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.
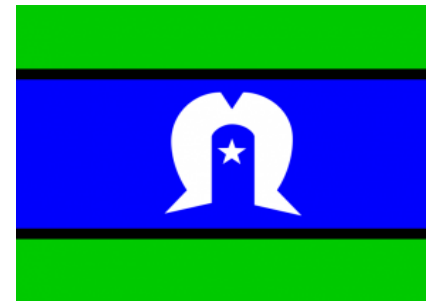
Victim survivor acknowledgement

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.

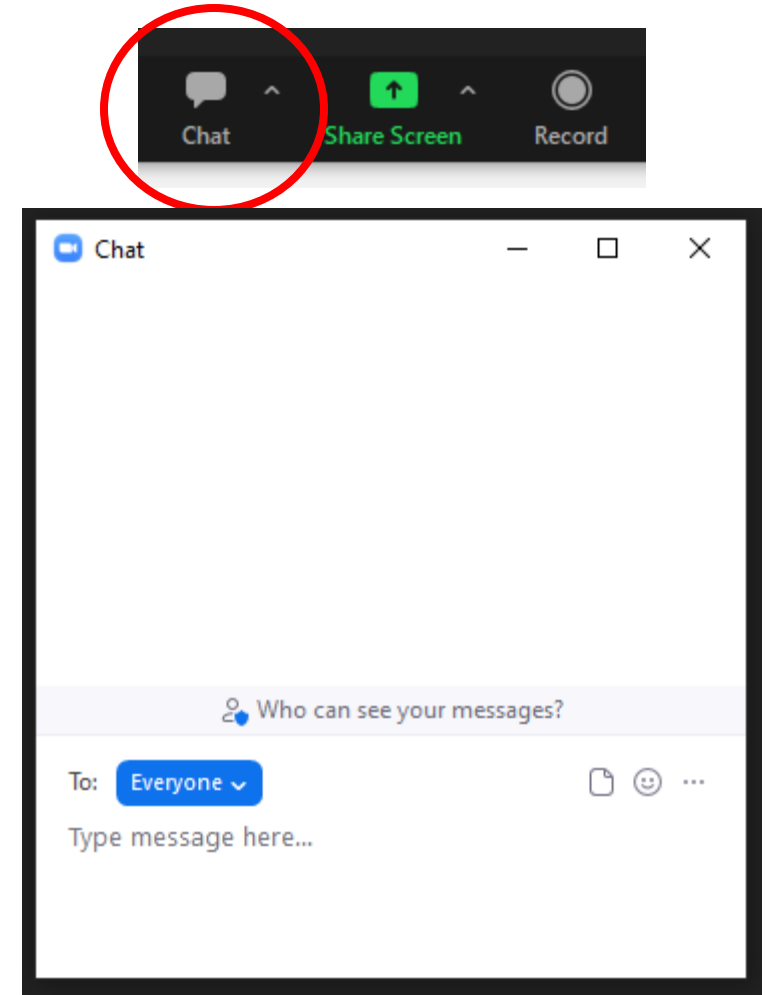# *Housekeeping – Zoom Meeting*

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This session is being recorded

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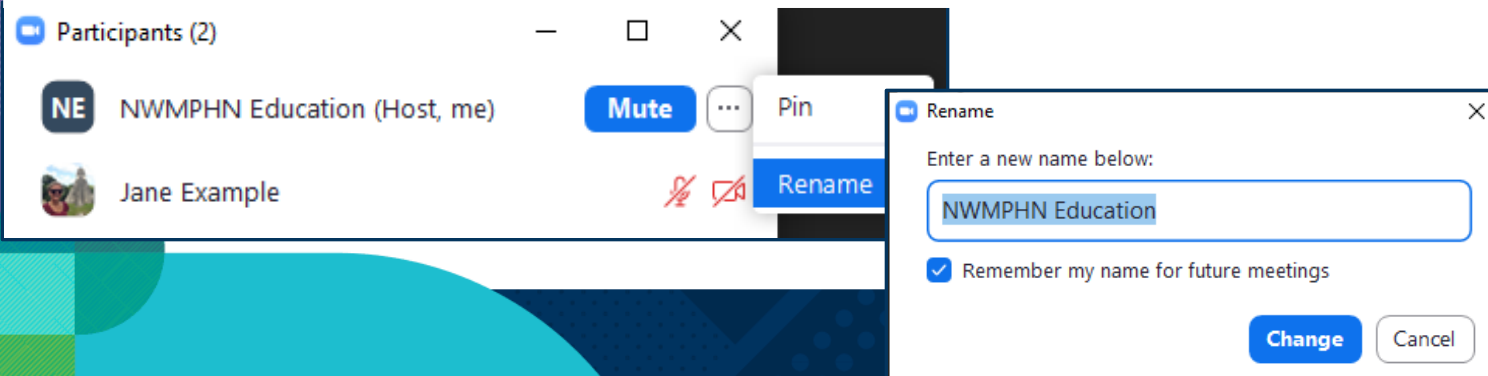
Certificates and CPD will not be issued if we cannot confirm your attendance

How to change your name in Zoom Meeting

1. Click on **Participants**
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   App: click on your name

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3. Click on **Rename**
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   Done / **Change** / **Rename**

When using a phone or app

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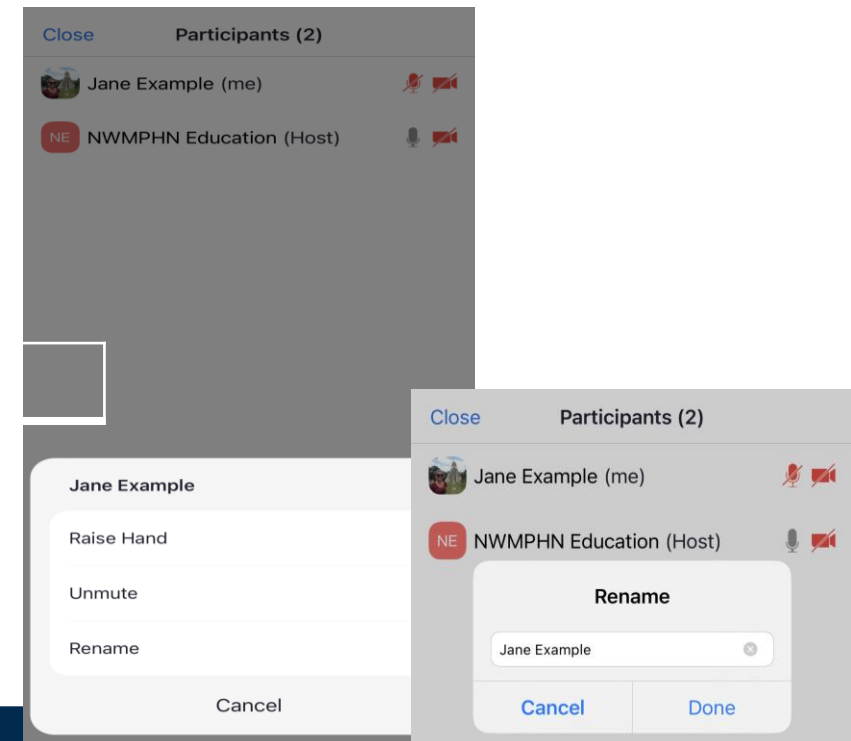
Make attending this session count towards your Reviewing Performance and Measuring Outcomes hours

If you implement a quality improvement change following this activity, you will be able to claim Measuring Outcomes hours.

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.

HealthPathways – Family violence

Click 'Send Feedback' to add comments and questions about this pathway.

Family Violence in LGBTIQA+ Populations

Disclaimer: For presentation purposes only

HealthPathways Case Study- Family Violence

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

To subscribe to the HealthPathways Bulletin, please click on "Subscribe to updates" on the HealthPathways homepage or contact info@healthpathwaysmelbourne.org.au

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

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

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

A/Prof Jennifer Neil - GP and family violence educator

Shei U. - Rainbow Door team leader

Martina Eaton - Lived Experience Facilitator

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

1. **Understand the prevalence** of DFV for LGBTIQA+ people

2. **Outline the drivers** of DFV amongst subgroups of LGBTIQA+ people

3. **Identify and overcome barriers** to identification of DFV amongst LGBTIQA+ people

4. Use the socio-ecological framework to develop management approaches for LGBTIQA+ DFV in primary care

Agenda

Prevalence
- Intimate partner violence
- Family violence
- Reporting

Correlates
- Specific to LGBTIQA+ people
- Drivers and prevention

Recognising
- Barriers to help seeking
- Identification of LGBTIQA+ FV

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

History and context

LGBTIQASB+

Key Language and Terms

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 =/= Gender Expression =/= Sexual Orientation.
These 3 concepts are spectrums that co-exist independently of each other.

Intersex

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

- 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

The health and wellbeing of the LGBTIQ population in Victoria: Findings from the Victorian Population Health Survey 2017 (released in 2020)

Lifetime prevalence of violence

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

Mathews B, Hegarty K, MacMillan HL, Madzoska M, Erskine H, Pacella R, et al. The prevalence of intimate partner violence in Australia: a national survey. Med J Aust. 2025; Published online 5 May 2025. https://doi.org/10.5694/mja2.52660

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

Ethics approval: La Trobe University Human Ethics Committee, ACON Research Ethics Review Committee, Community Research Endorsement Panel of Thorne Harbour Health

Correlates of family and intimate partner violence

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

| **Intimate partner violence:** | **Family of origin violence:** |

Gender
Compared to cisgender men

1.8x Non-binary
1.4x Trans men
1.4x Cisgender women

Homelessness

2.9x Ever experienced homelessness

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+

Gender
Compared to cisgender men

2.1x Non-binary
2.0x Trans men
1.5x Cisgender women

Homelessness

2.9x Ever experienced homelessness

Disability
Compared to no disability

1.7x Moderate disability
1.6x Severe disability

Other key findings

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

- 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
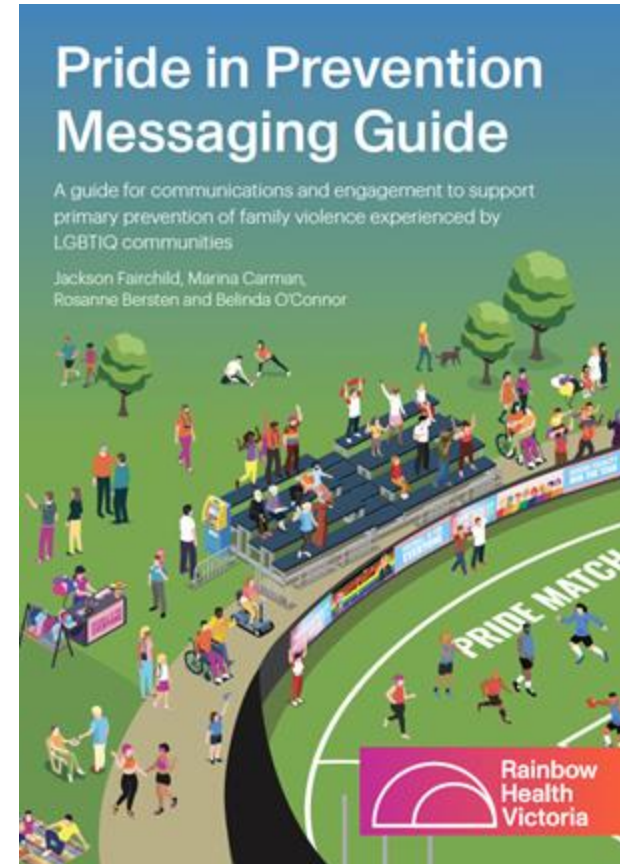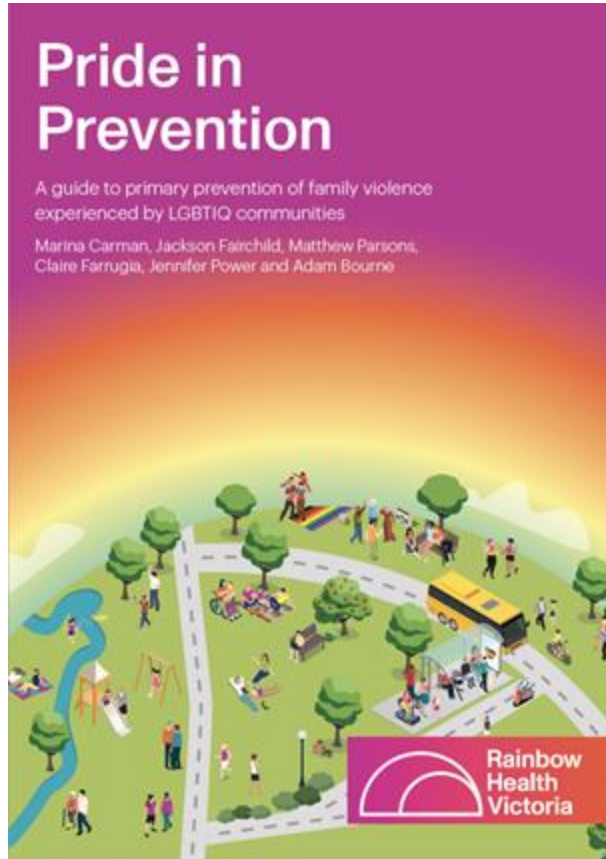
Drivers and actions

- 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	▶ Rigid gender norms ▶ Cisnormativity ▶ Hetero-normativity	▶ Inequality in recognition of bodies, identities and relationships	▶ Devaluation of bodies, identities and relationships ▶ Reproduction of norms and stereotypes	▶ Homophobic, biphobic, transphobic and intersexphobic behaviour ▶ Normalisation of violence and abuse
What do these lead to?	▶ Homophobia, biphobia, transphobia and intersexphobia ▶ Gendered cultures of violence	▶ Invalidation of identities and relationships ▶ Loss of bodily autonomy ▶ Discrimination ▶ Failure of responses to violence	▶ Stigma and discrimination ▶ Normalisation of inequality ▶ Failure to recognise violence	▶ Negative self-worth ▶ Perpetration of violence and abuse ▶ Poorer health outcomes

Recognition in primary care

Riwka and Shannon

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

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?

Possible red flags

Internal issues	External issues
• ? Mental health stigma • ? Internalised transphobia	• ? Past trauma experiences • ? Coercive control by Riwka • ? Cross cultural issues

Implications for primary care

- 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

Gray et al., 2020

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

'*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 LGBTIQA+ - 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 LGBTIQA+ lives – e.g. suicide
Private Lives 3, n = 5,306
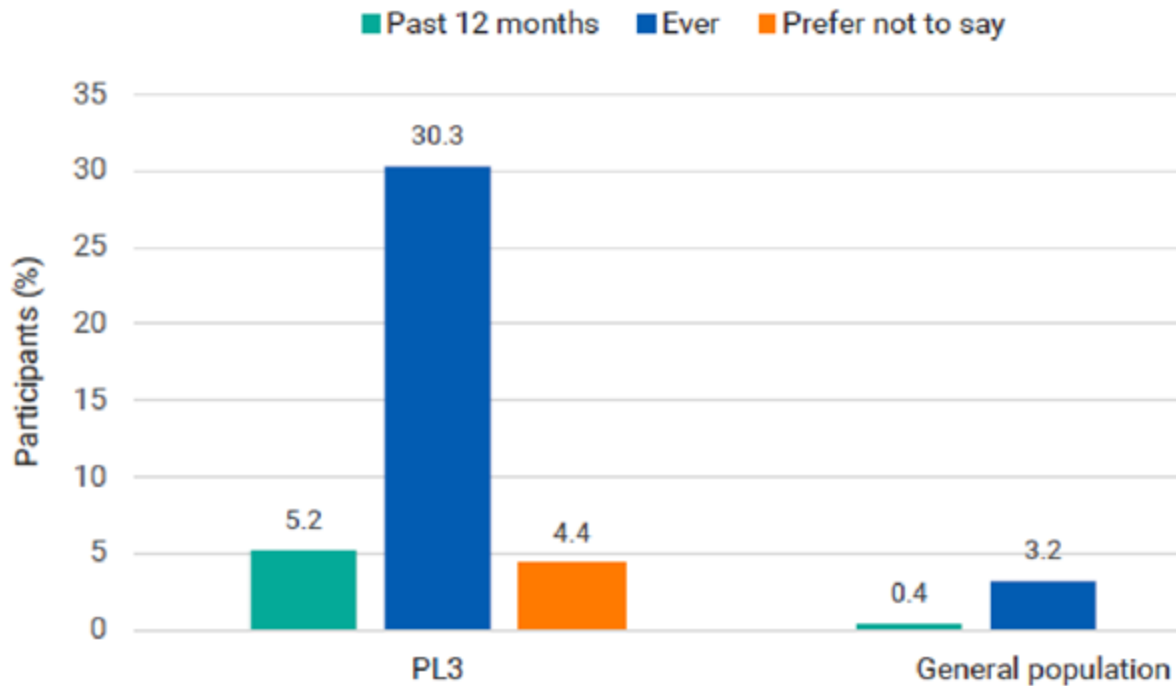
Figure 18: Suicidal ideation in the past 12 months and ever by gender (n = 6,747)
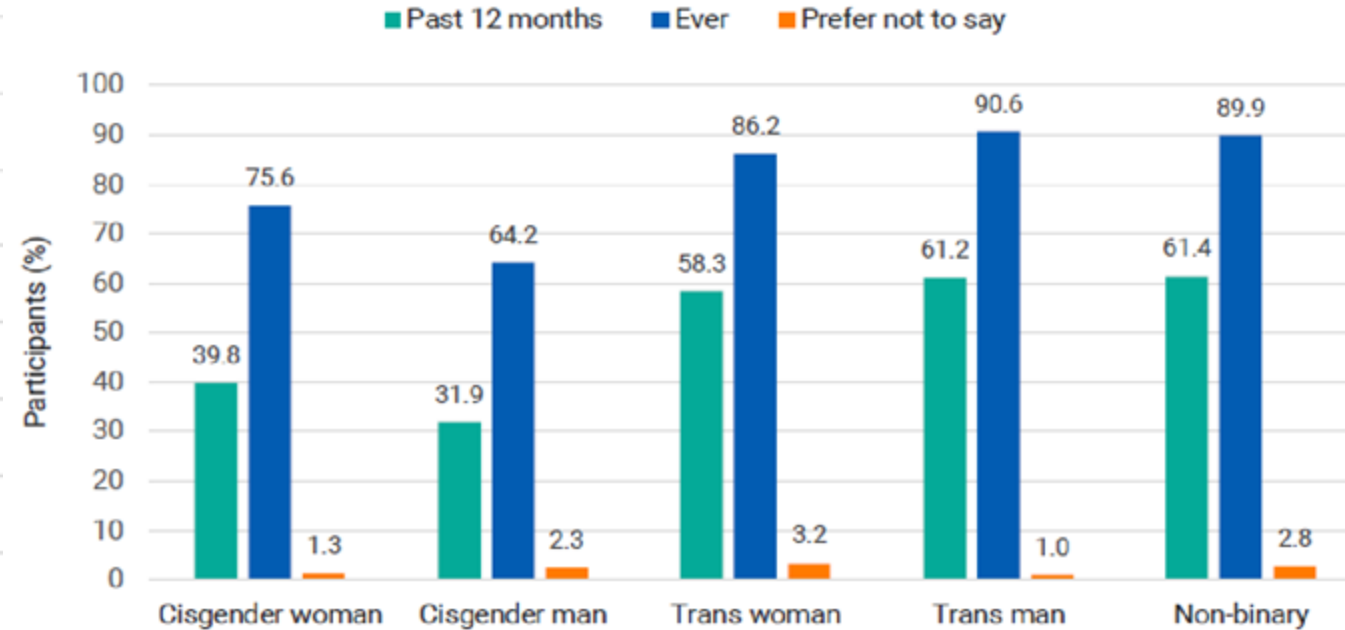
Correlates with suicide
Delaney Skerrett et al 2016- Griffith Uni
– interviews with next of kin of LGBT people who completed suicide and case controls

- 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

Shannon

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)

Services designed for heterosexual intimate partners

Services attended by heterosexual intimate partners

Data collected concerns heterosexual partners

Importance of cultural safety

'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 LGBTIQA+ inclusive service
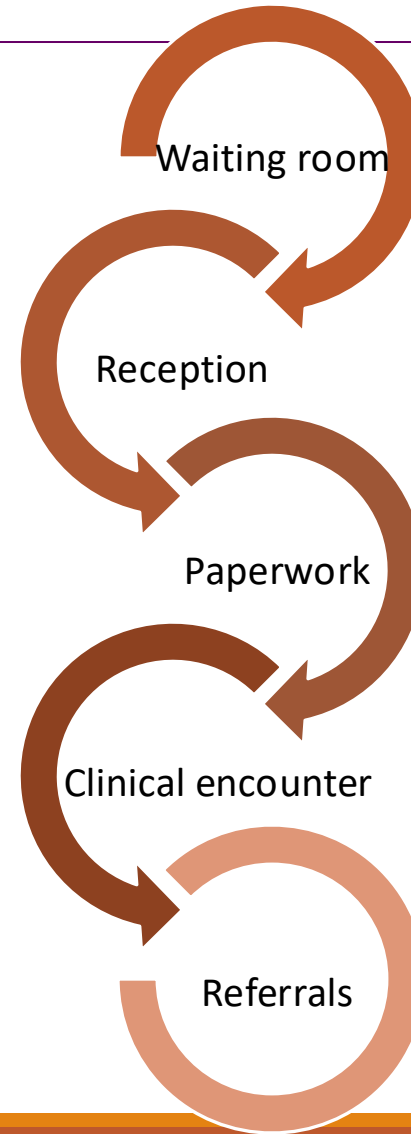
Please discuss....

- How would a LGBTIQA+ 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

Consider Greetings

Intake form

Identification

Medical software

Clinic policies

Staff training

Feedback

Northside Clinic – patient registration form

Family Name   Given Name

Preferred Name

Date of Birth

Birth Sex: Male/Female/Other – open text

Gender Identity: Male/Female/Non-binary/Gender Diverse/
Transgender,

different – open text

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

Facilitating identification of LGBTIQA+ identity in the consultation

- 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	Riwka
• Affirm their gender • Identify/label coercion • Offer victim support/referrals	• Understand her perspective- fears • Identify/label coercion • Offer perpetrator support/referrals

Facilitating identification of FV

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

Inquiring whether LGBTIQA+ 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 LGBTIQA+ 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

Family violence information sharing scheme

Child information sharing scheme

GPs and practice nurses are information sharing entities

Management approach using the socio-ecological framework

Societal level	System level	Organisational level	Individual level
• Advocacy for inclusive society • Challenge norms – gender stereotypes	• Support inclusive FV system • Understand anti-discrim legislation	• Policies • Support LGBTIQA+ staff • Engage in primary prevention with families of origin	• Affirm LGBTIQA+ identities • Label violence • Refer to LGBTIQA+ inclusive services
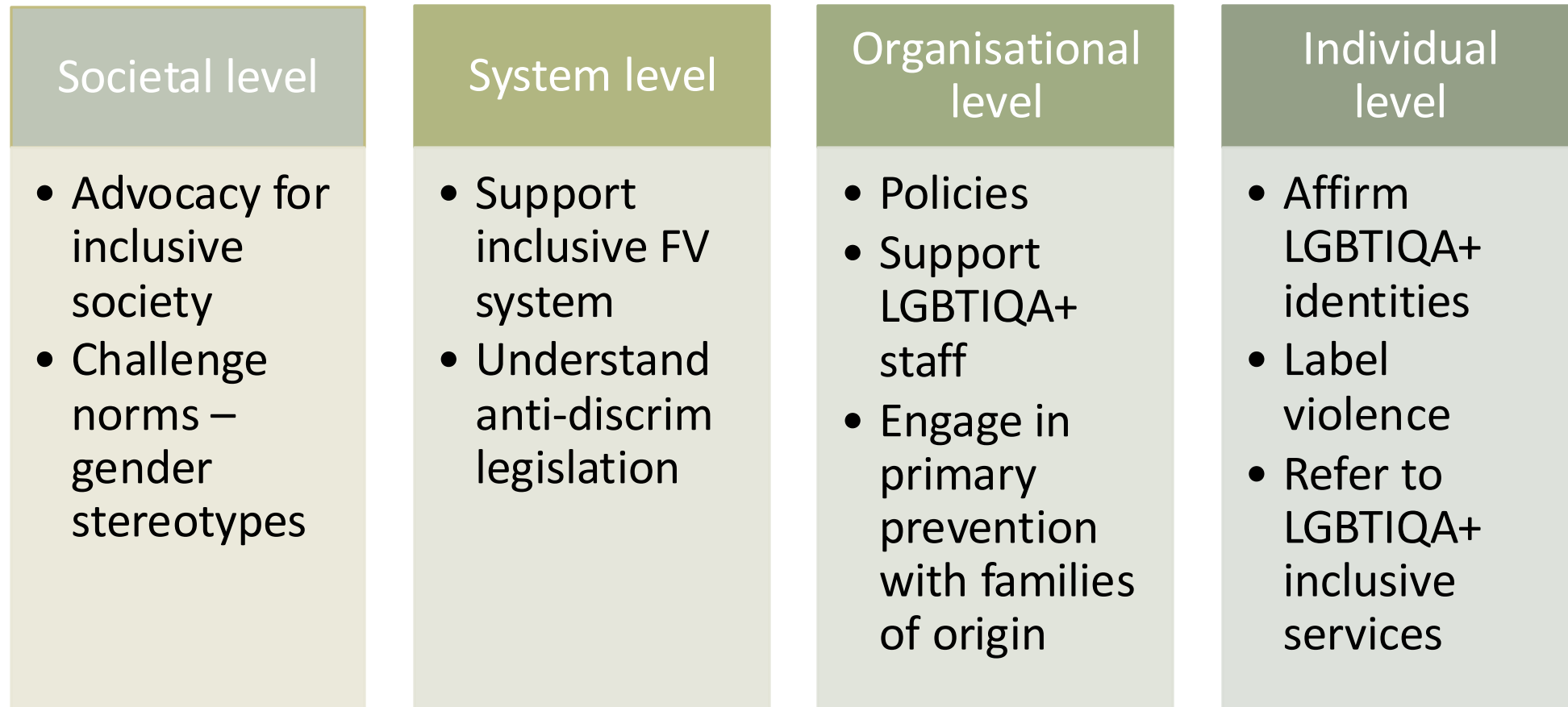
LGBTIQA+ specific referral networks

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

'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

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

For LGBTQ+ Users of Violence

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

Transhub

https://www.transhub.org.au

InterAction for Health and Human Rights Australia

https://interaction.org.au/

LGBTIQA+ clinical training

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.

+ RAINBOW NETWORK

+ Val's LGBTI Ageing & Aged Care

+ Family Violence Sector Capacity Building & Primary Prevention programs

+ Queer Family Violence Sector Network

+ Inclusive practice training + HOW2 program

+ Rainbow Tick
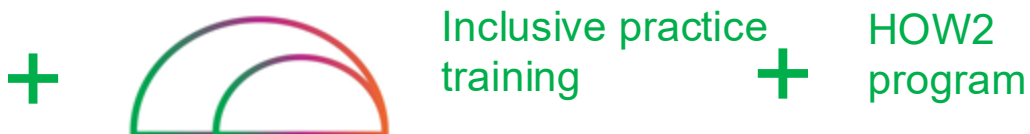
RACGP *Abuse and violence: Working with our patients in general practice* White Book, 5th edition, 2022

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
  ◦ LGBTIQA+ 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

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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Shei U.

support@rainbowdoor.org.au

Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code

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/