

# *Primary Care Pathways to Safety: recognising and responding to LGBTIQA+ people impacted by domestic and family violence*

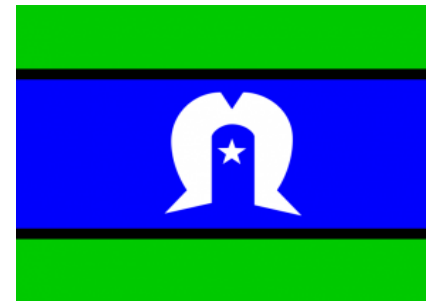
**Thursday 12th June 2025**

*The content in this session is valid at date of presentation*

# *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



## *Victim survivor acknowledgement*

We acknowledge the profound and lasting impact of family violence on individuals, families and communities, and the strength and resilience of the children and adults who have experienced and are still experiencing family violence.

We pay our respects to those who did not survive and to their family members, kin and loved ones.

# Housekeeping – Zoom Meeting

**All attendees are muted**

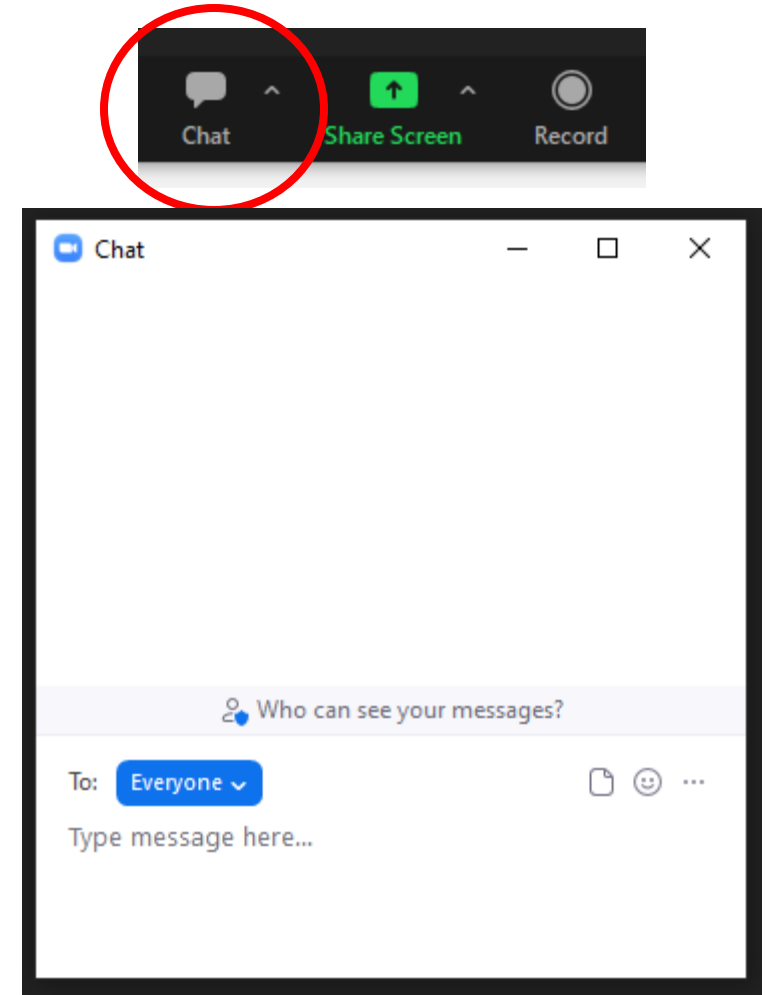
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**Please ask questions via the Chat box**

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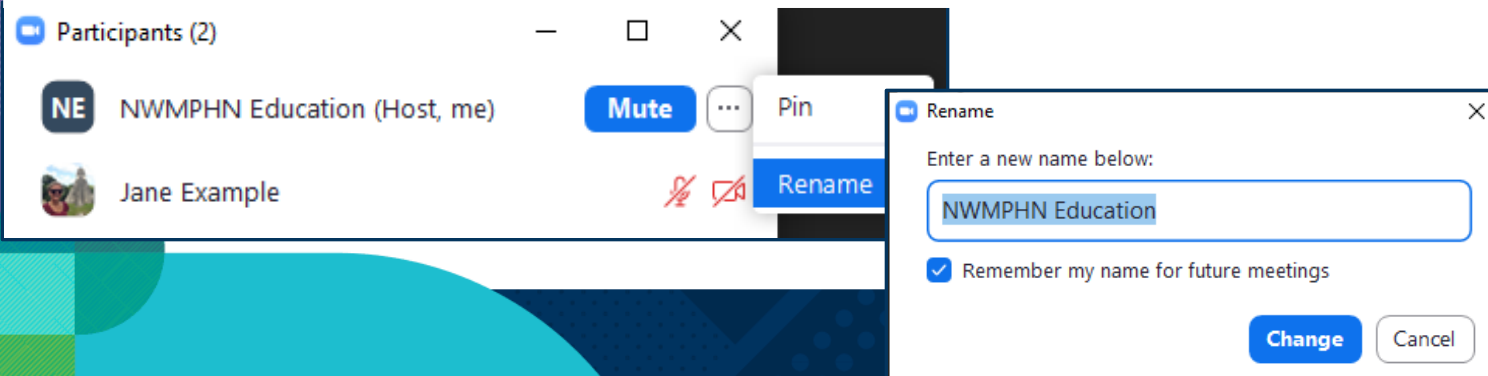
Certificates and CPD will not be issued if we cannot confirm your attendance



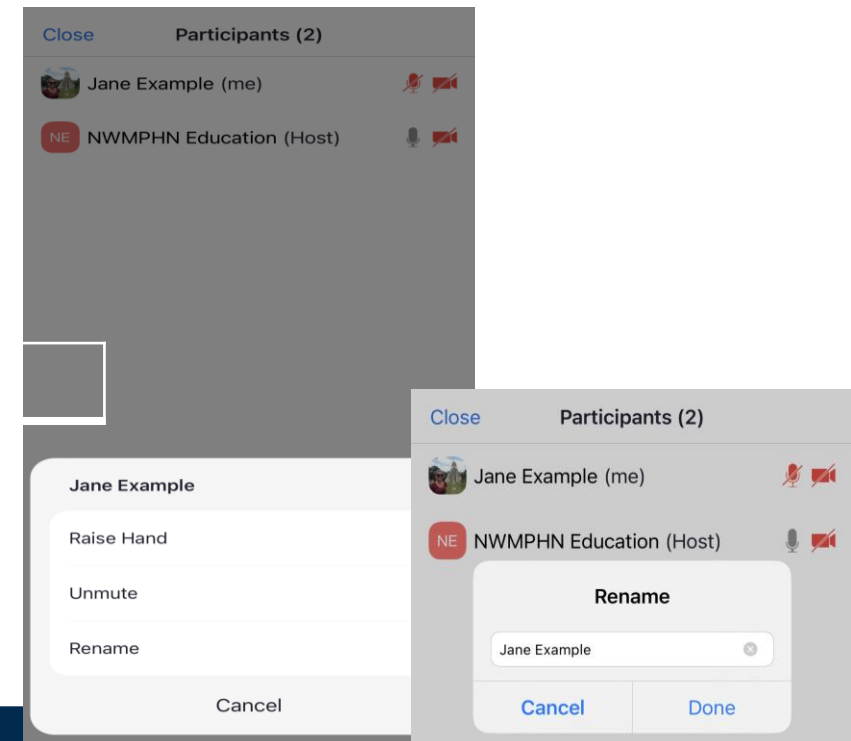
# How to change your name in Zoom Meeting

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## Make attending this session count towards your Reviewing Performance and Measuring Outcomes hours

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If you continue your reflection following this activity, use the steps below to claim Reviewing Performance hours.

Further information will be distributed through the post-session email.



Melbourne

HealthPathways

Melbourne

Medical

Assault or Abuse

Family Violence

Disclosure of Family Violence

Family Violence Referral and Community Support

Crisis services

Secondary consultation service

After hours services

Victim-survivor support services

Intervention and support for people who use violence

Prevention and dispute resolution services

Legal and financial services

People Who Use Family Violence

Physical Assault and Injury Recording

Allocate Injury Type

Strangulation (Choking)

Sexual Assault or Abuse

Adult Recent Sexual Assault

Previously Undisclosed Sexual Assault

Sexual Assault Counselling and Support

Family Violence

Melbourne

HEALTHPATHWAYS

Latest News

3 March

Health.vic

Health alerts and advisories

4 March

Japanese encephalitis (JE) in Victoria

A second confirmed case of Japanese JE has been identified in a resident of northern Victoria. Clinicians should test for JE virus in patients with compatible illness and notify the Department of Health immediately of suspected cases. [Read more...](#)

27 February

Local outbreak of measles in Victoria

An outbreak of measles has been identified in Victoria, after two new cases were reported who likely acquired their infection in Melbourne. These cases have had no history of overseas travel or known contact with other cases of measles. [Read more...](#)

24 February

Paracetamol pack size restrictions are now in effect

Pathway Updates

Updated – 11 March

Febrile Seizures in Children

Updated – 10 March

Immunisation - Adults

Updated – 10 March

Myocarditis and Pericarditis After COVID-19 Vaccines

Updated – 10 March

Mpox

Updated – 4 March

Herpes Zoster Ophthalmicus

VIEW MORE UPDATES...

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About HealthPathways

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# Family Violence in LGBTIQ+ Populations

Home / ... / Family Violence / Disclosure of Family Violence



## Disclosure of Family Violence

This pathway is about family violence affecting people of all genders inclusive of the LGBTIQ+ community, parents, and siblings. See also:

- [Child or Family Information Sharing Scheme](#)
- [People Who Use Family Violence](#)
- [Sexual Assault or Abuse](#)

### Red flags

- ▶ **Victim-survivor is concerned for their immediate safety and afraid to go home**
- ▶ **Suspected child abuse or neglect**

## Background

[About family violence](#) ▼

## Assessment

### Practice point

#### Take care discussing family violence

Do not discuss, or ask about, family violence in the presence of a possible person who uses violence, other family members, or children who can understand the conversation. Do not use family members or friends as an interpreter if one is required, and consider if a specific gender is appropriate for the patient.

1. Be aware the family violence and abuse is not just physical. It includes:

- Coercion and controlling behaviours e.g.,:
  - Close monitoring and control
  - Intimidation and harassment
- Emotional abuse including:
  - gaslighting (questioning the victim's feelings, recollections, and instincts)
  - erosion of a person's self-esteem through criticism or sabotage
- Systematic isolation from social supports
- Explicit or implied threats of violence towards the person or dependents
- Neglect

## Disclosure of Family Violence

### Management

1. If victim-survivor or children are in immediate danger, call 000 for police support and 1800-015-188 for [safe steps](#) family violence and support service.
2. If suspected child abuse or neglect, report to [Victorian Child Protection Service](#).
3. Create a trustworthy and safe environment for the victim-survivor, and practice [trauma-informed care](#). Use the [LIVES framework](#) in supporting victim-survivor disclosing experience of family violence.
4. Discuss safety and a [safety plan](#) each consultation, according to risk:
  - [High risk of immediate violence](#) ▼
  - [Less risk of immediate violence](#) ▼
  - If technology abuse is occurring, online safety planning can help victim-survivors to stay connected through technology while reducing the risks associated with technology abuse.
  - If the person who uses violence does not have access to the person's smartphone, account details or messages, these apps may be of assistance:
    - [1800RESPECT – Daisy App](#)
    - [Ask Izzy](#) – Free on Telstra mobile network
  - Consider reporting image abuse to the eSafety Commissioner.
5. Consider the needs of diverse communities or groups that experience domestic violence:
  - [Parents and siblings](#) ▼
  - [Elder abuse](#)
  - [LGBTIQ+ people](#) ▲

#### LGBTIQ+ people

- Abuse can be unique:
  - Threats to "out" a person's sexuality, HIV status etc.
  - Pressure to conform to gender and to sex, withholding medications (hormones, antiretrovirals), isolation
- Challenges to accessing care:
  - Abuse is trivialised e.g., woman can't abuse women, men can defend themselves
  - Fear of discrimination from police and healthcare providers
  - Shame and stigma about both LGBTIQ+ status and abuse
- Offer specialised services:
  - [Say It Out Loud](#) – relationships and domestic violence for LGBTI communities
  - [Thorne Harbour](#) – LGBTIQ+ relationship and family violence counselling
  - [Rainbow Door](#) (intake point for LGBTIQ+ Family Violence services)
  - Relationships Australia Victoria 1300-364-277
  - LGBTI Gay and Lesbian Liaison Police Officers (03) 9247-6944
  - [Queerspace](#)
  - [Transgender Victoria](#)
  - [Undercurrent Victoria](#) – resources around referrals to support anti-violence and respectful relationships

- [Aboriginal and Torres Strait Islander people](#) ▼



# HealthPathways Case Study- Family Violence

Access the case study- [Family violence in general practice settings](#)



**CASE STUDY 4:**

### Assistance with family violence in general practice settings

Carly, a new patient, came into her appointment and asked the GP, who was running late, for a repeat contraceptive pill prescription. She seemed agitated and edgy, constantly looking at her watch. The GP sensed a problem and asked if she was feeling okay.

Carly said, "My boyfriend dropped me off and said he'd be back in 15 minutes, and I'm worried that he'd be waiting."

The GP asked her some questions about the source of her stress. She chose them from the [Disclosure of Family Violence](#) pathway. Here are some examples.

Carly said, "I am worried because when I am late, he gets angry and when he gets angry with me, he yells."

Carly explained to her GP that they moved interstate around 3 months ago. She moved away from family and friends and gave up her position as a childcare worker because her partner had to relocate for work. Her partner said she shouldn't work because it would be difficult, due to the relocation. Carly had no other medical problems. She did not take any other medications besides her combined oral contraceptive pill.

Carly said that her partner limited the amount of money he gave her for shopping and transport. He got angry when she contacted her mum and her best friend. She said, "He doesn't really want

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[melbourne.healthpathways.org.au](http://melbourne.healthpathways.org.au)



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# HealthPathways – Relevant and Related Pathways

## Relevant Pathways

[Family Violence](#)  
[Physical Assault and Injury Recording](#)  
[Sexual Assault or Abuse](#)  
[Child Abuse and Neglect](#)  
[Disclosure of Family Violence](#)  
[Elder Abuse and Neglect](#)  
[People Who Use Family Violence](#)  
[Reporting to Child Protection](#)  
[Sexual Abuse of a Child or Young Person](#)  
[Adult Recent Sexual Assault](#)  
[Previously Undisclosed Sexual Assault](#)

[CPD Hours for HealthPathways Use](#)


## Referral Pathways

[Family Violence Referral and Community Support](#)  
[Assault or Abuse clinical pathways](#)  
[Adult Mental Health Service Referrals](#)  
[Child and Youth Mental Health Referrals](#)  
[Sexual Assault Counselling and Support](#)  
[Housing Support](#)

## Related Pathways

[Carer Support - Mental Health](#)  
[Child or Family Information Sharing Scheme](#)  
[E-Mental Health Services](#)  
[GP Mental Health Treatment Plan](#)  
[Housing Support](#)  
[Legal and Ethical](#)  
[LGBTIQA+ Mental Health](#)  
[Mental Health Community Support Services](#)

# HealthPathways – CPD Hours for HealthPathways Use



HealthPathways

Melbourne

Medical

Mental Health

Older Adults' Health

Medicines Information and Resources

Public Health

Specific Populations

Surgical

Women's Health

Our Health System

Carer Resources and Support Services

Community Health Services

CPD Hours for HealthPathways Use

MyMedicare

Department of Veterans' Affairs

Digital Health

Forms and Resources

Hospitals - Public

MBS Items

CPD

Our Health System / CPD Hours for HealthPathways Use

## CPD Hours for HealthPathways Use

### About Continuing Professional Development (CPD)

The aim of the continuing professional development (CPD) requirements of the [Medical Board of Australia](#) is to support quality, lifelong learning for doctors that is relevant, effective, and evidence-based.

The 3 core elements of CPD are:

1. [CPD homes](#) – for quality assurance
2. [Professional development plans](#) – for purpose
3. [Different types of CPD](#) – for value

### Using HealthPathways for CPD

HealthPathways is a source of contemporary and practical clinical information, localised to the geographical region of the medical practitioner. Application of knowledge contained within pathways to the individual patient provides an opportunity for reflection upon current understanding of the patient's clinical condition, and how it may be improved. This reflective learning can be self-reported as a CPD activity.

- Clinicians with an [individual HealthPathways account](#) can access a [CPD Reporting](#) tool to help log their HealthPathways CPD activity.
- Clinicians without an individual HealthPathways account can still self-report time spent in HealthPathways as a reflective activity. To help reporting, reflective learning templates have been developed for both colleges:
  - [ACRRM](#)
  - [RACGP](#)

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CPD REPORTING

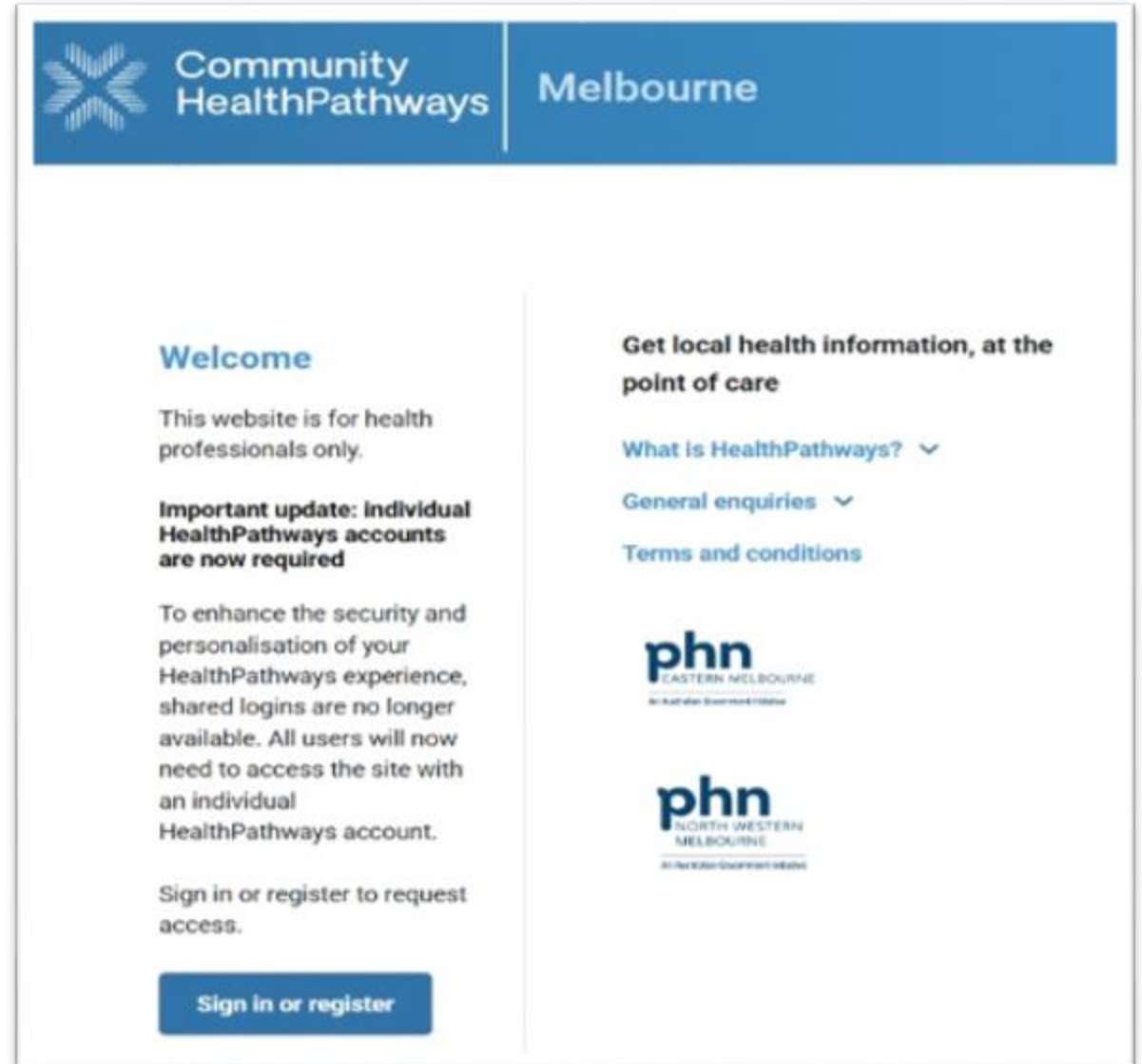
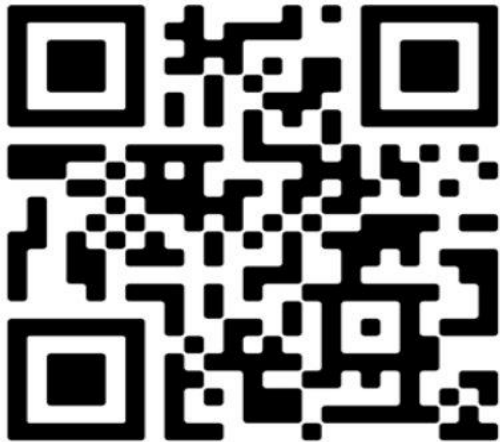
Add learning notes

Create a CPD report

# Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team  
[info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

A screenshot of the HealthPathways Melbourne website. The header is blue with a white star icon, the text "Community HealthPathways", and "Melbourne". The main content area is white. On the left, under "Welcome", it states: "This website is for health professionals only." followed by an "Important update: individual HealthPathways accounts are now required". Below this, it explains that shared logins are no longer available and that users need individual accounts. At the bottom of this section is a blue button that says "Sign in or register". On the right, under "Get local health information, at the point of care", there are links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". At the bottom of the right section are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE", both with the tagline "An Australian Government initiative".

## Speakers

**Associate Professor Jennifer Neil** is a clinician, educator and researcher in primary care and family violence. She graduated from the University of Melbourne in 2003 and achieved her Fellowship of the Royal Australian College of General Practitioners. She is the Curriculum and Assessment Lead for General Practice at Monash University and has led the development of a trauma-informed medical education approach.

**Shei U (they/she)** is a specialist practitioner and TGD health trainer with extensive experience in the DFSV sector and LGBTQIA+SB intersectional advocacy. Their expertise spans

family violence crisis case management and addressing the specific needs of historically excluded individuals and diverse communities. Their approach is rooted in intersectional feminist, client-centred, social justice and capacity-building principles.

**Martina Eaton (she/her)** is a proud lesbian and mother to one wonderful adult son. She is a community development worker and a passionate advocate for social justice.





# *LGBTIQA+ Domestic & Family Violence Identification and Management in General Practice Workshop*

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**A/Prof Jennifer Neil** - GP and family violence educator

**Shei U.** - Rainbow Door team leader

**Martina Eaton** - Lived Experience Facilitator



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*We acknowledge that we are on the traditional land of the Wurundjeri People of the Kulin Nation and offer our respects to elders past and present.*

*We recognise and respect the cultural heritage of this land.*



*We also understand that there may be attendees here today that have personal experience of family violence and we would like to acknowledge their strength and resilience.*

# Workshop Objectives

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- 1. Understand the prevalence** of DFV for LGBTIQ+ people
- 2. Outline the drivers** of DFV amongst subgroups of LGBTIQ+ people
- 3. Identify and overcome barriers** to identification of DFV amongst LGBTIQ+ people
- 4. Use the socio-ecological framework** to develop management approaches for LGBTIQ+ DFV in primary care

# Agenda

## Prevalence

- Intimate partner violence
- Family violence
- Reporting

## Correlates

- Specific to LGBTIQ+ people
- Drivers and prevention

## Recognising

- Barriers to help seeking
- Identification of LGBTIQ+ FV

## Responding

- Inclusive environment
- Assessment
- Management – socio-ecological framework

# History and context

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# LGBTIQASB+

# Key Language and Terms

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**Cisgender:** Describes a person who identifies with their sex assigned at birth.

**Transgender (Trans):** Describes a person who does not identify with their sex assigned at birth.

**Gender-diverse:** Umbrella term for gender identities that do not fit within the binary of male and female.

**Brotherboy (transman) and Sistergirl (transwoman)** are descriptors used by First Nations people in Australia. Not used by all community members and other descriptors exist.

**Queer:** used to describe those who feel their gender and/or sexual orientation does not fit into other LGBTI+ categories. Can also be used as an umbrella term for a range of identities (sexual or gender). Previously used as a slur thus some older community members may not use this term to self-describe or identify.

**Misgendering:** accidental or deliberate use of the incorrect pronouns, name, language or descriptors for a person that does not align with their affirmed choice or identity.

Under the Victorian Equal Opportunity Act, pronouns, gender and names are all protected factors.

**Sexual Orientation:** used to describe a person's sexual, emotional, physical or romantic attraction, as well as the gender(s) of people they may be attracted to.

**Gender Identity:** A person's innate (internal) sense of their gender i.e. whether they self-identify as a man, woman, on a spectrum or neither.

**Gender Expression:** The way in which a person expresses their gender identity, in relation to gendered concepts.

Gender Identity  $\neq$  Gender Expression  $\neq$  Sexual Orientation.  
These 3 concepts are spectrums that co-exist independently of each other.

# Intersex

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[ihra.org.au](http://ihra.org.au)

## **Intersex Human Rights Australia define intersex as:**

Intersex people have innate sex characteristics that don't fit medical and social norms for female or male bodies, and that create risks or experiences of stigma, discrimination and harm.

## **They define sex characteristics as:**

Sex characteristics are physical features relating to sex, including chromosomes, genitals, gonads, hormones, and other reproductive anatomy, and secondary features that emerge from puberty.



# Positive things

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- Loving relationships
- Conscious community connection
- Chosen family
- Self-discovery
- Affirmation by others
- Empathy
- Freedom
- Helping others and activism
- Positive belonging and pride



**WHO definition of IPV: Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours**

# Prevalence and Reporting

# Recent experiences of violence

Compared with the proportion in heterosexual, non-LGBTIQ+ adults, a significantly **higher** proportion of LGBTIQ+ adults had experienced:

- financial/economic abuse
- emotional/psychological abuse
- spiritual abuse
- physical abuse
- sexual abuse, or
- some other type of abuse.



**5.1%**

of **non-LGBTIQ+ adults**  
experienced domestic  
violence in the past 2 years



**13.4%**

of **LGBTIQ+ adults**  
experienced domestic  
violence in the past 2 years

# Lifetime prevalence of violence

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69%  
of **>16 years old with  
diverse genders**  
experienced intimate  
partner violence in their  
lifetime

43.1%  
of **heterosexual >16 years  
old** experienced intimate  
partner violence in their  
lifetime

70.2%  
of **non-heterosexual > 16  
years old** experienced  
intimate partner violence  
in their lifetime

# Private Lives 3, Writing Themselves In 4



**PL3 (2020)**

Participants:  
6,835 people  
**Adults 18+**

*Funding from Victorian  
DPC and DHHS*



**WT4 (2021)**

Participants:  
6,418 people  
**Young people 14-21**

*Funding from Victorian DPC,  
NSW DoH, ACT Office for  
LGBTIQ+ Affairs, SHINE SA*



# Correlates of family and intimate partner violence

Who within the LGBTIQ community is most likely to experience violence?

## Intimate partner violence:

### Gender

Compared to cisgender men

**1.8x** Non-binary

**1.4x** Trans men

**1.4x** Cisgender women

### Disability

Compared to no disability

**1.3x** Moderate disability

**1.4x** Severe disability

### Income

Compared to \$0-399

**1.3x** \$400-999

**1.5x** \$1000-1,999

**1.6x** \$2000+

### Homelessness

**2.9x** Ever  
experienced  
homelessness

## Family of origin violence:

### Gender

Compared to cisgender men

**2.1x** Non-binary

**2.0x** Trans men

**1.5x** Cisgender women

### Disability

Compared to no disability

**1.7x** Moderate disability

**1.6x** Severe disability

### Homelessness

**2.9x** Ever experienced homelessness

# Other key findings

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## Recognition

- When reporting on specific forms of violence that *indicate* family or intimate partner violence (even if not named as such by the participant), the proportion rose from four in ten to six in ten.

## Reporting

- 28.0% said that they reported the most recent incident
- 2.3% reported to a 'domestic violence' service, 4.4% to a doctor or hospital
- Only 2/3 felt supported when doing so

## Service preferences

- 35.1% preferred mainstream domestic violence service that is LGBTIQ-inclusive
- 20.6% from a service that caters only to LGBTIQ people

# Reporting violence

Who is most likely to report violence? (most recent time it had occurred)

## Reporting family or intimate partner violence

### Gender

**1.2x** Cisgender women

**1.3x** Non-binary

Compared to cisgender men

### Verbal harassment

**1.3x** Recent experience of verbal harassment

### Regular GP

**1.4x** Attend a regular GP

### Homelessness

**1.5x** Ever experienced homelessness

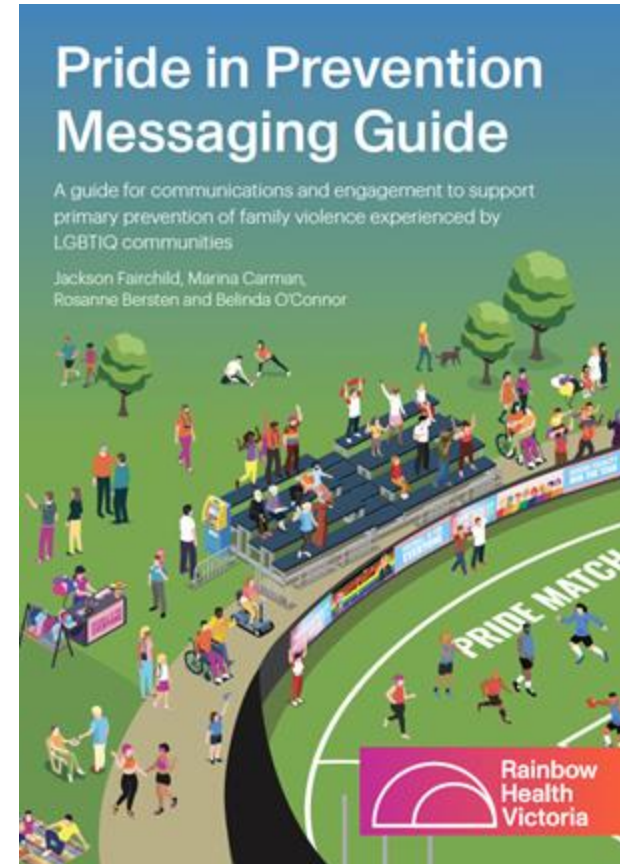
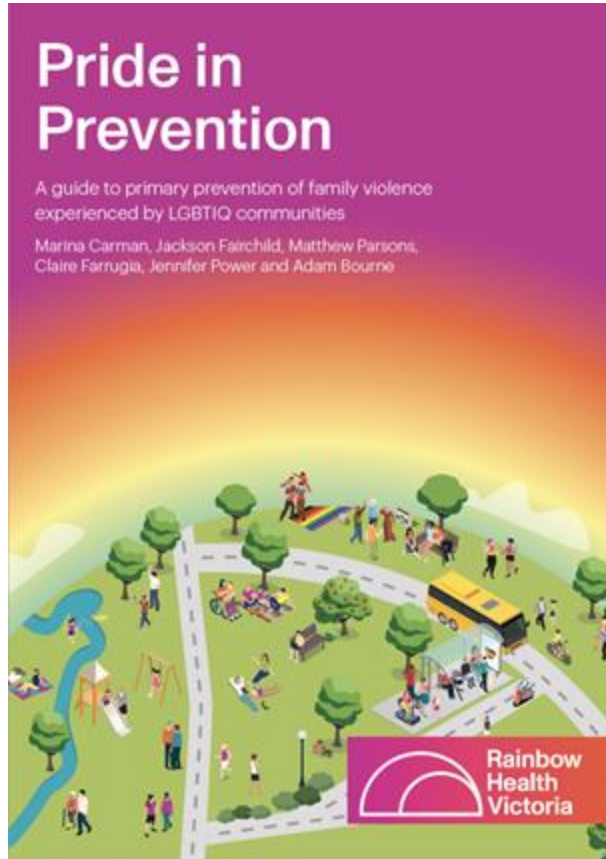
# Implications

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- Experiences of family violence are significant for LGBTIQ people of all genders
- Often not recognised or reported as violence
- Limits to help-seeking and community responsiveness
- There is a critical lack of inclusive services

# Drivers and Prevention

# Pride in Prevention



# Drivers and actions

- Proposed model for understanding the drivers of family violence experienced by LGBTIQ communities
- Recommendations for the design and delivery of future primary prevention activities

|                        | Societal  | System & institutional  | Organisational & community  | Individual & relationship   |
|------------------------|---|---|---|---|
| Drivers                | <ul style="list-style-type: none"> <li>▶ Rigid gender norms</li> <li>▶ Cisnormativity</li> <li>▶ Hetero-normativity</li> </ul>                    | <ul style="list-style-type: none"> <li>▶ Inequality in recognition of bodies, identities and relationships</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Devaluation of bodies, identities and relationships</li> <li>▶ Reproduction of norms and stereotypes</li> </ul>      | <ul style="list-style-type: none"> <li>▶ Homophobic, biphobic, transphobic and intersexphobic behaviour</li> <li>▶ Normalisation of violence and abuse</li> </ul> |
| What do these lead to? | <ul style="list-style-type: none"> <li>▶ Homophobia, biphobia, transphobia and intersexphobia</li> <li>▶ Gendered cultures of violence</li> </ul> | <ul style="list-style-type: none"> <li>▶ Invalidation of identities and relationships</li> <li>▶ Loss of bodily autonomy</li> <li>▶ Discrimination</li> <li>▶ Failure of responses to violence</li> </ul> | <ul style="list-style-type: none"> <li>▶ Stigma and discrimination</li> <li>▶ Normalisation of inequality</li> <li>▶ Failure to recognise violence</li> </ul> | <ul style="list-style-type: none"> <li>▶ Negative self-worth</li> <li>▶ Perpetration of violence and abuse</li> <li>▶ Poorer health outcomes</li> </ul>           |

# Recognition in primary care



# Riwka and Shannon

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Riwka is 33yo cis  
female

Shannon is 37 yo  
non-binary AFAB

They have been  
together as a  
couple for 3 years

They each see  
you separately as  
their GP

# Shannon's presentation

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Pelvic pain and bad PMS- resulting in:

- increased gender dysphoria
- reduced mood but reluctant to seek help for this
- wondering about using testosterone
- BUT – reports that Riwka is strongly against this and will not use Shannon's preferred they/them pronouns

# Any red flags here?

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# Possible red flags

## Internal issues

- ? Mental health stigma
- ? Internalised transphobia

## External issues

- ? Past trauma experiences
- ? Coercive control by Riwka
- ? Cross cultural issues

# Implications for primary care

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- Helping patients recognise their experiences as violence
- Validating them and their experiences
- Being aware of how stigma can be used to disempower and control (especially in the context of co-occurring mental health issues)
- Being aware of assumptions leading to perpetrator misidentification
- Being aware that some victim-survivors feel they need to protect perpetrators
- Referrals to LGBTIQ-inclusive services

# Specific types of violence – identity based abuse



Identity-based abuse is a form of DFV unique to the LGBTQA+ experience. Identity-based abuse is defined as an abusive pattern of acts and behaviours that *“capitalises on the victim’s/survivor’s fear of exposure, or experience of discrimination, to control and coerce them”*. (Gray et al., 2020).

# Background trauma and perpetrators

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*‘I was using forms of violence in a recent relationship, like I was getting angry because they were triggering past traumas for me ... and I had to go to counselling to understand what the f... was going on.’*

*(Axel, queer, non-binary, community member, age 30s)  
ANROWS report 2020*



# Intersectional influences – e.g. multi-cultural

Recent arrivals, conservative religious backgrounds and LGBTIQ+ - can experience:

- family exile
- family assault
- forced marriage
- honour abuse
- corrective assault
- conversion therapy

*'I have been bashed by a family member for shaming the family [...] Talks at family gatherings that being GLQ [gay, lesbian, queer] is due to corruption of the WEST. The Imam and sheikh claiming that the death penalty is the punishment for GLQ.'* (Lesbian, age 30 years)

ACON NSW

# Context of LGBTIQ+ lives – e.g. suicide

## Private Lives 3, n = 5,306

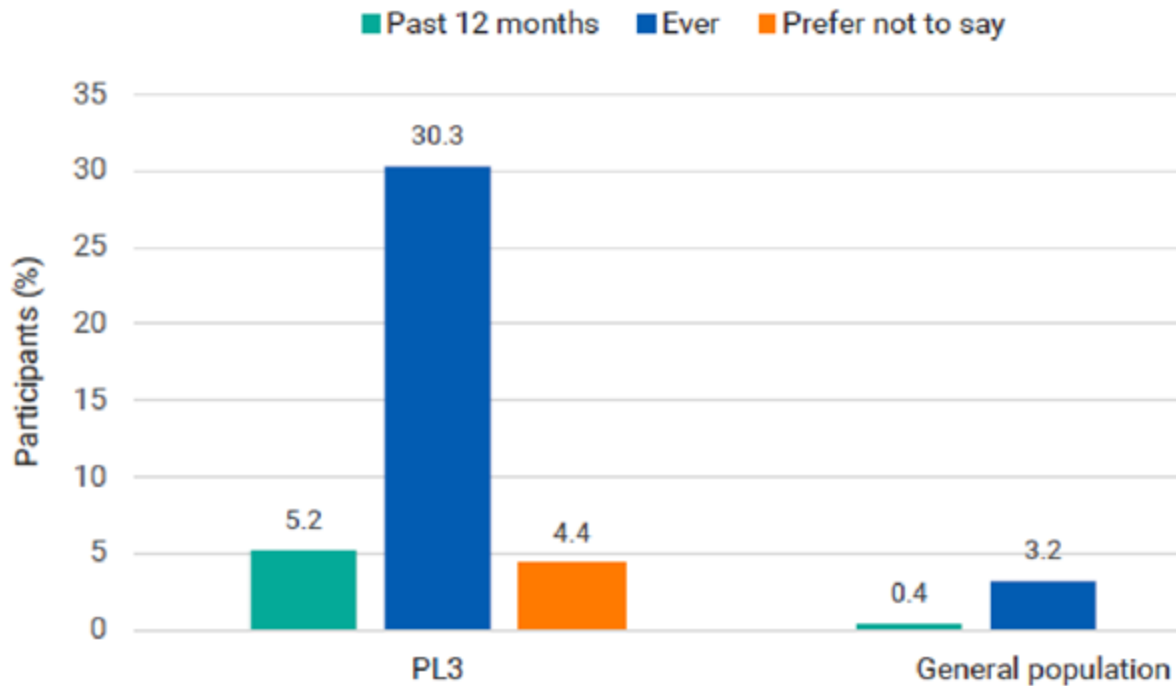
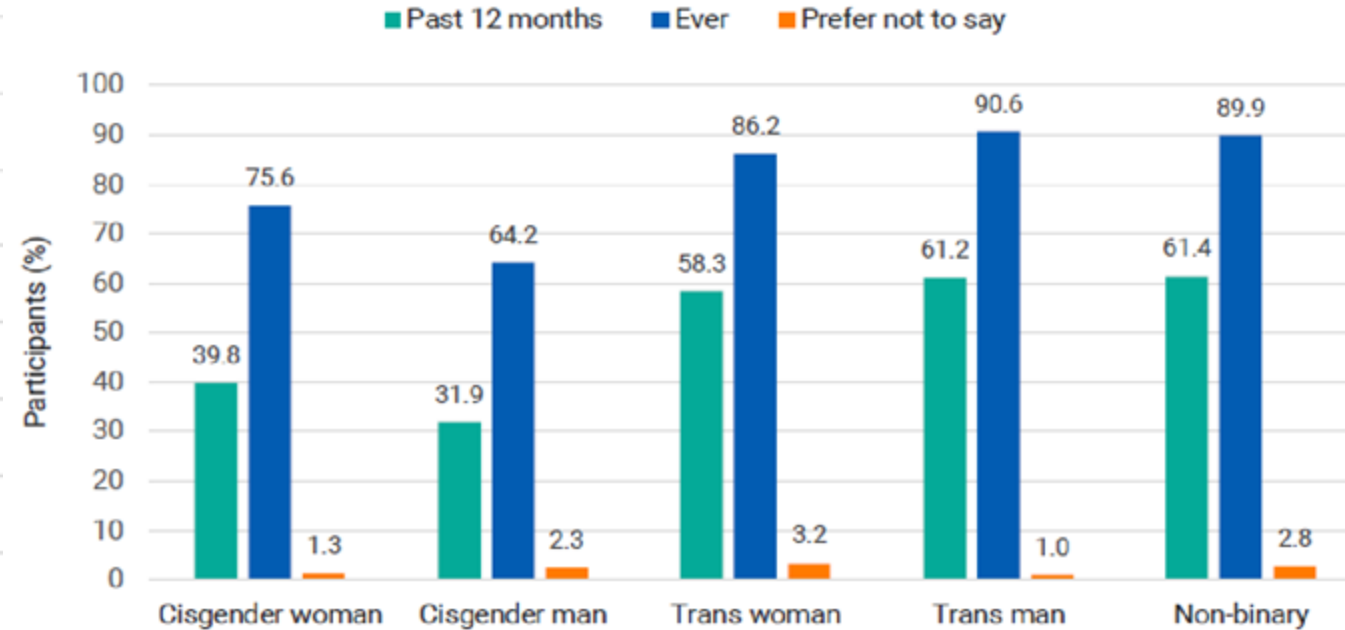


Figure 18: Suicidal ideation in the past 12 months and ever by gender (n = 6,747)



# Correlates with suicide

Delaney Skerrett et al 2016- Griffith Uni

– interviews with next of kin of LGBT people who completed suicide and case controls

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Lack of acceptance by families of origin

Lack of acceptance of self and shame  
(internalised homo/bi/transphobia)

Dissatisfaction with physical  
appearance

More physical and sexual abuse

More anxiety and depression

More substance abuse

# Barriers to help seeking

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# Shannon

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Has never sought help  
for gender affirmation  
before

Has had negative  
experiences with other  
GPs and emergency  
department care

Is not considering  
themselves to be in an  
abusive relationship

Their non-binary friend  
advised not to trust GPs  
as they always gate-  
keep and want people  
to be binary

Riwka is not supporting  
them attending GP, says  
it implies her care is  
inadequate

# Barriers to help seeking for LGBTIQA+ FV

*'I guess it's partly systemic; that the system doesn't accommodate for diversity. There's also that workers or professionals aren't aware of the different kind of issues that might arise in a LGBTIQA+ family.'*

*(Lesbian parent, LGBTIQA+ Transition to Parenthood Family Violence Prevention Project 2020)*



# Importance of cultural safety

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*‘But I think where I’ve seen or experienced violence in an intimate partner relationship because if you’re both queer or you’re both trans, you’re both trying to survive in a world that wants to kill you, basically. And by exposing your partner, even if they’re being abusive or violent towards you, by exposing them to interactions with police or the criminal legal system, or prison, it could, could basically ... be the death of them. And it’s far worse than the sort of abuse or violence that is being done within that relationship.’*

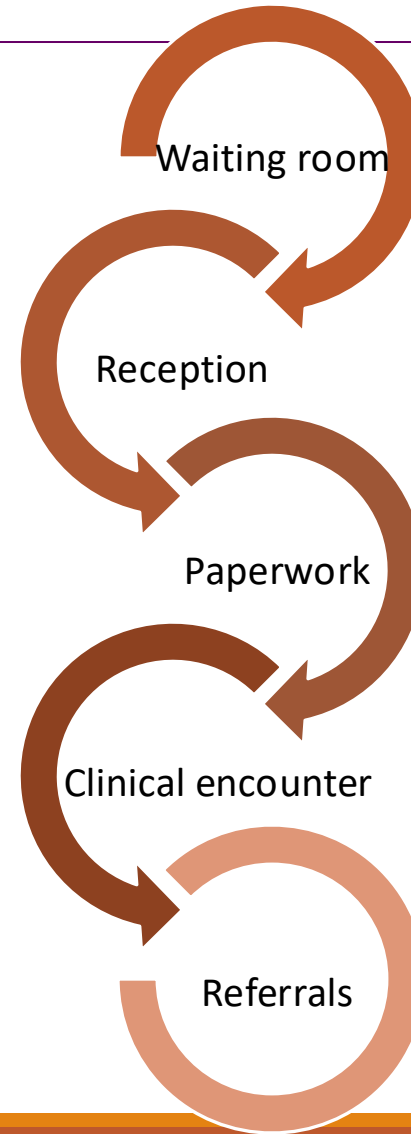
*(Queer, transgender woman, community member, age 30s – ANROWS report 2020)*



# Responding in primary care

# Responding – creating an LGBTIQ+ inclusive service

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# Please discuss....

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- How would a LGBTIQ+ person know your clinic is a safe place to disclose domestic and family violence?

Consider all the steps on their journey through the clinic before they get to your consulting room



# Waiting room



# Reception

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Consider Greetings

Intake form

Identification

Medical software

Clinic policies

Staff training

Feedback

# Northside Clinic – patient registration form

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Family Name

Given Name

Preferred Name

Date of Birth

Birth Sex:

Male/Female/Other – open text

Gender Identity:  
Transgender,

Male/Female/Non-binary/Gender Diverse/  
different – open text

Pronouns:

He/Him/His; She/Her/Hers; They/Them/Theirs



# Facilitating identification of LGBTIQ+ identity in the consultation

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- Using inclusive language for gender, sexual orientation and sex status
- Asking about pronouns and name, which may differ from the Medicare listed name
- Making no assumptions
- Using the patient's terms for their own body parts and identities
- Asking directly about relationships and family
  - number of intimate partners
  - genders of intimate partners
  - living arrangements
  - family definitions – biological and/or chosen family
  - children – both biological and non-biological
  - Sense of safety, support in these relationships



# Shannon and Riwka -interventions

## Shannon

- Affirm their gender
- Identify/label coercion
- Offer victim support/referrals

## Riwka

- Understand her perspective- fears
- Identify/label coercion
- Offer perpetrator support/referrals

# Facilitating identification of FV

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Defining behaviours as violence – e.g. emotional abuse, financial abuse, sexual coercion

Inquiring whether LGBTIQ+ status is used as an abuse strategy

Asking about general experiences of homophobia, biphobia, transphobia or stigma related to intersex

Clarify preferred community connections and whether these are LGBTIQ+ or not

Understanding help-seeking already used and preferred

# Response to a disclosure

WHO 'LIVES'



## **Listen**

Listen to the patient closely, with empathy, and without judging



## **Inquire**

About needs and concerns.  
Assess and respond to various needs and concerns



## **Validate**

Show that you understand and believe them. Assure them that they are not to blame



## **Enhance safety**

Discuss a plan to protect themselves and their children from further harm



## **Support**

Help them connect to information, services and social support

# FVISS and CISS

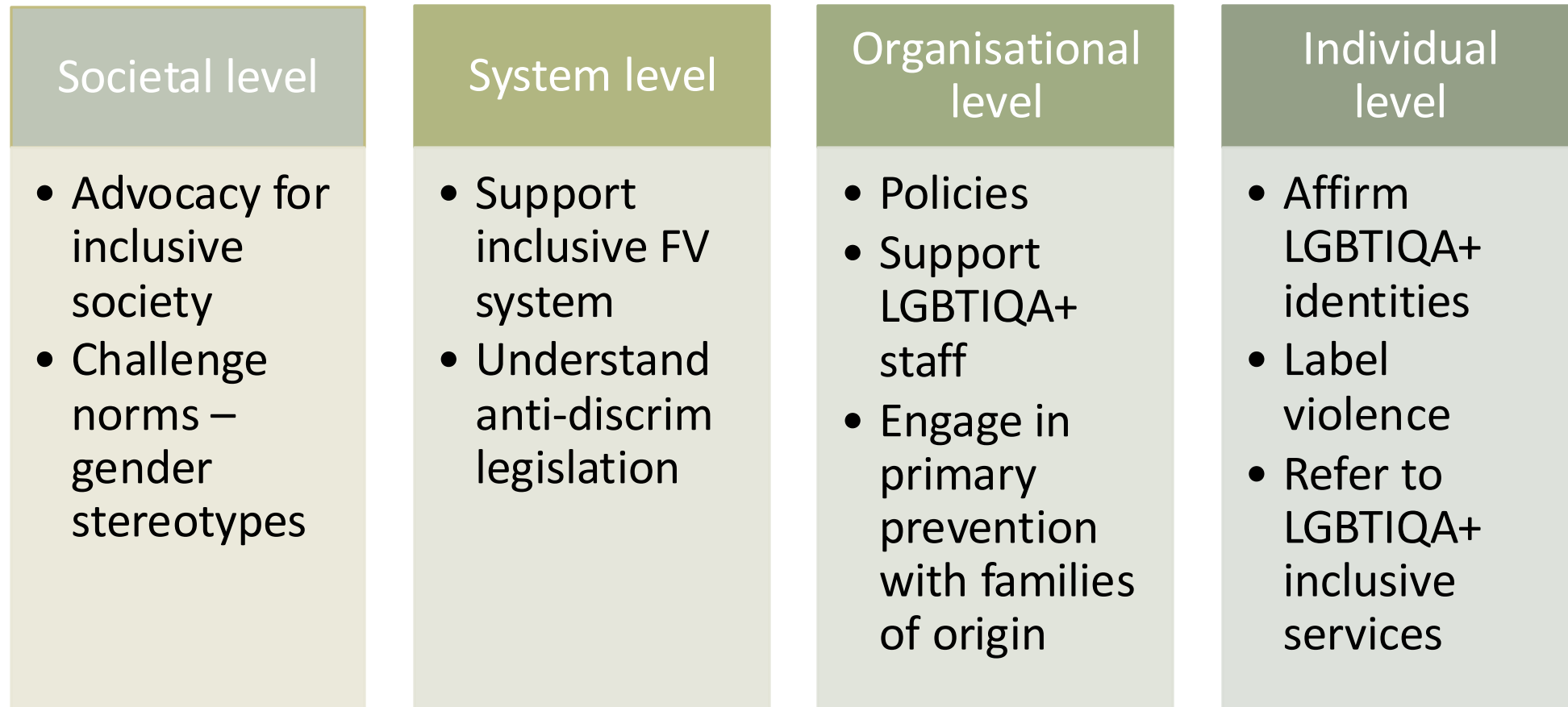
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**Family violence information sharing scheme**

**Child information sharing scheme**

GPs and practice nurses are information sharing entities

# Management approach using the socio-ecological framework



# LGBTIQA+ specific referral networks

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**Australian Federal Police Gay and Lesbian Liaison Officers**

<https://www.police.act.gov.au/about-us/programs-and-partners/gay-and-lesbian-liaison-officers>

**QLife** - nation-wide, peer-led telephone and web-based services for LGBTIQA+ people of all ages <https://qlife.org.au>

**Rainbow Door** - a free specialist LGBTIQA+ helpline providing information, support, and referral to all LGBTIQA+ Victorians, their friends and family.

<https://www.rainbowdoor.org.au/>

**Say it out loud** - <https://sayitoutloud.org.au/?state=all>

Online information for LGBTIQA+ people about healthy relationships and links to state-based support services.



# LGBTQIA+-specific services

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‘AIDS Councils’ in each state

- Counselling – mental health and alcohol and other drugs
- Medical care – HIV, STIs
- Peer education and support
- Outreach – health promotion
- Financial and legal advice

**thorne  
harbour**  
health\*





# For LGBTIQ+ Users of Violence



## Queerspace (Drummond Street) Futures Free From Violence

- For women, trans and gender-diverse people
- F2F and online individual support



## Thorne Harbour Health Behaviour Change Programs

- START: BCP for LGBTQ men
- SAVI: BCP pilot for LGBTQ transwomen
- F2F or online individual and/or group support, case management.

# For LGBTQ+ Users of Violence

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## National

<https://sayitoutloud.org.au/abusive-relationships/are-you-hurting-someone/?state=all>

## NSW

Proud Partners Group Program for all LGBTQ+ people in NSW. ACON:

<https://www.acon.org.au/what-we-are-here-for/domestic-family-violence/>

## Resources for Gender Affirming Health Care

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Transhub

<https://www.transhub.org.au>



InterAction for Health and  
Human Rights Australia

<https://interaction.org.au/>



# LGBTIQA+ clinical training

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Introduction to LGBTIQ-inclusive practice for family violence services

<https://www.rainbowhealthvic.org.au/training-programs/lgbti-inclusive-practice-for-family-violence-services-training>



AusPATH – Australia Professional Assoc. for Transgender Health – list of health providers

<https://auspath.org.au/providers/>

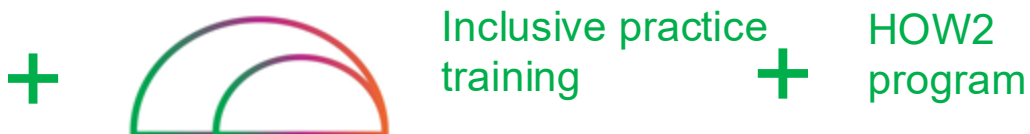


MindOut training and community of practice re LGBTI mental health

<https://lgbtihealth.org.au/mindout/>



Rainbow Health Australia is a program that supports lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick.



# **RACGP Abuse and violence: Working with our patients in general practice White Book, 5<sup>th</sup> edition, 2022**



## Principles:

- Whole of practice systems approach
- Recognise, respond, refer and record domestic and family violence using a trauma-informed approach
- Population-specific tailored approaches including
  - Young people abuse towards parents
  - Men as victims
  - LGBTIQ+ people

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/preamble>





**Identifying and Responding to Domestic and Family Violence**



**Identifying People who have used Domestic and Family Violence**



**Identifying and Responding to Child Abuse and Neglect**



**Providing Trauma and Violence Informed Care in Primary Care**



**Six Steps to Support you to Assess and Respond to Elder Abuse**



**Addressing Family Violence: Aboriginal and Torres Strait Islander Peoples**



**Supporting Primary Care to Implement Family Violence Information Sharing**



**Recognising and responding to LGBTQA+ people impacted by DFV**



**Recognising and responding to DFSV experienced by ethnic/racial minority women**

**Safer Families  
e-learning  
module series**

**[www.saferfamilies.org.au/readiness-elearn](http://www.saferfamilies.org.au/readiness-elearn)**



# Further Training Opportunities

## Check out the Safer Families Toolkit

The toolkit is a set of tools to use in clinical practice or other health service settings and are designed to help you identify and respond to those experiencing DFV

<https://www.saferfamilies.org.au/toolkit>

## View RACGP Webinars

Based on topics within RACGP's White Book. For more information visit:

<https://www.saferfamilies.org.au/readiness-webinars>

# Thank you and final questions

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Contacts:

A/Prof Jennifer Neil

[neil.j@unimelb.edu.au](mailto:neil.j@unimelb.edu.au)

Shei U.

[support@rainbowdoor.org.au](mailto:support@rainbowdoor.org.au)

# Session Conclusion

We value your feedback, let us know your thoughts.

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*You will receive a post session email within a week which will include slides and resources discussed during this session.*

*Attendance certificate will be received within 4-6 weeks.*

*RACGP CPD hours will be uploaded within 30 days.*

*To attend further education sessions, visit,*

*<https://nwmphn.org.au/resources-events/events/>*

*This session was recorded, and you will be able to view the recording at this link within the next week.*

*<https://nwmphn.org.au/resources-events/resources/>*