



How to provide culturally safe care for women from diverse ethnic backgrounds experiencing domestic, family and sexual violence

23 April, 2026

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 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 honour those who lost their lives and their family members, kin and loved ones.

Housekeeping – Zoom Meeting



All attendees are muted



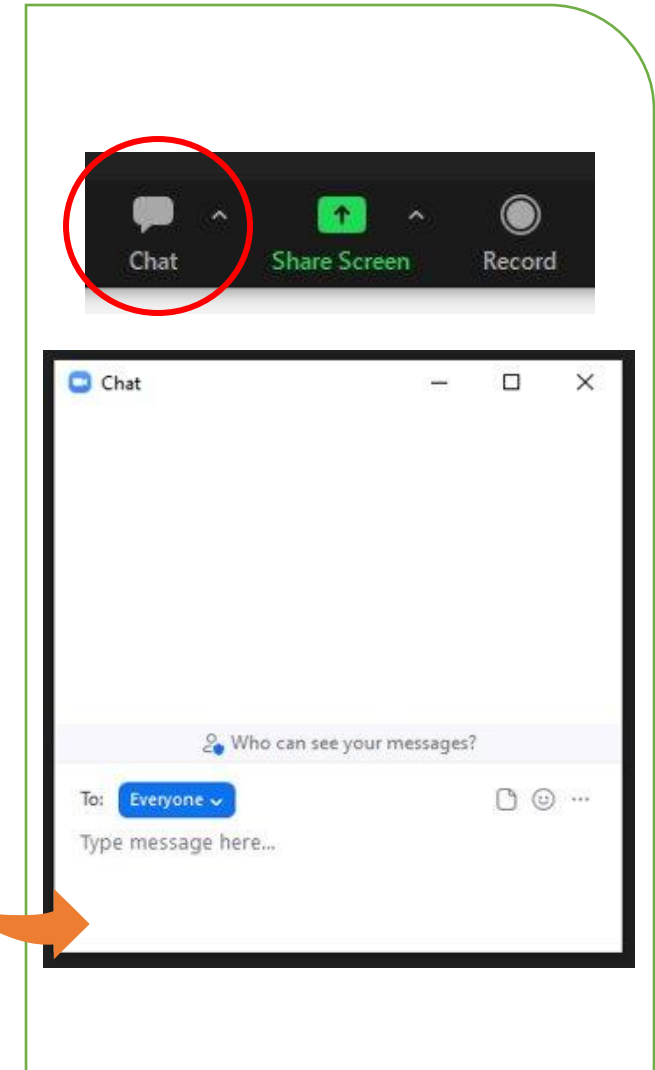
Please ask questions via the Chat box only

- Questions will be at the end of the presentation



This session is being recorded.

You will receive a link to this recording and copy of slides in post session correspondence.

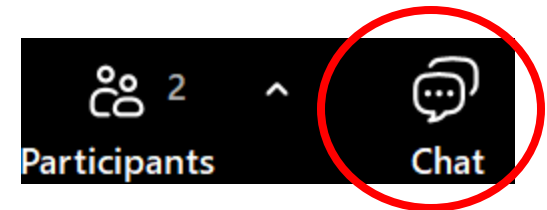


Housekeeping – Zoom Meeting

Is your session name the same as your registration?

To ensure we can issue your certificates and CPD please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in).

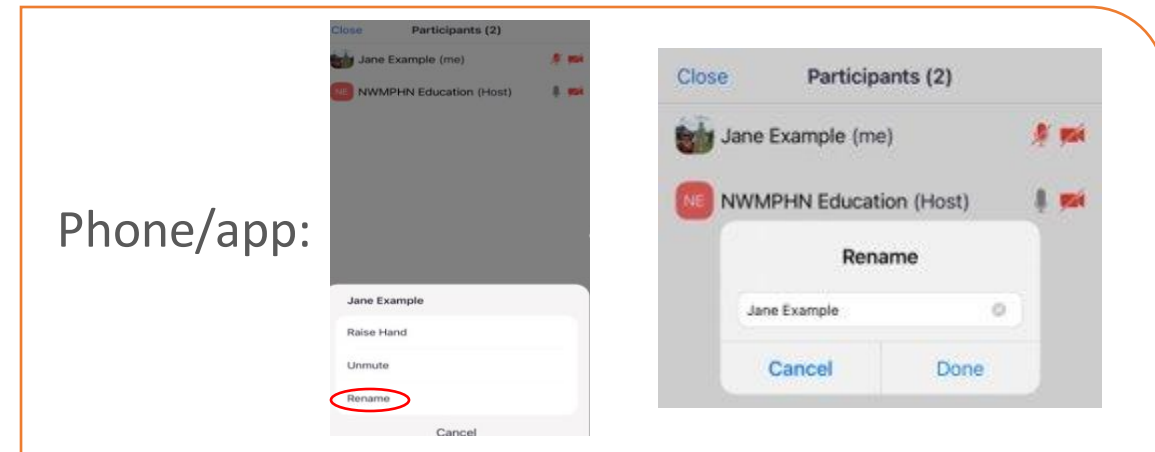
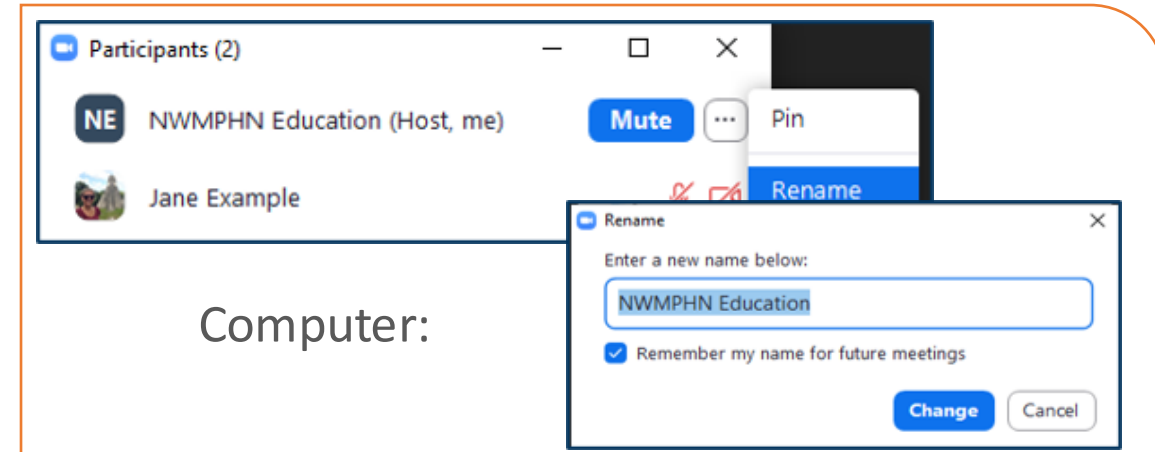
Not sure if your name matches, send a Chat message to 'NWMPHN Education' to identify yourself.



Housekeeping – Zoom Meeting

How to rename yourself

1. Click on **Participants**
2. If using
 - App:** click on your name
 - Computer:** hover over your name and click the 3 dots
 - Mac:** hover over your name and click More
3. Click on **Rename**
4. Enter the name you registered with and click **Done / Change / Rename**



Measuring outcomes for today

To obtain Measuring Outcomes hours for this session use the RACGP's Measuring Outcomes Tool.

Follow these five steps:

1. Log-in to myCPD
2. At very top of myCPD, click on 'Log'
3. From drop-down menu, click on 'Measuring Outcomes Tool'
4. Complete the form
5. Once you have completed the form, go to top of form and click 'Submit'



How to provide culturally safe care for women from diverse ethnic backgrounds experiencing domestic, family and sexual violence (FDSV)

23 April 2026



Your Clinical Management and Referral Resource



Localised Clinical Pathways

(Evidence-based guidance adapted for Melbourne clinicians)



Referral Information

(Clear referral instructions for local health services and hospitals)



Regular Updates

(Pathways reviewed and updated regularly by Clinical Editors)



CPD Hours

(Track and record CPD activities directly through Pathway page)



Collaborative Development

(Created by GPs, specialists, allied health and other health professionals)



Easy Access

(Web-based platform, mobile-friendly for point-of-care use)



Streamlined Workflow

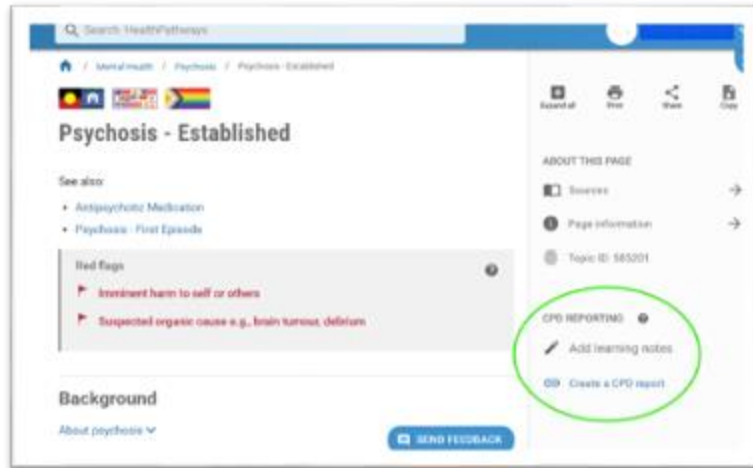
(Quick navigation with Assessment, Management and Referral sections all in one place)



Free for Clinicians

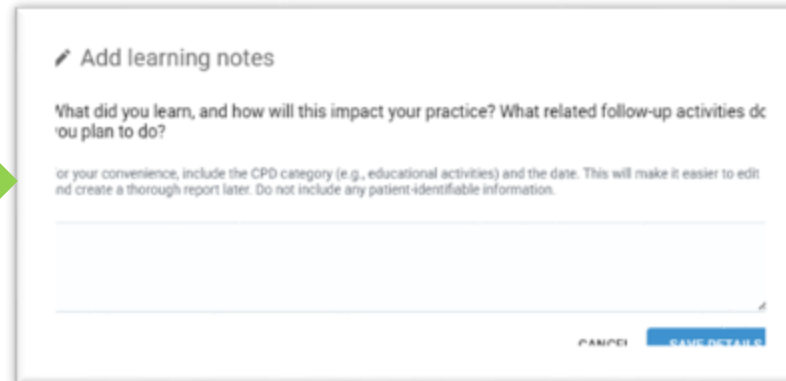
(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)

Log CPD Effortlessly with HealthPathways CPD Reporting



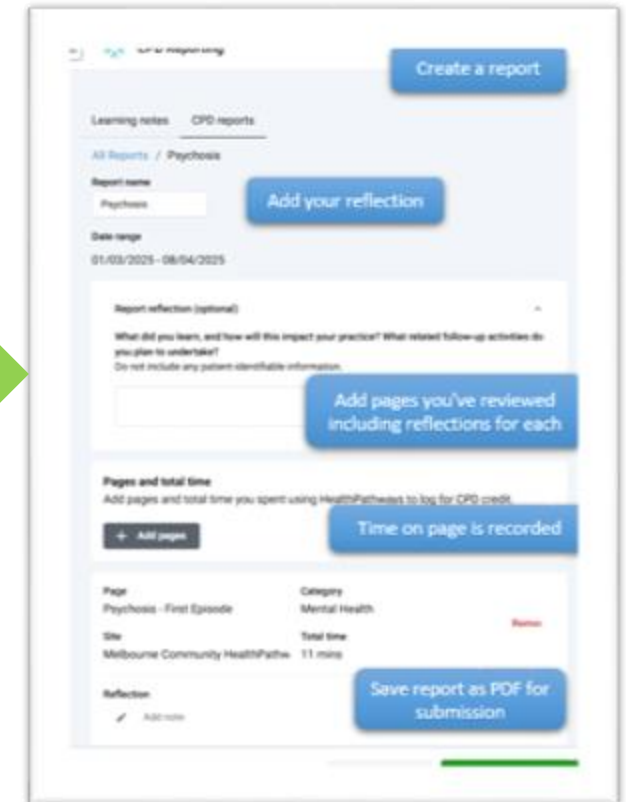
Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click “**Add learning notes**” or “**Create a CPD report**” to begin tracking your CPD activity.



Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.



Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

For further information on the CPD reporting tool, please see these videos:

- [How to create a CPD report](#)
- [How to add learning notes](#)

- 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



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
 - Barbecued neck 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...](#)

- ABOUT HEALTHPATHWAYS
- BETTER HEALTH
- RACGP
- USEFUL
- MBS ONLINE
- NPS MEDICINEWISE
- PBS
- NHSD

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

[SEND FEEDBACK](#)

About HealthPathways

family violence

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.

- 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

- 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.
- If suspected child abuse or neglect, report to Victorian Child Protection Service.
- 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.
- 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.
- Consider the needs of diverse communities or groups that experience domestic violence:
 - Parents and siblings
 - Elder abuse
 - LGBTIQ+ people
 - Aboriginal and Torres Strait Islander people
 - Migrant and refugee populations
 - People with disabilities
- Keep accurate and confidential records of consultations and injuries.
- Emphasise the victim-survivor's right to confidentiality and to decide on a course of action that is right for them.
- Provide support - help the victim-survivor access information, services, and social supports. See Domestic and Family Violence Community Support.
- Consider if there are requests or a need for information sharing via Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS).
- Review if you are seeing other members of the family. Be aware it is recommended that different general practitioners provide care for the victim-survivor and the people who use family violence.
- Arrange follow-up.

Referral

- 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.
- If suspected child abuse or neglect, report to Victorian Child Protection Service.
- For other specialised support services, see Domestic and Family Violence Community Support.
- Consider reporting image abuse to the eSafety Commissioner.
- Consider if there are requests or a need for information sharing via Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS).

Primary care and family violence services

Family Violence Referral and Community Support

If the patient is in immediate danger, call 000. If immediate translating and interpreting services are required, phone 131-450, which has free services available 24 hours, every day of the year.

See also:

- Adult Mental Health Service Referrals
- Assault or Abuse clinical pathways
- Child and Youth Mental Health Referrals
- Elder Abuse and Neglect
- Housing Support
- Legal and Ethical
- Reporting to Child Protection
- Sexual Assault Counselling and Support

Crisis services

Crisis services offer immediate response to an urgent but not dangerous or life-threatening situation. If the patient is in immediate danger, call 000.

Contact the service.

- Eastern Melbourne
- North Western Melbourne
- Statewide

After hours services

After hours services operate outside of the usual business hours Monday to Friday, 9.00 am to 5.00 pm, including weekends and public holidays.

Contact the service:

- 1800RESPECT - National Sexual Assault, Domestic Family Violence Counselling Service
24/7 national telephone and online counselling service
- Child Protection - After Hours
24 hours, including weekends and public holidays
- Kids Helpline
Free 24-hour telephone and online counselling and support serv...
- Lifeline - Suicide Prevention Crisis Service

Family Violence Referral and Community Support

Victim-survivor support services

- Phone or online counselling and support services
- Specialised family violence services
- Adult or family recovery and support services
- Child or youth recovery and support services
- Aboriginal and Torres Islander communities
- Culturally and linguistically diverse (CALD) communities
- LGBTIQ+ communities
- Disabled services
- Peer support services

Intervention and support for people who use violence

- Aboriginal and Torres Islander communities
- Culturally and linguistically diverse (CALD) communities
- LGBTIQ+ communities
- Adolescents who use violence
- Adults who use violence

Prevention and dispute resolution services

Prevention and dispute resolution services include family mediation and counselling, dispute resolution, and parenting support services. Services aim to reduce potential triggers of conflict, aggression, and violence.

Contact the service.

- Eastern Melbourne
- North Western Melbourne
- Statewide


Legal and financial services

Contact the service.

- Eastern Melbourne
- North Western Melbourne

HealthPathways Case Study- Family Violence

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



HealthPathways Melbourne
Putting knowledge into practice

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

phn EASTERN MELBOURNE
phn NORTH WESTERN MELBOURNE

melbourne.healthpathways.org.au



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Melbourne
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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](#)

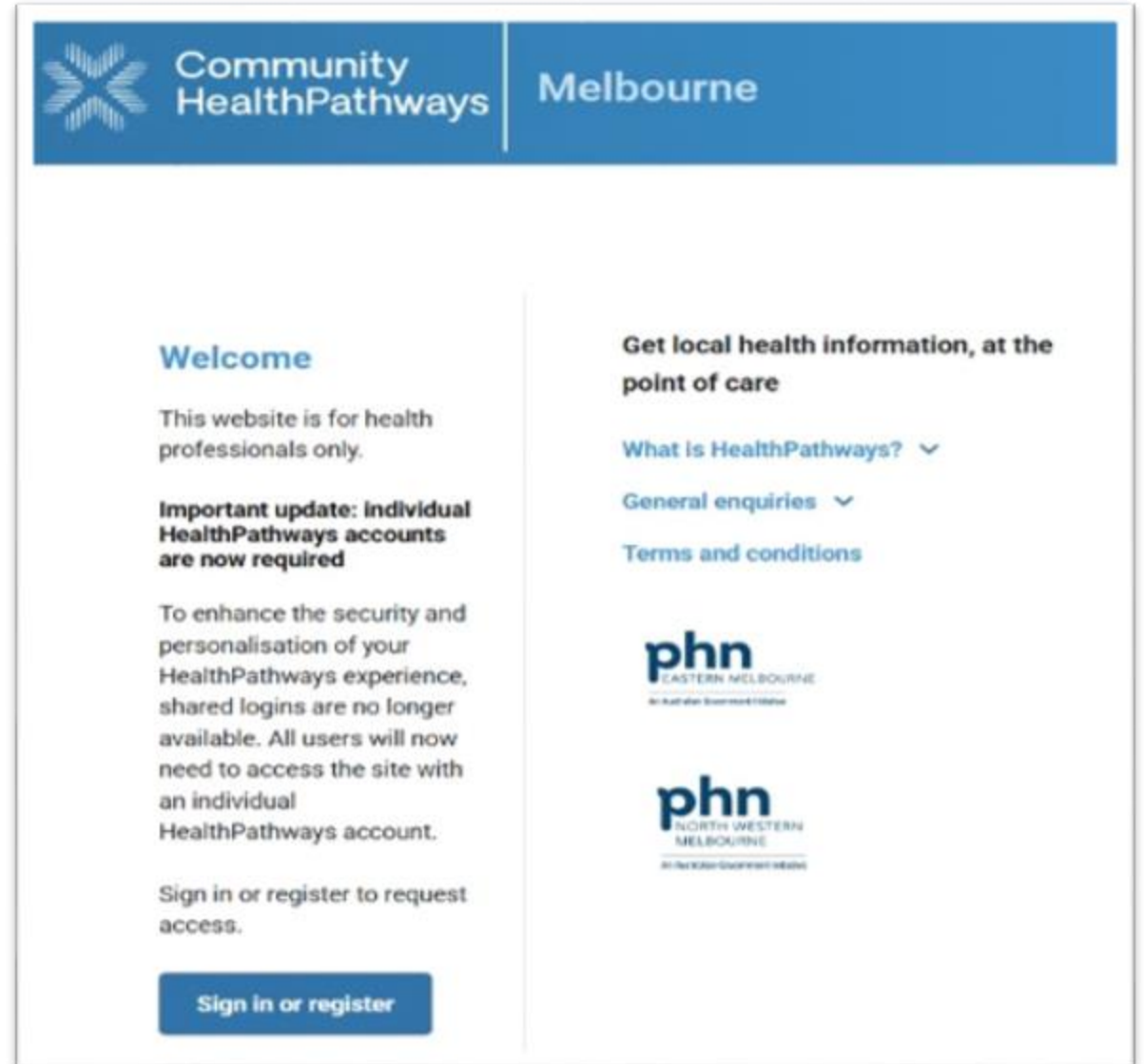
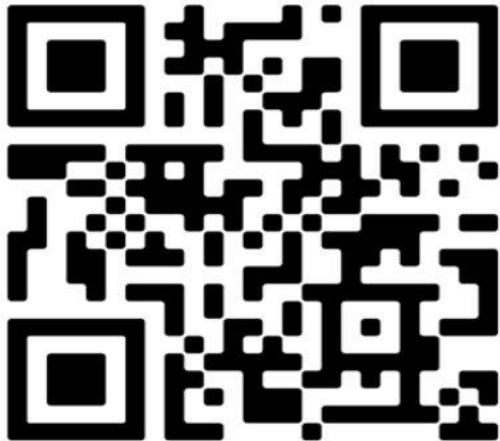
[LGBTIQA+ Mental Health](#)

[Mental Health Community Support Services](#)

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

A screenshot of the HealthPathways Melbourne website. The header is blue with a white starburst icon and the text "Community HealthPathways" and "Melbourne". The main content area is white. On the left, there is a "Welcome" section with a sub-header "Welcome" and a paragraph stating "This website is for health professionals only." Below this is an "Important update: individual HealthPathways accounts are now required" section, followed by a paragraph explaining that shared logins are no longer available and individual accounts are now required. At the bottom of this section is a blue button labeled "Sign in or register". On the right, there is a section titled "Get local health information, at the point of care" with three links: "What is HealthPathways?", "General enquiries", and "Terms and conditions". Below these links are two logos for "phn" (Public Health Network) for Eastern Melbourne and North Western Melbourne, both with the tagline "All Health Services Under One Umbrella".

Speakers

Clinical Associate Professor Magdalena Simonis, AM, leading women's health expert, government advisor and a Senior Honorary Research Fellow at the University of Melbourne Department of General Practice.

Magdalena has been a member of the national family violence steering committee and helped develop resources with Safer Families specifically around information sharing and the MARAM framework.

Assunta Morrone, Executive Manager, Practice and Service Development at InTouch Multicultural Centre Against Family Violence. She brings more than three decades of leadership and frontline experience spanning the health, community, and family violence sectors. She is recognised for her deep expertise in culturally responsive practice and her strategic leadership across governance, policy, and advocacy.

Dr Heshani Samantha De Silva is a Sri Lankan Australian who lives on Gadigal Land. She is a clinical psychologist at a private practice and a family violence researcher at the University of Melbourne and at Anti-Slavery Australia. As a child survivor of family violence, she recognised the gaps in the support systems for culturally and linguistically diverse peoples in Australia.



How to provide culturally safe care for women from diverse ethnic backgrounds experiencing domestic, family and sexual violence



Working with migrant and refugee communities

AWARE

Of one's position of privilege, biases and assumption

WILLING

To understand cultural beliefs, values and past trauma

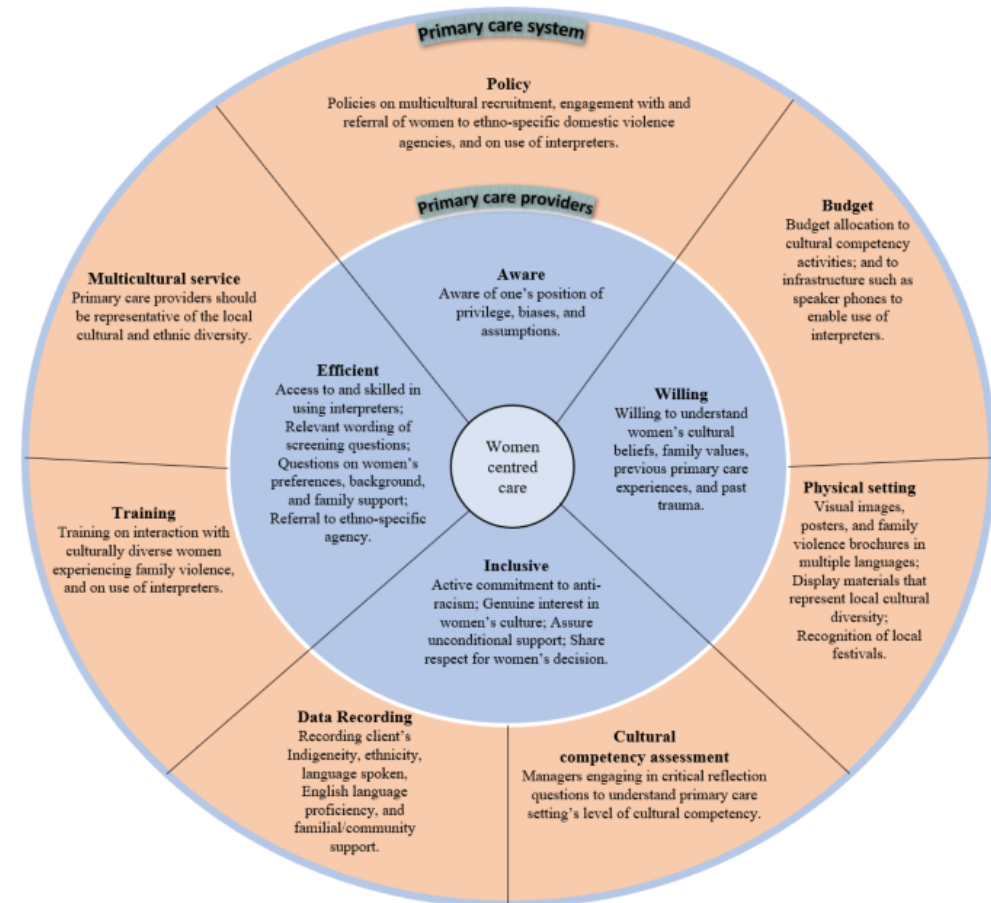
INCLUSIVE

Commitment to anti-racism, interest in women's culture and share respect for women's decisions

EFFICIENT

Skilled use of interpreters, relevant wording of screening questions and ethno-specific referrals

Culturally Competent FV response model



DV is defined as any behaviour in an intimate relationship that causes physical, psychological, or sexual harm

Physical violence

- Slapping, Hitting
- Kicking, Beating
- Knives/Guns
- Threats of physical violence

Psychological and Emotional Abuse

- Intimidation, Humiliation
- Constant belittling
- Harassment

Sexual Abuse

- Forced intercourse
- Sexual coercion
- Reproductive coercion

Other
Coercive Control
Tactics

- Isolation family/friends
- Monitoring movements
- Deprivation basic necessities
- Mental health/substance use coercion
- Financial control and/or visa abuse

In person or through use of technology facilitated abuse

How patients of CARM backgrounds may disclose family abuse and violence

- Patients from migrant and refugee backgrounds could disclose less explicit experiences of abuse, such as forced pregnancy, or family members prohibiting the use of contraception.
- GPs may uncover neglect of a patient by the family members or caregivers.
- Some patients may express feeling lonely or being controlled. Therefore, GPs can prompt responses by questioning patients about their family situations or situations at home.
- Patients may describe their distress through somatic symptoms or use physical terms to describe emotional distress.

DOMESTIC VIOLENCE against women

PHYSICAL TRAUMA

Injury & Death

- musculoskeletal
- soft tissue
- genital
- Other injuries

PSYCHOLOGICAL TRAUMA

Mental Health

- PTSD
- anxiety/depression
- eating disorders
- suicidality

Substance Abuse

- alcohol
- other drugs
- tobacco

Non-communicable Diseases

- cardiovascular disease
- hypertension

FEAR & CONTROL

Sexual & reproductive health

- Unsafe sex
- Unwanted pregnancy
- STD's/STI's

Perinatal/Maternal Health

- low birth weight
- prematurity
- miscarriage

Somatoform

- irritable bowel
- chronic pain

Children living with domestic violence

- Bedwetting, sleeping disorders,
- Anxiety, stress, depression, withdrawal
- Aggressive behaviour and language issues,
- Problems at school
- Chronic somatic problems and frequent presentations
- Drug and alcohol abuse, suicidal ideation in adolescence

How would 'men using violence' present?

- Depression & suicide ideation, gambling, alcohol & substance abuse
- Chronic Pain
- Unexplained injuries (to groin or face particularly)

- Stating he has 'a problem with anger'
- Controlling behaviour in consultations with partners
- Female partner has recently disclosed to GP

- Recent separation
- Childhood experience of abuse (direct victim or exposure to DV)

Barriers to Disclosure

Less than 1/3 of women disclose abuse to health professionals because of:

- Shame/embarrassment
- Felt it's her own responsibility, no-one else can help
- Fear of the abuser
- Belief the abuse is normal
- Belief or hope he will change
- Fear of judgmental attitudes from professionals and others

Specific recommendations for interpreter use in the context of FV include:

- use interpreters trained in FV, if available: Daisy app by 1800RESPECT (<https://www.1800respect.org.au/languages>) available in 28 languages.
- consider using a pseudonym to ensure confidentiality (in smaller communities, risk of interpreters being socially connected to the patient)
- monitor non-verbal cues to determine if patient is comfortable with interpreter (be conscious that there may be a discriminatory interaction between interpreter and patient)
- implement code-word in cases where patient wants to terminate consultation
- if there is a risk of interpreters being socially connected to the patient, consider using an interstate interpreter, or if the patient is multi-lingual, a language other than that of their primary community.

Factors facilitating women disclosing during a consultation

Listening, being empathic and confidential AND

Asking in a non-judgmental, general way e.g.

How are things going in your relationship?

Are you feeling safe at home?

ACTS identification tool- direct questions

Are you **A**fraid of your partner (or a family member)?

Does your partner (or a family member):

Control your daily activities or humiliate you?

Threaten to hurt you

Slap, hit, kick or otherwise physically hurt you?



Remember
Confidentiality
is paramount

WHAT



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

HOW



Trauma and Violence informed care -

Understand trauma, violence and its impacts on people's lives and behaviour

Create emotionally and physically safe environments for all clients and providers

- Create welcoming space/intake procedures; emphasize confidentiality/patient priorities
- Seek patient input about safe and inclusive strategies
- Support staff at-risk of vicarious trauma (e.g. peer support, check-ins, self-care programs)

Foster opportunities for choice, collaboration and connection

- Involve staff and patients in identifying ways to implement services

Use a strengths-based and capacity-building approach to support clients

- Help people identify strengths and acknowledge effects of historical and structural conditions
- Teach skills for recognizing triggers, calming, centering

Resources and Support for GPs and PNs

Resources developed include:

- **Recognising and responding to DFSV experienced by ethnic/racial minority women - e-learning resources: 9 e-learning modules of 1-2 hours duration accredited with CPD points.** To enrol in these modules, visit: <https://www.saferfamilies.org.au/readiness-elearn>
- **RACGP's 'Abuse and violence: working with our patients in general practice'** (commonly referred to as the 'White book'). This can be found at: <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/about-this-guideline>

Supports available include

- **1800RESPECT: 1800 737 732** <https://www.1800respect.org.au>
- **RACGP GP Support Program:** Call Optum 1300 361 008 <https://www.racgp.org.au/racgp-membership/member-offers/the-gp-support-program>

iintouch

Multicultural Centre
Against Family Violence

Recognising and Responding to
DFSV when working with
women from CARM
backgrounds



About Intouch

Since 1984, inTouch has been supporting migrant and refugee women, gender diverse people, their children, and communities across Victoria.

Our services are delivered **inLanguage, inCulture**, providing statewide assistance across the family violence continuum.

Specialised family violence support (*case management, safety planning. Legal, migration and recovery support, as well as perpetrator programs.*)

Our goal is for culturally diverse families and communities to be safe and free from family violence.



Why gender drivers are not enough

Gender inequality is a key driver of violence against women. However, when working with migrant and refugee women, gender alone cannot fully explain women's experiences of violence or the barriers they face when seeking support.

Migration systems, racism, visa insecurity, language barriers, and settlement pressures can shape both the experience of violence and women's ability to access safety.



[Image by freepik](#)

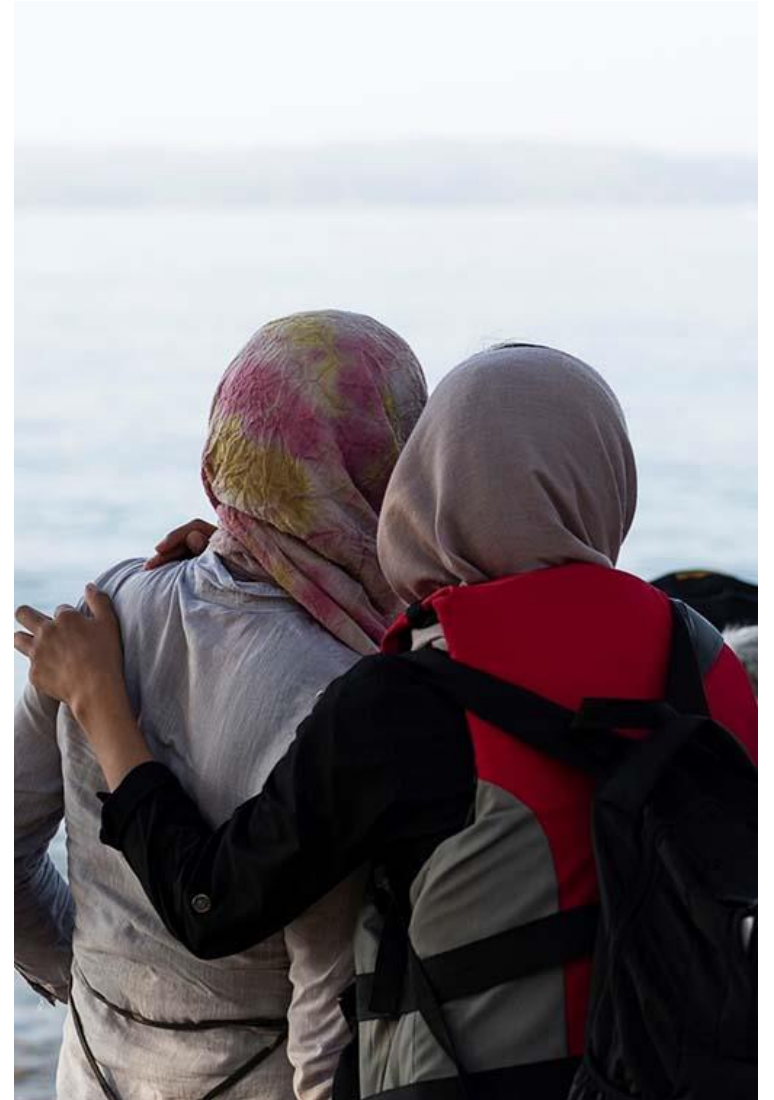
Clinical indicators

- Partner speaking or controlling the conversation
- Partner limits her access to money, documents, information about services
- He social isolates her
- Withholds information of her visa status
- Creates fear of child removal
- Creates mistrust of government system or police



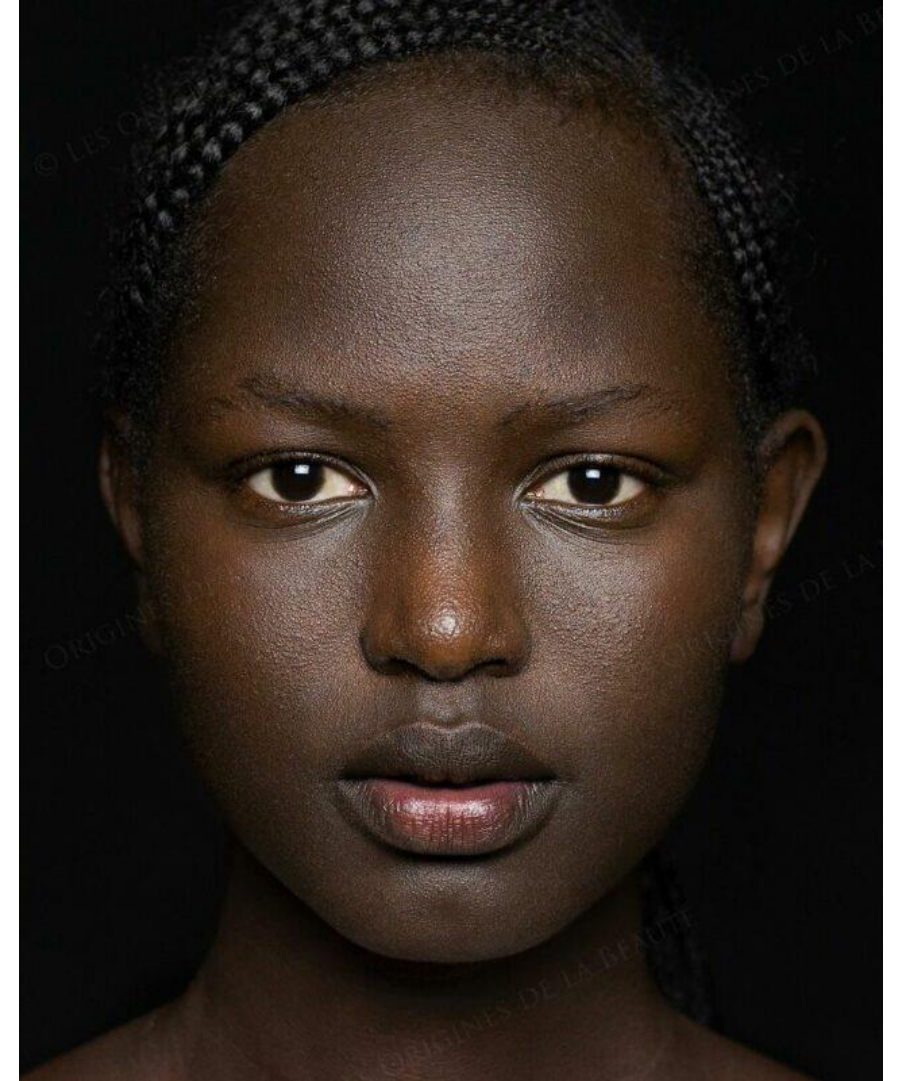
Tactics of Perpetration

- Threaten deportation or visa cancellation
- Withdraw sponsorship of partner visa
- Provide false information about immigration rights
- Control access to passports and immigration documents
- Use religion, community and culture to shame and control
- Use Western values to shame and control
- Financial control through dowry, remittance
- Using family and community to monitor women



Tactics of Perpetration

- Preventing women from learning English
 - Restricting contact with friends and community
 - Accompanying women to appointments with services
 - Refusing interpreters
 - Forcing her to work in family business without payment
 - Threatening family members overseas
 - Arrange forced return to country of origin – exit trafficking
-



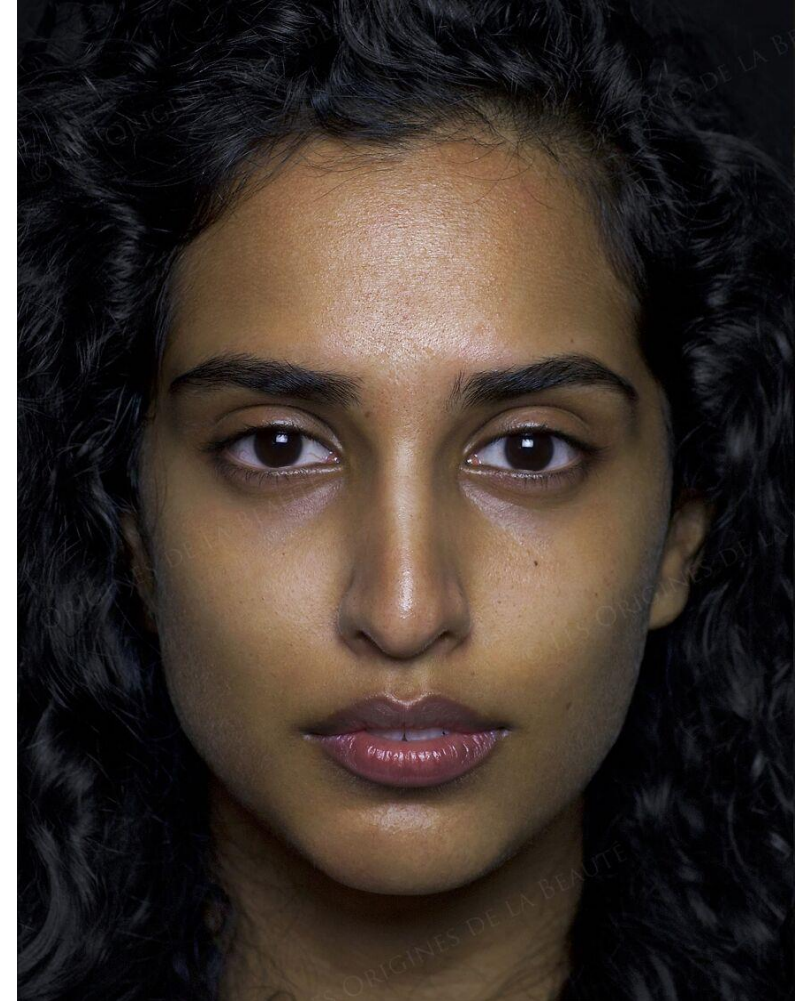
Assessing Risk and Addressing safety

- How would you describe what is happening at home? Or in your relationship
- What do you think is contributing to this situations?
- When did things change?
- What are you most worried about ?
- How worried are you about this situation right now ?
- What would help right now?



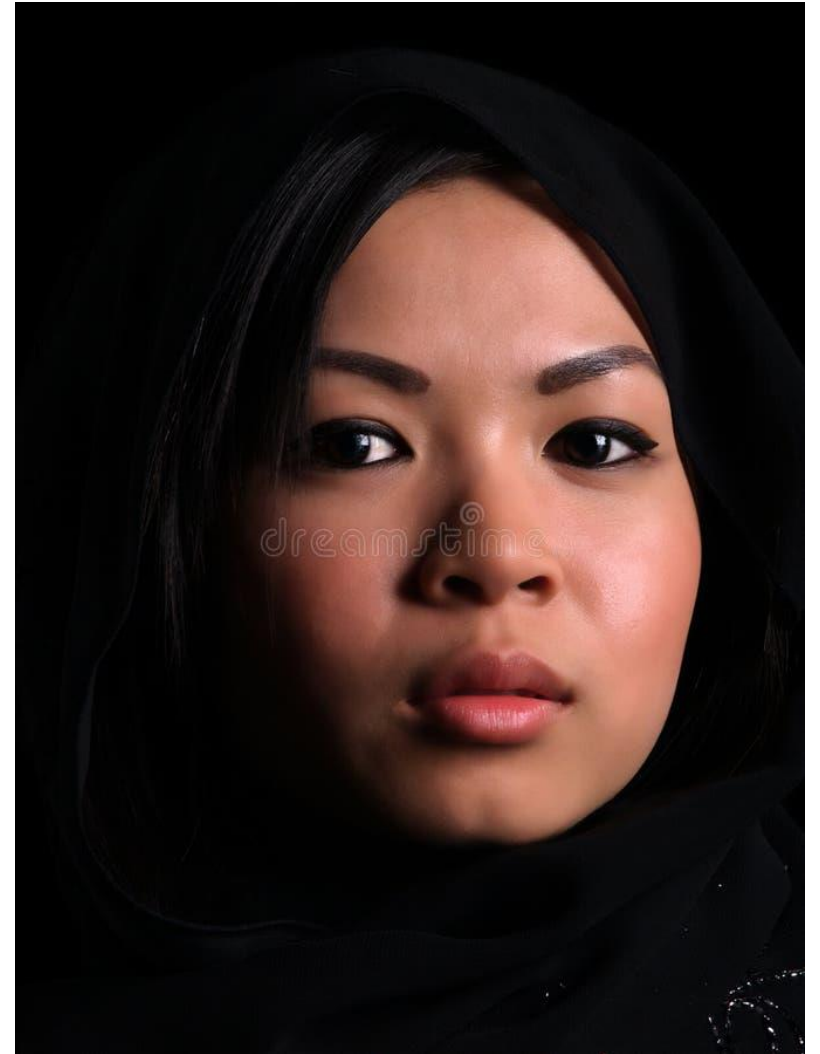
Creating a Cultural of Safety

- Understand the risk may extend beyond immediate household to family overseas or community pressure
- Recognise fears about visa and deportation or child removal
- Check **language, dialect, and gender preference**
- Avoid imposing Western assumptions about independence, leaving, or reporting



Creating a Cultural of Safety

- Explore how visa status, settlement stress and past trauma impact her situation
- Recognise that racism , discrimination and visa restrictions can limit options and safety
- Don't assume violence is caused by culture or religion
- Understand that disclosure may take time
- Work along side multicultural services



iintouch

iintouch Multicultural Centre
Against Family Violence

Thank you for attending. What's next?

After this session you will receive:

1 Slides, resources and the recording of this session within the week

2 RACGP CPD hours will be uploaded within 14 days.

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

- **Register for more education sessions here:**
nwmpfn.org.au/resources-events/events
- **Past education sessions can be found here:**
nwmpfn.org.au/resources-events/resources

Feedback - QR code

We welcome your feedback.
Let us know if you got what
you needed from this session.

