PEER REVIEWED FEATURE 2 CPD POINTS

Intimate partner violence and LGBTIQ people
Raising awareness in general practice

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Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) people can often experience intimate partner violence. However, a distrust of health services and fear of not being treated appropriately mean that it is not often disclosed. GPs should be aware that intimate partner violence may be a cause of physical and mental health problems in this group.

Intimate partner violence is widely recognised as a serious public issue that has significant physical and mental health consequences for victims and witnesses. People who have experienced abuse may present to their GP with physical and psychosocial problems related to the intimate partner violence. However, the root cause of the presenting concerns may remain concealed during the consultation, particularly in lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) people. Furthermore, even if intimate partner violence is disclosed, GPs may not have the appropriate resources to respond adequately.

Research and interventions related to intimate partner violence have predominantly characterised it as 'gender-based violence', usually pertaining to violence against women in heterosexual relationships. Only recently, through forums such

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KEY POINTS

- Intimate partner violence occurs at the same rate in relationships involving lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) people as among heterosexual couples.
- Although LGBTIQ partner violence has commonalities with that involving heterosexual couples, it also has unique features.
- Intimate partner violence among LGBTIQ people occurs within populations that already experience high rates of violence and discrimination and poorer levels of psychological and physical health than the general population, and a distrust of health services.
- GPs who are informed of LGBTIQ-related issues and resources can improve the care of their patients.

as Victoria's Royal Commission into Family Violence,[1] has formal attention been paid to abuse occurring among same-sex couples or abuse involving transgender people. Little attention was given to violence among these populations until recently, so GPs may be unfamiliar with, or under-resourced to deal with, intimate partner violence involving LGBTIQ people.

Prevalence of intimate partner violence in LGBTIQ relationships

Australians of diverse sexual orientation, sex or gender identity account for up to 11% of the population.[2] Same-sex couples may experience similar or even higher levels of intimate partner violence and family violence than heterosexual couples.[3,4] One-third (32.7%) of LGBTI people in Australia report having been in a relationship where the partner was abusive, and this results in a considerable burden of distress and injury.[5] In a Victorian study, one-third of LGBT respondents reported having been in an abusive same-sex relationship involving psychological (78%) and physical (58%) abuse, with lesbians reporting a higher incidence of abuse than gay men (41% *vs* 28%).[6] Between 1989 and 2010, about 2% of cases of intimate partner homicides in Australia involved partners from same-sex relationships, although the Australian Institute of Criminology cautions that this statistic may reflect significant under-reporting.[7]

Transgender people and people with intersex characteristics have rarely been specifically included or identified in studies of intimate partner violence. As a result, there is a lack of empirically informed knowledge regarding these groups in policy and practice. Nevertheless, the few studies that have included transgender people indicate that this group may experience significantly higher rates of emotional, sexual or physical abuse from a partner or ex-partner than either same-sex or opposite sex couples.[8,9]

Patterns of abuse

Intimate partner violence is associated with an abuse of power, a factor that is universally found among violent perpetrators. In addition, however, there are specific factors that can be identified in intimate partner violence involving same-sex couples and relationships involving transgender people. Many of the triggers and manifestations of psychological manipulation, for example, are interrelated with sexual and gender identities, and are commonly complicated by the exposure of either the perpetrator or the survivor to various forms of discrimination, homophobia and transphobia during their life course.[10]

Examples of LGBTIQ-specific intimate partner violence dynamics are given in Box 1.[11]

Context of LGBTIQ intimate partner violence

Intimate partner violence experienced by LGBTIQ people often occurs within a broader landscape that includes other forms of abuse, including family violence, sexual violence and hate crimes.[12] It is well recognised in Australia that multiple forms of violence across the lifespan are experienced disproportionately by LGBTIQ people. For example, same-sex attracted and gender questioning young people report experiencing high rates of verbal homophobic abuse (61%), physical homophobic abuse (18%) and other types of homophobia (9%) including cyberbullying.[13] Gay and bisexual men experience sexual coercion four times more commonly than heterosexual men, whereas lesbian and bisexual women report significantly higher rates of sexual coercion than heterosexual women.[14,15]

Transgender women and men in Australia report even higher rates of verbal abuse and physical harassment than gay men, lesbians or bisexual men and women,[16] with 49% of transgender women and 55% of transgender men reporting harassment or abuse in the previous 12 months.[17] Internationally, studies from 1992 to 2009 in the USA have demonstrated that LGBTIQ individuals experienced greater rates of victimisation than heterosexual individuals.[18]

1. EXAMPLES OF LGBTIQ-SPECIFIC INTIMATE PARTNER VIOLENCE DYNAMICS

- Threats by the violent partner to 'out' the victim (i.e. to disclose their sexual orientation or gender identity), for example, to their family, their workplace, neighbourhood, religious community, healthcare providers or social security services such as Centrelink. Control and coercion are common forms of intimate partner violence and among lesbian, gay, bisexual, transgender, intersex or queer/questioning (LGBTIQ) people the threat of 'outing' can be used as a powerful form of control.[11]
- Coerced sex through manipulation of a victim's emotional vulnerability related to sexual or gender-related shame or guilt.
- Non-recognition of the experience of abuse as intimate partner violence, by the victim or perpetrator, because it does not conform to established heterosexual representations that are based on notions of 'gender inequality'.
- Fear-inducing threats by the violent partner that the police or justice system is homophobic or transphobic and will not help them. The impact of these threats can also be reinforced by actual past experiences of discrimination.
- Transphobic abuse, whereby a partner prevents a transgender person from taking their hormone medication, or expressing their gender identity in preferred ways.

Exposure to gender-based violence is associated with a higher prevalence of mental disorders, including depression, post-traumatic stress disorder and suicidality, and the evidence from a study involving LGBTIQ people demonstrates a similar association in a representative sample of the Australian population.[19] In fact, studies among LGBTIQ communities have found that there are overall poorer levels of psychological and physical health, suicidality and higher levels of substance misuse in those groups than among the general

population.[16,17,20,21] Importantly, the psychological distress that is a consequence of exposure to violence is strongly associated with disability and poor functioning. Reduced functioning and capacity can increase the risk of a person's vulnerability to intimate partner violence.[19] Partner violence can erode personal agency and be unjustly experienced as normal or deserved. In this context, individuals can become increasingly isolated and less able to leave abusive perpetrators or to seek help.

Barriers to seeking help

Reliance on gender-based frameworks

The overwhelming focus on intimate partner violence involving heterosexual women as victims and heterosexual men as perpetrators has resulted in limited empirical knowledge to inform interventions or to resource responses that would better reflect the needs of the LGBTIQ community. An analysis of gendered roles and the related abuse of power may be relevant to violence perpetrated within an LGBTIQ intimate relationship; however, gender may not be as significant as it is when analysing heterosexual violence.

The LGBTIQ community is diverse, and patterns of abuse may differ according to a misuse of power that is not as easily associated with gendered inequality as in the heterosexual relationship. Furthermore, multiple intersecting factors can compound vulnerability to violence, such as disability, poverty, ethnicity and geographical location.[22]

Lack of awareness among healthcare practitioners and support services

Despite a growing awareness of the impact of gendered forms of violence and trauma on mental and physical health, training for healthcare practitioners and other service providers on LGBTIQ-related intimate partner violence has been extremely limited. Mainstream services such as safe steps Family Violence Response Centre (www.safesteps.org.au) and the No To Violence program (http://ntv.org.au) have noted that, although most family and domestic violence services in Victoria recognise that LGBTIQ people may be part of their client base, there are no data to ascertain their numbers.[23] Also, in this context there has been little recognition of the distinct needs of these groups. In a NSW report, unsatisfactory service responses for LGBTIQ people were identified, including a lack of staff awareness of the issues and poor training.[24,25]

Fear and mistrust of services

Within the LGBTIQ community there is a general mistrust of healthcare practitioners and services, including GPs. Many LGBTIQ people believe that service providers will be uninformed about their specific needs or may think less of them if they reveal their sexual or gender identity.[26] Indeed, significant proportions (almost 34%) of LGBTIQ people in Australia report that they

2. RESOURCES APPROPRIATE FOR LGBTIQ PATIENTS

QLife
QLife national telephone and web counselling service for lesbian, gay, bisexual, transgender and intersex (LGBTI) people, and their families and friends. It also provides referrals to a vast range of services.
1800 184 527
qlife.org.au

1800RESPECT Helpline
Information and support for anyone in Australia experiencing domestic and family violence or sexual assault, 24 hours a day, seven days a week. The website has a specific information section for LGBTIQ people.
1800 737 732
www.1800respect.org.au

Victorian AIDS Council
Victorian AIDS Council (VAC) offers general and relationship counselling for LGBTI people in Victoria:
www.vac.org.au/counselling-services/
VAC has also launched a new behaviour change program for gay and bisexual men called 'ReVisioning'. Eligible clients can self-refer or their GP or counsellor can provide a referral by email to revisioning@vac.org.au

ACON Health
An LGBTI health organisation offering information, referrals, counselling, advocacy and practical support for LGBTI people in NSW, including those experiencing domestic and family violence.
02 9206 2000
www.acon.org.au

Another Closet
For information and referral details on LGBTIQ domestic and family violence in NSW.
www.anothercloset.com.au

National LGBTI Health Alliance
Organisations in other states/territories that may offer specific family violence support for LGBTIQ people can be accessed via QLife (see above) or the National LGBTI Health Alliance.
lgbtihealth.org.au

'usually' or 'occasionally' hide their sexuality or gender identity when accessing services for fear of rejection or discrimination.[6,16] This response may be exacerbated when people are feeling vulnerable and distressed due to intimate partner violence or family abuse.

Guidelines for practitioners

Current guidelines to assist GPs to respond appropriately to disclosures of intimate partner violence are available and in many situations can be relevant for LGBTIQ patients.[27] However, there are particular aspects specific to the LGBTIQ community that require particular knowledge and consideration of medical practitioners.

Key points to guide good practice with LGBTIQ people

- Challenge pervasive assumptions about heterosexuality. Be open to the possibility that your patients may be LGBTIQ and may be concealing their identity. Be aware that some LGBTIQ people are or will have encountered abusive partners or multiple forms of discrimination during their lifetime.
- Be aware of your obligations in the provision of health services under the protections related to discrimination on the basis of sexual orientation and sex and/or gender identity found in the Federal Government's Sex Discrimination Act (the amendments came into effect in 2013): www.humanrights.gov.au/our-work/sexual-orientation-sex-gender-identity/projects lesbian-gay-bisexual-trans-and-intersex
- Recognise that the culture of silence, fear and shame surrounding heterosexual women's experience of intimate partner violence is magnified in cases involving same-sex and transgender people. If an LGBTIQ patient discloses their situation and does not receive a sympathetic, informed and constructive response, it can compound their vulnerability.
- Take any hints or disclosures about intimate partner violence seriously. Never presume that violence in a relationship is a problem of both partners or that there is not an abuse of power occurring in a relationship involving LGBTIQ people. A common misconception is that an 'equal' relationship exists because, for example, it involves two women. Some lesbians who have faced life-threatening situations from violent perpetrators have been told that 'it's not serious because women can't be violent'.
- Recognise that many LGBTIQ people who experience intimate partner violence will present to their GP with a well-founded fear that there is nowhere safe or culturally appropriate for them to seek help. Be familiar with the most appropriate services or resources that are available for LGBTIQ people and do not assume that mainstream domestic and family violence services in your area will be welcoming of, or informed about, LGBTIQ people. In some instances it will be preferable, with the patient's permission, to ring crisis lines or services on their behalf to ensure that the response will be positive before referring them.

Support for perpetrators

Although all states and territories offer a range of funded men's behaviour change programs, these are not considered appropriate, relevant or safe for gay, lesbian, bisexual or transgender perpetrators. Currently no appropriate programs exist in Australia, although a consortium of Victorian services is trialling and evaluating a behaviour change model for gay and bisexual men (for example, Victorian AIDS Council counselling services; see resources in Box 2). Referrals to counselling

services that promote LGBTIQ-inclusive practice may be more appropriate.

Providing LGBTIQ-inclusive practices

Primary care and the domestic and family violence sectors are in the early stages of developing specialised responses for LGBTIQ people affected by intimate partner violence. Some are more advanced than others. The Rainbow Tick is a national accreditation scheme, based on six national standards, which aims to promote LGBTIQ-inclusive practice in the health and human services sectors, including general practice. In Victoria, all funded family violence services are expected to achieve the Rainbow Tick accreditation by the end of 2018.[1] GPs are encouraged to consider applying for Rainbow Tick accreditation to enhance the quality of their practice. A list of national resources is provided in Box 2. We encourage you to make enquiries in your local area to ensure the best and most accessible resources for your patients.

Conclusion

Violence committed by intimate partners is complex and cannot be managed solely by the busy GP. However, because it is strongly associated with physical and mental health problems, it is important that healthcare professionals are fully informed about its manifestations, including among people who identify as LGBTIQ. Awareness of key resources and referral points that are relevant for this community is highly recommended. MT

References

A list of references is included in the website version of this article (www.medicinetoday.com.au).

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