

# LGBTQ+ People's Experiences and Perceptions of Sexual Violence

Research Summary Report



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# Executive summary



## Experiences of sexual violence across the life course



## Nature of most impactful experience of sexual violence

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43%

most impactful experience of sexual violence occurred over five years ago

AND this experience continues to have impacts on participants' lives.

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The majority of participants told us that their most impactful experience of sexual violence was perpetrated by a person known to them.

**51%**

of perpetrators were LGBTQ+

**49%**

of perpetrators were not LGBTQ+

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## Bystander intervention



This is unsurprising because private residences were where a majority of experiences happened.



## Disclosure and reporting



## Impacts, self harm and suicidality

Participants experienced negative impacts in the following areas:



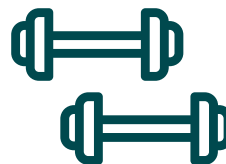
Mental Health



Relationships



Identity



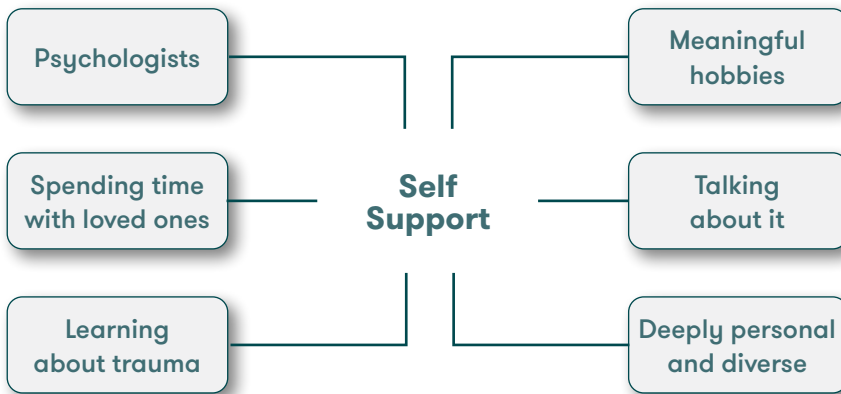
Physical Health



Housing



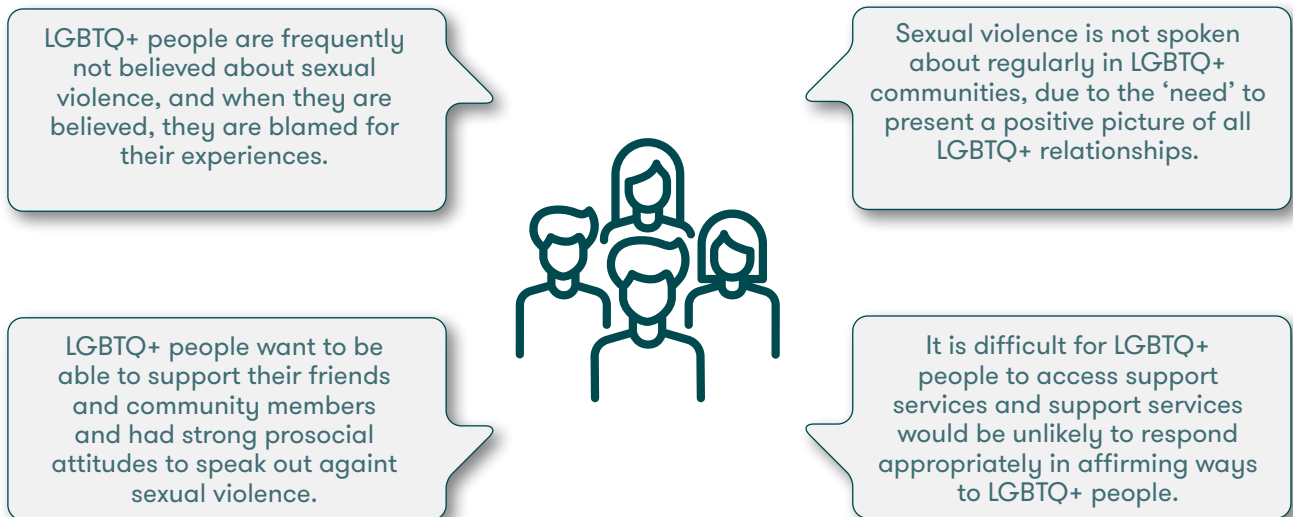
## Self care and support



Participants told us what activities and things helped them on their healing journeys.

Overall, participants told us that self-support and healing is deeply personal and diverse – there is no ‘right’ way to heal.

## Perceptions of sexual violence



## Recommendations

The report makes recommendations for strategies for addressing the concerns raised by participants in the following areas:



# About this research

There has been limited research on the experiences and perceptions of sexual violence with people from sexuality and gender diverse communities (or LGBTQ+ people) in NSW and indeed across Australia, largely because of being historically overlooked or excluded as a priority population.

This is starting to change, and there is now a growing body of literature that documents the prevalence of sexual violence amongst LGBTQ+ people. For example, Private Lives 3, a national LGBTIQ+ community health study, found that almost half of participants (48.6%, n=3,314) had experienced sexual violence in their life (Hill, Bourne, McNair, Carman, & Lyons, 2020). Data from Private Lives 3 and other national studies such as the 2018 Australian Trans and Gender Diverse Sexual Health Survey (Callander, et al., 2019) reveal that bisexual people and trans people (binary and non-binary) experience particularly high rates of sexual violence.

While we have increasingly clear evidence of the prevalence of sexual violence in LGBTQ+ communities, there is still comparatively little known about LGBTQ+ people's experiences of sexual violence, or about LGBTQ+ people's perceptions and understandings of sexual violence that occurs within their communities. This report aims to build the evidence base to explore the contexts in which LGBTQ+ people experience sexual violence, their experiences disclosing and seeking support, and the impacts of sexual violence. The report also looks at how LGBTQ+ people understand and perceive sexual violence occurring within their communities, and their readiness to respond to this.

The findings from this project will directly inform ACON's work in preventing sexual violence and supporting LGBTQ+ victim-survivors. This research also aims to influence NSW policy and practice in the sexual violence space more broadly.

This research was gratefully enabled by the NSW Department of Communities and Justice.



# Methodology

This report is presented in two parts, reflecting the two surveys conducted as part of the project.

Our 'sexual violence experiences survey' was open to all LGBTQ+ people or people questioning their own gender and/or sexuality who are over 18, live in New South Wales and who have self-defined experiences of sexual violence.<sup>1</sup> There were 330 people who took part in this survey. This survey asked questions about:

- The nature and extent of sexual violence experienced by LGBTQ+ people across their life course, in the last 12 months, and their most impactful incident(s) of sexual violence
- Relationship between the perpetrator and victim/survivor, including whether the perpetrator identified as LGBTQ+
- Reporting and disclosure, including reporting/disclosure practices, responses to reporting/disclosure, and barriers to reporting/disclosure
- Impacts of sexual violence

Many questions in this survey asked participants about their most impactful experience of sexual violence.<sup>2</sup> This was in recognition that many people who experience violence have experienced this at multiple times throughout their lives, and that it is not practical or trauma-informed to ask participants to provide details about all of these experiences.

Our 'sexual violence perceptions' survey was open to open to all LGBTQ+ people or people questioning their own gender and/or sexuality who are over 18 and live in New South Wales. There were 183 people who took part in this survey.

This survey explored:

- LGBTQ+ community members' perceptions of sexual violence against LGBTQ+ people
- LGBTQ+ community members' perceptions of the barriers to reporting/disclosure for LGBTQ+ victim/survivors
- LGBTQ+ community members' intentions and actions to prevent sexual violence and support victim/survivors (bystander intervention)

Prior to distribution ethics approval was sought and granted from Human Research Ethics Committee University of Melbourne and ACON Research Ethics Review Committee. Both surveys were distributed online, primarily through promotion on ACON social media. The surveys consisted of a range of closed, multiple response and open-ended questions, and hosted on the Qualtrics platform. All analyses were conducted using IBM SPSS 27 (Statistical Package for the Social Sciences) (IBM Corp., 2020). A descriptive analysis of the data was undertaken employing frequencies and crosstabulations. Frequencies were employed to provide summary data, while crosstabulations were used to compare groups in relation to experiences, perceptions, and attitudes towards sexual violence, seeking and providing support and the impact of sexual violence.

1 Our approach to understanding sexual violence was based on Liz Kelly's 'continuum model'. This survey was open to intersex and endosex LGBTQ+ people and therefore does not reflect the experiences of intersex people who identify as cis and heterosexual and their experiences of sexual violence.

2 This was explained to participants in the survey as: the experience of sexual violence that you feel had the most impact on you. This could be a single incident (e.g. a sexual assault at a party) or a series of related incidents (e.g. an abusive relationship with an ex-partner).

The variables 'sexuality', 'gender' and 'age' were cross tabulated with several questions relating to the above themes to identify differences (if any) between each group in relation to experiences, perceptions, and attitudes towards sexual violence.

The qualitative analysis for this project was undertaken through thematic coding. To start the process, respondents' written responses to questions were collected in an Excel spreadsheet. The researchers retained age, gender, and sexuality demographics on the spreadsheet to identify any shared themes between participant groups, such as whether one issue was raised more commonly from people of a certain age, for example. By analysing these text responses to the survey, the researchers could classify important and recurring themes from each participant, which were gathered and placed into a separate spreadsheet. The use of thematic analysis allowed us to identify common or shared issues and concerns from the respondents while making sure that their initial response and intentions are conveyed ethically and authentically.

Many of the themes uncovered in analysis of qualitative responses related not just to a specific question but provided insights across multiple questions. Thus, qualitative insights are presented throughout the report, and are not necessarily tied to a single question.

It is important to note that as one of the trauma-informed measures we undertook in this research, all questions across both surveys, excluding basic eligibility screening, were optional. As such, the number of respondents to each question varies. The total number of respondents for each question is stated at the header of each table in the report. In most cases except when otherwise indicated, results and the total number of responses excludes responses such as 'I prefer not to say' or 'unsure'. All percentages stated within this report have been rounded to the nearest whole number.

The report outlines key data from two sexual violence surveys, as outlined in our methodology section. The report also makes recommendations for immediate action. ACON will develop a series of community briefing papers designed to present and delve further into data for community use.

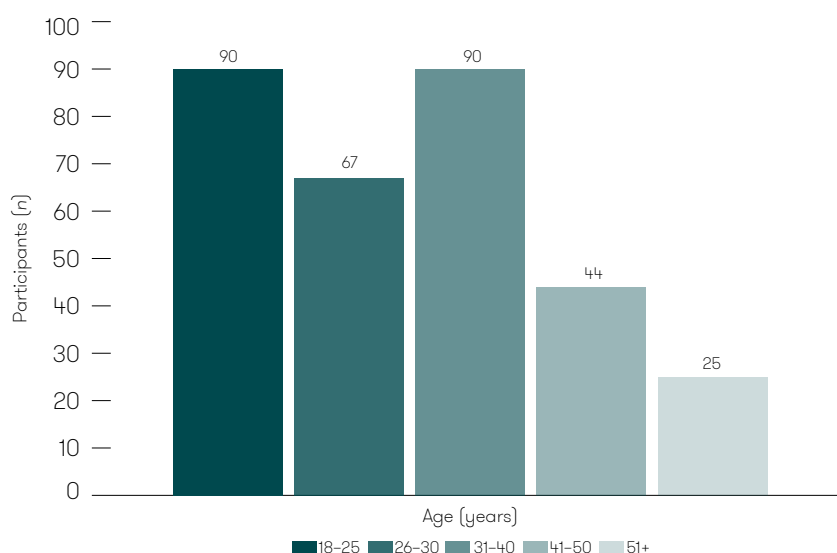
# Experiences of Sexual Violence

The following section of this report documents the responses from participants of our *Experiences of Sexual Violence* survey. These findings contribute to our understanding of the nature of sexual violence that LGBTQ+ populations experience, experiences of seeking support and reporting, and the impacts of sexual violence.

## 1. Demographics

The demographics of participants is summarised in the following figures and tables.

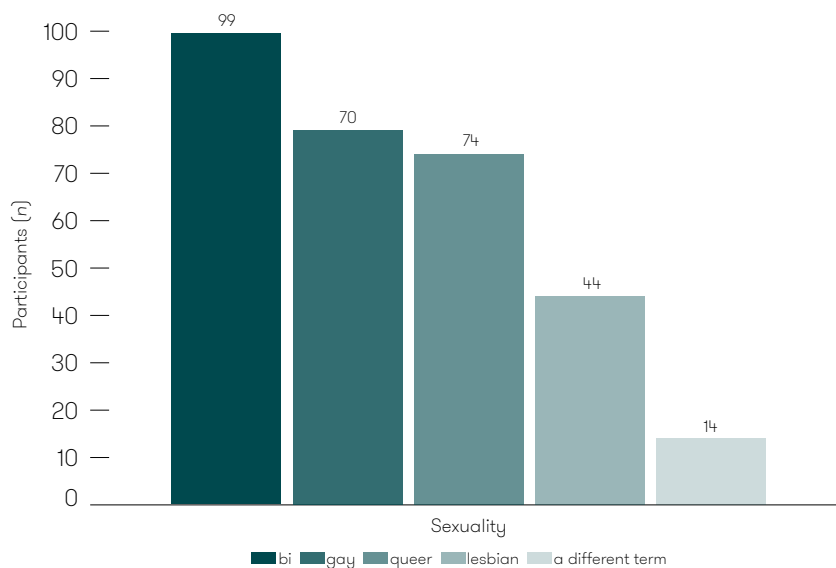
**Figure 1**  
Age of participants



**Table 1**  
Age of participants

Age of participants (n=316)	(n)	%
18-25 years	90	29
26-30 years	67	21
31-40 years	90	29
41-50 years	44	14
51+ years	25	8

**Figure 2**  
Sexuality of participants



**Table 2**  
Sexuality of participants

Sexuality of participants (n=310)	(n)	%
<b>Bi+</b>	99	32
<b>Gay</b>	79	26
<b>Queer</b>	74	24
<b>Lesbian</b>	44	14
<b>A different term</b>	14	5

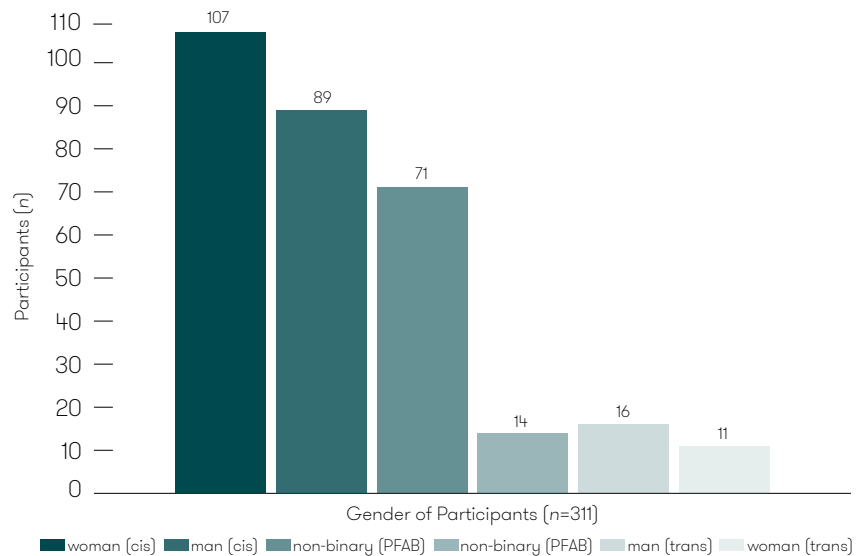
A diverse range of participants responded to the *Experiences of Sexual Violence* survey. As data about LGBTQ+ populations are not adequately collected in the Australian census, we cannot compare the demographics of our survey with the ‘general’ LGBTQ+ population to determine whether it is representative in terms of age, sexuality, and gender.

Instead, we compare these data to Australia’s largest survey of LGBTIQ+ people, *Private Lives 3 (PL3)* (Hill, Bourne, McNair, Carman, & Lyons, 2020). As PL3 used different age ranges in reporting, age distribution cannot be directly compared. However, both surveys did have a similar mean age. The mean age of participants in this survey was 33.3 years old, and for PL3, the mean age was 34.1 years old. For sexuality, the proportion of queer participants in our sample was double that of PL3, with 24% (n= 74) of *Experiences* participants identifying as queer, compared to 12.2% (n= 833) of PL3 participants. Other demographic proportions

were more similar across *PL3* and *Experiences*. Looking at participant gender, we had a lower portion of cisgender women and cisgender men complete the *Experiences* survey compared to PL3, but a notably higher number of non-binary people complete, with 28% (n= 88) of our participants being non-binary, compared to 13.6% (n= 921) of PL3 participants. Of the 85 participants in our sample who were non-binary, 83% (n=71) were presumed female at birth and 17% (n=14) presumed male at birth. For demographic reporting we have disaggregated non-binary people presumed female at birth and non-binary people presumed male at birth, however elsewhere throughout the report we code, analyse and report non-binary as a single category.

Please note that the above categories may not reflect the language a person uses to describe their gender. Our survey utilised the two-step approach to collecting gender information about our participants, asking them how they describe their gender at the

**Figure 3**  
Gender of participants



**Table 3**  
Gender of participants

Gender of participants (n=311)	(n)	%
Woman (cis)	107	34
Man (cis)	89	29
Non-binary (presumed female at birth) <sup>4</sup>	71	23
Non-binary (presumed male at birth) <sup>4</sup>	14	5
Man (trans)	16	5
Woman (trans)	11	4

time of the survey, and the gender recorded for them at birth. For analytic purposes, we categorised participants into the categories shown in Table 1. For example, participants who described themselves as gender fluid were coded as non-binary, as non-binary is an umbrella term that includes this gender. Where we have quoted participants in this summary report, we have recorded their gender as it was categorised for coding, in order to protect the identities of participants.

### 1.1 Other demographic data

Most survey participants identified their ethnicity as including Australian (79%, n= 243) and 80% (n= 253) speak only English at home. Eight percent of respondents (n= 25) identified as Aboriginal,

Torres Strait, and/or South Sea Islander. Our research cohort were highly educated, with 80% (n= 248) of the sample holding a university or TAFE qualification, this compares to PL3, where 73.8% (n= 5041) of the sample had obtained the same.

Over half 54% (n=165) of survey participants indicated that they were disabled or identified as a person with disability. This is a higher proportion than in PL3, where 38.5% (n= 2629) reported a disability or long-term health condition<sup>3</sup> and is also higher than the general Australian population (17.7%) (Australian Bureau of Statistics, 2019). This is a notable result, and we will dedicate a future briefing paper to the experiences of respondents with a disability.

Full demographic details can be found in Appendix A of this report.

<sup>3</sup> It is important to note that PL3 disability data was calculated through the Australian Institute of Health and Welfare's Standardised Disability Flag Module (SDFM), a quantitative tool, whereas in the Experiences survey, we asked participants to self-define whether they had a disability using a broad definition of disability "including deaf/Deaf, mental illness, chronic health and neurodiversity. Living with HIV is not included in this definition unless you experience disability relating to HIV"

<sup>4</sup> We have disaggregated non-binary participants in the demographics only, by gender presumed at birth. This is to highlight that we may not have a representative sample of non-binary people presumed male at birth.

## 2. Experiences of sexual violence across the lifecourse

Prior to asking respondents detailed questions about the experience of violence they deemed as being most impactful for them, we first asked a series of questions about life course experiences of sexual violence, including harassment. To prevent the list from overwhelming participants and for future additional analysis, the questions were asked in three parts. As such, they are presented in three separate tables. Multiple responses were possible for each of the below questions.

### 2.1 Forms of sexual violence experienced

**Table 4**

Has someone ever engaged in any of the following behaviours without your consent

Has someone ever engaged in any of the following behaviours without your consent (multiple responses) (n=293)	(n)	%
Groped or touched you in a sexual way when you did not want them to (e.g. touched your genitals)	257	88
Stared or leered at you in a way that made you feel uncomfortable or unsafe	234	80
Made an offensive sexual comment about you or your body	234	80
Made repeated or unwanted attempts to flirt or have sex with you	233	80
Kissed you when you did not want them to	173	59
Showed you sexual photos or videos when you did not want them to (e.g. 'dick pics')	168	57
Exposed their genitals or masturbated in front of you when you did not want them to	122	42
Threatened to sexually assault you	107	37
Took or shared naked or sexual photos or videos of you without your permission	75	26

Table 4 shows participant responses to being asked if someone had ever engaged in any of the listed behaviours without their consent. Multiple responses were allowed for this question.

Over 80% of participants responded that they had been groped, leered at, received offensive comments, and repeated attempts to flirt. Over half

of respondents had non-consensual nude pictures/videos shown/sent (57%), while a minority of respondents had been flashed/exposed to genitals or masturbated in front of (42%) or threatened with sexual violence (37%), or had nude photos/videos taken or shared without permission (26%).

**Table 5**

Has someone ever had sex with you or continued having sex with you

Has someone ever had sex with you or continued having sex with you (multiple responses) (n= 257)	(n)	%
When you felt you could not say no	210	82%
When you did not want them to	205	80%
When you had asked them to stop	147	57%
When you were too drunk or high to know what was happening	130	51%
When you were unconscious or asleep	91	35%

Table 5 shows participants answers to the question on if someone had ever had sex with them or continued to have sex with them in a given situation. There were multiple answers allowed for this question.

Most commonly, 82% (n=210) of the sample said that someone had sex with them when they felt they could not say no, and 80% (n=205) when they did

not want them to. Over half the respondents had experienced someone having sex with them when they had asked them to stop or when they were too drunk or high to know what was happening. Over a third of respondents experienced someone having sex with them when they were unconscious or asleep (35%, n=91).

**Table 6**

Forms of sexual violence experienced (c): Has someone ever engaged in any of the following behaviours without your consent

Forms of sexual violence experienced (c): Has someone ever engaged in any of the following behaviours without your consent (multiple responses) (n=270)	(n)	%
Pressured or coerced you to have sex	195	72
Made you feel afraid, unsafe, or uncomfortable before or during sex	182	67
Pressured or forced you to do particular sexual acts that they knew you were uncomfortable with	167	62
Insulted, ridiculed, or shamed you about your body before, during or after sex	115	43
Violated the sexual boundaries you had agreed on (e.g. did not listen to a "safe word")	109	40
Used physical force to make you have sex with them	99	37
Pressured or tricked you into sex without protection (e.g. removed a condom)	88	33
Choked or strangled you during sex when you did not want to them to	68	25
Pressured, coerced or forced you into having sex with someone else (e.g. to be part of a threesome)	54	20
Threatened to hurt you or another person if you did not have sex with them	45	17

Table 6 highlights this survey’s high prevalence of pressure or coercion to have sex, with 72% (n=195) of survey respondents experiencing this form of sexual violence. Further, 67% (n=182) reported that a person had made them feel afraid, unsafe, or uncomfortable before or during sex, and 62% (n=167) reported they had been pressured or forced to engage in sexual acts that the other person(/s) knew they were uncomfortable with.

The Tables 4 to 6 show different forms of sexual violence experienced by our participants. The high number of multiple responses to each of the different behaviours help to create a picture of the fact that most participants have experienced more than one form of sexual violence in their lives. However, it is also important to note that some participants may be reporting behaviours that

occurred within a single incident of sexual violence, for example, a perpetrator of sexual violence may have violated an agreed sexual boundary by strangling or choking someone.

While these data have come from a sample of people who self-selected as having experienced sexual violence and is thus not representative of general LGBTQ+ populations, these responses do indicate some of the sexually violent behaviours commonly facing our communities, including being groped or touched in a sexual way without consent (88% of respondents) and experiencing pressure or coercion to have sex (72% of respondents). Gendered differences emerged regarding the incidence of behaviours described above. These gendered differences will be explored in-depth in future briefing papers.

## 2.2 Life-course experiences of sexual violence

**Table 7**  
Life course Experiences of Sexual Violence

Life course Experiences of Sexual Violence (multiple responses) (n=292)	(n)	%
Under 12 only	3	1
Under 12 and 13-17	12	4
Under 12 and 18+	22	8
13-17 only	19	7
13-17 and 18+	69	24
18+ only	103	35
Throughout life course	64	22



The survey asked respondents about when in their lives they had experienced sexual violence. On average respondents had experienced violence across two of the three life stages represented in the survey. Twenty-two percent (n=64) of participants reported they had experienced sexual violence at all three of the reportable life-course stages. Just 35% (n=103) reported only having experienced sexual violence as an adult.

Thirty five percent of respondents indicated an experience of sexual violence as a child, 56% as a teenager, and 88% as an adult. Participants were able to select multiple responses to this question. Gender differences were observed with 49% (n=48) of cis women experiencing sexual violence as a child, compared to 16% (n=13) of cis men, and 56% (n=9) of trans men.

Twenty four percent 24% (n=65) of respondents reported they had experienced sexual violence in the last year although age differences were observed. For example, 34% (n=26) of the 18-25 year old age group responded yes, compared to 12% (n=5) of those aged 41-50 years old. Responses also varied by gender, with trans women most likely to report an experience of sexual violence in the last 12 months (38%, n=3) followed by trans men (31%, n=16). The small number of binary trans people who participated in the study limit the generalisability of this finding.

### **2.3 Summary: experiences of sexual violence across the life course**

Survey participants reported experiencing many different forms of sexual violence. Experiences of sexual harassment including being stared or leered at, and having an offensive sexual comment made about you or your body were particularly common, with 80% (n=234) respondents experiencing this behaviour. Similarly, 80% (n=205) of survey participants reported that someone continuing to have sex with them when they did not want to, while 82% (n=210) reported someone had had sex with them when they felt they could not say no. Experiences of pressure and coercion, of being made to feel afraid, unsafe, or uncomfortable were also common. Being insulted, ridiculed, or shamed about their body is a form of sexual violence that can constitute identity-based abuse specific to LGBTQ+ people. This was experienced by 42% (n=115) survey participants.

Most survey participants had experienced sexual violence at multiple life stages, and almost a quarter of participants 24% (n=65) had experienced sexual violence in the last year. These results highlight a need for responses to sexual violence that can support LGBTQ+ people in the immediate aftermath of sexual violence, and for those in our community who have experienced historical sexual violence.

### 3. Nature of most impactful experience of sexual violence

This section relates to experiences of sexual violence that participants felt had the most impact on them. This experience could be a single incident (e.g. a sexual assault at a party) or a series of related incidents (e.g. an abusive relationship with an ex-partner). We asked participants a series of questions about the nature of this incident, including where it occurred, about bystander involvement, and disclosure and reporting, including reporting to police.

#### 3.1 Most impactful experience of sexual violence

**Table 8**  
Participants most impactful experience of sexual violence

Participants most impactful experience of sexual violence (n=272)	(n)	%
Sexual assault	171	63
Sexual harassment	30	11
Both	71	26

Table 8 : Participants most impactful experience of sexual violence Table 8 shows participants' most impactful experience of sexual violence. Over half of the sample reported sexual assault alone was the most impactful experience 63% (n=171), while 26% (n=71) indicated both sexual assault and sexual harassment and 11% (n=30) reported sexual harassment. Overall, 89% of respondents reported either sexual assault alone, or sexual assault and sexual harassment combined.

#### 3.2 When did the most impactful experience occur

**Table 9**  
When participants most impactful experience happened

When participants most impactful experience happened (n=275)	(n)	%
0-1 months ago	3	1
2-6 months ago	5	2
7-12 months ago	9	3
1-2 years ago	34	13
3-5 years ago	67	24
6-10 years ago	63	23
11-20 years ago	55	20
20+ years ago	39	14

Table 9 highlights that for most participants 94% (n=258) their most impactful experience of sexual violence occurred over a year ago. Over 40% (43%, n= 118) of participants reported the most impactful experience occurred within the last five years. That 34% (n=94) of participants indicated their most impactful experience of sexual violence occurred over 10 years ago demonstrates the long-term nature and impacts of trauma.

### 3.3 Where did the most impactful experience occur

**Table 10**  
Where participants most impactful experiences happened

Where participants most impactful experiences happened (multiple responses) (n=278)	(n)	%
In a private residence	204	71
In a public place	62	22
In a place of study	28	10
At a straight/mainstream party	23	8
Using technology	24	8
At your workplace	17	6
At a straight/mainstream bar	15	5
At an LGBTQ+ bar	15	5
At an LGBTQ+ party	13	5
At a sex-on-premises venue	10	3
At a LGBTQ+ community event	6	2
A beat	1	0
Prefer not to say	1	0
Other	27	9

Most participants indicated that their most impactful experience of sexual violence occurred in a private residence 71% (n=204), followed by a public place (22%, n=62), and at the person's place of study (10%, n=26). "Other" responses included but were not limited to medical settings, at hotel/motels and in a vehicle.

These results differed by gender, for example, cis men were least likely to have experienced their

most impactful experience of sexual violence in a private residence (65%, n=49) compared to all other genders, while seven of the 10 incidents of sexual violence that occurred at a sex on premises venue (SOPV) were experienced by cis men. Trans people (binary and non-binary) were more likely to have had their most impactful experience of sexual violence occur in a public place, compared to cis participants.

### 3.4 Perpetrator characteristics

#### 3.4.1 Participant relationship to the perpetrator/s

Participants were asked how many perpetrators were involved in their most impactful experience, and of the 282 respondents to answer, 81% (n=229) of participants' most impactful experience of sexual violence involved one perpetrator.

**Table 11**  
Relationship to perpetrator at the time of most impactful experience of sexual violence

Relationship to perpetrator at the time of most impactful experience of sexual violence (multiple responses available) (n=276)	(n)	%
A stranger	65	23
A friend	53	19
A hook up/one night stand	40	14
An acquaintance	36	13
A former intimate partner	37	13
A date or a casual sexual partner	26	9
A current intimate partner	23	8
A family friend	19	7
Someone else	20	7
A work colleague or boss	17	6
A person in a position of authority	14	5
A parent	12	4
A sibling	11	4
Another family member	11	4

Most respondents knew the person or people who used sexual violence against them, although a significant minority indicated that the perpetrator was a stranger (23%, n=65). A further 19% (n=53) of respondents indicated that the person who used violence against them was a friend, 14% (n=40) a hook up/one night stand, and 13% a former intimate partner (n=37) or an acquaintance (n=36). Another 12% of respondents (n=34) experienced sexual violence at the hands of a family member.

Young people aged 18-25 were more likely to report that the perpetrator of sexual violence had been a friend (28%, n=22) than all other age groups. People aged over 41 were more likely than other age groups to report that the perpetrator had been a work colleague or boss (18%, n=7).

There were also gendered differences in respondents' relationship to the perpetrator of sexual violence. For example, 27% (n=21) of cis men reported the perpetrator was a hook up or one night stand, a higher rate than all other genders. Conversely, just 7% (n=5) of cis men reported the perpetrator was a current or former intimate partner, a lower frequency than all other gender categories. Just less than half the sample of trans men 47% (n=7) reported the perpetrator was a current or former partner, compared to 29% (n=22) of non-binary people, 26% (n=24) of cis women, and 11% (n=1) of trans women. It is important to note that the small numbers of binary trans participants (i.e., trans women and trans men) limit the generalisability of these findings.

We can compare these findings to the results of a similar question in Private Lives 3, although it's important to note though that the PL3 survey asked about the relation of the perpetrator to the most recent experience of sexual violence, rather than most impactful experience. In PL3, a similar percentage of people reported that the perpetrator was a friend, and proportions of participants that reported a stranger was the perpetrator were also similar, with 18.4% (n=18.4) of PL3 participants

reporting this, compared to 23% (n=65) of Experiences survey participants. However, it is notable that in PL3, 41.3% of participants reported the perpetrator was a former intimate partner or an intimate partner. This compares with 21% of Experiences participants. It is unclear whether this is a function of asking about most impactful experiences compared to most recent experiences, or for another reason.

### 3.4.2 Gender of perpetrator(s)

**Table 12**  
Gender of perpetrator(s) at the time of most impactful experience of sexual violence

Gender of perpetrator(s) at the time of most impactful experience of sexual violence (multiple responses) (n=284)	(n)	%
Cis man	243	86
Cis woman	36	13
Trans man	8	3
Trans woman	6	2
Non-binary person	5	2
Unsure/don't know	10	4

Respondents were asked what the gender of the perpetrator(s) was, and 86% (n=242) indicated that the person was a cis man. Further, 13% (n=36) indicated that the perpetrator was a cis woman. Just 3% indicated that the perpetrator was a trans man (n=8), 2% as being a trans woman (n=6) and 2% non-binary (n=5). These statistics reflect the substantial body of research demonstrating the highly gendered nature of sexual violence.

The findings also mirror PL3 findings, where 84.3% of participants reported that the gender of the perpetrator of their most recent experience of sexual assault was a cis man, and 14.4% indicated the perpetrator was a cis woman.

The results from the Experiences survey did vary by participant gender, with 97% (n=74) of cis men experiencing violence from a cis man, compared to 89% (n=8) of trans women, 88% (n=84) cis women, 82% (n=65) of non-binary people, and 64% (n=9) of trans men. While the number of trans men who completed the survey was small, and thus results are not representative, the fact that 57% (n=8) of trans men reported the perpetrator of the most impactful experience of sexual violence against them was a cis woman is a finding that should be explored further.

### 3.4.3 Perpetrator/s identification as LGBTQ+

Participants were asked if the perpetrator/s identified as LGBTQ+. There was an almost even split in responses. Of those respondents who knew how the perpetrator identified, 51% (n=117) reported the perpetrator/s was part of the LGBTQ+ community, and 49% (n=111) said they were not. It is important to note that depending on the relationship between the participant and the perpetrator, participants may not know how the perpetrator identifies, and 17% (n=57) of the total sample who responded to the question reported that they did not know if the person identified as LGBTQ+. Participant responses varied by gender, with 77% (n=46) of cis men reporting that the perpetrator identified as LGBTQ+, whereas responses from all other genders varied from 54% (n=7) for trans men to 31% (n=24) for cis women.

The variability of responses by gender suggests that different responses to sexual violence may be needed for different portions of LGBTQ+

communities. For example, it may be beneficial to invest in sexual violence prevention work that specifically targets cis men in our communities. The proportion of experiences of sexual violence reported to have been perpetrated by non-LGBTQ+ people suggests that mainstream sexual violence prevention work must target discriminatory attitudes against LGBTQ+ people to be effective.

Many of our participants, particularly cis women, experienced sexual violence in (likely) heteronormative contexts, demonstrating that it is inappropriate to see 'sexual violence against women' and 'sexual violence against LGBTQ+ people' as completely separate phenomena needing (exclusively) different responses.

General Australian population responses to sexual violence must be thoughtful to, and inclusive of, the needs of LGBTQ+ people.

### 3.4.4 Motivation of the perpetrator(s)

**Table 13**  
Factors that participants believed were motivators for perpetrator(s)

Factors that participants believed were motivators for perpetrator(s) (multiple responses available) (n=256)	(n)	%
I don't know	121	47
Sexism	77	30
Homophobia	40	16
Biphobia	19	7
Transphobia	13	5
Ableism	13	5
Fatphobia	13	5
Hatred/discrimination based on the perp's religious beliefs	10	4
Whorephobia	5	2
Racism	4	2
Hatred/discrimination of your religion	1	0
Something else	31	12

Participants were asked if they believed the perpetrator of their most impactful experience of violence was motivated by hatred related to a person's identity. Participants were able to select multiple responses from a list and could also specify 'something else' which was selected by 12% (n=31) of participants. Table 13 shows that 30% (n=77) of participants believe that sexism was the primary motivator of perpetrators. Identity-

based prejudice were also perceived to be key drivers of violence (28%, n=72).

In written responses, several victim-survivors suggested that their perpetrator's motivation was due to power, entitlement, sexual predation, and prejudice. Some suggested that perpetrators believed in LGBTQ+ stereotypes which led to 'corrective rape' behaviours, as described by these participants:

Aphobia; he thought that he could change my asexuality through assault

25 years old, non-binary, asexual

A small number suggested their perpetrator had a 'bad' personality or mental health issues that contributed to their harmful behaviour or that they were not aware of the harm they caused.

Control, coercion, mental health challenges

44 years old, cis woman, lesbian

Overall, participant responses indicated strong understandings of the drivers of sexual violence, namely that they are gendered and intersect with other forms of oppression, discrimination, power, and privilege. These results reflect other formative literature on gendered violence, demonstrating that violence against LGBTQ+ people (and indeed cis heterosexual women) is driven by cisgenderism and heteronormativity.<sup>5</sup>

<sup>5</sup> Heteronormativity is the structural oppression that positions heterosexuality as the only, preferred or 'normal' sexuality. heteronormativity enables homophobia and biphobia. Cisgenderism is also a structural oppression, it claims the only way to be a 'normal' man or woman is to be a cis masculine man and a cis feminine woman, while denying, denigrating and pathologising experiences, identities and expressions that differ from these gendered norms. Cisgenderism enables transphobia and gendered violence.

### 3.5 Further information participants wished to share about their most impactful experience of sexual violence

Participants also had opportunities within the survey to share more about their most impactful experience of sexual violence. Some victim-survivors indicated that their experiences occurred during significant times of their life or in their formative

years. For example, harm occurred during their first relationship or their first sexual experience. These experiences appeared to impact their sense of identity and how they related to others and their sexuality:

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To this day I am deeply affected by the long period of time it happened, especially during my formative years as a teenager, and he was also my first sexual partner

26 years old, non-binary, asexual

When combined with biphobia, it left me confused about my sexuality - am I really queer/bi or just traumatised

36 years old, non-binary, bisexual

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This didn't fit into any of the boxes. I don't know if we had sex. I was drunk and I know we kissed, but I don't know what happened next, but I know we got close to having sex... it took me a long time to realise a lot of my experiences were not consensual because I was so drunk

21 years old, non-binary, queer

Some participants disclosed that alcohol and other drugs had been involved in the sexual violence. Drink spiking and drug-assisted coercion was referenced by a few respondents in different environments and contexts. Some respondents were not sure exactly what happened or who hurt them, but knew despite being intoxicated, they did not consent.

Some participants also discussed confronting the person who used violence against them, and that in these situations, the perpetrators did not take responsibility for their actions.

I was intoxicated, and he was not and that was on purpose

31 years old, cis woman, bisexual

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A number of participants shared that they had not realised that their experiences constituted sexual violence until some time after the violence occurred, and for some, that they had not known until they were informed by someone else, such as their partner.

I confronted my partner after the experience and said it was rape, however they gaslighted me by saying they didn't realise I was unconscious

28 years old, cis woman, queer

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When participants were asked if there was anything else they wanted to share about their experience of violence, a significant number of people described the exact nature of the sexual violence they had experienced, sometimes in explicit detail. This may indicate that people who have experienced sexual violence desire opportunities to share and have understood the nuances of their experiences and

stories, and that further qualitative research is required. This also reflects participant reflections on helpful responses to disclosure (section 5.2) and on self-care and support (section 7), as talking about their experiences with others was a common way that people sought help, and mechanism they valued.

### 3.6 Summary: Most Impactful Experience of Violence

The information provided by participants about the nature of their most impactful experience of sexual violence aligns with the picture of sexual violence in Australia more broadly, namely that it is a harm that is primarily perpetrated by cis men, by a person known to the victim/survivor, in a private residence and that it is driven by gendered systems of power and privilege including cisgenderism and heteronormativity.

LGBTQ+ people were as likely to experience violence from outside the community as they were from within, and a large proportion of the violence perpetrated by LGBTQ+ people against LGBTQ+ people occurred within the context of intimate relationships (a partner, hook up, or date).

Also of importance is the finding that 57% of sexual violence reported as the most impactful experience occurred over five years ago and continues to have impacts on participants' lives.

Close attention should be paid to the gendered and age-based differences in experiences between participants. That experiences vary along these lines indicates that sexual violence interventions and awareness campaigns will be most effective if they are tailored and targeted to specific audiences within LGBTQ+ communities, rather than presuming a single campaign or program will meet the needs of all LGBTQ+ populations.

## 4. Bystander intervention and most impactful experience

Survey participants were asked about the actions of bystanders during their most impactful experience of sexual violence. The definition given to participants of ‘bystanders’ was “a person who is present at an event or incident but does not

take part. A bystander may, however, intervene in an incident.”

Participants were asked if anyone else intervened before, during or after the incident of sexual violence that had the most impact on them.

**Table 14**  
Participant reports of bystander interventions (before, during or after the incident)

Participant reports of bystander interventions (before, during or after the incident) (n=280)	(n)	%
Yes	34	12
No	234	84
Unsure/don't know	11	4
Prefer not to say	1	0

Table 14 highlights that a majority of the sample, 84% (n=234) did not experience any bystander intervention before, during or after their experience of sexual violence. Just 12% (n=34) of the sample did experience bystander intervention.

Those respondents who indicated that a person had intervened in the incident were asked what the person/people did to intervene. Responses included pulling a perpetrator off the person, contacting the police, and checking in on the person to ask if they were ok. Some people also described actions taken after assault, such as a person helping them to report. It is notable that attempts to intervene were not always described as successful or helpful.

The fact that so few respondents had experienced bystander intervention is perhaps unsurprising given that 71% (n=204) of respondents indicated that their most impactful experience of sexual violence had happened at a private residence. Taken together, these results indicate that investment to improve direct bystander interventions may not be the most effective way to support LGBTQ+ people who have experienced sexual violence. It may instead be more fruitful to encourage bystander support after an incident has occurred.

## 5. Disclosure and reporting of most impactful experience of sexual violence

Survey respondents were asked questions about their disclosure and reporting of the experience of sexual violence that had the most impact on them, to gain a picture of people's experiences help seeking.

### 5.1 Nature of Disclosure

Participants were asked if they had told anyone about their most impactful experience of sexual violence.

**Table 15**  
Participant disclosure of experience

Participant disclosure of experience (n=280)	(n)	%
Yes	219	78
No	54	19
I don't know	1	0
I can't remember	4	1
Prefer not to say	2	1

As outlined in Table 15, 78% of respondents indicated that they had told someone, and 19% reported that they had never told anyone. When analysed by sexuality, respondents who identified as gay were more likely than those reporting other sexualities to indicate that they had never told anyone. Just under a third of gay respondents (cis and trans) reported they had never told

anyone. Rates of non-disclosure for those reporting other sexualities varied from 14-18%. First Nations respondents were less likely than non-Indigenous respondents to have told anyone about their experiences, with 25% (n=5) participants stating they had not told anyone, compared to 19% (n=49) of non-Indigenous respondents.

**Table 16**  
Who did you first tell about this experience?

Who did you first tell about this experience? (multiple responses) (n=215)	(n)	%
Friend	144	66
Counsellor/Psychologist	70	32
Partner	52	24
Family member/relative	50	23
Doctor or other medical professional	32	15
Police	25	11
Sexual assault or domestic violence support service	17	8
Other	16	7
A crisis support service (e.g. Lifeline)	11	5
An LGBTQ+ specialist service	11	5
Work colleague/boss	7	3

Respondents who reported that they had told someone about their experience of violence indicated that they told a variety of people after the event, with participants disclosing to two people on average. The most common person participants talked to about their experience of sexual violence was a friend (66%, n=144), followed by counsellor/psychologist (32%, n=70), partners (24%, n=52) and relative (23%, n=50). Just 11% (n=25) of survey participants first disclosed to police, 8% (n=17) disclosed first to a sexual assault or domestic violence support service, and 5% (n=11) to an LGBTQ+ specialist service.

These results indicate that we need to look beyond upskilling mainstream service providers and police, and work to build the capacity of LGBTQ+ people and their allies as first responders to sexual violence, while better equipping LGBTQ+ organisations to develop and promote community-led LGBTQ+ specialist services.

## 5.2 Helpful and unhelpful responses to disclosure

Respondents who had disclosed their most impactful experience of violence were asked about who of the people they had talked to about their experience had the most and least helpful responses, and why.

Respondents commonly reported that family members and loved ones had invalidated or dismissed them and their experiences sexual violence. Some family members did not know how to respond, did not respond at all, or blamed the victim-survivor for what had happened to them. This manifested as victim-blaming, dismissal, asking invasive questions or ignoring the significance of the event.

I grew up in a religious family where my parents were still coming to terms with my sexuality. They believed that being assaulted was to be expected living that lifestyle

26 years old, cis man, gay

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Some respondents emphasised that the people they told had a general lack of knowledge on how to help or respond in meaningful ways. This was even more apparent when victim-survivors recalled events from a long time ago, had experienced child sexual abuse or when a situation involved someone of the same gender.

People who responded with ‘they were a child too’ or ‘they were just having fun’ or ‘they’re just being assholes’ and ‘it was long ago’: etc

40 years old, cis woman, pansexual

People I told weren’t trained – they were just friends and my sisters. So, all they could really say was ‘wow that really sucks, I’m sorry’.

23 years old, non-binary, queer

When I’ve been raped by men people fuss over you more, like its more tragic. When I talk about this experience with a woman no one knows what to say

28 years old, cis woman, bisexual

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These reflections from participants demonstrate profoundly entrenched narratives and myths about sexual violence, such as that it is always perpetrated by a cis heterosexual man who is a stranger against an adult woman who is also cis and heterosexual. This leaves many first responders unable to understand and respond to the experiences of LGBTQ+ victim-survivors.

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Friend who believed and validated my experience without blaming me. Helpful because it was validating

20 years old, cis man, bisexual

Those who responded in a positive and impactful way to a victim-survivor's disclosures were those who listened, believed, and validated them.

Several friends that I told were supportive and listened to my experiences. They never expressed any doubt that it didn't count as assault

28 years old, non-binary, queer

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Some respondents who discussed their experiences with service providers, including doctors, psychologists, support workers and crisis hotlines, indicated that they did not always respond appropriately to disclosure.

Initial psychologist said 'Maybe if you didn't invite him to your house, you wouldn't have been raped'. I'm sorry, if I knew he was a rapist, he wouldn't have been invited into my house

36 years old, non-binary, pansexual

I saw a trauma informed psychologist who worked with me for years afterwards to help me understand that it was not my fault and I shouldn't carry the shame of what happened

26 years old, cis man, gay

Respondents who indicated they felt validated and supported by professionals, said they had received trauma informed support.

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Respondents who reported having positive experiences of disclosure commonly indicated that what was important to them was being listened to and validated. This was crucial as many people indicated they felt significant shame, stigma and that they blamed themselves.

### 5.3 Reasons for not disclosing

Participants who indicated that they had not disclosed their experiences were asked to indicate the primary reason they did not disclose their experience but were given the option to select all options that apply. The results are presented in Table 17.

**Table 17**  
Reasons you did not disclose your experience

Reasons you did not disclose your experience (multiple responses) (n=84)	(n)	%
You felt ashamed/embarrassed about the experience	35	65
You did not think the experience was serious enough to tell anyone about	22	41
You dealt with the experience yourself	19	35
You were concerned that you would be blamed for the violence	19	35
You were concerned you would get into trouble if you told someone	18	33
You were worried the person who assaulted you would find out & do something to get back at you	16	30
You did not know who to talk to	14	26
You did not think that people would believe you	13	24
You do not trust the police	9	17
You were worried that the response would be homophobic, biphobic and/or transphobic	7	13
You did not want to disclose your sexuality and/or gender by telling someone about the assault	5	9
You did not want to draw negative attention to the LGBTQ+ community	4	7
You had disclosed a previous experience of sexual violence and did not receive a good response	3	6
You were worried that the response would be racist	1	2
Other	14	26

The most common reason for not disclosing was feeling ashamed/embarrassed about the experience, 65% (n=35). Another major reason for non-disclosure was not thinking it was serious enough to tell anyone about (41%, n=22). Other primary reasons participants did not disclose their experience of sexual violence included dealing with the experience themselves (35%, n=19), being

concerned they would be blamed for the violence as well (35%, n=19), they were concerned they would get into trouble if they told someone (33%, n=18), they were worried the person who assaulted them would find out and do something to get back at them (30%, n=16) they did not know who to talk to (26%, n=14), and they did not think people would believe them (24%, n=13).



First Nations respondents were more likely than non-Indigenous respondents to state that feeling ashamed/embarrassed about the experience was a reason they had never told anyone, with 100% (n=5) of First Nations respondents selecting this option. Furthermore, 80% (n=4) of First Nations respondents also indicated they were concerned they would be blamed, and that they would get into trouble.

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For years, I lived with shame,  
believing that the blame was mine

32 years old, cis man, gay

Participants highlighted how their experiences of shame played a central role in sexual violence disclosure.

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Some participants also highlighted that they were concerned about bringing negative attention to LGBTQ+ communities.

This barrier to disclosure of sexual violence is unique to marginalised communities.

I also believed that because my abuser  
was a transfeminine person, I would be  
contributing to the transphobia trans women  
face in society by talking about it

23 years old, non-binary, bisexual

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## 5.4 Reporting to police

Survey participants were also asked specific questions about whether or not they had reported their most impactful experience of sexual violence to police, and their experiences of doing so.

A vast majority of the sample did not report their experience to the police (86%, n=232). There were some reports made to the police, with 13% (n=34) of

respondents making formal reports, and 2% (n=5) making a report through the NSW-specific Sexual Assault Reporting Option (SARO). While rates of reporting to police were low across all genders, it is notable that 100% (n=8) of trans women did not report their experience to police. This compares to 85%-87% for all other genders.

The police were dismissive, rude, and minimizing of what happened. They were also extremely judgmental and ableist towards me as soon as I informed them, I had mental health issues. There was no follow-up, and I was left feeling unsafe and unheard

32 years old, cis woman, pansexual

Those who did make a formal report to police or a report through SARO (15%, n=39), were asked what this experience was like. Most respondents to this question reported negative or mixed experiences with police. These participants described experiences of invalidation, dismissal, or complete inaction by police.

It was horrible! So, so traumatising. Honestly the reporting process was more traumatising than the assault itself

27 years old, trans man, queer

This last participant later stated that he:

I ended up trying to take my own life because the reporting process was so traumatic, I was constantly doubted, interrogate[d]... and not believed and felt really unsafe

27 years old, trans man, queer

The few participants that reported positive experiences with police, highlighted experiences where the police were not judgmental, and in one case, spoke about being believed and validated by a specialist sexual assault officer.

Participants who did not report their experience to police were asked what the primary reason they did not report their experience to police. Participants could only select one answer in response to this question.

**Table 18**  
Reasons you did not report your experience to police

Reasons you did not report your experience to police (n= 231)	(n)	%
You did not think the experience was serious enough to report	56	24
You felt ashamed/embarrassed about the experience	30	13
You did not think reporting would achieve anything	23	10
You do not trust the police	18	8
You did not think that police would believe you	11	5
You were worried that the person who assaulted you would find out about the report and do something to get back at you	10	4
You did not want any action to be taken	7	3
You had dealt with the experience yourself	6	3
You were concerned that no action would be taken	6	3
You wanted to protect the person/people who perpetrated the violence	6	3
You were concerned police would blame you for the violence	5	2
You were worried that police would be homophobic, biphobic or transphobic	4	2
You did not want to disclose your sexuality and/or gender by making a report	3	1
You were concerned you would get into trouble with police for reporting	1	0
<b>Other reasons</b>	<b>45</b>	<b>19</b>

As outlined in Table 18, the most common primary reason for not reporting was that participants did not feel the incident was serious enough to report (24%, n=56). There were 19% (n=45) of the sample who cited ‘other reasons’ for not reporting. The qualitative responses of those that responded ‘other’ indicate that for many people, their primary reason for not disclosing sat across multiple stated categories. Some participants feared discrimination from the police, while some others stated that they felt they didn’t have enough evidence, didn’t consider police as an option at the time, or were

too young. Two participants disclosed that the perpetrator was a police officer. Other common reasons were feeling too ashamed or embarrassed to report (13%, n=30), and feeling that reporting would not achieve anything, with 10% (n=23) of respondents providing this reason.

While Table 18 highlights the primary reasons people did not report, many respondents told us there were multiple reasons that they did not report to police. Victim-survivor’s views of police and the legal system greatly impacted on whether they would report an incident.

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At the time I was living in a regional area and did not feel comfortable approaching the police to report the issue.

I thought that they would take a homophobic stance, and nothing would come of raising my concerns. I still feel distrustful of police when it comes to discussing my homosexuality – there is systemic homophobia and persecution of minorities in our police force that needs to be addressed

30 years old, cis man, gay

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Whilst some people had a general lack of faith in the criminal justice system and therefore, did not report, others feared they would not be believed by police. Many explicitly stated that police are not skilled in understanding LGBTQ+ identities, and relationships. Respondents also shared about failings of the criminal justice system more broadly, and this impacted their decisions about whether and how to report.

### 5.5 Summary- disclosure and reporting of most impactful experience of sexual violence

Participant responses in relation to disclosure and reporting provide us with important insights into priorities for intervention. Over 60% of respondents reported that the person they first told was not a professional; rather, their first responders were “friend”, “partner” and/or “family member/relative”. This result, together with the fact that many participants reported that their disclosure was met with dismissal, invalidation, and the other person not knowing how to respond, suggests that it is important that LGBTQ+ community members be upskilled in ‘sexual violence first aid’.

Respondents were more likely to have disclosed to counsellors/psychologists than specialist or sexual assault or domestic violence support services. These responses highlight both the need to ensure that non-specialist service providers be upskilled to respond to LGBTQ+ people’s experiences of sexual violence, and that more needs to be done to increase the accessibility of sexual assault and domestic violence support services to LGBTQ+

people. Responses should be tailored to the intersectional needs of all population groups within LGBTQ+ communities, rather than assuming a one size fits all approach.

It is also important to note that just 5% (n=11) of respondents said that they first told an LGBTQ+ specialist service about their experience of sexual violence. These results suggest that respondents may believe that specialist LGBTQ+ services either don’t provide these services at all or are not able to respond to clients presenting after experiencing sexual violence. This may reflect the lack of funding allocated to LGBTQ+ services to deliver and promote sexual violence specific services.

LGBTQ+ people who have experienced sexual violence experienced multiple and substantial barriers to reporting and to receiving helpful responses to disclosure. Many respondents reported a lack of trust in police and reflected a belief that police were not a safe option for LGBTQ+ people.

## 6. Impacts of sexual violence, including on self-harm and suicidality

Participants were asked a series of questions about how sexual violence, in general (i.e. experiences not just limited to their most impactful experience), had impacted their lives.

### 6.1 Impacts

**Table 19**  
Have your experiences of sexual violence impacted

Have your experiences of sexual violence impacted (multiple responses) (n= 271)	(n)	%
Your mental health	226	83
Your feelings of safety	202	75
Your sex life	185	68
Your relationships	164	61
Your identity	107	40
Your connection to the LGBTQ+ community	73	27
Your physical health	68	25
Your finances	55	20
Your housing	36	13
No impacts	12	4

Participants were asked to select from a list of impacts that sexual violence may have had on their lives. Participants were able to select multiple responses. As indicated in Table 19, 83% (n=226) of respondents indicated their experiences of sexual violence had impacted their mental health. Three quarters of participants (75%, n=202) said their feelings of safety had been impacted. Further, 68% (n=185) of respondents said their sex life had been impacted, 61% (n=164) their relationships, 40% (n=107) their identity, 27% (n=73) their connection to the LGBTQ+ community, and 25% (n=68) their physical health. Finances and housing were also impacted for a number of participants. Just 4% (n=12) of participants reported that they had experienced no impacts.

Impacts reported by participants did vary across demographic markers. Participants aged 51+ were less likely to report impacts on their mental health, with 62% (n=13) reporting mental health impacts, compared to ranges between 80-90% for the other age groupings. Cis men were less likely than people of other genders to report that their sex life had been impacted, with 41% (n=30) reporting impacts, compared to ranges between 63-82% for other genders. Also, 14% (n=10) of cis men reported that they had experienced no impacts (at all), compared to 0-1% for other genders.

## 6.2 Self-harm and suicidality

Study participants were also asked specific questions about whether their experiences of sexual violence had contributed to self-harm or suicide.

When asked about whether their experience of sexual violence had ever contributed to them thinking about self-harm or suicide, 55% (n=140) of respondents said their experiences had contributed to thoughts about self-harming, and 46% (n=117), to thoughts about suicide. Just 38% (n=103) indicated that the sexual violence that they had experienced had never contributed to them thinking about self-harm or suicide.

Results varied by participant age. For example, 73% (n=53) of responses from the 18-25 years old age group disclosed thinking about self-harming, compared to 35% (n=7) in the 51 and older age-group. Looking at results by gender, trans participants reported higher rates of thinking about self-harm and suicide than cis participants. Cis men were notably less likely to have thought about self-

harm and/or suicide because of sexual violence, compared to all other genders. Interestingly, 70% (n=49) of cis men had never thought about self-harm or suicide because of sexual violence, compared to 38% (n=33) of cis women, 26% (n=18) of non-binary people, 14% (n=1) of trans women, and 7% (n=1) of trans men.

We also compared the responses of participants who had experienced sexual violence when they were under 18 years old, compared to participants who had exclusively experienced sexual violence as adults. We found that respondents who had experienced sexual violence when they were under 18 years old, reported both suicidality and self-harm ideation at three times the rate of those who exclusively experienced sexual violence as adults. This was a statistically significant result ( $p > .0001$ ).

We then asked respondents if their experiences of sexual violence ever contributed to them self-harming or attempting suicide.

**Table 20**

**Sexual violence ever contributed to you self-harming or attempting suicide**

Sexual violence ever contributed to you self-harming or attempting suicide (n=253)	(n)	%
Yes; self-harming	113	42
Yes; suicide attempt	56	21
No	134	50

As per Table 20, forty-two percent (n =113) of respondents indicated that their experience of sexual violence contributed to them self-harming, and 21% (n=56) respondents stated that they had attempted suicide. That for over 50% of our participants, sexual violence was reported to contribute to self-harm or attempted suicide is an alarming finding.

A high number of participants who reporting thinking about suicide and self-harm went on to engage in self harm or attempt suicide, indicating the need for all sexual violence responses (mainstream and LGBTQ+) to be delivered using person centred, trauma-informed approaches and for mental health and suicide prevention initiatives to be cognisant to the impact sexual violence can have on mental health.

Participants aged 51+ years old were less likely than other age groups to have reported that sexual violence contributed to self-harm or attempting suicide, and participants aged 18-25 years old were more likely to have self-harmed than other age groups. Analysed by gender, cis men were least likely to report sexual violence contributed to self-harm (11%, n=8) or attempting suicide 10% (n=7). This contrasts starkly with the 85% (n=11) of trans men who had reported self-harm, and 54% (n=7) who had reported attempted suicide, and the 83% (n=5) of trans women who had reported self-harm, and 17% (n=1) who had attempted suicide. Cis women and non-binary people had similar rates of reported self-harm at 52% (n=46) and 56% (n=40), respectively, and suicide attempts (with 25% of both cohorts reporting this).

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Many participants shared highly personal stories about the impact of sexual violence and trauma on their lives, bodies, and relationships.

It has made me question every aspect of my gender and sexuality and not in a healthy, exploratory way; in a hyper vigilant, self-doubtful, blaming every part of my “selfhood” as somehow a “result” of the experiences. It hollowed out my sense of self. It makes me feel like a fraud, even in queer spaces where I feel loved and accepted

39 years old, queer, non-binary

---

A few participants also shared ways that they had been able to build positive outcomes and impacts on their lives, following trauma:

My recovery motivated me to train as a sexual assault counsellor and I devoted my career to helping children and women recover

70 years old, lesbian, cis woman

---

The positive framing contributed by these participants highlights how victim/survivors can work through the trauma of sexual violence; or be motivated by a desire to prevent others from experiencing this trauma, to contribute to building safer communities.

### 6.3 Summary: Impacts of sexual violence

Survey results indicate that people who have experienced sexual violence overwhelmingly experience significant negative impacts on their lives. These impacts stretch across many domains including mental health, relationships, identity, physical health, and housing. It is alarming that half of the respondents who answered questions about suicide and self-harm reported that sexual violence had contributed to self-harm and/or suicide attempt.

The impacts of trauma and sexual violence on people’s lives and in particular on mental health, provide clear impetus for responses to be improved, and for mental health service providers to be upskilled in relation to LGBTQ+ communities and sexual violence.

## 7. Self care and support

Our research participants were asked open ended questions about any self-support strategies they used to deal with the impacts of sexual violence on their life.

How people recovered from sexual violence was deeply personal and diverse. Most respondents emphasised that psychologists were central to how they understood what happened to them and how they could move forward. Finding meaningful hobbies, spending time with loved ones, talking about it and learning about trauma was helpful for victim survivors:

Therapy – both DBT and EMDR. Learning about trauma and PTSD. Talking to my friends about it. Exercising. Spending time in nature. Spending time with my loved ones

38 years old, cis woman, bisexual

Participants were also asked if they had any advice to better support LGBTQ+ people who had experienced sexual violence.

Recommendations and advice included more sexual assault education, particularly for LGBTIQ+ relationships. This includes greater access to resources about sexual relationships and alternative options to reporting to police:

I think more reporting options besides the police should be explored and also, I think the education systems needs to target kids young and talk about consent and not be afraid to be honest about sex, no bloody metaphors used, all facts.

Sex shouldn't be hidden from kids like it's a dirty word. Maybe if people were more open, educational and honest with kids from a young age, we wouldn't find sex so confusing and messy, and consent would be negotiated properly

26 years old, non-binary, queer



---

Participants commonly recommended reporting and/or disclosing experiences to psychologists, health services and even police. Participants also stated that current services are not equipped for LGBTQ+ people. This included articulating how someone at each part of the “alphabet” may have different needs. In general, support services were viewed as heteronormative and unwelcoming for LGBTQ+ victim-survivors.

Services need to hire LGBTQIA+ people to support LGBTQIA+ people, particularly trans people for trans clients. It’s not good enough that services are so cis-heteronormative.

I don’t want to talk to a veteran social worker called Barbara whose understanding of sexual assault is “woman attacked at night by man”, and whose only exposure to queer people is Elton John

24 years old, non-binary, gay

More services that understand sexuality and gender diverse people and non-normative relationships

49 years old, non-binary, queer

As a bisexual in a long-term relationship with a man (and sometimes in an open relationship), I feel it is not my place to take “advantage” of queer support services.

I know many queer people certainly have it worse than me.

Maybe having a social media campaign or a little section on the website affirming commitment to helping bisexuals would be helpful, since many of us feel on the outer of the queer community and fear taking up space

29 years old, cis woman, bisexual

---

Participants shared how important it was to have access to trauma-informed services, and to be able to share their experiences and be believed. Many emphasised the importance of finding community and talking about sexual violence with LGBTQ+ community members. Participants commonly highlighted the importance of being believed, and of believing others. They shared affirmation statements for other survivors:

You are valid, and you are not at fault

26 years old, non-binary, queer

Find safe people to talk to. If you are dismissed, don't give up ... find someone else. You are not alone, and it wasn't your fault. Learn to love and value yourself again. Your traumatic experiences don't need to define you. You are much more than that

28 years old, cis woman, queer

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These statements showcase the deep sense of community connection and resilience of the LGBTQ+ community, and potentially speak to a desire within participants to connect with peers who have experienced sexual violence, to share ways of moving through trauma.

# Perceptions of sexual violence

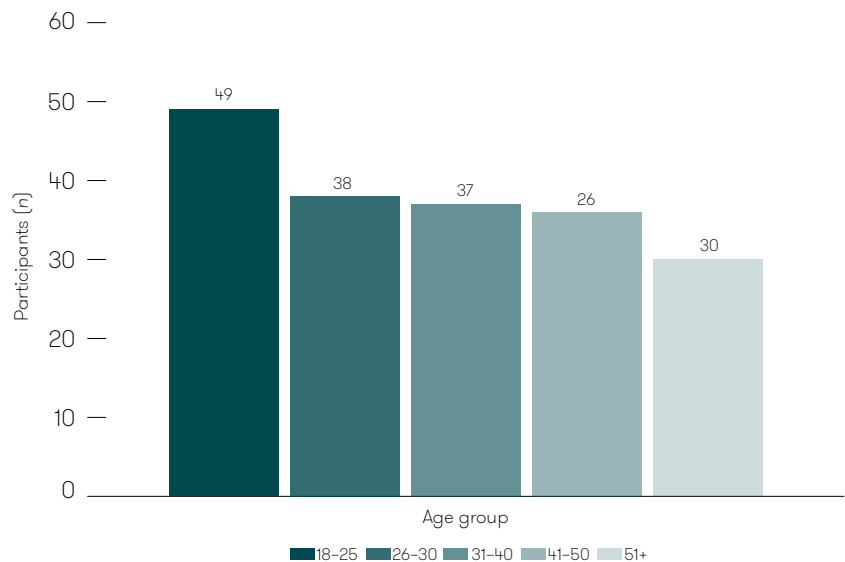
The following section of this report reports on the responses from participants of our perceptions of sexual violence survey. These results give us insights into LGBTQ+ populations' understandings about the nature and prevalence of sexual violence in our

communities, as well as the availability of supports and community readiness to be active bystanders and support others who have experienced sexual violence.

## 8. Demographics

The demographics of participants is summarised in the following figures and tables.

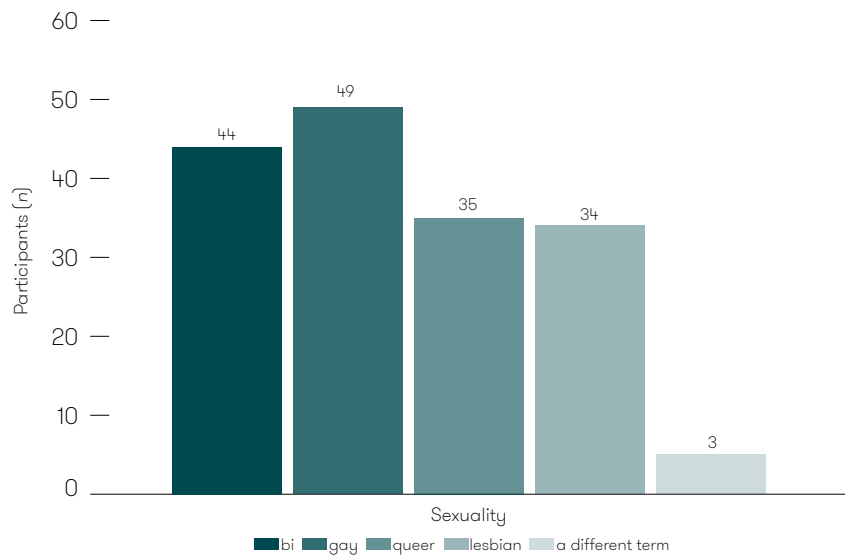
**Figure 4**  
Age of participants



**Table 21**  
Age of participants

Age of participants	(n)	%
18-25 years	49	27
26-30 years	38	21
31-40 years	37	20
41-50 years	26	14
51+ years	30	16

**Figure 5**  
Sexuality of participants



**Table 22**  
Sexuality of participants

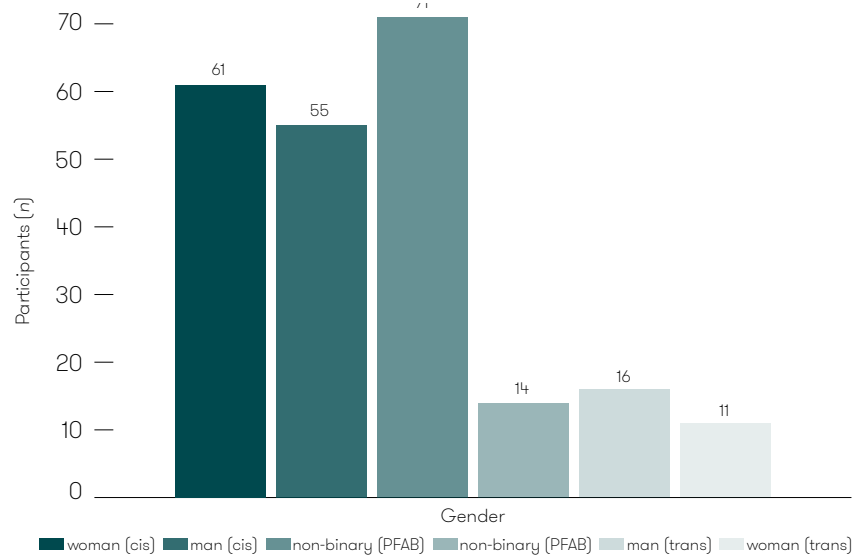
Sexuality of participants	(n)	%
bi+	44	26
gay	49	29
queer	35	21
lesbian	34	20
a different term	5	3

The demographics of participants in our *Perceptions* survey is similar to our *Experiences* survey.

As Figure 4 shows, while people from a range of ages participated in this survey, a significant proportion were young, with 48% (n=87) aged 30 or younger. However, in this survey, a greater proportion of respondents were aged 51+ (16%, n=30), compared to 8% (n=25) in the *Experiences* survey. We also had a slightly higher proportion of respondents identifying as gay or lesbian. Just 19% (n=32) of *Perceptions* survey participants were non-binary, compared to 28% in the *Experiences* survey.

As in our *Experiences* survey, the *Perceptions* survey utilised a two-step approach to collecting gender information about our participants, asking them how they describe their gender, and the gender that was presumed for them at birth. Participant responses were coded as per Table 23, with the exception of non-binary. As with the *Experiences* survey, for demographic reporting we disaggregated non-binary people presumed female at birth and non-binary people presumed male at birth, however elsewhere throughout the report we code, analyse and report non-binary as a single category. The categories used in Table 23 may not always reflect the language a person uses to describe their gender.

**Figure 6**  
Gender of participants



**Table 23**  
Gender of participants

Gender of participants	(n)	%
woman (cis)	61	37
man (cis)	55	33
non-binary (presumed female at birth) <sup>6</sup>	71	23
non-binary (presumed male at birth) <sup>6</sup>	14	5
man (trans)	16	5
woman (trans)	11	4

### 8.1 Other demographic data

The majority of survey participants identified their ethnicity as being Australian (80%, n=139) or European (26%, n=47). Eleven percent (n=19) of participants identified as Aboriginal and/or Torres Strait Islander. The cohort was well educated, with 59% of participants engaging in tertiary study (n=104). A substantial number of participants 47% (n=84), were disabled or identified as a person with a disability. These demographics mirror the demographics of the *Experiences* survey cohort.

Full demographic details can be found in Appendix B of this report.

<sup>6</sup> We have disaggregated non-binary participants in the demographics only, by gender presumed at birth. This is to highlight that we may not have a representative sample of non-binary people presumed male at birth.

## 9. Experiences of sexual violence

A majority of *Perceptions* study participants had experienced sexual violence in their life 87% (n=153). Of the respondents, 65% (n=96) reported that they consider their experience(s) to be both sexual assault and sexual harassment, 21% (n=31) responded with sexual assault only, and 14% (n=20), sexual harassment only. In total, 62% of the survey cohort reported experiencing sexual assault. This compares to data from *Private Lives 3*, where 48.6% of the cohort reported experiencing sexual assault.

Participants were also asked if they had experienced sexual violence in the last 12 months, and 23% (n=35) said that they had. Of those who had experienced sexual violence in the last 12 months, 66% (n=23) of these participants had experienced sexual harassment, 29% (n=10) experienced sexual assault and sexual harassment and 6% (n=2) experienced sexual assault.

The participants in this study reported high rates of sexual violence, with the majority of respondents having experienced sexual violence in their life; and over half of the sample experiencing both sexual assault and sexual harassment. While the survey was open to LGBTQ+ people regardless of whether they had experienced sexual violence, people with personal experiences of sexual violence were clearly more likely to self-select in. As such, the findings of this report may not be generalisable to LGBTQ+ communities more broadly.

## 10. Perceptions about LGBTQ+ people's experiences of sexual violence & disclosure

We aimed to understand more about LGBTQ+ people's perceptions of sexual violence experienced in our communities. To gather this information, we asked a series of Likert scale questions to ascertain perspectives. We have also included participant insights and perspectives from qualitative questions asked within the report.

### 10.1 Perceptions about rates of sexual violence experienced by LGBTQ+ people

**Table 24**  
LGBTQ+ people experience high rates of sexual violence

LGBTQ+ people experience high rates of sexual violence (n=165)	(n)	%
Strongly agree	78	47
Agree	56	34
Disagree	6	4
Strong Disagree	3	2
I don't know/unsure	22	13

The majority of our sample (81%, n=134) strongly agreed or agreed with the statement that LGBTQ+ people experience high rates of sexual violence. These results demonstrated that most participants are aware of the high rates of sexual violence experienced by LGBTQ+ populations.

In qualitative responses, a number of participants reflected their understanding that trans people experience higher rates of SV than others. Participants also shared their understanding of ways that experiences of sexual violence varied across communities.

Yes. I think many trans women and lesbians experience sexual assault and violence predominately by straight men whereas gay men experience sexual violence from other same gender attracted men

44 years old, non-binary, gay

Many participants understood sexual violence as gendered and identified that the marginalisation of sexuality and gender can mean that some groups within LGBTQ+ communities experience violence at high rates, participants named trans people and LGBTQ+ people of colour as examples.

## 10.2 Perceptions about perpetration of sexual violence

**Table 25**

Most people only think of LGBTQ+ people as perpetrators of sexual violence

Most people only think of LGBTQ+ people as perpetrators of sexual violence (n=165)	(n)	%
Strongly agree	10	6
Agree	53	32
Disagree	55	33
Strong Disagree	25	15
I don't know/unsure	22	13

Survey participants had different perceptions about whether LGBTQ+ people were primarily thought of as perpetrators. There was 38% (n=63) of the sample who agreed or strongly agreed with the statement. Conversely, 48% (n=80) disagreed or strongly disagreed.

In qualitative responses throughout the survey, men were viewed as most likely to be perpetrators of sexual violence. Some responses referred to cis men, others simply 'men'. Some respondents spoke about men outside of LGBTQ+ communities as perpetrators of violence; while some others suggested that gay men are seen as perpetrators.

It is important to note that respondents appeared to be responding from different vantages. For example, some people stated what they imagine broader society considered to be common perpetrators, whilst others stated what the LGBTQ+ community believes. The way respondents interpreted the question made it difficult to find a clear 'image' of what a common perpetrator 'looks like' for LGBTQ+ people.

I was targeted by straight men, and I know a lot of other queer people who sadly have been victims to this also

27 years old, bisexual, cis woman

I believe that people who are assigned male at birth or masculine-presenting are seen by society to be more likely to be perpetrators of all types of violence, including sexual

23 years old, omnisexual, non binary



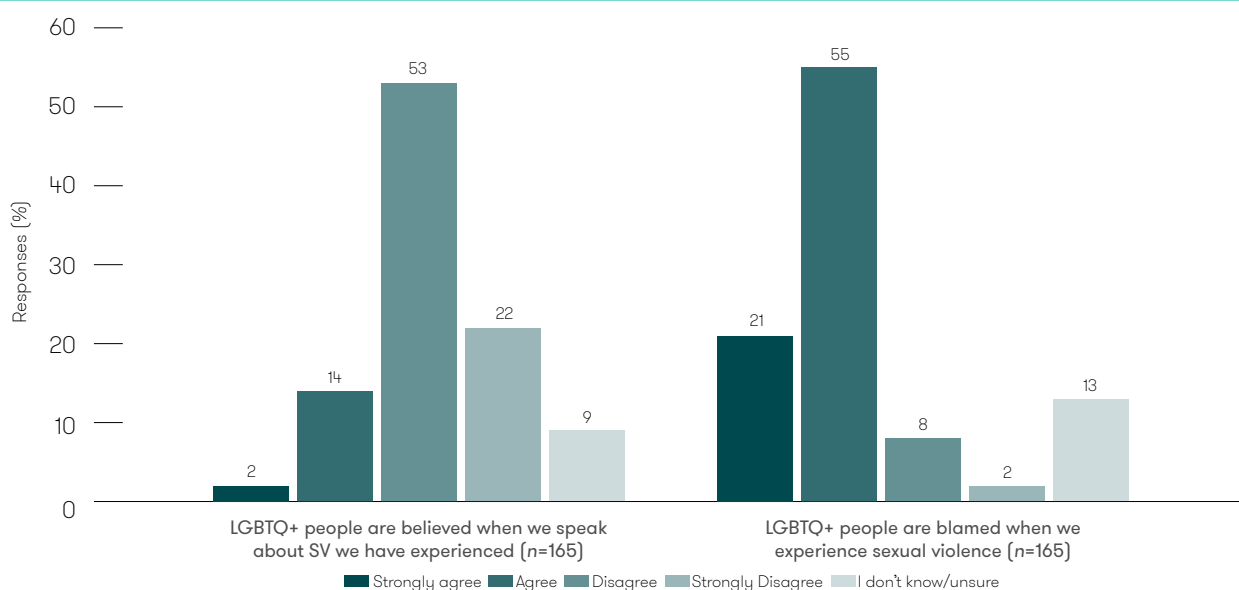
Some participants reflected that trans people are perceived as predators despite experiencing violence at high rates, rather than perpetrating this violence.

Trans femmes go through more sexual violence than anyone, but we're also perceived as predators a hell of a lot more and it's fucking stupid  
27 years old, bisexual, trans woman

Generally, participant responses reflected an understanding that cis men are most likely to perpetrate sexual violence, but also spoke to the impact of myths about perpetration that stigmatise LGBTQ+ populations, particularly trans women.

### 10.3 Perceptions about whether LGBTQ+ people are believed or blamed when speaking out about sexual violence

Participants were asked about whether they agreed that LGBTQ+ people are believed when they speak out about sexual violence, and whether LGBTQ+ people are blamed for their experiences.



**Figure 7**  
Belief and Blame

Just 16% (n=27) of participants agreed or strongly agreed that LGBTQ+ people are believed when they speak out about the sexual violence they have experienced. By disagreeing or strongly disagreeing with the statement, 75% (n=123) of respondents indicated that they feel LGBTQ+ people are not believed when they disclose sexual violence.

Unsurprisingly, 76% (n=126) of respondents to the question agreed or strongly agreed with the statement LGBTQ+ people are blamed when we experience sexual violence.

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In qualitative responses, participants emphasised that stereotypes and assumptions about LGBTQ+ culture reinforces victim-blaming attitudes and feelings of invalidation. This was generalised, with most people not indicating if they were referring to community members or the 'mainstream' holding these beliefs/stereotypes.

Out-dated notions that being queer means you are hypersexual and always DTF, making sexual violence 'impossible' because of the misconception that sexual acts are always welcomed

31 years old, bisexual, cis woman

Yes, bisexual women in particular are seen as automatically promiscuous and 'asking for' sexual attention even if they aren't

20 years old, bisexual, cis woman

---

Sexual violence towards lesbian or queer women (inflicted by other women) is often overlooked or not seen as being as serious as violence inflicted by men

25, lesbian, non-binary

Some participants also commented that they felt that same-gender sexual violence was particularly dismissed by people both within and external to LGBTQ+ communities. These respondents felt that many people find it difficult to accept that same-gender sexual violence occurs at all, and that victim-survivors are taken less seriously than others because of these perceptions.

---

These participant comments echo insights from Experiences survey participants, who explained that when they disclosed sexual violence perpetrated by someone of the same gender, that the person disclosed to often lacked the ability to respond appropriately.

These findings demonstrate the impacts of dominant myths that sexual violence is only perpetrated by cis men against cis women. These narratives make it harder for victim-survivors and the communities around them to identify and respond to sexual violence occurring outside of those scripts; for example sexual violence used by one woman against another (cis and/or trans).

#### 10.4 Summary general perceptions about sexual violence & LGBTQ+ people

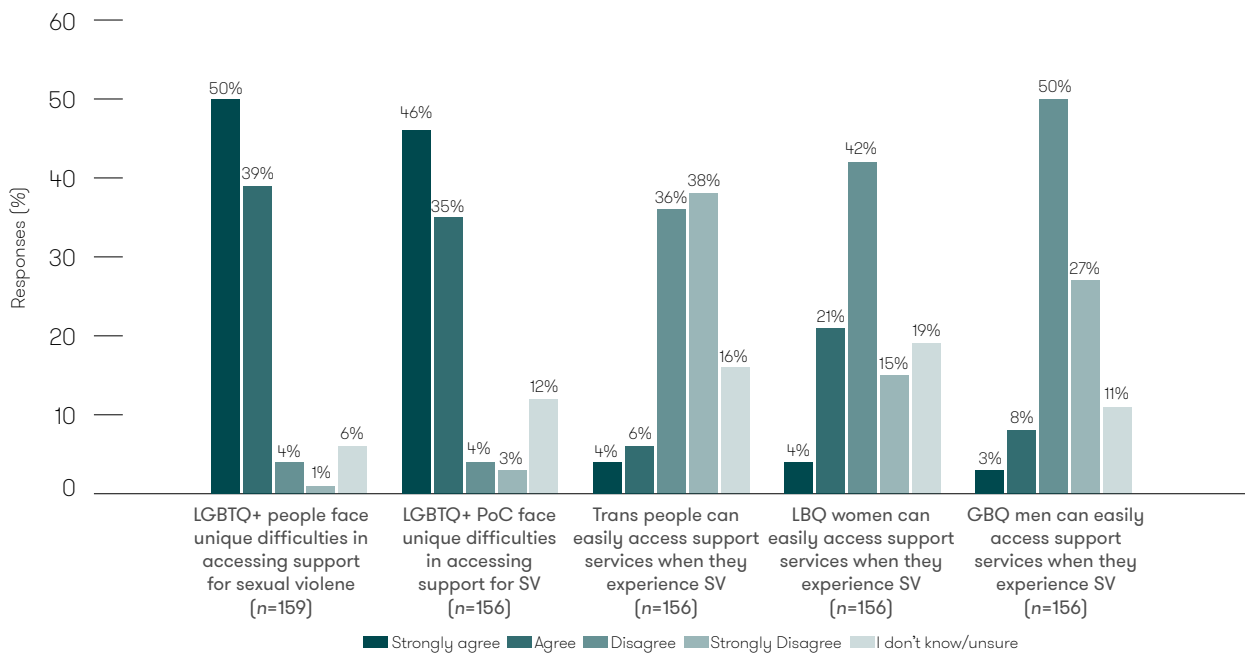
The findings from this survey in relation to perceptions about sexual violence and LGBTQ+ people show some stark results. Respondents to this survey predominantly had a good understanding of the prevalence of sexual violence in LGBTQ+ populations and were able to name drivers of sexual violence. This knowledge within communities could be leveraged to design more effective responses and prevention initiatives for LGBTQ+ populations.

It is concerning that most respondents, many of whom have personal experiences of sexual violence that they were likely drawing on, felt that LGBTQ+ people are frequently not believed about sexual violence, and that when they are believed, that they are blamed for their experiences. It is highly likely that concerns about being believed or blamed lead LGBTQ+ people not to disclose their experiences; or results in increased trauma from those who do disclose, as findings from the *Experiences* survey demonstrated.

## 11. LGBTQ+ people, sexual violence & seeking support

Survey participants were asked a series of questions about their perceptions of the difficulties facing LGBTQ+ populations in terms of access to supports and services.

### 11.1 Perceptions about access to support services

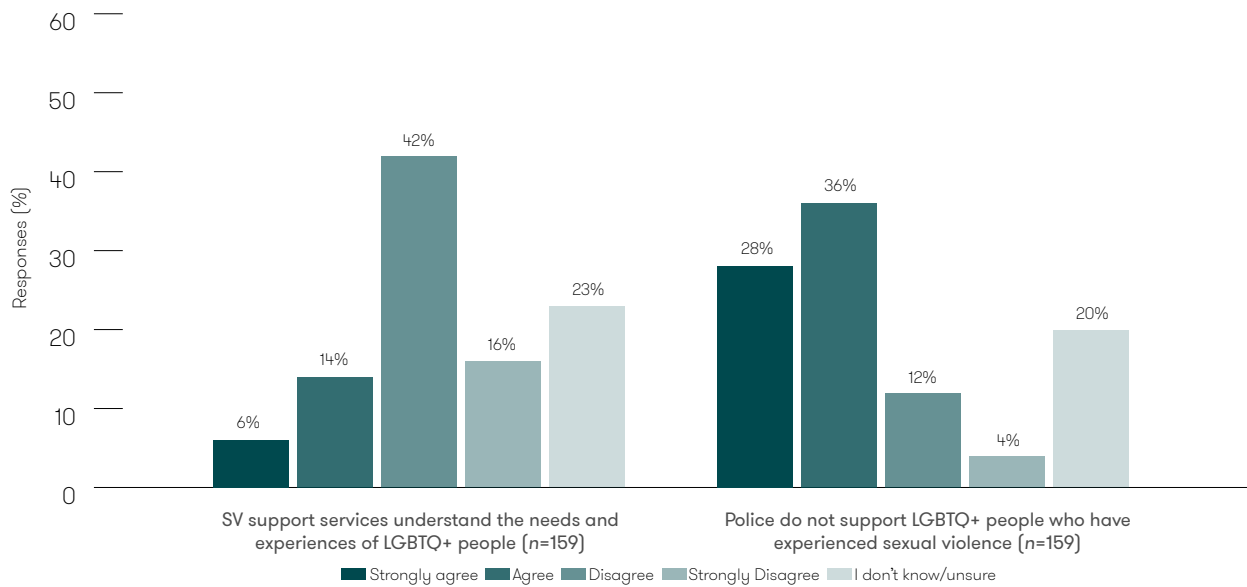


**Figure 8**  
LGBTQ+ population's access to support services

Half of the survey participants (n=80) strongly agreed that LGBTQ+ people face unique difficulties in accessing support for sexual violence, with another 39% (n=62) agreeing. Similarly, the vast majority of participants strongly agreed or agreed (81%, n=127) that LGBTQ+ people of colour face unique difficulties in accessing supports.

Participants were also asked about their perspective on the ease with which people of different genders and sexualities could access support services. The perception of most participants was that no groups could 'easily' access support services. However, a higher number of people agreed that LBQ cis women could easily access support services compared to both trans people and GBQ cis men.

## 11.2 Perceptions about the safety and suitability of support services



**Figure 9**  
**Service provision to LGBTQ+ people who have experienced sexual violence**

The majority (58%, n=91) of participants disagreed that sexual violence support services understand the needs and experiences of LGBTQ+ people.

Participants reflected that there was a lack of support services that were accessible for LGBTQ+ people.

There aren't any shelters that I know of specifically for queer people experiencing domestic violence. I assume women's shelters would accept anyone AFAB [assigned female at birth] but this isn't good enough, as it leaves trans women in the dark, and AMAB [assigned male at birth] without anywhere (that I know of) to go

21 years old, queer, non-binary

Support services were seen as being heteronormative, with language used being very binary, particularly as services were seen as designed exclusively for cis heterosexual women. Participants shared that service providers often lacked knowledge about LGBTQ+ communities and that they were not safe for LGBTQ+ people to engage with. Many participants advocated for the need of specialised LGBTQ+ services, mirroring the opinions of *Experiences* survey participants.

Participants' beliefs about whether police support LGBTQ+ people who have experienced sexual assault were also measured. The majority of participants (64%, n=102) agreed or strongly agreed that police are not supportive. These perceptions mirror the experiences of those who completed the *Experiences* survey; not only did most participants not report to police, but many of those who had reported, described negative experiences with police.

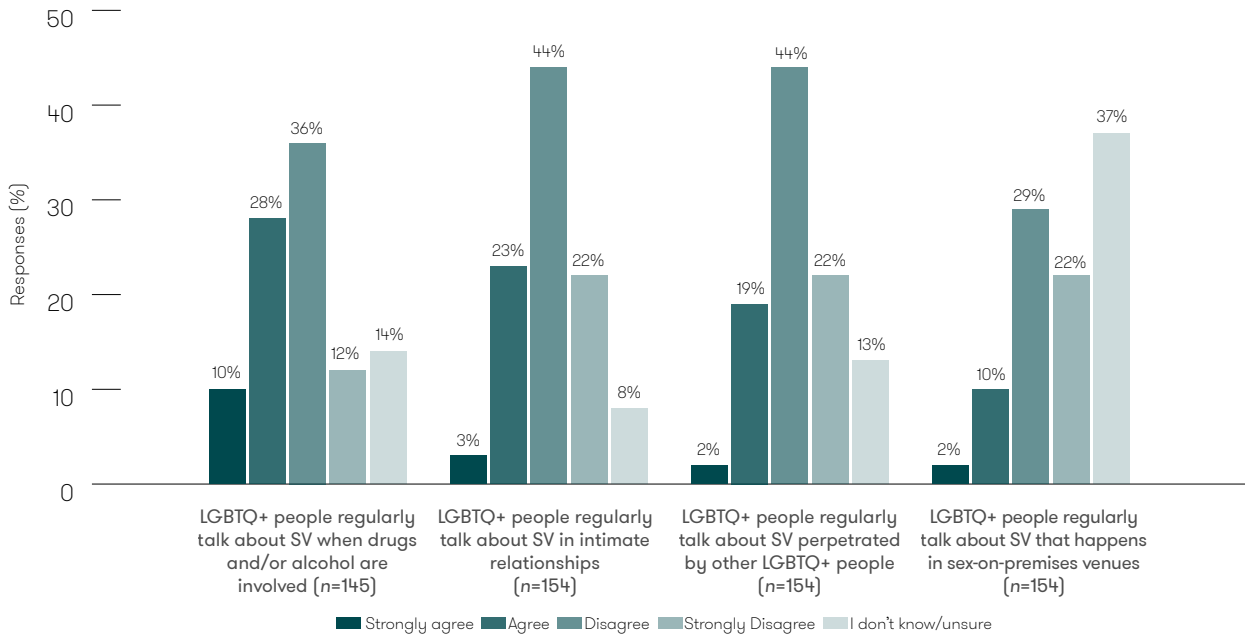
In qualitative responses, *Perceptions* respondents outlined beliefs that police were unskilled and unsafe for LGBTQ+ people. In later questions asking what supports people would recommend if their friend experienced sexual violence, a few participants indicated that they would actively recommend against talking to the police. These findings indicate an urgent and pressing need for support services and police to undertake routine community-led specialist training on inclusive and affirming responses to people from sexuality and gender diverse communities seeking help after sexual violence.

### 11.3 Service Access summary

Respondents strongly believed that it is difficult for LGBTQ+ people to access support services, and that even when they did, that those support services would be unlikely to respond appropriately and in affirming ways to LGBTQ+ people. These perceptions reflect the lack of investment in service provision specifically designed for and by LGBTQ+ people.

## 12. Talking about sexual violence

Survey participants were asked about their perspectives on whether LGBTQ+ people regularly talk about sexual violence across a variety of settings, as per figure 10.



**Figure 10**  
Talking about sexual violence

Generally speaking, most survey participants indicated their belief that sexual violence is not spoken about regularly in LGBTQ+ communities, across a range of different settings. Just 38% (n=55) of participants agreed or strongly agreed that LGBTQ+ communities talked about sexual violence when drugs and/or alcohol were involved. Only 26% (n=40) people felt that sexual violence in intimate relationships was discussed. Less than a quarter (21%, n=33) of respondents felt that sexual violence perpetrated by other LGBTQ+ people was talked about.

The setting where the fewest people agreed or strongly agreed (12%, n=18) that sexual violence was discussed, was sex on premises venues (SOPVs). SOPVs were also the setting where the highest portion of participants felt unsure or that they did not know about if sexual violence was talked about.

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In qualitative responses, participants indicated their understandings that non-disclosure of sexual violence in LGBTQ+ community setting is related to fear, stigma, and shame. Participants expressed beliefs that sexual violence within LGBTQ+ communities is not discussed openly due to the 'need' to present a positive picture of all same-gender/queer relationships. To admit otherwise could be seen as a 'betrayal' to the battle for equality, or as providing 'fuel' for transphobic, homophobic, or queerphobic beliefs in the general community.

I think there is a kind of fear that keeps people from reporting it that doesn't exist outside of LGBTQ+ spaces when the perpetrator is also an LGBTQ+ person. I don't know how to word it but there is often a denial of acknowledgement of the occurrence, as if acknowledging it would be some kind of betrayal to the broader community (not a true thing, but I have seen the fear expressed)

23 years old, gay, trans man

Due to homophobic and queerphobic perceptions that queer relationships are already more 'abnormal' or 'deviant' than heterosexual relationships (and likewise for trans or diverse genders compared to cis), to talk about sexual violence within the community would sort of compound these queerphobic perceptions, making the relationships that are already maligned by queerphobes to be more maligned

24 years old, lesbian, cis woman



In general, people expressed fear of retribution either from within LGBTQ+ communities or the 'mainstream' Australian population, if sexual violence in LGBTQ+ communities was discussed openly, which reinforced stigma and shame.

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Some participants felt that some sexually violent behaviours were normalised, which together with shame and a fear of not being believed; made it more difficult to talk about. Some participants specifically referred to (cis) gay men's culture as having confusing sexual codes; believing that violations of consent can be 'normal' within gay men's culture.

As a gay man, we have grown up being sexualised by society from a young age. I think then many of us then have a distorted view of what is sexual violence and consent

37 years old, gay, cis man

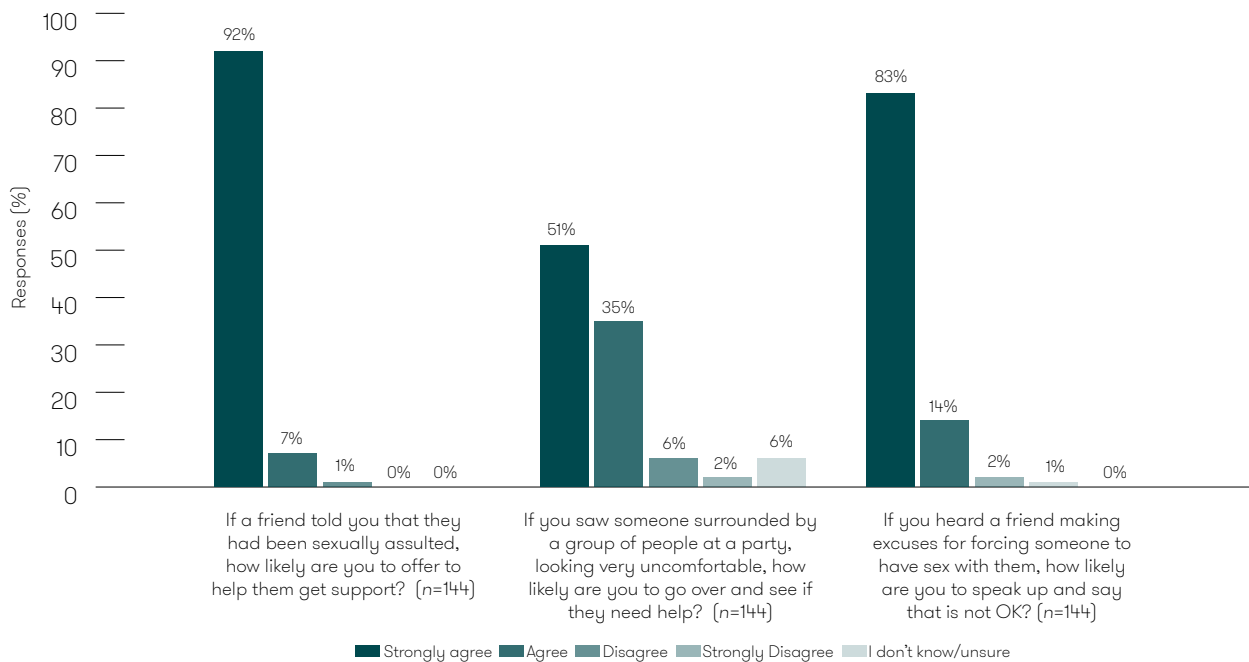
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In the context of many concerns that came through about the harm that could be done to LGBTQ+ people if community experiences of sexual violence are used as justification for further discrimination, rather than as evidence of the urgent need to act against cisgenderism and heteronormativity as drivers of sexual violence; it is important that insights into different cultures around consent and sex are not used against specific LGBTQ+ population groups. Instead, they highlight the importance of designing programs and supports for specific populations, rather than assuming a one size fits all approach for LGBTQ+ people is appropriate.

### 13. Speaking up & helping out

Survey responders were asked about how likely they thought they would be to speak up about sexual violence and intervene in a variety of difficult situations.

#### 13.1 Speaking up and Helping Out

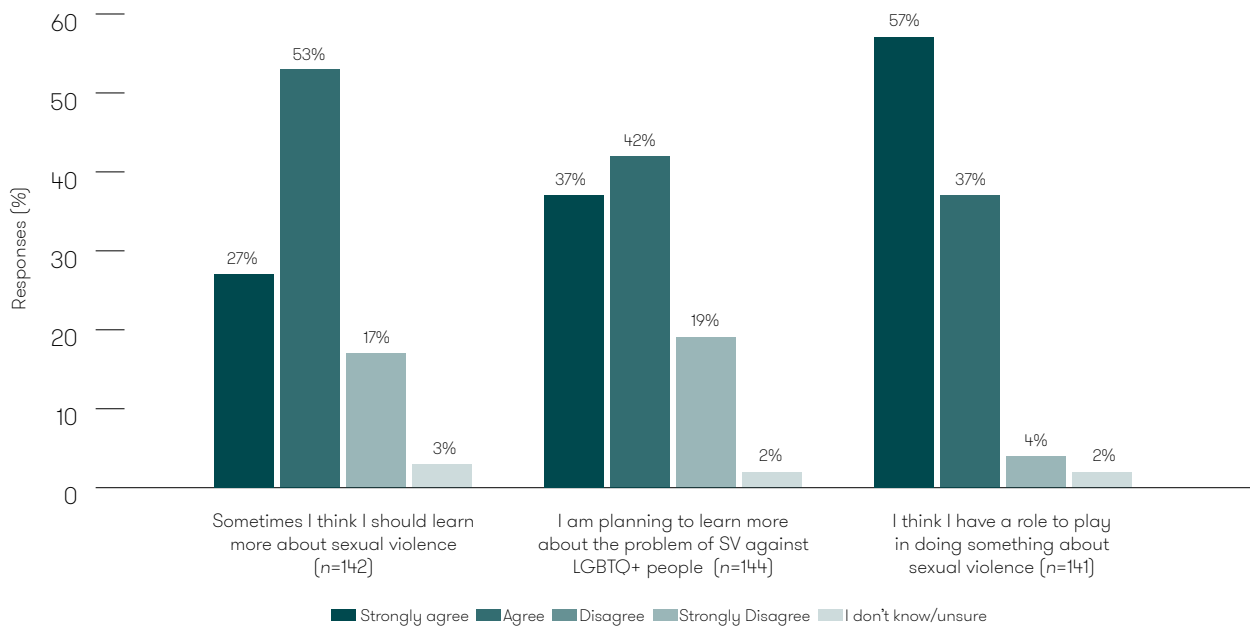


**Figure 11**  
Hypothetical scenarios:  
speaking up & helping out

The vast majority 92% (n=132) of the sample said that they were very likely to offer help to a friend who disclosed sexual violence and needed support. In contrast, 51% (n=74) of participants said that if they saw someone surrounded by a group of people at a party, looking very uncomfortable, that they were very likely to go over and see if they need help and 35% (n=50) said they were somewhat likely to go see if they need help. Further, 83% (n=119) of people said if they heard a friend making excuses for forcing someone to have sex with them, they would be very likely to speak up and say that is not okay.

Participants were overall of the belief that they would intervene and speak up in sexual violence related scenarios.

## 13.2 Readiness to help



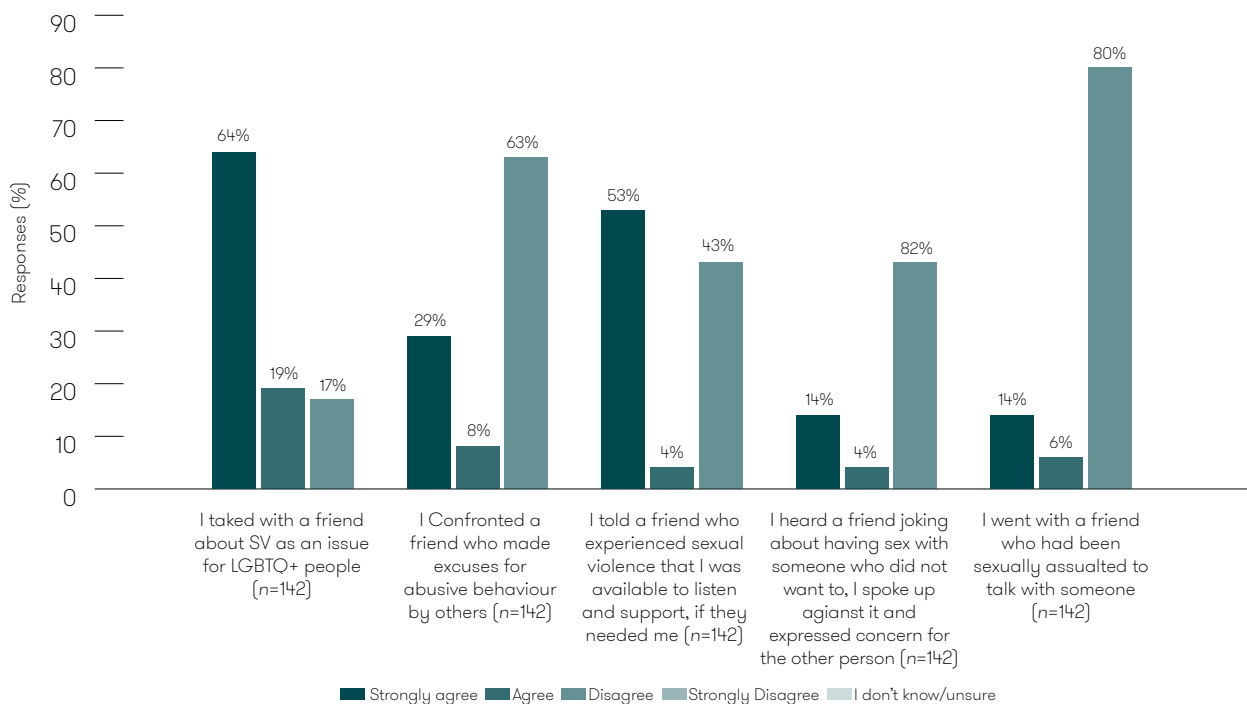
**Figure 12**  
Readiness to Help

The majority (80%, n=114) of participants strongly agreed or agreed that they think they should learn more about sexual violence. Further, 79% (n=113) of participants said that they are planning to learn more about the problem of sexual violence against LGBTQ+ people, and 94% (n=132) said that they think they have a role to play in doing something about sexual violence.

It is important to note that those participants who disagreed that they should or planned to learn more about sexual violence may have answered this way because they have self-assessed themselves as already having a high level of knowledge and awareness.

### 13.3 Actual Bystander Actions

Participants were asked if, in the last 12 months, they had engaged in any of a number of listed behaviours. If participants had not been in a situation where they would have an opportunity to act in the past 12 months, they could select “no opportunity”. It is worth noting that due to the COVID-19 pandemic and lockdown measures, participants may have had less opportunity to intervene as a bystander in the past 12 months, as there was simply less opportunity to spend time with other people.



**Figure 13**  
Bystander actions

The majority of the sample, 64% (n=91) said they had spoken with a friend about sexual violence as an issue for LGBTQ+ people. Similarly, 53% (n=75) of the sample told a friend who had experienced sexual violence that they were available to listen and provide support if their friend needed them. A smaller number of respondents 29% (n=41) reported that they had confronted a friend who made excuses for the abusive behaviour of others. Only a small number of participants reported having spoken up against a friend’s joke or going with a friend who had been sexually assaulted to talk with someone. However, it is important to note that for both of these scenarios, the vast majority of respondents reported that they had no opportunity to do so.

This reported lack of opportunity to take action mirrors the finding in the *Experiences* survey that 84% of that sample did not experience any bystander intervention before, during or after their experience of sexual violence.

*Perceptions* respondents were also asked if they had engaged in any of the listed intervention behaviours in the past (i.e., prior to 12 months ago), and those that had were invited to share this experience. A few participants shared stories of when they had intervened or cared for someone who has experienced sexual violence. In general, direct intervention was not common, and respondents mostly gave emotional support when presented with a disclosure.

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Intervened when women are being sexually harassed at queer parties by cis men.  
Spoke out when gay men have sexually harassed women by speaking about their genitals in a derogatory way ...

Spoke to a friend about their experience of sexual violence within the LGBTQ+ community

38 years old, queer, cis woman

---

However, some participants did share other experiences of encountering violence as a bystander, for example when questioning a friend's attitude towards sexual violence, or by helping someone who had experienced sexual violence get out of a relationship with the perpetrator, including housing them:

I supported someone who had faced continuous sexual violence, and helped them get out of a relationship with the perpetrator, and let them stay at my house

28 years old, lesbian, trans woman

### 13.4 Supports recommended by participants

To capture participant's knowledge about support services, and how they would intervene if given an opportunity, the survey asked participants "if a friend needed support due to an experience of sexual violence, what supports would you recommend?". While many participants suggested their hypothetical friend should seek counselling, they did not name specific services, which can indicate that people may not have the knowledge on relevant services or how to get in touch with them. Crisis counselling, as well as LGBTQ+ friendly services, were the most common suggestions.

I would offer them a safe space to talk about it with me (if they chose) and/or reach out to friends who could recommend LGBTQ+ inclusive and friendly therapy, STI testing, reporting it if they feel able

29 years old, pansexual, non-binary

Where participants did name a specific service, ACON was the most common named service, possibly reflecting the fact that the survey was led and promoted by ACON (meaning that most participants likely had existing knowledge of ACON). Some participants stated that they would do research on good support services to find out more. Some participants did state that they would suggest that their friend go to police or pursue legal help or action.

The fact that most people did not name specific services that they would recommend highlights and opportunity to better equip community members as first responders, so that they are aware of inclusive and affirming services before encountering a scenario where they need this information.

### 13.5 Additional needs articulated by participants

Throughout the survey, participants articulated several barriers to safe service provision and community needs. Participants clearly articulated the need for LGBTQ+ specialist services, as well as sex education focusing on LGBTQ+ relationships and sexual health as a preventative approach to sexual violence.

Because we never received LGBTQ+ sexual health education at school and don't have media representations, so don't have guides on what healthy relationships should look like. We don't teach active consent in schools

29 years old, gay, cis man

Participants also articulated their desire to have access to more information about LGBTQ+ sexual violence. This advocacy mirrors the recommendations and advice put forward by participants in the *Experiences* survey. There is

clear community desire for more education and communication about LGBTQ+ relationships, consent education and alternatives to a criminal justice lens on the issue of sexual violence.

### 13.6 Summary: Speaking up and helping out

Overall, participants had strong prosocial attitudes and a desire to take opportunities to speak out against sexual violence and to support friends. However, many participants also reported having limited opportunities for direct bystander intervention. This is perhaps unsurprising given that sexual violence most often occurs in private residences, as outlined in section 3.3 of this report. However, these data indicate that LGBTQ+ people

want to be able to support their friends and community members, and that many participants have considered what support services they would recommend to a friend. These results highlight an opportunity to work more closely with LGBTQ+ communities and individuals to ensure inclusive, affirming, trauma-informed and validating responses are offered to disclosures of sexual violence.

# Recommendations

Taken together, the *Experiences* and *Perceptions* surveys outline the long-term impacts of sexual violence on LGBTQ+ community members; the issues many in our communities' face when accessing inclusive and affirming supports and responses, and the desire many LGBTQ+ people have to be better equipped to respond to the issue of sexual violence. While this research paints a dire picture of many victim-survivors' experiences; several opportunities for action are also clear. Below, we offer an outline of strategies that the participants and researchers believe will make the most difference to LGBTQ+ people's lives.

- Government policies, strategies and frameworks represent, recognise and address LGBTQ+ experiences of sexual violence
- LGBTQ+ community-controlled services are resourced to provide support to people who have experienced sexual violence, utilising a community led intersectional approach
- Partnerships between LGBTQ+ specialist services and mainstream service providers are supported, to ensure better responses to disclosure, and provision of supports for LGBTQ+ people who chose to access mainstream services. These include partnerships with specialist sexual assault or domestic violence support services, but also with generalist counsellors and psychologists
- Service provision is available for people in crisis as well as for those who have experienced historical sexual violence. There is a particular lack of services for those who are not cis women that needs urgent attention
- Investment in support services is provided through long term core funding, and includes funds to promote services specifically to LGBTQ+ people; so that support services can build capacity and engage meaningfully with communities over time
- Mental health service providers can respond meaningfully to LGBTQ people who've experienced sexual violence
- Mental health peer workers and peer services are upskilled to be aware of experiences of, and responses to sexual violence



- Organisations who are funded to provide support to clients and police undertake regular training on affirming responses to LGBTQ+ people seeking help following sexual violence. This training should be provided by community-led services.
- Awareness raising campaigns are funded to ensure LGBTQ+ populations have access to information about sexual violence and where they can access supports
- Opportunities exist for LGBTQ+ people to share their experiences of sexual violence including in awareness campaigns and in group program settings
- Sexual violence 'first aid'/first responder training, campaigns, and resources are developed for LGBTQ+ community members so that they are better equipped to respond appropriately to disclosures of sexual violence
- Sexual violence first responder training and resources are available for venue and party organisers that serve LGBTQ+ communities, to support providers and staff capacity to create safe, consent focused environments and intervene if sexual violence occurs
- Respectful relationships and sex education programs are created for LGBTQ+ young people in schools, and adults to focus on consent and healthy sexual relationships
- Sexual violence responses are tailored to specific populations within LGBTQ+ communities to ensure that they are responsive to key community issues, and relevant to individuals
- Prevention initiatives that celebrate LGBTQ+ people and address cisgenderism and heteronormativity are supported. Initiatives seek to influence both attitudes within LGBTQ+ communities, and attitudes about LGBTQ+ people amongst cis heterosexual populations

# References

Australian Bureau of Statistics. (2019). *Disability, Ageing and Carers, Australia: Summary of Findings*. Canberra: Australian Bureau of Statistics.

Callander, D., Wiggins, J., Rosenberg, S., Cornelisse, V., Duck-Chong, E., Holt, M., Cook, T. (2019). *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings*. Sydney: The Kirby Institute, UNSW.

Hill, A., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). *Private Lives 3 A national study of the health and wellbeing of LGBTIQ people in Australia*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

IBM Corp. (2020). *IBM SPSS Statistics for Windows, Version 27.0*. Armonk, NY: IBM Corp.

# Appendices

## Appendix A: Additional Participant Demographics – Experiences of Sexual Violence Survey

Ethnicity of participants (n=316)	(n)	%
Australian	243	79
Anglo-European	77	25
Aboriginal, Torres Strait, and or South Sea Islander	25	8
North-West European	16	5
South-East Asian	12	4
New Zealand	7	2
Southern and Central Asian	6	2
North American	6	2
North African and Middle Eastern	5	2
South-East European	4	1
Māori	2	1
Melanesian, Papuan, Micronesian, and Polynesian	2	1
North-East Asian	2	1
South and Central American and Caribbean Islander	1	0

NB: multiple responses available

Language other than English (n=314)	(n)	%
Yes	61	19
No	253	80

Residency Status (n=313)	(n)	%
Australian citizen	300	96
Permanent resident	12	4
Temporary protection visa	1	0

Employment Status (n=310)	(n)	%
Employed full-time	125	40
Employed part-time	49	16
Employed casually	32	10
Full-time caring responsibilities	3	1
Student	26	8
Self-employed	12	4
Unemployed/not current working	21	7
Government payment/pension	16	5
Retired	8	3
Other	14	5

NB: multiple responses available

Education level of participants (n=312)	(n)	%
Year 10 or below	16	5
Year 12	46	15
TAFE or Diploma	78	25
Undergraduate Degree	90	29
Postgraduate Degree	80	26
Other	1	0

Disability status of participants (n=305)	(n)	%
Yes	165	54
No	140	46

HIV positive status of participants (n=308)	(n)	%
Yes	7	2
No	301	98

## Appendix B: Additional Participant Demographics – Perceptions of Sexual Violence Survey

Ethnicity (n=174)	(n)	%
Aboriginal, Torres Strait, and or South Sea Islander	19	11
Australian	139	77
Māori	3	2
New Zealand	3	2
Melanesian, Papuan, Micronesian, and Polynesian	2	1
Anglo-European	47	26
North-West European	13	7
South-East European	4	2
South-East Asian	7	4
North-East Asian	2	1
Southern and Central Asian	4	2
North American	3	2
South and Central American and Caribbean Islander	5	3
North African and Middle Eastern	4	2
Sub-Saharan African	2	1
Different ethnicity	12	7

NB: multiple responses available

Language other than English (n=180)	(n)	%
Yes	47	26
No	133	74

Residency Status (n=180)	(n)	%
Australian citizen	166	92
Permanent resident	9	5
Temporary protection visa	2	1
Other	3	2

NB: multiple responses available

Disability (n=180)	(n)	%
Yes	84	47
No	93	51
Unsure	3	2

HIV+ (n=178)	(n)	%
Yes	8	4
No	169	94
Unsure	1	1



