

Research Brief

Domestic and family violence experienced by LGBTIQA+ persons

Introduction

Domestic and family violence (DFV) is a significant issue affecting lesbian, gay, bisexual, transgender, inter-sex, queer, asexual and other gender and/or sexuality diverse (LGBTIQA+) persons, and its occurrence and impacts have largely been invisibilised in mainstream DFV discourses. Like heterosexual-cisgender women, LGBTIQA+ persons face an increased risk of experiencing DFV, however, the forms of violence they experience and the barriers to seeking help often differ. LGBTIQA+ communities are a heterogeneous group, with varying victimisation experiences and safety needs – it is therefore important to avoid generalisation when researching and writing about DFV in LGBTIQA+ relationships and/or DFV perpetrated against LGBTIQA+ persons. This research brief considers the nature and prevalence of DFV in LGBTIQA+ relationships, key theoretical explanations for LGBTIQA+ DFV, barriers to reporting for LGBTIQA+ victim-survivors, and system responses to LGBTIQA+ DFV.

Nature and prevalence

LGBTIQA+ persons broadly experience similar types of DFV to heterosexual-cisgender women, with studies finding high rates of psychological/emotional abuse, verbal abuse, physical abuse and sexual abuse (Callan et al., 2021; Hill et al., 2020; Rollè et al., 2018). However, within and beyond these forms of violence are experiences unique to LGBTIQA+ communities. Examples of abusive behaviours include but are not limited to: threatening to 'out' a partner's gender identity or sexuality; challenging and undermining a partner's gender and/or sexual identity; withholding transition-related hormones; and threatening to isolate the victim-survivor from their LGBTIQA+ community (Bornstein et al., 2006; Donovan & Barnes, 2020; Peitzmeier et al., 2019).

Challenges exist in measuring the prevalence of DFV experienced by LGBTIQA+ persons, in part because large-scale studies on violence against women tend not to report on sexuality, and also due to LGBTIQA+ communities being a hard-to-reach research population – with their experiences therefore difficult to capture in random samples (Donovan & Barnes, 2020). Studies on the prevalence of family violence in LGBTIQA+ relationships point to rates similar to or higher than those experienced by heterosexual-cisgender women. Rates also differ across population groups. Stephenson and Finneran (2017), in their study of gay and bisexual men in the U.S., found that approximately half of their sample had experienced at least one form of abusive behaviour from an intimate partner in the previous 12 months. Lesbian and bisexual women also experience high rates of DFV – Walters et al. (2013) found lifetime prevalence rates of 43.8 per cent for the former, and 61.1 per cent for the latter. Whilst there is limited data on the prevalence of DFV perpetrated against people with gender expressions outside of traditional norms, such as transgender,

genderqueer, agender and non-binary (trans+) persons, existing research suggests that trans+ persons are at a higher risk of DFV than any other group (Langenderfer-Magruder et al., 2016). LGBTIQA+ persons also experience high rates of 'family of origin' violence, and these experiences are often tied to the family of origin's rejection of or resistance to the victim-survivor's sexuality and/or gender identity (Dempsey et al., 2020).

Theoretical explanations

Various theoretical frameworks have attempted to explain and understand DFV in LGBTIQA+ relationships. A number of studies have focused on the individual psychological characteristics of perpetrators to explain the phenomenon, looking at factors such as alcohol use and personality disorders (Coleman, 1994). Further, early researchers of gay men's violence in intimate partner relationships expanded this analysis to include social-psychological models, allowing for consideration of the social context of DFV, such as the impact of homophobia and heterosexism, in addition to the individual characteristics of the perpetrator (Letellier, 1994). 'Minority stress theory' builds upon this work, highlighting the ways in which 'stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems' (Meyer, I. H., 2003, p. 674), which in turn can result in both DFV victimisation and perpetration (Balsam & Szymanski, 2005). Feminist theory is also widely used to explain DFV in LGBTIQA+ relationships – as highlighted by Donovan and Barnes (2020, p. 9), ignoring the role of gender relations and patriarchy implies 'that the moment they come out and/or transition and/or enter a relationship, LGB and/or T+ people enter a separate social world uninfluenced by the heteronormatively, cisnormatively gendered worlds they have hitherto inhabited'. Given the heterogeneity of LGBTIQA+ communities, it is likely that no singular theory can explain the occurrence of DFV in LGBTIQA+ relationships and/or DFV perpetrated against LGBTIQA+ persons.

Barriers to help-seeking and system responses

LGBTIQA+ victim-survivors face unique barriers to reporting DFV – many of these barriers are underpinned by the invisibility of LGBTIQA+ persons in what Donovan and Barnes (2020) refer to as the 'public story' of DFV. This public story has presented DFV victim-survivors as heterosexual-cisgender women, who have experienced DFV from heterosexual-cisgender male intimate partners. As a consequence of this, LGBTIQA+ victim-survivors may be unable to locate their own experiences of victimisation within DFV frameworks and public messaging, nor may the service providers they reach out to for help. It is important to adopt an intersectional lens in considering the public story of DFV and its impact on LGBTIQA+ victim-survivors. For example, barriers to recognising and reporting DFV may be exacerbated for male victim-survivors, who are further challenged by gender normativity and expectations around masculinity (Letellier, 1994). Similarly, the dominance of 'white lesbian culture' in popular culture invisibilises the experiences of lesbians of colour and creates further barriers to help-seeking (Kanuha, 1990). Trans+ people experience additional stigmatisation, and face challenges in trying to access help 'in a world where the rigid gender binary [structures] these resources' (Guadalupe-Diaz & Jasinski, 2017).

LGBTIQA+ victim-survivors may be reluctant to report DFV due

to fears of further stigmatising the LGBTIQ+ community and/or of being ostracised from their community for bringing 'negative' issues to light (Bornstein et al., 2006). There are also limited specialist LGBTIQ+ DFV services available, and mainstream services are often ill-equipped to respond to LGBTIQ+ victim-survivors – as many of these services are designed for women, gay, bisexual and/or trans+ men will often be turned away from mainstream services (Donovan & Barnes, 2020).

In terms of criminal justice system engagement, members of LGBTIQ+ communities may be reluctant to report DFV experiences to the police, due to historical tensions between the police and the LGBTIQ+ communities (Meyer, D., 2020). Research demonstrates that LGBTIQ+ persons have low levels of trust in the police, due to perceptions of institutionalised homophobia and heterosexism within police forces (Fileborn, 2019). For those who report DFV to the police, many are met by dismissive responses – this is a particularly pertinent issue for persons in same-sex relationships, wherein DFV is often characterised as 'mutual abuse' (Donovan & Barnes, 2020). This occurs because responders may incorrectly assume that 'in a relationship between two women or two men, any violence must be equal, because they are assumed to be equally matched' (Donovan & Barnes, 2020, p. 11). It is also important to note that whilst most DFV legislation in Western countries now recognises LGBTIQ+ relationships, some of these reforms are relatively recent, meaning that LGBTIQ+ victim-survivors were often left unprotected by laws designed for heterosexual-cisgender women (Guadalupe-Diaz & Yglesias, 2013). Despite legislative reforms, laws and policies nevertheless continue to be designed for DFV perpetrated against heterosexual-cisgender women, and as a result LGBTIQ+ victim-survivors continue to fall through service delivery gaps.

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Author: Ellen Reeves (2022)

For further inquiries: arts.monash.edu/gender-and-family-violence