Gendered Violence Research Network

National Survey of LGBTIQA+SB Experiences of Sexual Violence

Report 2
Impact, help-seeking and bystander intervention

we matter.

For further information

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This document has been prepared for the sole purpose of our services provided to the Australian Government Department of Social Services.

Contents

Finding help and support

Discussion of sexual violence and violence against the LGBTIQA+SB community can be difficult to read. If you feel upset or distressed during or after reading this report, please reach out for help. You can contact:

QLife
1800 184 527
qlife.org.au

1800 RESPECT
1800 737 732
1800respect.org.au

Lifeline
13 11 14
lifeline.org.au

13YARN
(for First Nations Australians)
13 92 76
13yarn.org.au

Say It Out Loud
sayitoutloud.org.au/?state=all

The project team

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Acknowledgements

Aboriginal & Torres Strait Islander Peoples

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's Traditional Owners and custodians of Country. We acknowledge that sovereignty was never ceded and recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, waters and culture. We pay our respects to Elders past and present and thank them for their wisdom, guidance and support in this project.

We acknowledge that sexual violence can especially impact Aboriginal and Torres Strait Islander people, including LGBTIQA+ and Sistergirl and Brotherboy (LGBTIQA+SB) communities, and the effects can be amplified by the impacts of colonisation, social categorisation and subsequent government policies.

We acknowledge the dedicated work of Aboriginal and Torres Strait Islander peoples over many decades in Australia to both align with and challenge governments and services about the relationship between colonisation, intergenerational trauma and current high rates of sexual and gendered violence affecting LGBTIQA+SB in Aboriginal and Torres Strait Islander communities.

We recognise the strength of culture in responding to sexual violence and the capacity of cultural practices to offer Aboriginal and Torres Strait Islander people healing and recovery

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People with lived and living experience

We recognise that there is a real person impacted by each act of violence and abuse represented in any research evidence used in this report. We value, as the foundation of best-practice responses, the lived and living experiences of the LGBTIQA+SB people who have experienced sexual violence.

We acknowledge that LGBTIQA+SB victims' and survivors' experiences may be impacted by discrimination on the basis of gender identity, gender expression or sexuality. Responses to LGBTIQA+SB communities need to incorporate these intersectional experiences of victimisation.

We note that statistics are an important tool for understanding; however, the figures can seem depersonalised and do not always convey the pain and suffering experienced by victims and survivors and the families, friends, workplaces and communities who have supported them.

We recognise the tragedy of those who have lost their lives. We equally recognise the strength and courage of victims and survivors, and their stories of survival, hope and resistance.

Glossary

ACCHO
Aboriginal Community Controlled Health Organisation.

ACE
Adverse Childhood Experiences.

ADHD
Attention deficit/hyperactivity disorder, a chronic, complex neurodevelopment condition that includes persistent patterns of inattention or hyperactivity and impulsivity mental health condition that can cause unusual levels of hyperactivity and impulsive behaviours.

AMS
Aboriginal Medical Service.

Asexual
Someone who does not experience sexual attraction.

Attempted oral rape
A perpetrator attempted to perform non-consensual stimulation of a person's external genitals but was not able to.

Attempted rape
A perpetrator attempted to penetrate a person's body without their consent but was not able to.

Bi, bisexual
A term used to describe someone who experiences attraction towards more than one gender. Distinct from pansexual, which includes attraction towards people regardless of gender.

Bystander
A bystander is a person who is present and witnesses something but is not directly involved in it whereas an active bystander is someone who not only witnesses a situation but takes action to keep a situation from escalating or to disrupt a problematic situation.

CALD
An acronym used to refer to culturally and linguistically diverse communities.

CBT
An acronym that refers to cognitive behavioural therapy, a psychological therapy used to treat and respond to a range of problems including depression and anxiety.

Child sexual abuse
The involvement of a child in sexual activity that they do not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim.

Cisgender/cis
A term used to describe people whose gender corresponds to the sex they were assigned at birth for example someone who is assigned female at birth and identifies as a women is a cisgender woman. Conversely someone who is assigned male at birth and identifies as a man is a cisgender man.

C-PTSD
An acronym used to refer to complex post-traumatic stress disorder, a mental health problem that can affect people who have experienced prolonged or repeated trauma.

Demisexual
An identity term within asexuality that is often defined as those who experience sexual attraction only after a significant emotional bond has been built. This is distinctly different from those who want to engage in sexual activity only after building a connection with other people, as it pertains to attraction and not the desire to engage in sexual activity.

Disability
A person is considered to be living with disability if they have one or more limitation, restriction, or impairment, which has lasted (or will last) for at least six months and which places restrictions on their everyday life. For example: physical, intellectual, and psychological disabilities; disabilities resulting from injury, stroke, traumatic brain injury; and sight hearing and speech disabilities. There are varying degrees of disability, which range from having no or very little impairment or limitation, to a complete loss of functioning.

DVLO
An acronym used to refer to Domestic Violence Liaison Officers which are specialist police officers, trained in the dynamics of domestic and family violence, child protection procedures, victim support and court apprehended violence order processes required for the protection of victims of family violence.

EMDR

An acronym used to refer to eye movement desensitisation and reprocessing, a psychotherapeutic treatment designed to alleviate the distress associated with traumatic memories.

Endosex

Endosex, in contrast to intersex, refers to innate physical sex characteristics judged to fall within the broad range of what is considered normative or typical for 'binary' female or male bodies by the medical field, or to persons with such characteristics.

Endorse

When we refer to a participant providing an endorsement to a survey question, we mean they have provided a response to that question. It does not indicate support or lack of support for the content of the question.

First Nations

First Nations or Aboriginal and Torres Strait Islander people are the Indigenous people of Australia. They are not one group but comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions.

Gay

A term used to describe someone who has an enduring emotional, romantic and/or sexual orientation towards someone of the same sex.

Gender

Refers to the socially constructed and hierarchical categories assigned to individuals on the basis of their apparent sex at birth.

Gender diverse

An umbrella term that is used to describe gender identities that demonstrate a diversity of expression beyond the binary framework.

Gender identity

A person's internal sense of their own gender, which may or may not align to their sex or gender assigned at birth. One's gender identity is not necessarily perceived by or visible to others.

Gender expression

A person's outward expression of their gender. This may differ from their gender identity, or it may reflect it.

Gender fluid

Refers to someone who prefers to be flexible about their gender identity. They may fluctuate between genders or express multiple gender identities at the same time.

GLLO

Gay and Lesbian or LGBTQIA+ Liaison Officers, police officers with specific training about wider LGBTQIA+ community issues, needs, and challenges LGBTQIA+ communities have in interacting with the police.

Heterosexual

A term used to describe someone who is attracted to members of the opposite sex. Also referred to as straight.

Homophobia

Refers to negative beliefs, prejudices, stereotypes and fears that exist towards same sex attracted people. It can range from the use of offensive language to bullying, abuse and physical violence; and can include systemic barriers, such as being denied housing or being fired due to a person's sexual orientation.

Homosexual

A term used to describe someone who has an emotional, romantic or sexual orientation towards someone of the same sex or gender. The term 'gay' is now generally more used.

Indecent assault

Indecent assault is defined by legislation in each state and territory. It occurs where one person touches another person in a sexual manner without the other person's consent.

Intersectionality

The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. Taking an intersectional approach means looking beyond a person's individual identities and focusing on the points of intersection that their multiple identities create.

Intersex

An umbrella term used to describe a variety of bodies whose sex characteristics, whether physical, chromosomal or hormonal, do not conform to medical norms for female or male bodies. Intersex people are a diverse population with many different intersex traits and other characteristics. Individual people with intersex variations use a variety of different terms, including being intersex, having an intersex variation or condition, having an innate variation of sex characteristics, or naming specific traits.

Intimate partner violence

Violent, abusive or intimidating behaviours perpetrated by a current or former partner, boyfriend, girlfriend or date.

Lesbian

A term used to describe a woman who is attracted to other women. Some lesbians may prefer to identify as gay.

LGBTIQA+

An acronym used to refer to lesbian, gay, bisexual, transgender, intersex and asexual/aromantic people. These categories often incorporate other identity terms. Used in this report to refer to all people who identify as lesbian, gay, bisexual, transgender, intersex and asexual/aromantic or as having any other minority sexual orientation or gender identity. This report refers to LGBTIQA+SB with the exception of where an acronym is specified differently in an original study or where Sistergirls and Brotherboys are not included in questions or responses.

Non-binary

An umbrella term used to describe gender identities where the individual does not identify exclusively as a man or a woman. There are many included within this, such as agender, genderqueer and gender fluid. Non-binary individuals may or may not identify as transgender and may or may not physically transition.

OCD

An acronym used to refer to obsessive-compulsive disorder, a mental health condition that causes a pattern of unwanted thoughts and fears known as obsessions leading to repetitive behaviours known as compulsions.

Oral rape

Unwanted and non-consensual stimulation of the external genitals by another person's mouth.

Pansexual

A term used to describe someone who has an attraction towards people regardless of gender or sex.

PEP

An acronym used to refer to Post-Exposure Prophylaxis (PEP), a method of taking medication to prevent HIV infection after you suspect you've been exposed to the virus.

PrEP

An acronym used to refer to Pre-Exposure Prophylaxis (PrEP), anti-viral medicine taken by someone who does not have HIV to lower their chance of catching HIV.

Queer

A term used mainly by people who identify with a minority sexual orientation or gender identity. In the past, was used as derogatory term for LGBTIQA+ individuals.

Rape

Penetration of a person's body without their consent. Penetration may have involved the perpetrator's body parts or an object.

Sex

Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorised as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.

Sexual assault

Unwanted touching of a sexual nature.

Sexual harassment

Unwanted sexual advances, requests or comments that could make a reasonable person feel uncomfortable or scared.

Sexual orientation

Describes who a person is emotionally, romantically, or sexually attracted to.

Sexual violence

Sexual violence covers a wide spectrum of behaviours that are perpetrated against adults and children, including: sexual harassment; stalking; forced or deceptive sexual exploitation (such as

having images taken and/or distributed without freely given consent); using false promises, insistent pressure, abusive comments or reputational threats to coerce sex acts; exposure of genitals; indecent assault; and rape.

Sistergirl/Brotherboy

First Nations people who identify with a trans lived experience. The words Sistergirl and Brotherboy can be used differently between locations, countries, and nations. Sistergirls and Brotherboys have distinct cultural identities and roles. Sistergirls are First Nations people assigned male at birth who have a female spirit and, in some circumstances, take on a female role. Brotherboys are First Nations people assigned female at birth who have a male spirit and, in some circumstance, take on a male role. This report refers to LGBTIQA+SB with the exception of where an acronym is specified differently in an original study or where Sistergirls and Brotherboys are not included in questions or responses.

Stalking

Persistent course of conduct or actions by a person which are intended to maintain contact with or exercise power and control over another person. These actions cause distress, loss of control, fear or harassment to another person and occur more than once.

Statistical significance

A statistically significant result means a result that is not likely to be due to chance or some other factor. Statistical significance is recorded as a p-value. A p-value less than .05 ($p < .05$) means that a result is statistically significant. A p-value greater than .05 is not statistically significant ($p > .05$). By this, we mean that the finding is one that is real, reliable and not likely to have been found due to chance.

STD

Sexually transmitted disease.

Straight

A term used to describe someone who is attracted to members of the opposite sex and or gender. Also referred to as heterosexual.

Trans, transgender

Umbrella terms used to describe individuals who have a gender identity that is different to the sex recorded at birth. This might lead to gender

dysphoria. Non-binary people may or may not consider themselves to be trans.

Trans women

A trans woman is someone who is a woman, or has a present experience of womanhood, and who was presumed to be male at birth. This can include trans women, trans feminine people, and more. Some trans women may socially, legally and medically affirm their gender whilst others may choose not to.

Trans men

A trans man is someone who is a man, or has a present experience of manhood, and who was presumed to be female at birth. This can include trans men, trans masculine people, and more. Some trans men may socially, legally and medically affirm their gender whilst others may choose not to.

Transphobia

Refers to negative beliefs, prejudices and stereotypes that exist about trans people.

Violation of human rights (healthcare)

Examples of violations of human rights are when individuals who are/ or perceived as being lesbian, gay, transgender and/or intersex are discriminated against and ill-treated by medical providers; are deprived of, or unable to access, information and services related to sexuality and sexual health; coerced and forced to undergo certain procedures; subjected to compulsory medical interventions; not being able to live according to one's self-identified gender.
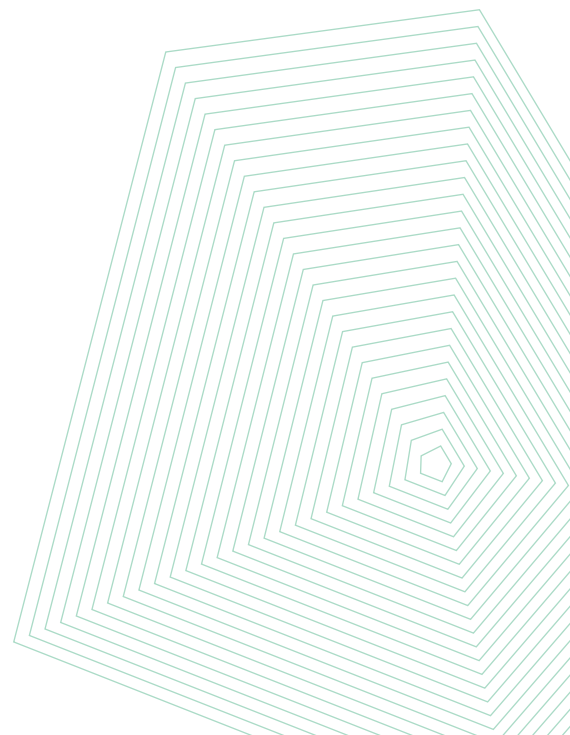
Introduction

In 2023, the Gendered Violence Research Network (GVRN) was commissioned by the Australian Government Department of Social Services (DSS) to implement an LGBTIQA+ National Sexual Violence Prevention Survey (The National Survey). It was agreed with DSS that one National Survey would be implemented, including a separately funded, comprehensive, co-designed recruitment strategy to encourage the participation of First Nations LGBTIQA+ people and Sistergirls and Brotherboys (LGBTIQA+SB), particularly those living in rural and remote communities across Australia

The National Survey was designed to gather data on experiences of sexual violence among LGBTIQA+SB adults in Australia. This data includes prevalence, social norms, attitudes, beliefs, bystander actions and help-seeking behaviours to inform LGBTIQA+SB sexual violence prevention and service delivery.

The National Survey provides benchmarked quantitative and qualitative data presented in two separate reports.

> **Report One** focuses on a description of the survey sample and the prevalence, characteristics and effects of experiences of sexual violence in childhood, adulthood or both.

> **Report Two** focuses on the most impactful sexual violence event reported by participants, their experiences of help-seeking following sexual violence, and their attitudes and experiences relating to bystander intervention when witnessing incidents of sexual violence.

An accompanying plain language summary presents a snapshot of the methods, key findings and recommendations.

This project is funded by the Australian Government under the Fourth Action Plan of the former National Plan to reduce Violence against Women and their Children 2010–2022. This project continues to align with the current National Plan to End Violence against Women and Children 2022–2032, which acknowledges that sexual violence is disproportionately experienced by the LGBTIQA+SB community and is therefore a key focus area for further research and response.
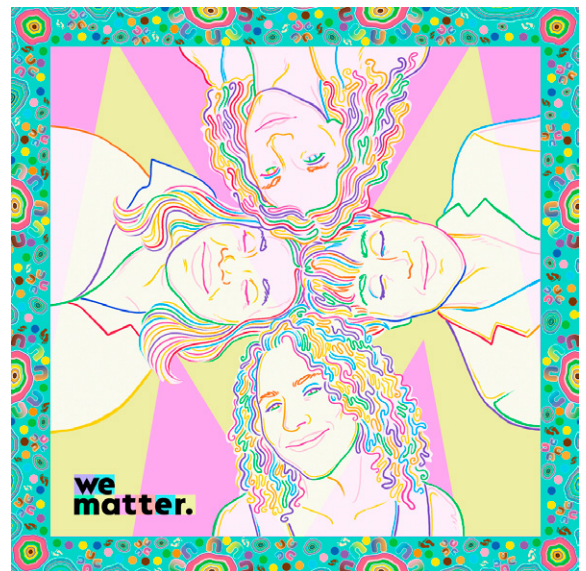
Key terms used in this report

LGBTIQA+ is the preferred term used by DSS, which refers to lesbian, gay, bisexual, trans, intersex, asexual and aromantic people. Plus (+) indicates other sexual orientations or gender identities. Much of the literature refers to different versions of this acronym.

Sistergirls and Brotherboys (SB) identify as First Nations people with a trans lived experience. The definitions of Sistergirl and Brotherboy can differ between locations, countries and nations. This report refers to LGBTIQA+SB, with the exception of where a different acronym is specified in an original study or where Sistergirls and Brotherboys are not included in questions or responses.

This report defines sexual violence as a wide spectrum of behaviours that are perpetrated against adults and children, including sexual harassment; stalking; forced or deceptive sexual exploitation (such as having images taken or distributed without freely given consent); using false promises, insistent pressure, abusive comments or reputational threats to coerce sex acts; exposure of genitals; indecent assault and rape. The UNSW team recognises that sexual violence is a violation of human rights.

Throughout this report, we will be using the terms First Nations, Indigenous and Aboriginal and Torres Strait Islander people of Australia interchangeably.

All key terms used in this report are defined in the Glossary on pages 6-8.
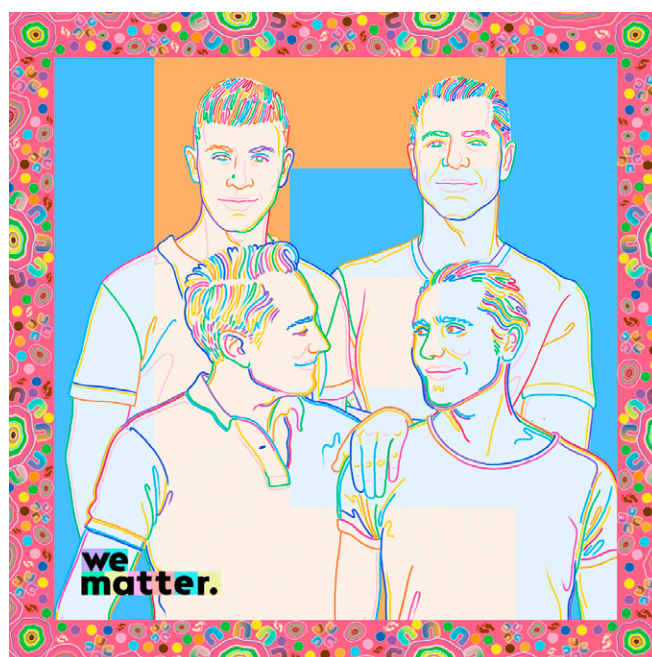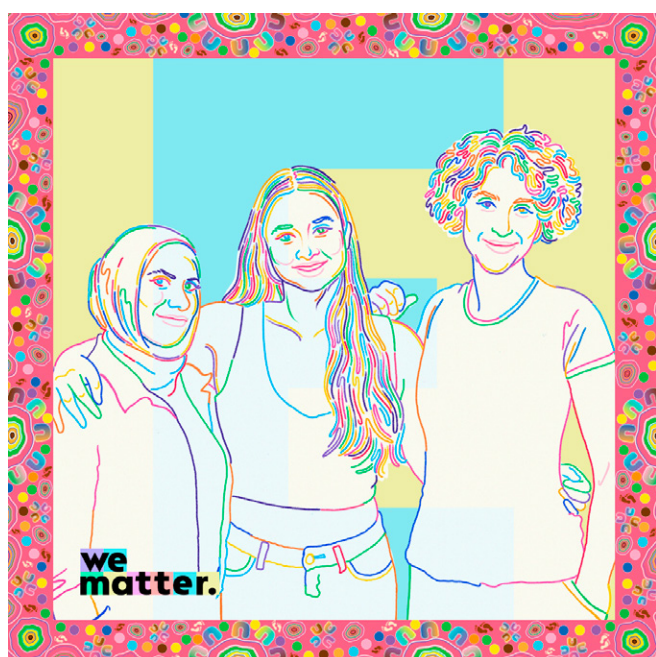
Background evidence snapshot

International research consistently finds that LGBTIQA+SB adults experience sexual violence at equivalent or higher rates, and in different ways, to the rest of the Australian population (Messinger et al., 2019). To date, there has never been a large-scale survey conducted in Australia or internationally which aims to understand LGBTIQA+SB experiences of sexual violence, including victimisation in childhood, adulthood or both, the different types, contexts and impacts of these experiences, the identity and perceived motivations of perpetrators, and LGBTIQA+SB community attitudes and norms regarding sexual violence.

The current National Plan to End Violence Against Women and Children (2022–2032) (The National Plan) specifies the importance of understanding the prevalence and experience of gender-based violence in LGBTIQA+SB communities as a key focus area. The National Plan acknowledges that the true prevalence of sexual violence is unknown, as the majority of incidents go unreported. The National Plan (2022, p. 46–47) also notes that there is a significant disparity between reported rates of sexual violence between general community samples and LGBTIQA+ samples. For instance, the Australian Bureau of Statistics (ABS) reports that 23% of women and 8% of men in Australia have experienced sexual violence in their lifetime while the 2020 national study on the health and wellbeing of LGBTIQA+ in Australia found that 48.6% of participants reported having been coerced or forced into sexual acts they did not want to engage in (Hill et al. 2020).

The impacts of sexual violence experienced by LGBTIQA+SB people can be profound, far-reaching and compounded by stigma, prejudice and discrimination. To date, research on sexual violence has primarily focused on cisgender, heterosexual populations, although there is growing focus and concern relating to LGBTIQA+SB experiences of sexual violence. Where data is collected, individual cohorts are often not separately reported, resulting in a loss of nuanced understanding of the needs of specific population groups.

Another limitation of the evidence base is that the majority of literature on LGBTIQA+SB help-seeking patterns in relation to interpersonal violence is focused on intimate partner violence, rather than sexual violence. A systematic review of research on help-seeking by people experiencing same-sex intimate partner violence identified a tendency to use informal sources of help, such as friends and family, followed by disclosure to mental health professionals (Santoniccolo et al., 2021). Similar patterns were evident in a study of LGBTIQA+ people's help-seeking after sexual violence, whereby disclosure occurred first to friends and family, and later to mental health professionals (de Heer et al., 2023). Key barriers to disclosure include not wanting to reinforce discriminatory views about LGBTIQA+ people, heterosexist stereotypes about sexual violence, and prior experiences of homophobic or transphobic discrimination (Edwards et al., 2023).

A consistent finding of research on LGBTIQA+ disclosure of sexual violence is the comparatively higher rates of disclosure to mental health professionals by LGBTIQA+ people compared to cisgender, heterosexual populations (Edwards et al., 2023). Seeking help from sexual assault services or law enforcement can be complicated by the focus of formal supports on cisgender heterosexual victimisation patterns (Donne et al., 2018). An American study comparing help-seeking after sexual violence between LGBQ and heterosexual college students found that LGBQ survivors were significantly more likely to report that they did not seek help because they thought they would be blamed (Richardson et al., 2015). Cisgender men may be particularly unlikely to disclose or seek help due to traditional gender norms, shame and the poor fit of men within sexual violence services (Edwards et al. 2023).

Bystander intervention programs are intended to upskill organisational and community members to identify and intervene where they perceive that someone is in a risky situation, including the early phases of sexual victimisation. These programs have been developed to focus on sexual violence between men and women, and LGBTIQA+ people have been largely excluded from the content or evaluation of bystander interventions (Kirk-Provencher et al., 2023). However, an Australian survey of gay, bisexual and queer men identified a high degree of awareness of sexual coercion and pressure between men, and two-thirds of men who witnessed situations

of violence and abuse intervened to protect the victim (Salter et al., 2021). This finding suggests substantial willingness and motivation to act as protective bystanders in the LGBTIQA+ community that has not been fully recognised or supported in bystander programs to date.

First Nations evidence

Frequently, First Nations people's experiences of sexual violence are not distinguished in data sets, and sexual violence is not reported separately from family and domestic violence. Instead, sexual violence is often included in the overarching category of family, domestic and sexual violence (FDSV).

Where sexual violence for First Nations people is considered in the literature, the focus is largely on child sexual abuse, with very little available on experiences of disclosure of, and help-seeking for, adult sexual violence.

In addition, recognition of the significant diversity in gender identity, sexual orientation, sexual expression and lived experience among First Nations LGBTIQA+ people, Brotherboys and Sistergirls is often missing in any reference to sexual violence and First Nations people. This amplifies the effects of a number of significant and intersecting points of discrimination in Australia for First Nations people, which create and maintain barriers to disclosure and help-seeking.

Barriers may include feelings of shame, fear of community ostracisation, fear of not being believed, language barriers, concern for the protection of their perpetrator,

geographic isolation and lack of service provision in remote communities (Anderson et al., 2017; Breckenridge & Flax 2016; Fiolet et al., 2019; Langton et al., 2019; Prentice et al., 2016; Willis, 2011). Fiolet et al. (2019) suggest that lifetime experiences of racism and discrimination contribute to resignation within communities.

LGBTIQA+SB people in regional and remote areas

Data are not currently available at a national level for LGBTIQA+SB experiences of FDSV in regional and remote communities, but the particular risk and lack of support services for regional and remote communities and LGBTIQA+SB people has been acknowledged (HRSCSPLA 2021). Here again, First Nations experiences are not distinguished.

Regional and remote communities face particular challenges as a whole, which may be heightened for LGBTIQA+SB people experiencing FDSV. Access to LGBTIQA+SB-specific services that intersect with FDSV support is a critical area of development, particularly for regional and remote communities (DSS 2022).

This National Survey provides evidence to inform specific recommendations for service development in regional and remote communities with consideration for the needs of LGBTIQA+SB community members.

The research process

The National LGBTIQA+SB Sexual Violence Survey design and implementation has been undertaken in the following stages.

1	**Project governance, survey design and pilot**
2	**Recruitment strategy**
3	**First Nations recruitment strategy**
4	**Survey implementation**
5	**Data analysis and reporting.**

The first report provided a comprehensive narrative of the 5 stages of project implementation, including specific and detailed information on recruitment and the First Nations recruitment process undertaken in rural and remote community areas. This second report focuses only on Stage 5 – Data analysis and reporting.

The survey sample

The intended sample was a non-probability purposive sample, meaning the sample would be gathered from LGBTIQA+SB organisations, as well as other key community stakeholders, to reach the largest number of potential participants. The focus of recruitment was on obtaining a large sample, intended to provide the best representation of the Australian LGBTIQA+SB population.

A total of 4,334 people accessed the survey through social media convenience sampling (n = 2,719) or CloudResearch (n = 1,615). The social media convenience sample included those First Nations participants recruited via our First Nations recruitment strategy (n = 205). The CloudResearch sample also included a cohort of First Nations participants (n = 402) prior to data cleaning.

The following data cleaning process was undertaken to ensure the integrity of the data. Participants were excluded from any subsequent analyses if they did not meet the inclusion criteria or requirements specified in our ethics approval, as follows:

> identified as a heterosexual cisgender female or male (n = 681)

> did not acknowledge their consent to participate in the survey (n = 8)

> were under 18 years of age (n = 14)

> completed the survey in under two minutes (n = 571)

> did not disclose their gender identity (n = 393).

Twelve participants completed the survey 68 times, detected by duplicate IP addresses, dates of birth, and sex assigned at birth. In such instances, the earliest record was retained, excluding 56 subsequent surveys.

The cleaned analytical sample comprised 3,192 participants who provided complete (n = 2,556) or partially complete (n = 636) survey responses. After the data cleaning process of the First Nations participants, the total number included from the social media convenience sample was 163, and from the CloudResearch sample was 253, making the total First Nations participants sample size 416.

Total Sample size
3,192 participants (all LGBTIQA+SB participants)

Total First Nations sample size
416

Throughout the report, and where relevant, data on the entire sample are presented alongside data on First Nations participants. This data is not comparative, since the entire sample includes First Nations people, and the intention of the analysis is not to facilitate or promote a comparison between First Nations and non-First Nations people. Instead, the responses of First Nations participants are analysed separately where this might facilitate insight into their particular experiences and needs, and implications for service provision. Similarly, where relevant, information on other groups has been presented separately to ensure that their distinct experiences and needs are contextualised within the overall findings of the study.

Analytic strategy

The report presents two analytic approaches.

1 Gender identity categories

Participants answered the question 'How do you describe your gender?' by selecting one of the following responses: 'man or male', 'woman or female', 'non-binary', 'Sistergirl', 'Brotherboy', 'I use a different term' and 'prefer not to answer'. Those who selected 'I use a different term' had the opportunity to specify their gender identity in free-form text. It was necessary to merge some categories of gender identity to ensure group sizes were suitable for statistical analysis. Therefore, 5 categories of gender identity were created based on coding schemes used in other Australian surveys on gender diverse people (Hill et al., 2020):

> cisgender female: assigned female at birth and chose female as their gender identity (n = 1,312)

> cisgender male: assigned male at birth and chose male as their gender identity (n = 987)

> trans woman: assigned male at birth and chose female, trans or Sistergirl as their gender identity (n = 139)

> trans man: assigned female at birth and chose male, trans or Brotherboy as their gender identity (n = 178)

> non-binary person: chose a gender identity that was not a binary identity (n = 576)

2 Sexual violence categories

Eight types of sexual violence were measured through the following items:

> someone made a sexual request or comment to me (face-to-face, on the phone or online) that was unwelcome and made me feel offended, humiliated or intimidated

> someone fondled, kissed or rubbed up against the private areas of my body (lips, breast, chest, crotch or butt) against my will

> someone had oral sex with me or made me have oral sex with them against my will

> someone put their penis, finger/s or object/s into my vagina or anus against my will

> someone took nude or sexual images or videos of me against my will

> someone shared nude or sexual pictures or videos of me with other people against my will

> even though it didn't happen, someone tried to have oral sex with me, or make me have oral sex with them against my will

> even though it didn't happen, someone tried to put their penis, finger/s or object/s into my vagina or anus against my will.

For each type of sexual violence, participants reported the age at which it first occurred, as well as if it had ever happened when they were over the age of 18 years. Based on survey questions 41 to 88, four categories were created to indicate if participants had experienced one or more types of sexual violence during childhood, adulthood or both.

These categories were designated as:

> no experience of sexual violence (n = 775, 24.3%) – reported as 'no exposure' in quantitative graphs and tables. 'No exposure' includes participants who reported:

 – having no experience of sexual violence

 – sexualised incidents that they did not consider as having met the threshold of sexual violence – 'it was not serious enough'

 – incidents not captured in the 8 categories of sexual violence measured

> Sexual violence during childhood only (before age 18 only) (n = 220, 6.9%)

> Sexual violence during adulthood only (at or after age 18 only) (n = 538, 16.9%)

> Sexual violence during childhood and adulthood (before and at or after age 18) (n = 1,659, 52.0%).

Analytical strategy – the quantitative data

Analyses were limited to descriptive statistics (e.g. counts, proportions and means) and univariate comparisons of cross tabulations stratified by categories of gender identity and exposure to sexual violence.

Analyses were conducted for the entire sample (n = 3,192) and separately for the sub-group of participants who identified as Aboriginal or Torres Strait Islander (n = 416).

Univariate associations were examined using chi-square tests (x^2) and one-way Analyses of Variance (F) (Welch's test was used instead when the homogeneity of variance assumption was not met). It was necessary on occasion to combine some categories to ensure that no more than 20% of cells had an expected value of less than five.

Post-hoc analyses were based on Bonferroni-corrected pairwise comparisons of proportions and means. Results are presented in tables, with superscripts denoting significant ($p < .05$)

pairwise differences between categories of gender identity or sexual violence exposure. This means that our reporting of the data makes specific note of significant differences between the following chosen groups

Gender Identity Categories

a significantly different from cisgender women

b significantly different from cisgender men

c significantly different from trans women

d significantly different from trans men

e significantly different from non-binary.

Sexual Violence Categories

a significantly different from no sexual violence group

b significantly different from childhood exposure group

c significantly different from adult exposure group

d significantly different from childhood and adult exposure group.

First Nations LGBTIQA+SB Identification

Consistent with ABS guidelines, First Nations participants were identified by their response to the following question:

> ### Are you of Aboriginal and/or Torres Strait Islander origin or descent?
>
> No
>
> Yes, Australian Aboriginal
>
> Yes, Torres Strait Islander
>
> Yes, both Australian Aboriginal and Torres Strait Islander

Report One provided the analysis of quantitative data covering survey questions 1–40, which focused on demographics and prevalence of, and attitudes and beliefs about, sexual violence.

This second report provides the analysis of data from survey questions 41–110, focusing on impact, help-seeking and bystander interventions.

The quantitative analyses were conducted using SPSS v.29.

A list of tables and figures can be found in Appendix A.

Qualitative data analysis

Only limited qualitative data analyses were undertaken for Report One. These were confined to analysis of 8 'other' categories, attached to the quantitative multiple choice and forced choice survey questions.

There are responses to 21 open text questions analysed in this report attached to the multiple choice and forced choice survey questions, which relate to participants':

> most impactful experience of sexual violence

> disclosure and help-seeking

> experience of bystander intervention.

To analyse the qualitative data, a coding framework was built through emerging themes and categories, including a combination of axial codes relating to the survey questions and open codes describing key issues and concerns identified by participants in their open text responses. Thematic analysis was utilised to analyse the data because it allowed for results to emerge inductively, resulting in themes that were closely related to the raw data, rather than preconceived theories or ideas. Thematic analysis is commonly used to analyse qualitative data by identifying and reporting key themes based exclusively on the information provided by participants, independent of any specific theoretical perspectives.

The development of themes involved discussion between 3 research team members. All themes were colour-coded and entered into Excel sheets for verification by all 3 research assistants. Themes were checked against the relevant quantitative data questions and then discussed by the team at our regular meetings. The analysis process was informed by the available literature and the research team's understanding of the issues pertaining to the topic. Extracts of participants' open text responses are presented in this report to illustrate particular themes.

Human research ethics approval

Researchers applied for ethics approval to ACON's Research Ethics Committee. This application was approved in August 2023 (RERC Reference Number 202319). Research ethics approval from ACON ensured credible and rigorous oversight of the survey instrument and research process.

Ethics approval was granted by UNSW Human Research More than Low Risk Ethics Committee in May 2023; and an ethics modification application, post the survey pilot, was approved in September 2023 (HREC Approval Number HC2301345).

Findings

Most impactful sexual violence event

Total sample – all participants

Table 1. All participants: when, where and what happened at the most impactful sexual violence event (n = 2,412)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary	x^2 / F
	n = 1,047	n = 691	n = 102	n = 140	n = 432	
Occurrence						
Last 6 months	34 (3.2%)[b]	46 (6.7%)[ae]	6 (5.9%)	7 (5.0%)	11 (2.5%)[b]	
Last year	64 (6.1%)[bc]	86 (12.4%)[ae]	17 (16.7%)[ae]	8 (5.7%)	20 (4.6%)[bc]	
Last 5 years	188 (18.0%)	122 (17.7%)	24 (23.5%)	34 (24.3%)	94 (21.8%)	95.51, p < .001
Over 5 years ago	343 (32.8%)	243 (35.2%)[d]	25 (24.5%)	30 (21.4%)[b]	121 (28.0%)	
Before age 18 yrs	418 (39.9%)[b]	194 (28.1%)[ade]	30 (29.4%)	61 (43.6%)[b]	186 (43.1%)[b]	
Incident type						
Sexually harassed	475 (45.4%)	292 (42.3%)	49 (48.0%)	64 (45.7%)	176 (40.7%)	4.31, p = .37
Sexually assaulted	580 (55.4%)[b]	314 (45.4%)[ade]	43 (42.2%)[de]	85 (60.7%)[bc]	249 (57.6%)[bc]	30.04, p < .001
Raped	398 (38.0%)	233 (33.7%)[e]	27 (26.5%)[e]	60 (42.9%)	182 (42.1%)[bc]	15.29, p = .004
Image-based abuse	102 (9.7%)	90 (13.0%)	11 (10.8%)	17 (12.1%)	43 (10.0%)	5.28, p = .26
Other	85 (8.1%)	43 (6.2%)[d]	13 (12.7%)	19 (13.6%)[b]	47 (10.9%)	14.79, p = .005

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary	x^2 / F
	n = 1,047	n = 691	n = 102	n = 140	n = 432	
Location						
Private residence	660 (63.0%)[b]	324 (46.9%)[ade]	52 (51.0%)	91 (65.0%)[b]	268 (62.0%)[b]	53.61, p < .001
Public place	246 (23.5%)	144 (20.8%)	24 (23.5%)	28 (20.0%)	114 (26.4%)	5.48, p = .24
Club or pub	129 (12.3%)[b]	154 (22.3%)[ade]	14 (13.7%)	16 (11.4%)[b]	50 (11.6%)[b]	40.06, p < .001
Party	129 (12.3%)	114 (16.5%)[de]	8 (7.8%)	9 (6.4%)[b]	39 (9.0%)[b]	21.76, p < .001
Workplace	77 (7.4%)	52 (7.5%)	5 (4.9%)	11 (7.9%)	19 (4.4%)	5.84, p = .211
Sex-on-premises venue	16 (1.5%)[b]	62 (9.0%)[ade]	3 (2.9%)	0[b]	10 (2.3%)[b]	74.20, p < .001
Online/technology	93 (8.9%)	59 (8.5%)	12 (11.8%)	11 (7.9%)	36 (8.3%)	1.46, p = .83
Religious/cultural event	11 (1.1%)	18 (2.6%)	1 (1.0%)	3 (2.1%)	5 (1.2%)	n/a
Other	75 (7.2%)[d]	49 (7.1%)[d]	8 (7.8%)	21 (15.0%)[ab]	42 (9.7%)	12.69, p = .01
Relationship to perpetrator						
Stranger	324 (30.9%)[b]	281 (40.7%)[ae]	39 (38.2%)	45 (32.1%)	128 (29.6%)[b]	22.77, p < .001
Friend	247 (23.6%)	191 (27.6%)	22 (21.6%)	32 (22.9%)	111 (25.7%)	4.77, p = .31
Romantic partner	231 (22.1%)[b]	104 (15.1%)[ade]	21 (20.6%)	37 (26.4%)[b]	115 (26.6%)[b]	26.12, p < .001
Casual sexual partner	142 (13.6%)	120 (17.4%)	18 (17.6%)	14 (10.0%)	59 (13.7%)	8.57, p = .07
Immediate family member	125 (11.9%)	56 (8.1%)	7 (6.9%)	21 (15.0%)	37 (8.6%)	12.79, p = .012
Extended family member	92 (8.8%)	71 (10.3%)	7 (6.9%)	15 (10.7%)	31 (7.2%)	4.27, p = .37
Family friend	68 (6.5%)	32 (4.6%)	4 (3.9%)	8 (5.7%)	23 (5.3%)	3.42, p = .49
Other	123 (11.7%)	64 (9.3%)	13 (12.7%)	13 (9.3%)	54 (12.5%)	4.42, p = .35
Perpetrator gender						
Cisgender man	850 (86.4%)[bcde]	525 (80.4%)[a]	71 (71.7%)[a]	100 (75.2%)[a]	322 (78.9%)[a]	27.87, p < .001
Cisgender woman	119 (12.1%)[c]	86 (13.2%)	23 (23.2%)[a]	26 (19.5%)	61 (15.0%)	14.15, p = .007
Trans man	23 (2.3%)[b]	72 (11.0%)[ae]	5 (5.1%)	5 (3.8%)	19 (4.7%)[b]	59.21, p < .001
Trans woman	29 (2.9%)[e]	32 (4.9%)	3 (3.0%)	4 (3.0%)	26 (6.4%)[a]	10.37, p = .035
Non-binary person	22 (2.2%)[de]	25 (3.8%)	5 (5.1%)	11 (8.3%)[a]	21 (5.1%)[a]	16.70, p = .002
Perpetrator LGBTIQA+	156 (14.9%)[bcde]	350 (50.7%)[acde]	35 (34.3%)[ab]	39 (27.9%)[ab]	123 (28.5%)[ab]	259.17, p < .001

a. Timing

Table 1a presents the details regarding the most impactful sexual violence event separately for each gender identity. Most (68.5%) participants indicated that this event occurred either 5 or more years ago (31.6%) or before they were 18 years of age (36.9%); recent events occurring in the last 6 months were rare (4.3%). The timing of the most impactful sexual violence event significantly differed across gender identity categories, with cisgender women (39.9%), trans men (43.6%) and non-binary people (43.1%) significantly more likely than cisgender men (28.1%) to have experienced this event before age 18 years. Trans women (16.7%) and cisgender men (12.4%) were also more likely than cisgender women (6.1%) and non-binary people (4.6%) to have experienced their most impactful sexual violence event in the last year.

Figure 1: Occurence of most impactful sexual violence event (n = 2,412)
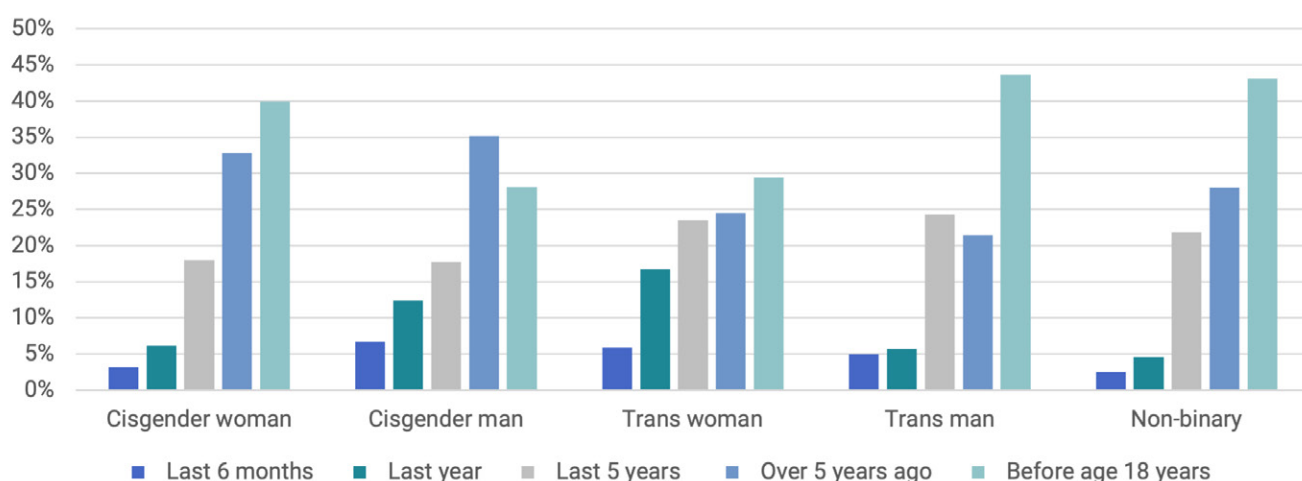
b. Type

The most common incident type was sexual assault (52.7%) followed by sexual harassment (43.8%). Incidents involving sexual assault were significantly more likely to be reported by non-binary people (57.6%) and trans men (60.7%), compared to cisgender men (45.4%) and trans women (42.2%). Rape was also significantly more likely to have been reported by non-binary people (42.1%) than by cisgender men (33.7%) and trans women (26.5%). Other incident types not specified were significantly more likely among trans men (13.6%) than cisgender men (6.2%). Image-based abuse and sexual harassment did not significantly differ across gender identity.

Figure 2: Incident type of most impactful event by gender identity (n = 2,412)
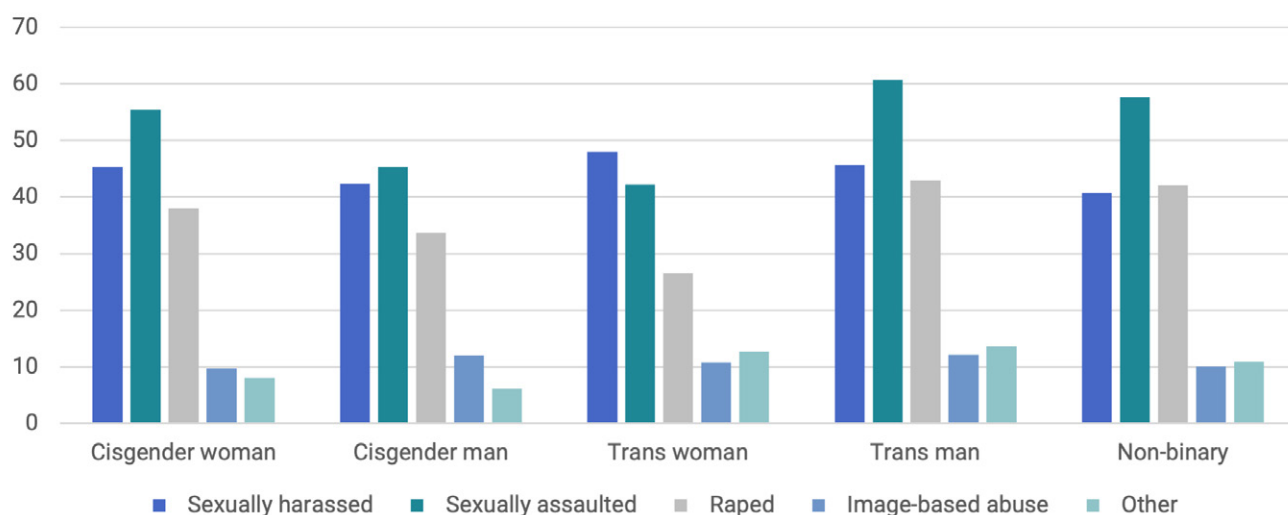
c. Place

Most sexual violence experiences occurred in a private residence (57.8%), while the fewest occurred at a religious or cultural event (1.6%). The location of the most impactful experience of sexual violence was significantly more likely to be a private residence for cisgender women (63.0%), trans men (65.0%) and non-binary people (62.0%), compared to for cisgender men (46.9%). By contrast, cisgender men were significantly more likely to experience their most impactful sexual violence event at a club or pub (22.3%) or sex-on-premises venue (9.0%), compared to cisgender women (12.3% and 1.5%), trans men (11.4% and 0%) and non-binary people (11.6% and 2.3%). Cisgender men were also significantly more likely to experience this event at a party (16.5%), compared to trans men (6.4%) and non-binary people (9.0%). Other locations not specified were significantly more likely for trans men (15.0%) than for cisgender men (7.1%) and women (7.2%).
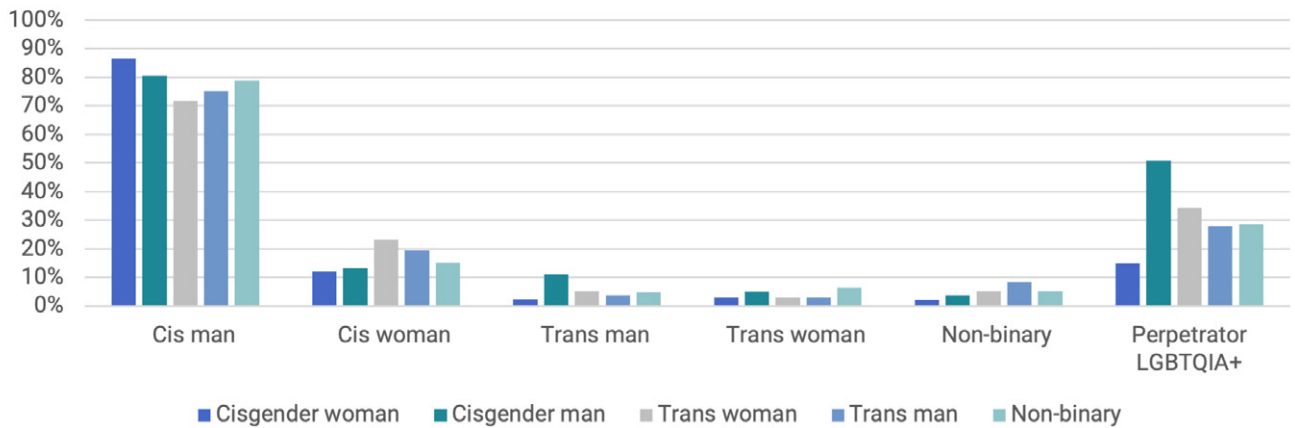
d. Perpetrator

The perpetrator of the most impactful sexual violence experience was most often a stranger (33.9%), followed by a friend (25.0%) or romantic partner (21.1%), whereas family friends (5.6%) and extended family members were the least common perpetrators (9.0%). The type of perpetrator significantly differed by participant gender identity. Specifically, cisgender men (40.7%) were significantly more likely than cisgender women (30.9%) and non-binary people (29.6%) to report that the perpetrator was a stranger. However, cisgender women (22.1%), trans men (26.4%) and non-binary people (26.6%) were significantly more likely than cisgender men (15.1%) to report that the perpetrator was a romantic partner.

Figure 3: Relationship to perpetrator of most impactful event (n = 2,412)
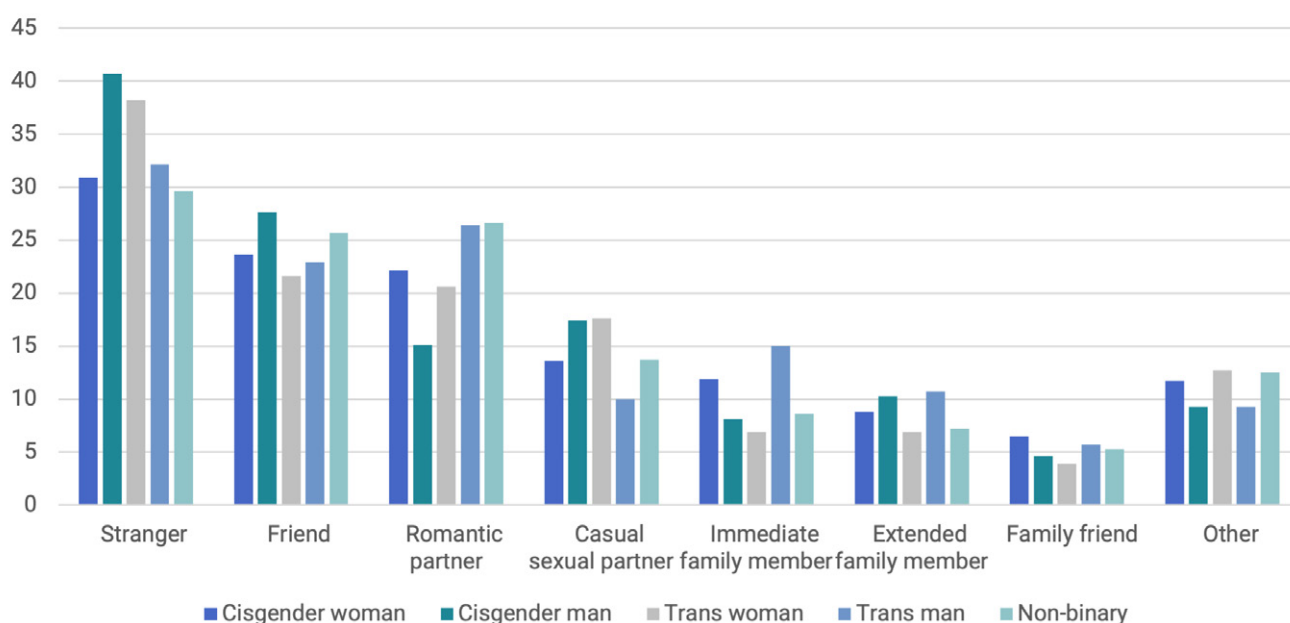
Cisgender men (82.0%) comprised the overwhelming majority of people identified as the perpetrator of the most impactful sexual violence experience and were significantly more likely to be identified by cisgender women (86.4%) than any other gender identity (71.7%–80.4%). Cisgender women were significantly more likely to be identified as the perpetrator for trans women (23.2%), than for cisgender women (12.1%), and trans men were significantly more likely to be identified as the perpetrator for cisgender men (11.0%), than for cisgender women (2.3%) and non-binary people (4.7%). 6.4% of non-binary people and 2.9% of cisgender women identified perpetration by trans women. Non-binary perpetrators were significantly more likely to be identified by trans men (8.3%) than by non-binary people (5.1%) and cisgender women (2.2%).

Figure 4: Sexual and gender identity of perpetrators (n = 2,412)

Legend: Cisgender woman, Cisgender man, Trans woman, Trans man, Non-binary

Categories: Cis man, Cis woman, Trans man, Trans woman, Non-binary, Perpetrator LGBTQIA+

Around one-third (29.1%) of participants indicated that the perpetrator of their most impactful sexual violence experience was a member of the LGBTIQA+ community. Cisgender men (50.7%), in particular, were significantly more likely than any other gender identity (14.9%–34.3%) to indicate that the perpetrator was a member of the LGBTIQA+ community. Conversely, cisgender women (14.9%) were significantly more likely, relative to all other categories of gender identity (27.9%–50.7%), to report that their perpetrator was **not** a member of this community.

Table 1. All participants: when, where and what happened at the most impactful sexual violence event (n = 2,412)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 154	n = 190	n = 510	n = 1,558	
Incident type					
Sexually harassed	82 (53.2%)	86 (45.3%)	229 (44.9%)	659 (42.3%)	7.43, p = .06
Sexually assaulted	38 (24.7%)[bcd]	92 (48.4%)[ad]	213 (41.8%)[ad]	928 (59.6%)[abc]	103.83, p < .001
Raped	20 (13.0%)[bcd]	51 (26.8%)[ad]	122 (23.9%)[ad]	707 (45.4%)[abc]	130.30, p < .001
Image-based abuse	14 (9.1%)	16 (8.4%)	46 (9.0%)	187 (12.0%)	5.53, p = .14
Other	15 (9.7%)	17 (8.9%)	51 (10.0%)	124 (8.0%)	2.37, p = .50
Location					
Private residence	45 (29.2%)[bcd]	99 (52.1%)[acd]	211 (41.4%)[abd]	1,040 (66.8%)[abc]	161.75, p < .001
Public place	40 (26.0%)	53 (27.9%)[c]	92 (18.0%)[bd]	371 (23.8%)[c]	10.97, p = .01
Club or pub	45 (29.2%)[bd]	7 (3.7%)[acd]	119 (23.3%)[bd]	192 (12.3%)[abc]	79.82, p < .001
Party	45 (29.2%)[bcd]	18 (9.5%)[a]	60 (11.8%)[a]	176 (11.3%)[a]	43.56, p < .001
Workplace	11 (7.1%)	11 (5.8%)	49 (9.6%)[d]	93 (6.0%)[c]	8.38, p = .04

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 154	n = 190	n = 510	n = 1,558	
Location (continued)					
Sex-on-premises venue	14 (9.1%)[bd]	4 (2.1%)[a]	35 (6.9%)[d]	38 (2.4%)[a]	34.50, p < .001
Online/technology	9 (5.8%)	27 (14.2%)[d]	46 (9.0%)	129 (8.3%)[b]	9.20, p = .03
Religious or cultural event	2 (1.3%)	2 (1.1%)	4 (0.8%)	30 (1.9%)	3.70, p = .30
Other	10 (6.5%)	22 (11.6%)[c]	27 (5.3%)[b]	136 (8.7%)	9.86, p = .02
Relationship to perpetrator					
Stranger	45 (29.2%)[c]	50 (26.3%)[c]	220 (43.1%)[abd]	502 (32.2%)[c]	27.77, p < .001
Friend	62 (40.3%)[cd]	52 (27.4%)	103 (20.2%)[a]	386 (24.8%)[a]	26.01, p < .001
Romantic partner	21 (13.6%)[d]	23 (12.1%)[cd]	107 (21.0%)[b]	357 (22.9%)[ab]	17.49, p < .001
Casual sexual partner	22 (14.3%)[b]	7 (3.7%)[acd]	92 (18.0%)[b]	232 (14.9%)[b]	23.07, p < .001
Immediate family member	14 (9.1%)[c]	29 (15.3%)[c]	19 (3.7%)[abd]	184 (11.8%)[c]	33.28, p < .001
Extended family member	19 (12.3%)[c]	34 (17.9%)[cd]	18 (3.5%)[ad]	145 (9.3%)[bc]	39.44, p < .001
Family friend	2 (1.3%)[bd]	14 (7.4%)[ac]	10 (2.0%)[bd]	109 (7.0%)[c]	25.05, p < .001
Other	15 (9.7%)	26 (13.7%)	51 (10.0%)	175 (11.2%)	2.23, p = .53
Perpetrator gender					
Cisgender man	87 (63.0%)[bcd]	145 (82.9%)[a]	360 (75.0%)[ad]	1,276 (86.0%)[ac]	65.68, p < .001
Cisgender woman	23 (16.7%)	21 (12.0%)	76 (15.8%)	195 (13.1%)	3.63, p = .30
Trans man	20 (14.5%)[d]	10 (5.7%)	41 (8.5%)[d]	53 (3.6%)[ac]	41.02, p < .001
Trans woman	17 (12.3%)[bd]	3 (1.7%)[ac]	31 (6.5%)[d]	43 (2.9%)[ac]	38.23, p < .001
Non-binary person	13 (9.4%)[cd]	5 (2.9%)	14 (2.9%)[a]	52 (3.5%)[a]	14.05, p = .003
Perpetrator LGBTIQA+	44 (28.6%)[bc]	28 (14.7%)[ac]	241 (47.3%)[abd]	390 (25.0%)[bc]	112.88, p < .001

e. Type

Table 2 presents the details of the most impactful sexual violence event among participants who reported that such an event had occurred. Importantly, this question was answered by 19.9% of participants in the 'No exposure' group, suggesting that these individuals had experienced some form of sexual violence beyond the 8 types that defined group membership. Of these 154 participants, 92.2% indicated that they had experienced unnecessary or intrusive medical examinations and comments, while the remainder reported that they were, *"not too concerned about,"* the incident. One participant stated, *"A boy shoved some pretty disturbing 3D porn in my face on the bus in year 9, and it freaked me out super bad. Nothing else ever happened, but it was not fun."* By comparison, 86.4% in the 'Childhood exposure' group, 94.8% in the 'Adulthood exposure' group, and 93.9% in the Childhood and adulthood exposure' group provided details regarding their most impactful sexual violence event.

Figure 5: Incident type of most impactful event by sexual violence category (n = 2,412)
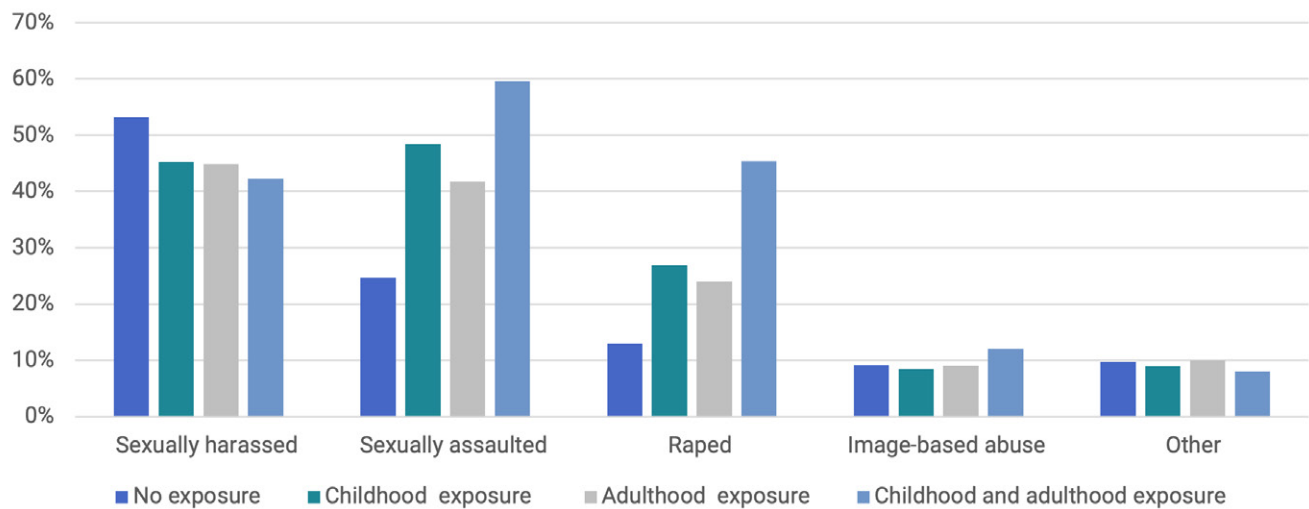
Participants who indicated that the most impactful sexual violence event involved sexual assault and rape were significantly more likely to have experienced specific sexual violence during childhood and adulthood (59.6% and 45.4%), compared to all other categories of sexual violence experience (24.7%–48.4% and 13.0%–26.8%). Rates of sexual harassment, image-based abuse, and other incident types not specified were relatively consistent across groups.

Around 8% (194) people responded 'Other' to this question and provided open text responses. The most common 'Other' response indicated that the incident was facilitated by pressure or manipulation, which could leave participants feeling confused and regretful (n = 35). For instance, this participant described a situation at the gym that left him feeling uncomfortable:

> *"In an open shower situation at a gym, another man performed oral sex on me without seeking consent in the first instance. I didn't stop him after he started, but I felt uncomfortable and was unsure if I actually wanted this, but I felt uncomfortable and uncertain."*

This participant, who reported sexual violence in childhood, also described a situation as a minor where they were, "peer pressured into looking at nude images and pornography." Another participant who experienced sexual violence in both childhood and adulthood explained that:

> *"I was pressured into having S&M type sex with a partner when I had expressed not wanting to."*

Four participants described witnessing sexual assault as a child or adult:

> *"I was a witness to sexual assault as a child."*

> *"Made to be present while sexual acts occurred."*

> *"My parents had sex in front of me and my brother when we were children."*

> *"I witnessed my partner being raped."*

'Stealthing', involving the removal of a condom without consent, was reported by 7 participants. This participant explained:

> *"Someone decided to put their penis back into me without a condom after I said to stop anal, but I was too scared to say anything and couldn't move. Resulted in an STI."*

f. Location

All location types where the most impactful sexual violence event occurred, except religious or cultural events, were significantly associated with categories of sexual violence exposure. The proportion who experienced sexual violence in a private residence significantly differed across all categories and was highest for 'Childhood and adulthood exposure' (66.8%), followed by 'Childhood exposure' (52.1%), 'Adulthood exposure' (41.4%) and 'No exposure' (29.2%). The proportion sexually assaulted in a public place was significantly higher for the 'Childhood exposure' (27.9%) and 'Childhood and adulthood exposure' (23.8%) groups than for the 'Adulthood exposure' group (18.0%), whereas the proportion sexually assaulted in a club or pub was significantly greater for the 'No exposure' (29.2%) and 'Adulthood exposure' (23.3%) groups than for the 'Childhood exposure' (3.7%) and 'Childhood and adulthood exposure' (12.3%) groups. The 'No exposure' category was significantly more likely to have experienced sexual violence at a party (29.2%), compared to all other categories (9.5%–11.8%), and at a sex-on-premises venue (9.1%) compared to the 'Childhood exposure' (2.1%) and "Childhood and adulthood exposure' (2.4%) groups. Online sexual violence was more likely among the 'Childhood exposure' (14.2%) than the 'Childhood and adulthood exposure' (8.3%) group, and other locations not specified were more common among the 'Childhood exposure' (11.6%) than the 'Adulthood exposure' (5.3%) group.

g. Perpetrator

Participant relationship to the perpetrator for the most impactful sexual violence event was significantly associated with categories of sexual violence exposure. The 'Adulthood exposure' group (43.1%) was significantly more likely than all other categories (26.3%–32.2%) to report that the perpetrator was a stranger, and significantly less likely than all other groups (9.1%–15.3%) to report that the perpetrator was an immediate family member (3.7%). The 'Childhood exposure' group was significantly less likely to report that the perpetrator was a romantic partner (12.1%) or casual sexual partner (3.7%)

compared to the 'Adulthood exposure' (21.0% and 18.0%) and 'Childhood and adulthood exposure' (22.9% and 14.9%) groups. Conversely, the 'Childhood exposure' group was more likely to report that the perpetrator was an extended family member (17.9%) compared to the 'Adulthood exposure' (3.5%) and 'Childhood and adulthood exposure' (9.3%) groups. Those who had experienced sexual violence in childhood only were also more likely to report that the perpetrator was a family friend (7.1%) relative to the 'No exposure' (1.3%) and 'Adulthood exposure' (2.0%) categories.

Figure 6: Relationship to perpetrator of most impactful sexual violence event (n = 2,412)
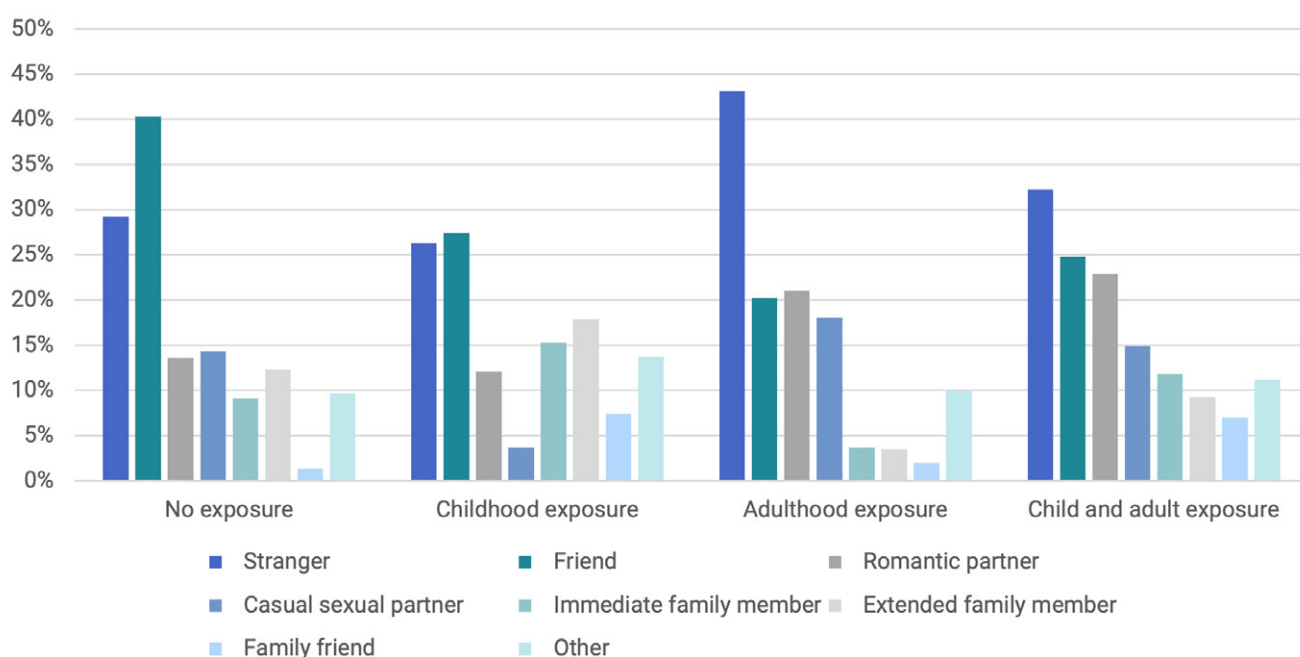
Cisgender men were significantly less likely to be identified as the perpetrator by the 'No exposure' (63.0%) group, compared to all other categories (75.0%–86.0%). Trans men and trans women were significantly more likely to be identified as the perpetrator by the 'No exposure' (14.5% and 12.3%) and 'Adulthood exposure' (8.5% and 6.5%) groups compared to the 'Childhood and adulthood exposure' (3.6% and 2.9%) group. The 'Adulthood exposure' group (47.3%) was significantly more likely than all other groups (14.7%–28.6%) to report that the perpetrator was a member of the LGBTIQA+ community.

Figure 7: Identity of perpetrator by sexual violence exposure category (n = 2,412)

Legend: Cis man ■ Cis woman ■ Trans man ■ Trans woman ■ Non-binary ■ Perpetrator LGBTIQA+
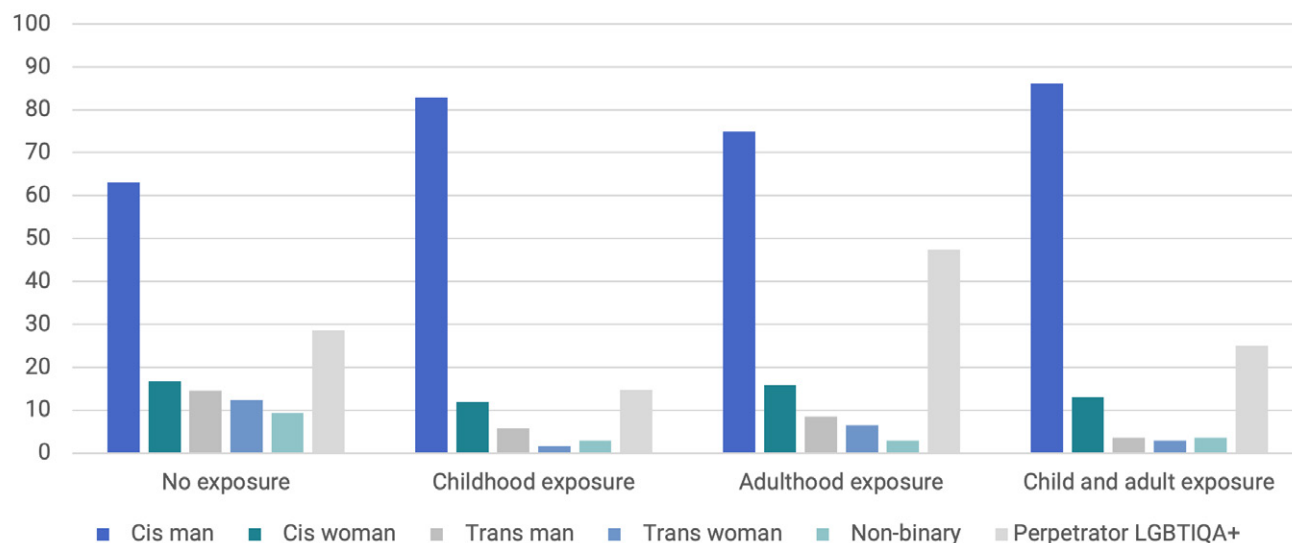
h. Summary

The majority of respondents identified a non-recent incident of sexual violence as the most impactful, with one-third reporting that it took place over 5 years ago, and one-third reporting that it occurred in childhood. Less than one-in-twenty reported that the most impactful incident had occurred in the last 6 months. However, trans women and cisgender men were more likely to have experienced their most impactful incident in the last year, while cisgender women, trans men and non-binary people were much more likely to identify this incident in childhood compared to cisgender men.

The most common incident type was sexual assault, followed by sexual harassment. The majority of incidents took place in a private residence. However, cisgender men were significantly more likely to have experienced their most impactful event at a pub, club or sex-on-premises venue, compared to cisgender women, trans men and non-binary people. The type of perpetrator differed significantly by participant gender identity. Cisgender men were more likely to report that the perpetrator was a stranger compared to cisgender women and non-binary people, while cisgender women, trans men and non-binary people were more likely to report that the perpetrator was a romantic partner compared to cisgender men.

More than 4 out of 5 perpetrators were cisgender men, and almost one-third of participants identified the perpetrator as a member of the LGBTIQA+ community. Cisgender men were significantly more likely than any other gender identity to report that the perpetrator was LGBTIQA+. Trans women were

significantly more likely than cisgender women to report that the perpetrator was a cisgender woman compared to cisgender women. Trans men were significantly more likely to be identified as a perpetrator by cisgender men, compared to cisgender women and non-binary people.

Open text responses pointed to a spectrum of sexual coercion that included experiences that participants were unsure how to categorise, such as sexual situations they did not feel they had fully consented to, and being forced to witness sexual violence against others. 'Stealthing' (nonconsensual removal of a condom) was reported by seven participants.

One-fifth of participants who did not endorse any of the 8 questions about types of sexual violence went on to disclose some experience of sexual violence. Over half disclosed sexual harassment and a quarter disclosed sexual assault. These experiences were relatively equally distributed across private residences, public places, clubs and pubs or parties. This group was significantly more likely to disclose sexual violence that happened at a party compared to other categories of participant and had the highest rates of perpetration by a friend. In open text responses, some members of this group disclosed experiences of medical abuse in healthcare settings, some disclosed experiences of sexual violence that they felt were relatively trivial, and others described scenarios that they had not been able to categorise within the 8 questions about sexual violence.

First Nations participants

Table 3. First Nations participants: when, where and what happened at the most impactful sexual violence event (n = 319)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary	x^2 / F
	n = 109	n = 155	n = 10	n = 17	n = 28	
Occurrence						
Last 5 years	40 (36.7%)[b]	86 (55.5%)[a]	6 (60.0%)	6 (35.3%)	10 (35.7%)	12.14, p = .02
Over 5 years ago/ before 18	69 (63.3%)[b]	69 (44.5%)[a]	4 (40.0%)	11 (64.7%)	18 (64.3%)	
Incident type						
Sexually harassed	50 (45.9%)	73 (47.1%)	5 (50.0%)	8 (47.1%)	12 (42.9%)	0.24, p = .99
Sexually assaulted	78 (71.6%)[b]	77 (49.7%)[a]	4 (40.0%)	9 (52.9%)	15 (53.6%)	14.26, p = .007
Raped	54 (49.5%)	62 (40.0%)	5 (50.0%)	10 (58.8%)	15 (53.6%)	4.63, p = .33
Image-based abuse	16 (14.7%)	32 (20.6%)	1 (10.0%)	4 (23.5%)	7 (25.0%)	3.02, p = .56
Other	0	3 (1.9%)	0	1 (5.9%)	4 (14.3%)	n/a
Location						
Private residence	77 (70.6%)[b]	55 (35.5%)[ad]	7 (70.0%)	13 (76.5%)[b]	17 (60.7%)	38.30, p < .001
Public place	25 (22.9%)	43 (27.7%)	1 (10.0%)	2 (11.8%)	12 (42.9%)	8.03, p = .09
Club or pub	12 (11.0%)[b]	59 (38.1%)[a]	4 (40.0%)	3 (17.6%)	5 (17.9%)	27.05, p < .001
Party	20 (18.3%)[b]	63 (40.6%)[ade]	1 (10.0%)	0b	3 (10.7%)[b]	30.10, p < .001
Workplace	12 (11.0%)	27 (17.4%)	1 (10.0%)	1 (5.9%)	4 (14.3%)	n/a
Sex-on-premises venue	8 (7.3%)	28 (18.1%)	1 (10.0%)	0	1 (3.6%)	n/a
Online/technology	9 (8.3%)	21 (13.5%)	2 (20.0%)	1 (5.9%)	5 (17.9%)	n/a
Religious/cultural event	8 (7.3%)	10 (6.5%)	0	0	2 (7.1%)	n/a
Other	2 (1.8%)	1 (0.6%)	0	1 (5.9%)	3 (10.7%)	n/a
Relationship to perpetrator						
Stranger	30 (27.5%)	47 (30.3%)	3 (30.0%)	7 (41.2%)	11 (39.3%)	2.38, p = .67
Friend	24 (22.0%)[b]	66 (42.6%)[ad]	2 (20.0%)	1 (5.9%)[b]	10 (35.7%)	19.03, p < .001
Romantic partner	19 (17.4%)[ce]	40 (25.8%)	6 (60.0%)[a]	3 (17.6%)	12 (42.9%)[a]	15.14, p = .004

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary	x^2 / F
	n = 109	n = 155	n = 10	n = 17	n = 28	
Relationship to perpetrator (continued)						
Casual sexual partner	18 (16.5%)	39 (25.2%)	4 (40.0%)	1 (5.9%)	6 (21.4%)	7.36, p = .12
Immediate family member	31 (28.4%)	27 (17.4%)	1 (10.0%)	5 (29.4%)	4 (14.3%)	6.96, p = .14
Extended family member	24 (22.0%)	41 (26.5%)	0	1 (5.9%)	4 (14.3%)	8.17, p = .09
Family friend	14 (12.8%)	7 (4.5%)	0	2 (11.8%)	3 (10.7%)	n/a
Other	6 (5.5%)	6 (3.9%)	0	2 (11.8%)	1 (3.6%)	n/a
Perpetrator gender						
Cisgender man	73 (71.6%)	102 (67.5%)	7 (77.8%)	11 (68.8%)	17 (65.4%)	0.95, p = .92
Cisgender woman	16 (15.7%)	27 (17.9%)	0	1 (6.3%)	3 (11.5%)	n/a
Trans man	11 (10.8%)[b]	45 (29.8%)[a]	2 (22.2%)	2 (12.5%)	8 (30.8%)	14.64, p = .006
Trans woman	14 (13.7%)	23 (15.2%)	1 (11.1%)	2 (12.5%)	6 (23.1%)	n/a
Non-binary person	8 (7.8%)	18 (11.9%)	1 (11.1%)	2 (12.5%)	3 (11.5%)	n/a
Perpetrator LGBTIQA+	26 (23.9%)[be]	90 (58.1%)[a]	5 (50.0%)	4 (23.5%)	15 (53.6%)[a]	34.50, p < .001

a. Timing

Table 3 presents the details regarding Indigenous participants' most impactful sexual violence event across categories of gender identity. Similar to the full sample, most Indigenous participants indicated that this event occurred either five or more years ago, or before they were 18 years of age (53.6%), while relatively few indicated that it had occurred within the last 6 months (11.6%).

Figure 8: First Nations participants: occurence of most impactful sexual violence event (n = 319)
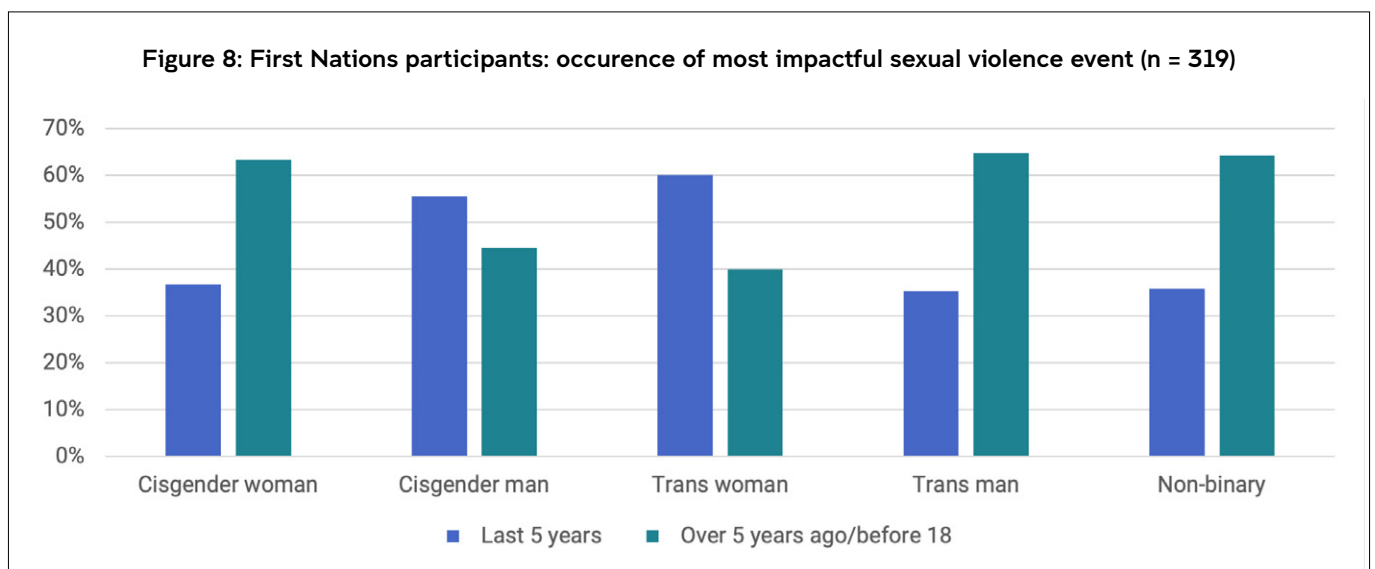
b. Type

Likewise, sexual assault (57.4%) and harassment (46.4%) were the most common incident types. Cisgender women were significantly more likely than cisgender men to report that this event had occurred over five years ago, or before the age of 18 (63.3% vs. 44.5%) and that it had involved sexual assault (71.6% vs. 49.7%). Notably, around half of the participants across each gender identity category indicated that their most impactful sexual violence experience had involved rape (40%–58.8%) or sexual harassment (42.9%–50.0%), whereas around 10% to 25% indicated that it had involved image-based abuse.

Figure 9: First Nations participants: type of most impactful event by gender identity (n = 319)
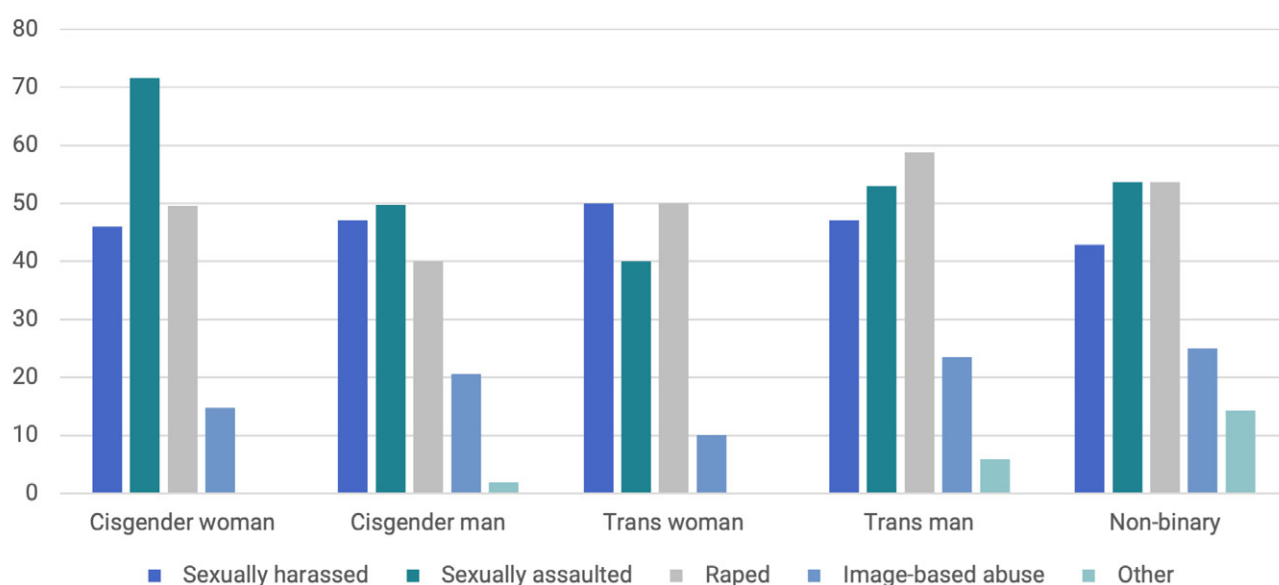
c. Place

Indigenous participants indicated that most sexual violence experiences occurred in a private residence (53.0%), while relatively few occurred at religious or cultural events (6.3%). The most impactful sexual experience was also significantly more likely to have occurred in a private residence for cisgender women (70.6%) and trans women (76.5%) than for cisgender men (35.5%). By contrast, cisgender men (38.1%) were significantly more likely than cisgender women (11.0%) to report that this event had occurred in a club or pub, and were significantly more likely to report that it had happened at a party (40.6%) than cisgender women (18.3%), trans men (0%) and non-binary people (10.7%). Fewer than one-fifth of participants within each gender identity category consistently indicated that the most impactful sexual violence event occurred at the workplace (5.9%–17.4%) or online (5.9%–20.0%).

d. Perpetrator

The most common perpetrators were friends (32.3%), followed by strangers (30.7%) and romantic partners (25.1%). Contrary to the findings from the full sample, among Indigenous participants the perpetrator of the most impactful sexual violence event was significantly more likely to have been a friend for cisgender men (42.6%) than for cisgender women (22.0%) and trans women (5.9%). Romantic partners were also significantly more likely to be a perpetrator for Indigenous trans women (60.0%) and non-binary people (42.9%) than for cisgender women (17.4%).

Figure 10: First Nations participants: sexual and gender identity of perpetrators (n = 319)
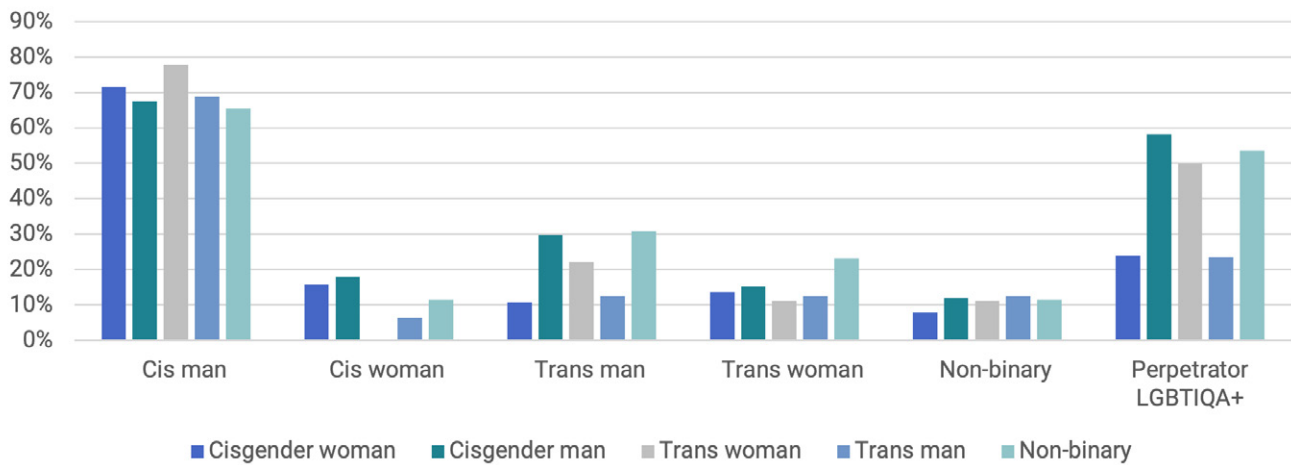
Cisgender men were identified as being the most common perpetrator (69.1%). Trans men were significantly more likely to be identified as the perpetrator by cisgender men (29.8%) than women (10.8%). Around two-thirds (65.4%–77.8%) of participants from each gender identity category consistently indicated that the perpetrator was a cisgender man. Almost half (43.9%) of Indigenous participants indicated that their perpetrator was a member of the LGBTIQA+ community; this was significantly more likely for cisgender men (58.1%) and non-binary people (53.6%) than for cisgender women (23.9%).

Table 4. First Nations participants: when, where and what happened at the most impactful sexual violence event (n = 319)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 45	n = 26	n = 80	n = 168	
Occurrence					
Last 6 months	9 (20.0%)	0	8 (10.0%)	20 (11.9%)	
Last year	6 (13.3%)	1 (3.8%)	21 (26.3%)[d]	16 (9.5%)[c]	
Last 5 years	11 (24.4%)	7 (26.9%)	19 (23.8%)	30 (17.9%)	79.69, p < .001
Over 5 years ago	16 (35.6%)[d]	3 (11.5%)	29 (36.3%)[d]	27 (16.1%)[ac]	
Before age 18 years	3 (6.7%)[bd]	15 (57.7%)[ac]	3 (3.8%)[bd]	75 (44.6%)[ac]	
Incident type					
Sexually harassed	25 (55.6%)	9 (34.6%)	33 (41.3%)	81 (48.2%)	4.04, p = .26
Sexually assaulted	13 (28.9%)[bd]	18 (69.2%)[a]	35 (43.8%)[d]	117 (69.6%)[ac]	32.84, p < .001
Raped	11 (24.4%)[d]	12 (46.2%)	31 (38.8%)	92 (54.8%)[a]	15.31, p = .002
Image-based abuse	5 (11.1%)	5 (19.2%)	13 (16.3%)	37 (22.0%)	3.23, p = .36
Other	1 (2.2%)	0	2 (2.5%)	5 (3.0%)	n/a

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 45	n = 26	n = 80	n = 168	
Location					
Private residence	20 (44.4%)[d]	12 (46.2%)	23 (28.7%)[d]	114 (67.9%)[ac]	35.58, p < .001
Public place	13 (28.9%)	10 (38.5%)	20 (25.0%)	40 (23.8%)	2.75, p = .43
Club or pub	17 (37.8%)[b]	2 (7.7%)[ac]	31 (38.8%)[bd]	33 (19.6%)[c]	18.05, p < .001
Party	30 (66.7%)[bcd]	5 (19.2%)[a]	19 (23.8%)[a]	33 (19.6%)[a]	41.49, p < .001
Workplace	9 (20.0%)	5 (19.2%)	18 (22.5%)[d]	13 (7.7%)[c]	12.13, p = .007
Sex-on-premises venue	13 (28.9%)[d]	3 (11.5%)	10 (12.5%)	12 (7.1%)[a]	16.03, p = .001
Online/technology	5 (11.1%)	4 (15.4%)	14 (17.5%)	15 (8.9%)	4.13, p = .25
Religious or cultural event	1 (2.2%)	0	4 (5.0%)	15 (8.9%)	n/a
Other	0	1 (3.8%)	0	6 (3.6%)	n/a
Relationship to perpetrator					
Stranger	8 (17.8%)	3 (11.5%)[c]	32 (40.0%)[b]	55 (32.7%)	11.60, p = .009
Friend	21 (46.7%)[d]	8 (30.8%)	30 (37.5%)	44 (26.2%)[a]	8.13, p = .04
Romantic partner	13 (28.9%)	5 (19.2%)	23 (28.7%)	39 (23.2%)	1.71, p = .64
Casual sexual partner	14 (31.1%)	3 (11.5%)	19 (23.8%)	32 (19.0%)	4.85, p = .18
Relationship to perpetrator (continued)					
Immediate family member	11 (24.4%)	10 (38.5%)[c]	10 (12.5%)[d]	37 (22.0%)	8.58, p = .04
Extended family member	19 (42.2%)[cd]	8 (30.8%)	11 (13.8%)[a]	32 (19.0%)[a]	15.94, p = .001
Family friend	2 (4.4%)	1 (3.8%)	4 (5.0%)	19 (11.3%)	n/a
Other	0	3 (11.5%)	1 (1.3%)	11 (6.5%)	n/a
Perpetrator gender					
Cisgender man	20 (45.5%)[bd]	18 (85.7%)[a]	52 (65.0%)	120 (75.5%)[a]	17.88, p < .001
Cisgender woman	10 (22.7%)	2 (9.5%)	12 (15.0%)	23 (14.5%)	2.48, p = .48
Trans man	11 (25.0%)	7 (33.3%)	22 (27.5%)	28 (17.6%)	4.92, p = .18
Trans woman	13 (29.5%)[bd]	0[a]	15 (18.8%)	18 (11.3%)[a]	13.48, p = .004
Non-binary person	11 (25.0%)[cd]	2 (9.5%)	6 (7.5%)[a]	13 (8.2%)[a]	11.52, p = .009
Perpetrator LGBTIQA+	27 (60.0%)[bd]	6 (23.1%)[ac]	47 (58.8%)[bd]	60 (35.7%)[ac]	21.05, p < .001

e. Type

The proportion of Indigenous participants reporting that their most impactful sexual violence event involved sexual assault was significantly higher for the 'Childhood and adulthood exposure' (69.6%) than the 'Adulthood exposure' (43.8%) and 'No exposure' (28.9%) categories and was also significantly higher for the 'Childhood exposure' (69.2%) than the 'No exposure' group. Those reporting that their most impactful sexual violence event involved rape were significantly more likely to be from the 'Childhood and adulthood exposure' (54.8%) than the 'No exposure' (24.4%) group. The proportion reporting sexual harassment, image-based abuse and other incident types not specified were relatively consistent across groups.

Figure 11: First Nations participants: incident type of most impactful sexual violence event (n = 319)
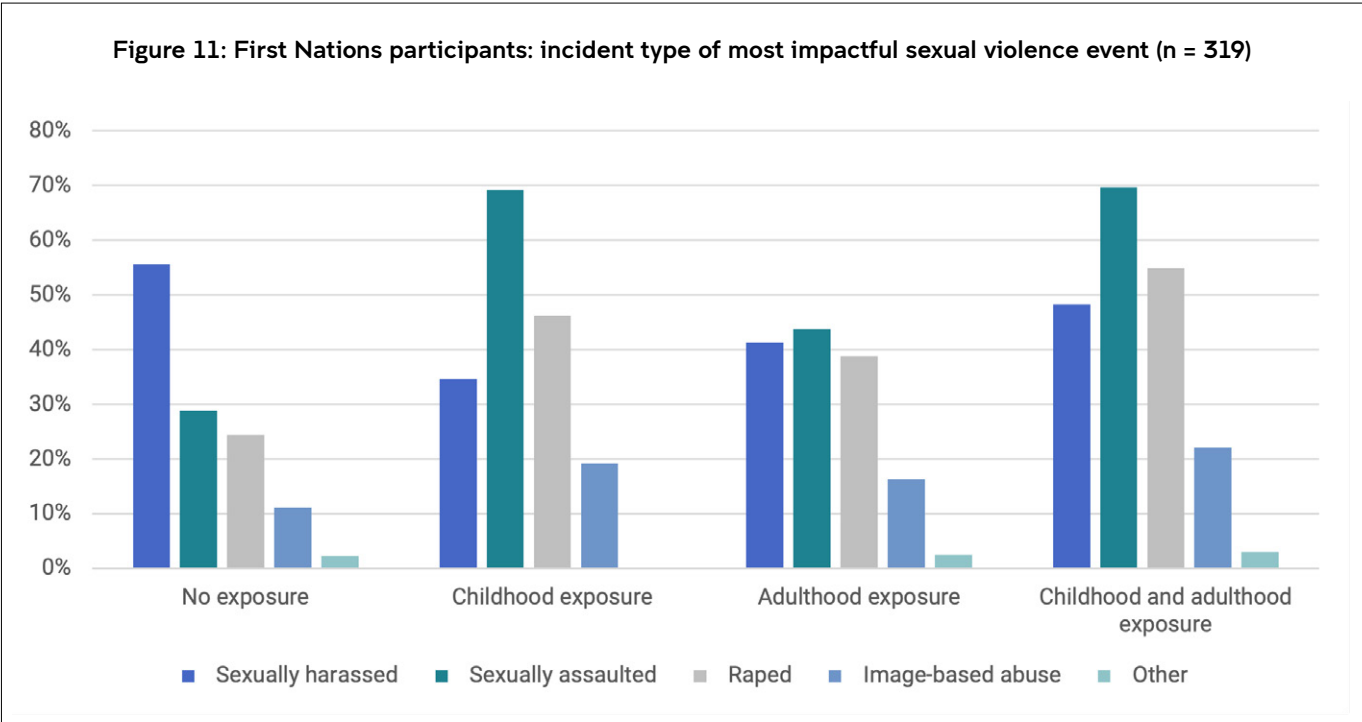
f. Location

Some types of location where the most impactful sexual violence event occurred were significantly associated with categories of sexual violence exposure. Specifically, private residences were significantly more common for the 'Childhood and adulthood exposure' (67.9) category than for the 'Adulthood exposure' (28.7%) and 'No exposure' (44.4%) categories. Clubs or pubs were significantly more likely to be reported by the 'Adulthood exposure' (38.8%) category than the 'Childhood exposure' (7.7%) and 'Childhood and adulthood exposure' (19.6%) groups. The 'No exposure' group (66.7%) was significantly more likely than all other categories (19.2%–23.8%) to indicate that their most impactful sexual violence event had occurred at a party. The 'Childhood and adulthood exposure' group were significantly less likely than the 'Adulthood exposure' group to report that sexual violence had occurred at the workplace (7.7% vs. 22.5%), and significantly less likely than the 'No exposure' group to report that it had occurred at a sex-on-premises venue (7.1% vs. 28.9%).

g. Perpetrator

The proportion of Indigenous participants reporting that a stranger was the perpetrator of their most impactful sexual violence event was significantly higher for the 'Adulthood exposure' (40.0%) group than the 'Childhood exposure' (11.5%) group. A friend was significantly more likely to be reported as the perpetrator by the 'No exposure' (46.7%) group than the 'Childhood and adulthood exposure' (26.2%) group. By contrast, an immediate family member was significantly more likely to be reported as the perpetrator by the 'Childhood exposure' (38.5%) group than by the 'Adulthood exposure' (12.5%) group, whereas an extended family member was significantly more likely to be reported by the 'No exposure' (42.2%) group than the 'Adulthood exposure' (13.8%) and 'Childhood and adulthood exposure' (19.0%) groups.
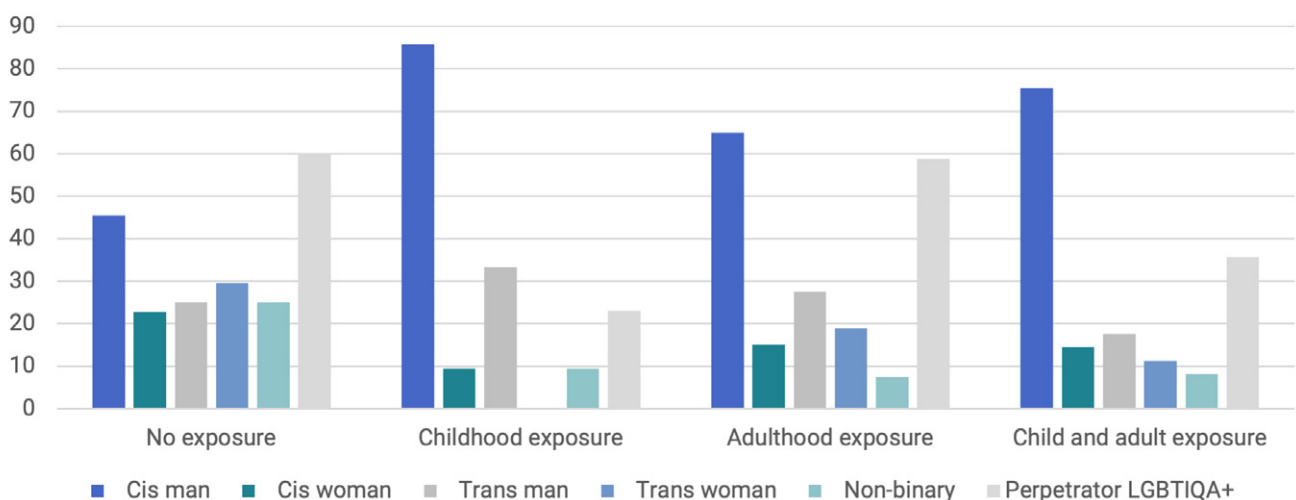
Figure 12: First Nations participants: relationship to perpetrator of most impactful sexual violence event (n = 319)
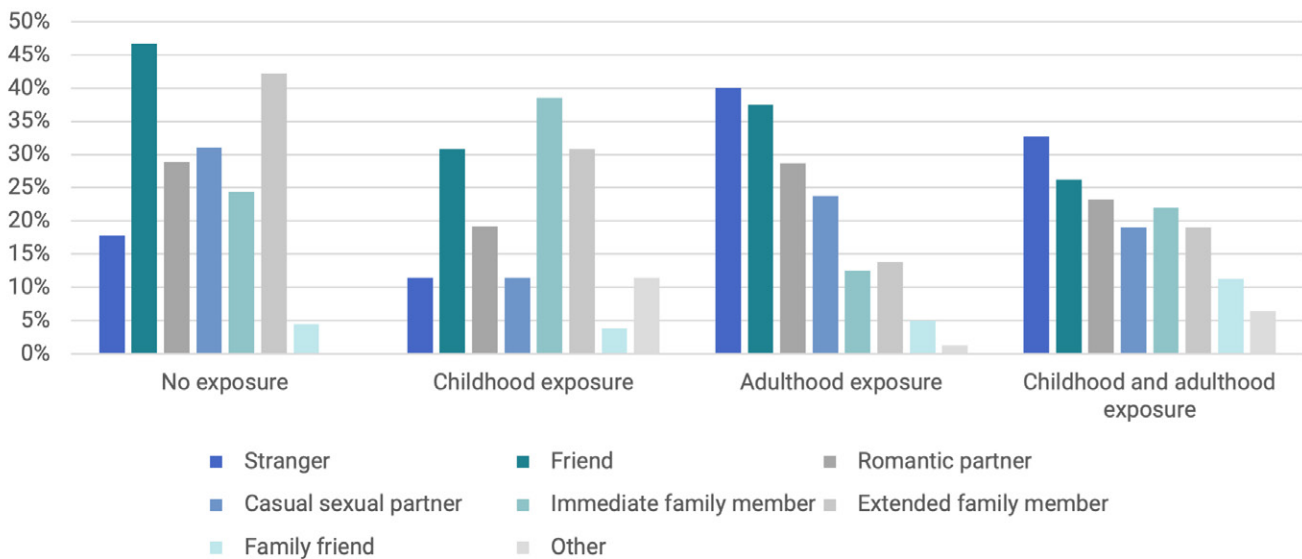
Legend:
- Stranger
- Friend
- Romantic partner
- Casual sexual partner
- Immediate family member
- Extended family member
- Family friend
- Other

Cisgender men were significantly more likely to be identified as the perpetrator by the 'Childhood and adulthood exposure' (75.5%) and 'Childhood exposure' (85.7%) groups, compared to the 'No exposure' (45.5%) category. By contrast, the 'No exposure' group (29.5%) was significantly more likely to indicate that the perpetrator was a transgender woman, compared to the 'Childhood and adulthood exposure' (11.3%) and 'Childhood exposure' (0%) categories. The 'No exposure' group was also

significantly more likely to report the perpetrator as non-binary (25.0%), compared to the 'Adulthood exposure' (7.5%) and 'Childhood and adulthood exposure' (8.2%) groups. Participants who reported that the perpetrator was part of the LGBTIQA+ community were significantly more likely to be in the 'No exposure' (60.0%) and 'Adulthood exposure' (58.8%) than the 'Childhood exposure' (23.1%) and 'Childhood and adulthood exposure' (35.7%) groups.

Figure 13: First Nations participants: identity of perpetrator of most impactful event by sexual violence exposure category (n = 319)

Legend:
- Cis man
- Cis woman
- Trans man
- Trans woman
- Non-binary
- Perpetrator LGBTIQA+

h. Summary

The majority of First Nations participants reported that the most impactful incident occurred over five years ago or before the age of 18, with sexual assault and sexual harassment being the most common type of sexual violence. The majority of incidents occurred in a private residence, although this was significantly more likely for cisgender and trans women than for cisgender men. In contrast, the most impactful incident was much more likely to occur in a club, pub or party among cisgender men, compared to among cisgender women, trans men and non-binary people.

The most common perpetrators were friends, followed by strangers and romantic partners. The perpetrator of the most impactful sexual violence incident was significantly more likely to have been a friend among cisgender men, compared to among cisgender and trans women, while romantic partners were significantly more likely to be identified as the perpetrator by trans women and non-binary people, compared to by cisgender women.

Over two-thirds of perpetrators were identified as cisgender men, and 43.9% of participants identified the perpetrator as LGBTIQA+. Almost one-third of perpetrators identified by cisgender men were trans men. Cisgender men and non-binary people were much more likely than cisgender women to identify the perpetrator as a member of the LBGTIQA+ community.

we matter.
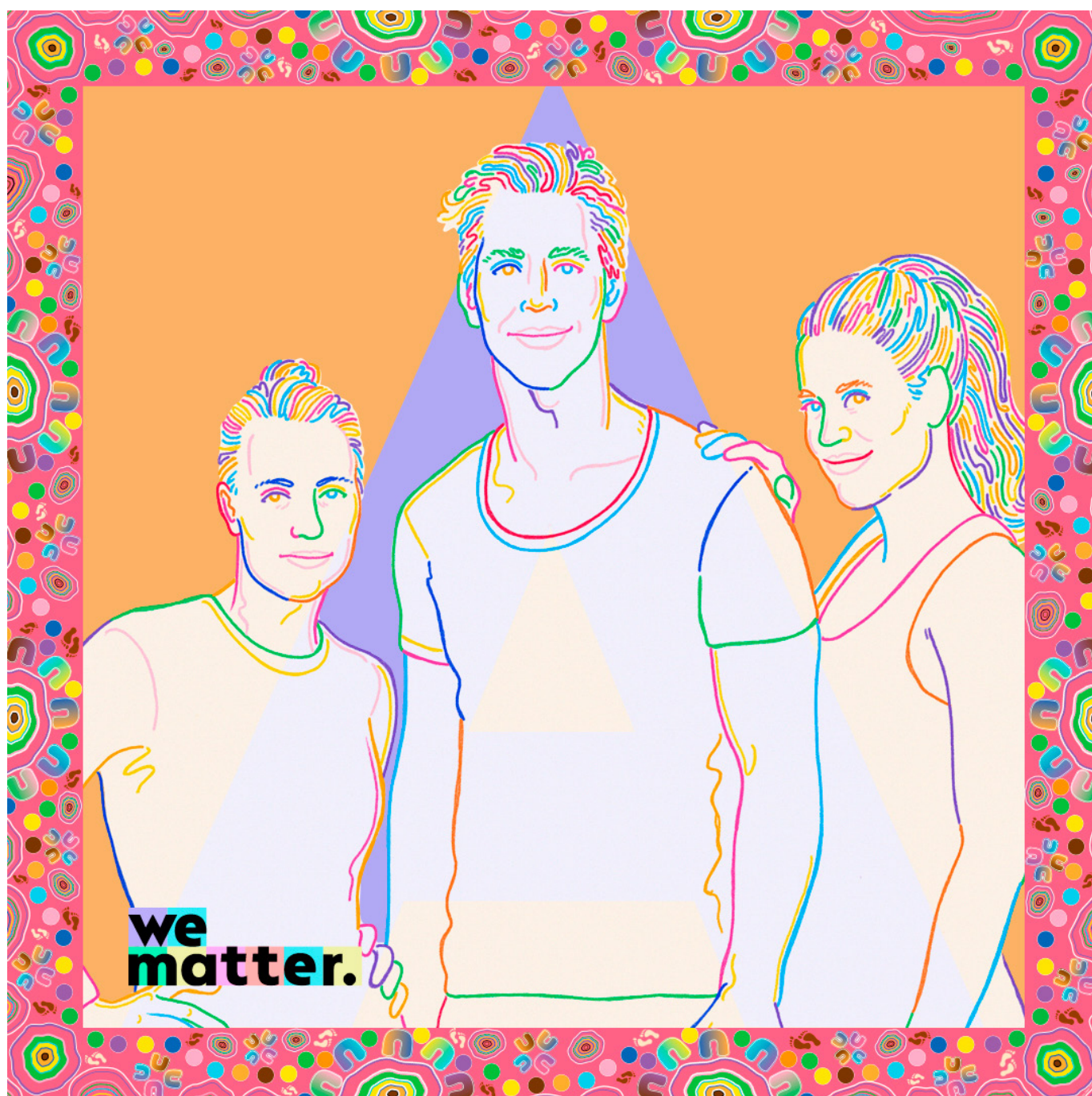
Disclosure

Total sample – all participants

Table 5. All participants: told someone about the most impactful sexual violence event (n = 2,208)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary	x^2 / F
	n = 959	n = 630	n = 89	n = 131	n = 399	
Told someone	644 (67.2%)[b]	250 (39.7%)[acde]	54 (60.7%)[b]	85 (64.9%)[b]	278 (69.7%)[b]	144.60, p < .001

Figure 14: All participants: told someone about the most impactful sexual violence event (n = 2,208)
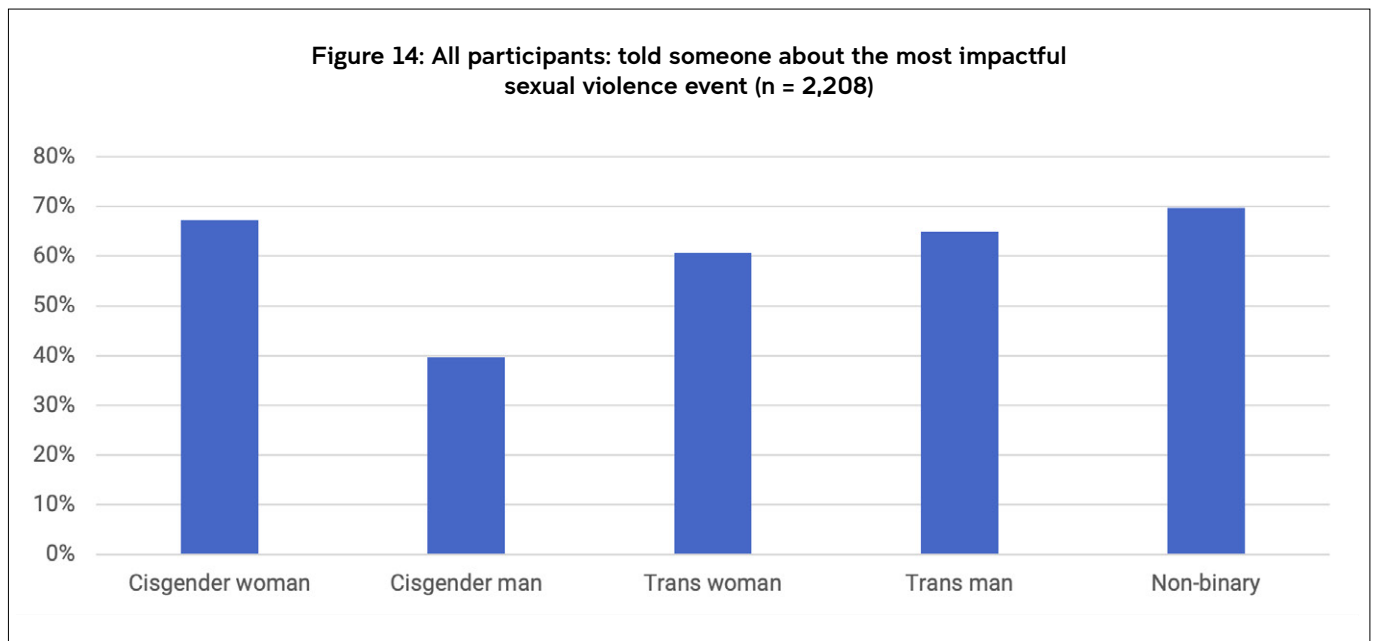
Most participants (59.4%) had told someone about their most impactful sexual violence event. However, when responses were disaggregated by gender identity, cisgender men (39.7%) were significantly less likely than all other categories of gender identity (60.7%–69.7%) to have told someone.

Table 6. All participants: told someone about the most impactful sexual violence event (n = 2,208)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 134	n = 171	n = 452	n = 1,451	
Told someone	28 (20.9%)[bcd]	81 (47.4%)[ad]	234 (51.8%)[ad]	968 (66.7%)[abc]	135.70, p < .001
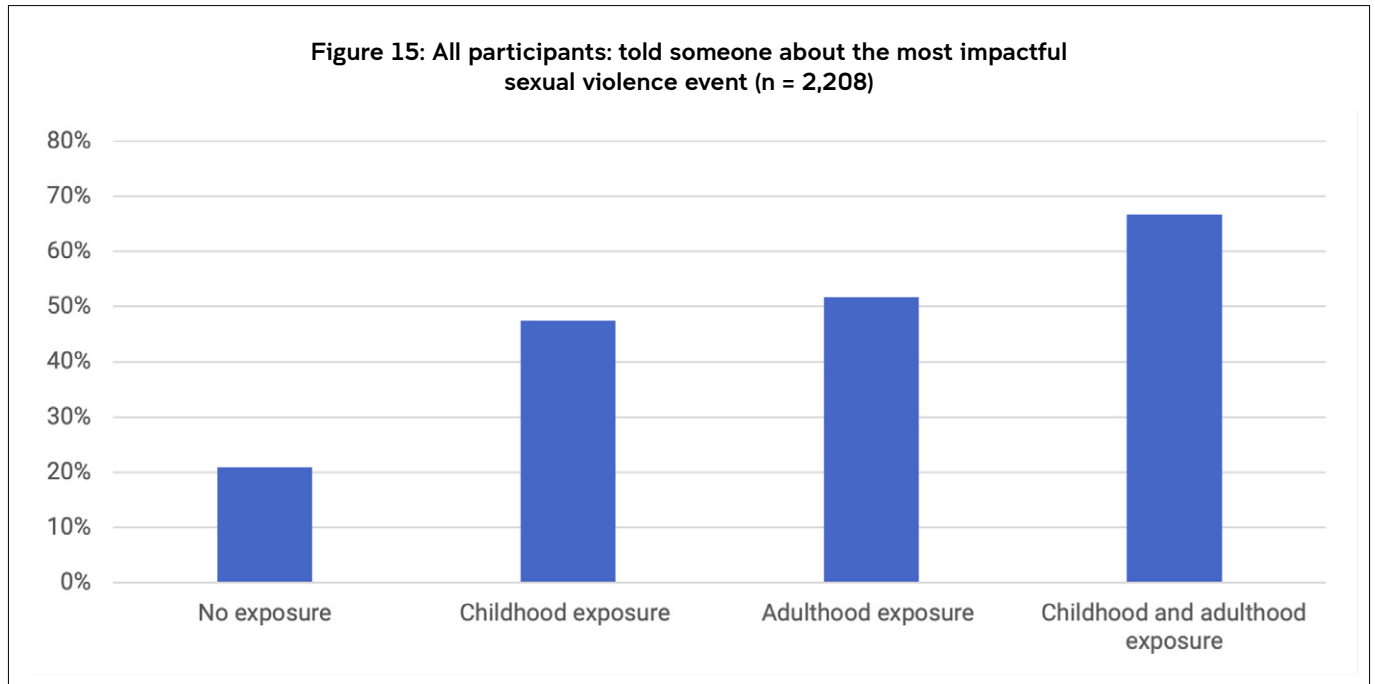
Figure 15: All participants: told someone about the most impactful sexual violence event (n = 2,208)

The proportion of participants who had told someone about their most impactful sexual violence event was significantly higher for those in the 'Childhood and adulthood exposure' (66.7%) group compared to all other categories (20.9%–41.8%). Conversely, the 'No exposure' category was significantly less likely than all other groups to have told someone about this incident.

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Table 7. All participants: first person talked to about the most impactful sexual violence event
(n = 1,291)
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	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary	x² / F
	n = 640	n = 245	n = 54	n = 84	n = 268	
Friend	317 (49.5%)	115 (46.9%)	25 (46.3%)	47 (56.0%)	142 (53.0%)	
Counsellor or psychologist	60 (9.4%)	32 (13.1%)	5 (9.3%)	7 (8.3%)	36 (13.4%)	
Partner	62 (9.7%)	22 (9.0%)	6 (11.1%)	7 (8.3%)	32 (11.9%)	
Family member	135 (21.1%)[be]	28 (11.4%)[a]	10 (18.5%)	15 (17.9%)	35 (13.1%)[a]	49.50, p = .002
Police	32 (5.0%)	18 (7.3%)	2 (3.7%)	1 (1.2%)	8 (3.0%)	
LGBTIQA+ service	2 (0.3%)[b]	7 (2.9%)[a]	1 (1.9%)	1 (1.2%)	1 (0.4%)	
Other	32 (5.0%)	23 (9.4%)	5 (9.3%)	6 (7.1%)	14 (5.2%)	

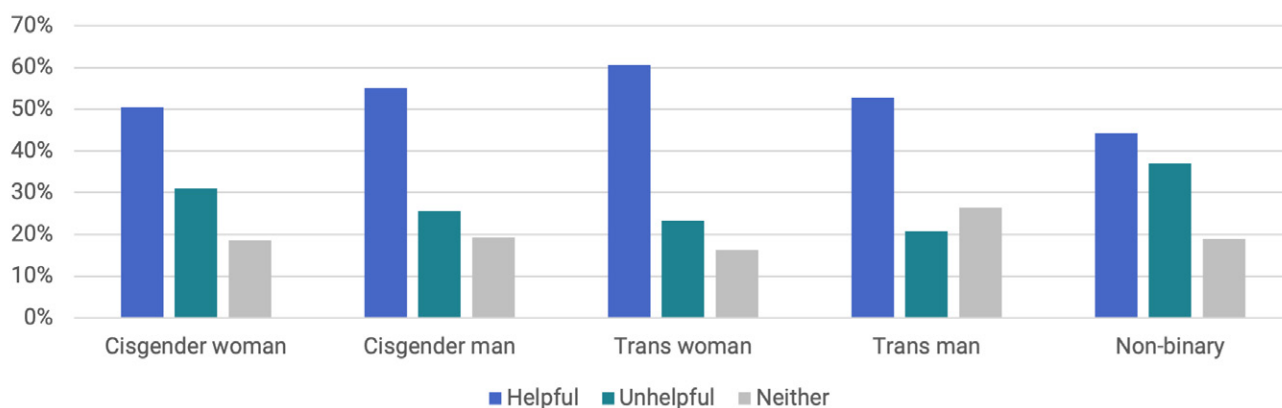**Figure 16: All participants: first person talked to about the most impactful sexual violence event (n = 1,291)**
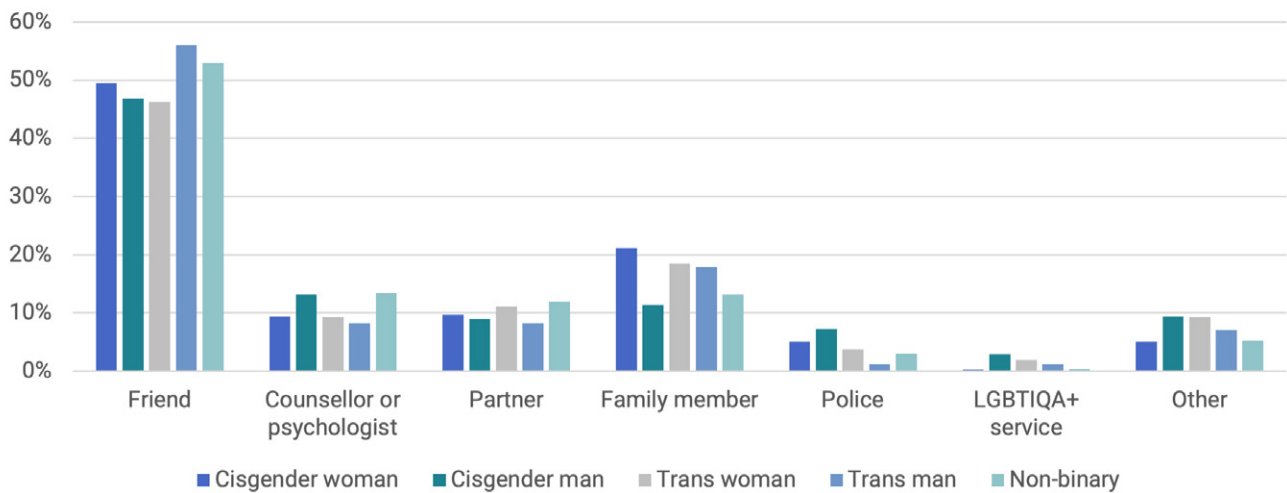
Among participants who had told someone about their most impactful sexual violence experience, half (50.0%) indicated that the first person they told was a friend. This proportion was consistent across categories of gender identity (46.3%–56.0%). Around one-in-three (17.3%) participants first told a family member, with this proportion being significantly greater for cisgender women (21.1%) than for cisgender men (11.4%) and non-binary people (13.1%). Very few people first told an LGBTIQA+ service (0.9%); those who did were significantly more likely to be cisgender men (2.9%) than cisgender women (0.3%).

Table 8. All participants: first person talked to about the most impactful sexual violence event (n = 1,291)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 28	n = 80	n = 231	n = 952	
Friend	13 (46.4%)	28 (35.0%)[c]	136 (58.9%)[b]	469 (49.3%)	
Counsellor or psychologist	1 (3.6%)	7 (8.8%)	24 (10.4%)	108 (11.3%)	
Partner	4 (14.3%)	2 (2.5%)	29 (12.6%)	94 (9.9%)	53.55, p < .001
Family member	4 (14.3%)	32 (40.0%)[cd]	13 (5.6%)[bd]	174 (18.3%)[bc]	
Other services	6 (21.4%)	11 (13.8%)	29 (12.6%)	107 (11.2%)	

Figure 17: All participants: first person talked to about the most impactful sexual violence event (n = 1,291)
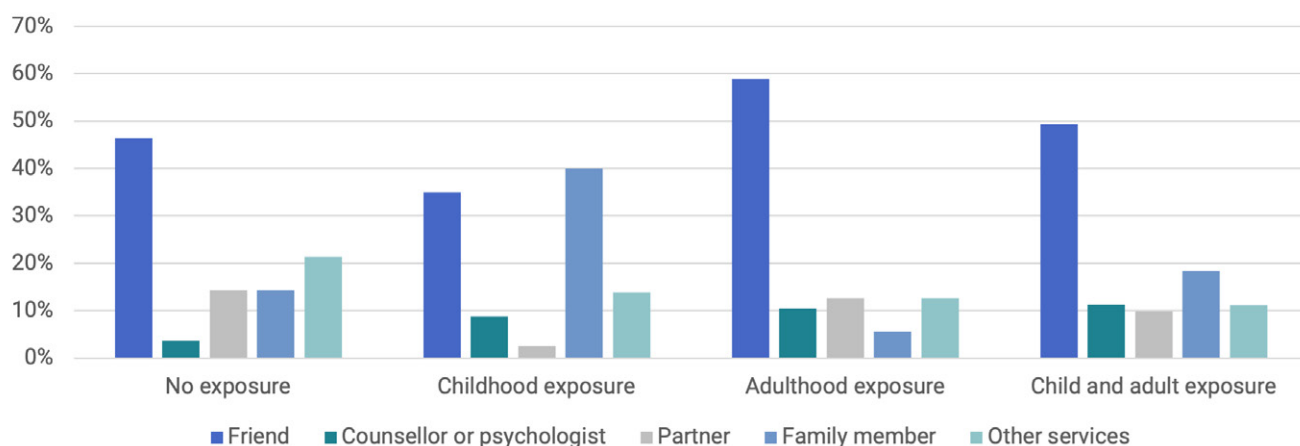
The first person talked to about the most impactful sexual violence event was significantly more likely to be a friend for participants in the 'Adulthood exposure' (58.9%) group than for those from the 'Childhood exposure' (35.0%) category. By contrast, a family member was significantly more likely to be the first person talked to for the 'Childhood exposure' (40.0%) group than the 'Adulthood exposure' (5.6%) and 'Childhood and adulthood exposure' (18.3%) groups.

Table 9. All participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 1,118)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 556	n = 214	n = 43	n = 72	n = 233	
Helpful	281 (50.5%)	118 (55.1%)	26 (60.5%)	38 (52.8%)	103 (44.2%)	
Unhelpful	172 (30.9%)	55 (25.7%)	10 (23.3%)	15 (20.8%)	86 (36.9%)	13.70, p = .09
Neither	103 (18.5%)	41 (19.2%)	7 (16.3%)	19 (26.4%)	44 (18.9%)	

Figure 18: All participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 1,118)

36

Around half (50.6%) of all participants who talked to someone about their most impactful sexual violence experience found this person helpful, while 30.2% found this person unhelpful, and 19.2% found them neither helpful nor unhelpful. The proportions who found this person helpful, unhelpful or neither did not significantly differ across categories of gender identity.

Table 10. All participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 1,118)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 15	n = 71	n = 192	n = 840	
Helpful	7 (46.7%)	37 (52.1%)	133 (69.3%)[d]	389 (46.3%)[c]	
Unhelpful	3 (20.0%)	21 (29.6%)	30 (15.6%)[d]	284 (33.8%)[c]	37.47, p < .001
Neither	5 (33.3%)	13 (18.3%)	29 (15.1%)	167 (19.9%)	

Figure 19: All participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 1,118)
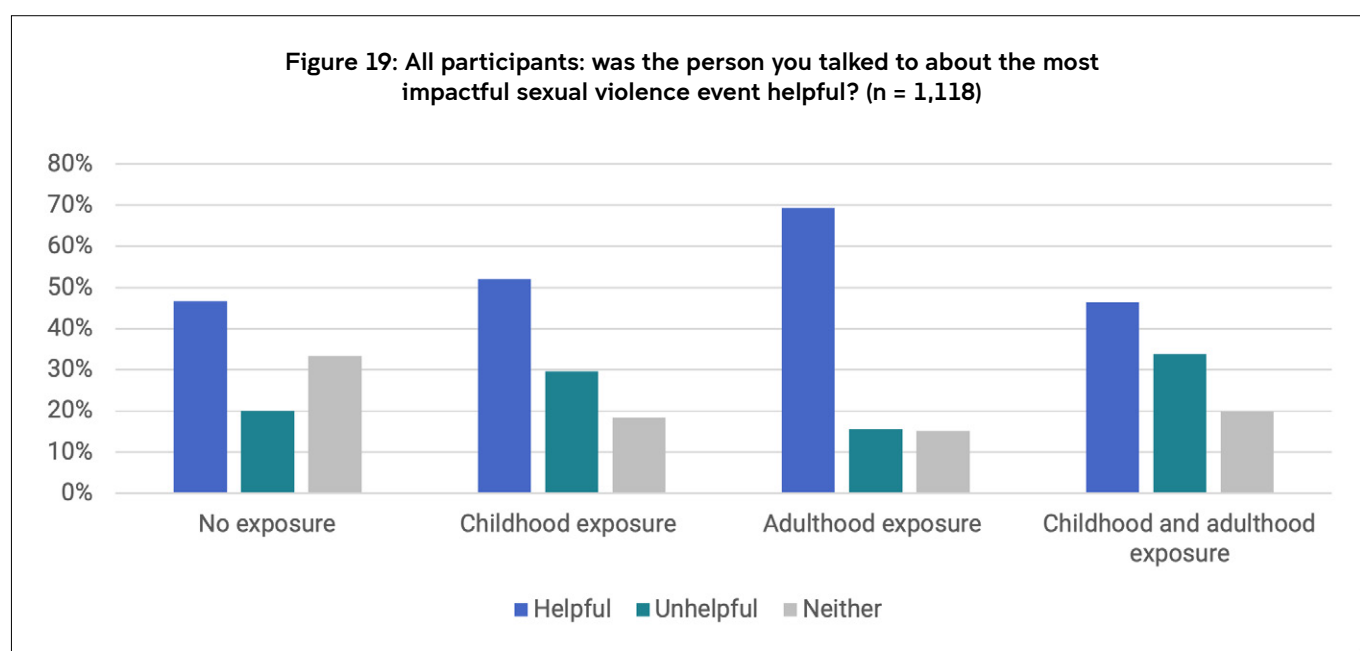
The proportion of participants who found the person they talked to about the most impactful sexual violence event helpful was significantly greater for the 'Adulthood exposure' (69.3%) than for the 'Childhood and adulthood exposure' (46.3%) category.

Helpful responses

Participants who indicated that disclosure of sexual violence was helpful were asked to explain why it was helpful, and 543 respondents answered this question. The most common answer indicated that a helpful response was emotionally supportive and validating because the person believed, comforted and listened to them (n = 240).

> *"Empathetic, listened, supported me without giving unsolicited advice."*

> *"Believed me, understood why I took so long to disclose."*

> *"They listened, showed empathy and offered support."*

The second most common response was that the person validated the seriousness of the incident or that it was not the victim's or survivor's fault (n = 123).

> *"Friends validated my shocked emotional reaction. I asked for practical advice on protecting myself and my friends in the future, and friends gave me advice."*

> *"Yes, they told me it wasn't just manipulation, but told me it counted as rape."*

> *"She said, "that sounds like you were assaulted...." and helped me navigate those feelings."*

Forty-three participants particularly appreciated being supported to find mental health care or report the event to police.

> "Pointed me in the direction of mental health and sexual health support."

> "Empathetic and gave me information on counselling and police contact, etc."

> "Sympathetic and understanding, asked if more needed to be done (did I want/need to report, etc?)"

Twenty-eight participants emphasised that others had intervened in a way that supported their physical safety from sexual violence.

> "It was in a really packed club, so they helped me get out of the dancefloor and leave."

> "They believed me and agreed with me and helped me make a safety plan to evict the rapist (who was my friend and housemate) from our share house."

> "They helped get my things and leave."

Twenty-four participants described positive experiences with mental health professionals. These responses often emphasised the role of psychoeducation as clinicians explained certain symptoms and diagnoses to them and helped them navigate the complexities of the mental health impacts of sexual violence. For example, this participant described a therapist who helped them to understand their experiences and responses to sexual violence:

"The psychotherapist helped me unpack what had happened (including explaining what dissociation was and to not minimise my experience as it was assault). As well as how amazing it was that I had been able to leave and advocate for myself in the moment, regardless of the fact I hadn't verbally explained to him (the person who assaulted me) why. She also said it may have prompted some reflection for him as to why I would leave (and why I had done so after telling him no repeatedly)."

A positive criminal justice response was described by 20 participants. These respondents often emphasised the fact that the offender was charged and jailed.

> "Helpful he was arrested and went to jail for 12 years."

> "Yeah, I went to court and won."

> "Helpful. They took me to the police to give my statement, which encouraged my cousin, who had also been molested, to do the same; and the paedophile got arrested."

For 14 participants, it was helpful when other people also shared their experiences of sexual violence.

> "She made me feel like it was real and awful and helped me realise that I needed space from him."

> "She could unfortunately relate to me and gave me some advice about what she did."

> "They recounted a similar experience that they went through and helped me feel less alone."

Seven participants described a positive workplace response to sexual harassment and assault.

> "She told me to report it to HR at work and helped me deal with the situation."

> "My boss took steps to ensure my safety and made accommodations for me in the workplace."

> "I was not alone in this experience and the work friend encouraged me to report it, which I did."

Medical care following sexual violence was emphasised by 6 participants.

> "Referred me for STD tests. Showed compassion."

> "It was helpful because I needed to go on PEP. I was given the medication."

> "I needed to get the morning after pill."

Unhelpful responses

Around 30% (334) of participants said the response they received was unhelpful and provided more information about this. The most common reason for an unhelpful response was that the respondent was not believed, comforted or validated (n = 154). A participant who experienced sexual violence in childhood explained, "My mum didn't believe me and kicked me out of the house." A respondent who experienced sexual violence in childhood and adulthood said that, "They diminished my experience and was told I was making a big deal out of nothing." This participant felt that, "They believed others over me because I was different."

Victim-blaming was a theme in the response of 50 participants.

> "They responded with victim-blaming statements and said that I probably wanted to have sex."

> "Laughed and told me that if I didn't like it then I should have told the person to stop; kept pressuring me to be around them."

> "I was shamed for allowing it to happen by my conservative parents."

Inaction was another common theme. Respondents described disclosing to individuals or agencies who did not respond or did not follow up. This participant described in detail the lack of response when she reported assault by an ex-partner.

"Extremely unhelpful. I was told that it was nothing but two women having a cat fight. I reported being verbally, physically and sexually assaulted by an ex-partner. I had to fight so hard for protection through the law and I was only 24 years old. Now, as a practising solicitor, who works in this space every day, I find the response I received so disappointing. This happened again about 2 years ago and the response was the same. I even had a magistrate ask me why I needed protection against a woman. Appalling!"

Thirty participants described unhelpful responses by police. Such responses were generally characterised by what participants perceived as dismissive or trivialising behaviour by police.

> *"They told me I had to go to another section of the police station but said it could be my word over his if it went to court. I never went back, never went to court. He got away with it. I was a virgin."*

> *"The officer said "That is a very serious accusation" in a tone that suggested he wasn't willing to believe me."*

> *"Police didn't follow up to inform me of outcome."*

Fourteen people felt that the response to their disclosure was discriminatory and linked to homophobia and transphobia.

> *"Told that was exciting and normal and men do it all the time (from me being seen as a woman, even though I am a transman). Excused the behaviour."*

> *"My teacher asked if I was interested in the person doing it to me, because I was effeminate and clearly gay."*

> *"The DVLO told me women cannot sexually assault other women, and because she said she was drunk she 'probably didn't stop fast enough' because her 'cognitive reasoning was diminished'."*

Eleven people said that information about their assault was disclosed without their consent, and 6 people complained that they were pressured to report when they didn't want to.

> *"It escalated way beyond what was necessary, which caused lasting negative trauma and confidentiality was not respected."*

> *"My details were leaked to the police against my will."*

> *"She was upset about it and wanted me to report it, but when I didn't want to, I was expected to get over it really quickly."*

Neither helpful nor unhelpful responses

The remainder of (203) participants reported that the response they received was neither helpful nor unhelpful. The most common reason why they felt ambivalent or neutral about the response was that nothing could be done, or the victim or survivor didn't perceive the incident as being serious enough to warrant action (n = 50).

> *"The behaviour was unwanted and I felt uncomfortable, but I was not traumatised and did not need help or support."*

> *"I didn't feel like I needed help or support, but appreciated that the person listened and believed it took place."*

Forty-seven participants also described receiving a supportive or validating response that was not followed up by helpful advice or referral.

> *"Supported me but took no additional action and told me to ignore it."*

> *"they listened to me and gave me a safe space to talk but did not offer advice or help me realise i needed help."*

> *"They believed me. They never followed up or checked in or suggested help."*

For 18 participants, the response they received was neither helpful nor unhelpful because they had not been ready to recognise their victimisation for what it was.

> *"They told me it was rape and I don't think I was equipped to understand that at the time."*

> *"When I first told my friends I was very confused about the experience and unsure if it was assault/rape. They partially helped to continue the narrative that it wasn't and partially helped me to realise it was assault."*

> *"I wasn't ready to hear them when they told me that was coercion."*

Sixteen respondents suggested that the person they disclosed to lacked the skills to respond appropriately.

> *"They were not fully understanding of the gravity of the experience for me, so offered neither a good nor bad response."*

> *"They were broadly supportive, but they weren't equipped to hear it really."*

> *"People didn't know what to say or made a joke about it."*

For 8 participants, the person's response was overly emotional which burdened them with the responsibility of managing the other person's feelings.

> *"My wife at the time (11 yr relationship) saw me as 'the strong one' and I was usually in a caretaker role. She didn't deal well with me being vulnerable so while she didn't make it worse, I didn't expect support. (it wasn't until we split & I went to therapy that i realised how uncaring a situation it was & how little i valued myself)."*

Six participants described a supportive response that was undermined when the person they disclosed to continued to have contact with the perpetrator.

> *"They consoled me but also didn't seem bothered by our mutual friend's behaviour and laughed it off as strange."*

> *"My rapist was their friend as well. They understood intellectually but it took them years to come to terms with my rape emotionally. They validated that it was an assault but left me on the lurch after that and made me feel like I couldn't talk about it or I'd upset them."*

Five participants described a supportive response that was nonetheless tainted by a feeling of discrimination or bias.

> *"When it happened, I was more or less homeless. I was staying with my partner and his housemates at the time while looking for more stable accommodation. While my partner was very supportive and understanding, his housemates said very derogatory things and implied that trans women can't experience sexual assault because "they'll enjoy it.*

> *"It was helpful but I felt because I said I had been assaulted by a woman, I wasn't taken as seriously."*

Table 11. All participants: reasons for not telling anyone about the most impactful sexual violence event (n = 1,101)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 403	n = 441	n = 48	n = 55	n = 154	
Felt ashamed/ embarrassed	212 (52.6%)	196 (44.4%)	19 (39.6%)	31 (56.4%)	74 (48.1%)	8.51, p = .07
Thought it was not serious	193 (47.9%)[b]	131 (29.7%)[ae]	21 (43.8%)	26 (47.3%)	73 (47.4%)[b]	34.80, p < .001
Dealt with it myself	146 (36.2%)	154 (34.9%)	17 (35.4%)	16 (29.1%)	54 (35.1%)	1.10, p = .89
Didn't realise it was wrong	151 (37.5%)[b]	123 (27.9%)[ade]	14 (29.2%)	27 (49.1%)[b]	74 (48.1%)[b]	27.75, p < .001
Worried would be blamed	117 (29.0%)	130 (29.5%)	13 (27.1%)	23 (41.8%)	54 (35.1%)	5.71, p = .22
Worry perpetrator would retaliate	80 (19.9%)	109 (24.7%)	11 (22.9%)	13 (23.6%)	38 (24.7%)	3.24, p = .52
Wouldn't be believed	95 (23.6%)	86 (19.5%)[de]	11 (22.9%)	22 (40.0%)[b]	53 (34.4%)[b]	21.65, p < .001
Religious or cultural event	8 (2.0%)	9 (2.0%)	1 (2.1%)	1 (1.8%)	0	n/a
Other	32 (7.9%)[b]	11 (2.5%)[ae]	3 (6.3%)	5 (9.1%)	15 (9.7%)[b]	17.07, p = .002

The most common reason participants did not tell anyone about their most impactful sexual violence event was because they felt ashamed or embarrassed (48.3%), followed by not thinking it was serious enough to tell anyone (40.3%), and not realising it was wrong at the time (35.3%). Cisgender women (47.9%) and non-binary people (47.4%) were significantly more likely than cisgender men (29.7%) to not think the experience was serious enough. Cisgender women (37.5%), trans men (49.1%) and non-binary people (48.1%) were significantly more likely than cisgender men (27.9%) to not realise it was wrong. Trans men (40.0%) and non-binary people (34.4%) were also more likely than cisgender men (19.5%) to think that they would not be believed. Other reasons for not telling anyone were significantly more likely among cisgender women (7.9%) and non-binary people (9.7%), compared to cisgender men (2.5%).

Table 12. All participants: reasons for not telling anyone about the most impactful sexual violence event (n = 1,101)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 403	n = 441	n = 48	n = 55	
Felt ashamed/ embarrassed	52 (41.3%)[d]	55 (50.5%)[c]	93 (33.7%)[bd]	332 (56.3%)[ac]	41.28, p < .001
Thought it was not serious	35 (27.8%)[d]	46 (42.2%)[d]	106 (38.4%)[d]	257 (43.6%)[abc]	11.39, p = .01
Dealt with it myself	30 (23.8%)[c]	33 (30.3%)	119 (43.1%)[a]	205 (34.7%)	15.97, p = .001
Didn't realise it was wrong	31 (24.6%)[d]	37 (33.9%)	65 (23.6%)[d]	256 (43.4%)[ac]	39.97, p < .001
Worried would be blamed	31 (24.6%)	44 (40.4%)[c]	47 (17.0%)[bd]	215 (36.4%)[c]	40.44, p < .001
Worry perpetrator would retaliate	27 (21.4%)	25 (22.9%)	45 (16.3%)[d]	154 (26.1%)[b]	10.41, p = .02
Wouldn't be believed	15 (11.9%)[bd]	29 (26.6%)[ac]	27 (9.8%)[bd]	196 (33.2%)[ac]	68.08, p < .001
Religious or cultural event	2 (1.6%)	3 (2.8%)	3 (1.1%)	11 (1.9%)	n/a
Other	2 (1.6%)[d]	7 (6.4%)	7 (2.5%)[d]	50 (8.5%)[ac]	16.68, p < .001

Participants in the 'Childhood and adulthood exposure' category were significantly more likely than the 'No exposure' and 'Adulthood exposure' groups to have not told anyone about the most impactful sexual violence event due to feeling ashamed or embarrassed (56.3% vs. 41.3% vs. 33.7%), thinking it was not serious (43.6% vs. 27.8% vs. 38.4%), not realising that it was wrong (43.4% vs. 24.6% vs. 23.6%), thinking that they would not be believed (33.2% vs. 11.9% vs. 9.8%), and for other reasons not described (8.5% vs. 1.6% vs. 2.5%). The 'Childhood exposure' category was also significantly more likely than the 'Adulthood exposure' group to have not told anyone due to shame or embarrassment (50.5% vs. 33.7%), concern about being blamed (40.4% vs. 17.0%), and thinking that they would not be believed (26.6% vs. 9.8%).

Summary

While the majority of participants overall had disclosed their most impactful experience of sexual violence to someone, less than 40% of cisgender men had disclosed it. Disclosure was significantly higher for people who had experienced sexual violence in both childhood and adulthood, perhaps because this is the most impacted group.

Approximately half of participants had first disclosed to a friend, and one-in-five had first disclosed to a family member. People who had experienced sexual violence in adulthood only were statistically more likely to disclose to a friend, compared to people who had experienced sexual violence in childhood only,

whereas the 'Childhood exposure' group was the most likely to have disclosed first to a family member.

Half of responses to disclosure were helpful and one-third were unhelpful, while the remainder were neutral or mixed. People who reported sexual violence in both childhood and adulthood were significantly less likely to have found the response to their disclosure helpful, compared to people who had experienced sexual violence in adulthood only.

Helpful responses were supportive and validating, and included practical help, such as helping the person connect with mental health care or law enforcement. Some participants appreciated it when the person they disclosed to empathised because they had their own experience of sexual violence. Intervention that supported their physical safety and reduced any further risk of harm was valuable. For some participants, support from a psychologist was key, since psychologists could help to explain their trauma responses. Participants particularly valued the criminal justice response where it resulted in a criminal conviction.

Unhelpful responses were characterised by disbelief, a lack of validation, victim-blaming, and inaction, such as a failure to respond or follow up appropriately. Participants viewed police responses as unhelpful when they perceived that their allegation was not taken seriously. Some respondents felt that the response to their disclosure was discriminatory, including suggestions that gay men invite sexual aggression, that women can't sexually assault other women, and invalidating

the victim's gender identity. Removal of agency and choice was also a factor for some participants who found that their information was disclosed without consent, or who were pressured into reporting.

Participants described neutral or mixed responses to disclosure where they, as the victim, didn't feel that the incident was serious, or they were not ready to recognise the incident as serious. Some participants also described responses to disclosure that combined positive and negative elements, such as emotionally supportive responses in the absence of advice or follow up, or a supportive response from someone who nonetheless continued to fraternise with the offender afterwards. An overly emotional supportive response was also viewed by some participants as neither helpful nor unhelpful, since it burdened them with the other person's feelings.

Reasons for non-disclosure were primarily shame or embarrassment, followed by not thinking it was serious enough, and not realising it was wrong. Compared to cisgender men, cisgender women and non-binary people were significantly more likely to think the experience was not serious; cisgender women, trans men and non-binary people were less likely to think the incident was wrong; and trans men and non-binary people were less likely to think they would be believed. People who experienced sexual violence in childhood were significantly less likely to have disclosed the incident, compared to other groups.
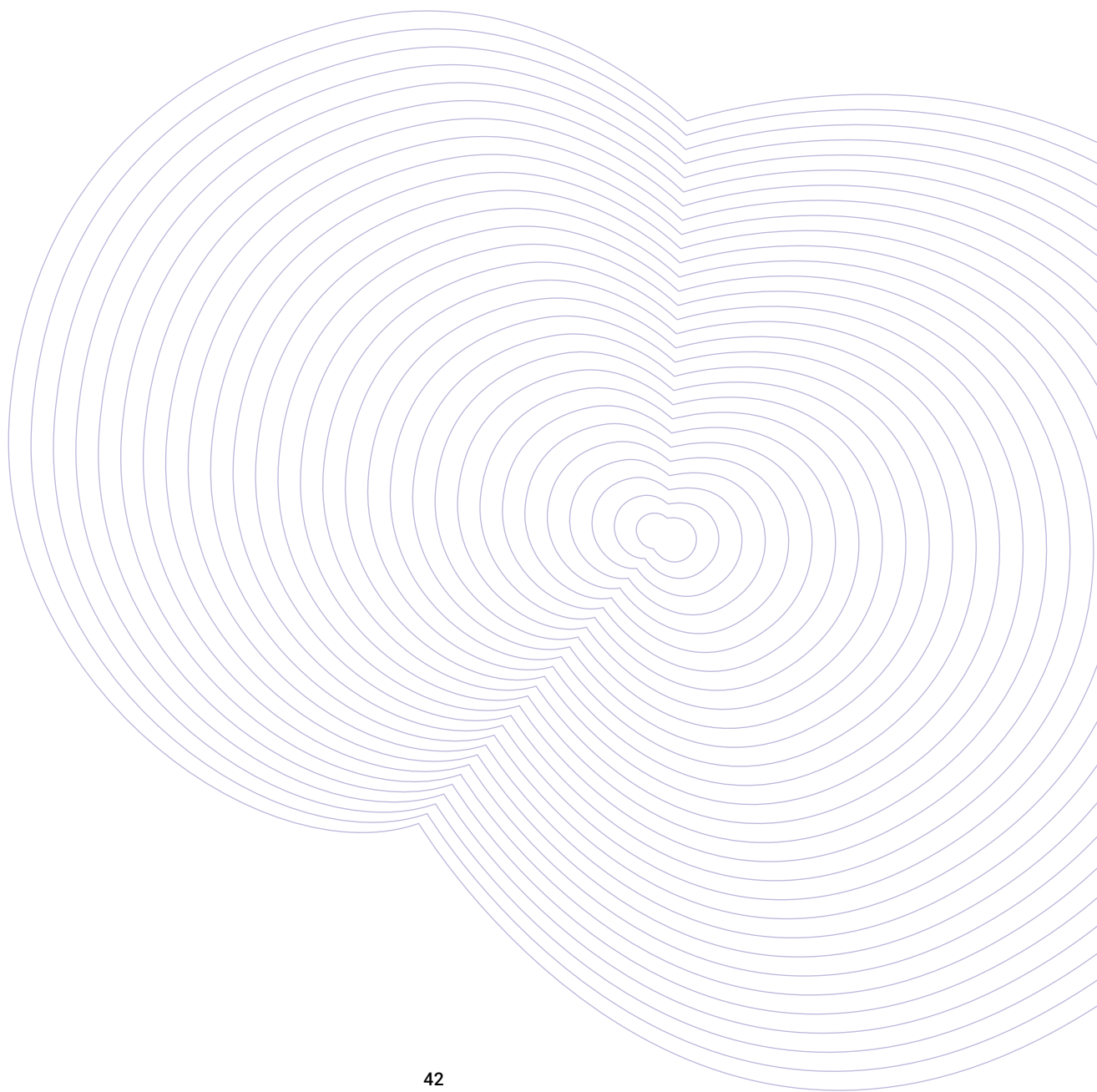
First Nations sample

Table 13. First Nations participants: told someone about the most impactful sexual violence event (n = 272)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 96	n = 128	n = 7	n = 16	n = 25	
Told someone	61 (63.5%)[b]	23 (18.0%)[acde]	5 (71.4%)[b]	10 (62.5%)[b]	15 (60.0%)[b]	57.24, p < .001

Figure 20: First Nations participants: told someone about the most impactful sexual violence event (n = 272)
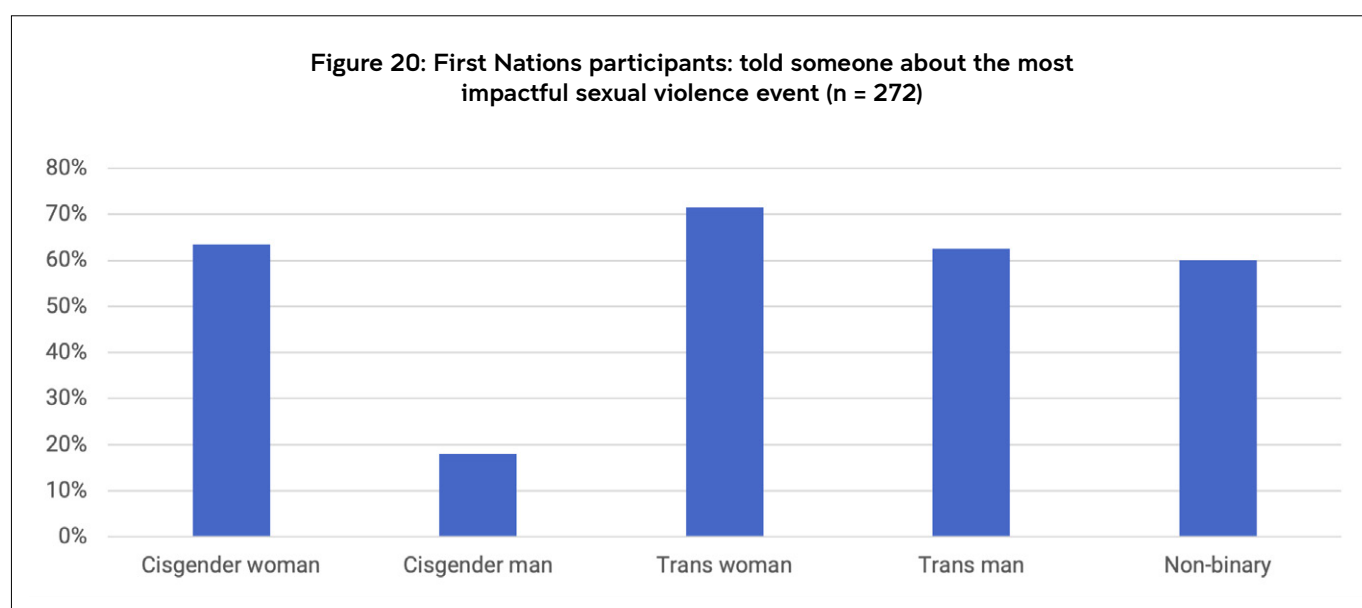
Compared to the full sample, fewer Indigenous participants (41.9%) had told someone about their most impactful sexual violence event. Cisgender men (18.0%) were significantly less likely to have told someone compared to all other gender identities (60.0%–71.4%).

Table 14. First Nations participants: told someone about the most impactful sexual violence event (n = 272)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 39	n = 26	n = 64	n = 143	
Told someone	7 (17.9%)[d]	9 (34.6%)	17 (26.6%)[d]	81 (51.6%)[ac]	28.71, p < .001

Figure 21: First Nations participants: told someone about the most impactful sexual violence event (n = 272)
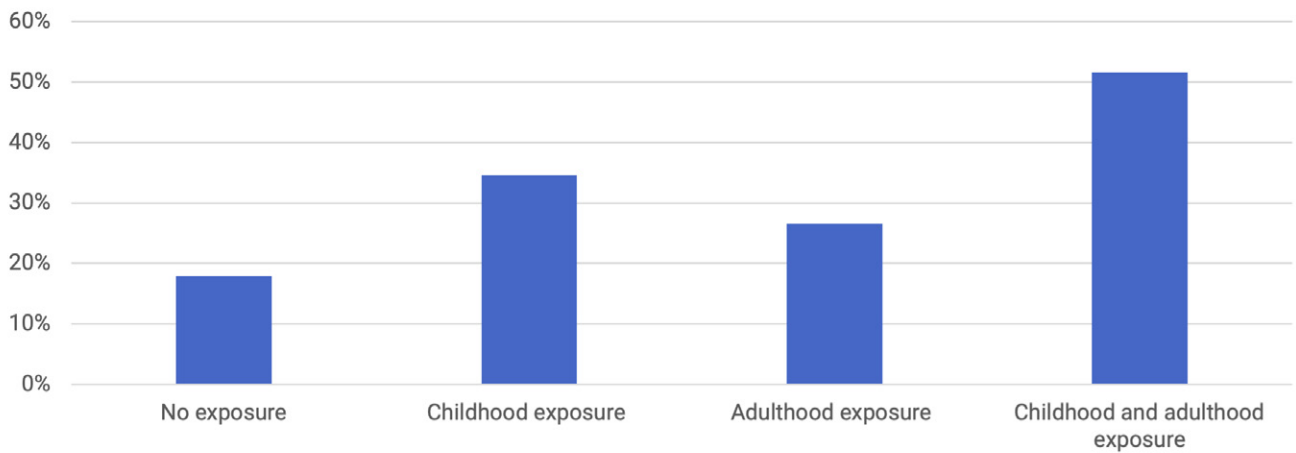
Following a similar pattern to the full sample, a significantly greater proportion of Indigenous participants in the 'Childhood and adulthood exposure' (51.6%) group than in the 'Adulthood exposure' (26.6%) and 'No exposure' (17.9%) groups had told someone about their most impactful sexual violence event.

Table 15. First Nations participants: first person talked to about the most impactful sexual violence event (n = 112)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 61	n = 23	n = 5	n = 10	n = 13	
Friend	18 (29.5%)	5 (21.7%)	2 (40.0%)	4 (40.0%)	5 (38.5%)	
Counsellor or psychologist	4 (6.6%)	2 (8.7%)	0	0	0	
Partner	4 (6.6%)	1 (4.3%)	0	0	2 (15.4%)	n/a
Family member	24 (39.3%)	5 (21.7%)	1 (20.0%)	3 (30.0%)	5 (38.5%)	
Police	8 (13.1%)	5 (21.7%)	1 (20.0%)	1 (10.0%)	0	
LGBTIQA+ service	0	3 (13.0%)	1 (20.0%)	1 (10.0%)	0	
Other	3 (4.9%)	2 (8.7%)	0	1 (10.0%)	1 (7.7%)	

Figure 22: First Nations participants: first person talked to about the most impactful sexual violence event (n = 112)
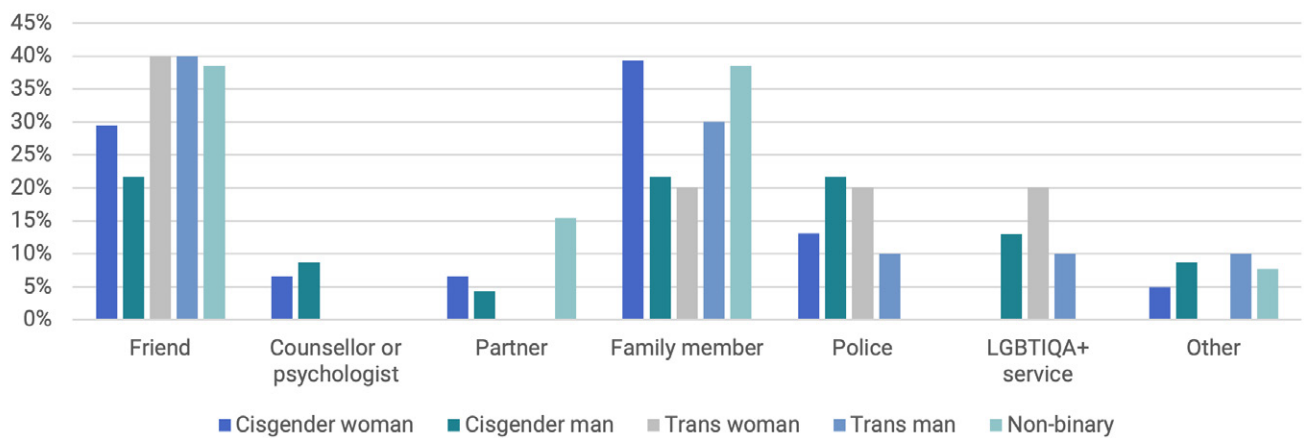
Of the Indigenous participants who had told someone about their most impactful sexual violence experience, around one-third first told a friend (30.4%) or family member (33.9%). Group sizes were too small to detect statistical significance. However, between 38.5% and 40.0% of trans men, trans women and non-binary people first told a friend about their most impactful sexual violence event, compared to 29.5% of cisgender women and 21.7% of cisgender men. Furthermore, 39.3% of cisgender women and 38.5% of non-binary people first told a family member, compared to 21.7% of cisgender men, 20% of trans women and 30% of trans men.

Table 16. First Nations participants: first person talked to about the most impactful sexual violence event (n = 112)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 7	n = 9	n = 17	n = 79	
Friend	1 (14.3%)	0	4 (23.5%)	29 (36.7%)	
Counsellor or psychologist	1 (14.3%)	0	2 (11.8%)	3 (3.8%)	
Partner	0	1 (11.1%)	2 (11.8%)	4 (5.1%)	n/a
Family member	1 (14.3%)	6 (66.7%)	2 (11.8%)	29 (36.7%)	
Other services	4 (57.1%)	2 (22.2%)	7 (41.2%)	14 (17.7%)	

Figure 23: First Nations participants: first person talked to about the most impactful sexual violence event (n = 112)
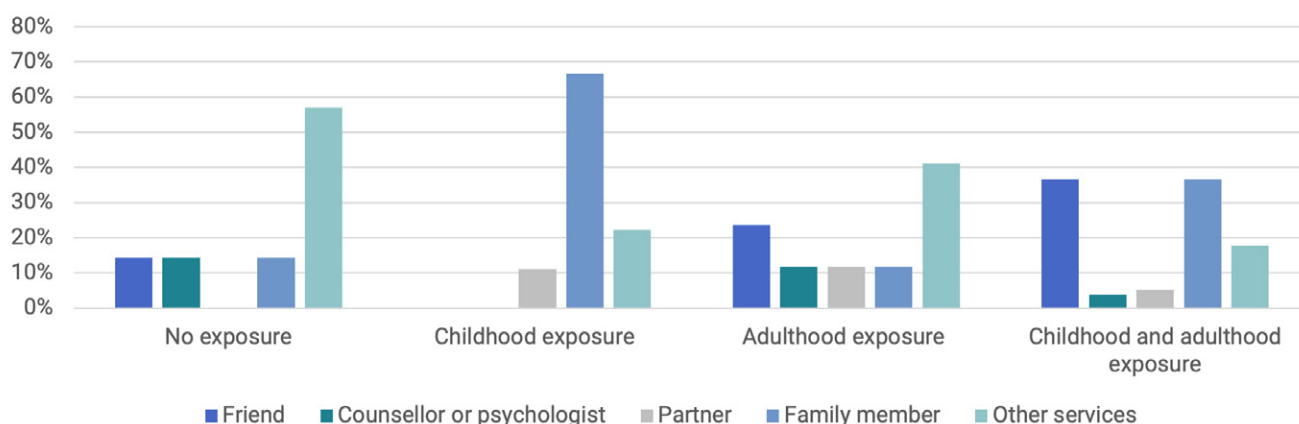
Cell sizes for Indigenous participants were too small to detect significant differences. Nonetheless, the greatest proportion of those who had first told a friend about the most impactful sexual violence event were in the 'Childhood and adulthood exposure' (36.7%) group. The proportion who had first told a partner (11.8%), or a counsellor or psychologist (11.8%), was greatest in the 'Adulthood exposure' group. Most in the 'Childhood exposure' group had first told a family member (66.7%), whereas other services were first told by around half of those in the 'No exposure' (57.1%) and 'Adulthood exposure' (41.2%) categories.

Table 17. First Nations participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 90)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 50	n = 15	n = 4	n = 9	n = 12	
Helpful	33 (66.0%)	9 (60.0%)	2 (50.0%)	4 (44.4%)	6 (50.0%)	
Unhelpful	13 (26.0%)	5 (33.3%)	2 (50.0%)	3 (33.3%)	3 (25.0%)	n/a
Neither	4 (8.0%)	1 (6.7%)	0	2 (22.2%)	3 (25.0%)	

Figure 24: First Nations participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 90)

46
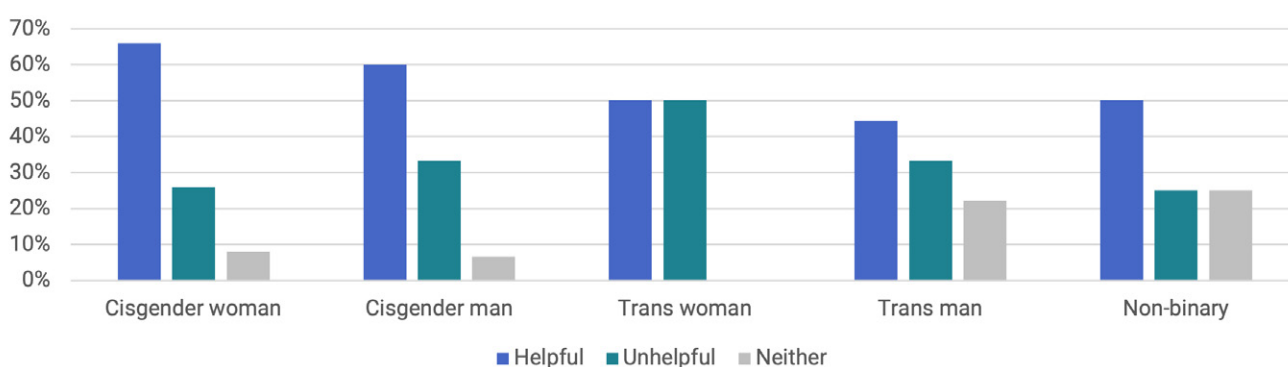
Most Indigenous participants (60%) indicated that the person they talked to about their most impactful sexual violence experience was helpful, 28.9% reported that they were unhelpful, and 11.1% stated that they were neither helpful nor unhelpful. Although group sizes were too small to detect statistical significance, the proportions who found this person helpful, unhelpful or neither, were relatively consistent across gender identity categories.

Table 18. First Nations participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 90)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 2	n = 9	n = 9	n = 70	
Helpful	0	5 (55.6%)	9 (100%)	40 (57.1%)	
Unhelpful	1 (50.0%)	4 (44.4%)	0	21 (30.0%)	n/a
Neither	1 (50.0%)	0	0	9 (12.9%)	

Figure 25: First Nations participants: was the person you talked to about the most impactful sexual violence event helpful? (n = 90)
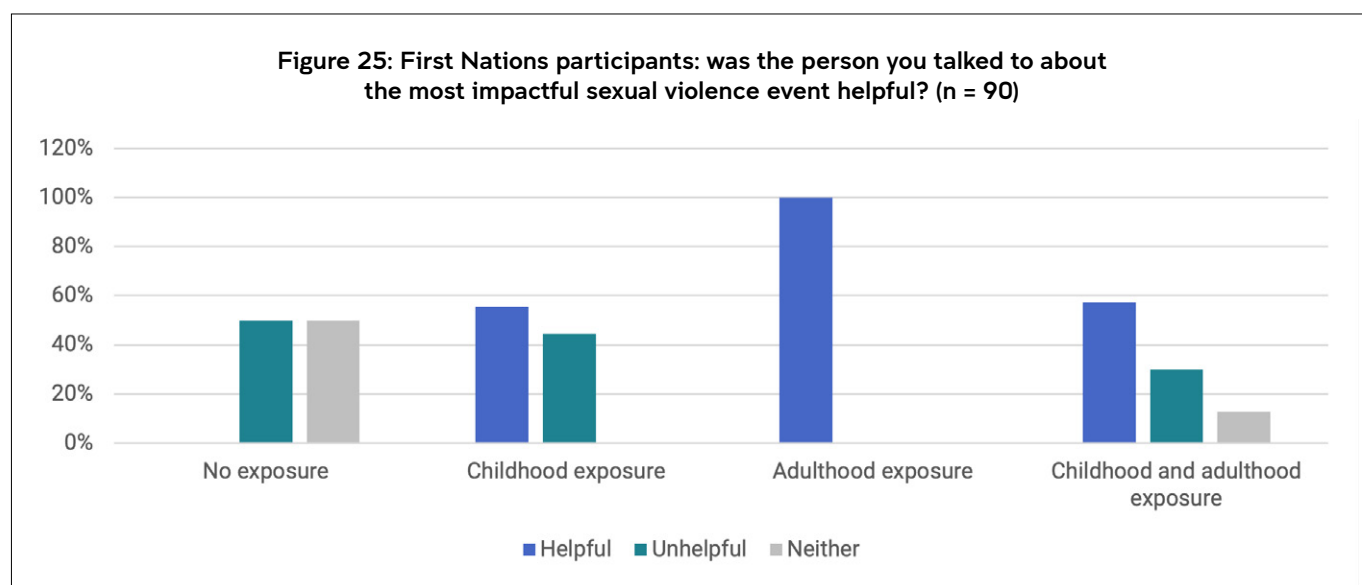
Although Indigenous participant group sizes were too small to detect statistical significance, all of those in the 'Childhood exposure' category indicated that they found the person they talked to about their most impactful sexual violence event helpful, compared to slightly more than half from the 'Childhood exposure' (55.6%) and 'Childhood and adulthood exposure' (57.1%) groups.

Helpful responses

Fifty-four First Nations people provided more information about the helpful response they received. As others in the survey reported, the most common characteristics of a helpful response was that the participant was believed, comforted and listened to.

> *"They believed me! They listened and supported me and asked what they could do to help me."*

> *"Helpful because I felt comfortable."*

> *"Helpful, they gave good advice and gave good comfort."*

Being validated and told that the incident was serious, and not the fault of the victim, was also important.

> *"They helped me realise how wrong it was. They helped me understand it shouldn't have happened or have been happening for many years."*

> *"Explained it was wrong and offered all supports available."*

> *"They listened and validated the experiences and my choices."*

Being supported to report the offence to police and access health care was also a feature of helpful responses.

> *"Helpful. I was still a teenager when I spoke out about my sexual abuse as a young child and my Aunty supported me through that got me into support services."*

Unhelpful responses

Twenty-five First Nations respondents said they received an unhelpful response. The most common unhelpful response experienced by First Nations participants was characterised by a lack of belief, comfort or validation, or minimising the violence. This participant experienced sexual violence in childhood, and described being actively undermined by the family of the perpetrator:

> *"I was not believed; I was told I was always lying. The family then went on the defensive and started to tell my mother I was making up all sorts of stories so that if I went to her about it, I was less likely to be believed."*

Other participants described the invalidation of their experience since they had an erection during the assault, or had been drugged and were unable to remember details of the incident.

> *"Shrugged it off by going 'did it actually happen if you were hard?'"*

> *"More so thought I just cheated and I had to try and recall all, every single detail like a police interrogation. I was drugged and my recall was not very good. I still get interrogated."*

Examples of victim-blaming included the denial of sexual assault because the victim was a sex worker, or the victim had been kissing the offender.

> *"Extremely unhelpful. They said, 'well what do you expect' because I was a sex worker."*

> *"They asked if I was sure it was rape when I went there knowing this person wanted sex and I had been kissing them. I never reported to police because of this."*

Neither helpful nor unhelpful

Ten First Nations people reported that they had experienced a response that was neither helpful nor unhelpful. All had experienced violence both before and after the age of 18. A key theme in their responses was that they received a largely supportive response from someone who lacked the skills or empathy to understand their needs.

> *"My friend who I also knew when it first started just said I should have said something back then."*

> *"Suggested I tell someone else about it which I was going to do anyway."*

> *"They either didn't know what to say or they didn't believe me."*

This participant explained that they had received both positive and negative responses to their experiences of sexual violence, however they felt that the trauma of their experience remained and continued to impact their life.

> *"Nothing really helps. Truly. I have shared my experiences and gotten empathetic responses. I have had people express their anger and disgust for the people who have violated me. But I know it's just words. I have been told by loved ones that they don't believe me or didn't think it was that serious. These people have experienced sexual violence themselves. They should understand. That hurt the most. There's a sense of community from hearing other people's stories and from sharing my own, but the trauma will always be there. Sharing my experience can be retraumatising. The nightmares and the anxiety are still there. I still say yes when I want to say no because I would rather get it over and done with and not worry that they'll force me, hurt me or leave me."*

Table 19. First Nations participants: reasons for not telling anyone about the most impactful sexual violence event (n = 205)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 48	n = 132	n = 5	n = 7	n = 13	
Felt ashamed/ embarrassed	24 (50.0%)	47 (35.6%)	2 (40.0%)	3 (42.9%)	6 (46.2%)	3.29, p = .51
Thought it was not serious	18 (37.5%)	26 (19.7%)	2 (40.0%)	0	4 (30.8%)	n/a
Dealt with it myself	21 (43.8%)	40 (30.3%)	2 (40.0%)	2 (28.6%)	4 (30.8%)	n/a
Didn't realise it was wrong	13 (27.1%)	49 (37.1%)	1 (20.0%)	2 (28.6%)	8 (61.5%)	n/a
Worried would be blamed	17 (35.4%)	52 (39.4%)	2 (40.0%)	4 (57.1%)	5 (38.5%)	1.24, p = .87
Worry perpetrator would retaliate	14 (29.2%)	46 (34.8%)	0	3 (42.9%)	3 (23.1%)	n/a
Wouldn't be believed	12 (25.0%)	30 (22.7%)	0	3 (42.9%)	7 (53.8%)	n/a
Religious or cultural event	4 (8.3%)	5 (3.8%)	0	0	0	n/a
Other	2 (4.2%)	2 (1.5%)	0	0	0	n/a

The most common reasons Indigenous participants did not tell anyone about their most impactful sexual violence event was because they felt ashamed or embarrassed (40.0%), believed that they would be blamed (39.0%), and did not realise it was wrong at the time (35.6%).

Table 20. First Nations participants: reasons for not telling anyone about the most impactful sexual violence event (n = 205)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 38	n = 17	n = 63	n = 87	
Felt ashamed/ embarrassed	17 (44.7%)	8 (47.1%)	20 (31.7%)	37 (42.5%)	2.73, p = .44
Thought it was not serious	8 (21.1%)	8 (47.1%)	11 (17.5%)	23 (26.4%)	6.81, p = .08
Dealt with it myself	9 (23.7%)	6 (35.3%)	25 (39.7%)	29 (33.3%)	2.74, p = .43
Didn't realise it was wrong	15 (39.5%)	9 (52.9%)[c]	13 (20.6%)[bd]	36 (41.4%)[c]	9.90, p = .02
Worried would be blamed	14 (36.8%)[b]	13 (76.5%)[acd]	19 (30.2%)[b]	34 (39.1%)[b]	12.18, p = .007
Worry perpetrator would retaliate	17 (44.7%)	6 (35.3%)	17 (27.0%)	26 (29.9%)	3.81, p = .28
Wouldn't be believed	8 (21.1%)	7 (41.2%)[c]	8 (12.7%)[bd]	29 (33.3%)[c]	10.88, p = .01
Religious or cultural event	1 (2.6%)	1 (5.9%)	2 (3.2%)	5 (5.7%)	n/a
Other	0	1 (5.9%)	1 (1.6%)	2 (2.3%)	n/a

Indigenous participants in the 'Childhood exposure' (76.5%) category were significantly more likely than all other categories (30.2%–39.1%) to have not told anyone about the most impactful sexual violence event due to thinking that they would be blamed. The 'Childhood exposure' and 'Childhood and adulthood exposure' groups were significantly more likely than the 'Adulthood exposure' groups to have not reported the sexual violence event due to not realising that it was wrong (52.9% and 41.4% vs. 20.6%) and thinking that they would not be believed (41.2% and 33.3% vs. 12.7%).

Summary

Compared to the full sample, First Nations people were less likely to have disclosed their most impactful sexual violence event. This was particularly apparent among First Nations cisgender men, of whom less than one-in-five had disclosed. Participants who had experienced sexual violence in both childhood and adulthood were the most likely to have disclosed. The most common person they first disclosed to was a friend or family member.

The majority of First Nations participants reported that the response to their disclosure had been helpful, and one-third reported that it had been unhelpful. First Nations participants described helpful responses as supportive and validating, and unhelpful responses as trivialising, disbelieving and victim-blaming. Responses were neither helpful nor unhelpful when the person that the victim disclosed to lacked the skills or empathy to respond appropriately.

The most common reasons that First Nations participants did not disclose was that they were ashamed, they believed they would be blamed, and they did not realise it was wrong at the time. First Nations participants who had experienced sexual violence in childhood only were significantly more likely than all other categories not to have disclosed, thinking they would be blamed. Participants who reported any childhood victimisation were also more likely than those reporting victimisation in adulthood only not to have disclosed because they didn't realise it was wrong and they didn't think they would be believed.

Help-seeking and service experiences

Total sample – all participants

Table 21. All participants: organisation contacted about the sexual violence (n = 2,365)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 1,035	n = 676	n = 99	n = 139	n = 416	
Any organisation	426 (41.2%)[b]	215 (31.8%)[ade]	41 (41.4%)	71 (51.1%)[b]	200 (48.1%)[b]	37.82, p < .001
Mental health service	318 (30.7%)[b]	129 (19.1%)[acde]	36 (36.4%)[b]	57 (41.0%)[b]	156 (37.5%)[b]	59.99, p < .001
Sexual assault service	165 (15.9%)[b]	64 (9.5%)[ae]	9 (9.1%)	23 (16.5%)	70 (16.8%)[b]	20.27, p < .001
LGBTIQA+ service	62 (6.0%)[b]	76 (11.2%)[a]	9 (9.1%)	16 (11.5%)	41 (9.9%)	17.29, p = .002
Police	139 (13.4%)	62 (9.2%)	6 (6.1%)	14 (10.1%)	47 (11.3%)	10.63, p = .03
ACCHO	13 (1.3%)	13 (1.9%)	0	0	1 (0.2%)	n/a
AMS	6 (0.6%)	6 (0.9%)	1 (1.0%)	0	1 (0.2%)	n/a
Other	39 (3.8%)	18 (2.7%)	4 (4.0%)	5 (3.6%)	21 (5.0%)	4.23, p = .38

Figure 26: All participants: organisation contacted about the sexual violence (n = 2,365)
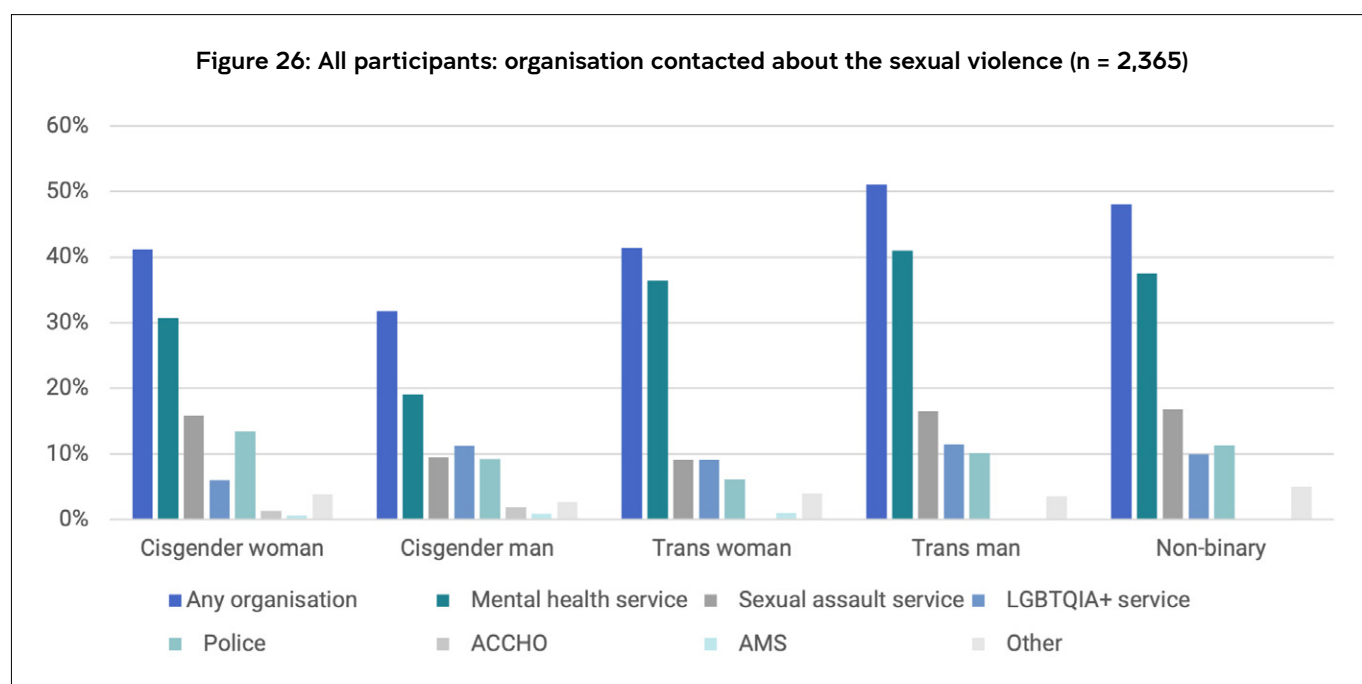
Fewer than half (40.3%) of all participants had ever contacted an organisation seeking help or support due to a sexual violence event. Cisgender men (31.8%) were significantly less likely to have ever contacted an organisation, compared to cisgender women (41.2%), trans men (51.1%) and non-binary people (48.1%).

The organisations most often contacted by participants about a sexual violence incident were mental health services (29.4%), followed by sexual assault services (14.0%) and police (11.3%). The types of organisations contacted also significantly differed across participant gender identity, with proportions generally lowest for cisgender men. Specifically, cisgender men (19.1%) were significantly less likely than all other gender identity categories (30.7%–41.0%) to have contacted mental health services, less likely than cisgender women (15.9%) and non-binary people (16.8%) to have contacted sexual assault services (9.5%), and more likely than cisgender women (6.0%) to have contacted LGBTIQA+ services (11.2%).

Table 22. All participants: organisation contacted about sexual violence (n = 2,365)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 152	n = 186	n = 494	n = 1,533	
Mental health service	18 (11.8%)[d]	36 (19.4%)[d]	89 (18.0%)[d]	553 (36.1%)[abc]	95.29, p < .001
Sexual assault service	19 (12.5%)	17 (9.1%)[d]	37 (7.5%)[d]	258 (16.8%)[bc]	31.53, p < .001
LGBTIQA+ service	17 (11.2%)	8 (4.3%)	41 (8.3%)	138 (9.0%)	6.02, p = .11
Police	14 (9.2%)	18 (9.7%)	23 (4.7%)[d]	213 (13.9%)[c]	33.12, p < .001
ACCHO	6 (3.9%)	1 (0.5%)	11 (2.2%)	9 (0.6%)	n/a
AMS	3 (2.0%)	0	2 (0.4%)	9 (0.6%)	n/a
Other	4 (2.6%)	4 (2.2%)	14 (2.8%)	65 (4.2%)	4.05, p = .26

Figure 27: All participants: organisation contacted about the sexual violence (n = 2,365)
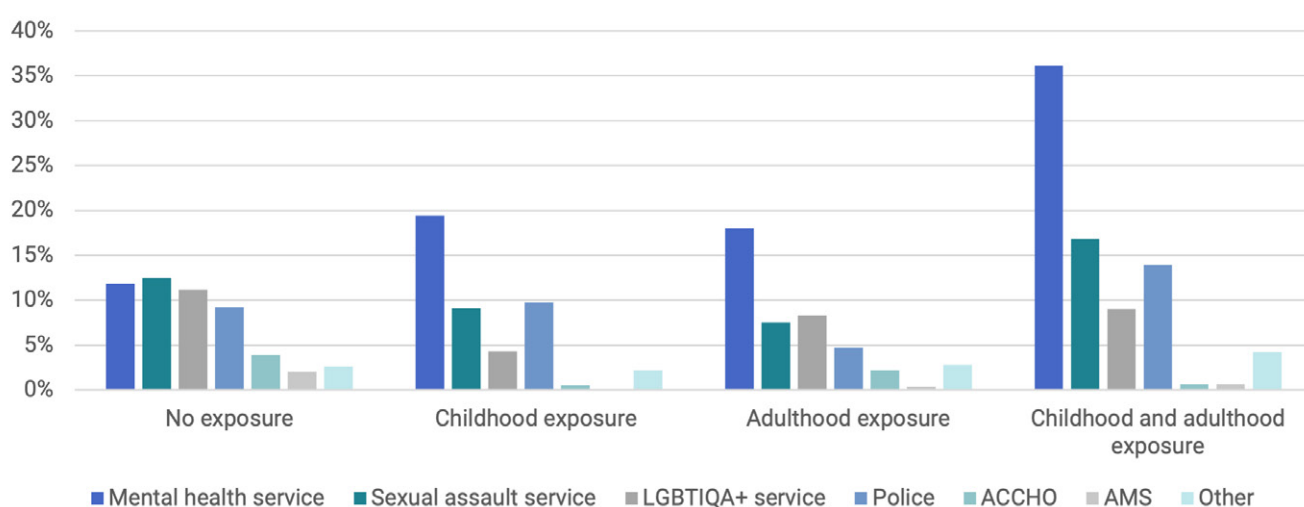
The greatest proportion of participants who contacted an organisation for help or support due to sexual violence were from the 'Childhood and adulthood exposure' group (46.0%), whereas the lowest proportion were from the 'Childhood exposure' group (27.4%). Furthermore, the 'Childhood and adulthood exposure' group was significantly more likely than the 'Childhood exposure' and 'Adulthood exposure' groups to have contacted mental health services (36.1% vs. 19.4% and 18.0%) and sexual assault services (16.8% vs. 9.1% and 7.5%), and more likely than the 'Adulthood exposure' group to have contacted police (13.9% vs. 4.7%).

Table 23. All participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 950)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 426	n = 213	n = 41	n = 71	n = 199	
Mean (sd) score	3.37 (1.23)	3.63 (1.18)[e]	3.39 (1.50)	3.39 (1.33)	3.09 (1.37)[b]	4.70, p = .001

Figure 28: All participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 950)
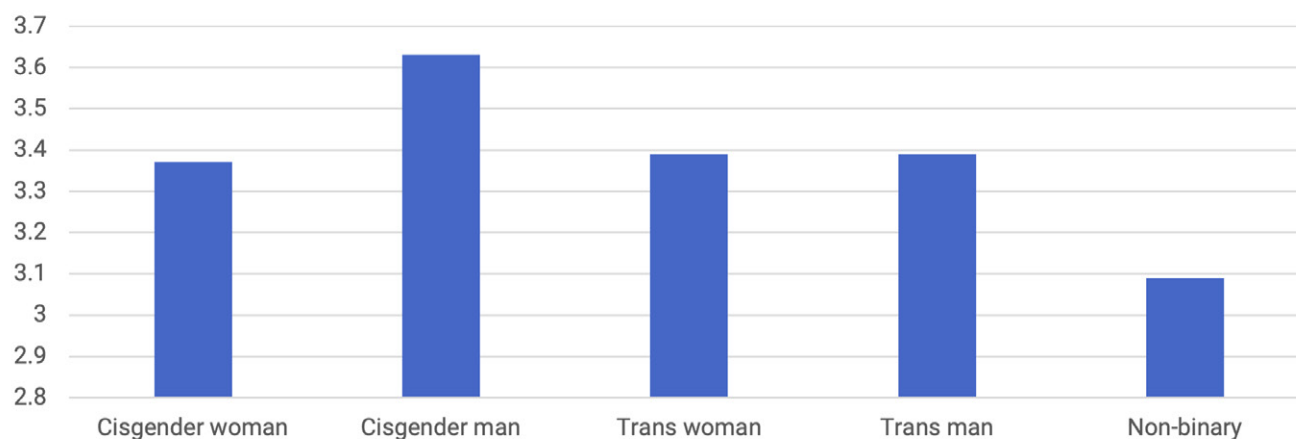
Participants who had received help or support for sexual violence reported their satisfaction with the support they received, based on a 5-point Likert scale ranging from very unsatisfied to very satisfied. The average score was 3.37 (sd = 1.28), with most participants indicating that they were either mostly satisfied (35.7%) or very satisfied (19.6%). Across gender identity categories, cisgender men (3.63) had significantly higher mean satisfaction scores than non-binary people (3.09). Put differently, 64.5% of cisgender men and 48.7% of non-binary people reported being mostly or very satisfied.

Table 24. All participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 950)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 45	n = 51	n = 151	n = 703	
Mean (sd) score	3.71 (1.04)	3.92 (1.00)[d]	3.66 (1.25)[d]	3.25 (1.30)[bc]	11.28, p < .001

Figure 29: All participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 950)
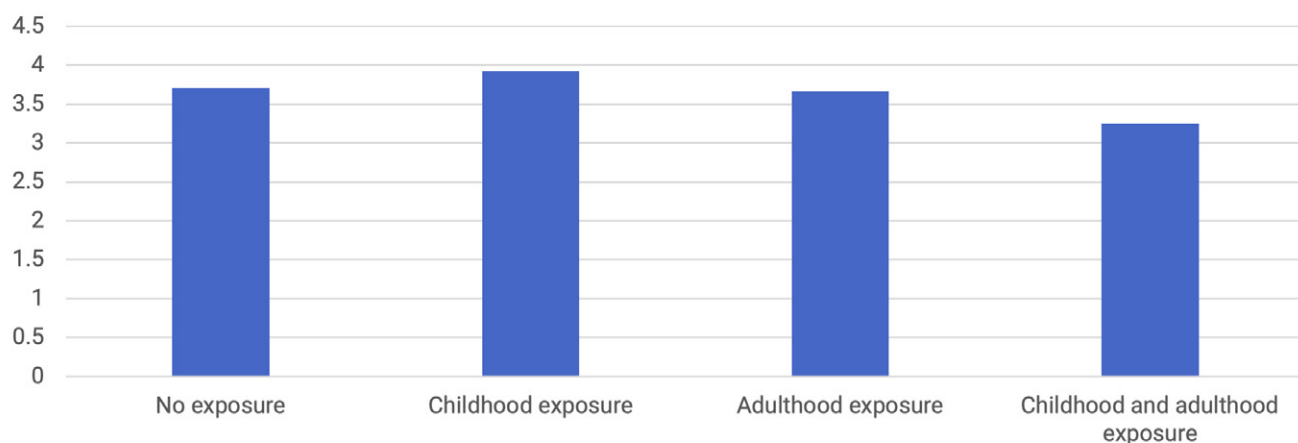
Despite constituting the majority of those who had contacted an organisation for help, participants in the 'Childhood and adulthood exposure' (3.25) group were significantly less satisfied with the support received, compared to the 'Childhood exposure' (3.92) and 'Adulthood exposure' (3.66) groups.

Likewise, only 16.2% of those in the 'Childhood and adulthood exposure' group, compared to 29.4% in the 'Childhood exposure' and 31.1% in the 'Adulthood exposure' groups, were very satisfied with the support.

Table 25. All participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 950)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 426	n = 213	n = 41	n = 71	n = 199	
Mean (sd) score	2.98 (1.30)[b]	3.62 (1.29)[ae]	3.41 (1.48)	3.20 (91.33)	2.87 (1.34)[b]	11.42, p < .001

Figure 30: All participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 950)
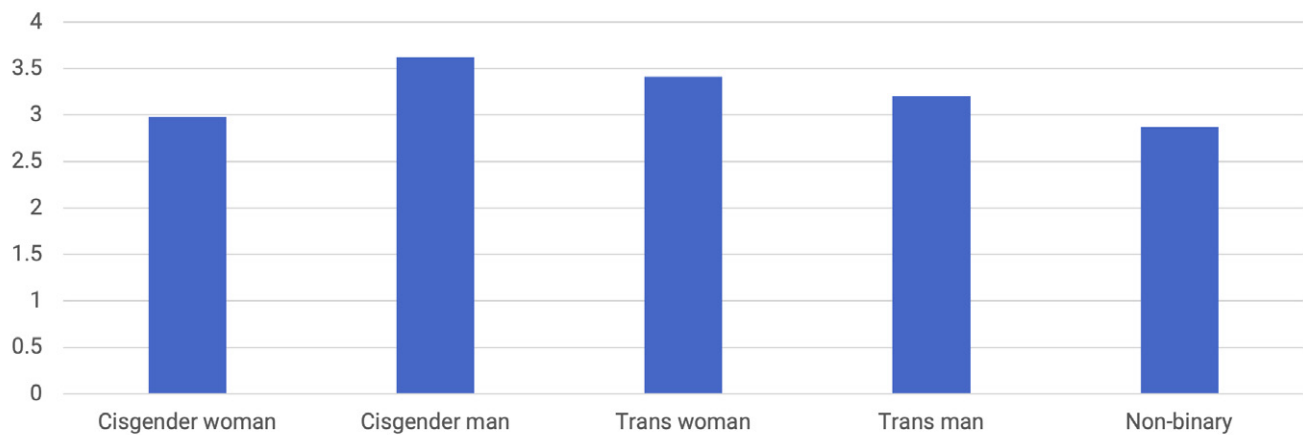
Participants indicated their level of agreement with the statement that the organisation they contacted for a sexual violence incident understood their needs as an LGBTIQA+ person. Responses were scored from 1 (not at all) to 5 (very much). The average score was 3.14 (sd = 1.34), with 43.6% of the sample indicating that the organisation mostly or very much understood their needs. Cisgender men (3.62) had a significantly higher mean agreement than cisgender women (2.98) and non-binary people (2.87). Most cisgender men (62.9%) indicated that the organisation mostly or very much understood their needs, compared to 36.6% of cisgender women and 34.7% of non-binary people.

Table 26. All participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 950)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 45	n = 51	n = 151	n = 703	
Mean (sd) score	3.64 (1.09)[d]	3.71 (1.25)[d]	3.49 (1.29)[d]	2.99 (1.34)[abc]	12.05, p < .001

Figure 31: All participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 950)
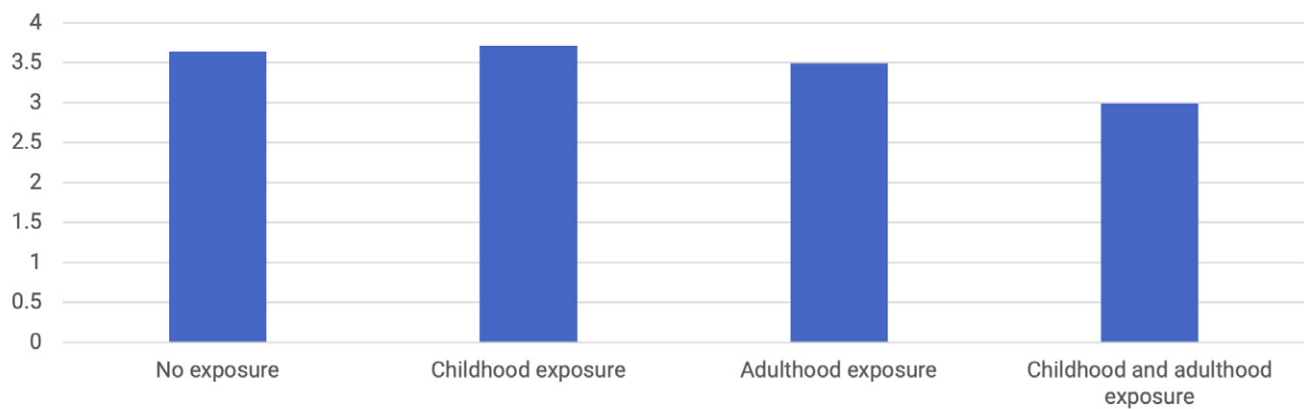
Although participants who experienced sexual violence in both childhood and adulthood had most often contacted organisations for support and help, this group (2.99) of participants were significantly less likely to agree that these organisations understood their needs, relative to all other groups (3.49–3.71). Indeed, only 17.5% in the 'Childhood and adulthood exposure' group, compared to 20.0% to 29.4% in all other groups, very much agreed that the organisations contacted understood their needs.

What was most helpful?

Participants were asked to provide a response in open text to the question 'Can you tell us what was most helpful about the response that you received?' A total of 938 respondents answered this question. The most common form of helpful professional response came from a psychologist or mental health professional (n = 168), consistent with survey findings that 9.4% of people first disclosed to a psychologist or mental health professional. The characteristics of a helpful response from psychologists and mental health professionals included:

> a basis of belief, comfort, listening and validation

> professional, tailored care

> an LGBTIQA+SB sensitive response

> sexual-violence-specific therapy and modalities.

In addition to reflecting on the positive dimensions of professional responses, participants also discussed positive experiences in the criminal justice system, sexual assault and domestic violence sectors, and LGBTIQA+SB community organisations. Three key principles emerged from their descriptions of positive responses across sectors, which were:

> choice and agency

> trauma- and violence-informed care

> a focus on safety.

Being heard, believed and validated

The most common form of helpful response was one that involved being believed, comforted, listened to and validated (n = 394). A participant who experienced sexual violence in childhood emphasised that a feeling of comfort and professional enquiry enabled them to begin exploring their recollections of abuse:

> *"Mostly feeling comfortable enough to even think/talk about it + being asked clarifying questions that make it kinda seem more concrete and real, instead of just being a random memory I repress, ya know."*

A participant who experienced sexual violence in both childhood and adulthood valued being told they were not responsible for their experiences of sexual violence:

> *"That they reiterated that it wasn't my fault. They assured me that I wasn't to blame."*

A participant who experienced sexual violence in adulthood said that the response enabled them to more accurately assess the impact of the experience on them:

> *"Having the experience taken seriously was good, before then I'd underestimated how much it had impacted me."*

Professional and tailored care

A total of 129 participants emphasised professional expertise in psychology or counselling as an important component of care. For these 2 participants, who had both experienced sexual violence in childhood, their therapist was able to help them understand the impact of their childhood abuse on their experiences as adults, including their sexual wellbeing.

> *"Ongoing therapy has been helping repair my image of sex and sexuality slowly."*

> *"The psychologist was able to help me understand my feelings and realise what was triggering my OCD and anxiety - i.e., that the pressure to have sex was a driving force behind my poor mental health and the feeling of being exploited and not in control of my own body."*

This person experienced sexual violence in adulthood and found a psychologist who not only gave them the support they needed at the time, but was also open to being re-engaged as needed:

> *"I received the help and support that I needed to get myself on the right track, and I still contact the counsellor if I ever need to chat no matter the situation and guidance."*

For many participants who had experienced sexual violence in childhood as well as adulthood, a practitioner who could affirm the reality and wrongfulness of abuse was critical.

> *"I saw a psychologist, and being believed that it actually happened and that what happened was wrong."*

> *"Open-minded psychologist with no prior agenda. She listened to me and helped me to understand the assault on its own terms."*

> *"Seeing a wonderful psychologist who was empathic and trauma + queer informed was the beginning of my recovery."*

An LGBTIQA+SB-sensitive response

Fifty-three respondents emphasised that the response they received was tailored to them as an LGBTIQA+SB person. Some valued that their counsellor or responding professional was also LGBTIQA+SB, or was sensitive to myths and stereotypes that link sexual violence to LGBTIQA+SB identities. This was a particularly important consideration for trans and non-binary respondents. One respondent who had experienced sexual violence in childhood said:

> *"Took me seriously and believed me when I told them that me being trans has nothing to do with that trauma whatsoever."*

A participant who experienced sexual violence in adulthood felt that their responding professional understood the specific implications of their assault for them as a trans man:

> *"They validated that I had been raped, and understood that as a trans man my rape had been used to invalidate my gender."*

This participant highlighted the overall sensitivity of the service provider to their gender and sexuality, and noted the provider had allowed them to explore the implications of sexual violence for their identity in a holistic way:

> *"Being asked about my gender and sexuality and having that respected, being able to talk about issues relating to my identity in the context of the violence, even if not directly related to the incident(s) for which I was seeking support. Being invited by counsellor to share what it*

meant to me (re putting non-binary as my gender on intake form), in a way that let me decide whether or not to disclose but also held space to do so if wanted or needed and allowing for checking their understanding of my personal experience with the label, rather than making assumptions."

Sexual-violence-specific modalities and strategies

For 29 respondents, being offered therapeutic modalities or being taught strategies specific to the impact of sexual violence and trauma were particularly helpful. These strategies included "relaxation and self-soothing methods to reduce stress and anxiety" and breathing techniques, as well as trauma-specific therapies. This participant who experienced sexual violence in childhood and adulthood explained:

> *"I have received CBT since the major event off and on since. I am finally addressing the resulting C-PTSD through EMDR through headspace services after the years of addressing my other mental disorders. I feel that CBT has prepared me with a stronger understanding of my emotions and reactions to current events to access memories and emotions that would otherwise have never been possible in EMDR. Additionally, every therapist has not only validated my emotions regarding the event, but the fact they did not at any point diminish what I had gone through truly shifted the attitude I had towards myself, away from blame to understand and kindness."*

Eleven participants felt that receiving a diagnosis relating to trauma, dissociation or other conditions had been helpful in their healing and recovery. The following 2 participants experienced sexual violence in childhood and adulthood, and emphasised that their current clinician understood the impact of complex trauma and dissociation on them as LGBTIQA+SB people.

> *"Most helpful was my current therapist (psychologist in private practice) who is great on all fronts including gender & sexuality! The shitty ones were the previous therapists. My current therapist is nonjudgemental, supportive & even does a great job of remembering different alters' pronouns (I have DID), plus he has ADHD himself (I have ADHD and probably autism) so he gets it."*

> *"I sought help many years after the first incident, and with a lot of traumatic events to process and discuss. My psychologist was helpful in the way that they didn't use these experiences with cis men, to inform or define my sexuality now. They helped me to separate the actions, my role in the situations and the many small ways CPTSD still impacts my daily life."*

Criminal justice responses

Forty-five participants referred to positive experiences of the criminal justice system. Two participants described the imprisonment of their childhood abusers:

> *"Physical examination and description led to the identification of my assailant."*

> *"I told them that I was raped by my uncle and then the police came and took him. He is in prison now. Then I met my partner and she helped me get myself together."*

These 2 participants, who had experienced sexual violence in childhood and adulthood, felt that they had been treated well throughout the police and prosecution process.

> *"The rape crisis support person at the police station was kind."*

> *"I didn't have to enter the courtroom, which was my biggest wish, almost had to go into court against the perpetrator until the last minute. I was also given a social worker."*

The sexual assault and domestic violence sectors

Thirty-four respondents emphasised the role of the sexual assault and domestic violence sectors in their care and support. A participant who experienced sexual violence in childhood said:

> *"I have received enormous help from a specialised sexual violence counselling service. They identified the patterns of abuse I've experienced and continue to work with me to help me get stable."*

This male respondent had experienced sexual violence in childhood and adulthood and appreciated the specialist care and advice he received from a sexual assault service, including exploring how they could best respond to male survivors.

> *"Sexual assault service – very helpful in dealing with the trauma, were actively exploring how they could meet the needs of male survivors of sexual assault. I took part in a research project around strategies for dealing with PTSD and found that useful. The service was realistic in informing me that most survivors don't benefit from legal/police system as it exists and setting up pathways towards recovery and regaining over many years a sense of self."*

LGBTIQA+SB and community organisations

Eighteen participants referred specifically to LGBTIQA+SB and community-specific organisations as helpful in their care and support. A participant who experienced sexual violence in childhood explained the role of a sex worker organisation in keeping them safe from violence:

> *"The decriminalisation of sex work means that there is more information and they have got everything you need to know for sex workers or for anyone, the first page is referral and they call you. because often you call then hang up, but if you send your number it feels like an affirmative action, they also have uglymugs to report people that commit sexual crimes, like removal of a condom is rape."*

This participant who experienced sexual violence in childhood and adulthood also described how helpful a sex worker organisation had been after an assault.

> *"Talking to sex workers from local peer org helped so much. I didn't have to explain anything to them. They made me feel normal and helped me find my power again."*

QLife was a particularly important resource for this participant, who experienced sexual violence in childhood and adulthood.

> *"I called QLife and the were able to talk to me like a human instead of like they were reading prewritten scripts from some archaic psych book. They validated that something traumatic happened to me, that I had every reason to feel how I did and were able to talk to me about the politics of sexual assault as it related to queer women. I wish therapists would just sometimes say that things have been really shit."*

Choice and agency

Forty participants emphasised that they were supported to report, or seek care, in their own time and according to their own needs. These 2 participants experienced sexual violence in childhood and adulthood, and appreciated being told about their options in an open fashion that empowered them to make their own choices:

> *"Explaining to me what my options were but not putting pressure on me for a particular outcome."*

> *"That I didn't have to do anything or tell anyone what had happened but if I did want to, I would be supported."*

This participant experienced sexual violence in childhood and appreciated the spirit of the support they received initially, even though they were stymied in their attempts to access specialist care or deliver a statement to police.

> *"They encouraged me to receive further support from a specialist in sexual abuse, however it never happened due to the system being overwhelmingly overloaded. I was also supported in making a statement, which I agreed to, however nothing ever happened despite the fact that we contacted the detective several times over the course of months."*

Trauma- and violence-informed care

Thirty-seven respondents identified that knowledge and skill in trauma-informed care were important characteristics of the response they received. They often emphasised the importance of being able to apply a trauma-informed lens to LGBTIQA+SB identities, experiences and relationships, including the intersections with domestic violence. After experiencing sexual violence in adulthood, this participant emphasised that the response they received was:

> *"Trauma informed, really understanding around the gender aspect, was a queer counsellor & I felt very safe and understood."*

For this participant, their therapist was able to explain the dynamics of domestic violence and the overlap with sexual violence:

"Understanding of DV relationships and how abuse is perpetrated. My therapist helped me to see that this also included sexual abuse in both my abusive relationships."

A focus on safety

A focus on immediate safety and the prevention of revictimisation was emphasised by 27 participants. One participant experienced sexual harassment in an LGBTIQA+SB venue and informed security, which provoked an immediate response from the bartender, although police were not as responsive.

"The bartender kicking the guy out who was harassing lesbians. We called the police, but they didn't come."

Some participants described experiencing sexual violence while they were children at school. In the following 2 quotes, swift action from the police or school was important.

> *"The girl got in trouble with the police and apologised to me."*

> *"That the police contacted the school straight away and the kid who did the act was charged and expelled from the school."*

For this participant, who was subject to the non-consensual distribution of intimate imagery, practical support to remove their content online was important.

"They gave me advice and helped to remove the material from the internet."

What was unhelpful and how could it be improved?

A total of 938 respondents answered the question 'Can you tell us what was less helpful about the response you received? How could it have been improved?'" Key themes included feeling invalidated and not being believed, a lack of LGBTIQA+SB-specialised response, dissatisfaction with the criminal justice system, a lack of affordability and accessibility, and difficulty in finding the right professional and treatment.

Invalidation and not being believed

Many (176) participants described experiences of invalidation and not being believed. These descriptions were often relatively brief, such as:

> *"Random talk about how we were both in the wrong."*

> *"It was dismissive and made me feel like they believed it was my fault."*

Key themes that emerged from this category of response was that participants felt they had been blamed for their victimisation, that the response amplified their feelings of shame and helplessness, and that the responder had, in some way, sympathised with the perpetrator.

Lack of LGBTIQA+SB-specific response

Several (118) participants raised a lack of LGBTIQA+SB knowledge and understanding as a component of the unhelpful response they received. Some participants noted that their treating professional lacked understanding of the specifics of LGTBIQA+ relationships and identities, which signalled to them a lack of preparedness to support them.

> *"More LGBTQI+ professionals needed. I spent too long explaining the dynamics of my relationship. More victim belief. Violence DOES happen between women."*

> *"As I said, they didn't know what nonbinary was. So, the bar is pretty low, but at least knowing the basics about LGBTIQA+SB communities would be a vast improvement."*

> *"Not much discussion specifically about the trauma of it as a lesbian and asexual person."*

> *"Counsellor expected me to educate them about trans stuff."*

This participant experienced sexual violence in both childhood and adulthood, and explained that the counselling support they received did not help them place their victimisation within a broader social and political context as an LGBTIQA+SB person.

"The counselling support could have brought in social structures like heteronormativity and patriarchy to expand my experience to the broader social world. I was able to do this in my higher education and found it healing. This would have provided spaces for questioning my own sexuality which, at the time, I was not thinking about."

A particular concern for some trans and non-binary participants was that counsellors or therapists drew a link between their trans identity and sexual trauma.

"It was still noted and written down in my file that it was a possibility that I thought I was trans due to the sexual trauma earlier in life, no matter how many times I said it wasn't."

This participant presented to an emergency department following sexual assault by a person they knew was HIV-positive. They felt that their treatment by hospital staff was ignorant, stigmatising and unsupportive.

"I presented to the emergency department at the … hospital because I needed post exposure prophylaxis. The triage nurse didn't know what I was talking about, and when I explained I'd been raped by an IV drug user that I knew had HIV she coerced me into getting a forensic examination. I waited seven or eight hours for the specialist sexual assault team to come to perform that exam and was offered almost no care until that time. I overheard one of the regular staff members say something about "oh that bed's here for AIDS" which I don't think was accurate and also felt really offensive given the circumstances, as well as just being stigmatising towards people who are HIV positive."

Some men expressed difficulty in accessing sexual assault services, which they felt were primarily targeting female clients. One man explained:

"When I arrived at the Sexual Assault Support Service I was taken in the back door because most of the clients were women. I felt very bad when this happened. I felt devalued, even that I was a perpetrator, because of how I was treated. I was a rape victim!!"

Police and criminal justice system

Eighty-eight participants made specific reference to the police and the criminal justice system when discussing unhelpful responses. Frustrations with a failure to investigate reports were particularly pronounced among participants who, as adults, complained of sexual violence in childhood. These 3 participants expressed disappointment or frustration that they had not been able to see charges laid against the offender:

> *"Police – discourages formal reporting."*

> *"I wish I could have had the perpetrator charged."*

> *"Finding out that because it took me 5 years to process the rape that I was outside jurisdiction to make charges was hard. It feels like that chapter has been left open."*

This participant provided a more detailed account of their difficulties in reporting prolonged sexual violence to the police, including a lack of communication and follow-up.

"The police investigation into the perpetrator who sexually assaulted me for over 30 years hasn't gone anywhere in almost two years. The person in charge of my investigation hasn't even interviewed anyone I disclosed the abuse to yet and has not responded to my requests to provide additional information, including photographic evidence, to them. All police stations should have specialist detectives in charge of sexual assaults so they understand the complexities of these cases. In addition, it would be helpful if there were detectives who's specialised in investigating historic cases of sexual assault. So many people are unable to report sexual violence immediately and when they do, their cases are not prioritised as police prioritise new crimes that are reported."

Similarly, this participant was sexually assaulted in adulthood and no charges were laid against their alleged perpetrator.

"Police said there was no evidence and because it happened over 5 years [ago], they couldn't do anything without proof."

Participants who had seen their matters progress to investigation and prosecution described the process as slow and difficult. This participant experienced sexual violence in childhood and adulthood, and is pursuing an investigation regarding their abuse in their early teens. They described their difficulties engaging police, and facing irrelevant questions about consent.

"My detective was changed 3 times, making the investigation longer (19+ months). My current detective is not a GLLO. The police officer at the local station who I first spoke to asked me if it was consensual (I was 13 and the offender was in their mid-20s).

For this participant, once their offender was convicted, they felt abandoned by the system.

"It felt like after the sentencing was done, they completely forgot about me – they never checked in with me or even let me know when he got out of jail."

Affordability and accessibility

Thirty-two respondents noted that mental health support for sexual violence was frequently too expensive or too difficult for them to access. This participant experienced sexual violence in childhood, and it took her many years and sessions to find the right professional for her.

"It would have been great if the process of finding a suitable mental health professional didn't take so many wasted sessions (and wasted $$) over several years!"

These 3 participants experienced sexual violence in childhood and adulthood, and noted barriers to mental health support, including affordability and geography.

> *"The number one improvement I need, besides improving my own ability to talk about that trauma I guess, is that mental health services need to be more affordable."*

> *"Mental health services can be incredibly hard to access, particularly for those struggling financially and in rural areas. The post-Covid boom in telehealth services can help with the latter but to ease the financial burden survivors face, mental health must be funded."*

> *"The NSW victim services $$ amount paid to the therapist wasn't enough for them to take me on as a client, and I ended up having to pay for the therapy."*

Finding the right professional and treatment

Thirty-two participants focused on delays in responding to their enquiries and the drawn-out process of finding the 'right' professional who was delivering effective treatment.

> *"It took me a very long time (and I went through 3 counsellors) before I found someone who actually listened to what I was saying about my relationship and heard what was going on."*

> *"Sometimes the counsellor doesn't match the issue and doesn't help. Which then requires a new match."*

> *"Previous experiences have been less helpful, and I haven't felt safe enough to disclose the extent of my concerns. Finding the right person with skills in supporting childhood trauma experiences, rather than general issues, has been more helpful."*

Conclusion

Fewer than half of participants had ever contacted an organisation to seek help or support due to sexual violence. Cisgender men were significantly less likely to have contacted an organisation for support compared to cisgender women, trans men and non-binary people, although they were significantly more satisfied with the response they received compared to non-binary people. Cisgender men were also significantly more likely than cisgender women and non-binary people to report that the organisation understood their needs as an LGBTIQA+SB person.

The most common organisations that participants contacted were mental health services, sexual assault services and police. On average, most participants were satisfied with the response they received, and most participants felt that the organisation they contacted mostly or very much understood their needs as an LGBTIQA+SB person. Participants reporting childhood and adulthood sexual violence were the most likely to have sought help or support, but they were significantly less satisfied with the response compared to other categories of participant,

and they were the least likely to agree that the organisation understood their needs as an LGBTIQA+SB person.

In open text responses, participants most often emphasised the characteristics of a helpful response from psychologists and mental health professionals, reflecting the high level of mental health help-seeking. They valued a professional who listened to, supported and believed them, demonstrated professional and tailored care that was sensitive to their experiences as an LGBTIQA+SB person, and delivered sexual-violence-specific therapy and modalities. Participants also discussed positive experiences in the criminal justice system, sexual assault and domestic violence sectors, and LGBTIQA+SB community organisations, characterised by choice and agency, trauma- and violence-informed care, and a focus on safety. Unhelpful responses were characterised by feelings of invalidation and disbelief, a lack of LGBTIQA+SB-specialised response, poor treatment by police, and difficulty accessing and affording treatment or finding the right professional.

First Nations participants

Table 27. First Nations participants: organisation contacted about sexual violence (n = 313)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 108	n = 153	n = 9	n = 17	n = 26	
Any organisation	62 (57.4%)[b]	56 (36.6%)[ad]	7 (77.8%)	14 (82.4%)[b]	16 (61.5%)	24.61, p < .001
Mental health service	36 (33.3%)	28 (18.3%)[d]	4 (44.4%)	11 (64.7%)[b]	10 (38.5%)	22.40, p < .001
Sexual assault service	29 (26.9%)	25 (16.3%)[c]	5 (55.6%)[b]	5 (29.4%)	7 (26.9%)	10.83, p = .03
LGBTIQA+ service	18 (16.7%)	24 (15.7%)	2 (22.2%)	8 (47.1%)	2 (7.7%)	n/a
Police	29 (26.9%)	17 (11.1%)	3 (33.3%)	4 (23.5%)	3 (11.5%)	n/a
ACCHO	12 (11.1%)	10 (6.5%)	0	0	0	n/a
AMS	6 (5.6%)	5 (3.3%)	1 (11.1%)	0	1 (3.8%)	n/a
Other	6 (5.6%)	1 (0.7%)	1 (11.1%)	0	5 (19.2%)	n/a

Figure 32: First Nations participants: organisation contacted about sexual violence (n = 313)

Half (49.5%) of all Indigenous participants had ever contacted an organisation for help or support about a sexual violence incident, with contact significantly less likely to have been made by cisgender men (36.6%) than cisgender women (57.4%) and trans men (82.4%). Similar to participants in the full sample, Indigenous participants who contacted an organisation about their most impactful sexual violence experience had often contacted mental health services (28.4%), sexual assault services (22.7%) and police (17.9%). Surprisingly, only 9.3% of Indigenous participants had contacted either ACCHO or AMS. Cisgender men were significantly less likely than trans men to have contacted mental health services (18.3% vs. 64.7%), and significantly less likely than trans women to have contacted sexual assault services (16.3% vs. 55.6%).

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Table 28. First Nations participants: organisation contacted about sexual violence (n = 313)
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	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 45	n = 25	n = 79	n = 164	
Mental health service	10 (22.2%)	8 (32.0%)	12 (15.2%)[d]	59 (36.0%)[c]	12.40, p = .006
Sexual assault service	12 (26.7%)	2 (8.0%)	14 (17.7%)	43 (26.2%)	5.76, p = .12
LGBTIQA+ service	10 (22.2%)	1 (4.0%)	15 (19.0%)	28 (17.1%)	4.02, p = .26
Police	9 (20.0%)	6 (24.0%)	7 (8.9%)	34 (20.7%)	6.06, p = .11
ACCHO	6 (13.3%)	1 (4.0%)	10 (12.7%)	5 (3.0%)	n/a
AMS	2 (4.4%)	0	2 (2.5%)	9 (5.5%)	n/a
Other	0	1 (4.0%)	2 (2.5%)	10 (6.1%)	n/a

Figure 33: First Nations participants: organisation contacted about sexual violence (n = 313)

Legend: Mental health service · Sexual assault service · LGBTIQA+ service · Police · ACCHO · AMS · Other
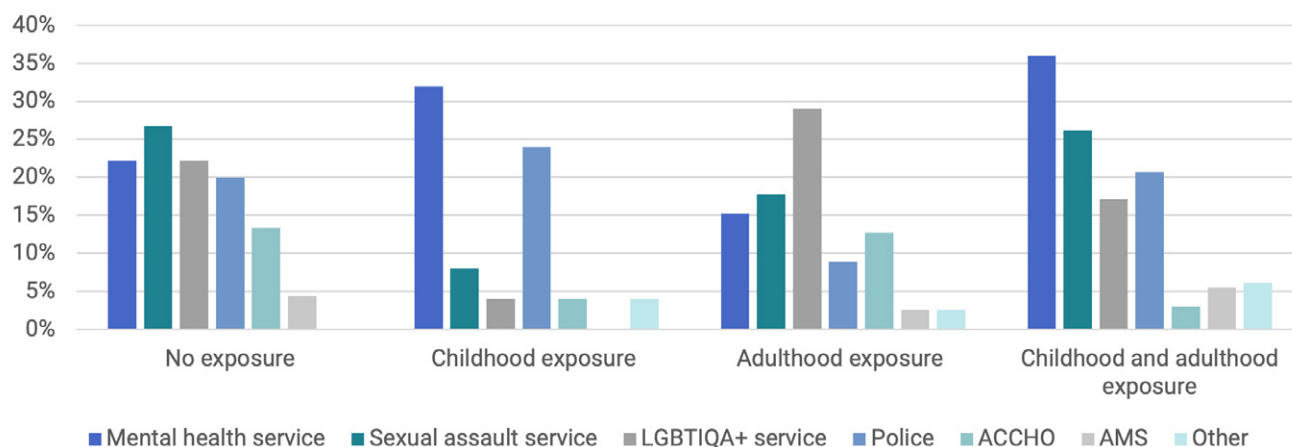
Half (52.4%) of all Indigenous participants who had contacted an organisation for help or support due to sexual violence had experienced sexual violence during both childhood and adulthood. Furthermore, the 'Childhood and adulthood exposure' (36.0%) group was significantly more likely than the 'Adulthood exposure' (15.2%) group to have contacted mental health services.

Table 29. First Nations participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 155)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 62	n = 56	n = 7	n = 14	n = 16	
Mean (sd) score	3.31 (1.34)	3.80 (1.17)	4.00 (1.00)	3.21 (1.58)	3.00 (1.51)	2.08, p = .11

Figure 34: First Nations participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 155)
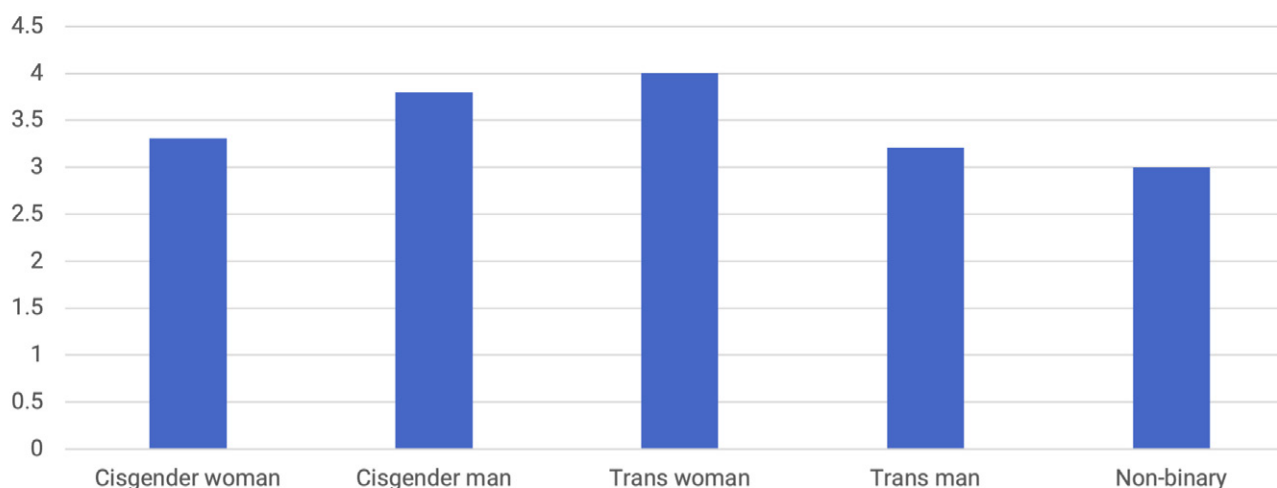
As observed in the full sample, most Indigenous participants (55.5%) indicated that they were mostly satisfied or very satisfied with the help or support they received for their most impactful sexual violence event. Mean satisfaction scores did not significantly differ across gender identity. However, more than half of cisgender men (69.6%), trans women (57.1%) and trans men (57.1%) were mostly satisfied or very satisfied with the help or support they received, compared to 45.2% of cisgender women and 43.8% of non-binary people.

Table 30. First Nations participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 155)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 23	n = 10	n = 36	n = 86	
Mean (sd) score	3.83 (0.98)	3.70 (1.06)	3.94 (0.92)[d]	3.16 (1.49)[c]	4.35, p = .01

Figure 35: First Nations participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 155)
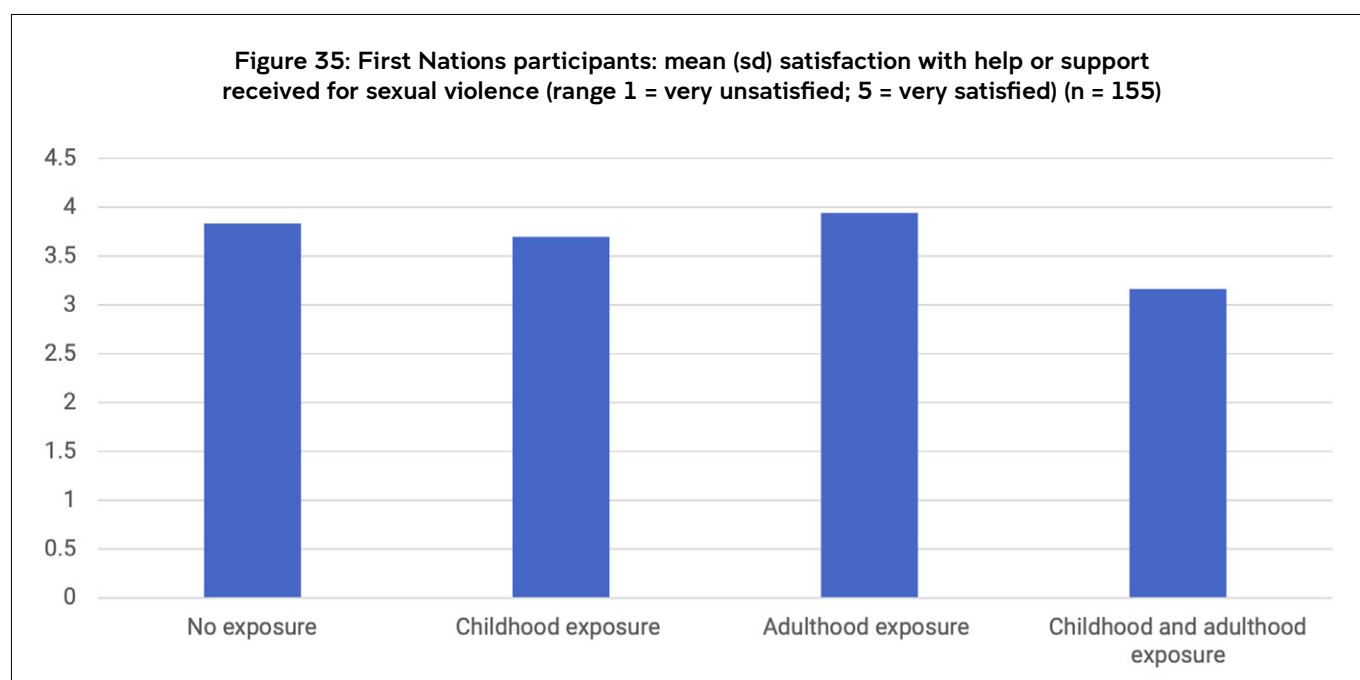
Among Indigenous participants, the 'Childhood and adulthood exposure' group (3.16) had significantly lower satisfaction with the help received from organisations compared to the 'Adulthood exposure' group (3.94). Put differently, 23.3% in the former and 30.6% in the latter group indicated that they were very satisfied with the help received.

Table 31. First Nations participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 155)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 62	n = 56	n = 7	n = 14	n = 16	
Mean (sd) score	3.08 (1.44)[b]	3.80 (1.27)[a]	3.57 (1.51)	3.21 (1.48)	2.94 (1.48)	2.50, p < .05

Figure 36: First Nations participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 155)
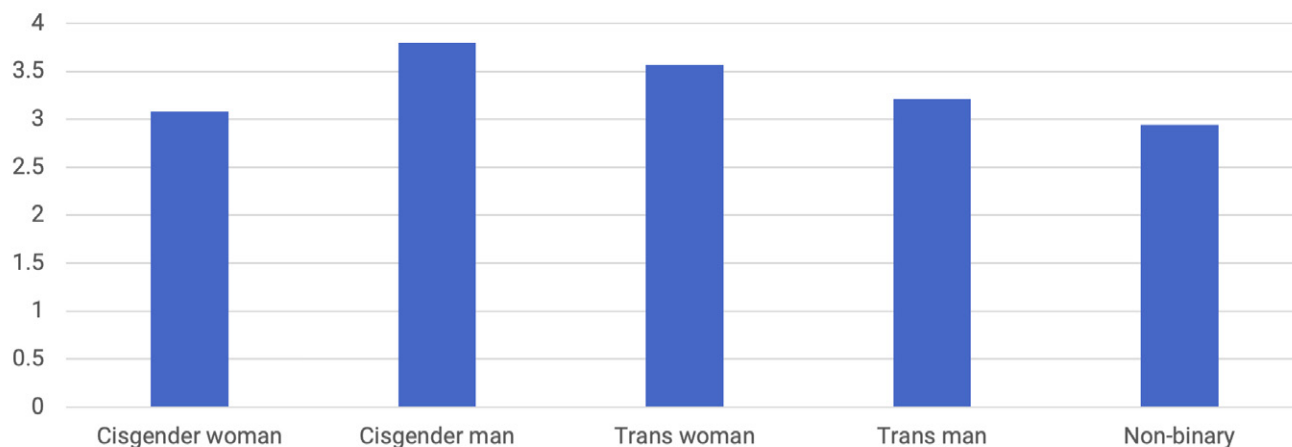
Just over half of Indigenous participants (54.2%) indicated that the organisation contacted for sexual violence mostly or very much understood their needs as an LGBTIQA+ person. The average score was 3.36 (sd = 1.42), slightly higher than for the full sample. Across gender identity categories, cisgender men (3.80) had significantly higher mean agreement than cisgender women (3.08). Furthermore, 73.2% of cisgender men, compared to 40.3% of cisgender women, reported that the organisation mostly or very much understood their needs.

Table 32. First Nations participants: mean (sd) agreement that organisation understood your needs (range 1 = Not at all; 5 = very much) (n = 155)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 23	n = 10	n = 36	n = 86	
Mean (sd) score	4.00 (1.04)[d]	3.60 (1.26)	3.92 (1.00)[d]	2.93 (1.53)[ac]	7.46, p < .001

Figure 37: First Nations participants: mean (sd) satisfaction with help or support received for sexual violence (range 1 = very unsatisfied; 5 = very satisfied) (n = 155)
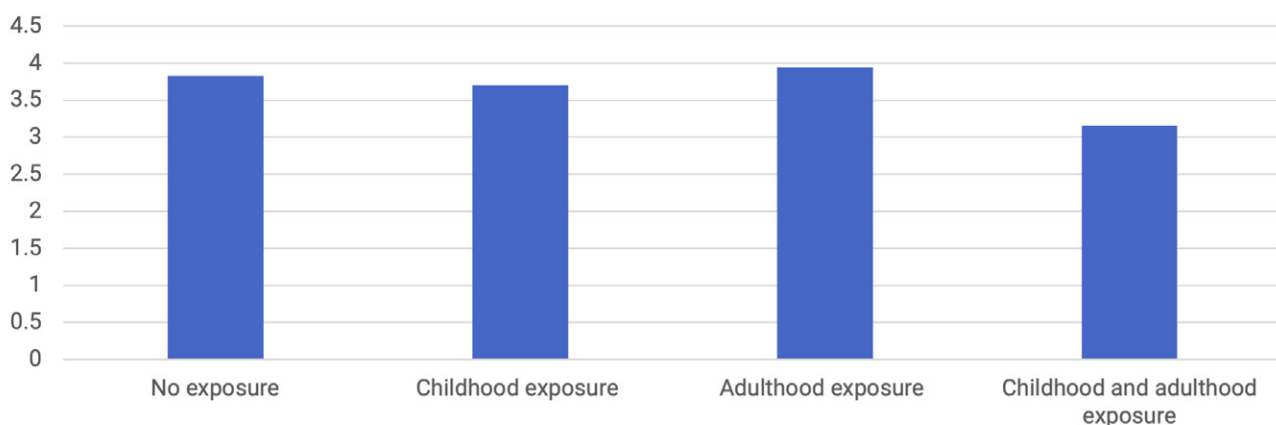
Among Indigenous participants, the 'Childhood and adulthood exposure' group (2.93) had significantly lower agreement with the premise that organisations understood their needs, compared to the 'No exposure' (4.00) and 'Adulthood exposure' (3.92) groups. Only 23.3% of those in the 'Childhood and adulthood exposure' group, compared to 34.8% in the 'No exposure' and 30.6% in the 'Adulthood exposure' groups, very much agreed that the organisations contacted understood their needs.

What was most helpful?

A total of 132 First Nations people responded to the question to provide more information about what was helpful about the response they received. Similar to the larger cohort, the most common response was that they were believed, comforted, listened to or validated (n = 41). One First Nations respondent explained, "I don't feel like I'm alone anymore," and others listed factors such as "kindness", "they took me seriously" and "generally challenging the belief that I was to blame". The most common helpful professional response was provided by a psychologist or mental health professional (n = 15).

Mental health services that were trauma-informed and LGBTIQA+SB-friendly were particularly valued. These 2 participants, who reported sexual violence in both childhood and adulthood, listed the characteristics of the helpful responses they received as follows:

> *"Trauma informed. Holistic. Person centred. Narrative based. Shared power. Peer workers available."*

> *"One of my therapists was a queer woman in a quiet specific therapy place and I felt so comfortable and welcome even though my PTSD and autism makes me shut down and go nonverbal."*

Such responses could be, quite literally, lifesaving, with some First Nations respondents underscoring that a helpful response to sexual violence had transformed their life.

> *"That my life is worthy of living."*

> *"They took me in and saved my life. Turned my life around for me and helped me so much."*

> *"Saved me back then."*

For the following 2 First Nations participants, both of whom had experienced sexual violence in childhood and adulthood, community organisations with an LGBTIQA+SB focus were particularly helpful in responding to their experiences.

> *"Twenty10 were super helpful. The police sucked. Victims services were great and I've been getting counselling from them for years. Twenty10 were the most helpful, they understood my identities and my needs as a queer and trans person, and they got me the help I needed in a very understanding way."*

> *"They specifically are an organisation for sex workers and at some point, have also been. They are understanding, validating, kind and will help with anything they can. They are also very queer-tailored."*

Many of the First Nations people who'd had a helpful response from psychologists or mental health professionals did not provide details about what made that response helpful. However, those who did said the response:

> was based on belief, comfort or listening

> facilitated a helpful mental health diagnosis.

Other helpful responses for First Nations participants included:

> being supported to report or access the right support for them in their own time (n = 9)

> criminal justice responses (n = 6), especially those that involved putting their perpetrator in jail (n = 4)

> skilled and informed response from experienced professionals, including trauma-informed responses (n = 6).

What was unhelpful and how could it be improved?

A total of 938 participants responded to the question 'Can you tell us what was less helpful about the response you received? How could it have been improved?' Generally, respondents described what kinds of responses were unhelpful, particularly in relation to safety, access and being believed (n = 495). These responses appeared in relation to specific organisations or professionals as mental health services and police above, and also appeared as statements that didn't specify a service (e.g. "They didn't fully understand my fear").

Respondents described having their experience dismissed, blamed or denied when they disclosed or sought help (n = 176), including:

> being made to feel that they were responsible

> feelings of shame, helplessness or regret

> sympathising with the perpetrator.

Many (312) respondents described concerns about the support they received from a specific service type or organisation, including mental health services, police and criminal justice, medical services, sexual assault and DFV services, and universities or schools. In mental health settings, key characteristics of unhelpful responses included:

> denying or minimising the sexual violence (SV) experience

> cost

> inaccessibility – long wait times and difficulty finding the right supports, particularly in regional areas

> inexperienced practitioners – particularly around complex trauma or LGBTIQA+SB experiences.

Some (n = 118) reported a lack of LGBTIQA+ knowledge or specific support, including:

> respondents needing to explain LGBTIQA+SB sex, behaviours and attitudes to services

> not feeling comfortable disclosing LGBTIQA+SB identity or that the SV incident was same-sex.

Other respondents (n = 110) described the help being ineffective, or requiring further support but being unable to access it, including:

> lack of follow-up or treatment plan

> services feeling equally defeated by the system

> poor options that do not aid in recovery

> did not prioritise safety, or put the respondent in an unsafe position

> lack of education or guidance to understand available supports or reporting processes.

Poor experiences with the police were most commonly reported by people who had experienced sexual violence in both childhood and adulthood. This is consistent with survey data which shows that this cohort is most likely to have reported to police compared to those who had only experienced sexual violence in childhood, or only in adulthood. Negative experiences with the police (n = 88) included:

> not being taken seriously

> no trust or faith in police response

> police discouraging reporting, or indicating that nothing could be done

> reporting to police is a slow and traumatising process, including investigation and court proceedings.

First Nations – unhelpful response

A total of 155 First Nations respondents answered this question and provided information about what was less helpful about the response they received. Twenty-one First Nations respondents described poor support from a specific service type or organisation, including mental health services, police and criminal justice, and sexual assault and DFV services. It could take too long just to get an appointment. These 3 participants, all of whom had experienced sexual violence in childhood and adulthood, noted long delays in accessing care.

> *"What was least helpful was receiving a letter from that same person saying that the waiting list was "too long"."*

> *"It took months to get an appointment. There should be more services or the other services we'll known."*

> *"Not take 4 years to do something about it. Have fail safes in place for when people go on extended leave so reports don't get left to the wayside."*

Finding the right 'fit' with the right practitioner was important. This First Nations participant, who had experienced sexual violence in adulthood, described their dissatisfaction with the counsellors available via victim services, and eventually found a counsellor in the private system.

"I accessed victim services counsellors and found them really unhelpful, not trauma-informed and lacking sexual assault training. I'm aware there is an application process to be on this scheme and feel that it needs to be reviewed. I saw 2 counsellors before my friend linked me into another sexual assault counsellor that I now see, who I pay privately."

This First Nations participant, who reported sexual violence in childhood and adulthood, described a mental health service where they felt their trans identity was 'interrogated' due to their history of trauma:

"Not all but one mental health service made me undergo a sort of interrogation to 'make sure' I was actually trans – suggesting things like I was trans as a response to my trauma and because I wanted to feel the same type of power and control as the men who abused me."

Other trans First Nations people also described difficulties in accessing care and support after sexual violence.

> *"They didn't know how to cope with a sister girl."*

> *"I felt shame to go to the Aboriginal medical service because they don't know how to cope with us gay and lesbian and sistergirl."*

Some First Nations participants expressed concern or disappointment over the response to their sexual assault due to their LGBTIQA+SB identity and relationships.

> *"They never asked me if I was lesbian or bisexual or anything. I never had sex with a man until my uncle raped me. I don't want to have sex with anymore man. I just like my partner she is good to me."*

> *"At the hospital my sister and me were worried that if they knew I was in a relationship with a woman that they wouldn't help me."*

First Nations respondents were more likely to have sought support from police, compared to the overall cohort. In the qualitative data, poor experiences with the police were exclusively reported by people who had experienced sexual violence before and after 18 (n = 5). They explained:

> *"Nothing was done, paperwork 'lost' by police and never followed up on, and NFP community organisation made inappropriate comments."*

> *"Police didn't seem to believe me and were very dismissive."*

> *"I felt violated for having to give the police so many details about the incident."*

> *"When the police don't take you serious or even believe you because 'I'm in a relationship' with them."*

Summary

Half of First Nations participants had ever contacted an organisation for help or support about sexual violence. Just over-one third of cisgender men had ever contacted an organisation, compared to just under 60% of cisgender women and over 80% of trans men. Participants were most likely to have contacted a mental health service, a sexual assault service and police, respectively. Less than one-in-ten First Nations participants had contacted an ACCHO or AMS.

The majority of participants were mostly or very satisfied with the support they received. Just over half of First Nations participants reported that the organisation mostly or very much understood their needs as an LGBTIQA+SB person, and cisgender men had a significantly higher mean agreement on this item than cisgender women. Participants who had experienced abuse in childhood and adulthood were the most

likely to have contacted an organisation for help or support but reported significantly lower levels of satisfaction with the service, and lower levels of agreement that the service understood their needs as an LGBTIQA+SB person, compared to those who had experienced adult victimisation only.

Helpful responses were characterised by being believed, comforted, listened to and validated. Psychologists and mental health professionals were the most frequently identified helpful professional, particularly when mental health services were trauma-informed and LGBTIQA+SB-friendly. Conversely, unhelpful responses included long delays in accessing care or responding to enquiries, a lack of trauma-informed care, and professionals who were not LGBTIQA+SB-sensitive. Some participants felt that their report of sexual violence was dismissed or ignored by police.
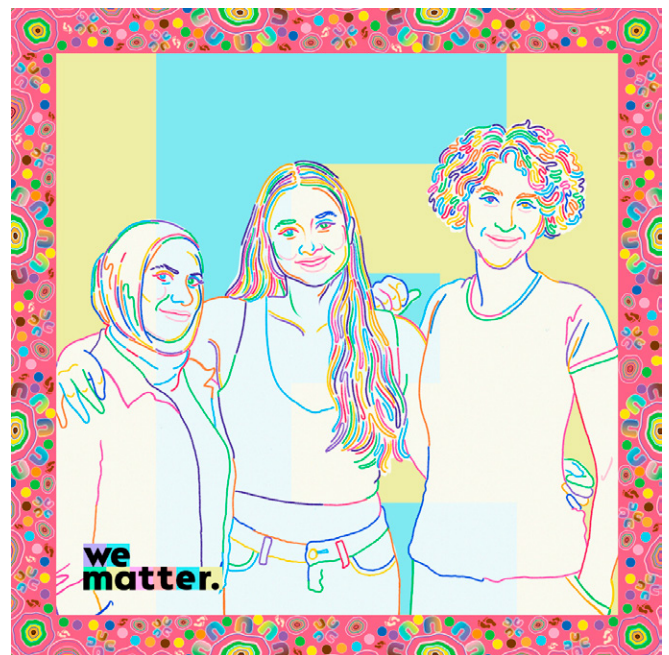
Bystander intervention

Total sample – all participants

Table 33. All participants: took following actions for LGBTIQA+ friend when had opportunity to do so (n = 914–2,221)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 317–921	n = 410–670	n = 37–97	n = 35–128	n = 115–405	
Checked when they looked very intoxicated leaving a party/room	460 (80.6%)[b]	303 (55.1%)[acde]	41 (78.8%)[b]	49 (89.1%[b])	181 (15.0%)[b]	125.02, p < .001
Expressed concern when their partner was jealous and controlling	570 (81.9%)[b]	332 (57.6%)[ade]	43 (74.1%)[e]	84 (90.3%)[b]	259 (88.4%)[bc]	150.19, p < .001
Asked what they were doing when leaving party/room with very intoxicated person	324 (70.6%)[b]	233 (45.6%)[ade]	28 (60.9%)	27 (73.0%)[b]	114 (69.5%)[b]	74.13, p < .001
Disagreed when they said sex with someone who is passed out/very intoxicated is okay	245 (70.4%)[b]	191 (42.6%)[ade]	22 (59.5%)	29 (85.3%)[b]	91 (73.4%)[b]	88.03, p < .001
Called emergency when friend needed help because hurt sexually or physically	199 (62.8%)[b]	166 (40.5%)[ae]	20 (54.1%)	22 (62.9%)	70 (60.9%)[b]	41.86, p < .001
Went with friend to talk to someone about an unwanted sexual experience	235 (63.0%)[bd]	152 (35.1%)[ade]	22 (56.4%)[d]	47 (85.5%)[abc]	112 (70.4%)[b]	113.53, p < .001
Got advice on how to help friend who has experienced sexual abuse	325 (65.1%)[b]	218 (44.3%)[ade]	36 (57.1%)	56 (70.0%)[b]	170 (69.7%)[b]	66.76, p < .001
Educated myself about sexual abuse in the LGBTIQA+ community and how I can help	719 (78.1%)[b]	390 (58.2%)[acde]	78 (80.4%)[b]	98 (76.6%)[b]	329 (81.2%)[b]	102.92, p < .001
Talked with friends about practices of sexual consent	683 (77.5%)[b]	344 (52.4%)[acde]	68 (73.1%)[be]	106 (86.9%)[b]	334 (85.6%)[abc]	186.87, p < .001
Encouraged friends to learn more and get involved in preventing sexual abuse	514 (64.4%)[b]	272 (43.2%)[acde]	51 (62.2%)[b]	73 (68.9%)[b]	255 (68.9%)[b]	93.59, p < .001
Made sure an intoxicated friend didn't get left behind at a party	631 (88.0%)[b]	384 (64.0%)[acde]	54 (84.4%)[b]	82 (92.1%)[b]	256 (90.8%)[b]	155.87, p < .001
Refused to be silent when asked to keep quiet about sexual abuse that I knew about	219 (54.9%)[b]	144 (33.6%)[ae]	19 (43.2%)	23 (53.5%)	91 (58.0%)[b]	49.47, p < .001
Spoke out when heard a bigoted joke made by an LGBTIQA+ friend	745 (85.9%)[b]	395 (61.1%)[ade]	63 (76.8%)	107 (88.4%)[b]	334 (88.4%)[b]	172.66, p < .001
Watched a friend's drink at a party	690 (85.5%)[b]	414 (64.6%)[ade]	58 (77.3%)[e]	91 (91.0%)[b]	300 (89.8%)[bc]	134.75, p < .001
Physically defended friend from an unwanted sexual experience	336 (74.3%)[b]	255 (51.6%)[ae]	34 (72.3%)	36 (72.0%)	138 (75.4%)[b]	67.24, p < .001
Physically defended friend from a sexist/racist/homophobic/transphobic act	425 (78.3%)[b]	271 (50.8%)[acde]	50 (79.4%)[b]	54 (83.1%)[b]	191 (80.9%)[b]	128.41, p < .001

Table 33 presents the proportion of participants who had engaged in 16 types of bystander interventions for LGBTIQA+ friends if they had the opportunity to do so. Most participants (73.3%) had engaged in at least one type of bystander intervention. The most common types of intervention were 'Made sure an intoxicated friend did not get left behind at a party' (80.3%), 'Watched a friends drink at a party' (79.4%) and 'Spoke out when heard a bigoted joke made by an LGBTIQA+ friend (78.5%). The least common intervention was 'Refused to be silent when asked to keep quiet about sexual abuse that I knew about '(46.3%), 'Called emergency when a friend had been hurt sexually or physically' (52.2%), and 'Went with a friend to talk to someone about an unwanted sexual experience' (53.6%).

Despite variations in the context of these types of bystander interventions, the pattern of association with gender identity remained the same: cisgender men were significantly less likely to have intervened than other gender identity categories. Furthermore, rates of bystander intervention were typically highest for cisgender women and non-binary people. The exception to this was the item 'Went with a friend to talk to someone about an unwanted sexual experience', which was endorsed by a significantly higher proportion of trans men (85.5%) than by cisgender women (63.0%), cisgender men (35.1%), and trans women (56.4%). Likewise, the item 'Talked with friends about practices of sexual consent' was significantly more likely to be endorsed by non-binary people (85.6%) than by cisgender women (77.5%), cisgender men (52.4%) and trans women (73.1%).
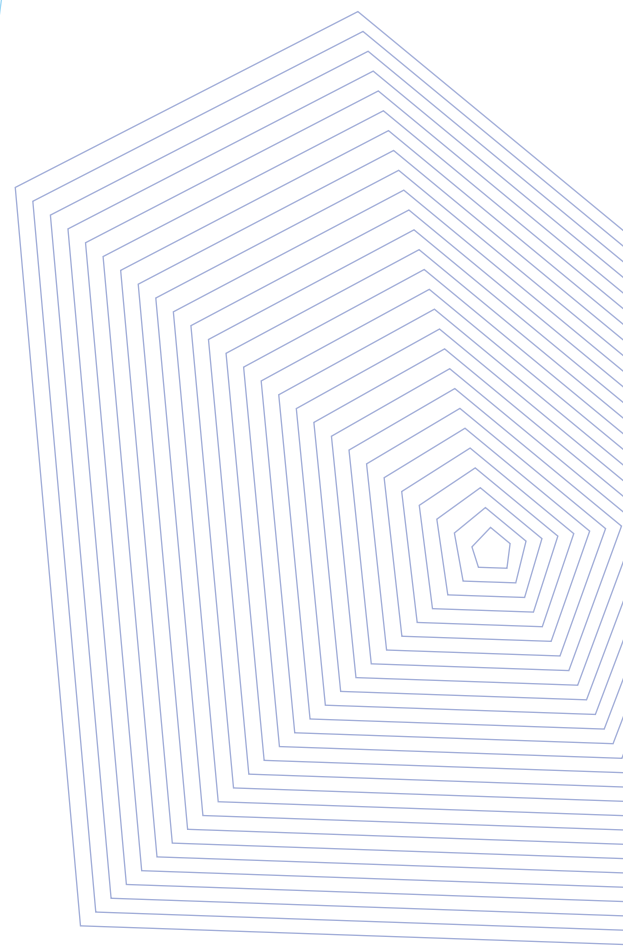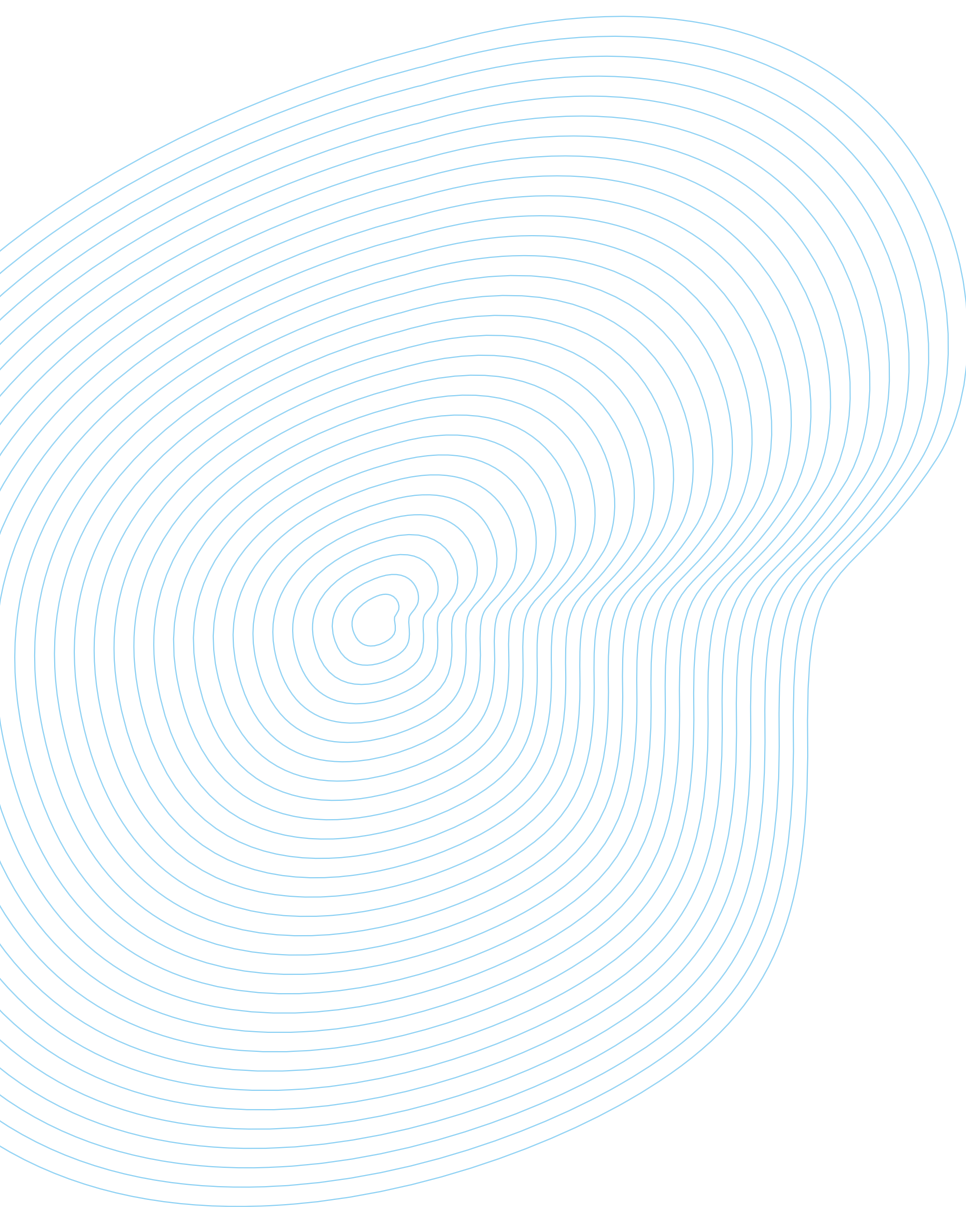
Table 34. All participants: took following actions for LGBTIQA+ friend when had opportunity to do so (n = 914–2,221)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x² / F
	n = 183–312	n = 60–150	n = 194–414	n = 477–1,345	
Checked when they looked very intoxicated leaving a party/room	98 (45.0%)[cd]	45 (56.3%)[d]	177 (63.2%)[ad]	714 (82.7%)[abc]	148.16, p < .001
Expressed concern when their partner was jealous and controlling	122 (50.6%)[bcd]	75 (68.8%)[ad]	213 (68.5%)[ad]	878 (83.2%)[abc]	123.88, p < .001
Asked what they were doing when leaving party/room with very intoxicated person	81 (37.2%)[cd]	35 (46.7%)[d]	140 (56.2%)[ad]	470 (69.6%)[abc]	80.23, p < .001
Disagreed when they said sex with someone who is passed out/very intoxicated is okay	71 (36.0%)[d]	33 (49.3%)[d]	99 (46.5%)[d]	375 (73.0%)[abc]	100.09, p < .001
Called emergency when friend needed help because hurt sexually or physically	68 (37.2%)[d]	25 (41.7%)[d]	96 (49.5%)	288 (60.4%)[ab]	32.62, p < .001
Went with friend to talk to someone about an unwanted sexual experience	62 (32.5%)[d]	26 (39.4%)[d]	87 (41.6%)[d]	393 (66.3%)[abc]	90.03, p < .001
Got advice on how to help friend who has experienced sexual abuse	83 (38.1%)[cd]	46 (51.1%)[d]	138 (52.1%)[ad]	538 (66.8%)[abc]	66.98, p < .001
Educated myself about sexual abuse in the LGBTIQA+ community and how I can help	158 (50.6%)[bcd]	101 (67.3%)[ad]	285 (68.8%)[ad]	1,070 (79.6%)[abc]	113.53, p < .001
Talked with friends about practices of sexual consent	134 (46.2%)[bcd]	90 (65.2%)[ad]	265 (65.3%)[ad]	1,046 (79.9%)[abc]	147.25, p < .001
Encouraged friends to learn more and get involved in preventing sexual abuse	92 (33.8%)[bcd]	60 (48.8%)[ad]	195 (52.3%)[ad]	818 (67.2%)[abc]	117.15, p < .001
Made sure an intoxicated friend didn't get left behind at a party	133 (53.4%)[cd]	62 (68.1%)[d]	250 (74.9%)[ad]	962 (89.2%)[abc]	183.09, p < .001
Refused to be silent when asked to keep quiet about sexual abuse that I knew about	56 (31.1%)[d]	26 (33.3%)[d]	91 (42.1%)[d]	323 (54.0%)[abc]	37.80, p < .001
Spoke out when heard a bigoted joke made by an LGBTIQA+ friend	145 (50.0%)[bcd]	95 (70.4%)[ad]	279 (72.7%)[ad]	1,125 (87.5%)[abc]	215.03, p < .001
Watched a friend's drink at a party	161 (58.3%)[cd]	66 (63.5%)[d]	287 (75.3%)[ad]	1,039 (86.9%)[abc]	135.52, p < .001
Physically defended friend from an unwanted sexual experience	71 (36.8%)[bcd]	40 (56.3%)[ad]	149 (60.1%)[ad]	539 (75.5%)[abc]	107.27, p < .001
Physically defended friend from a sexist/racist/homophobic/transphobic act	71 (33.8%)[bcd]	58 (63.7%)[ad]	173 (63.4%)[ad]	689 (79.6%)[abc]	171.39, p < .001

Most participants from the 'Childhood and adulthood exposure' group (86.9%), 'Adulthood exposure' group (82.5%), and 'Childhood exposure' group (72.7%), but less than half of those from the 'No exposure' group (38.3%), had engaged in bystander intervention when given the opportunity to do so. There was substantial consistency in the association between the types of bystander interventions and sexual violence exposure categories. Generally, the 'Childhood and adulthood exposure' group was significantly more likely than any other group to report having engaged in each bystander intervention type, whereas bystander engagement was significantly less likely for the 'No exposure' category than for any other group. This overall pattern suggests that more frequent exposure to sexual violence begets greater likelihood of bystander intervention.

Within each category of sexual violence experience, the greatest proportion of those in the 'Childhood and adulthood exposure' group endorsed the scenario that they had 'Made sure an intoxicated friend did not get left behind at a party' (86.9%). The greatest proportion in the 'Adulthood exposure' (75.3%) and 'No exposure' (58.3%) groups indicated that they had 'Watched a friends drink at a party'. The greatest proportion of those in the 'Childhood exposure' group endorsed that they 'Spoke out when heard a bigoted joke made by an LGBTIQA+ friend' (70.4%).

Reasons for intervening

The most common reason that participants in the sample gave for acting as a bystander was the conviction that it was the right thing to do. Intervention in circumstances where someone was at risk was 'the right thing to do', an act based on 'principle' or 'normal common decency and being a friend'. Many participants expressed a sense of ethical commitment to their community and the people around them, stating:

> *"My thought process is if I can help someone and keep myself safe then I should do it."*

> *"Nobody deserves to be treated like that."*

> *"If no one says anything, then everything will just be left unsaid and continue as a status quo."*

This feeling of moral obligation could be particularly pronounced in relation to friends and others known to participants. Participants framed bystander intervention as 'caring for' and 'looking after' my friends.

> *"They are my friend, I care as much about them as I would myself."*

> *"To protect my friends from being attacked/hurt/assaulted."*

> *"My LGBT+ friends are often the ones that are sensitive and vulnerable. I have felt an obligation to help them going through their hard times."*

An important motivation for intervention was recognising that they would want someone to intervene if they were in a similar situation, or they wish someone had intervened in a previous incident.

> *"Because I wish someone had done that for me."*

> *"If it were me, I would have wanted someone to say or do something."*

> *"Would be the right thing to do and would want someone to do the same if I were in a bad situation."*

Personal experience often informed the decision to intervene, including knowing other victims or having been victimised oneself.

> *"Personal experience seeing someone suffer this kind of thing empathizes and wants to help."*

> *"Because I won't allow that behaviour to ever happen to me again and I wouldn't allow it to happen to someone else."*

> *"Having been raped when I was 17 and all of the awfulness that followed, I cannot be silent or remain a bystander. Doing nothing makes me an accomplice."*

Some participants had previously received training and education on bystander intervention and consent, and they found this training useful when confronted with unsafe situations.

> *"Being educated about situations made me feel like I knew what to say, rather than feeling uncomfortable and unsafe but not having a response."*

> *"I have educated myself because I'm interested and I've shared knowledge and opinions about consent as it's come up."*

> *"Some of it is because I have done some work with the YMCA and Bravehearts so I have a good foundational knowledge (but I still have so much to learn)."*

Reasons for not intervening

The most common motivations participants listed for not acting was fear or safety concerns. Depending on the situation, intervention can be risky for bystanders, and could potentially lead to an escalation in threat or abuse. Some participants responded simply with "scared" or "fear". One participant said, "I have not stood up in instances where I have feared for my physical safety." Some felt that intervention would backfire on their friends ("whether to cause harm to friends around") or lead to anti-LBTIQA+ backlash ("avoid discrimination and prejudice"). However, others indicated that they lacked training or information about effective bystander strategies:

> *"I would hesitate for the trouble it brought me."*

> *"I decided not to do something if I thought it wasn't my place or if I felt threatened to speak my mind."*

Other participants lacked certainty about how best to identify unsafe or risky situations that might benefit from bystander intervention:

> *"I have rarely recognised this behaviour as it was happening – sometimes I have, in hindsight, become aware of these sorts of behaviours but not in time to actively do something about them."*

> *"Sometimes I'm scared to get involved in something that may not be what I think it is and make a big mistake."*

> *"I didn't want to intrude if I was misreading a situation."*

However, social pressure and perceived awkwardness was also a significant barrier to action.

> *"I'm afraid of being laughed at."*

> *"Worried about what others might say."*

> *"Social pressure, unsure if it would be welcome, not wanting to get involved in another person's relationship."*

Summary

Almost three-quarters of the sample had engaged in at least one type of bystander intervention, particularly looking after friends at a party, and speaking out when friends made offensive jokes. Over half had called emergency services when a friend was hurt sexually or physically or went with a friend to talk to someone about an unwanted sexual experience. Cisgender men were significantly less likely to intervene compared to most other gender identity categories, while rates of bystander intervention were generally highest for cisgender women and non-binary people. Participants with exposure to sexual violence were significantly more likely to intervene compared to those with no history of sexual violence. It appears that, the more frequently someone experiences sexual victimisation, the more likely they are to intervene.

Reasons for intervention were typically that it was the right thing to do, especially if the person in need was a friend. Participants commonly stated that they would want someone to intervene if they were at risk, or they wish someone had intervened to help them in the past. The most common reason not to intervene was fear or safety concerns, followed by a lack of certainty or confidence in how best to intervene. Social pressure or awkwardness was also a barrier to intervention.

we matter.

First nation participants

Table 35. First Nations participants: took following actions for LGBTIQA+ friend when had opportunity to do so (n = 238-304)

	Cisgender woman	Cisgender man	Trans woman	Trans man	Non-binary person	x^2 / F
	n = 63–93	n = 147–161	n = 7–8	n = 11–18	n = 10–24	
Checked when they looked very intoxicated leaving a party/room	52 (64.2%)[b]	54 (34.4%)[ade]	7 (77.8%)	10 (76.9%)[b]	10 (76.9%)[b]	31.98, p <.001
Expressed concern when their partner was jealous and controlling	61 (67.8%)[b]	72 (42.4%)[ade]	6 (75.0%)	16 (94.1%)[b]	17 (81.0%)[b]	34.45, p <.001
Asked what they were doing when leaving party/room with very intoxicated person	46 (64.8%)[b]	53 (34.2%)[a]	3 (33.3%)	7 (70.0%)	7 (58.3%)	22.42, p <.001
Disagreed when they said sex with someone who is passed out/very intoxicated is okay	48 (67.6%)[b]	36 (22.9%)[acde]	6 (75.0%)[b]	7 (77.9%)[b]	9 (69.2%)[b]	55.07, p <.001
Called emergency when friend needed help because hurt sexually or physically	41 (65.1%)[b]	53 (36.1%)[a]	5 (71.4%)	6 (54.5%)	4 (40.0%)	17.38, p =.002
Went with friend to talk to someone about an unwanted sexual experience	44 (65.7%)[b]	47 (31.1%)[ac]	6 (75.0%)[b]	11 (84.6%)	10 (66.7%)	36.91, p <.001
Got advice on how to help friend who has experienced sexual abuse	50 (71.4%)[b]	54 (35.3%)[a]	6 (75.0%)	10 (71.4%)	8 (50.0%)	30.58, p <.001
Educated myself about sexual abuse in the LGBTIQA+ community and how I can help	67 (72.0%)[b]	69 (42.9%)[ae]	7 (87.5%)	10 (55.6%)	18 (75.0%)[b]	27.77, p <.001
Talked with friends about practices of sexual consent	62 (68.9%)[b]	61 (37.7%)[ae]	4 (44.4%)	11 (64.7%)	18 (81.8%)[b]	32.78, p <.001
Encouraged friends to learn more and get involved in preventing sexual abuse	64 (71.9%)[b]	59 (35.8%)[a]	6 (66.7%)	10 (58.8%)	11 (52.4%)	32.05, p <.001
Made sure an intoxicated friend didn't get left behind at a party	59 (71.1%)[b]	61 (38.4%)[ade]	5 (71.4%)	13 (76.5%)[b]	14 (93.3%)[b]	39.07, p <.001
Refused to be silent when asked to keep quiet about sexual abuse that I knew about	31 (46.3%)[b]	38 (24.1%)[a]	5 (71.4%)	6 (50.0%)	8 (57.1%)	20.51, p <.001
Spoke out when heard a bigoted joke made by an LGBTIQA+ friend	66 (70.2%)[b]	61 (37.9%)[ad]	6 (66.7%)	14 (82.4%)[b]	15 (65.2%)	33.89, p <.001
Watched a friend's drink at a party	67 (73.6%)[b]	78 (46.7%)[ade]	3 (37.5%)	14 (87.5%)[b]	17 (85.0%)[b]	31.03, p <.001
Physically defended friend from an unwanted sexual experience	43 (61.4%)	72 (43.6%)	5 (62.5%)	6 (60.0%)	11 (68.8%)	9.39, p =.05
Physically defended friend from a sexist/racist/homophobic/transphobic act	52 (67.5%)[b]	59 (37.1%)[ae]	5 (62.5%)	7 (63.6%)	13 (76.5%)[b]	26.12, p <.001

Across the board, bystander intervention was less common among Indigenous participants compared to the full sample. Nonetheless, most Indigenous participants (68.5%) had engaged in at least one form of bystander intervention, the most common of which were 'Watched a friends drink at a party' (59.3%), 'Educated myself about sexual abuse in the LGBTIQA+ community and what I can do about it' (56.3%), and 'Expressed concern to a friend when their partner was jealous and controlling' (56.2%). The least common interventions were 'Refused to stay silent when a friend asked me to keep quiet about an instance of sexual abuse' (34.1%), 'Expressed disagreement with a friend who said having sex with someone who is passed out or very intoxicated is okay' (41.1%), and 'Asked a friend what they were doing when leaving a party or room with a very intoxicated person' (45.1%).

Gender identity was significantly associated with endorsement of all bystander interactions (except for 'Physically defended a friend from an unwanted sexual experience'), and the pattern of association was comparable to the full sample. Specifically, cisgender women, and on occasion non-binary people and trans men, were significantly more likely to intervene compared to cisgender men. Trans men were also significantly more likely than cisgender men to endorse the items 'Expressed disagreement with a friend who said having sex with someone who is passed out or very intoxicated is okay' (75.0% vs. 22.9%) and 'Went with a friend to talk to someone about an unwanted sexual experience' (75.0% vs. 31.1%).

Table 36. First Nations participants: took following actions for LGBTIQA+ friend when had opportunity to do so (n = 238–304)

	No exposure	Childhood exposure	Adulthood exposure	Childhood and adulthood exposure	x^2 / F
	n = 66–77	n = 16–20	n = 63–70	n = 93–137	
Checked when they looked very intoxicated leaving a party/room	20 (28.6%)[d]	7 (36.8%)[d]	23 (33.8%)[d]	83 (71.6%)[abc]	42.69, p < .001
Expressed concern when their partner was jealous and controlling	28 (36.8%)[d]	13 (61.9%)	36 (48.6%)[d]	95 (70.4%)[ac]	24.58, p < .001
Asked what they were doing when leaving party/room with very intoxicated person	17 (23.6%)[d]	8 (44.4%)	26 (40.6%)[d]	65 (63.1%)[ac]	27.43, p < .001
Disagreed when they said sex with someone who is passed out/very intoxicated is okay	16 (20.8%)[d]	7 (41.2%)	19 (30.6%)[d]	64 (62.7%)[ac]	35.68, p < .001
Called emergency when friend needed help because hurt sexually or physically	22 (33.3%)[d]	7 (43.8%)	27 (42.9%)	53 (57.0%)[a]	9.07, p = .028
Went with friend to talk to someone about an unwanted sexual experience	20 (27.4%)[d]	7 (53.8%)	23 (35.9%)[d]	68 (65.4%)[ac]	28.77, p < .001
Got advice on how to help friend who has experienced sexual abuse	19 (27.5%)[bd]	9 (64.3%)[a]	25 (36.2%)[d]	75 (68.8%)[ac]	35.64, p < .001
Educated myself about sexual abuse in the LGBTIQA+ community and how I can help	27 (35.1%)[d]	9 (45.0%)	35 (50.0%)[d]	100 (73.0%)[ac]	31.79, p < .001
Talked with friends about practices of sexual consent	28 (37.3%)[d]	11 (55.0%)	29 (41.4%)[d]	88 (65.2%)[ac]	19.07, p < .001
Encouraged friends to learn more and get involved in preventing sexual abuse	26 (34.7%)[d]	11 (52.4%)	30 (43.5%)	83 (61.0%)[a]	14.89, p = .002
Made sure an intoxicated friend didn't get left behind at a party	26 (34.2%)[d]	9 (50.0%)	26 (41.3%)[d]	91 (73.4%)[ac]	34.98, p < .001
Refused to be silent when asked to keep quiet about sexual abuse that I knew about	17 (24.6%)[d]	3 (17.6%)	19 (26.8%)[d]	49 (48.5%)[ac]	15.84, p = .001
Spoke out when heard a bigoted joke made by an LGBTIQA+ friend	20 (27.0%)[d]	11 (55.0%)	29 (39.2%)[d]	102 (75.0%)[ac]	52.19, p < .001
Watched a friend's drink at a party	36 (45.6%)[d]	7 (38.9%)[d]	38 (55.1%)	98 (72.1%)[ab]	18.96, p < .001
Physically defended friend from an unwanted sexual experience	24 (33.3%)[d]	9 (52.9%)	32 (45.1%)[d]	72 (66.1%)[ac]	19.90, p < .001
Physically defended friend from a sexist/racist/homophobic/transphobic act	16 (22.5%)[bd]	13 (68.4%)[a]	25 (36.8%)[d]	82 (71.9%)[ac]	50.70, p < .001

Similar to participants in the full sample, most Indigenous participants (68.5%) had engaged in at least one form of bystander intervention, constituting the majority of those in the 'Childhood and adulthood exposure' group (82.6%), 'Adulthood exposure' group (84.0%), and 'Childhood exposure' group (76.0%), but the minority in the 'No exposure' group (38.0%). Bystander intervention across the board was significantly more likely for the 'Childhood and adulthood exposure' group than for the 'No exposure' and 'Adulthood exposure' groups. Bystander intervention was also significantly more likely for the 'Childhood and adulthood exposure' than for the 'Childhood exposure' group for 'Checked when they looked very intoxicated leaving a party/room ' (71.6% vs. 36.8%) and 'Watched a friends drink at a party' (72.1% vs. 38.9%). Furthermore, intervention was significantly more common for the 'Childhood exposure' group than the 'No exposure' group regarding 'Getting advice from others on how to help a friend who has experienced sexual abuse' (64.3% vs. 27.5%) and 'Physically defended a friend from an unwanted sexual experience' (68.4% vs. 22.5%)

Reasons for intervening

The reasons that First Nations people gave for bystander intervention were very similar to those given by the whole sample. They emphasised the ethical obligation to intervene in dangerous situations, and also the importance of protecting their friends and people close to them.

> *"It was the right thing to do."*

> *"Everyone deserves to be safe."*

> *"To protect people I care about, and those who are innocent victims."*

> *"Because I'm a good friend."*

First Nations participants also emphasised that their own previous experiences of sexual violence motivated them to stand up for other people.

"Because I won't allow that behaviour to ever happen to me again and I wouldn't allow it to happen to someone else."

Reasons for not intervening

The most common reasons First Nations participants in the sample gave for not taking action as a bystander were fear and safety concerns, and awkwardness and social pressure. One participant stated their fear of retaliation, and another emphasised that intervening in homophobic situations can be dangerous for LGBTIQA+SB people.

> "I was afraid that I would be in the spotlight or even get hurt again."

> "Sometimes homophobic people can be harmful."

Other participants expressed a lack of confidence in their ability to intervene, and concern about social pressures.

> "I don't think anyone would believe me if I said it."

> *"It makes me feel uncomfortable."*

Summary

The majority of First Nations participants had engaged in at least one form of bystander intervention, most often watching a friend's drink at a party, educating themselves about LGBTIQA+SB experiences of sexual violence, and expressing concern to a friend when their partner was jealous or controlling. Specifically, cisgender women, and on occasion non-binary people and trans men, were significantly more likely to have intervened compared to cisgender men. In their reasons for intervening, First Nations people emphasised their ethical obligations and the importance of protecting friends and people close to them. Non-intervention was linked to fear, safety concerns and social pressure.

Conclusion

This is the second of 2 reports presenting a detailed analysis of the findings of the Australian LGBTIQA+SB sexual violence survey. Building on the findings of the first report, this report has provided information on the sexual violence incidents that LGBTIQA+SB Australians have found most impacted them, as well as their experiences of disclosure, help-seeking and bystander intervention. The report highlights that many LGBTIQA+SB people experience long-term impacts from sexual violence, albeit in ways that are often mediated by their sexual orientation, gender identity, cultural background, geographical location and other intersectional considerations. Rates and experiences of disclosure and help-seeking were also shaped by these factors. Policy and practice responses to sexual violence, and to LGBTIQA+SB people who have experienced sexual violence, need to be attentive to difference and adapted to the specific experiences, needs and place of LGBTIQA+SB people.

While research on sexual victimisation necessarily identifies forms of risk and vulnerability, our survey has also foregrounded clear examples of community strength and resilience. Despite barriers to disclosure and help-seeking, many research participants had sought out informal and formal modes of care, support and redress for their experiences of sexual violence. In their responses to the survey, they were articulate about the benefits and drawbacks of their service experiences. Importantly, the survey has highlighted the proactive stance of the majority of LGBTIQA+SB people in intervening in situations of sexual risk and danger to others. Survey respondents emphasised their wish to protect one another and promote community safety, and these strong community norms are a key resource and opportunity for future sexual violence prevention work. Disaggregation of First Nations data throughout the report is intended to inform First Nations and LGBTIQA+SB, as well as mainstream, services in their efforts to engage and support First Nations LGBTIQA+SB peoples and communities.

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Appendix A
Tables and figures

a. List of figures

b. List of tables