	74.72	-	-	-	-
Yes	748	79.49	1.31 (1.10 - 1.57)	0.003	1.00 (0.78 - 1.29)	0.969
Age						
18-24*	662	70.88	-	-	-	-
25-34	912	76.77	1.36 (1.12 - 1.65)	0.002	1.35 (1.00 - 1.82)	0.048
35-44	583	81.42	1.81 (1.43 - 2.29)	0.000	1.99 (1.38 - 2.88)	0.000
45-54	371	74.05	1.17 (0.92 - 1.50)	0.208	1.38 (0.93 - 2.03)	0.109
55+	318	78.71	1.49 (1.13 - 1.97)	0.005	2.87 (1.78 - 4.62)	0.000
Residential location						
Inner suburban*	1221	76.07	-	-	-	-
Outer suburban	753	74.85	0.93 (0.77 - 1.12)	0.442	0.84 (0.66 - 1.06)	0.146
Regional/rural/remote	840	76.99	1.04 (0.87 - 1.25)	0.663	0.94 (0.73 - 1.20)	0.621
Australian born						
No*	425	73.78	-	-	-	-
Yes	2415	76.42	1.15 (0.94 - 1.41)	0.174	1.11 (0.84 - 1.48)	0.460
Education						
Secondary or below*	599	71.82	-	-	-	-
Non-university tertiary	755	78.40	1.43 (1.15 - 1.77)	0.001	1.01 (0.75 - 1.37)	0.928
University-undergraduate	798	76.29	1.25 (1.02 - 1.54)	0.034	1.14 (0.84 - 1.55)	0.397
University-postgraduate	693	77.09	1.32 (1.06 - 1.63)	0.013	1.16 (0.82 - 1.64)	0.411
Income						
0 - $399*	806	76.91	-	-	-	-
$400 - $999	779	76.82	1.00 (0.82 - 1.23)	0.990	0.86 (0.63 - 1.16)	0.316
$1,000 - $1,999	901	76.10	0.96 (0.79 - 1.17)	0.687	1.01 (0.71 - 1.43)	0.972
$2,000+	341	73.49	0.83 (0.65 - 1.07)	0.155	1.06 (0.68 - 1.66)	0.802
Employed						
No*	767	78.99	-	-	-	-
Yes	2079	75.00	0.80 (0.67 - 0.96)	0.014	0.91 (0.69 - 1.20)	0.499
Type of violence - LGBTIQ+ related						
No*	2312	74.48	-	-	-	-

Yes	507	82.84	1.65 (1.32 - 2.07)	0.000	0.82 (0.61 - 1.12)	0.213
Type of violence - Physical						
No*	1415	64.67	-	-	-	-
Yes	1404	91.88	6.19 (5.05 - 7.58)	0.000	4.16 (3.23 - 5.36)	0.000
Type of violence - Sexual						
No*	1615	67.74	-	-	-	-
Yes	1204	90.39	4.48 (3.66 - 5.48)	0.000	4.09 (3.15 - 5.31)	0.000
Type of violence - Emotional						
No*	356	45.99	-	-	-	-
Yes	2463	83.72	6.04 (5.08 - 7.17)	0.000	4.48 (3.59 - 5.60)	0.000
Type of violence - Social isolation						
No*	1390	66.76	-	-	-	-
Yes	1429	87.45	3.47 (2.92 - 4.12)	0.000	1.78 (1.44 - 2.21)	0.000
Reported most recent experience of violence						
No*	1792	77.68	-	-	-	-
Yes	894	85.63	1.72 (1.41 - 2.09)	0.000	1.31 (1.05 - 1.65)	0.018

*Reference category

Footnotes

[i] Family violence is the preferred term used by Indigenous Australians to describe experiences of violence in familial, intimate partner and domestic settings as it encompasses a range of different familial and kinship relations where abuse may occur. It has been adopted in most Australian policy and practice settings, reflecting the context within which violence can occur and recognition that it can involve more than one perpetrator and more than one victim survivor (including children). 'Domestic violence' may be used to refer particularly to intimate partner violence (IPV) as well as a synonym for family violence.

[ii] We use the acronym 'LGBTQ' in this paper as the principal way of framing the scope of our enquiry, based upon the characteristics of our survey participants. In other places we use 'LGBT' or 'LGBTIQ' when referring to previous research conducted by others that was inclusive of different sections of the population of people who are diverse in their gender, sexuality or sex characteristics