



National consultation report for Changing with pride: A national framework to prevent violence against LGBTIQ+ people

Our Watch and Rainbow Health Australia



Contents

Acknowledgement of Country	4
About Rainbow Health Australia and Our Watch	4
Executive summary	5
Background	7
Consultation approach	8
Participant safety	8
Stakeholder participation	9
Aboriginal and Torres Strait Islander-led consultation	10
What drives violence against LGBTIQ+ people?	11
Key concepts	14
Accountability to LGBTIQ+ organisations and communities	14
Language	14
A focus on shared drivers	15
Gender transformative practice	16
Intersectionality	16
Integration with early intervention, response and recovery	17
Work with men and boys	18
Barriers to inclusion and participation in prevention	19

Foundations to build on	20
LGBTIQA+ workforce readiness	20
Prevention of violence against women workforce readiness	21
Priority settings	23
Education	23
Sport	23
Workplaces	24
Online	24
Examples of existing prevention work	25

Priorities for implementation	28
Governance and coordination	28
Resourcing and infrastructure	29
Inclusive and cohort-specific approaches	30
Aboriginal and Torres Strait Islander-led prevention	30
Partnerships	30
Workforce development and capability building	31
Legislation	32
A meaningful response to backlash and resistance	32
Research	34
Values-based messaging	35
Improved LGBTIQA+ inclusion in services	35

Next steps	36
-------------------	-----------

Acknowledgement of Country

Our Watch and Rainbow Health Australia at the Australian Research Centre in Sex, Health and Society (ARCSHS) acknowledge and pay our respects to the Traditional Owners of the land on which our offices are located, the Wurundjeri people of the Kulin Nation. As national organisations, we also acknowledge the Traditional Owners and custodians of Country across Australia, and pay our respects to them, their cultures and their Elders past, present and future.

Our Watch and Rainbow Health Australia also acknowledge organisations and advocates working to advance and protect the human rights, health, wellbeing and safety of Aboriginal and Torres Strait Islander LGBTIQ+ people, including Sistergirls and Brotherboys.

About Rainbow Health Australia and Our Watch

Rainbow Health Australia (RHA) supports LGBTIQ+ health and wellbeing nationally through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. RHA is a program of the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University. Through evidence and capability building and sector coordination, RHA is a national leader in the prevention of violence against LGBTIQ+ people. An integral part of RHA's work is building partnerships with government, researchers, community, organisations and service providers to create equity and inclusion.

Our Watch is Australia's leader in the primary prevention of gender-based violence. We work to embed gender equality and prevent violence where Australians live, learn, work and socialise. Our Watch provides the national leadership, evidence, implementation capability, workforce development, public reach, and coordination needed to embed prevention across systems, institutions and communities. We convene governments, researchers, practitioners, peak bodies, community leaders, and specialist sectors to strengthen the connections between policy, evidence, and implementation.

We sincerely thank everyone who took part in these consultations. Your insights and support have been invaluable to the development of *Changing with pride: A national framework to prevent violence against LGBTIQ+ people*.

Suggested citation: Rainbow Health Australia, ARCSHS & Our Watch. (2026). *National consultation report for Changing with pride: A national framework to prevent violence against LGBTIQ+ people*. Melbourne, Australia: Our Watch.

Executive summary

This report outlines the results of a national consultation aimed at shaping *Changing with pride: A national framework to prevent violence against LGBTIQ+ people*. Conducted in partnership by Rainbow Health Australia and Our Watch, the consultation engaged lesbian, gay, bisexual, trans and gender diverse, intersex, queer, asexual and aromantic (LGBTIQ+) community organisations, practitioners, advocates, and members of the prevention of violence against women workforce to explore what an inclusive, effective and nationally coordinated approach might look like.

The consultation also involved a dedicated, separate process led and owned by LGBTIQ+ Aboriginal and Torres Strait Islander people to focus on violence experienced by their communities. Separate reports are available for each of the Aboriginal and Torres Strait Islander place-based consultations, which occurred in Queensland and the Northern Territory.

This national report has been shared to demonstrate accountability to participants and the communities they serve. Together, this report and the Aboriginal and Torres Strait Islander consultation reports for Queensland and the Northern Territory are intended to serve as complementary resources, providing additional context for policymakers, practitioners and sector leaders to support implementation.

Key findings include:

- The LGBTIQ+ workforce is ready and willing to lead primary prevention work. However, without recognition, roles, infrastructure and resourcing, many organisations cannot secure a seat at the table. Adequate investment is essential to establish the foundations necessary to ensure they are recognised as equal partners in the design, delivery and governance of national prevention efforts, and are able to deliver the programs their communities urgently need.
- The prevention of violence against women workforce increasingly recognises the importance of LGBTIQ+ inclusion, and there are some promising partnerships and examples of leadership. However, capability remains uneven. Many organisations lack the confidence, knowledge or support to meaningfully include LGBTIQ+ communities in their practice, which means inclusive prevention is often treated as an 'optional extra'.
- A higher-than-anticipated level of shared understanding of key LGBTIQ+ primary prevention concepts exists across participants, supported by *Pride in Prevention*, which has created a shared vocabulary and conceptual foundation to build on.
- It is important to identify shared drivers of violence and opportunities for collaboration between the LGBTIQ+ and prevention of violence against women sectors, and to strengthen inclusive practice, while recognising the need for dedicated, community-led work that addresses the specific drivers, experiences and contexts of violence against LGBTIQ+ people.
- A commitment to gender transformative, intersectional practice is essential for ensuring prevention efforts meaningfully respond to the diversity of LGBTIQ+ lives and effectively challenge the structural conditions that drive violence.
- Collaboration between LGBTIQ+ and prevention of violence against women organisations is critical to achieving change at scale. This is best supported by robust partnerships that acknowledge and address power imbalances and historical harms, embed cultural safety, and centre LGBTIQ+ leadership in every stage of this work.

Background

LGBTIQA+ people experience high rates of domestic and family violence, sexual violence and sexual harassment, as well as discrimination and harassment in public spaces¹.

While violence against LGBTIQA+ people is widespread and serious, the good news is that it is also preventable. This requires aligned, coordinated and proactive work to change the underlying drivers of this violence and create a society where violence against LGBTIQA+ people is unthinkable.

Primary prevention involves a wide range of activities across society aimed at changing social structures, norms, practices and attitudes that support violence, wherever people live, learn, work and play. It takes a holistic approach, including practical efforts that engage individuals and communities; whole-of-setting strategies within organisations and institutions; and changes to laws and government policies. Since the causes of violence exist at every level of society, primary prevention activities must also be carried out at all levels.

Primary prevention work in Australia is largely guided by Our Watch's *Change the story*, a national framework for action focusing on preventing men's violence against women. *Change the story* has been adopted by federal and state governments. It forms part of the backbone of state and federal strategies aiming to end family, domestic and sexual violence.

Other documents sit alongside *Change the story*, such as:

- *Changing the picture*, which focuses on preventing violence against Aboriginal and Torres Strait Islander women
- *Changing the landscape*, which focuses on preventing violence against women and girls with disabilities
- the *Men in focus* suite of resources, which focuses on engaging men and boys in prevention and challenging harmful forms of masculinity.

Since 2019, Rainbow Health Australia's groundbreaking *Pride in Prevention* suite of resources has provided the evidence and practice foundations to inform primary prevention initiatives aimed at family violence experienced by LGBTIQA+ communities.

Rainbow Health Australia and Our Watch have since partnered to develop *Changing with pride*, a new national primary prevention resource designed to:

- deepen understanding of the drivers of gender-based violence against LGBTIQA+ people and communities
- identify the actions needed to address these drivers.

Changing with pride will serve as a companion to *Change the story*, building upon and expanding the existing evidence base to inform national-level prevention efforts.

This work is funded by the Commonwealth Government Department of Social Services under the *National Plan to End Violence against Women and Children 2022–2032* (the National Plan), which identifies LGBTIQA+ communities as a key priority group for violence prevention and response initiatives.

¹ Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia* (ARCSHS Monograph Series No. 122). Australian Research Centre in Sex, Health and Society, La Trobe University. https://www.rainbowhealthvic.org.au/content/6_research-resources/10_private-lives-3-national-report/private-lives-3-national-report.pdf

Consultation approach

In 2025, Rainbow Health Australia, supported by Our Watch, led a national consultation (the consultation) to support the development of *Changing with pride*.

An external consultant, Jackson Fairchild, was engaged to assist in leading consultation planning, facilitation and report writing.

The goals of this consultation were to:

- ensure the framework is effective, practical and relevant at a national scale
- contextualise findings from reviews of the current evidence and policy landscape
- support workforce readiness to adopt the framework
- support future implementation and workforce capability-building efforts
- promote community ownership of the framework.

Consultation methods involved a mix of one-on-one and group interviews, along with written feedback. Sessions were conducted both online and face-to-face, which provided flexibility and encouraged participation.

The consultation questions were informed by 2 background papers, which were developed to support the national framework. These included a review of existing literature on the prevalence, nature and experiences of gender-based violence against LGBTIQ+ people, and an analysis of the current policy landscape across Australia. Together, these papers identified emerging evidence, key themes and gaps, which shaped the national consultation and guided development of the framework.

All participants received a Plain Language Statement, which outlined the purpose of the project and provided information to support informed consent. Participants in unfunded roles were offered compensation for their time.

Participants also received an FAQ document that introduced key concepts related to primary prevention. This helped to ensure a shared understanding of the framework's purpose, language and theoretical foundations, and to support meaningful and informed contributions throughout the process.

After each session, participants received a feedback survey to complete for evaluation purposes. They were also able to access support services for distress they may have experienced as a result of the consultation.

The consultation findings were then collated and analysed by the project team and used to produce this report. The project advisory group reviewed the draft of this report to validate its findings and provide further comments.

These findings were used to inform the development of *Changing with pride*, and will support its implementation.

Participant safety

Disclosures of experiences or use of violence are common in primary prevention work, even when the discussion does not directly relate to violence. Disclosures can come from both community members and colleagues. Disclosures of experiences of prejudice and discrimination are also frequent. Prior to consultation commencing, the project team participated in a workshop to agree how they would work together to respond to disclosures and ensure safety for both staff and participants. This approach was based on Our Watch's guidelines for responding to disclosures and trauma-informed practice principles.

Stakeholder participation

A total of 155 people participated in the consultation across a range of forms, including:

- 21 group consultation sessions
- 16 one-on-one interviews
- 7 written submissions.

This included 58 people from Queensland and the Northern Territory as part of a dedicated consultation focused on violence against Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy people.

Participants were invited based on the following criteria:

- LGBTIQ+ organisations already working in LGBTIQ+ primary prevention, whether directly funded or not
- mainstream violence prevention and response organisations and individual experts with a history of allyship and partnership with LGBTIQ+ communities
- settings-based prevention workforce leaders and experts with a history of allyship with LGBTIQ+ communities
- representatives from government agencies engaged in violence prevention
- LGBTIQ+ organisations already working to directly or indirectly challenge the drivers of violence for LGBTIQ+ communities, and others well positioned to do the work if supported to do so. This includes programs focusing on:
 - LGBTIQ+ family violence response
 - health promotion
 - rights and advocacy
 - specific cohorts, such as bi+, intersex and asexual groups
 - education and awareness-raising

- HIV and sexual health LGBTIQ+-led organisations
- diversity and inclusion
- groups representing intersectional cohorts (e.g. migrant and refugee communities, people with disabilities, regional communities)
- Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy people and community-controlled organisations
- key LGBTIQ+ advocates and leaders with research or policy expertise well positioned to support the success of the framework.

Feedback from stakeholders was overwhelmingly positive. Among the 15 people who responded to the consultation survey, 13 strongly agreed and 2 agreed with the statement that they felt heard during consultation sessions. One participant reflected:

‘I walked away feeling very empowered; knowing that our insights and perspectives were being listened to.’

Another participant reflected on the session being well facilitated, and noted:

‘strong facilitation by people with expert knowledge of this area of work.’

Aboriginal and Torres Strait Islander-led consultation

A key priority for consultation was the meaningful inclusion of Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy communities.

To support this, advice was sought from Aboriginal and Torres Strait Islander stakeholders on how best to include Aboriginal and Torres Strait Islander peoples in the process. Stakeholders advised that a culturally safe approach requires a dedicated, separate process led and owned by LGBTIQ+ Aboriginal and Torres Strait Islander people. They also emphasised that no two communities are the same and the importance of adapting approaches to respect local contexts.

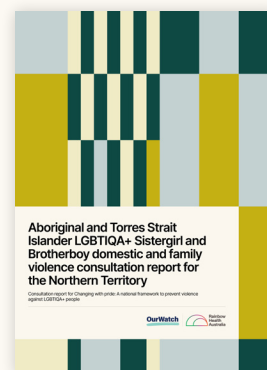
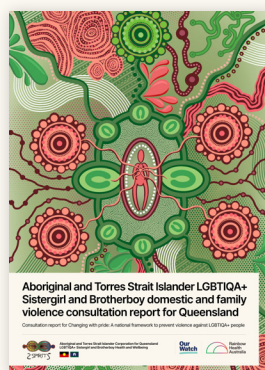
Queensland and the Northern Territory were identified as priority regions, based on pre-existing organisational and stakeholder relationships held by Rainbow Health Australia or Our Watch that could help support culturally safe engagement. Separate reports were authored for each region, recognising the unique culture, perspectives, experiences, and needs of each. High-level findings drawn from these reports are also reflected in this national report.

In Queensland, the consultation process was led by 2Spirits, an Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy community-controlled organisation with deep cultural authority, strong community relationships and accountability to the communities they represent. This was essential to ensuring consultation in Queensland was led, owned and governed by Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy communities and that it aligned with community priorities, protocols and decision-making. 2Spirits's accountability to community extends beyond the consultation itself and includes responsibility for how findings are interpreted, represented and used.

A total of 34 people participated from Gimuy (Cairns), Yarrabah, Gurambilbarra (Townsville) and Meanjin (Brisbane).

In the Northern Territory, consultation was led by Our Watch's Aboriginal and Torres Strait Islander Strategy Directorate, supported by pre-existing stakeholder relationships and networks in both Mparntwe (Alice Springs) and Garramilla (Darwin). As there was no existing relationship with an appropriate Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy community-controlled organisation in the Northern Territory, this process was not delivered through a community-controlled partner. Further work is needed to build relationships in these locations to support future culturally safe collaboration. Drafting of consultation findings included consultation with key Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy Elders and leaders to ensure community ownership of the findings.

A total of 24 people participated from Mparntwe (Alice Springs) and Garramilla (Darwin).



Reports summarising the findings of the Queensland and Northern Territory consultation processes can be found on the [Our Watch website](#).

What drives violence against LGBTIQ+ people?

In primary prevention, drivers describe the underlying social conditions that create the environment in which violence is more likely to occur². Understanding and addressing the drivers of violence is essential to changing the conditions that allow it to happen in the first place.

As part of this consultation, participants were asked to reflect on a series of proposed brief descriptions of the drivers of violence against LGBTIQ+ people. Descriptions were drawn from a review of available evidence. Participants were invited to consider these for their relevance, completeness and practical utility, and to provide feedback.

Participants broadly agreed that **social norms, institutions and policy settings that restrict people's autonomy over their bodies, identities and lives** are a key driver of violence. These restrictions contribute to the perception that LGBTIQ+ people are less deserving of safety, respect and full inclusion. Participants emphasised that autonomy should also encompass control over relationships and family structures. They also stressed that prevention activities must also consider cis heterosexual partners who do not identify as being part of LGBTIQ+ communities but who often experience social pressure and even abuse from family and friends due to the gender or sexuality of their partner.

Participants raised specific examples of restrictions to people's autonomy over their bodies, identities and lives. For example, irreversible medical interventions conducted on infants and children with innate variations of sex characteristics without their consent, with the goal of conforming to normative definitions of 'male' and 'female'.

Participants also described how conversion practices attempt to suppress or erase LGBTIQ+ identities, causing deep psychological harm and reinforcing a message that queer and trans lives are less valid. Medical gatekeeping, particularly in relation to gender-affirming care, was raised as a systemic barrier that treats trans people as incapable of making decisions about their own bodies. This includes requirements for psychiatric assessments, excessive waiting periods, and blanket restrictions for young people, such as those seen in recent Queensland legislation. Reproductive coercion, including the denial of reproductive autonomy or forced sterilisation, was also highlighted as a form of violence often overlooked in mainstream prevention discourse.

Participants noted that legal and administrative exclusions also play a role in undermining LGBTIQ+ peoples' autonomy, such as the lack of recognition in the Census. This has historically contributed to invisibility and reinforced the idea that LGBTQ+ identities are not valid, and continues to do so for people with innate variations in sex characteristics.

Participants consistently identified that the **attitudes, structures and norms that excuse, minimise or normalise violence** against LGBTIQ+ people are a key driver of that violence. These include unjust laws and policies that directly enable harm. For example, legislation that permits discrimination on the basis of religious belief sends a clear message that prejudice is acceptable. Participants also pointed to the role of broader ideological forces, including religious fundamentalism, reactionary populism, authoritarianism, trans-exclusionary movements and men's rights subcultures in actively justifying and encouraging violence.

² Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women in Australia* (2nd ed.). <https://www.ourwatch.org.au/change-the-story/change-the-story-framework>

Several specific dynamics were highlighted. Bi+ participants described harmful stereotypes that frame them as hypersexual, untrustworthy or incapable of monogamy. They also described being rendered invisible or dismissed in both mainstream and LGBTIQ+ contexts.

Asexual participants discussed the medical pathologisation of their experiences as 'hyposexual', and the pervasive (but rarely discussed) assumption that being sexual is inherent, natural, default or mandatory. Asexual people report coercive and often 'corrective' experiences of sexual violence that stem from this assumption but are rarely recognised as such. These assumptions also underpin broader societal dynamics in which women are socialised to have sex in response to men's desire, whether or not they have any desire of their own, and men are socialised to believe they should always want sex.

Other participants discussed the impacts of transmisogyny, a form of violence that emerges where transphobia and misogyny intersect. It targets trans women and trans feminine people through both explicit abuse and more covert forms of dehumanisation. This can include misgendering, objectifying comments, intrusive questions, and claims that trans women are not 'real women'. These harms can also ripple outwards, affecting partners, family members and carers, all of whom may experience stigma, isolation or discrimination due to their connection.

Other examples included myths that only men can perpetrate violence and only women can be victims. These beliefs limit the capability of both government and the sector to respond to the full spectrum of violence experienced by LGBTIQ+ people. Some participants described having their own experiences of violence ignored or dismissed by police, or experiencing harm perpetrated by police, which reinforces a history of institutional violence and mistrust.

Several participants strongly urged that further work is needed to understand the crossover between drivers of violence against LGBTIQ+ people and people doing sex work, given the significant overlap between these groups. Meaningful, ongoing consultation and relationship building with peer-led sex-worker advocacy organisations is required.

Participants stressed that when prevention programs, services and institutions exclude or dismiss LGBTIQ+ people, they do not simply overlook a population. They reinforce the drivers of violence by sending the message that LGBTIQ+ people are not valid, not worthy of safety, and not entitled to support.

Participants also agreed that **rigid gender norms and binary norms and stereotypes** are a key driver of violence. These norms and stereotypes contribute to the marginalisation not only of LGBTIQ+ people but also of gender nonconforming individuals who may not identify with the LGBTIQ+ acronym.

Participants said that this violence operates as a form of social control, punishing anyone who does not conform to dominant gender expectations. As one participant observed:

'Homophobia is gendered. Even in the nineties, some of that violence that we saw against the gay and lesbian communities was gender policing.'

Practitioners working with men and boys highlighted the role of rigid masculine norms in discouraging vulnerability and how homophobia is used to police this. Boys and men may adopt harmful or violent behaviours to avoid being seen as weak or 'gay'. This behaviour often targets LGBTIQ+ people and cis women.

These dynamics are also evident within LGBTIQ+ communities, such as in the policing of top/bottom or butch/femme stereotypes and the pressure to conform to specific gender roles, such as the pressure to appear masculine in gay male culture.

Several participants explored the intersection with racial stereotypes. One participant described how some cis men admit to deliberately seeking out relationships with trans women of colour based on sexist, racist and fetishising beliefs. These men sometimes assume that women from certain cultural backgrounds will be more submissive or more likely to conform to traditional gender expectations. Participants warned that as gender equity efforts progress, these men seek out new contexts where they believe they can maintain dominance and control, particularly if they feel they can no longer exert such control in relationships with cis white women.

Representatives of and advocates for people with innate variations of sex characteristics noted the harm caused by the pervasive belief that only individuals who embody distinctly defined female or male sex characteristics are normal, natural and acceptable – sometimes referred to as endosexism. This was named as the primary driver of violence experienced by people with innate variations of sex characteristics, both in childhood and as adults in intimate and familial relationships.

Some participants also reflected on **gendered cultures of violence**. This refers to the broader societal norms that normalise violence by the powerful against those with less power. It was acknowledged that these norms can become internalised, contributing to lateral violence. Lateral violence was described as an often unspoken but significant issue within LGBTIQ+ communities. Such violence is exacerbated by stress, trauma and the poor workforce conditions created by a lack of funding for LGBTIQ+ specialist organisations and roles.

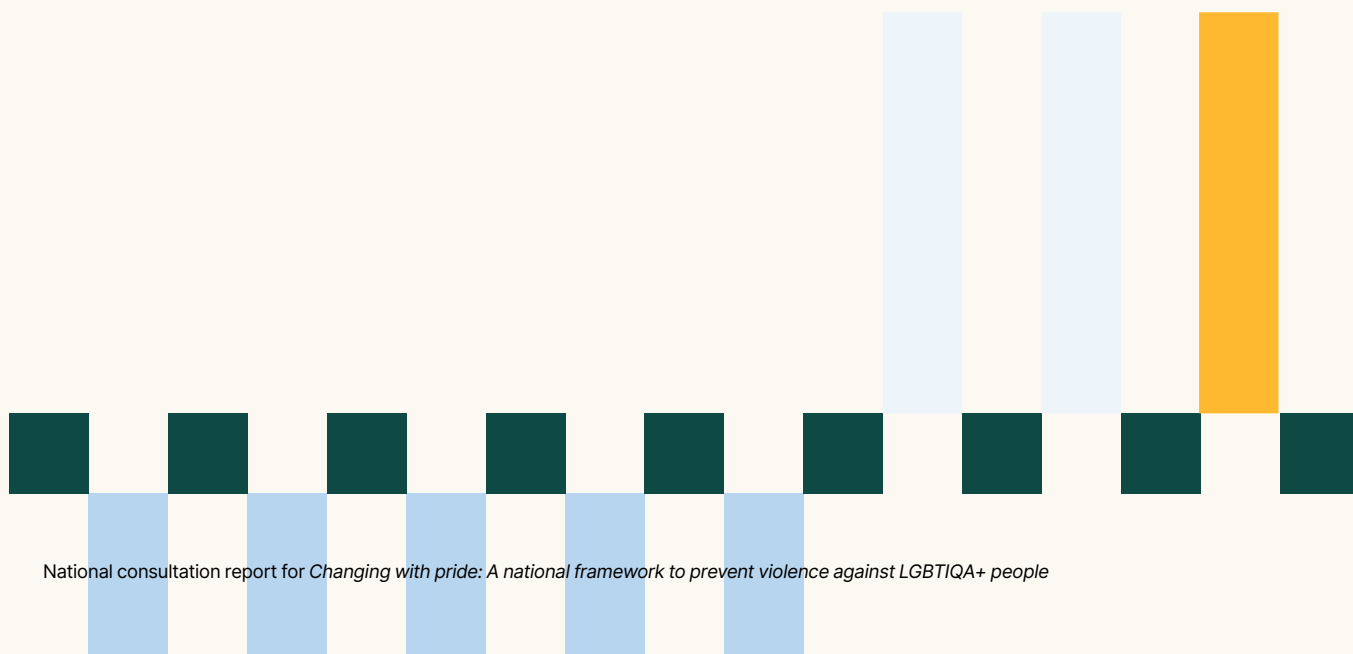
Several family violence practitioners explained that power imbalances and violence can still happen in relationships where neither partner possesses male privilege, such as in lesbian relationships. This is because all individuals are shaped by a wider patriarchal culture that normalises hierarchy, inequality and control. Since these dynamics are embedded in the social structures within which we all live, they can influence relationships subtly and may not be immediately obvious. As one participant said:

‘... it very much goes back to colonisation frameworks and systems of hierarchy. Men have access to this through gender and through violence against women as a way of reasserting their power and sense of safety and comfort in themselves. By pushing someone else down. Anyone can access that. It’s just easier for men because it’s condoned for them. It’s all originating from a system that says that to be safe and in control, and to have power, you need to dominate others, and the way you dominate others is through violence, and that is a male domain. But it can be accessed by anyone.’

Several stakeholders emphasised the critical need to address factors such as drugs, alcohol, mental health issues, trauma and childhood experiences of abuse and violence. However, they stressed that this must be approached with sensitivity to avoid reinforcing stigma. Deficit-based narratives or careless framing can lead to the othering or pathologising of LGBTIQ+ people, especially in the current political climate where backlash is common.

Similarly, participants felt it is important to stress that LGBTIQ+ relationships are not inherently violent. However, it is also important to be honest that violence does happen. Telling this story can be complex and is safest and most effective when led by LGBTIQ+ organisations with the skills, experience and cultural understanding needed to navigate the nuances without reinforcing stigma or feeding harmful narratives.

Overall, in discussions of the drivers of violence against LGBTIQ+ people, participants across consultations consistently named the ongoing effects of colonisation as a critical component of the underlying social conditions that underpin this violence. Participants articulated that processes of colonisation both required and imposed the gendered norms and structures that affect Aboriginal and Torres Strait Islander people, families and communities, as well as non-Indigenous people and society, to this day.



Key concepts

This section outlines key priorities drawn from consultation themes, highlighting the principles, needs and conditions that participants identified as essential to shaping and implementing *Changing with pride: A national framework to prevent violence against LGBTIQ+ people* (the framework).

Accountability to LGBTIQ+ organisations and communities

Overall, participants expressed excitement about *Changing with pride* and its potential to support the meaningful inclusion of LGBTIQ+ people in national primary prevention efforts.

Some participants expressed a degree of caution about the framework being co-developed by a generalist prevention agency, stressing the importance of LGBTIQ+ organisations leading this work to ensure its integrity and success. However, participants also recognised the importance of the partnership between Rainbow Health Australia and Our Watch, and the potential this has for promoting take-up across the broader prevention workforce.

Several senior leaders emphasised that for the framework to succeed, it must begin with an honest acknowledgement of the ways in which LGBTIQ+ people have been sidelined or excluded from primary prevention work in Australia and the harms this has caused (see '[Barriers to inclusion and participation in prevention](#)').

Participants stated clearly that naming LGBTIQ+ people or specific cohorts in frameworks and strategies is only a

starting point. Inclusion must be backed by concrete commitments through resourcing, monitoring, evaluation and investment in workforce capability. This must also be underpinned by clear mechanisms to ensure accountability to LGBTIQ+ communities and to the organisations and leaders who represent them. Without this, trust will remain fragile, and the framework's potential to deliver meaningful change will be compromised.

Specifically, consultations in Queensland and the Northern Territory confirm that Aboriginal community-controlled organisations are uniquely positioned to lead culturally safe responses to violence – in ways that are grounded in cultural authority, trust and deep community expertise. Governments and funders must:

- recognise Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy community-controlled organisations as system leaders
- embed shared decision-making
- invest in place-based models
- update violence prevention and wellbeing frameworks to ensure this work is accountable and effective.

Language

Consultation on language highlighted a preference for simple and clear language to ensure key concepts are accessible and usable across a wide range of audiences. Encouragingly, there was more shared language across consultation participations than expected, in large part due to the influence of *Pride in Prevention*, which has helped create a shared vocabulary and frame of reference to support these conversations.

However, it is important not to assume that everyone in LGBTIQ+ spaces has a working understanding of the core concepts used in prevention. Some prevention-specific terms, including 'cultures of violence' and 'gender transformative' will need further explanation.

Questions and tensions around language were consistently raised as a barrier to meaningful inclusion. Terms such as 'violence against women', 'family violence', 'family, domestic and sexual violence' and 'gender-based violence' were noted to carry different implications for inclusion, scope and alignment. Participants from women's services in Victoria noted that Rainbow Health Australia had played a key role in helping them navigate these tensions through their sector capability-building work.

Several participants also noted that not all cohorts within the LGBTIQ+ community identify with the acronym. Reasons for this include cultural differences; experiences or perceptions of being left behind by the LGBTIQ+ rights movements or exclusion from the broader community; or a misalignment of interests and goals. For example, people with innate variations of sex characteristics, who are often incorrectly assumed to be queer or have a non-binary gender, have experiences that are distinct from those of other groups under the LGBTIQ+ umbrella, and their advocacy priorities are often not reflected in broader LGBTIQ+ agendas.

Participants in the Northern Territory Aboriginal and Torres Strait Islander consultation noted that often promotional materials about services are ineffective because they do not use language and terminology that is appropriate to the community. In many communities, violence may be described using local terms such as 'being cheeky' or 'humbugging'. These terms hold meanings that services may miss if they rely on narrow definitions. This makes it easier for violence to go unrecognised. Participants in this consultation also stressed that identity categories do not always map neatly onto mainstream LGBTIQ+ terminology. As a result, some people may not identify or present as 'trans' in the way services expect, which then affects access to safety and support. They caution against treating Sistersgirls and Brotherboys as simply Aboriginal trans women and trans men, as doing so can erase lived realities and exclude those whose identity is fluid, multi-layered or changes over time.

Some participants said an over-reliance on terms that are strongly associated with cis heterosexual women, such as 'domestic violence', means that some LGBTIQ+ people may not recognise their own experiences as violence, and therefore broader definitions are required.

A focus on shared drivers

All participants saw *Changing with pride* as a powerful opportunity to strengthen alignment between efforts to prevent violence against women and work to advance the human rights of LGBTIQ+ people. This connection was seen as both strategic and necessary, given the shared focus on challenging rigid gender stereotypes and social norms that drive gender-based violence. As one senior prevention leader stated:

'We're stronger when we're unified. We have a shared problem ... We often talk about the intersecting drivers of violence against women and against LGBTIQ+ people. But the more I think about it, they don't just intersect with each other. It's more than that. Gender systems make no sense without cisnormativity and heteronormativity. The only thing that gives the gender system the conviction that it is right is the notion of binary sex and heteronormativity.'

Participants with experience leading prevention work in LGBTIQ+ communities stressed that the framework must clearly articulate how the drivers of violence against women and LGBTIQ+ people overlap, including how homophobia and transphobia drive violence against both LGBTIQ+ people and women. Several leaders also voiced a hope that this overlap would be more clearly acknowledged in the next edition of *Change the story*. Without this clarity, there is a risk that services, practitioners and prevention programs will see LGBTIQ+ prevention work as siloed or an 'add-on'.

Gender transformative practice

There was broad agreement among participants that for *Changing with pride* to be effective, it must go beyond simply acknowledging inequality. It must actively challenge the harmful social norms and power structures that enable violence. This aligns closely with the principles of gender transformative practice, which several participants described as best practice for all primary prevention work.

One senior leader noted that a genuinely gender transformative system will naturally align with and advance the goals of LGBTIQ+ communities. This alignment is not just about shared outcomes, but about addressing the same root causes, such as rigid binary ideas of gender, and creating space for a broader range of gender identities and expressions to be recognised, respected and valued. One senior prevention leader said:

‘I can imagine that a really well-functioning prevention system, properly set up and doing this work in a truly gender transformative way, would accelerate progress towards the vision for LGBTIQ+ communities in and of itself.’

Intersectionality

A central thread throughout the consultation was that intersectionality must never be treated as an add-on. Intersectionality should be embedded from the start – in the conceptual framing, in the practical guidance, and in the design and delivery of prevention work. Several participants cautioned against a one-size-fits-all model. They advocated for nuanced approaches that understand how experiences of violence are shaped by the intersections of race, gender identity, sexuality, migration status and other factors. As one participant expressed:

‘If we don’t centre intersectionality properly, we risk replicating the exclusions and harms that the framework is trying to prevent.’

The risk of these ideas becoming siloed into ‘diversity’ frameworks was raised several times. Practitioners who engage solely with *Change the story* miss out on core concepts necessary to gender transformative approaches to preventing both violence against LGBTIQ+ people and violence against women.

Several participants spoke about the opportunity (and responsibility) to connect prevention more meaningfully to broader movements for justice. They envisioned an effective system as one that works in solidarity with disability justice, anti-racism, migrant and refugee rights, First Nations sovereignty, women’s rights and LGBTIQ+ rights. Moreover, such a system should not only work alongside these movements but learn from and contribute to them.

There was broad agreement among participants that decolonisation is a key part of the work to combat homophobia and transphobia. They pointed to the ways colonisation introduced and entrenched hierarchies to shape gender norms and embed violence-supporting attitudes and structures. Aboriginal and Torres Strait Islander participants described how gender norms and stigma have been absorbed into Aboriginal and Torres Strait Islander community norms over generations, to the point where many people do not realise which ideas are truly part of their culture and what has been imposed upon them and ingrained. This aligns with the stakeholder consultation informing *Changing the picture*, which notes that while gender inequality is a global phenomenon, in Australia its roots lie in the patriarchal colonial culture that was introduced with colonisation.

Participants with expertise in disability rights echoed the need for deeper structural analysis. They pointed to the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which highlighted the often overlooked violence experienced by LGBTIQ+ people with disabilities. They voiced their hope that *Changing with pride* would explicitly acknowledge the disproportionate violence faced by women with disabilities and LGBTIQ+ people disabilities. This aligns with the consultation with people with disabilities that informed *Changing the landscape*, and points to clear opportunities to strengthen collaborative work to prevent this violence.

Participants working in multicultural and multifaith prevention and LGBTIQ+ advocacy expressed frustration that LGBTIQ+ people from migrant or refugee backgrounds often fall through the cracks of both multicultural and LGBTIQ+ programs. They called for prevention efforts to go beyond tokenistic ideas of ‘cultural inclusion’ and to meaningfully engage with the roles that culture and faith play in

people's lives. Faith was described as a potential source of both harm and healing, which reinforces the need for nuanced, locally driven and culturally safe prevention strategies.

Participants talked about the importance of recognising and valuing the prevention work that is already happening – much of it occurring quietly due to fear of backlash. Some participants noted that certain communities had been misled to believe that LGBTIQ+ identities were a colonial imposition, obscuring the rich histories of diverse genders and sexualities present across all cultures. Participants identified community leaders as key stakeholders well placed to anchor messaging in the existing positive community values of respect and care while also affirming these histories.

Participants also noted that trust-building looks different across cultural and faith communities, which makes it important to identify the right people to lead conversations, whether they are in-group members or trusted allies. Participants saw safe and confidential spaces as essential for honest engagement, and described culturally grounded methods such as *Talanoa* – a Pacific approach involving storytelling, food and relationship building – as a powerful way to build trust and surface community-led strategies. They also described Safe and Equal's [Connecting Communities](#) resources as valuable tools for enriching practice and supporting relationship building and collaboration in this space.

An intersectional approach should also be used when considering the different individuals, communities and concerns *within* the broader LGBTIQ+ umbrella. Participants emphasised the importance of ensuring that progress for some does not inadvertently create new barriers for others. For example, increasing public awareness of trans and non-binary experiences represents genuine and important progress that should be defended and extended. However, there has also been an unintended consequence: a growing tendency to misapply a gender diversity lens to intersex experiences, and incorrectly assume that being intersex and being non-binary are the same thing. This conflation is common both within LGBTIQ+ communities and broader public discourse.

In reality, a person's gender, sexual orientation and innate sex characteristics are different aspects of our identities and experiences, and are not essentially interrelated or interchangeable. A person with innate variations of sex characteristics may identify as a woman or a man, as is mostly the case, and may be cisgender or transgender. They can have any sexual orientation, including being heterosexual. Just because a person has innate variations of sex

characteristics does not mean they are therefore non-binary, and while some people with innate variations of sex characteristics may also be non-binary, most are not.

When these categories are collapsed, people with innate variations of sex characteristics – in all their diversity – can be rendered invisible. This produces poor data and poor policy. Participants noted that such conflation contributes directly to discrimination and violence against people with innate variations of sex characteristics, making it not just a matter of data quality, but of safety and dignity.

Integration with early intervention, response and recovery

Participants emphasised the need for greater integration between primary prevention and other parts of the service continuum, including early intervention, response and recovery. This is especially important in the context of LGBTIQ+ communities, as many LGBTIQ+ initiatives do not function as standalone prevention programs. Instead, they often sit across multiple domains, combining elements of prevention, early intervention, recovery and education. This fluidity reflects the lived reality of LGBTIQ+ people, for whom the lines between prevention and response are often blurred. These programs are shaped by community needs rather than government funding categories, and they play a critical role in reducing harm before it escalates. Yet, their contributions are frequently overlooked because they do not conform to narrow definitions of 'primary prevention' used in public health or policy frameworks.



Work with men and boys

Many participants viewed working with men and boys as a key priority for preventing violence against LGBTIQ+ people. To shift things, they said, we must start with how masculinity operates. This means understanding how masculinity impacts not only women and LGBTIQ+ people but also men's relationships with each other and themselves.

Participants discussed in detail the ways in which homophobia and transphobia are often used by men and boys to bond socially, to police each other, and to assert status in social hierarchies. Transphobia, in particular, was described as increasingly common; once more subtle and covert, it now shows up in almost all direct work with boys and young men. Some boys and young men genuinely hold homophobic and transphobic beliefs. Others perform them to fit in, or out of fear of judgement from others.

Some men can see the harms of homophobia and transphobia, and hold positive attitudes towards LGBTIQ+ people, but will express harmful attitudes when in an environment that 'demands' it of them. When confronted, they will often deny their behaviour and attitudes, and the harms these cause. Others will attempt to justify them. As one participant explained:

'I'm always drawn back to the rooms that I'm in with young men. Transphobia and homophobia are so alive and prevalent in every single room I'm in. In the most explicit ways, as well as the implicit ones. It can be hard, particularly for young men, but also for adult men to comprehend it because of how entrenched it is within the stereotypical norms of our culture. But when I think about the reinforcing and perpetuating nature of it, I'm just aware of how much it sort of serves as a rudimentary tool to navigate the social hierarchies that boys and men find themselves in.

And throughout the workshops, the most clear and overt forms of homophobia and transphobia are used by boys and men to position themselves against the other boys and men in the room for power and dominance. Because within the stereotype of the man box it's not acceptable to be seen as either of these things. And therefore, boys will use it as a tool to regulate one another and position themselves in a higher place within that pyramid.'

According to participants, people of all genders play a role in reinforcing these norms. Several participants highlighted the strong influence of broader community attitudes in shaping what is seen as acceptable or desirable in a man. Families were noted to play a very important role by placing pressure on men to be cis, heterosexual and hypermasculine with the end goal of having a family of their own. This, some argued, leads to some men feeling they need to use violence to 'prove their masculinity'. These hypermasculine norms can also be upheld within LGBTIQ+ communities, where certain expressions of masculinity are privileged by some as being more attractive and more powerful than other expressions. In almost all types of communities, men and boys are expected to have and to act on sexual attraction to prove normative masculinities, which can contribute to their use of sexual violence against others – and to the use of sexual violence against them.

Practitioners leading in this space described how they use a gender transformative lens to address the social construction of masculinity. They use a strengths-based approach that balances engagement with the need to minimise the risk of collusion. Addressing the role that homophobia and transphobia play in reinforcing rigid gender stereotypes forms a central part of their practice. They also take care not to uphold 'non-violent masculinities' that continue to reinforce stoic and binary framings of masculinity.

Participants from a range of organisations noted that men's organisations have a responsibility to address homophobia and transphobia as part of their work; however, they observed that very few are actively doing so as yet.

Barriers to inclusion and participation in prevention

Consultation participants consistently identified major gaps in how current prevention systems engage with LGBTIQ+ people and the organisations that represent them.

They noted that existing prevention frameworks have been developed to address men's violence against women, and thus often fail to reflect the distinct experiences, risks and contexts facing LGBTIQ+ people. As a result, LGBTIQ+ communities are often excluded from mainstream prevention strategies and programs. Much of the work done by LGBTIQ+ communities to support their health, wellbeing and human rights has not been recognised by the term 'primary prevention' nor resourced in the way that comparable work typically is within the prevention of violence against women sector. Instead, this work has emerged in response to community needs and is often positioned within family violence response, health promotion, community education, inclusion initiatives or grassroots mobilisation. This means the breadth and depth of LGBTIQ+ prevention work is often invisible to systems that rely on narrow paradigms and outcome measures that were not designed with LGBTIQ+ people in mind.

Participants described a pattern of entrenched fragmentation and funding insecurity, as the vast majority of programs are one-off, short-term or pilot initiatives developed in isolation.

The majority of activity is concentrated in New South Wales and Victoria; there is limited visibility of practice in other jurisdictions. Many programs sit at the intersection of early intervention, recovery and education, rather than functioning as standalone prevention initiatives. This scenario is common in community-led prevention work.

The absence of a shared prevention language and framework has made it difficult for LGBTIQ+ prevention efforts to be recognised, scaled or integrated into national strategies. The lack of publicly available evaluations reflects both resource constraints and concerns about backlash to this work. As the field matures, there is a growing imperative to better articulate and systematise LGBTIQ+ primary prevention practice without erasing its community-led origins.

Participants from both trans and women's health organisations described the persistent structural barriers that trans and gender diverse organisations face when seeking to engage in primary prevention. They noted that while trans women were explicitly listed alongside cis women in the National Plan, this has not yet translated into any committed, consistent action. Participants linked these challenges to systemic bias and power imbalances within the broader sector, where trans-led organisations often have to work unpaid to have their expertise recognised.

Foundations to build on

Consultation participants identified a range of strengths, assets and promising practices that provide a strong foundation for the successful implementation of the new framework. These reflect the expertise and commitment held within LGBTIQ+ organisations, as well as emerging pockets of readiness and momentum across the broader prevention system. While significant structural barriers remain, these foundations show that the conditions for inclusive, system-wide change are already in place and, with the right investment and support, can be built on to drive meaningful progress.

LGBTIQ+ workforce readiness

Consultation revealed that LGBTIQ+ organisations have a longstanding history of working to prevent violence, demonstrating a high level of readiness and willingness to apply the new framework once it is released.

This readiness is grounded in decades of practice, providing a depth and breadth of expertise that aligns closely with the goals of primary prevention. LGBTIQ+ communities have long navigated systems that were not designed with them in mind. In doing so, they have developed deep skills in transforming rigid gender norms; creating inclusive environments; challenging stigma and other violence-supportive attitudes; advocating for human rights; and building resilient, connected communities. Much of this work is grounded in public health and health promotion principles, and has a strong focus on community strengths, social determinants, and long-term cultural change.

This includes family violence response, health promotion, education, advocacy, sexual health and HIV work, and diversity and inclusion initiatives. Some organisations focus on the rights and wellbeing of specific populations, such as trans and gender diverse people, bi+ communities, and people with innate variations of sex characteristics. Others lead work that centres the needs and leadership of intersectional cohorts, including Aboriginal and Torres Strait Islander communities, people with disabilities, people from migrant and refugee backgrounds, and people in regional and rural areas.

The majority of participants from LGBTIQ+ organisations were able to engage in robust conversations on gender and gender inequality, and clearly articulate the social and structural conditions that increase their risk of violence. They also brought a strong baseline understanding of intersectionality and the importance of working in solidarity with other social movements to achieve lasting change. Much of this readiness was attributed to the impact of *Pride in Prevention* in laying the foundations of their practice. Those unfamiliar with frameworks such as *Change the story* and *Pride in Prevention* nevertheless quickly grasped the core concepts and were able to map the prevention approach onto their existing work.

Despite demonstrating capability and readiness, participants were candid about the major structural barriers preventing them from putting *Changing with pride* into action. When discussions turned to actions required to address the drivers of violence, the conversation repeatedly returned to one central issue: the lack of adequate resources to support their participation in prevention activities or policy discussions. Their strategic thinking about broader prevention actions was limited not by a lack of ideas or skill, but by the reality that, without structural inclusion and adequate resourcing, those possibilities remain out of reach.

It is important to note that LGBTIQ+ organisations and advocacy groups vary significantly in size and scope, from larger well-established organisations that aim to work with and or represent communities across the LGBTIQ+ spectrum (such as ACON), through to unfunded volunteer-run advocacy groups that seek to address the needs of more specific cohorts (such as the Ace & Aro Collective AU). Equitable resourcing is critical.

Only a small number of participants reported having the opportunity to develop a deep familiarity with the conceptual and strategic approach outlined in *Change the story*, often due to their work in primary prevention in previous roles. Those few who were familiar with *Change the story* were clear that without specific roles, funding and inclusion mechanisms for LGBTIQ+ organisations in the broader prevention system, they were unable to meaningfully apply the framework in their current work.

Participants described the resources needed to deliver programs as almost 'non-existent', and highlighted the absence of the broader infrastructure needed to support safe and effective prevention practices. This includes the time, support and formal permission to engage in the work. For example, participants often attended the consultation in their own time while juggling heavy workloads in under-resourced service delivery roles. Despite the strong interest and capability shown within the LGBTIQ+ sector, government funding for primary prevention is extremely limited. Rainbow Health Australia and Our Watch were the only organisations identified in the consultation as receiving government funding to do this work anywhere in the country at the time.

Senior leaders also highlighted that LGBTIQ+ prevention expertise is not coordinated or recognised through a national organising group. They noted that LGBTIQ+ people are one of the only priority populations in the National Plan not represented alongside the National Women's Safety Alliances.

Prevention of violence against women workforce readiness

Readiness across the sector is uneven and varies significantly by jurisdiction. While those who attended this consultation were largely allies and LGBTIQ+ practitioners who are already engaged in prevention work, they were well placed to reflect on the capability and attitudes of their peers.

People who are LGBTIQ+ and working in prevention or family violence roles demonstrated a high level of readiness and capability, including a deep understanding of the current literature and practice approaches guiding LGBTIQ+ prevention. However, their work is often stifled by low organisational readiness, internal resistance, and the ongoing invisibility of LGBTIQ+ inclusion within their services.

These participants described a broader group of prevention practitioners who are beginning to understand the necessity of this work, but it was noted that many still lack the confidence, skills, knowledge and support to engage meaningfully, or see it as someone else's responsibility. Some are hesitant to act without clear permission and expressed concern about overstepping or getting it wrong. There is a clear need to provide explicit guidance on their role in progressing LGBTIQ+ inclusion and prevention.

Allyship from and inclusion in women's organisations remain inconsistent. In all states, many programs continue to discriminate against trans and gender diverse people, particularly in women-specific services such as family and sexual violence services, and those focusing on menopause, sexual health and cervical screening. Notably, there are currently almost no trans women or trans feminine people employed in the family violence or women's health sectors.

Participants identified conceptual complexity as a key barrier for practitioners. Many prevention workers are familiar with a binary framing of 'men's violence against women' and need additional scaffolding to confidently apply a more expansive understanding of violence, gender and power in the LGBTIQ+ context. Likewise, the concept of gender inequality, which is used most often to mean only women's equality with men.

Similar to those working in LGBTIQ+ services, participants with a background in general family

violence service delivery highlighted the significant challenges that service organisations face in delivering prevention work under short-term or project-based funding. Across the country, stability is undermined by precarious contracts, and the expectation to 'do prevention' is often added to already overstretched response roles, without dedicated prevention positions or career pathways. Participants reported that many service organisations experience tensions between their core service delivery mandates (e.g. crisis response, casework or therapeutic support) and the expectations of prevention work. This is especially the case in jurisdictions where dedicated prevention infrastructure is yet to be built. Without adequate infrastructure and leadership alignment, inclusive prevention can become marginalised or treated as 'extra' work, rather than being embedded as core practice.

At the same time, progress is occurring. In Victoria, Rainbow Health Australia has played a lead role in building capability in the family violence workforce, spanning prevention to response. Since 2019, it has received funding from the Victorian government to support sector-wide capability-building in both LGBTIQ+ specific and broader prevention workforces. Central to this work has been the *Pride in Prevention* suite of resources, which have provided foundational evidence and acted as a guiding framework for practice at the national level. Targeted capability building and partnerships with both mainstream and LGBTIQ+ organisations have also been key. This work is complemented by the Rainbow Tick, a comprehensive capability-building initiative that supports organisations to create safer, more inclusive services by transforming their cultures, policies and practices. The Rainbow Tick has been critical in shifting both prevention and response sectors in Victoria towards meaningful and sustained LGBTIQ+ inclusion.

A core focus of Rainbow Health Australia's approach has been building capability across the system, rather than just delivering standalone programs. Several participants outside Victoria called for this model to be scaled up or replicated in other states.

They emphasised that a program-based model alone will not lead to sustainable change, as it does not provide the necessary infrastructure or workforce to create change at scale. As one senior leader stated:

'Having worked in the response sector for a number of years, I know that historically the family violence system has been designed around heteronormative kind of support pathways. It takes a long time to be able to change a workforce and build competency and capability from your front of house reception services, through to intake staff, case managers, therapeutic counsellors, and crisis workers. Rainbow Health was critical in that journey to be able to provide staff training, to look at our policies, our intake systems, our systems, and support our journey to Rainbow Tick accreditation. They also play a critical role for our sector and for governments, to help guide policy by providing advice, secondary consultation, expertise, representation, identifying promising practice, and supporting engagement with LGBTIQ+ organisations.'

Increasingly, women's health organisations in Victoria are choosing to vary their Equal Opportunity Act exemptions to include trans and gender diverse people. Several organisations reported shifting their language from 'preventing violence against women' to 'preventing gender-based violence' in recognition of this broader inclusion; however, they noted that future work must now translate this change into clear frameworks for implementation and partnership with LGBTIQ+ community.

Many staff within these organisations are committed to LGBTIQ+ inclusion, but noted they need targeted support to build their readiness and confidence, including better resourcing and stronger data to guide their work. Participants also highlighted the need for organisational culture change, supported by strong leadership. As such, these organisations need to undertake their own diversity and inclusion journey before they are positioned to lead or model inclusive prevention.

Rainbow Tick is widely recognised as a valuable tool for progressing organisational change. However, some participants noted that organisations often struggle to

implement Rainbow Tick or other inclusion initiatives while also meeting their obligations related to other priority population groups.

Priority settings

In primary prevention, a setting refers to the environments and institutions where people live, work, learn and connect. These settings play a key role in shaping attitudes, behaviours, norms and power structures that can either drive or prevent violence³.

Four priority settings were identified based on existing LGBTIQ+ infrastructure and the frequency of their mention in consultation. Each setting presents specific opportunities and challenges for embedding prevention efforts that address the drivers of violence against LGBTIQ+ people. The following section outlines the structural, cultural and relational dynamics within each setting, and provides examples of emerging practice and areas for further attention.

Education

Education settings are both powerful sites for prevention and highly vulnerable to backlash. Participants highlighted the role that schools can play in either entrenching or challenging harmful gender norms.

Participants described best practice in education as whole-of-school and whole-of-community approaches that are trauma-informed, culturally safe and co-designed with young people. Inclusive education, including comprehensive sexuality and respectful relationships education, is central to identity development, boundary setting and harm prevention. For consent or sexuality education to be considered comprehensive, participants required teaching approaches that included people who do not experience sexual attraction and/or do not engage in any sexual activity. Inclusive education and respectful relationships should be embedded throughout all aspects of school life, not just isolated within wellbeing programs. Participants emphasised the importance of consistency across environments, noting that young people often receive conflicting messages from school, home and online sources. They identified engagement of parents and carers as critical, not only to address backlash but also to help build community support and momentum for change.

Some participants raised concerns about escalating resistance to LGBTIQ+-inclusive education and

the significant related (and also escalating) risks for students, staff and program delivery. Others reflected on the structural barriers to embedding LGBTIQ+-inclusive prevention work in schools, particularly within systems marked by bureaucracy, fragmentation, inconsistent support from leadership, and a lack of clear coordination mechanisms. Participants also raised concern that an over-reliance on compliance-based approaches for implementation in school environments risks diluting the deeper, transformative intent of primary prevention.

Sport

Participants described sporting culture as an intensified reflection of broader societal norms, which often rewards aggression, dominance and rigid notions of masculinity. Sport was frequently cited as a space where homophobia is used to police masculinity, while transphobia is increasingly weaponised in women's sport to define womanhood through exclusion. As one sports practitioner said:

‘Sport is an amplified container of the soup we are all swimming in. This makes it even harder for people in the public eye to identify themselves and say it proudly when it's already hard to do in the everyday world. Particularly with the way that sports people, and AFL in particular, are ostracised and demonised for simple things like their body language on pitch let alone the way they choose to live their lives outside of the sporting world.’

At the organisational level, many sporting bodies continue to struggle to connect LGBTIQ+ inclusion with their gender-based violence prevention strategies. There are ongoing challenges in moving away from binary gender framings in violence prevention (e.g. ‘violence against women’ only) to include LGBTIQ+ experiences. Participants highlighted the value of resources such as Sport and Recreation Victoria's guide *Safe and Inclusive Sport*, which provides a framework for supporting a more inclusive approach to gender-based violence prevention that includes a focus on LGBTIQ+ communities.

A small number of initiatives are working directly with community sports clubs through strength-based, player-

3 Our Watch. (2021). *Change the story: A shared framework for the primary prevention of violence against women in Australia* (2nd ed.). <https://www.ourwatch.org.au/change-the-story/change-the-story-framework>

centred and place-based approaches. Participants saw approaches that frame prevention through an ethic of care and respect, grounded in broader community values, as particularly effective in engaging sporting communities and driving lasting change.

Participants also discussed less visible but equally critical forms of harm within sport, including violence and abuse perpetrated by coaches, and the ways in which cultures that excuse violence also enable it. Participants called for holistic approaches that include governance, safeguarding and care-based practice models.

Workplaces

Workplaces are a key setting in which participants identified both significant potential and persistent barriers. Participants from a range of sectors and settings noted that LGBTIQ+ organisational inclusion work is still under-resourced and largely driven by passionate staff with lived experience, often without institutional support or recognition. In many larger institutions, diversity and inclusion initiatives are often siloed within these portfolios, leading to tokenistic or disconnected approaches. In male-dominated industries, change is often made more difficult by entrenched cultures and the use of subcontractors, who are typically excluded from workplace initiatives. Participants also noted that many other types of workplaces, such as hospitality and in small-business and sole-trader contexts, are both where harm occurs and where inclusion work is minimally resourced, if at all.

Legislative reforms that create a positive duty on employers to prevent harassment were welcomed, but participants emphasised that these must be implemented in ways that explicitly include LGBTIQ+ people.

Participants identified leadership from senior executives to create the authorising environment for change as critical to the success of workplace inclusion work. They viewed the building of strong relationships between gender equity and LGBTIQ+ inclusion teams as best practice, and noted the alignment of messaging and development of mutually reinforcing strategies as especially important in the context of growing global backlash against diversity, equity and inclusion (DEI). As one participant expressed:

‘Inclusion can’t just be left to a few passionate people ... The whole organisation has to own it from the top down, and leaders need to be visible, accountable, and ready to put resources behind it.’

Online

Participants described online environments as both a site of harm and a critical space for connection, particularly for young people. They raised urgent concerns about the way online platforms are used to spread homophobia, transphobia and misogyny, often through highly organised campaigns. Swarming attacks on LGBTIQ+ organisations attempt to shut down both online and real-world spaces through harassment, form spamming and payment disruption. Participants framed these efforts not as isolated incidents, but as part of broader attempts to erase LGBTIQ+ presence from both public and digital life.

Participants spoke of the way online cultures reinforce rigid gender roles, valorise dominance, and trivialise or mock inclusion, feeding into the broader social drivers of violence. In their view, young people experience a less pronounced divide between their online and offline lives. Harmful content from influencers such as Andrew Tate is often internalised and reinforced through algorithm-driven echo chambers. At the same time, participants highlighted the vital role of online spaces in providing safety and affirmation for LGBTIQ+ youth, particularly those living in rural and remote areas or those lacking supportive school or family environments.

Participants cited the ban on social media access for individuals under 16 as an example of a well-meaning but potentially harmful policy. While such measures aim to reduce harm, they risk cutting off access to community and connection for queer youth. Rather than simply focusing on removing harmful content, participants argued that efforts should instead focus on cultivating safe and supportive online cultures, such as supporting young people to critically navigate online spaces, building digital literacy, and nurturing community-led content that affirms LGBTIQ+ identities.

Among participants there were strong calls to engage tech companies in discussions about corporate responsibility and their role in building a more respectful and safe online community. They also raised concern about the current limitations of the Online Safety Act, noting it is designed to protect individuals but not organisations. As a result, LGBTIQ+ services and community groups that face coordinated digital attacks remain unprotected. Participants also emphasised the need for more agile policy and legal responses to keep pace with the rapid evolution of digital harms.

Examples of existing prevention work

This section presents a range of examples highlighted by participants that showcase the leadership, innovation and diversity of approaches being used to prevent violence against LGBTIQ+ communities. Resource limitations mean this report cannot provide a comprehensive account of all efforts underway. Instead, it provides a cross-section of current work.

A number of LGBTIQ+-led initiatives are applying primary prevention principles in focused and intentional ways:

- The LGBTIQ Primary Prevention Project is an initiative of Rainbow Health Australia. It focuses on addressing critical evidence gaps; strengthening understanding of the drivers of violence; and building expertise for both LGBTIQ organisations and family violence primary prevention organisations to effectively deliver evidence-based programs. Key outputs include the Pride in Prevention suite of resources, which includes an evidence guide, messaging guide, partnership guide, evaluation guide and program guide. They have delivered sector training, communities of practice and events such as the Challenging Homophobia and Engaging Men and Boys forum. The project has also supported the development and delivery of pilot initiatives in partnership with LGBTIQ+ community-led organisations.
- Transfemme is a resource designed to promote healthier dating and relationships between trans women/trans feminine people and cis men. Developed by the Zoe Belle Gender Collective in collaboration with a collective of trans women and cis men who have experience in dating or are in relationships with trans women, Transfemme is based on lived experience, reflecting a range of experiences, perspectives and beliefs. Interviewees included First Nations people, settlers, migrants, sex workers, international students, and refugees and asylum seekers. It includes resources for trans women who date men, men who date trans women, as well as information for their family and friends, and practitioners.
- Gender diversity sex and consent and Gender euphoria and sex are resources produced by the Zoe Belle Gender Collective for the broader trans and gender diverse community.

Based on the primary prevention approach, these resources are for trans and gender diverse people and for people who want to learn more about healthy sexual relationships with trans and gender diverse people.

- Say it Out Loud, launched by ACON in 2016, is a world-first online resource focused on LGBTQ+ relationships. It has since expanded to become a national resource for LGBTQ+ communities and service professionals wanting to build their capability for working with people who have experienced sexual, domestic and family violence. Its offerings span primary prevention to early intervention and response, and include:
 - primary prevention campaigns that use strength-based messaging to address the drivers of violence for LGBTQ+ people, including Family Pride Stories, Pave the Way, Speaking out for Solidarity and Connection!, Relationship Role Models, and Diversity and Power of Healthy LGBTQ Relationships
 - Healthy Relationships workshops, including specific content for Aboriginal and Torres Strait Islander peoples.
 - workshops and resources to strengthen community and practitioner responses to disclosures of sexual violence
 - Proud Partners, a behaviour change program for LGBTQ+ people of all genders.
- The Being Valued Toolkit aims to create safer and more inclusive workplaces for LGBTIQ+ Victorians. It was created by Your Community Health and Transgender Victoria, with support from WorkSafe Victoria.

There is also a range of LGBTIQ+ led interventions addressing the drivers of violence against LGBTIQ+ people that apply primary prevention approaches to varying degrees:

- LGBTQ Domestic Violence Awareness Day, held annually on 28 May, raises global awareness about the prevalence and challenges of domestic, family and intimate partner violence and abuse in LGBTQ+ communities. It is led by the LGBTQ Domestic Violence Awareness Foundation, which works to ensure better outcomes for LGBTQ+ victims and survivors; and to end domestic violence in LGBTQ+ communities through awareness campaigns, education programs, and reducing barriers to reporting abuse and accessing support.
- Proud 2 Play has a vision of a world where all LGBTIQ+ people can lead healthy and active lifestyles through participation in sport and recreation. Its programs provide expertise in education, policy, inclusive events and research at all levels of the sporting community. While originally designed as an inclusion program, its growth has led to it aligning more closely with primary prevention in sporting settings.
- Rainbow Community Angels is a grassroots, community-led safety initiative based in Naarm (Melbourne), Victoria. They train and mobilise volunteers to take part in peaceful actions to support community safety at inclusive events such as drag story times at libraries and rainbow formals for LGBTIQ+ young people. These events continue to be targeted as part of a broader rise in anti-trans hate, transphobia and homophobia.
- InterLink provides mental health and wellbeing services to people with innate variations of sex characteristics and their family members located anywhere in Australia or Aotearoa New Zealand. The website provides information, fact sheets, posters and printouts for and by people with innate variations of sex characteristics, young people, and parents and carers. Resources cover a range of topics across health, wellbeing, rights, relationships, and bodies. This includes resources that unpack the qualities and features of healthy relationships and the ways in which people can make their relationships work best for them, and the nature and forms of abuse that can exist in interpersonal relationships.
- The Melbourne Bisexual Network (MBN; now part of Bi+ Pride Victoria) published the Intimate partner violence: Bi+ inclusive practice report in 2023. It draws on interviews with two bi+ women to explore experiences of intimate partner violence and seeking support. It also discusses the drivers of intimate partner violence against Bi+ women. MBN worked in collaboration with Safe and Equal and Berry Street to deliver 2 workshops to service providers – one workshop focused on primary prevention, and the other on response.
- 2Spirits is an LGBTIQ+ Sistergirl and Brotherboy community-controlled organisation grounded in cultural authority, strong community relationships, and accountability to the communities it serves. 2Spirits promotes the health and wellbeing of LGBTIQ+ Sistergirl and Brotherboy communities in Queensland through education, support, and advocacy. Aboriginal community-controlled organisations are well placed to lead culturally safe violence prevention, early intervention, response and healing programs. They draw on necessary cultural authority, trusted community relationships and deep expertise in how colonisation, racism, rigid gender norms and stigma shape violence. 2Spirits is committed to developing pathways to walk and work together in partnership with agencies to grow health and wellbeing outcomes for Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy people across Queensland.
- Ace & Aro Collective AU & ACT Aces released "I don't know if this counts but ...", the final report from the Asexual Lived Experiences Survey 2021. The survey covered different forms of discrimination, violence and hate crime against asexual people including microaggressions; religious discrimination and abuse; intimate partner violence; sexual violence; physical violence and threats; and healthcare experiences. The report looks at the results from 1,600 completed responses, including both quantitative data and the deeply personal stories sent in by survivors of abuse and violence.

The following mainstream primary prevention initiatives explicitly include LGBTIQ+ people in their programming:

- Allyship in Action: Building bystander action for trans and gender equity, a day-long learning forum, was delivered in 2024 through a partnership between Zoe Belle Gender Collective and Women's Health In the North. The purpose of the event was to support participants to implement good practice approaches to the prevention of violence against trans and gender diverse people, focusing on bystander action. The audience consisted of prevention of violence against women and gender equity workers from across the northern metropolitan region of Melbourne as well as the leads in the prevention of violence against women from other Victorian Women's Health Services. In 2026 this partnership released the resource Allyship in Action: Frameworks for trans and gender diverse inclusion in prevention of gender-based violence initiatives.
- The Guidelines for reporting on violence against trans and gender diverse people are part of a suite of resources Our Watch has developed for media professionals to support good practice in reporting on violence against women. These guidelines support media organisations and individuals in Australia to report on violence against trans and gender diverse people and communities. They guide how to report in accurate and respectful ways that draw attention to discrimination faced by trans and gender diverse communities; counter harmful myths about responsibility for violence; highlight positive stories of trans and gender diverse people; and provide a platform for trans and gender diverse voices to be heard. The guidelines were developed in consultation with a range of trans and LGBTIQ+ organisations.
- Safe and inclusive sport: Preventing gender-based violence is a guide by Sport and Recreation Victoria. It provides 10 guiding principles, case studies and practical tools to support state sporting associations; regional sports assemblies; women's health and community health services; local councils; and other organisations to work together to develop and implement prevention of gender-based violence projects in community sport settings. A key message is that environments focused on gender equity for women and girls can also be safer and more inclusive for gender diverse people and people from LGBTIQ+ communities, as these environments foster understanding and acceptance of people of all genders and sexualities.
- Rainbow Health Australia has an existing partnership with Safe and Equal, the peak body for Victorian organisations that specialise in family and gender-based violence across the continuum, including primary prevention, early intervention, response and recovery. This partnership was established in 2020 through a formal partnership brokering process. It has continued to strengthen and evolve over time and has been critical to building momentum and support for LGBTIQ+ inclusion across the Victorian family violence workforce.

Priorities for implementation

This section outlines the priorities that consultation participants identified as important for the successful implementation of *Changing with pride*. It brings together insights into what is needed at both system and practice levels to support LGBTIQ+ organisations and practitioners to lead and sustain primary prevention efforts, and to ensure this work is meaningfully embedded across the broader prevention system.

Governance and coordination

Participants emphasised the urgent need for national coordination to support and sustain LGBTIQ+ primary prevention. Without shared strategy, dedicated infrastructure and clear leadership, efforts remain fragmented, short-term and vulnerable to knowledge loss. Participants spoke of the need to consolidate expertise, strengthen connections across jurisdictions, and ensure that LGBTIQ+ people are not left behind as the national prevention agenda evolves.

To address these needs, they called for a national coordinating mechanism or organising body with a clear mandate to lead prevention. Such a body would reduce fragmentation, strengthen knowledge-sharing, build sector capability, and provide a stable platform for collaboration and policy influence.

Experts in LGBTIQ+ prevention recommended that this national mechanism be equipped to:

- build a critical mass of prevention expertise within the LGBTIQ+ sector
- support shared language and conceptual clarity
- provide national leadership and strategic direction
- create a knowledge hub to share resources, evidence and promising practice
- facilitate collaboration across jurisdictions
- support workforce development through training and communities of practice
- ensure sustainable policy impact over time
- mitigate the risk of knowledge loss due to staff turnover or sector instability.

Participants also saw a role for such a body in monitoring emerging trends, responding to community concerns, and building strong coalitions both within LGBTIQ+ communities and across the broader anti-violence movement. They emphasised that this would require senior leadership with both the capability and authority to guide the work. Crucially, participants stressed that only communities themselves can represent their own interests. Any organisation in this role must be deeply connected to the broad LGBTIQ+ community and resourced to maintain relationships with specific populations. Such connection would help ensure LGBTIQ+ communities are not just consulted but actively shaping the agenda. As one senior leader said:

‘LGBTIQ+ people need to be at the table. We are often erased from those tables, from decision-making, from representation.’

Participants also reflected on the broader public sector architecture needed to support this work. They identified siloed departmental structures as a significant barrier to coordination and access. One proposed solution was to centralise LGBTIQ+ functions within a single government department to support whole-of-government coordination. This would also help mitigate the risk of knowledge loss arising from staff turnover.

Beyond structural change, participants spoke of the importance of a stable and well-resourced authorising environment. Short-term, competitive funding cycles were identified as major barriers to community-led prevention. Participants called for sustained investment aligned with the national plan and its theory of change.

Prevention cannot take root in systems that do not value or understand it. Participants advocated for system architecture that is long-term, practice-literate and capable of supporting change at scale.

As such, the capability of government should be built to support prevention in practice. Participants called for dedicated training and resources for policymakers, funders and commissioning staff to help them recognise strong program design, assess impact in context, and defend investment when challenged.

Several participants proximal to government called for the development of a policy implementation guide to support public servants in the implementation of the framework. They noted that without such a resource, decision-makers were left to interpret policy intentions on their own, often without the clarity or confidence needed to act. A policy implementation guide should outline how government can play a proactive role in enabling prevention, including how to align implementation decisions with national priorities across policy areas, design fit-for-purpose procurement and commissioning processes, and assess which programs they should fund.

Resourcing and infrastructure

Participants emphasised that lasting prevention work requires robust, lasting infrastructure.

Many raised the question of how LGBTIQ+ people will be supported to lead this work. They recommended that for implementation to succeed, LGBTIQ+ organisations must be recognised as experts and equal partners in this work, and receive direct funding. Participants spoke of the trust these organisations hold, their technical expertise, and their long-standing role in community-building. Participants also described a clear need to move beyond short-term projects and pilot initiatives towards sustained investment that builds capability over time.

Participants raised concerns about expectations being placed on LGBTIQ+ organisations to meet the same implementation and quality standards as larger, generalist services, and the risk that poorly designed evaluation mechanisms can become barriers rather than enablers. One experienced participant observed that the current stage of LGBTIQ+ prevention work in Victoria resembles mainstream prevention of a decade ago. Organisations need time, support and stable funding to build their capability.

Several leaders warned of the risks of well-intentioned implementation models that replicate the same structural dynamics they seek to undo. When mainstream organisations control the process, or when community organisations and advocates are brought in late to endorse pre-made plans, trust and effectiveness are undermined. Similarly, when design is rushed, rigid or overly prescriptive, little room is left for communities to lead or adapt. Community-led prevention can be powerful and transformative, but only when communities are trusted and supported to define it themselves. Room must be made for experimentation, for doing things imperfectly, and for nurturing approaches that reflect local realities.

Participants also strongly cautioned against applying narrow, compliance-based evaluation models, and instead suggested cultivating a 'culture of evaluation' where community-led prevention is evaluated on its own terms. This means equitable and proportionate approaches to impact measurement that reflect the structural inequities that LGBTIQ+ organisations face. Communities should define measures of success and measure them through both quantitative indicators and stories, relationships, and cultural knowledge.

Inclusive and cohort-specific approaches

Participants were able to describe the complementary roles of universal campaigns and cohort-specific, community-led programs, and the ways in which these reinforce each other.

Universal campaigns play a critical role in reaching broader audiences and shifting mainstream norms. When these campaigns are inclusive and reflect the lives of LGBTIQ+ people, they help LGBTIQ+ communities to feel seen, valued and connected to the broader prevention agenda. Participants described inclusion in mainstream messaging as important not only for community engagement, but also for visibility and cultural change. Such inclusion signals that LGBTIQ+ people are part of the story and part of the solution.

At the same time, participants stressed the need for tailored, community-led programs that centre the experiences of specific cohorts within LGBTIQ+ communities. These programs are more likely to reach LGBTIQ+ audiences, respond to local and community-specific needs, and build the trust required for prevention work to be effective. They also create space for communities to come together, build relationships and take collective action – which participants described as essential to successful prevention.

Aboriginal and Torres Strait Islander-led prevention

All participants from Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy communities demonstrated a deep understanding of the structural issues that drive the high rates of violence they experience, and shared nuanced perspectives on what needs to happen to better prevent and respond to this violence.

They emphasised the need for place-based work that reflects local context and community authority. They stressed that Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy community-controlled organisations are best positioned to lead an integrated approach that brings together primary prevention, early intervention, response and

healing, with decision-making and accountability held in community.

These participants also raised concerns about funding models that channel resources through larger organisations that are not trusted or culturally safe. They reported that these arrangements often reduce Aboriginal and Torres Strait Islander LGBTIQ+ Sistergirl and Brotherboy organisations to junior partners or delivery agents; undermine self-determination; and keep priorities and accountability outside community. This can steer people towards unsafe pathways and increase the risk of exclusion and harm.

Partnerships

Experienced prevention leaders in this space named partnerships as key to future implementation of *Changing with pride*.

They noted that partnerships in primary prevention should be approached as a means to support community-led work and create mutual value, rather than primarily to achieve reach and impact. Without such an approach, partnerships can often become unintentionally extractive, particularly when mainstream organisations seek validation for working with marginalised populations but fail to fully recognise and resource community expertise. Leaders described formal partnership processes, such as those used by the [Partnership Brokers Association](#), as best practice for achieving mutually beneficial partnerships.

There was consensus among partnership experts that intersectional, community-led prevention requires a deeper and more relational approach to partnership. Partnerships need to be embedded at an organisational level and not left to individual relationships between staff. This includes prioritising accountability, trust, shared power and open dialogue. These participants emphasised the importance of allowing sufficient time to build relationships, understand each partner's context, and establish clear ways of working.

Participants identified that effective partnerships must include open discussions about power, positionality, risk, goals, and historical and current systemic power imbalances. Avoiding these conversations, they noted, is likely to reinforce inequities and undermine trust. As one participant expressed:

‘Trust isn’t given, it’s earned over time by showing up consistently and meaningfully for communities that have been let down before.’

Participants also noted that, rather than imposing standard organisational practices, organisations must be prepared to adapt their ways of working to create space for community-led approaches. They strongly stressed that community organisations must be properly resourced and funded to participate equitably in partnerships.

In the current climate, some warned that the risk of backlash makes this work particularly vulnerable. The future will depend on visible partnerships between LGBTIQ+ and prevention of violence against women organisations that demonstrate mutual solidarity and support.

Workforce development and capability building

Participants consistently highlighted the need for workforce capability building to support the implementation of the framework.

Mainstream prevention workforces reported a desire to better understand their role and responsibilities in this space. Many practitioners expressed a need to build their confidence and competence to include LGBTIQ+ people in their existing work as genuine allies.

Participants noted that their peers often feel unsure or awkward when discussing LGBTIQ+ issues. Frequently this is driven by a fear of offending, appearing uninformed or getting it wrong. They also noted that the mainstream workforce has not generally excelled at seeing how violence against women and against LGBTIQ+ people are connected. Work to prevent violence against women often stops with naming sexism and misogyny. Conversations about homophobia, transphobia and gender diversity are still treated as extra to, rather than a core part, of the business.

Providing practitioners with explicit permission and encouragement to challenge homophobia and transphobia is a practical way to build practitioner confidence, participants noted. This must be accompanied by structured learning opportunities that support both LGBTIQ+ and primary prevention workforces to engage meaningfully with this work. Learning opportunities should include frank conversations about sex, sexuality, and pleasure – not only to more fully respond to the needs of LGBTIQ+ people, but also because sex and sexuality are

fundamental aspects of human experience that are relevant across all areas of prevention. Participants observed a generalised reluctance to talk openly about sex and sexuality, which limits the workforce's ability to address the gendered drivers of violence in all their forms, and leaves important aspects of people's lives unspoken or poorly understood.

Some participants identified that practitioners need greater conceptual literacy and confidence to deliver inclusive prevention. To engage effectively with complex issues such as resistance and backlash, one participant described the importance of having 'enough literacy and confidence to stand 10 toes down, knowing that what I'm saying is correct based on the best available evidence'.

Participants called for dedicated resources to support inclusive and consistent language use across policy and practice. They recommended community-informed tools to help services and policymakers navigate complex terminology, such as 'violence against women', 'family violence', 'family, domestic and sexual violence' and 'gender-based violence', and ensure language choices promote, rather than hinder, meaningful inclusion.

Strengthening inclusive prevention work requires leveraging the existing skills and knowledge held across the sector. Many prevention and family violence workers hold significant transferable knowledge. However, participants consistently described a sense of helplessness that can arise when people are unsure of how to act or fear backlash. Participants called for more structured, reflective spaces in which practitioners can explore their own biases, privileges and discomforts around gender, sexuality, homophobia and transphobia. Training, while essential, is not enough. According to participants, ongoing reflective practice opportunities, such as communities of practice, offer critical support. The workforce has repeatedly requested case studies and practical examples to help contextualise learnings. Participants also emphasised the importance of regularly refreshing their knowledge. LGBTIQ+ prevention is not a static area of work. Language, community needs and practice continue to evolve, and workforce development efforts must keep pace.

Existing workforce capability-building infrastructure in this space is limited. Participants repeatedly named Rainbow Health Australia as a key leader in this area and identified Zoe Belle Gender Collective as an important organisation currently providing fee-for-service training focused on preventing violence against trans women. However, limited resourcing constrains the impact of both organisations. As a result, there is currently no national provider offering

broader LGBTIQ+ primary prevention training to the prevention workforce. There is also currently no training available on LGBTIQ+ primary prevention to support the LGBTIQ+ workforce to apply their existing skills to prevention work. Several participants from states other than Victoria suggested Rainbow Health Australia's and Zoe Belle Gender Collective's workforce capability work in Victoria be scaled up nationally to build on existing momentum and avoid duplication.

Legislation

Participants experienced in policy advocacy described the ways in which legislation shapes the structural conditions that either normalise or deter violence by signalling whose lives are recognised and protected, and whose are overlooked or actively excluded. Examples include discriminatory statutes that legitimise prejudice based on religious belief, and gender equity legislation that fails to name or protect trans and gender diverse people.

Participants called for legislative and policy tools to be co-designed with affected communities to ensure these tools achieve their intended impact and avoid inadvertent harm. As one participant said:

‘When we see those policy decisions being made about our communities without us it leads to not only a detrimental social narrative but a harmful environment for trans people to be living in.’

Another participant noted that legislation that protects the right to bodily autonomy is key to preventing gendered violence for people with innate variations of sex characteristics. For example, laws that promote and uphold the rights of children with innate variations of sex characteristics to be protected from deferrable medical interventions or to access supported decision-making and affirmative psychosocial supports. There is now legislation in 2 jurisdictions – Victoria and the ACT – which protects people with innate variations of sex characteristics, and other states and territories are set to follow.

A meaningful response to backlash and resistance

A strong theme to emerge from the consultation was the need for all implementation to carefully consider and plan for resistance and backlash, and that further resources are required to support this.

LGBTIQ+ participants consistently demonstrated an in-depth (and hard-won) understanding of the dynamics and impact of resistance and backlash, and the risk this poses both to their own work and the efforts of those working to prevent violence against women.

Participants consistently described a sharp rise in anti-LGBTIQ+ backlash globally, and noted the building momentum in Australia since the marriage equality plebiscite. This includes escalating attacks on the dignity, rights and humanity of trans and gender diverse people. Backlash disproportionately impacts First Nations, black and brown LGBTIQ+ people, and trans and gender diverse people, particularly trans women and Sistergirls, and trans and gender diverse children and their families.

In response, participants called for specific practice guidance to support practitioners in addressing trans-specific resistance and backlash. They noted that while existing resources such as the *Pride in Prevention Messaging Guide* and *(En)Countering Resistance* provide a useful starting point, they do not adequately capture the unique dynamics and complexity of transphobic resistance and backlash.

Participants also spoke of growing stigma in schools and community spaces, making it more difficult for trans and gender diverse young people to access support. In some cases, this has led to these young people's deteriorating mental health and disengagement from programs. Additionally, as a result of backlash, many organisations have chosen not to offer programs for LGBTIQ+ people under 18, while some youth-specific events and programs have been cancelled, reducing already limited access to safe spaces.

Participants described the current wave of backlash as highly coordinated and well resourced. They noted anti-LGBTIQA+ narratives are being pushed aggressively through online platforms and media, and increasingly taken up in mainstream spaces. One participant said:

‘There is quite a prolific, well-funded anti-trans movement, and I would like to see our organisations and allies get the same level of support to challenge or provide an alternative view.’

Other participants spoke about a rise in targeted protests, online abuse and the intimidation of LGBTIQA+ events such as drag story times and youth formals. In some instances, police were described as offering inconsistent responses or even legitimising hostile actors, which discouraged people from reporting harm they have experienced and made it harder for communities to take the lead on safety.

Many participants linked this backlash to broader efforts to roll back feminist and social justice progress. They drew a further connection to the broader rise of populist ideologies, through which anti-trans and anti-queer sentiment is being used to undermine democracy and social cohesion. As one participant put it:

‘We can see what is happening in the US, in Italy and in Germany. It doesn’t just affect our community. It will affect the Muslim community, the Jewish community, all people of colour. Australia’s pride in being a multicultural, egalitarian society is under threat if we allow these views to fester.’

Participants described transphobia and transmisogyny being used to reinforce rigid gender roles, while also being weaponised to undermine the rights of women and gender diverse people more broadly.

The impacts of this climate are not limited to LGBTIQA+ individuals. Participants spoke of the ways in which violence and hostility also affect families, partners, allies and service providers. Some participants reported widespread threats, including stalking, doxxing, and both online and offline abuse, which has created an increasingly unsafe and volatile environment. This has had a chilling effect across parts of the service system. Concerned about safety and backlash, some family violence and sexual

assault organisations are growing more cautious of inclusive practice. Transphobia now shows up more frequently in conversations with boys and young men, often with a frequency and intensity that workers feel unprepared to handle.

A number of participants noted that backlash doesn’t just block change. It can also actively escalate harm by fuelling discrimination, entrenching prejudice, and normalising violence both against and within LGBTIQA+ communities. As one family violence practitioner stated:

‘If a heterosexual male perpetrator of family violence had an incident during the day that left him feeling emasculated, he is more likely to go home and assault his partner. But the same thing is happening for LGBTIQA+ people, where, if they have an experience that day where they encountered a slur or experienced some form of identity abuse, or being belittled for who they were as a queer person, they are also more likely to go home and assault their partner. So these societal conditions, where the boot on the neck is getting heavier and heavier, are actually going to increase these incidences of violence, because as people get more powerless, they’re going to seek to punch down.’

Participants also reported a sharp and very concerning increase in physical violence and public hostility towards trans and gender diverse people, and gay, bisexual and queer men across Australia, fuelled by the growing cultural climate that enables and downplays such violence. Despite the rising levels of violence, there is little shared infrastructure for information-sharing or action between states and territories to bring together government, the judiciary and the community. Participants described existing reporting systems for hate crimes as inaccessible or perceived by the community as untrustworthy, with one senior leader calling for community-based or independent alternatives to ensure hate-motivated incidents can be reported without relying on police.

Research

Participants identified significant gaps in the current evidence base and called for targeted research to inform prevention efforts, policy development and service design. Key priorities included:

- investigating key points across a person's gender affirmation journey where they may be at heightened risk of experiencing violence, to better inform timing and focus of early interventions
- exploring the intersections of homophobia, transphobia and masculinities in the Australian context, paying particular attention to how these forces shape men's internal relationships with identity, emotional expression and gender role expectations
- examining the dynamics and impacts of lateral violence within LGBTIQ+ communities, and identifying prevention approaches that nurture community wellbeing, support collaboration, reduce structural pressures, and support safer and more sustainable environments for community-led work
- strengthening cohort-specific evidence for under-researched groups, including trans women, trans men, non-binary people, asexual people, people with innate variations of sex characteristics, and lesbian women in relationships with cis female partners. This includes examining how violence is both experienced and perpetrated, and how specific, often under-researched forms of marginalisation – such as transmisogyny, the pathologisation and erasure of asexuality, specific gender norms relating to sexual desire, and the medical regulation and stigmatisation of people with innate variations of sex characteristics – drive violence.

Participants also identified a range of ways to strengthen research practice for preventing violence against LGBTIQ+ communities.

A key theme among participants was the importance of co-designing research with LGBTIQ+ communities. Participants emphasised that drawing on lived experience is essential to ensure research is relevant, respectful and grounded in the realities of those most affected. They called for greater investment in community-led research and stronger capability across academic, policy and prevention sectors to engage meaningfully in this work. This includes building partnerships between researchers, LGBTIQ+ organisations and practitioners to ensure findings can directly inform prevention and service design.

Participants also emphasised the importance of framing research questions through an LGBTIQ+ lens. They viewed many current studies as shaped by heteronormative and cisnormative assumptions, which limited their validity and usefulness. Specific concerns included the way in which violence against trans women and trans feminine people is often under-reported or misunderstood in research, due to social conditioning or a lack of language to describe these experiences. Methodologies need rethinking from the ground up to centre these realities and support better data, better insights and better outcomes.

The structure and presentation of data were also highlighted. Participants urged researchers to avoid homogenising LGBTIQ+ populations or using reductive categories. While disaggregation is necessary, it must be done in ways that meaningfully reflect the identities of both victim-survivors and those using violence. This is especially important for identifying subgroup-specific risks, such as the disproportionately high rates of sexual violence experienced by bisexual women, which are often obscured in aggregated datasets.

Participants called for research that better captures the full context of sexual violence experienced by LGBTIQ+ people. This includes experiences that occur in heterosexual relationships prior to someone coming out or entering queer spaces, which are often overlooked. They also noted the need to move beyond a sole focus on victimisation and to explore the drivers, patterns and contexts of perpetration. This work must be approached with care to avoid pathologising LGBTIQ+ people or reinforcing stigma.

Values-based messaging

Participants argued for the use of prevention messaging framed through a positive lens that centres equality, respect and healthy relationships, rather than a reliance solely on risk-based or deficit models, which can unintentionally normalise harm by presenting it as inevitable. Messaging should be shaped by the communities it seeks to represent. Participants emphasised that many cohorts will only engage with messages that reflect their specific experiences, identities and needs.

Values-based messaging was highlighted as a useful approach for designing effective community-led approaches that are more likely to achieve social change, and progress LGBTIQ+ inclusion in ways that are less likely to provoke resistance or backlash.

Several participants also noted the critical role of awareness-raising in enabling primary prevention. There continues to be a widespread lack of recognition that LGBTIQ+ people experience family and gender-based violence. Without this baseline acknowledgement, it remains challenging for prevention efforts to generate momentum or mobilise meaningful support.

Improved LGBTIQ+ inclusion in services

Although the consultation did not focus explicitly on the response system, participants identified several systemic concerns that highlight the need for reform.

They described exclusionary service models that funnel LGBTIQ+ people into victim support pathways that are not always inclusive, safe or equipped to meet their needs. 'Separate but equal' approaches persist, where services may claim to be inclusive in principle, but in practice exclude or redirect trans women and gay, bisexual and queer men to generalist or mental health services instead of recognising them as survivors of gender-based violence. This occurs frequently, despite legislation affirming the legal rights of trans women to access women's services and new service agreements that support the provision of services to LGBTIQ+ people of all genders.

Pathways into services often remain confusing or inconsistent, even into those services that have made progress towards inclusion. LGBTIQ+ people are frequently forced to assess a service's safety themselves, carrying the burden of emotional labour and risk management. Many disengage before receiving meaningful support, and communities are left to respond to harm by using their own limited resources.

Participants also raised concerns about Commonwealth funding structures that restrict service eligibility based on gender. These criteria often exclude cis men over 18. While trans men may technically qualify, accessing support frequently requires outing themselves. This creates risk and limits access.

Aboriginal and Torres Strait Islander LGBTIQ+ Sistersgirl and Brotherboy participants reported that domestic and family violence systems, police and other mainstream services are often unsafe. They described experiences of not being believed, discrimination, poor responses, and being treated as less worthy of protection. These participants expressed that rigid gendered service models and narrow definitions of family violence often block access to support entirely. Sistersgirls, in particular, are frequently misgendered, deemed ineligible, or placed in unsafe settings, especially in refuge and housing pathways, or prisons.

Service gaps outside major centres increase risk, with regional and remote communities facing little or no access to safe support. For Aboriginal and Torres Strait Islander LGBTIQ+ Sistersgirls and Brotherboys, this often leads to displacement from Country, as well as added cost, stress and safety risks when people need to travel for help.

Aboriginal and Torres Strait Islander LGBTIQ+ Sistersgirl and Brotherboy participants noted that police and justice systems are often a source of fear and harm rather than safety for victim-survivors. They identified discrimination, poor understanding of LGBTIQ+ family violence dynamics, misidentification of the primary aggressor and over-policing, and called for practical reform and accountability.

Next steps

Rainbow Health Australia and Our Watch extend our sincere thanks to all those who participated in this consultation. Your insights, expertise and strategic thinking have shaped a more grounded and comprehensive understanding of what is required to prevent violence against LGBTIQ+ people. *Changing with pride* would not be possible without your contributions.

The insights shared through this consultation reflect a clear and collective call: that LGBTIQ+ communities must be central to the national prevention agenda – not as an afterthought, but as partners, leaders and co-creators of the work ahead. The ideas, tensions and aspirations outlined in this report are an invitation to deepen our collective practice with care, integrity and courage.

The success of *Changing with pride* depends on what comes next: the way in which it is put into practice, embedded across systems, and sustained over time through effective leadership, governance, resourcing and collaboration. Now, more than ever, we must act with urgency and resolve to turn this vision into lasting change.

Funded by the Australian Government
Department of Social Services



Australian Government
Department of Social Services



© Our Watch 2026

rainbowhealthaustralia.org.au
ourwatch.org.au



Rainbow
Health
Australia