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Article

LGBQ survivors of intimate partner violence experiences of help-seeking in regional Australia: Improving access to support pathways

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Abstract

The prevalence of Intimate partner violence (IPV) is higher within lesbian, gay, bisexual, transgender, and queer (LGBTQ) relationships in Australia, and members of this community face significant difficulties seeking help – particularly those located in regional, rural, and remote (RRR) locations. Drawing on interviews with LGBQ survivors of IPV in regional NSW, this article highlights three key barriers preventing LGBQ survivors of IPV from seeking help via psychological support services: the impact of geographic isolation and small LGBTQ communities in regional areas in accessing support, a lack of healthy relationship modelling in regional Australia, and LGBQ relationships not being taken seriously. It concludes with recommendations for support services to implement policies and practices to support LGBTQ survivors better and suggestions for future research.

Keywords

Intimate Partner Violence, LGBTQ, Help-seeking, Regional Australia, Psychological Support, Health Promotion

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Introduction

In Australia, intimate partner violence (IPV) is an intractable social, political, cultural, and public health problem. The Australian Institute for Health and Welfare (2019, p. 1) describes IPV as "a set of violent or intimidating behaviours usually perpetrated by current or former intimate partners, where a partner aims to exert power and control over the other." IPV encompasses financial, cultural, emotional, psychological, spiritual, coercive, controlling, and

physical abuse and sexual violence (e.g., sexual assault or rape). Roughly one in three cisgender women will be subjected to some form of IPV at least once in their lifetime (AIHW 2019). IPV is typically positioned as a cisgender and heterosexual issue in social policy, and knowledge about IPV stems from assumptions and attitudes about heterosexuality (Bermea 2019; Campo & Tayton 2015a). As such, it is difficult to determine the exact rate of IPV in LGBTQ[1] relationships in Australia, as large population surveys (such as the *Personal Safety Survey* and the *Australian Census*) do not gather data regarding the sexual orientation or gender identity of the population.[2] Small-scale studies indicate that the prevalence of LGBTQ IPV survivors is equal to or higher than those identifying as heterosexual and cisgender (Callander et al. 2018; Edwards et al. 2015; Campo & Tayton 2015a). *Private Lives 3*, the largest population survey of LGBTQ people in Australia, found that 60.7% of participants had experienced IPV and 48.6% had been coerced or forced into sexual acts (Hill et al. 2020. See also Ireland et al. 2017). Significantly, most LGBTQ survivors of IPV do not seek help from support services (Hill et al. 2020). Given the dearth of information about IPV in LGBTQ relationships in Australia, policymaking and resource allocation for support services assisting LGBTQ survivors are either absent or have little grounding in the lived experiences of people within these communities (Mortimer et al. 2019).

In recent years, there has been an increased focus on the nature and impact of IPV in LGBTQ relationships (Salter et al. 2020; Workman & Dune 2019; Miltz et al. 2021; Layard et al. 2022), as well as barriers to help-seeking (Calton et al. 2016; Campo & Tayton 2015a). However, little

[1] The acronym LGBTQ is used in this article instead of LGBTQIA+ as the researchers do not wish to force an LGBTQ identity on asexual or heterosexual cisgender intersex people (Intersex Human Rights Austrlia 2012; Calton, Bennett-Cattaneo & Gebhard 2016). However, as none of the participants reported having an intersex variation nor trans or asexual identities are discussed within this article, when referring directly to participants in this study the acronym LGBQ will be used, as using the whole acronym would be misleading.

[2] The 2021 Australian Census did have a non-binary option. However, if selected, the category would randomly assign male or female to the participant and therefore was not actually inclusive of non-binary identities.

is known about the impact of living in a RRR community has on LGBTQ help-seeking experiences. Power structures that form the driving causes of IPV, such as gender inequality and rigid gender norms, exist in both heterosexual and LGBTQ contexts (Campo & Tayton 2015a). However, factors such as heterosexism, heteronormativity, cisgenderism and minority stress add to the complexities around LGBTQ people experiencing IPV and accessing support (Bermea 2019). These issues are potentially exacerbated in regional contexts due to more conservative values, fewer support services, anonymity, and homophobia (Campo & Tayton 2015a; Zorn et al. 2017). If these challenges remain unaddressed, health disparities experienced by LGBTQ survivors in regional areas will continue to grow (Hooker et al. 2019; Harris 2016).

In this article, we explore barriers LGBQ survivors of IPV have faced when seeking help in an area classified by the Australian Bureau of Statistics as *Regional Australia,* drawing on interviews with LGBQ survivors located in this region when the IPV occurred. Due to the small sample size in this project, we have de-identified the region to safeguard participants' identities. We define "help-seeking" in this article as actively thinking about or trying to seek out support services or police assistance following IPV (Shearson 2017). Specifically, we focus on help-seeking relating to counselling. Drawing on interview data with four survivors as case studies, we demonstrate that regionality impacts help-seeking pathways in three ways: the impact of geographic isolation and small LGBQ communities in regional areas in accessing support, a lack of healthy LGBQ relationship modelling in regional Australia, and IPV in LGBQ relationships not being taken seriously.

Although this is a small study, the article contributes to the building of an important evidence base on IPV, regional Australia, and LGBQ survivors' support needs by centring the voices of survivors, illustrating the specific barriers to help-seeking in regional locations and providing

recommendations based on what survivors shared with us (Calton et al. 2016, p. 593). At the same time, we acknowledge that the findings cannot be generalisable due to the small sample size. We begin with a discussion of the literature about the barriers faced by LGBTQ survivors of IPV seeking help before considering the compounding effects of living in a regional or rural location for these individuals. The article then discusses the methodology before shifting to the findings from our thematic analysis. We then conclude the article by offering recommendations for improving access to support for LGBQ survivors of IPV in RRR Australia.

Literature Review

Understanding IPV in LGBTQ Relationships

Despite increased public awareness of IPV in heterosexual relationships over the past 30-40 years, IPV is typically conceptualised as gendered violence within heterosexual relationships, most often perpetrated by cisgender men against cisgender women. Indeed, feminist perspectives typically conceptualise IPV through a paradigm where gender inequality, patriarchal structures, and the cultural acceptance of male aggression, dominance, and power over women, create the conditions for gendered violence (Calton et al. 2016; Rollè et al. 2018). However, the factors contributing to the perpetration of IPV in LGTBQ relationships are more nuanced and diverse, requiring an intersectional framework to help understand the causes and barriers to help-seeking for survivors within these communities.

Coined by Kimberle Crenshaw (1989), the concept of intersectionality describes how intersecting socio-political identities, such as race, class, gender, sexuality, and ability, shape the treatment of individuals and communities by institutions and social structures, subjecting them to forms of power, inequality, and violence. The concept of intersectionality reveals and works to dismantle the heteropatriarchal frameworks of gender, sex, and sexuality, as well as

other intersecting identities many LGBTQ people have, such as race, class, and ability (Carman et al. 2020). An intersectional framework makes visible and subverts the heteronormative frameworks underpinning knowledge about and responses to IPV by identifying and addressing the complex factors contributing to LGBTQ victimisation and barriers to their help-seeking (Goldberg & Allen 2017).

While the manifestation of IPV in LGBTQ relationships is partially derived from the internalisation of gendered norms and power dynamics, elements distinct to LGBTQ relationships create additional barriers to survivors seeking help (Calton et al. 2016; Decker et al. 2018). The nature of IPV in LGBTQ relationships are diverse and nuanced and can vary depending on gender identity and sexuality (Decker et al. 2018). Cisgenderism, heteronormativity, societal homophobia, transphobia, sexual minority stress, internalised homophobia and bisexual invisibility have been identified as unique factors contributing to the perpetration of IPV in LGBTQ relationships (Callan et al. 2021). Coercive behaviour often underlies the experience of IPV in the LGBTQ community. For instance, 'outing' a partner without consent, undermining or belittling a partner's identity, including misgendering, controlling access to hormones, deliberately using the wrong pronouns, highlighting parts of their body they are uncomfortable with, controlling how someone can dress to express their gender identity, or regulating their access to the LGBTQ community are some ways research has identified IPV manifesting in LGBTQ relationships (Calton et al. 2016; Scheer et al. 2018). Jealously and bi-negativity (i.e., hostility towards or negative attitudes and stereotypes about bisexual individuals) have also been identified as drivers of IPV experienced by bisexual individuals (Turell et al. 2017). Abusive partners also use homo, bi or transphobia against a partner if they attempt to seek help suggesting they will not be believed, taken seriously, or may face discrimination should they seek help (Fountain & Skolnik 2007 cited in Calton et al.

2016). Abusers may also exploit the historical injustices that the community has faced when seeking help (Layard et al. 2022).

These violent tactics in LGBTQ relationships are substantiated by studies that show how LGBTQ survivors seeking help from police or support services for IPV face intersecting forms of stigma: social and political stigma based on sexual orientation *and* social stigma associated with IPV underscored by cissexist, queerphobic, bi-phobic, and transphobic myths and misconceptions about IPV (Calton et al. 2016; Guadalupe-Diaz & Jasinski 2017; Mortimer et al. 2019; Workman & Dune 2019). LGBTQ survivors are the least likely to use services such as the police, legal services, IPV agencies, shelters, and crisis lines (Rollè et al. 2018), as the culture of heteronormativity and queerphobia in Australia makes LGBTQ people feel unsafe when seeking help (O'Halloran 2015; Bermea 2019). The upshot is the perpetuation of heteronormative scripts in service provision where a perpetrator is assumed to be a cisgender man and the survivor a cisgender woman (Mortimer et al. 2019; Our Watch 2017; Campo & Tayton 2015a). For instance, stereotypes of lesbian relationships being egalitarian in nature, or the 'lesbian utopia', create barriers to survivors seeking help from service providers because it denies the existence of violence in lesbian/queer women relationships (Waldner 2023). Romantic relationships between men are also negatively affected by this focus because traditionally masculine behaviours, such as aggression, invalidate patterns of violence between men who are intimate with men from the perspective of police and crisis support, as there is no passive woman victim in this situation for a man to dominate (Salter et al. 2020). Queerphobia manifests when support service providers hold attitudes that sex is not 'real' sex - and by extension, rape is not 'real' rape - unless there is penile-vaginal penetration, undermining the experiences of trans people and other LGBTQ survivors who may be assaulted without penetration (Mortimer et al. 2019). Biphobia arises through support

services not perceiving bisexuality as a legitimate identity; bisexual people are often thought of as confused about, experimenting, or transitioning to their "true" identity as gay, lesbian or heterosexual, and there exists a perception that bisexual people are promiscuous (Li et al. 2013). As a result, bisexual survivors may be subjected to responses from support service providers wherein they are blamed for the relationship violence because bisexuality and the IPV they experience are poorly understood (Li et al. 2013). In addition, LGBTQ survivors may also avoid seeking help to protect their communities from services and institutions that have historically regulated, intervened, and discriminated against their community; instead, seeking help from informal support services such as friends and family (Rollè et al. 2018).

IPV in LGBTQ relationships in RRR locations

As the introduction outlines, IPV is a product of societal power imbalances, specifically gender inequality, rigid gender norms, cisnormativity and heteronormativity (Carman et al. 2020). These structural drivers of violence are compounded when gendered violence occurs in RRR locations (Ragusa 2012; Campo & Tayton 2015b; Hooker et al. 2019; Wendt 2016; Kelly et al. 2021), which often have more conservative values, impacting the likelihood of seeking support and the nature of help available (Ragusa 2012; Salter et al. 2020; Workman & Dune 2019). Additional barriers obstructing help-seeking for IPV in RRR locations include higher rates of gun ownership (on farms, for example) that can exacerbate concerns for personal safety, alongside social isolation, community norms, anonymity concerns, fewer housing, employment and education opportunities, lack of public transport, and limited support services (Harris 2016; Zorn et al. 2017; Kelly et al. 2021). Geographic isolation creates further barriers for survivors of IPV seeking help due to sometimes significant physical distances to police stations, counselling, medical and other support services (Harris 2016; Kelly et al. 2021;

Hooker et al. 2019), and the tight-knit nature of many regional and remote locations creates issues associated with privacy and discretion because "everybody knows everybody" (Wendt 2016, p. 193).

These challenges for help-seeking are exacerbated for LGBTQ people accessing support after an experience of IPV. In RRR areas, the increased conservativism promotes beliefs informed by cisgenderism and heteronormativity (Workman & Dune 2019; Miltz et al. 2021; Rollè et al. 2018; Morandini et al. 2015). Many LGBTQ people hide their sexuality while living regionally due to higher rates of stigma and discrimination (AHRC 2014; Morandini et al. 2015). Further, LGBTQ folks living in RRR locations experience the greatest burden of minority stress, increased internalised homophobia, increased concealment of sexuality and higher concerns about disclosing their sexuality (Morandini et al. 2015; Gottschalk 2009). Minority stress is comprised of the unique stressors that are present in the lives of minority groups, which include discrimination, stigma, and prejudice (Rollè et al. 2018), with homophobic attitudes in RRR communities decreasing the likelihood of LGBTQ people reporting/disclosing experiences of IPV (Gottschalk 2009; Morandini et al. 2015). For example, NSW Health and ACON found that in regional NSW, where our study also took place, 70% of LGBTQ participants had experienced IPV (Drew et al. 2017). However, only 35% of survivors sought help, and 4% reported their experience to the police. LGBTQ women subjected to IPV in regional NSW experience poorer mental health, are at higher risk of homelessness, and obesity, have less community engagement, and face challenges accessing support services compared to LGBTQ women who live in cities (Drew et al. 2017).

Support services in regional locations lack a comprehensive understanding of how IPV affects LGBTQ people (Carman et al. 2020). Limited knowledge of LGBTQ experiences of IPV in regional areas has been linked to higher levels of intolerance towards LGBTQ people, derived

from conservative values, coupled with stronger religious affiliations and heteronormative family structures (Campo & Tayton 2015a). Conservative values also support traditional nuclear family values (Zorn et al. 2017; Campo & Tayton 2015a & b). Anyone outside this norm is considered deviant or 'other' (Campo & Tayton 2015a), creating further barriers for LGBTQ people accessing help in regional communities. Considering the challenges LGBTQ IPV survivors face in accessing support, particularly in regional, rural, and remote areas of Australia, it is crucial to give more attention to IPV in LGBTQ relationships. By doing so, support services can improve their understanding of IPV in LGBTQ relationships and provide more inclusive support.

Methodology

To examine the barriers LGBQ survivors of IPV face when seeking help in a regional setting, we undertook semi-structured interviews with four LGBQ victim-survivors of IPV who lived in a regional city of New South Wales when they experienced violence. Feminist standpoint theory and intersectionality were the methodological approaches underpinning the research design and methods used to collect data. Feminist standpoint theory assists in understanding gendered issues like IPV in a more comprehensive and nuanced way by including the standpoint of multiple minority groups. Intersectionality, as the literature review highlights, is a theoretical framework and methodological approach that illustrates how different forms of power intersect and lead to the creation and reinforcement of structural violence based on factors such as race, class, disability, sexuality, and gender (Crenshaw 1989). Combining intersectionality with feminist standpoint theory directs our attention to the views of people often neglected in mainstream ideologies, such as the LGBTQ community (Wolf 1996), and decentres cisgender and heterosexual knowledge and experiences of IPV.

Semi-structured interviews are a common qualitative data collection method used, and in the context of IPV, they can offer a sense of empowerment by centring the voices of survivors with lived experiences (Clark 2017). Our university's Human Research Ethics Committee (HREC) granted ethics approval to conduct the interviews.[3] Given the small sample size, the interviewees served as case studies, offering in-depth insights into social phenomena appropriate for small-scale research projects exploratory in nature (Rowley 2002). Using case studies enabled the authors to explore and document the complexities of their help-seeking experiences (Calton et al. 2016). Case studies with small sample sizes can help inform policymakers, especially in under-researched areas, as they provide a contextual definition of a problem and highlight gaps to inform practical problem-solving in policy creation (Schoch 2020; Crowe et al. 2011).

This project was led by a member of the LGBTQ community. LGBTQ people are more likely to participate in research if it is community-led as this helps to eliminate any bias or misunderstanding around diverse sexualities and genders (Layard et al. 2022). LGBTQ-led research is recognised in multiple NSW Government strategies and plans as a core component of improving LGBTQ health outcomes such as the National Plan to End Violence Against Women and Children 2022 - 2032, NSW Domestic and Family Violence Plan 2022-2027, NSW Sexual Violence Plan 2022-2027, NSW LGBTIQ+ Health Strategy 2022-2027. Participants in this study were recruited via social media posts shared on the lead author's personal Facebook, Twitter, and Instagram accounts; consistent with recruitment processes in similar studies seeking to recruit from specific communities (Waling et al. 2020; Fileborn 2016). The justification for this approach was that, as a member of the LGBTQ community, the lead

[3] We have deidentified the university to avoid identifying the location of the study and the participants.

author's posts had a greater potential to reach the target audience, and there was a greater chance of participants feeling safe and taking part (Layard et al. 2022). Posters were also placed in key LGBTQ spaces across the study location, such as bookshops, where potential participants could access the lead researcher's contact information to express their interest in participating. Eligible participants were required to self-identify as LGBTQ and be subjected to some form of IPV as an adult in a relationship where both people identified as LGBTQ. Other inclusion criteria were fluency in English, not presently in a relationship with IPV, not currently involved in any legal proceedings relating to IPV and should not have been subjected to IPV for at least six months to minimise the risk of re-traumatisation (Mortimer 2022). Participants in this research were self-selecting and not required to disclose details about their IPV experience. As such, participants interpreted their eligibility to participate based on their understanding of IPV. Three cisgender women and one cisgender man took part in the project. Two identified as lesbian, one bisexual and one gay.[4] Participants were aged 23 – 34, and most had bachelor's degrees or other tertiary education.

Interviews ran for 60 minutes via Zoom, and participants were given a copy of the questions a week before their interview, so they knew what to expect from the process. The topics covered included demographics, perceptions, and involvement in the local LGBTQ community. Interview questions also included knowledge of support services in their area, barriers restricting access to services, survivor needs, experiences disclosing, and how regionality affected their experiences. The interviews were guided by a safety plan, with check-in points to assess participants' well-being. All participants were provided with a

[4] We acknowledge that gay and lesbian perspectives are over-represented in research about IPV in LGBTQ relationships (Decker et al., 2018).

list of LGBTQ-appropriate services to access after the interview. They were followed up one week after the interview as part of the safety planning protocol.

Interview data were transcribed verbatim, deidentified (with participants assigned pseudonyms) and coded for an inductive thematic analysis (Braun & Clark 2006). Both authors were involved in the coding process, which began by independently reading the transcripts and identifying key codes. The authors then compared their results to ensure consistency and the inter-reliability of the coding scheme (Braun & Clark 2006). Codes were then arranged into common themes throughout the data set (Braun & Clark 2006), with three key themes emerging from our thematic analysis. The first theme was 'geography', with participants highlighting the extent to which a regional geographical location impacts LGBQ survivors seeking help in unique ways. The second theme was 'relationship modelling', with participants sharing that the lack of healthy relationship modelling made recognising IPV difficult. The third theme was 'seriousness', where participants expressed they felt service providers would take IPV seriously in their relationships because they were LGBQ. These three themes also contained perspectives on how support services could address barriers to help-seeking for LGBQ survivors, and we incorporated these into the discussion. As this is a small study, the findings cannot be generalisable but rather illustrative of the key concerns highlighted by participants. We now discuss the results of our analysis.

Findings

Geography, community isolation, and invisibility of IPV support services for LGBQ survivors

The geographical context in which an LGBTQ person experiences IPV influences help-seeking practices (Hart 2019; Hooker et al. 2019). In regional settings, given the smaller LGBTQ population size, issues arise around anonymity, where everyone knows everyone's business

(Wendt 2016). The theme of geography emerged in our analysis, revealing how the concerns identified in existing research manifested for participants but were further compounded by being LGBQ. For example, Eliza commented:

> I think the queer scene [here] is very small, and everyone knows everyone. It made it difficult with my previous relationship as I was ultimately introduced to the queer scene through my partner. So, when things ended between us, it became difficult to go to events without seeing her friends or her.

What Eliza's quote illustrates is twofold; firstly, how small LGBTQ communities are in regional areas, and secondly, how IPV can make maintaining connections to the LGBTQ community in a regional setting more challenging. Research indicates LGBTQ survivors of IPV are more likely to seek help from friends and family rather than formal support services (Rollè et al. 2018). Thus, the upshot of situations like Eliza's leads to limited opportunities for seeking help from trusted friends in the LGBTQ community due to its small size. Eliza's comment also reveals how survivors in regional communities may hesitate to access already limited safe spaces because they may see the perpetrator and lose their connection to the LGBTQ community (Murray et al. 2019). Feeling alienated from the community may further compound the harms of IPV because positive informal relationships and a strong sense of belonging increase the chances of survivors (in general) seeking help (Murray et al. 2019).

Yet the participants in this study indicated IPV support services in regional NSW are invisible to the LGBQ community adding a further layer of complexity associated with help-seeking and geography for LGBQ survivors. In the area where this study took place, there are support services available for survivors of IPV, but there are no LGBTQ-specialist support services. Moreover, the four survivors who participated in this study could not identify any mainstream support services in the region, let alone specialised services. Sophie said, "I felt like there might have been IPV services [here], but I did not know specifically [what or where they

were]". Eliza commented, "I did not know where to go regarding IPV". Further, Amy remarked, "Well, I could not name a service, but I know that there are services for IPV". Finally, Flynn mentioned: "No organisation comes to mind." These comments highlight the invisibility of support services in regional communities for LGBQ survivors compounding the challenges associated with geography and tight-knit LGBTQ communities for survivors seeking help (Zorn et al. 2017).

LGBQ relationship modelling and IPV

The second key theme emerging from the study was problematic relationship modelling and IPV in regional areas. Participants highlighted that peer relations in the LGBTQ community, as well as the minimal positive LGBTQ role models in regional settings, played a role in both the normalisation and minimisation of violence. For example, Amy commented:

> Yes [violence in the queer community is normalised here] because sometimes that manipulation could happen in public in front of other people from the community... it would be like brushed off or made a joke out of … I feel if it had been in my head to go and seek help, it would have stopped me, and it obviously did because... I thought 'Oh that's a joke,' you know, it's not a valid point; I can't bring that up.

Amy's statement demonstrates how the normalisation of violence in LGBTQ relationships by the LGBTQ community is damaging to help-seeking behaviours. Amy did not seek help because she was conditioned to believe the violence was a 'joke' by how the LGBTQ community reacted to the violence they witnessed, leading her to feel she could not seek help (Vaughan & Hogg 2018). The lack of support from LGBTQ peers in identifying and responding to IPV in a relationship was echoed by Eliza, who stated:

> I didn't find any allies because what I believed in they didn't, and it was the same with fighting in a relationship and just like really fighting almost every day and screaming matches and in my head, I'm like, "this isn't right", but they're like "oh yeah we fight all the time", and so it was confusing for me when the only community that I could find in the LGBT world was giving me representation that clashed (Eliza).

This lack of positive relationship role modelling is a significant issue as many LGBQ survivors are held back from help-seeking because they are not supported or are undermined by their peers. These findings reinforce those from previous studies where perpetrators of IPV in LGBQ relationships weaponise fears held by LGBTQ survivors that no one in the community will believe or support them if they seek help (Callan et al. 2021).

However, evidence also highlighted how the non-LGBTQ community assisted survivors in identifying violence in their relationships and encouraged them to seek help. For participants in this study, supportive family members or non-LGBTQ friends helped survivors identify abuse in their relationships. For instance, Sophie shared that she disclosed to her mum because "she took the relationship seriously and she … definitely knew that I had to get up on my feet and I was in a pretty bad way." Eliza, too stated how instrumental her non-LGBTQ friends were in seeking formal support:

> My [non-LGBTQ] friends were the ones who made me realise it was not okay what had happened, which prompted me to seek professional support. I was very lucky to have friends who validated and explained what was occurring; otherwise, I'm not sure I would have asked for help.

Our findings show that a lack of LGBQ relationship role models in regional locations remains a barrier to help-seeking for LGBQ survivors of IPV, with IPV literacy among non-LGBQ community members instrumental in identifying and help-seeking for LGBQ survivors in our study.

Taking IPV in LGBQ relationships seriously

As the literature review indicates, support services are heavily influenced by the heteronormative framework underscoring perceptions of IPV (Bermea 2019; Layard et al. 2022; Mortimer et al. 2019). When the heteronormative framework is paired with stronger

conservative attitudes in regional locations, LGBTQ survivors find it difficult to access help for fear they – or their relationships – will not be taken seriously (Rollè et al. 2018). Our analysis illuminated that stereotypes regarding IPV were a common barrier to seeking help. Participants shared that they struggled to receive informal and formal support because their relationships were not taken seriously – or were concerned the violence they had been subjected to would not be taken seriously if they sought assistance. For instance, Amy considered the impact of heteronormative and cisnormative beliefs regarding gender and violence on her choice to seek help:

> It [IPV in a relationship involving two women] feels a lot like the relationships where women are violent towards men, where it's kind of taboo, and people don't believe you. Especially for me when she was the more feminine party … and I was the more dominant personality.

In the above quote, Amy describes how she was concerned she would be read as the violent person in the relationship because she embodied more stereotypically masculine traits. As a result of experiencing disbelief from informal support, Amy did not think a support service would believe that she had experienced violence from her feminine partner (Bermea 2019; Puccetti et al. 2019).

Our data also support research illustrating how stereotypes about gender and violence in relationships inhibit LGBQ survivors' confidence in coming forward to seek help if their perpetrator is not a man or they are a survivor who does not identify as a cisgender woman (Callan et al. 2021). In describing his experience of IPV victimisation, Flynn stated: "I guess because I am male, whether I am wrong or right, I feel a bit ridiculous accessing or searching [for services]." Flynn's quote demonstrates how understandings of gender and sexuality can be barriers to help-seeking. Using the word "ridiculous" to describe how he would feel seeking help illustrates that Flynn may have felt that men do not need support. The idea that men do

not need support is a masculine ideal society perpetuates, and it can also influence the downplaying of the seriousness of IPV. For instance, Flynn said, "I do not think I would be taken seriously or whether I would feel in my mind it would be serious enough to go." Flynn was the only participant in the study who did not receive support for his experience. He also downplayed the seriousness of his experience of IPV multiple times due to his gender. Specifically, Flynn mentioned, "I would not know where to go or that I would be eligible being male and […] I would not know if it was urgent." This comment reflects the experiences of other male victims of IPV in which gender norms make men feel they will not be taken seriously by support services that are often women-only spaces (Morgan & Wells 2016).

LGBQ relationships are not taken seriously due to the lack of understanding within mainstream support services regarding how IPV operates within LGBQ relationships. This, in turn, impacts survivors' experiences accessing help. For example, Eliza commented that "there was a lot of me feeling like I was teaching them [service providers] about it [IPV in an LGBTQ context]", which adds pressure to the experience of help-seeking. Furthermore, survivors may be unsure of whether disclosure of sexuality or gender will be met with judgement or feel stigmatised if support services are not using inclusive language (Campo & Tayton 2015a; Brown et al. 2020). Support services can show survivors that they are non-judgemental by utilising the inclusive, gender-neutral pronouns "they/them" for survivors and their partners during intake and in therapeutic sessions, with Eliza mentioning the importance of health care practitioners and support services using gender-neutral language:

> GPs ask you questions about your past relationships and sexual experiences. If I said I was in a relationship for six months, the next question would be, 'Were you sexually intimate with him'… Just using words like 'your partner' or 'them' could be helpful for this.

Using gender-neutral language may foster a sense of safety for LGBTQ survivors where their gender identity and sexuality will be respected, helping to alleviate fears held by survivors of IPV in LGBTQ relationships that their experience and identity will not be taken seriously (Brown et al. 2020; Shields 2018).

Discussion

Our research findings show that geography significantly impacts LGBQ survivors' help-seeking journeys with geographic isolation, knowledge about available support, and fear of violence in LGBQ relationships not being taken seriously, creating, and exacerbating help-seeking barriers for LGBQ survivors of IPV who live regionally. Our findings confirm other research identifying how being in a regional location creates specific barriers that are not as commonly experienced in urban areas, such as being taken seriously, the invisibility of the issue and conservative heterosexist attitudes about violence in LGBTQ relationships barring the way to adequate support (Zorn et al. 2017; Hooker et al. 2019). An important contribution of the study is that survivors often feel isolated and afraid of being rejected by their communities should they seek help, creating an environment where unhealthy behaviours are the norm and violence is considered part of being in an LGBQ relationship. The lack of positive relationship role models for LGBTQ people in regional areas means it can be challenging to recognise they are in an abusive relationship (Bermea 2019), impacting health and well-being (Carman et al. 2020) and reducing the likelihood LGBTQ survivors will and seek help (Salter et al. 2020; Layard et al. 2022). Addressing these contextual barriers to help-seeking in RRR Australia experienced by LGBTQ survivors of IPV is critical to improving support for this community.

A key way to improve help-seeking experiences for LGBTQ people in RRR locations is for services to apply an intersectional lens to support provision (Goldberg & Allen 2017). Our findings support other research illustrating that many survivors are unsure if services are LGBTQ-friendly, and support services need to ensure the accessibility of their services to the LGBTQ community (Calton et al. 2016). Often intersectionality is understood and practised in terms of diversity and inclusion (Burchiellaro 2020). However, fostering greater inclusion and diversity does not necessarily alter the power dynamics that shape perceptions and understandings of IPV. For instance, queer critiques of 'inclusion intersectionality' illustrate how such approaches harm LGBTQ people by replicating control of LGBTQ values through the expectations and norms of current power structures (Burchiellaro 2020). LGBTQ value and inclusion are only accepted if homonormative structures are followed to prove LGBTQ worth, which depoliticises LGBTQ differences and removes the threat of queerness from society, evidenced in the case of same-sex marriage (Stewart 2019). Creating homonormative inclusion structures reduces institutions' ability to undertake critical political work to engage intersectionality meaningfully (Grant & Nash 2019). At a minimum, support services should ensure they offer resources and provide information in ways that use gender and sexuality-neutral language and offer services that meet the needs of LGBTQ survivors (Calton et al. 2016). Participants in our study suggested other small things support services can do to ensure inclusivity and visibility, such as using pride flags and gender-neutral pronouns and hiring staff who specialise in supporting survivors of IPV in LGBTQ relationships. Beyond this, support services should seek to develop more nuanced and critical understandings of IPV specific to LGBTQ relationships and tailor their support accordingly. In doing so, they can disrupt heteronormative attitudes about IPV and reveal the complexity of violence perpetration in LGBTQ relationships and help-seeking for survivors.

One of our participants discussed the importance of specialist services for ensuring confidentiality and reducing stigma when accessing LGBTQ-specific support. One space in which IPV support services could learn best-practice approaches to intersectionality and improve the visibility of services is sexual health, which has created safe spaces for LGBTQ people to access STI testing, safe sex, health, and consent information. For example, the health promotion around HIV is led by community-controlled organisations in NSW. There is a plethora of information on the websites of these organisations, including programs to access, treatment, disclosure, and safety information. Safe spaces in sexual health are further promoted by some research centres, especially those whose research has a strong focus on HIV prevention and treatment and advocating for the design of safe and appropriate health promotion and health services for LGBTQ people. In the regional context of this study, there is an inclusive HIV-specialist clinic and Sexual Health Service. This is an intersectional gender-affirming clinic – but it needs to be more visible to LGBTQ community members; as our participant Sophie stated, "When I search, I need to know that's [support is] going to be there." Future research on regional areas should focus on improving the visibility of services, drawing on best-practice from other healthcare providers, and focusing on how LGBTQ folks find out about and connect with intersectional and inclusive support services in their local areas.

Participants discussed in our interviews the need for better educational policies about IPV that include the drivers of violence to assist young people in identifying violence in their relationships and helping others understand the unique elements of violence in LGBTQ relationships. This requires broader policy changes to ensure the inclusion of LGBTQ experiences within social policy and dedicated funding to support services to help meet the diverse needs of LGBTQ survivors (Shields 2018). Improving LGBTQ representation in health

promotion will help foster awareness and allow LGBTQ survivors to see their experiences incorporated and taken seriously, potentially eliminating some of the challenges associated with help-seeking in regional communities. If services adopted an intersectional approach in policies, practices, health promotion, and service provision, LGBTQ people could be more comfortable accessing support (Hart 2019).

Conclusion and Recommendations for Policy and Practice

This article has made an important contribution to understanding the help-seeking barriers experienced by LGBQ survivors of IPV living in a regional community. Specifically, we identified issues associated with geographic isolation compounding community isolation and access to support services, a lack of positive role modelling in relationships, and LGBQ relationships not being taken seriously by support services. However, further work is needed with LGBTQ survivors in regional Australia to improve access to support pathways. Recommendations on how services could more effectively support LGBTQ survivors include:

- Increase staff understanding of LGBTQ identities, including addressing misconceptions, stereotypes, and assumptions.
- Recognise and address the complexity of stigma and discrimination LGBTQ survivors face (especially those from multiple marginalised groups) and how this discrimination intersects with experiences of violence and affects the help-seeking journey.
- Use inclusive language that represents the diversity of LGBTQ survivors of IPV and work to create a sense of belonging for LGBTQ people in the service.

Although this research has assisted in improving knowledge on barriers and improving help-seeking pathways to support LGBQ survivors of IPV better, there are limitations to our study. Firstly, although calls for participation were placed in physical locations, those who

participated had responded to advertisements placed on social media. Thus, it is important to note that the recruitment strategy mainly targeted those privileged enough to access technology and the internet, subsequently excluding individuals who might not have access, such as people from lower socio-economic backgrounds (Fileborn 2016). Secondly, there was limited diversity within the participant sample. For example, most participants identified as European/white settler Australians, with only one participant identifying as Aboriginal, all were relatively young, highly educated, and identified as LGB or queer. As such, we could not capture the experiences of help-seeking for culturally or linguistically diverse LGBTQ survivors, older LGBTQ survivors, or survivors who are trans (binary and non-binary), intersex, or other people of diverse sexualities and genders living regionally. The study was also advertised in English and only accepted participants who spoke English, excluding those who live in RRR locations but do not speak English fluently or comfortably enough to participate in the study, thereby missing the opportunity to explore how language and cultural identities can be further barriers to LGBTQ survivors accessing support. Further research with these communities is needed to understand the broad scope of LGBTQ survivors' support needs in regional, rural, and remote locations, as this study is merely the tip of the iceberg.

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