

Gendered Violence Research Network

National Survey of LGBTIQ+SB Experiences of Sexual Violence



Summary
Report



For further information

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Content warning

Sexual violence is a challenging issue. Reading this document may create strong feelings for some people. Please take care of yourself and ask for help if you need it. You might want to talk to your family and friends, or your counsellor, doctor, or Aboriginal and Torres Strait Islander health service.

Finding help and support

Discussion of sexual violence and violence against the LGBTIQ+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

Lifeline

13 11 14

lifeline.org.au

Say It Out Loud

sayitoutloud.org.au/?state=all

1800 RESPECT

1800 737 732

1800respect.org.au

13YARN

(for First Nations Australians)

13 92 76

13yarn.org.au

The project team

| | |
|--|---|
| Professor Michael Salter | Lead Chief Investigator |
| Professor Jan Breckenridge | Chief Investigator |
| Adjunct Associate Professor Vanessa Lee-Ah Mat | Chief Investigator – First Nations lead |
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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 the 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 LGBTIQ+ and Sistergirl and Brotherboy (LGBTIQ+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 LGBTIQ+SB people 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.

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 LGBTIQ+SB community who have experienced sexual violence.

We acknowledge that LGBTIQ+SB victims' and survivors' experiences may be impacted by discrimination on the basis of gender identity, gender expression or sexuality. Responses to LGBTIQ+SB communities need to listen and attend to 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 supporting 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.

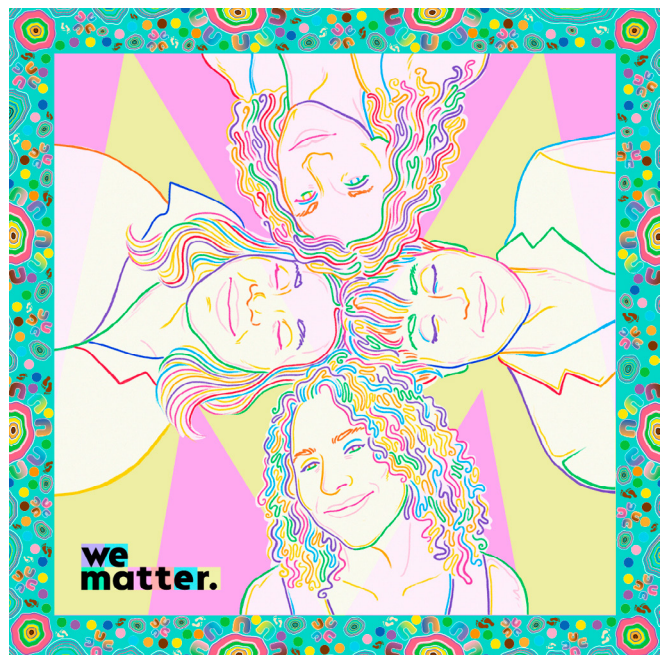
Key terms

LGBTIQA+ is the preferred term used by DSS which refers to lesbian, gay, bisexual, transgender, intersex, and asexual people. Plus (+) indicates other sexual orientation 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** except for where an acronym is specified differently 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; unwanted 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 use the term **First Nations** to represent the Indigenous, or Aboriginal and Torres Strait Islander, people of Australia. All key terms used are defined in the glossary of Reports One and Two.



What did we do?

In 2023, the Gendered Violence Research Network (GVRN) was commissioned by the Department of Social Services (DSS) to implement a LGBTIQ+ 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 LGBTIQ+ people and Sistergirls and Brotherboys (LGBTIQ+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 LGBTIQ+SB adults in Australia. This data includes prevalence, social norms, attitudes, beliefs, bystander actions and help-seeking behaviours to inform LGBTIQ+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.

This 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 LGBTIQ+ community and is therefore a key focus area for further research and response.



How did we do it?

The research process involved several planned stages to ensure the survey's robustness and inclusivity. Each stage was designed to address specific research objectives, engage with relevant stakeholders (including First Nations), and ensure comprehensive and accurate data collection.

Project governance, survey design, and piloting (April – June 2023)

The initial stage involved establishing a strong governance framework to oversee the survey's design and implementation. This included forming a steering committee comprising representatives from LGBTIQ+SB organisations, First Nations organisations (LGBTIQ+SB representatives), academic experts, and government officials. The committee guided the survey's objectives, methodology, and ethical considerations.

The survey design was informed by consultations with LGBTIQ+SB stakeholders and organisations across the country and a thorough review of existing literature on sexual violence and consultations with stakeholders in a previous co-design project conducted in 2021. The co-design approach played a crucial role in ensuring the inclusion of First Nations LGBTIQ+SB in the survey design. This approach incorporated First Nations governance processes and First Nations data governance, which is essential for complying with research standards when working with First Nations LGBTIQ+SB.

Key considerations included ensuring the survey's sensitivity to the experiences of LGBTIQ+SB individuals, incorporating inclusive language, and addressing potential barriers to participation. A pilot study was conducted to test the survey instrument, refine questions, and identify any issues that needed to be addressed before full implementation.

Recruitment strategy (July 2023 – January 2024)

A comprehensive recruitment strategy was developed to reach a large and diverse sample of the LGBTIQ+SB populations. This strategy involved collaboration with community organisations, leveraging social media platforms, utilising targeted advertising and an online panel company to maximise outreach. Key elements of the recruitment strategy included:

- > **Community engagement:** Partnering with organisations in the LGBTIQ+SB and sexual violence sectors to disseminate information about the survey and encourage participation.
- > **Social media campaigns:** Using social media platforms to reach a broad audience, including disseminating survey information through key community leaders, voices and advocates.
- > **Targeted advertising:** Implementing targeted online advertising to reach specific sub-groups within the LGBTIQ+SB communities, such as trans and non-binary individuals, First Nations participants, and those from culturally and linguistically diverse backgrounds.
- > **Cloud Search – an online panel company:** Amplifying outreach by connecting with an existing pool of Australian LGBTIQ+SB people who had opted into an online survey company.

First Nations recruitment strategy (October 2023 – January 2024)

In addition to the standard recruitment strategy above and recognising the unique experiences and challenges faced by First Nations LGBTIQ+SB individuals particularly in rural and remote communities, Chief Investigator Vanessa Lee - Ah Mat led, designed, and conducted a specific First Nations recruitment strategy. This ensured cultural appropriateness, safety, and sensitivity throughout the recruitment process and that First Nations people in rural and remote communities were provided with information and an opportunity to participate.

This recruitment strategy involved a First Nations LGBTIQ+SB elders' advisory group from different Nation groups across Australia. This was necessary to ensure that cultural protocols were followed. The recruitment process was achieved through several steps: identifying sites (with First Nations populations) First Nations organisations, contacting them via email and phone to discuss the project, scheduling face-to-face meetings, and utilising their facilities. First Nations media organisations were contacted to inform them about the project and to take part in interviews discussing the project in relation to First Nations Australian genealogy. The First Nations LGBTIQ+SB elders' group was regularly consulted and provided necessary support and guidance throughout the project to ensure that cultural traditions were respected.

This is the largest known sample size of First Nations LGBTIQ+SB pertaining to sexual violence within Australia. Four hundred and sixteen First Nations LGBTIQ+SB adults were recruited from Western Australia, Northern Territory, Queensland, ACT, Victoria, Tasmania, New South Wales, and South Australia. The sites are represented in blue in Figure 4: Recruitment Map and the black lines represent the travel to those sites. Travel was achieved by plane, bus, car and public transport. Following ethics approval, the survey was marketed across National First Nations radio, Close the Gap Newsletter and First Nations stakeholders and their allies. First Nations survey recruitment was delayed by floods, cyclones, bush fires, road works, flight delays and related logistical issues.

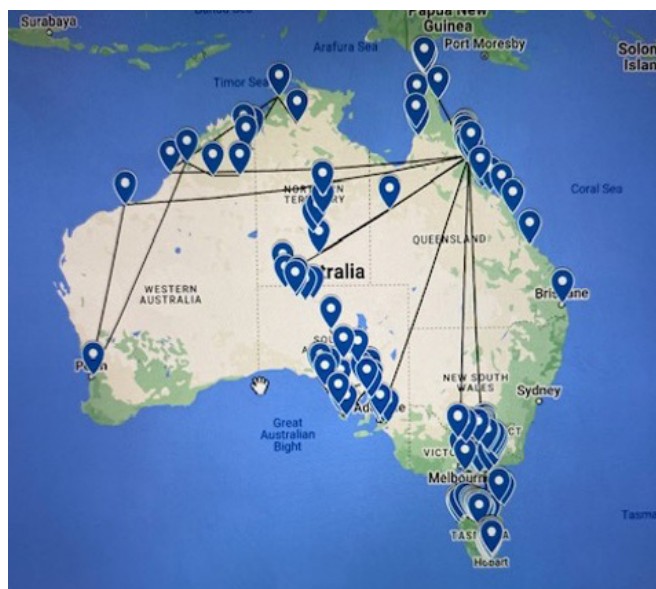


Figure 4: First Nations face-to-face recruitment map

Survey implementation (September 2023 – February 2024)

The survey was conducted using an online platform to make it easily accessible to a wider audience. Participants were provided with information about the survey's purpose, confidentiality assurances, and support resources. The survey was created to be user-friendly and accessible, with the option for participants to complete it in multiple sessions if needed. Key features of the survey implementation included:

- > **Accessibility:** Ensuring the survey was accessible to individuals with disabilities, including those with visual or hearing impairments.
- > **Support options:** Providing information about support services and helplines for participants who may be distressed by the survey content.
- > **Anonymity and confidentiality:** Emphasising the anonymity and confidentiality of survey responses to encourage honest and open participation.
- > **First Nations friendly:** On-the-ground discussions were held to break down the language barrier when appropriate.

Data analysis and reporting (March – June 2024)

The survey included a mix of multiple choice and open text questions. Quantitative data was analysed using descriptive statistics and univariate comparisons to identify patterns and trends. Qualitative data from open-text responses was analysed using thematic analysis to capture participant's nuanced experiences and perspectives.

Limitations

There is a lack of baseline data on the proportion and demographic characteristics of LGBTIQ+SB Australians, since relevant national data sets, including the Australian census, have not asked relevant questions about sexual orientation, gender identity or intersex status.

In the absence of this data, we cannot determine or measure the extent to which our survey sample does, or does not, represent all Australian LGBTIQ+SB people. Survivors of sexual violence are likely over-represented in the survey, given its specific focus on sexual violence. The survey findings should not be generalised to all LGBTIQ+SB people. Instead, these findings do provide insight into the range of experiences and views of sexual violence amongst LGBTIQ+SB people.

These findings do helpfully provide insight into the range of experiences and views of sexual violence amongst LGBTIQ+SB people.

What did we find?

A total of 4,334 people accessed the survey through social media sampling (n = 2,719) or CloudResearch panel² (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).

After checking that participants met all the inclusion criteria, the total sample was 3,192. Of this total number, 163 First Nations participants came from our social media and direct engagement recruitment strategy, and 253 came from the CloudResearch sample, making the total First Nations participants sample size 416.

The survey sample is not designed to represent all Australian LGBTIQ+SB people. Survivors of sexual violence are likely over-represented in the survey, given its specific focus on sexual violence. These findings do helpfully provide insight into the range of experiences and views of sexual violence amongst LGBTIQ+SB people.

Demographics

The average age of survey participants was 35.53 years. The gender identity distribution among the participants was as follows:

- > Cisgender women: 41.1%
- > Cisgender men: 30.9%
- > Non-binary people: 18%
- > Trans men: 5.6%
- > Trans women: 4.4%

In terms of sexual orientation, the distribution was:

- > Gay/Lesbian: 44.4%
- > Bi/pansexual: 37.9%
- > Queer: 8.7%
- > A/demisexual: 6.35%

The survey found that 76% of the sample lived in a city or urban area, 29.5% lived in a regional area and 7.2% lived in a rural or remote area. In terms of education, 50% of the participants had a bachelor's degree or higher, compared to 32% of the general Australian population (AIHW 2024). Employment status varied significantly by gender identity. Among cisgender individuals, 65.1% of men were in full-time employment, while only 45.8% of women were working full time. Additionally, one-third of trans women and non-binary people were employed full time, and less than one-quarter of trans men were in full time employment.

These differences in employment status were reflected in the total annual household income of the participants before taxes. Almost half (44.6%) of cisgender men had a household income of over \$100,000 per year, in comparison to 39.3% of cisgender women. Nearly one third (31.1%) of trans women had a household income of over \$100,000 annually, while the proportion dropped to around 26.4% for trans men and 25.8% for non-binary people. In contrast, 46% of trans men, 45.3% of trans women and 42.1% of non-binary people had an annual household income of less than \$50,000, which was a significantly higher number than the proportion for cisgender men (19.1%) and women (26.1%) who reported an income of less than \$50,000.

Types of sexual violence

The survey measured eight types of sexual violence and asked questions about age of onset, frequency and the characteristics of the incident.

1 Unwanted sexual request or comment

The study found that unwanted sexual requests or comments were common (74.1%), with cisgender men reporting the lowest rates. The mean age of first victimisation was under 18 for all genders except trans women, with cisgender women, trans men, and non-binary individuals reporting younger ages of onset than cisgender men and trans women. Trans women and men were more likely to report being targeted due to their gender or sexuality.

² The UNSW team contacted online research and participant recruitment service CloudResearch to recruit additional participants to fill out the survey. Online participant recruitment is increasingly used to target hard-to-reach population groups, or where the survey focus is controversial or challenging.

1 Unwanted fondling, kissing or rubbing

This form of victimisation was highly prevalent (68.6%), reported by half of cisgender men, two-thirds of trans women, three-quarters of cisgender women and non-binary people, and four out of five trans men. Trans men reported the youngest mean age of onset and the highest levels of this victimisation involving force, threat, or exploitation.

2 Oral rape

This type of sexual violence was reported by approximately 25 - 40% participants, with trans men and non-binary individuals being significantly more likely to experience it compared to cisgender men..

3 Attempted oral rape

Lifetime prevalence ranged from one quarter to one third of the sample. The average age at first occurrence varied, being under 18 for cisgender women, trans men, and non-binary people, and over 18 for cisgender men and trans women.

4 Anal or vaginal rape

Approximately half of cisgender women, trans men, and non-binary people reported this form of rape, compared to less than one-third of cisgender men and trans women. The average age at first occurrence was in childhood for cisgender women, trans men, and non-binary people, and in adulthood for cisgender men and trans women.

5 Attempted anal or vaginal rape

30.3% of participants reported attempted anal or vaginal rape. Around 10% of cisgender men and trans women reported attempted rape in the previous 12 months. The average age at first occurrence was in childhood for cisgender women, trans men, and non-binary people, and over 18 for cisgender men and trans women.

6 Non-consensual image or video making

The lifetime prevalence of non-consensual naked or sexual image/video making was about one in five participants across gender categories. Non-binary people reported lower past year prevalence and frequency compared to others, with the mean age at first occurrence under 18 for trans men and non-binary people.

7 Non-consensual image or video distribution

Reported by approximately one in five participants, with slightly lower prevalence among trans men. The context often involved verbal pressure and exploitation of power. Trans men were more likely to report being targeted for their gender or sexuality compared to cisgender women and non-binary people.

Cisgender women, trans men and non-binary people reported a similar profile of perpetrator identity, where 40.5%-45% identified friends or acquaintances as perpetrators, 39.9%-44.1% identified a stranger, and 36.8%-38.8% identified partners or ex-partners as perpetrators. Cisgender men and trans women were significantly less likely than all other gender identity categories to report partners or ex-partners as perpetrators. Reports of sexual violence perpetration by immediate family members ranged from 6.9% (cisgender men) to 12.9% (trans men). One-in-five trans men (20.8%) reported sexual violence by an extended family member, compared to between 7.7%-13.7% for the other gender categories.

Sexual violence across the lifespan

Participants reported the age of first occurrence of an experience of sexual violence and whether it happened in adulthood. Four categories were created based on exposure:

- 1 24.3% of participants reported no history of sexual violence.
- 2 6.9% of participants reported experiencing sexual violence only in childhood.
- 3 16.8% of participants reported experiencing sexual violence only in adulthood.
- 4 52.0% of participants reported experiencing sexual violence in both childhood and adulthood.

These categories provide a framework for understanding the different trajectories of sexual violence experiences within LGBTQIA+SB communities. The extent and timing of exposure to sexual violence varied significantly between gender identity and sexual orientation categories.

- > Cisgender women were most likely to report any experience of sexual violence (81.7%) (equal with trans men). They were most likely to report sexual violence in childhood and adulthood (64.8%).
- > Cisgender men were most likely to report no history of sexual violence (35%) but were most likely to report sexual violence in adulthood only (28%).
- > The most common category of experience reported by trans women was sexual violence in childhood and adulthood (43.2%), followed by adult only victimisation (26.6%).
- > Trans men reported similar prevalence of exposure to sexual violence as cisgender women (82%). 56% reported sexual violence in childhood and adulthood. They reported the highest levels of sexual violence in childhood only (14%).
- > Similar to cisgender women and trans men, 79.7% of non-binary people reported any experience of sexual violence. 61.1% reported sexual violence in childhood and adulthood.

Comparing across sexual orientations, people who identified as gay/lesbian were the most likely to identify that they had no history of sexual violence (27%) and were the most likely to identify that they had experienced victimisation in adulthood only (22.6%). In comparison, 16% of people who identified as queer stated that they had no history of sexual violence, and over two thirds (67.6%) reported sexual violence in childhood and adulthood. People who identified as bi, pansexual, asexual or demisexual had a comparable profile of exposure to sexual violence, with under a quarter reporting no sexual violence (22.1 – 23.3%) and over half reporting sexual violence in childhood and adulthood (54% - 58.8%).

Impacts on health, wellbeing and economic security

The timing of sexual violence exposure had significant impacts on health and wellbeing. Participants who experienced sexual violence in both childhood and adulthood reported the poorest outcomes, followed by those who experienced it only in childhood, then those who experienced it only in adulthood. Participants with no history of sexual violence had the best health and wellbeing outcomes.

Exposure to sexual violence during childhood was negatively associated with economic security as an adult. Compared to people who experienced sexual assault in adulthood only, people who experienced any childhood sexual violence were less likely to be in full-time employment rates and more likely to earn less than \$50,000 per annum.

The impact of sexual violence on mental health was particularly pronounced for trans and non-binary individuals. More generally, trans and non-binary participants reported the poorest mental health outcomes, and higher levels of disability and chronic illness. They had lower levels of socioeconomic status, including lower educational attainment and higher rates of part-time or casual employment. These disparities may be partly explained by the younger average age of trans and non-binary people in the study, as well as broader issues of economic and social disadvantage.

Most impactful sexual violence event

Participants were asked to provide information about the characteristics of the most impactful sexual violence event.

- > **Timing and context:** The majority of respondents reported non-recent incidents of sexual violence as the most impactful, with one-third indicating these incidents occurred over five years ago and another third during childhood. Notably, trans women and cisgender men were more likely to have experienced their most impactful incident within the last year, whereas cisgender women, trans men, and non-binary people more commonly reported these incidents in childhood.
- > **Nature and location of incidents:** Sexual assault was the most common type of impactful incident for all genders, followed by sexual harassment. Most incidents occurred in private residences. However, cisgender men were significantly more likely to experience their most impactful events in pubs, clubs, or sex-on-premises venues compared to cisgender women, trans men, and non-binary people.
- > **Perpetrators:** The type of perpetrator varied significantly by gender identity. Cisgender men were more likely to report strangers as perpetrators, while cisgender women, trans men, and non-binary individuals were more likely to report romantic partners as perpetrators. Over 80% of perpetrators were cisgender men, and almost one-third of participants who had experienced sexual violence, identified the perpetrator as a member of the LGBTIQ+SB community.

Disclosure

Participants were asked whether they disclosed this incident to someone, why or why not, and their experiences of disclosure.

- > **Patterns of disclosure:** The majority of participants disclosed their most impactful experience of sexual violence to someone. However, less than 40% of cisgender men disclosed their experiences. Disclosure rates were higher among those who experienced sexual violence in both childhood and adulthood, possibly due to the severe impact on this group or alternatively heightened awareness and greater knowledge of sexual violence across their lifespan
- > **Initial disclosure:** Approximately half of the participants first disclosed to a friend, and one in five to a family member. Those who experienced sexual violence in adulthood only were more likely to disclose to a friend, while those who experienced it in childhood only were more likely to disclose to a family member.
- > **Responses to disclosure:** Responses to disclosures were mixed. About half were helpful, one-third were unhelpful, and the remainder were neutral, or the response was mixed. Those who experienced sexual violence in both childhood and adulthood were less likely to find the response helpful compared to those who experienced it in adulthood only.
 - Helpful responses: Helpful responses were characterised by support and validation, including practical help such as connecting the victim with mental health care or law enforcement. Empathy from others with similar experiences and interventions that ensured physical safety were also valued. Support from psychologists, who could explain trauma responses, and criminal justice responses that led to convictions were particularly appreciated.
 - Unhelpful responses: Unhelpful responses included disbelief, lack of validation, victim-blaming, and inaction. Participants reported feeling invalidated by discriminatory remarks or suggestions, such as stereotypes about gay men or women not being capable of sexual assault. Removal of agency, such as disclosing information without consent or pressuring victims into reporting, also contributed to unhelpful responses.
 - Neutral or mixed responses: Neutral or mixed responses occurred when participants did not perceive the incident as serious or were not ready to acknowledge its severity. Some responses combined positive and negative elements, such as emotional support without follow-up advice or support from someone who continued to associate with the offender. Overly emotional responses were also seen as neither helpful nor unhelpful.

Reasons for non-disclosure

Primary reasons for non-disclosure included shame, embarrassment, and not considering the incident serious enough. Cisgender men were less likely to disclose compared to cisgender women and non-binary people. Trans men and non-binary individuals were less likely to think the incident was wrong or less likely to believe they would be taken seriously.

Help-seeking and service responses

Less than half of participants who experienced sexual violence had contacted an organisation for help or support related to sexual violence. The most common organisations contacted included mental health services, sexual assault services, and the police.

Cisgender men were significantly less likely to seek help from organisations compared to cisgender women, trans men, and non-binary people, however cisgender men were more satisfied with the responses they received when they did seek help and felt that organisations understood their needs as LGBTIQ+ individuals more than cisgender women and non-binary people.

Participants who experienced sexual violence in both childhood and adulthood were the most likely to seek help but were also the least satisfied with the responses and felt that organisations frequently failed to understand their needs.

Helpful responses

Helpful responses from psychologists and mental health professionals were particularly valued, reflecting the high level of mental health help-seeking amongst participants. Participants appreciated professionals who listened, supported, and believed them, provided tailored care, and delivered sexual violence-specific therapy. Positive experiences were also reported in the criminal justice system and among sexual assault and domestic violence sectors and LGBTIQ+ community organisations.

Unhelpful responses

Unhelpful responses were characterised by invalidation, disbelief, a lack of LGBTIQ+ specialised support, poor police treatment, and difficulties in accessing and affording appropriate care.

Common beliefs and attitudes towards sexual violence

The survey asked a range of questions about sexual violence beliefs and attitudes. Those who never experienced sexual violence had greater overall endorsement of rape myths and attitudes, than those who experienced sexual violence. Disbelief and unsupported negative attitudes towards sexual violence were most prevalent among cisgender men, who also reported the least exposure to such violence. Trans women had the second highest negative attitudes but also the second lowest exposure to sexual violence. First Nations participants also had higher endorsement of myths and attitudes towards sexual violence, on average, compared to the whole sample.

Bystander intervention

Almost three-quarters of the sample had engaged in at least one type of bystander intervention, such as looking after friends at parties or speaking out against offensive jokes. Over half had called emergency services for a friend or accompanied a friend to talk about an unwanted sexual experience. Cisgender

men were less likely to intervene compared to other gender identities. Rates of intervention were highest among cisgender women and non-binary people. Those with a history of sexual violence were more likely to intervene, suggesting a link between personal victimisation and willingness to help others.

The primary motivation for intervention was the belief that it was the right thing to do, especially for friends. Participants also mentioned wanting someone to intervene if they were at risk or wishing someone had intervened for them in the past. The main barriers to intervention included fear or safety concerns, lack of certainty or confidence in how to intervene, and social pressure or awkwardness.

First Nations Participants

Out of the total survey participants, 416 identified as First Nations. The First Nations sample had a majority of individuals who were assigned male at birth (57.2%) with a high percentage identifying as cisgender men (49.5%) compared to the entire sample. Most First Nations cisgender men lived in urban areas, while other gender categories, such as trans women, were more likely to reside in regional or rural areas.

Demographics

There was a significant disparity in educational achievement among the First Nations sample. While the proportion of individuals with a bachelor's degree aligned with the national average, a notable 10.8% had not completed secondary education. This disparity was especially pronounced among trans women/Sistergirls (29.4%) and non-binary people (21.6%).

Cisgender men had similar socioeconomic profiles to the overall sample, while other First Nations participants experienced higher unemployment rates. More than half of First Nations trans women and non-binary people, and one third of cisgender women and trans men, lived in households with an annual income of less than \$50,000.

Sexual violence experiences

The experiences of sexual violence among cisgender First Nations participants were similar to the overall sample. However, cisgender women reported higher instances of sexual violence committed by immediate or extended family members compared to the overall sample.

There were notable differences in the experiences of trans and non-binary First Nations participants compared to the overall sample.

- > Over three-quarters of First Nations trans women reported oral rape, with more than half of them experiencing it within the last twelve months. Nearly three-quarters of these incidents involved the use or threatened use of force, and one-third were targeted due to gender or sexuality.
- > Three-quarters of First Nations trans women reported experiencing attempted oral rape, with over 40% reporting prevalence within the past year.

- > Approximately two-thirds of trans and non-binary First Nations participants reported vaginal or anal rape in their lifetimes, which is higher than the overall sample.
- > Trans and non-binary First Nations participants reported higher rates of non-consensual image or video production compared to the overall sample.
- > First Nations trans women reported much higher rates of non-consensual image or video distribution compared to other First Nations participants.
- > Over one-fifth of First Nations trans men reported sexual violence by an immediate family member, and over one-quarter reported violence by an extended family member.

Most impactful sexual violence event

In keeping with the overall sample, the majority of First Nations participants reported that their most impactful incident of sexual violence occurred over five years ago or before they reached the age of 18. Sexual assault and sexual harassment emerged as the predominant forms of sexual violence, predominantly manifesting in clubs, pubs or parties for cisgender men, and within private residences for cisgender women, trans and non-binary people.

Friends were identified as the most prevalent perpetrators, followed by strangers and intimate partners. The nature of the relationship between the victim and perpetrator displayed significant variation based on the victim's gender identity. Cisgender men were more likely to be assaulted by friends while trans women and non-binary people frequently reported romantic partners as the perpetrators. Over two-thirds of the perpetrators were identified as cisgender men, with approximately one third (29.1%) identified as LGBTIQ+SB. Among cisgender men, close to one-third of the perpetrators were identified as trans men, underscoring a distinct dynamic within this subgroup.

Disclosure

First Nations participants were generally less likely to disclose their experiences of sexual violence compared to the broader sample. This trend was especially noticeable among First Nations cisgender men, as less than one in five had disclosed their most impactful sexual violence event.

The majority of First Nations participants who did disclose their experiences reported receiving helpful responses, often describing these as supportive and validating. However, about one-third of disclosures were met with unhelpful responses characterised by trivialising, disbelief, and victim-blaming. The most common reasons for not disclosing were feelings of shame, fear of blame, and not realising the incident was wrong at the time.

Help-seeking and service responses

Half of the First Nations participants who had experienced sexual violence had reached out to an organisation for assistance. Interestingly, cisgender men were the least likely to seek organisational support compared to 60% cisgender women and over 80% of trans men.

Mental health services, sexual assault services, and the police were the most common points of contact. Surprisingly, less than one in ten First Nations participants reached out to Aboriginal Community Controlled Health Organisations (ACCHO) or Aboriginal Medical Services (AMS). While not apparent in the data, this could be due to the lack of sexual violence trained staff available at these organisations.

The majority of First Nations participants expressed satisfaction with the support they received from organisations. However, those who experienced abuse in both childhood and adulthood reported significantly lower levels of satisfaction and felt that their needs as LGBTIQ+ individuals were less understood. Cisgender men reported higher satisfaction levels and felt better understood compared to cisgender women.

Helpful responses from organisations were characterised by being believed, comforted, listened to, and validated. These positive interactions were especially noted when services were trauma-informed and LGBTIQ+ friendly. Psychologists and mental health professionals were frequently identified as providing helpful support.

Conversely, unhelpful responses included long delays in accessing care, a lack of trauma-informed care, and professionals who were not sensitive to LGBTIQ+ issues. Some participants felt that their reports of sexual violence were dismissed or ignored by the police, further compounding their trauma and discouraging future help-seeking.

Bystander intervention

The majority of First Nations participants had taken part in at least one form of bystander intervention. Common actions included watching a friend's drink at a party, educating themselves about LGBTIQ+SB experiences of sexual violence, and expressing concern when a friend's partner exhibited jealous or controlling behavior. Cisgender women, non-binary individuals, and trans men were significantly more likely to intervene compared to cisgender men.

The primary motivations for bystander intervention among First Nations participants were ethical obligations and the desire to protect friends and loved ones, reflecting a profound sense of community and responsibility. However, instances of non-intervention were often linked to fear, safety concerns, and social pressure, underscoring the complex challenges faced when considering intervening in potentially dangerous or socially intricate situations.

Conclusion

This is the first large-scale study of LGBTIQ+SB experiences of sexual violence in Australia or internationally. While other large health surveys of LGBTIQ+SB people have provided important data on their experiences and impacts of family, domestic and sexual violence, our study focused specifically on experiences of sexual violence over the lifespan, distinguishing between different forms and contexts of sexual violence in childhood and adulthood for different gender categories, with particular attention to the experience of First Nations LGBTIQ+SB peoples. Survey recruitment strategies include online but also face-to-face recruitment in regional and rural areas to maximise participation from First Nations people who might otherwise not have the opportunity to contribute to the study.

The findings of the project have emphasised the importance of examining experiences of sexual violence based on gender identity and sexual orientation. The proportion of participants who experienced sexual violence in childhood, adulthood, or both, differed significantly by gender identity and sexual orientation. Gender identity and sexual orientation impacted the risk of experiencing different types of sexual violence, age of first onset, the risk of revictimisation, the context or reason for this violence, and the identity of perpetrator/s. While First Nations participant experiences were often concordant with the experiences of other participants, the study identified distinct patterns and circumstances of victimisation for some First Nations communities.

Sexual violence victimisation was associated with significant impacts on health, wellbeing, financial security, and workforce participation, particularly where sexual violence occurred or began in childhood. As a result, LGBTIQ+SB people most impacted by sexual violence are less likely to have the financial resources to pay for specialised or private health care and other supports. LGBTIQ+SB peoples with the least exposure to sexual violence were also the most likely to hold negative attitudes and myths about sexual violence. The findings of the study underscore the long-term and cumulative impacts of

sexual violence for LGBTIQ+SB peoples and the intersectional impacts of sexual violence by gender identity and sexual orientation, including for First Nations peoples.

Building on the findings of the first report, report two provided detailed information on the sexual violence incidents that LGBTIQ+SB Australians have found most impacted them, as well as their experiences of disclosure, help-seeking and bystander intervention. The report highlights that many LGBTIQ+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 LGBTIQ+SB people who have experienced sexual violence, need to be attentive to difference and adapted to the specific experiences, needs and place of LGBTIQ+SB peoples.

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 have actively sought informal and formal modes of care, support and redress for their experiences of sexual violence. Notably, the survey highlighted the proactive stance of the majority of LGBTIQ+SB people in intervening in situations of sexual risk and danger to others, strongly suggesting that community norms are a pivotal resource to include in future sexual violence prevention efforts.

We are grateful to everyone who shared their experiences and views with us by participating in the study, as well as the many organisations and individuals who provided invaluable support to this project.

Recommendations

The National Plan to End Violence against Women and Children 2022–2032 (National Plan) outlines the steps needed to end violence within one generation, focusing on four main areas:

- 1 **Prevention** – working to change the underlying social drivers of violence by addressing the attitudes, determinants and systems that drive violence against women and children to stop it before it starts.
- 2 **Early intervention** – identifying and supporting individuals who are at high risk of experiencing or perpetrating violence and prevent it from reoccurring.
- 3 **Response** – providing services and supports to address existing violence and support victim-survivors experiencing violence, such as crisis support and police intervention, and a trauma-informed justice system that will hold people who use violence to account.
- 4 **Recovery and healing** – helping to reduce the risk of re-traumatisation and supporting victim-survivors to be safe and healthy to be able to recover from trauma and the physical, mental, emotional, and economic impacts of violence.

We recognise that indicators across the domains of prevention, early intervention, response, and recovery and healing, are complex and often interdependent. A shift in one domain, may have an effect on another. While each domain is distinct, they are also linked across the system, and it is therefore important to consider responses holistically. Actions are required across all domains to prevent and respond to sexual violence.

The National Survey of LGBTQIA+SB Experiences of Sexual Violence Reports One and Two identified a number of key areas for action. These have been framed as recommendations under the four domains specified above. In addition, implications for research have been provided.

Prevention

- > Acknowledge and integrate LGBTQIA+SB experiences of sexual violence across the lifespan, including the dynamics of victimisation between LGBTQIA+SB people into primary prevention policy and practice.

Rationale: LGBTQIA+SB people carry a high or higher burden of sexual violence than the general community.

- > Incorporate LGBTQIA+SB content into sexual consent and respectful relationships curricula in schools.

Rationale: Like the broader Australian community, it was common for LGBTQIA+SB people to describe experiences of sexual violence in childhood and/or adulthood, which had particular impacts on their identity and sense of self. However, some survey respondents felt that it had been difficult to recognise their sexual victimisation where it fell outside a cisgender, heterosexual context.

- > Tailor sexual violence prevention initiatives to LGBTQIA+SB venues and events:

Rationale: Sexual harassment (unwanted sexual comment or request) was the most commonly experienced form of sexual violence in the survey, and underscores the importance of campaigns, programs and initiatives that dissuade community members from sexual harassment. This includes sexual harassment prevention initiatives targeting LGBTQIA+SB settings, such as pubs, clubs, parties and sex on-premises venues. Prevention initiatives may include those that are community-led, endorsed by a Board or where a particular geographic or online communities work together.

- > **Incorporate LGBTIQ+SB content into child sexual abuse prevention programs.**

Rationale: In this survey, the mean age of onset of sexual violence was under 18 for many gender identities, particularly cisgender women, trans men and non-binary people. This finding is commensurate with other data emphasising that sexual violence onset is often in childhood. The prevention of child sexual abuse would relieve a significant burden of ill health from LGBTIQ+SB peoples and communities, and potentially contribute to the reduction of risk of adult revictimisation. This survey emphasises the importance of child sexual abuse prevention initiatives in recognising that some children and young people may already identify as LGBTIQ+SB.

- > **Design social marketing and attitude change programs specifically for cisgender men, trans women and First Nations LGBTIQ+SB people to support and reinforce prevention efforts.**

Rationale: LGBTIQ+ populations with the comparatively lowest exposure to sexual violence (cisgender men and trans women) reported the highest rates of endorsement of sexual violence myths and attitudes. Compared to the whole sample, First Nations participants were also more likely to score higher on problematic myths and attitudes. Targeted campaigns and awareness efforts for these groups and communities may promote attitude change and bolster readiness for more intensive interventions.

- > **Address sexual violence in LGBTIQ+SB family and domestic violence prevention.**

Rationale: Many participants reported experiencing sexual violence by a partner or ex-partner, underscoring the importance of addressing sexual violence as a component of LGBTIQ+ family and domestic violence prevention.

- > **Develop and implement specialised bystander intervention and training for and with LGBTIQ+SB communities and their families based on survey results.**

Rationale: While many LGBTIQ+SB actively intervene in risky or dangerous situations, our data suggest that some lack the confidence and skills to do so. First Nations people highlighted a strong sense of community support and the importance of bystander training also being made available to their families.

- > **Develop sexual ethics training within the LGBTIQ+SB communities with a specific focus on sexual and gender norms and attitudes.**

Rationale: There were differences in sexual norms and attitudes in the LGBTIQ+ community. For instance, cisgender men were more likely to believe that sex

recorded at birth should be disclosed prior to a sexual encounter, and trans men were less likely to believe this. Cis men were also more likely to identify a trans man as a perpetrator of sexual violence. A potential explanation is that some men entered into sexual encounters with different expectations.

Early Intervention

- > **Develop health care, welfare and disability support options for trans and non-binary people including tailored strategies for Sistersgirls and Brotherboys and their families.**

Rationale: In our study, trans and non-binary people experienced a high level of chronic illness and disability, as well as comparatively high rates of sexual violence. Supporting the health and wellbeing of trans and non-binary people is an important strategy in promoting their sexual safety and autonomy.

- > **Promote campaigns and initiatives that address stigma and shame for LGBTIQ+SB people who have experienced sexual violence.**

Rationale: The most common reason why survey participants did not disclose sexual victimisation was that they felt ashamed or embarrassed. Initiatives to tackle the stigma of sexual violence may increase disclosure and empower survivors.

- > **Develop resources that provide information about options available to LGBTIQ+SB people who disclose sexual violence.**

Rationale: Disclosure of sexual violence was most likely to occur to a friend, and hence many LGBTIQ+SB people will be hearing about their friends' experience of sexual violence for the first time.

Response

- > **While there is a need to tailor and expand existing sexual violence services to all LGBTIQ+SB community members, cisgender men need specialist attention as potential clients of sexual violence services.**

Rationale: In this study, cisgender men were more likely to identify recent experience of sexual violence as adults. A minority of cisgender men disclosed sexual violence compared to a majority of all other categories of gender identity. They were also significantly less likely to contact an organisation compared to other gender identities, but they were the most satisfied by the response when they did.

- > Provide trans positive sexual violence outreach for trans women.

Rationale: Trans women consistently reported that they were targeted for recent sexual violence due to their gender and/or sexuality. First Nations trans women reported particularly high rates of recent sexual violence.

- > Ensure that service responses to intimate partner sexual violence are sensitive to the needs and experiences of LGBTIQ+SB people and their families where appropriate.

Rationale: Cisgender women, trans men and non-binary people were more likely to identify that a perpetrator of sexual violence was an intimate partner.

- > Ensure greater links between the LGBTIQ+SB sector, sexual violence services and domestic & family violence services.

Rationale: This research clearly shows that the experiences of the LGBTIQ+SB community sometimes requires a multi-tiered approach, one that recognises a victim-survivor's gender and/or sexual identity and responds to the full reality of the violence they are experiencing. Too often, responses received from LGBTIQ+SB services, sexual violence services and domestic and family violence services are siloed. Increased inter-service communication would maximise the support an LGBTIQ+SB victim-survivor can expect to receive.

- > Consider inviting the National Domestic, Family and Sexual Violence Commissioner to lead a dialogue across domestic and family violence and sexual violence sectors about integrating service provision for LGBTIQ+SB people.

Rationale: The research demonstrates that participants reported sexual violence in the context of intimate partner relationships. LGBTIQ+SB people also reported not being clear about the services available to them and in rural and remote areas there may only be a domestic and family violence services available to respond to interpersonal violence.

Recovery and healing

- > Provide holistic, affordable, LGBTIQ+SB sensitive sexual violence informed healthcare, including the impacts of sexual violence on:

- Alcohol and drug use
- Mental health and social and emotional well being
- Family
- Disability and chronic illness
- Workforce participation and financial security

Rationale: This survey has identified that a significant group of LGBTIQ+SB Australians have experienced sexual violence and experience short-, medium- and long-term impacts. LGBTIQ+SB people who have experienced sexual violence in childhood and adulthood were particularly impacted in terms of their health and wellbeing, more likely to be engaged in formal help-seeking, were less satisfied by the response they received and felt less understood as LGBTIQ+SB people.

- > Build the capacity of the mental health and Social Emotional Well Being (SEWB) workforce to treat LGBTIQ+SB survivors of sexual violence.

Rationale: Survey participants indicated that a mental health service was the most common point of care for sexual violence. While many had good experiences, some survey participants found mental health settings alienating and discriminatory, particularly where service providers did not understand how sexual violence impacted their gender identity or sexual orientation.

- > Build the capacity of Aboriginal Community Controlled Organisations and Aboriginal Medical Services to support LGBTIQ+SB survivors of sexual violence, particularly trans and non-binary people through specific nationally accredited training programs offered to staff.

Rationale: Of 52 trans and non-binary First Nations people two reported contacting an Aboriginal Medical Service for support after sexual violence and no respondents reported contacting an Aboriginal Community Controlled Health Organisation. Aboriginal Community Controlled services [AMS, ACCHO, ACCHS, SEWB, Aboriginal women's centres, and shelters] should be resourced to train relevant First Nations staff to enhance their capacity to case manage and understand how to achieve the best client outcomes for LGBTIQ+SB survivors of sexual violence.

Implications for research

- > Implement the LGBTIQ+ Sexual Violence Survey at regular intervals through the life of the National Plan.

Rationale: This first National LGBTIQ+ Sexual Violence Survey provides benchmarked quantitative and qualitative data on community experiences of and attitudes to sexual violence. Further surveys will track progress and changes over time.

- > Resource a range of recruitment strategies in future surveys to ensure maximum participation of First Nations participants.

Rationale: An innovative recruitment strategy of visiting First Nations rural and remote communities has raised the profile of the issue in hard-to-reach communities and positively engaged them in discussion about LGBTIQ+SB issues. Professional panels such as CloudResearch also have value in First Nations participant recruitment.

- > Ensure that LGBTIQ+SB people are included in national surveys or large-scale studies.

Rationale: Frequently, gender and sexuality categories are not included in the demographic questions of national surveys or large-scale studies. For example, the National Personal Safety Survey does not include Australian Bureau of Statistics recommended sex and gender indicators.

- > Consider providing more expansive definitions of sexual violence in any future iterations of the survey.

Rationale: Some participants stated that they had not had an experience of sexual violence yet answered a later question about their most impactful sexual violence event, noting that the incident was either not serious or was not 'violent'. This finding underscores the importance of providing flexible survey options for participants who were uncertain about the status of a sexual incident.

- > Consider including Sistergirl and Brotherboy (SB) as part of the LGBTIQ+ acronym for future surveys.

Rationale: Feedback from Sistergirls or Brotherboys indicated that the categories of non-binary and transgender did not recognise their unique experience.

