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Family Violence Within LGBTQ Communities in Australia: Intersectional Experiences and Associations with Mental Health Outcomes

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Abstract

Background While prior research has documented intimate partner violence (IPV) and family of origin violence (FOV) experienced by LGBTQ communities at rates at least comparable to heterosexual and/or cisgender populations, little knowledge exists of how this experience occurs within intersections of these communities and who is most at risk.

Methods This study utilised data from a from a large nationwide Australian survey of the health and wellbeing of 6835 LGBTQ adults aged 18 + years. Multivariable logistic regression analyses were conducted to identify individual factors associated with reporting ever having experienced FOV or IPV.

Results In total, 2675 (43.18%) participants reported ever experiencing FOV and 3716 (60.7%) reported ever experiencing IPV. Non-binary people, cisgender women, and trans men were most likely to have experienced FOV. Non-binary people and cisgender women were most likely to experience IPV. Participants aged 55 + years (compared to 18–24 years) were less likely to have experienced FOV, while the likelihood of experiencing IPV increased with age. Education was associated with both FOV and IPV (highest among the non-university tertiary educated). Having a moderate or severe disability and ever experiencing homelessness were associated with a greater likelihood of experiencing FOV and IPV. Recent experiences of suicidal ideation, suicide attempt and high/very high psychological distress were associated with experiences of FOV and IPV.

Conclusions This new knowledge regarding the factors that identify LGBTQ people at greater risk of family or intimate partner violence can ensure the tailoring of family violence practice and policy to those most in need.

Keywords Family violence · Domestic violence · LGBT · Gay · Lesbian · Bisexual · Trans · Non-binary · Queer · Intimate partner violence · Family-of-origin violence · Abuse · Australia

Background

Research on the diversity of family violence[1] experience among lesbian, gay, bisexual, trans, asexual, or queer (LGBTQ) identifying people is distinctly lacking, both in Australia and abroad, despite growing evidence that experiences of family violence are underreported (Leonard et al., 2008; Workman & Dune, 2019) and widespread among LGBTQ people. Findings from both global and national research suggest the same, if not higher rates of family violence among people who identify as LGBQ compared to non-LGBQ people (Leonard et al., 2008; Victorian Agency for Health Information, 2020; Finneran & Stephenson, 2013; Szalacha et al., (2017), as well as higher rates of family violence among trans and gender diverse people compared to cisgender peers (Calton et al., 2016; Safe Step, 2015; Langenderfer-Magruder et al., 2016). LGBTQ people can face unique forms of family violence that stem from a broader context of stigma around sexual and gender

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[1] Among policy and practice stakeholders, within the Australian context, the term 'family violence' is the preferred term reflecting the circumstances within which violence can occur and recognition that it can involve more than one perpetrator and victim survivor (including children); it is the term used to include both violence from a family of origin (FOV) and from an intimate partner (IPV)

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diversity, such as people refusing to acknowledge or threatening to disclose their LGBTQ identity to others or restricting access to social or medical gender affirmation. Moreover, due to entrenched homophobia, biphobia, or transphobia within some communities, coming out to family may lead to experiences of rejection or abuse from family members (Asquith & Fox, 2016; D'augelli et al., 2008; Ryan et al., 2009).

The Royal Commission into Family Violence in Victoria (the second most populous state in Australia), conducted in 2016, recognised the lack of knowledge of LGBTQ experiences of family violence and highlighted the paucity of services available to these communities (State of Victoria, 2016). LGBTQ people face several barriers to accessing support services and may be less likely to report experiences of family violence to authorities or seek help from services (Farrell & Cerise, 2007), in part due to fear of discrimination, homophobia, and transphobia (Kulkin et al., 2007; Bornstein et al., 2006), because they perceive existing family violence services to be for heterosexual, cisgender victim survivors and not available to them (Seymour, 2019), and also due to a lack of services available to support LGBTQ communities (State of Victoria, 2016). Historically, family violence policy and services have often tended to make normative assumptions of the relationship and gender of both perpetrator and survivor, leading to a focus only on violence toward cisgender (i.e., gender identity aligns with that presumed and recorded at birth) women as perpetrated by cisgender men, while overlooking the experiences of LGBTQ people (Seymour, 2019). While there are efforts currently underway to address this situation (Rainbow Health Victoria, 2020), with some emerging promising practice, coverage of LGBTQ-inclusive services is patchy, as is recognition of LGBTQ communities in national and state-level policies and funding frameworks. Findings from a large, national survey of LGBTIQ (lesbian, gay, bisexual, trans, intersex, or queer) people in Australia indicated that among these communities, the perpetrator of intimate partner violence is commonly, though not exclusively, cisgender men (57% of the time) and the survivors of these experiences are not always cisgender women (Hill et al., 2020).

Work on understanding the causes of LGBTQ victimisation can be understood to fall into two approaches: that which focuses on individualistic, psycho-social factors (e.g., minority stress, substance use) and that which focuses on a more sociological approach considering social structural factors (e.g., impacts of institutionalised homo/bi/transphobia, poverty, racism on recognition of family violence and help seeking) (19 for a discussion of these two approaches). Whilst this work is at an early stage there is some evidence that individual characteristics and experiences are, sometimes strongly, associated with higher risk of intimate partner violence (IPV) and family of origin violence[2] (FOV). For example, previous research findings suggest that rates of IPV in Australia and internationally may be higher among trans and gender diverse people compared to cisgender sexual minority people (Calton et al., 2016; Safe Steps, 2015; Langenderfer-Magruder et al., 2016). However, this previous research did not disaggregate diverse gender identities, but rather combined trans and gender diverse people into a single sample. Additionally, while LGBTQ people who reside in rural, regional, or remote areas may have greater experiences of social isolation, homophobia, and transphobia (Rosenkrantz et al., 2017), little is known about their experiences of family violence. People from culturally and linguistically diverse (CALD) backgrounds may also be more likely to experience prejudice from family who maintain cultural or religious objections to their LGBT identity, which often leads to feeling unsafe at home (Noto et al., 2014). However, these experiences have yet to be explored in a family violence context. Moreover, findings from research in the general population and a small number of LGBTQ studies, suggest that experiences of family violence may be greater for people with a disability (Jones et al., 2012; McCann et al., 2016; Langenderfer-Magruder et al., 2016), those who have ever experienced homelessness (Langenderfer-Magruder et al., 2016; Giano et al., 2020) and people from a socio-economically disadvantaged background (Kubicek et al., 2016; Steele et al., 2020; Henry et al., 2018). While these studies did not explore family violence experiences among diverse samples of LGBTQ adults, with attention to the intersectional experiences of LGBTQ communities, they provide some insight into factors that may predict experiences of family violence. The limited existing research illustrates a need to explore family violence risk factors among an extensive and diverse sample of LGBTQ people, particularly in an Australian context where experiences of family violence among LGBTQ people are poorly understood.

Furthermore, experiences of FOV and IPV are likely to contribute to poor mental health outcomes for LGBTQ survivors (Szalacha et al., 2017; Ryan et al., 2009; Henry et al., 2018); however, previous literature has yet to explore these associations among a diverse sample of LGBTQ people. Given the already disproportionately poor mental health outcomes within LGBTQ communities compared to the general population (Hill et al., 2020; King et al., 2008), it is important

[2] The term 'family of origin' draws a distinction between families of birth or childhood as compared to 'families of choice', including friends and partners. It is a term utilised by some within the LGBTQ communities and may reflect experiences of rejection from families of origin (19,20)

to build new knowledge regarding the intersection of mental health and family violence, particularly with respect to how services within each sector can better understand and respond to co-terminus concerns for this population.

Addressing the considerable lack of knowledge around LGBTQ experiences of IPV and FOV is crucial to informing the targeting and tailoring of victim-survivor support interventions as well as the design of inclusive policy and strategy that seek to prevent such violence occurring. Utilising data from a large national survey of LGBTQ adults in Australia, this paper examines factors that are associated with having ever experienced FOV and IPV, including sexual and gender identity among a range of socio-demographic characteristics, as well as disability, experiences of homelessness, and mental health (suicidality and psychological distress).

Methods

Sample and Procedure

The study sample was drawn from *Private Lives 3*, a cross-sectional Australia-wide survey examining the health and wellbeing of 6835 LGBTQ Australians aged 18 years or older. PL3 was designed in consultation with an Expert Advisory Group and Gender Advisory Board comprising individuals with expertise in family violence, mental health, and homelessness. Participants were recruited from all states and territories, with the greatest percentage (34.26%) of completions from participants residing in the state of Victoria. The survey was open from July 2019 to October 2019. It was promoted through the networks of LGBTQ community organisations. Targeted paid advertising was also conducted via Facebook and Instagram. Clicking on an advertised or promoted link took potential participants to a landing page that included detailed information about the study and allowed them to indicate their informed consent. *Private Lives 3* was granted ethical approval from the La Trobe University Human Research Ethics Committee.

Materials

Demographics

The *Private Lives 3* survey comprised items related to demographic characteristics including gender, age, area of residence (inner suburban, outer suburban, regional, and rural or remote), country of birth, level of education, weekly net income, and current engagement in paid employment. Sexual identity was examined by asking participants, 'Which best describes your sexual orientation?' Participants were asked to choose from 12 options: 'gay', 'lesbian', 'bisexual', 'pansexual', 'queer', 'asexual', 'homosexual', 'heterosexual', 'prefer not to answer', 'prefer not to have a label', 'don't know', and 'something different.' For the purposes of analysis, participants who identified as either gay or lesbian were grouped together, and participants who identified as homosexual or preferred not to have a label were grouped into the 'something different' category.

Gender identity was examined by asking participants to choose from a list of 17 gender terms that best described them. Gender was then categorised based on responses from participants related to their gender assigned at birth and their response related to the gender identity question. Gender categories included cisgender woman (participants who were assigned female at birth and who chose only 'female' as their gender identity), cisgender man (participants who were assigned male at birth and who chose only 'male' as their gender identity), trans woman (participants who were assigned male at birth and who chose only 'female', 'trans woman', or 'sistergirl'[3] as their gender identity), trans man (participants who were assigned female at birth and who chose only 'male', 'trans man' or 'brotherboy' as their gender identity), and non-binary (participants who chose only a gender that was not a binary identity or who indicated that they could not choose a single gender identity).

Disability

The Australian Institutes of Health and Welfare's Standardised Disability Flag Module (SDFM) was used to identify participants with a long-term health condition or disability. Disability or long-term health condition is defined as a condition that limits activity or restricts participation in education and/or employment activities. The SDFM involves eight items regarding difficulties with tasks and need for assistance. Participants are asked to respond on a 4-point scale ranging from 'have no difficulty' to 'always/sometimes need help or supervision'. Responses to the SDFM are categorised into severity of disability including no disability, mild, moderate, or severe disability.

Homelessness

To assess experience of homelessness, participants were asked if they were experiencing or had ever experienced homelessness. Response options included 'No', 'Yes – once and I am not currently experiencing homelessness', 'Yes – more than once, and I am not currently experiencing homelessness', 'Yes – I am currently experiencing

[3] The terms 'sistergirl' and 'brotherboy' are used by some Aboriginal and Torres Strait Islander communities to describe trans and gender diverse identities

homelessness for the first time' or 'Yes – I am currently experiencing homelessness and have also previously experienced homelessness'. For the purposes of the current study, these responses were categorised into a dichotomous variable of whether or not participants had ever experienced homelessness.

Mental Health

To assess experiences of suicidality participants were asked if they had experienced suicidal ideation ('thoughts about suicide, wanting to die or about ending your life') and attempted suicide ('attempted suicide or to end your life'). Response options for these items included 'No', 'Yes, in the past 12 months', 'Yes, more than 12 months ago', and 'Prefer not to answer'. Multiple responses were permitted. Participants were also given the option to select 'I prefer not to answer these questions' without viewing the questions and skip all questions regarding suicidal ideation or suicide attempts. These instances were then coded as missing. The present study focuses on lifetime experiences of suicidality and consequently a variable was computed for each suicidality item to indicate whether participants had ever experienced suicidal ideation or attempted suicide in their lifetime.

Psychological distress was assessed using the ten-item standardised Kessler Psychological Distress Scale (K10) (Kessler at al., 2002). The K10 asks participants to respond to items that cover symptoms of depression or anxiety as experienced over the past 4 weeks, such as 'Tired out for no good reason' and 'Restless or fidgety'. Participants respond to each item using a 5-point scale ranging from 'None of the time' to 'All of the time'. Total scores range from 10 to 50. Scores were then categorised into a dichotomous variable indicating 'low/moderate' (scores of 10–21) and 'high/very high' (scores of 22–50) psychological distress according to a commonly used classification (Australian Bureau of Statistics, 2017).

Family of Origin Violence

Experiences of FOV were examined by asking participants 'Have you experienced any of the following from family members? (Choose as many as apply)'. Participants chose from 10 forms of violence, including 'Physical violence', 'Verbal abuse', 'Sexual assault', 'Financial abuse', 'Emotional abuse', 'Harassment or stalking', 'Property damage', 'Social isolation', 'Threats of self-harm or suicide', and 'LGBTIQ related abuse'. These responses were coded into a dichotomous variable indicating whether or not participants had ever experienced any form of FOV.

Intimate Partner Violence

Similarly, to FOV, experiences of IPV were examined by asking participants 'Have you experienced any of the following from intimate partner(s)? (Choose as many as apply)?'. Response options included 10 forms of violence as described above for FOV. These responses were then coded into a dichotomous variable indicating whether or not participants had ever experienced any form of IPV.

Statistical Analyses

All analyses were performed using STATA (Version 16.1, StataCorp, College Station, TX, USA). A series of univariable and multivariable logistic regressions with robust standard errors to account for the variance in sample sizes were used to examine factors associated with FOV and IPV. All analyses were conducted separately for FOV and IPV. A range of predictor variables were included in the regression models, including demographic variables, disability, experiences of homelessness, and mental health outcomes (suicidality and psychological distress). Separate univariable regressions were first conducted for each predictor variable to identify significant associations with either FOV or IPV. Two multivariable logistic regression models were then conducted, one to examine correlates of FOV and the other to examine correlates of IPV. All predictor variables were entered into these models to identify significant independent factors. Reference categories for each predictor variables were selected based on sample size, with preference given to larger sample sizes where appropriate, and conceptual framing. For example, cisgender men are one of the larger groups among the gender categories but are also the least likely to report family violence according to the existing literature and were therefore selected as the reference category for this variable. Tests of collinearity resulted in all variance inflation factors (VIFs) < 2, thus indicating no issues in relation to multicollinearity. Results reported from the regression analyses include unadjusted (univariable) odds ratios (OR) and adjusted (multivariable) odds ratios (AORs) along with 95% confidence intervals (CIs). Statistical significance was assessed at $p < 0.05$.

Results

Frequencies and proportions of sociodemographic characteristics are presented in Table 1. Almost half of the participants identified as gay or lesbian, and more than three-quarters identified as cisgender. The majority were aged under 45 years, born in Australia, and currently

Table 1 Sample characteristics ($N = 6835$)

	n	%
Sexual orientation		
Gay/lesbian	3352	49.19
Bisexual	1387	20.35
Pansexual	503	7.38
Queer	833	12.22
Asexual	215	3.15
Something else	525	7.70
Gender		
Cisgender man	2328	34.33
Cisgender woman	2948	43.47
Trans man	300	4.42
Trans woman	285	4.20
Non-binary	921	13.58
Age		
18–24	2142	31.34
25–34	1980	28.97
35–44	1142	16.71
45–54	823	12.04
55 +	748	10.94
Area of residence		
Inner suburban	2959	43.73
Outer suburban	1869	27.62
Regional city or town	1506	22.26
Rural/Remote	432	6.38
Birth country		
Australia	5730	84.07
Other English speaking country	761	11.16
Non-English speaking country	325	4.77
Education		
Secondary school	1793	26.24
Non-university tertiary	1520	22.24
University-undergraduate	1925	28.17
University-postgraduate	1596	23.35
Income (net per week)		
$0–$399	2113	31.29
$400–$999	1749	25.90
$1000–$1999	2048	30.33
$2000 +	842	12.47
Employed		
No	1784	26.10
Yes	5051	73.90

engaged in some form of employment. The largest proportion of participants lived in inner-suburban areas. Almost three-quarters of participants had completed tertiary education, and most earned a net income below $2000 per week. In total, 2675 (43.18%) participants reported having ever experienced FOV and 3716 (60.71%) reported having ever experienced IPV.

Correlates of Family of Origin Violence

Table 2 presents factors associated with experiencing FOV. Compared to cisgender men, cisgender women (AOR = 1.44, CI = 1.22–1.71, $p < 0.001$), trans men (AOR = 1.89, CI = 1.37–2.6, $p < 0.001$) and non-binary people (AOR = 2, CI = 1.59–2.52, $p < 0.001$) were up to twice as likely to have experienced FOV. Compared to those aged 18–24 years, participants aged 55 and older were less likely to have experienced FOV (AOR = 0.74, CI = 0.55–1, $p = 0.047$). Participants with a non-university tertiary education, as compared to secondary school education were more likely to have experienced FOV (AOR = 1.26, CI = 1.04–1.54, $p = 0.02$), and participants who were currently employed were less likely to have experienced FOV (AOR = 0.75, CI = 0.63–0.89, $p = 0.001$). Sexual orientation, area of residence, country of birth, and income were not associated with FOV.

Participants who were classified with moderate (AOR = 1.6, CI = 1.36–1.89, $p < 0.001$) or severe (AOR = 1.54, CI = 1.25–1.89, $p < 0.001$) disability were more than 1.5 times more likely than those with no disability to have ever experienced FOV. Participants who had ever experienced homelessness were more than 2.5 times more likely to have experienced FOV (AOR = 2.56, CI = 2.19–3.01, $p < 0.001$).

Associations were found between mental health and FOV. Participants were more likely to have experienced FOV if they had ever experienced suicidal ideation (AOR = 1.74, CI = 1.43–2.11, $p < 0.001$) or a suicide attempt (AOR = 1.59, CI = 1.37–1.85, $p < 0.001$) in their lifetime. Additionally, participants who reported high/very high psychological distress in the past 4 weeks (AOR = 1.41, CI = 1.21–1.64, $p < 0.001$) were also more likely to have experienced FOV.

Correlates of Intimate Partner Violence

Table 3 presents factors associated with experiencing IPV. Compared to gay or lesbian-identified participants, those who identified as asexual were half as likely to have experienced IPV (AOR = 0.51, CI = 0.34–0.75, $p = 0.001$). Compared to cisgender men, cisgender women (AOR = 1.42, CI = 1.2–1.68, $p < 0.001$) and non-binary people (AOR = 1.77, CI = 1.38–2.27, $p = 0$) were up to twice as likely to have experienced IPV. Compared to those aged 18–24 years, the likelihood of experiencing IPV increased with age (25–34 years: AOR = 1.84, CI = 1.5–2.26, $p < 0.001$; 35–44 years: AOR = 2.05, CI = 1.59–2.64, $p < 0.001$; 45–54 years: AOR = 2.43, CI = 1.84–3.2, $p < 0.001$; 55 + years: AOR = 2.62, CI = 1.97–3.47, $p < 0.001$). Participants with a non-university tertiary education, as compared to secondary school education were more likely to have experienced IPV (AOR = 1.43, CI = 1.16–1.76, $p = 0.001$). Compared to an income of $0–$399, the likelihood

Table 2 Correlates of family of origin violence

	n	%	Unadjusted univariable OR(95% CI)	*p*	Adjusted multivariable OR(95% CI)	*p*
Sexual orientation						
Gay/lesbian*	1078	36.25	-	-	-	-
Bisexual	613	47.85	1.61 (1.41–1.84)	0.000	1.14 (0.95–1.37)	0.159
Pansexual	252	52.94	1.98 (1.63–2.40)	0.000	0.90 (0.69–1.17)	0.415
Queer	421	54.82	2.13 (1.82–2.51)	0.000	1.08 (0.86–1.36)	0.523
Asexual	91	44.61	1.42 (1.06–1.89)	0.017	0.83 (0.58–1.19)	0.316
Something else	217	45.59	1.47 (1.21–1.79)	0.000	1.05 (0.81–1.36)	0.718
Gender						
Cisgender man*	651	32.13	-	-	-	-
Cisgender woman	1193	44.12	1.67 (1.48–1.88)	0.000	1.41 (1.19–1.68)	0.000
Trans man	173	60.07	3.18 (2.47–4.09)	0.000	1.75 (1.26–2.42)	0.001
Trans woman	109	40.98	1.47 (1.13–1.90)	0.004	0.94 (0.67–1.31)	0.705
Non-binary	524	60.79	3.27 (2.77–3.86)	0.000	1.94 (1.53–2.47)	0.000
Age						
18–24*	905	46.70	-	-	-	-
25–34	858	47.35	1.03 (0.90–1.17)	0.689	1.17 (0.96–1.42)	0.118
35–44	433	42.49	0.84 (0.72–0.98)	0.029	1.02 (0.79–1.30)	0.898
45–54	296	40.22	0.77 (0.65–0.91)	0.003	1.12 (0.85–1.48)	0.409
55 +	183	26.52	0.41 (0.34–0.50)	0.000	0.72 (0.53–0.97)	0.032
Area of residence						
Inner suburban*	1063	40.46	-	-	-	-
Outer suburban	777	44.97	1.20 (1.06–1.36)	0.003	0.94 (0.80–1.11)	0.452
Regional city or town	637	45.96	1.25 (1.10–1.43)	0.001	1.03 (0.87–1.23)	0.729
Rural/Remote	175	44.64	1.19 (0.96–1.47)	0.117	0.91 (0.67–1.22)	0.516
Birth country						
Australia*	2308	44.46	-	-	-	-
Other English speaking country	238	34.49	0.66 (0.56–0.78)	0.000	0.81 (0.65–1.02)	0.073
Non-English speaking country	121	40.88	0.86 (0.68–1.10)	0.228	1.29 (0.93–1.80)	0.128
Education						
Secondary school*	725	45.40	-	-	-	-
Non-university tertiary	698	50.11	1.21 (1.05–1.40)	0.010	1.24 (1.01–1.52)	0.037
University-undergraduate	719	40.83	0.83 (0.72–0.95)	0.008	1.11 (0.91–1.35)	0.309
University-postgraduate	532	36.87	0.70 (0.61–0.81)	0.000	0.91 (0.72–1.15)	0.446
Income (net per week)						
$0–$399*	969	49.85	-	-	-	-
$400–$999	744	46.38	0.87 (0.76–0.99)	0.040	1.09 (0.90–1.33)	0.367
$1000–$1999	691	38.09	0.62 (0.54–0.71)	0.000	1.05 (0.83–1.32)	0.702
$2000 +	242	31.93	0.47 (0.40–0.56)	0.000	1.14 (0.84–1.55)	0.389
Employed						
No*	835	50.24	-	-	-	-
Yes	1840	40.59	0.68 (0.60–0.76)	0.000	0.75 (0.63–0.89)	0.001
Disability						
None*	1152	33.29	-	-	-	-
Mild disability	190	48.47	1.88 (1.53–2.33)	0.000	1.23 (0.94–1.61)	0.130
Moderate disability	734	56.64	2.62 (2.30–2.98)	0.000	1.58 (1.33–1.88)	0.000
Severe disability	469	60.91	3.12 (2.66–3.67)	0.000	1.44 (1.16–1.78)	0.001
Homelessness						
No*	1724	36.13	-	-	-	-
Yes	951	66.78	3.55 (3.14–4.03)	0.000	2.56 (2.17–3.02)	0.000

Table 2 (continued)

	n	%	Unadjusted univariable OR(95% CI)	*p*	Adjusted multivariable OR(95% CI)	*p*
Ever suicide ideation						
No*	305	22.51	-	-	-	-
Yes	2313	49.54	3.38 (2.94–3.89)	0.000	1.74 (1.43–2.12)	0.000
Prefer not to answer	49	34.75	1.83 (1.27–2.65)	0.001	1.12 (0.65–1.93)	0.693
Ever suicide attempt						
No*	1105	35.05	-	-	-	-
Yes	937	61.64	2.98 (2.62–3.38)	0.000	1.59 (1.36–1.85)	0.000
Prefer not to answer	104	47.27	1.66 (1.26–2.19)	0.000	1.27 (0.87–1.86)	0.221
Psychological distress						
Low/moderate*	763	30.09	-	-	-	-
High/very high	1852	52.67	2.59 (2.32–2.88)	0.000	1.44 (1.23–1.68)	0.000

*Reference category

of experiencing IPV was greater with higher incomes ($400–$999: AOR = 1.25, CI = 1.02–1.52, $p = 0.029$; $1000–$ 1999: AOR = 1.46, CI = 1.15–1.86, $p = 0.002$; $ 2000 +: AOR = 1.57, CI = 1.16–2.12, $p = 0.003$). Area of residence, birth country, and current employment status were not found to be significantly associated with IPV.

Participants who were classified with severe disability (AOR = 1.28, CI = 1.01–1.62, $p = 0.037$) were more likely than those with no disability to have ever experienced IPV. Although not quite significant, there was a trend toward participants with moderate disability being more likely than those with no disability to have ever experienced IPV (AOR = 1.19, CI = 1–1.43, $p = 0.053$). Participants who had ever experienced homelessness were almost 3 times more likely to have experienced IPV (AOR = 2.59, CI = 2.15–3.14, $p < 0.001$).

Associations were found between mental health variables and IPV. Participants were more likely to have experienced IPV if they had ever experienced suicidal ideation (AOR = 1.55, CI = 1.29–1.85, $p < 0.001$) or attempted suicide (AOR = 1.8, CI = 1.52–2.13, $p < 0.001$) in their lifetime. Additionally, those who had experienced high/very high psychological distress in the past 4 weeks (AOR = 1.69, CI = 1.44–1.98, $p < 0.001$) were also more likely to have experienced IPV.

Discussion

The present study aimed to expand on the limited knowledge of LGBTQ experiences of IPV and FOV in Australia by exploring a range of sociodemographic and wellbeing factors associated with having ever experienced FOV and IPV among a large sample of LGBTQ adults in Australia. More than a third of our sample (39.1%) reported having ever experienced FOV (34.5% of cisgender, 53.5% of trans or gender diverse), and 60.9% ever experiencing IPV (58.7% cisgender, 68.2% trans or gender diverse). It is difficult to directly compare the rates from the present study to that of the general population in Australia. Firstly, family violence data in the general population are derived from a random, stratified sample whereas our sample is from a self-selecting, community survey. Nonetheless, the prevalence rates are high and of concern. Second, the measure used by the present study to identify family violence involved a comprehensive list of different forms of violence as response items, beyond just physical, sexual, or emotional violence and included LGBTQ-specific violence. While utilising a less nuanced question, general population data from Australia suggest that approximately 17% of (assumed cisgender) women and 6% of (assumed cisgender) men have experienced sexual and physical violence from a partner, and 23% of women and 16% of men have experienced emotional abuse from a partner (AIHW, 2019).

While already high compared to the general population, the experience of both FOV and IPV was observed differently among sections of the LGBTQ population. Cisgender women, trans men, and non-binary participants were the most likely to report experiencing both FOV and IPV. Trans men and non-binary people in the present study were found to be the most likely to experience FOV, followed by cisgender women. Previous studies suggests that LGB people are more likely than heterosexual siblings to have experienced childhood verbal, physical, and sexual abuse (McKay et al., 2019) and may face experiences of rejection, abuse, and violence from families of origin when coming out as sexual or gender diverse (Asquith & Fox 2016; D'augelli et al., 2008; Ryan et al., 2009). These experiences of LGBTQ-specific rejection and related abuse are frequently not

Table 3 Correlates of intimate partner violence

	n	%	Unadjusted univariable OR(95% CI)	*p*	Adjusted multivariable OR(95% CI)	*p*
Sexual orientation						
Gay/lesbian*	1695	57.54	-	-	-	-
Bisexual	782	62.71	1.24 (1.08–1.42)	0.002	1.14 (0.94–1.37)	0.184
Pansexual	321	69.03	1.64 (1.33–2.02)	0.000	1.18 (0.89–1.57)	0.242
Queer	533	69.86	1.72 (1.45–2.04)	0.000	1.13 (0.89–1.44)	0.300
Asexual	90	45.69	0.63 (0.47–0.84)	0.002	0.51 (0.34–0.75)	0.001
Something else	287	61.19	1.17 (0.96–1.42)	0.129	1.05 (0.80–1.38)	0.736
Gender						
Cisgender man*	1077	53.42	-	-	-	-
Cisgender woman	1671	62.70	1.47 (1.31–1.65)	0.000	1.42 (1.20–1.68)	0.000
Trans man	173	65.53	1.64 (1.25–2.14)	0.000	1.33 (0.93–1.89)	0.115
Trans woman	155	60.08	1.32 (1.02–1.72)	0.038	0.83 (0.59–1.18)	0.301
Non-binary	607	71.50	2.18 (1.83–2.59)	0.000	1.69 (1.32–2.17)	0.000
Age						
18–24*	928	50.49	-	-	-	-
25–34	1181	65.94	1.89 (1.65–2.16)	0.000	1.84 (1.50–2.26)	0.000
35–44	714	68.26	2.11 (1.80–2.48)	0.000	2.05 (1.59–2.64)	0.000
45–54	497	66.36	1.92 (1.61–2.29)	0.000	2.43 (1.84–3.20)	0.000
55 +	396	58.41	1.35 (1.13–1.62)	0.001	2.62 (1.97–3.47)	0.000
Area of residence						
Inner suburban*	1599	60.91	-	-	-	-
Outer suburban	998	59.72	0.95 (0.84–1.08)	0.413	0.93 (0.79–1.09)	0.373
Regional city or town	821	60.37	0.97 (0.85–1.12)	0.630	0.87 (0.72–1.04)	0.120
Rural/Remote	257	67.45	1.33 (1.06–1.66)	0.015	1.22 (0.90–1.65)	0.201
Birth country						
Australia*	3137	61.46	-	-	-	-
Other English speaking country	415	60.41	0.96 (0.81–1.13)	0.600	0.91 (0.73–1.12)	0.366
Non-English speaking country	153	52.22	0.69 (0.54–0.87)	0.002	0.80 (0.58–1.10)	0.173
Education						
Secondary school*	830	53.55	-	-	-	-
Non-university tertiary	959	69.54	1.97 (1.69–2.29)	0.000	1.43 (1.16–1.76)	0.001
University-undergraduate	1034	59.91	1.28 (1.12–1.48)	0.000	1.02 (0.84–1.25)	0.820
University-postgraduate	892	61.69	1.39 (1.20–1.61)	0.000	1.02 (0.81–1.29)	0.842
Income (net per week)						
$0–$399*	1038	56.11	-	-	-	-
$400–$999	1009	63.82	1.39 (1.21–1.59)	0.000	1.25 (1.02–1.52)	0.029
$1000–$1999	1177	63.62	1.37 (1.20–1.56)	0.000	1.46 (1.15–1.86)	0.002
$2000 +	460	61.33	1.24 (1.04–1.48)	0.015	1.57 (1.16–2.12)	0.003
Employed						
No*	962	59.90	-	-	-	-
Yes	2754	61.25	1.06 (0.94–1.19)	0.323	1.01 (0.84–1.21)	0.921
Disability						
None*	1875	54.71	-	-	-	-
Mild disability	264	67.69	1.72 (1.38–2.14)	0.000	1.03 (0.77–1.38)	0.832
Moderate disability	879	69.49	1.88 (1.64–2.16)	0.000	1.19 (1.00–1.43)	0.053
Severe disability	552	73.21	2.26 (1.90–2.69)	0.000	1.28 (1.01–1.62)	0.037
Homelessness						
No*	2549	54.33	-	-	-	-
Yes	1167	82.77	4.00(3.45–4.64)	0.000	2.59 (2.15–3.14)	0.000

Table 3 (continued)

	n	%	Unadjusted univariable OR(95% CI)	*p*	Adjusted multivariable OR(95% CI)	*p*
Ever suicide ideation						
No*	588	43.24	-	-	-	-
Yes	3035	65.96	2.54 (2.25–2.88)	0.000	1.55 (1.29–1.85)	0.000
Prefer not to answer	76	58.02	1.81 (1.26–2.61)	0.001	1.40 (0.78–2.51)	0.264
Ever suicide attempt						
No*	1631	52.63	-	-	-	-
Yes	1132	75.37	2.75 (2.40–3.16)	0.000	1.80 (1.52–2.13)	0.000
Prefer not to answer	132	64.08	1.61 (1.20–2.15)	0.002	1.47 (0.97–2.24)	0.069
Psychological distress						
Low/moderate*	1315	52.16	-	-	-	-
High/very high	2316	67.31	1.89 (1.70–2.10)	0.000	1.69 (1.44–1.98)	0.000

*Reference category

recognised as a form of family violence and may therefore go underreported within these populations.

While there is limited research exploring the association of diverse gender identities and experiences of IPV, some previous findings suggest that trans and gender diverse people report higher rates of IPV compared to cisgender LGBQ (lesbian, gay, bisexual, or queer) people (Calton et al., 2016; Safe Steps, 2015; Langenderfer-Magruder et al., 2016). Similarly, the present study found non-binary people were most likely to experience IPV, followed by cisgender women. However, trans men and women were not found to be any more likely to experience IPV than cisgender men. The apparent difference of this finding to that of previous research likely exists in the breakdown of gender in the present study, which compared a number of cis- and trans gender identities, whereas previous research in this space has compared all trans identified people to all cis identified people (Langenderfer-Magruder et al., 2016). The challenges and limitations of collapsing gender categories in this manner have been highlighted previously (Donovan & Barnes, 2020) but still appears commonplace where sample sizes are deemed insufficient to illustrate nuance.

The present study findings suggest a cohort effect on the association between age and FOV, with those aged 55 years or older less likely than younger people to have experienced FOV. This finding may reflect a change in the average age of coming out across age cohorts, with those older than 55 more likely to have come out to family at an older adult age (Dunlap, 2016). This cohort may therefore have already been living out of home and less likely than younger cohorts to be subject to abuse or violence from family members within the home. On the other hand, experiences of intimate partner violence increased with age. Given that this paper reports on ever experiencing violence, increasing age is likely to have led to a greater number of intimate relationships and therefore greater overall exposure to the possibility of IPV. Additionally, older participants may have had a longer period of time since the abusive relationship, providing the opportunity to heal and space to recognise their experience as IPV, as well as greater opportunity to access professionals who might have assisted in supporting them to recognise IPV. Research from England and Wales indicates that IPV (termed 'partner abuse' in this context) is most commonly experienced among those aged 16–24 (Elkin, 2021), although there is a pressing need for qualitative research to explore why this may be the case and how this may align with experiences among younger LGBT people.

No association was found between country of birth and experiences of FOV nor IPV in our study. This stands in contrast to previous research, which has found that LGBTQ people within culturally and linguistically diverse communities may be more likely to experience culturally or religiously fuelled abuse or rejection by family members (Asquith et al., 2019; Potoczniak et al., 2009). The lack of similar findings within the present study is perhaps owing to the survey having only been available in English as well as being limited by broad categories of country of birth (Australia, other English-speaking country, other non-English speaking country). It is imperative for future research to explore these experiences among LGBTQ people from culturally diverse backgrounds, including more specific information about participants' cultural or religious backgrounds.

Socio-economic circumstances were associated with reporting experiences of both FOV and IPV. Previous research has found both within the non-LGBTQ population (Abramsky et al., 2011) and among sexual minority people (Steele et al., 2020; Edwards et al., 2015; West, 2012) that more advantaged socioeconomic circumstances are associated with a lower risk of experiencing IPV. In the present study, those with a non-university tertiary

education were most likely to experience both FOV and IPV, and participants who were currently employed were less likely to experience FOV. However, employment status was not associated with IPV, nor was income associated with FOV. Moreover, while an association did exist between income and IPV, the direction of this association was perhaps unexpected, with participants on higher incomes more likely to report having ever experienced IPV. Given that this study explored lifetime experiences of IPV, rather than current experiences, this unexpected finding may reflect a greater ability to recognise and name previous experiences of IPV. People with a higher income are more likely to have better access to health care, which may have resulted in greater access to professionals who might have assisted in identifying or supporting them to recognise experiences of IPV.

In accordance with previous research among the general population (AIHW, 2019) and LGBTQ communities (McCann et al., 2016), participants of the present study with a moderate or severe disability were at the greatest risk of experiencing both FOV and IPV. While little is known about the drivers of violence in this context, these findings further highlight the risk to LGBTQ people with a disability and the need for health providers to run risk assessments for both FOV and IPV in addition to the provision of specific services to support them. Homelessness also had a strong association with both FOV and IPV. These findings reflect those of previous studies (Langenderfer-Magruder et al., 2016; Giano et al., 2020), where it is possible in some instances that leaving a violent relationship or home results in homelessness. For example, previous research suggests that experiences of rejection from family members among young LGBTQ people are associated with higher rates of homelessness, with participants reporting verbal and physical abuse, and attempts from family members to 'normalise' their gender or sexuality (Robinson, 2018). These findings suggest a need for integrated services that can recognise and appropriately address the needs of LGBTQ individuals who may be experiencing both homelessness and family violence.

Findings from the present study suggest that LGBTQ people who have ever experienced suicidal ideation or ever attempted suicide in their lifetime are more likely to have experienced FOV and IPV. Additionally, participants who expressed high/very high psychological distress were also more likely to have experienced both FOV and IPV. These findings may indicate the vulnerability of people with poorer mental health to experiences of family violence or, more likely, imply the impact of experiences of family violence on mental health as has been illustrated in previous literature (Szalacha et al., 2017; Ryan et al., 2009; Henry et al., 2018). Importantly, these findings suggest an additional marker that may be used to identify those who may need support/services related to experiences of family violence.

The associations with IPV and FOV outlined in this article reflect a range of individualistic factors (e.g. mental health and suicidal ideation) as well as social ones (e.g. homelessness, unemployment). The extent, or manner, to which they operate as precursors, triggers or impacts is underexamined among LGBTQ communities and should be the subject of future qualitative research or considered within cohort studies that can overcome the cross-sectional limitations of this research design. In considering the range of factors and forces that shape the experience of FOV and IPV for LGBTQ people, it is crucial to consider the wider social context in which this population is othered socially, economically, politically, and culturally (Parker et al., 2018) and how these may inform both experience and response. Both historic and contemporary political and media discourses have advanced a perception that young LGBTQ people are 'damaged' in some way (Eckhert 2016; Suess, 2020), which may impact on the likelihood of LGBTQ victim survivors recognising their experience as one involving violence and seeking help, which may contribute to them staying in abusive relationships longer.

Limitations and Strengths

The present study utilised data from the largest nationwide survey of LGBTQ adults in Australia to date. This survey data can be used to paint a detailed picture of experiences of family violence within these communities. However, the family violence data included assessments of ever experiencing FOV and IPV in the participants' lifetime and did not collect details of recent or current experiences of violence. While this provides evidence of who may be at greater risk of ever having experienced violence, studies are needed to examine correlates of recent or current experiences and to thus provide information to help identify individuals who may be at more immediate risk. Additionally, our measures of FOV and IPV differ from previous studies by providing participants with a comprehensive list of different forms of violence as response items. These were designed to utilise more inclusive definitions of FOV and IPV that are relevant to LGBTQ experiences but may have made our data less comparable to previous findings. That said, this more nuanced approach may have helped to address concerns regarding the commonly cis-heteronormative dominant narrative on family violence leading to underreporting by people within the LGBTQ community, as have been expressed by others (Workman & Dune, 2019; Donovan & Barnes, 2020). It is important to note that our data do not allow us to discern whether the experience of violence was one-off or reflects a pattern of behaviour, which might impact on recognition and help-seeking.

Conclusion

Findings from the present study add considerably to the limited existing knowledge of LGBTQ people's experiences of family violence. Little research has attended to diversity and intersectionality in the context of LGBTQ communities and thus knowledge relating to groups that are most likely to be at risk of ever having experienced FOV or IPV has been limited. The outcomes of the present study provide details of sociodemographic, disability, homelessness, and mental health factors that are associated with experiences of FOV and IPV. These findings highlight those most at risk in the LGBTQ community and can be used to guide policy and practice in order to better recognise those who may require services or support, as well as tailor family violence intervention efforts to increase service access and to better suit the needs of the LGBTQ community.

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Data Availability Requests for analysis of data from Private Lives 3 can be made to the last author, subject to conditions of use.

Declarations

Conflict of Interest The authors declare no competing interests.

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