



Fact Sheet 6

Priority Population Groups

This Fact Sheet will cover:

1. What is an intersectional response to DFV?
2. Engaging with Aboriginal and/or Torres Strait Islander victim-survivors
3. Engaging with CALD victim-survivors
4. Engaging with victim-survivors with disability or mental health concerns
5. Engaging with LGBTIQ+ victim-survivors
6. Engaging with victim-survivors in regional or remote areas
7. Engaging with older victim-survivors

1. What is an intersectional response to domestic and family violence (DFV)?

DFV impacts different people in different ways. Certain communities experience multiple and intersecting forms of discrimination and disadvantage, and consequently are vulnerable to unique types of violence and barriers to reporting violence. In many cases, they may have previously experienced discrimination by the services sector and government. Conversely, people from certain communities may have different protective factors that can be activated as part of safety planning, leveraging the strengths of their identity and community.

An intersectional response to DFV involves being sensitive and responsive to these various factors which may be impacting a victim-survivor's experience of violence.

The Common Risk and Safety Framework (CRASF) supports you to adopt an intersectional lens in your practice by prompting you to consider the unique risk factors and safety planning concerns relevant to victim-survivors from the following communities, as well as relevant protective factors:

- » Aboriginal and/or Torres Strait Islander victim-survivors;
- » Culturally and/or linguistically diverse (CALD) victim-survivors;
- » Victim-survivors with disability or mental health concerns;
- » Lesbian, gay, bisexual, transgender, intersex or queer + (LGBTIQ+) victim-survivors;
- » Victim-survivors living in regional or remote areas; and
- » Elderly victim-survivors

This Fact Sheet provides an overview of some of the unique considerations relevant to engaging with victim-survivors from each of these priority population groups.

2. Engaging with Aboriginal and/or Torres Strait Islander victim-survivors

Research indicates that Indigenous women are 35 times more likely to be hospitalised due to DFV; and five times more likely to be the victim of domestic homicide, compared to non-Indigenous women.⁹ This is rooted in the oppression and abuses of power inflicted on Aboriginal and Torres Strait Islander people through colonisation.

Relationships and dynamics across communities, boundaries and families are complex and often poorly understood by non-Aboriginal and Torres Strait Islander people. Systems must be adapted and responses must be culturally-led and considered, with a focus on avoiding practices of the past which continue to undermine Aboriginal and Torres Strait Islander people's trust in the broader DFV sector.

The following practice guidelines may be useful when engaging with Aboriginal or Torres Strait Islander victim-survivors:

Be aware of your communication style

Communication style is important for Aboriginal and Torres Strait Islander people, especially non-verbal body languages. Aboriginal and Torres Strait Islander people value respect and people being open to learning and listening to their points of view. Be alert to cues in body language. For example, a lack of eye contact or answering 'yes' to every question, may be an attempt to end the conversation as soon as possible.

It is important to remember that in remote communities, English is not the first language for many community members. Avoid complicated terminology and aim to keep communication simple. Storyboards may be helpful in explaining the process.

Where English is not a person's first language, or where there are significant cross-cultural barriers, you may need to engage an interpreter to facilitate your discussion. Use the Level 2 risk assessment tool to help identify a person's correct language group, as someone residing in a certain community may not necessarily be from that community. You can refer to the Queensland Government website for advice on finding a translator: [*Queensland Government Interpreter and translator services.*](#)



You must also be mindful of men's and women's business when working with Aboriginal and Torres Strait Islander people. You can check whether a person is comfortable speaking with you by asking if they would like to have a support person with them, or if they are okay to speak about sensitive or personal issues with a male or female practitioner.

If time permits, it is a good idea to try to build rapport with the person before going into the detail about the DFV. Consider different options for holding the discussion. For example, you may be able to have a yarn with a victim-survivor in their home, at a local park, or some other location where they feel safe and where the risk to the practitioner is not increased. Sometimes, it may be appropriate to bring a plate of food to share with a cup of tea to start the yarning process, as bringing food is a sign of good faith and good intentions.

Be aware that some communities have different cultural protocols depending on the location. It is best to check with the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships about local protocols prior to interacting with the community: *Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships*.

Adopt a strengths-based approach

You should adopt a strengths-based approach, which values the strengths of Aboriginal and Torres Strait Islander individuals and the collective strengths of Aboriginal and Torres Strait Islander knowledge, systems, and expertise.

If you would like to improve your understanding of Aboriginal and Torres Strait Islander history and the impacts of colonisation, you can access some helpful resources on the Queensland Government website at: www.qld.gov.au/about/about-queensland/history/aboriginal.

Consider the impacts of intersectionality

You should be aware that the person using violence (PuV) may not be Aboriginal or Torres Strait Islander.

Consider the impact of intersectionality for a victim-survivor who identifies as Aboriginal or Torres Strait Islander with a partner who may be using racism to further abuse. The Level 2 risk assessment tool supports you to do this by outlining specific risk factors, such as whether the PuV has deprived the victim-survivor of access to their culture (including language, community events, and sorry business), or denigrated or insulted the victim-survivor for being Aboriginal and Torres Strait Islander or for their beliefs.

Be aware of, acknowledge, and respond to barriers to reporting

Aboriginal and Torres Strait Islander victim-survivors may be distrustful of the government and services sector and be reluctant to report DFV due to historic and ongoing discrimination. You should be aware of, acknowledge, and respond to victim-survivor's concerns around barriers to reporting. Once the basis for trust is established between you and your client, further vital information might be forthcoming if you are aware of the cultural barriers present.

Barriers might include:¹⁰

- » Fears that their reports of DFV are not going to be believed.
- » Concerns about children being removed from care due to an extensive legacy of forced removal of children and the overrepresentation of Aboriginal and Torres Strait Islander children in the Child Protection system. This can include a fear of children being placed in non-Indigenous families and can be accompanied by a feeling that, as an Aboriginal or Torres Strait

Islander person, they need to work twice as hard to prove they are a good parent for the children to be returned to their care.

- » Fear of experiencing community reprisal or shame about reporting violence.
- » Limited availability of culturally supportive services, and the inability to practice traditional methods and follow Indigenous Lore systems.
- » The loss and removal of Aboriginal and Torres Strait Islander languages.
- » Sorry Business, which can sometimes be a long process, up to 12 months in some cases. This can create particular barriers to reporting when a death has occurred by a PuV and where other family members could be at risk.
- » Concerns about having to sever or leave parts of their family, extended family, kin, community, or culture if they leave violent relationships. Aboriginal and Torres Strait Islander people value the relationship with their traditional lands and, for many, being removed from community is a significant challenge. This can be exacerbated if a person has a family member/s who assist in making decisions or who have authority under their kinship structure. Some members of the community may hold positions or status in the community that do not allow them to be removed, e.g. Elders, leaders, and decision makers. Removal from the community can also have financial repercussions as Aboriginal and Torres Strait Islander communities can often share resourcing, such as food, electricity, clothing etc.
- » Community concerns about consequences for the PuV, including the possibility of death in custody and racism and ill-judgment in prison.

Support a right to cultural safety

You must support Aboriginal and Torres Strait Islander victim-survivors' right to cultural safety when undertaking DFV risk assessment and management.

The *Queensland Human Rights Act*, section 28, recognises that Aboriginal and Torres Strait Islander people hold distinct cultural rights as Australia's first people. The provisions of section 28 should be considered when assessing risk and understanding the circumstances of the Aboriginal and Torres Strait Islander victim-survivor and PuV. This means recognising inherent rights to family, community, cultural practices, and identity, including when working with Aboriginal and Torres Strait Islander children with non-Indigenous parents and family members.

Provide choice of service options

Many Aboriginal and Torres Strait Islander victim-survivors prefer to use Aboriginal and Torres Strait Islander services. At times, Aboriginal and Torres Strait Islander victim-survivors may prefer access to non-Indigenous services due to a lack of privacy, past experiences, shame from community and family members, or conflicts of interest, for example the PuV's family members may be working in the service.

It is important to provide choice and service options, remembering that the victim-survivor is the expert in their own experience of DFV. You can also ask your client whether there are any conflicts of interest in engaging with local services, as this may not be disclosed voluntarily.

To assist with the identification of culturally appropriate support services, the Level 2 risk assessment tool supports you to identify an Aboriginal or Torres Strait Islander victim-survivor's language and kinship groups.

3. Engaging with Culturally and Linguistically Diverse (CALD) victim-survivors

The intersection of gender, ethnicity and culture may serve to heighten vulnerability to DFV risk for victim-survivors from CALD backgrounds.

The following practice guidelines may be useful when engaging with victim-survivors from CALD backgrounds:

- » Consider the impact of a victim-survivor's **migration status** on their experience of violence. Victim-survivors who are on temporary migration visas, or reliant on the PuV for their visa status or pathway to permanent residency, may be particularly vulnerable to certain forms of coercion or control.
- » A PuV may threaten to withdraw their sponsorship of the victim-survivor, which would force the victim-survivor to leave Australia, and in some cases be separated from their children. They may fear returning to their country of origin, particularly if that would mean being subject to exclusion, shame, violence or destitution.¹¹
- » Alternatively, the PuV may withhold the victim-survivor's and/or their children's passports to ensure the victim-survivor cannot leave Australia. Withholding passports, birth certificates, or other forms of identification can prevent the victim-survivor from accessing services, supports, housing and employment.
- » Victim-survivors on temporary migration visas may also have limited access to financial or housing support when escaping DFV due to the conditions attached to their visas.¹²

The Level 2 risk assessment tool supports you to identify risks relating to a victim-survivor's migration status.

Consider the impact of a victim-survivor's **English proficiency** on their experience of violence. Victim-survivors with poor English language proficiency may be particularly vulnerable to certain forms of abuse, particularly if they also lack familiarity with local legislation and support services. In some cases, this can be compounded by negative previous experiences with government authorities. A PuV may use this to their advantage by engaging in systems abuse and threatening to report the victim-survivor to child protective services, immigration, or other authorities.

The Level 2 risk assessment tool supports you to consider whether the PuV is using the victim-survivor's poor English language proficiency or limited familiarity with local support systems to further coerce and control the victim-survivor. It also prompts you to consider whether the victim-survivor may need an interpreter to assist with the risk assessment and safety planning process.

- » Consider whether a victim-survivor has many connections outside of their cultural community. A victim-survivor with few connections outside of their community may leave be more vulnerable to coercive control and social isolation.¹³
- » Consider whether the victim-survivor may be subject to lateral violence by the PuV's extended family or community. A victim-survivor may be at particular risk of lateral violence if they reside with the PuV's family;¹⁴ however keep in mind that abuse such as incitement of the PuV to commit DFV, dowry demands and threats can also be carried out from family or community living abroad.¹⁵

4. Engaging with victim-survivors with disability or mental health concerns

Women with disability are almost twice as likely to experience DFV as women without disability. People with disability are subjected to DFV for significantly longer periods of time, experience multiple forms of violence, and have fewer pathways to safety and justice.¹⁶

DFV against people with disability can take on a variety of forms, including:

- » Withholding care, aids, or medication, or threatening to withhold these, or interfering with these;
- » Threats to institutionalise the victim-survivor;
- » Neglect;
- » Forced isolation;
- » Performing care in cruel ways (e.g. washing the victim-survivor in cold water);
- » The use of chemical restraints and other restrictive practices;
- » Inappropriate touching during care;
- » Sexual activity being demanded or expected in return for care;
- » Withholding information from the victim-survivor;
- » Taking control of the victim-survivor's finances without their consent;
- » Denigration on the basis of disability;
- » Using a mental health diagnosis to 'gaslight' a victim-survivor, which may mean that they do not easily recognise the violence they have experienced, or may not feel entitled to access services.

The abuse can be experienced in a variety of contexts, including large residential institutions, group homes, respite centres, boarding houses, private homes, and on the street. Abuse against people with disability is often hidden from view and mischaracterised as a 'service incident' or 'behavioural challenge'.¹⁷

In some cases, the victim-survivor is dependent on the PuV for their day-to-day care. This creates a power imbalance that can prevent a victim-survivor from speaking out for fear of retaliation, losing their supports, or of being institutionalised.

Victim-survivors with disability can also experience other barriers that may prevent them from seeking support. Historically, people with disability have been excluded and marginalised.¹⁸ Many have a distrust of government and the service sector and may have had prior negative experiences with the service system. Women with disability are frequently not believed when they disclose experiences of DFV and, with disproportionate rates of children being removed from mothers with disability, they may fear losing custody of their children.¹⁹

You should acknowledge and respond to these concerns.²⁰ Ensure you engage with the victim-survivor using a respectful, strengths-based approach, by believing the person and taking their experiences seriously.

Consider how you can ensure your services are accessible. This may include meeting physical accessibility needs, such as Auslan interpreters, communication aids, and wheelchair ramps, and addressing sensory sensitivity. It also includes ensuring services are approachable and appropriate. Think about attitudinal factors within your service, how information is made available, and how women with disability are included in DFV risk assessment and safety planning.

It is helpful to follow these general guidelines when engaging with victim-survivors with disability:

- » Speak to the person as you would speak to anyone else. Speak in an age-appropriate tone and treat adults as adults.
- » Speak directly to the victim-survivor with disability even if they are accompanied by another person (such as a carer).
- » Put the person first, not their disability. For example, use the term 'a person with disability' rather than 'a disabled person'.
- » Avoid negative phrases such as 'suffers from' and 'crippled'. Use the phrase 'people who use a wheelchair' rather than 'wheelchair bound'.

The Australian Federation of Disability Organisations provide resources for communicating with people with disability on their website: <https://www.afdo.org.au/resource-communication-with-people-with-disabilities/>.

The Level 2 risk assessment tool supports you to identify whether a victim-survivor has a disability or mental health condition, whether the PuV is their carer, and the nature and extent of any supports they may have in place (including NDIS supports). It also includes a section on coercive controlling behaviours to support you to identify specific forms of coercion and control which victim-survivors with disability or mental health concerns may be particularly susceptible to.

If you feel the victim-survivor with disability may be eligible for the National Disability Insurance Scheme (NDIS) but is not an NDIS participant, you can encourage them to contact the NDIS on **1800 800 110** to discuss their eligibility. The Queensland Government Assessment and Referral Team (ART) can also help people to access the NDIS. More information is available on the Queensland Government website at: <https://www.qld.gov.au/disability/adults/getting-help/national-disability-insurance-scheme-ndis/help-with-the-ndis-is-available/help-getting-started>.

5. Engaging with LGBTIQ+ victim-survivors

The prevalence of DFV within same-sex relationships is as high as the rates experienced by cisgender women in intimate heterosexual relationships, and may be higher for bisexual, trans and gender-diverse people.²¹

- » Consider the impact of **heterosexist²² oppression**, including public harassment and violence, social isolation, and legal discrimination, on the types of violence experienced by LGBTIQ+ victim-survivors. This can affect LGBTIQ+ people's sense of their self-value, and their perceived value of their intimate relationships.²³

You should be aware of unique types of violence faced by LGBTIQ+ victim-survivors such as where the PuV:

- » Threatens to 'out' the victim-survivor by disclosing their sexual orientation, gender identity, and/or intersex status to family members, friends or colleagues.
- » Engages in systems abuse, for example by telling the victim-survivor that they will lose custody of their children as a result of their LGBTIQ+ status being disclosed
- » Deliberately misgenders the victim-survivor, ridiculing their body or gender identity, preventing them from accessing gender affirming care, or otherwise acting in a transphobic way.

The Level 2 risk assessment tool supports you to identify whether a victim-survivor may be experiencing these types of violence.

The following practice guidelines may be useful when engaging with LGBTIQ+ victim-survivors:

- » Consider that **family members may be homophobic or transphobic**. Victim-survivors who are dependent on their families may be met with increased risk of violence if they come out to their families.²⁴
- » LGBTIQ+ communities have long challenged the 'traditional' notion of 'family,' often forming 'families of choice' with other LGBTIQ+ people based on shared experience, and as a way of navigating heterosexism in broader society.²⁵ You should consider the **breadth of many LGBTIQ+ families** of choice when assessing risk and preventing and responding to violence.
- » Be aware that **lack of inclusivity in service responses** (such as a lack of safe housing options for gender-diverse people, or service providers misgendering victim-survivors or not understanding differences between sex, gender and sexuality) and confusion about the legal rights of rainbow families may also constitute barriers to reporting DFV.²⁶
- » Ensure that your approach to engaging with victim-survivors is inclusive and respectful (e.g. by asking for and using their pronouns).

6. Engaging with victim-survivors from regional and remote areas

Victim-survivors in regional, rural and remote areas often face risks compounded by specific issues relating to their geographical location and the cultural and social norms of small communities.²⁷

The following practice guidelines may be useful when engaging with victim-survivors in regional and remote areas:

- » Consider that the PuV may use their **geographical isolation** to more readily control and isolate victim-survivor-survivors from family and friends. This is particularly the case where the victim-survivor does not have transport options to access support services, or where there is poor mobile phone coverage which may impact upon the use of support services.
- » Consider that victim-survivors and PuVs may be well-known to support services and within the community. A PuV may create issues around **privacy, confidentiality and anonymity** to discourage victim-survivors from reporting for fear of stigma, shame or community gossip.
- » Be aware of the impact of extreme remoteness on victim-survivors in Indigenous communities.²⁸ The **intersections of gender, Indigeneity and remoteness** for some victim-survivors may compound their experience of DFV.²⁹

The Level 2 risk assessment tool prompts you to identify whether a victim-survivor is living in a regional or remote community, and implications for safety planning and access to supports.

7. Engaging with older victim-survivors

While older people also experience violence within intimate partner relationships, they are particularly vulnerable to abuse from other adult family members as well as from their carers.³⁰ The World Health Organisation defines elder abuse as behaviour that causes harm or distress to an older person within a relationship where there is an expectation of trust.³¹ Mirroring domestic and family violence definitions, this can involve physical violence, psychological abuse, financial abuse, social isolation, sexual abuse or neglect.

The following practice guidelines may be useful when engaging with older victim-survivors:

- » Consider that older victim-survivors may face particular barriers to seeking help for abuse, including physical disability, diminished cognitive functioning and a lack of awareness that their experiences amount to abuse.³²
- » Ensure that **appropriate supports and adjustments** are provided for older victim-survivors with disabilities to address any issues with capacity. This may include communication supports (e.g. speech pathologists), formal or informal advocacy, and different communication strategies (written, Easy English, and verbal reiteration).
- » Be careful not to assume someone is incompetent or has dementia based on how they present when they may be experiencing trauma, such as grief.
- » Consider whether the victim-survivor is **dependent on the PuV** for care and support. If so, they may fear the consequences of reporting DFV, such as isolation and a loss of dignity and freedom.³³ You should be aware of, acknowledge, and respond to such concerns where relevant.
- » You should be aware that some older victim-survivors may want to **protect and maintain their relationship with the PuV** and may not want to get the PuV into trouble, particularly if the PuV is their child.³⁴ You should acknowledge and respond to these concerns where relevant.
- » How older people are considered within family and community relationships can be deeply bound to **culture and faith**. Your understanding of violence against older people must be informed by recognition and an understanding of their family structure, cultural or faith background. If you do not feel adequately informed about their cultural or faith background, it is important to work collaboratively with a service that has expertise in this area.
- » Be aware of ageism from services and your own potential for **unconscious bias and ageism**. Ensure that you recognise their experience as DFV, and that you do not undermine their agency by engaging with them directly, instead of engaging and potentially colluding with adult children who might be using violence.

The Level 2 risk assessment tool supports you to consider how a victim-survivor's age might impact upon their level of risk and access to supports.