

Australian Research Centre in Sex, Health & Society

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To the Victorian Family Violence Implementation Monitor,

I write in the capacity as Associate Professor of LGBTIQ Health at the Australian Research Centre in Sex, Health and Society at La Trobe University.

In 2016 the Royal Commission into Family Violence recognised unique actions were required to better address LGBTIQ family violence and outlined a series of recommendations (166-169) relating to service delivery, policy (re)development and research.

In recognition of the limited evidence base for policy and services-oriented interventions, **Recommendation 166** calls for research relating to the nature and prevalence of, and the most effective responses to, family violence in LGBTIQ communities.

Recommendation 166. The Victorian LGBTI Taskforce, supported by relevant experts, provide advice [within two years] on the following:

- research priorities relating to the nature and prevalence of and the most effective responses to family violence in LGBTI communities
- effective prevention strategies
- the review of the standards for family violence service providers—including men's behaviour change programs
- intersections between family violence and health and wellbeing initiatives.

Importantly, this recommendation emphasises that work pertaining to LGBTIQ family violence must always be led by LGBTIQ community organisations and experts. It appears implicit in the recommendation that research is required to establish effective prevention strategies, which itself requires an understanding of the nature of LGBTIQ family violence, how and where it occurs, the cultural influencers, and the barriers or facilitators to responsive service access.

LGBTIQ related interventions and services operating in Victoria do so in acknowledgement that relatively little prior research has been conducted on this topic among this community. Most Australian studies to date have focussed on establishing the existence and prevalence of family violence faced by LGBTIQ people, which seemingly occurs at rates similar to non-LGBTIQ populations. It has also sought to elucidate forms of violence that are more specific to this population.

There is, however, considerable diversity within the LGBTIQ population and marked differences in experience can exist according to gender and sexuality. Research examining the experiences of bisexual people has observed higher rates compared to lesbian-identified or heterosexual women. There is limited research examining intimate partner violence related experiences of trans and gender



diverse people of intimate partner violence, however that which does exist suggests a higher rate than observed among their cisgender peers, while there are indications that trans women report higher rates than trans men. Even at a global level, very little is currently known about family violence related experiences of people with an intersex variation.

A wide range of questions relating to LGBTIQ family violence remain unanswered, the answers to which have the potential to inform service design and delivery. This includes needing a better understanding of the predictors, drivers or correlates of family violence as well as the social and cultural contexts within which such violence emerges and is maintained. Such insights are crucial to informing primary prevention efforts.

A review of relevant research funded by the Victorian State Government and conducted by Our Watch and Gay & Lesbian Health Victoria (now Rainbow Health Victoria) recommends support for primary prevention research projects to investigate the drivers of violence against people from LGBTQ communities. Building upon this initial literature review, this year Rainbow Health Victoria published *Pride in Prevention, a guide to primary prevention of family violence experienced by LGBTIQ communities* (attached with this letter). This resource provides a preliminary framework for further prevention work and summarises the existing research in the area as well as the current gaps. When COVID-19 began to radically change life in Australia, Rainbow Health Victoria produced a research briefing on the impacts and service delivery implication for LGBTIQ communities, with a specific focus on family violence (also attached to this letter).

As the State Government of Victoria seeks to improve family violence service responses and bring about generational change on this issue, it is crucial that LGBTIQ people are not left behind. More research needs to occur to better understand family violence among LGBTIQ populations, as well as research on effective interventions and means of prevention. Further work is required to meet the intention of Recommendation 166 in terms of informing LGBTIQ specific responses and the Family Violence Implementation Monitor should consider this recommendation not yet fully met.

While I submit this letter in an individual capacity as an LGBTIQ focussed researcher, I also sit as a member of the Victorian Ministerial LGBTIQ Taskforce. I am very happy to facilitate a discussion between your office, this group and Family Safety Victoria if this can in any way be beneficial.

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