



LGBTIQA+ Young People's Experiences of Family of Origin Violence, Abuse & Neglect

Domestic and family violence 'includes any behaviour or pattern of behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling'. (NSW Government, It Stops Here).

Tactics and behaviours of coercion and control enacted by families of origin, as well as foster and adoptive family settings, onto LGBTIQA+ young people can cause significant psychological harm and distress. It is critical that clinicians understand and identify the nuance and specificity of these familial behaviours as violence, abuse and neglect. By framing it as such, service provision becomes responsive to the safety and wellbeing needs of LGBTIQA+ young people.

Family of origin dynamics

Controlling dynamics by families of origin mustn't be invisibilised, underestimated or excused. Clinicians supporting LGBTIQA+ young people and who work holistically with parents and carers need to be attuned to the subtleties of family systems and dynamics. This includes neglectful and controlling tactics that systematically deny a young person's ability, autonomy and agency over their gender identity, self-expression, sexuality and body.

Parents and carers who undermine young people's right to self-determine who they are, what they need and to make decisions for their may be using dynamics of coercion and manipulation in the family system.

Clinicians' role to identify behaviours

Youth mental health services should provide a space where all young people, including LGBTIQA+ young people experiencing family violence, abuse and neglect are **believed, validated and supported**.

Clinicians are uniquely placed to identify risks of harm to LGBTIQA+ young people. To keep LGBTIQA+ young people safe and supported while accessing their services, clinicians must recognise the significant impact of familial behaviours of rejection, denial and non-acceptance, especially when these behaviours manifest in ways that cause serious risk to the ongoing psychological wellbeing of the young person.

Familial tactics of harm

It's important for clinicians to recognise how tactics of family of origin violence towards LGBTIQA+ young people may look. Tactics of harm may include:

- Ongoing pressure and coercion to conform to gender norms
- Blame for family breakdown or separation
- Blocking young person from supportive friends and access to community
- Persistent and deliberate misgendering, deadnaming and misuse of pronouns
- Denial of access to mental health professionals and services
- Obstructing, withholding or limiting access to gender affirming care
- Using religious beliefs to de-legitimise or undermine a young person's experience of their gender, sexuality or innate variations in sex characteristics
- Surveillance and monitoring of a young person's finances, online and in person movements and social supports
- Expulsion or exile from the family home which may include preventing a young person from maintaining a relationship with siblings and family members
- Threats or use of physical and sexual violence and abuse
- Conversion and suppression practices to change, suppress or 'treat' a young person's sexuality or gender identity*

*Conversion and suppression practices are unlawful in many Australian jurisdictions.

Tactics of harm might sound like...

"You can do this at home but not outside the house"

"You'll go to hell"

"You'll bring shame to the family"

"If you do this, we will cut you off financially"

"Why would you choose this?"

"You'll cause your siblings to be bullied"

"You're just copying your friends"

"You'll regret this later"

Impacts

The damaging impacts of familial behaviours of harm on LGBTIQ+ young people cannot be understated. A significant impact of family of origin violence on LGBTIQ+ young people is a legacy of trauma that can impact every part of their lived experience. LGBTIQ+ young people who hear messages that they are broken, disordered, shameful or confused can internalise these ideas which can lead to:

- Self-doubt
- A sense of needing to legitimise themselves
- Internalised phobias caused by resentment for their sexuality, gender or body
- Dissociation
- Suicidal ideation
- Self-injury
- The pressure to 'choose' between maintaining familial relationships and pursuing life-saving gender affirmation
- Disengagement from school
- Homelessness

Cultural considerations

LGBTIQ+ young people from Culturally and Linguistically Diverse (CALD) backgrounds may also be navigating cultural expectations from their family of origin. Understanding cultural context can sometimes provide insights that are important when supporting a young person to take actions that are aligned with their values and affirming of their lived experience. Clinicians need to hold a level of critical self-reflection about their own bias and assumptions of how these intersections of identity may impact a young person's needs.

Clinicians must ensure they do not excuse familial behaviours of harm as 'cultural' or 'faith-based' but rather as a parent or carer's harmful interpretation of culture and faith. Prejudice is not synonymous to any culture, faith or religion.

LGBTIQ+ young people's rights

LGBTIQ+ young people have the fundamental right to live a life free from violence, abuse and neglect. They also have the right to explore and shape who they are in safe and supportive environments. Mental health professionals play an integral role to ensure young people's autonomy, agency and dignity are upheld when engaging with mental health systems. Workers can centre these rights by listening to and believing an LGBTIQ+ young person's understanding of their family dynamics, the strategies they use to keep safe and by keeping what the young person has disclosed about their identity confidential.

Clinicians' role as advocates

When clinicians have identified potentially harmful familial behaviours, they have an opportunity to connect families with accurate information and resources about LGBTIQ+ identities alongside parental support options. In some cases, this can lead families to address their behaviours. It may be within a clinician's responsibility to advocate for their clients on a systemic level and amplify their clients' voice in clinical decision-making. Clinicians can also advocate for their clients to be connected with support in other areas of their life such as school (teacher, support or welfare officer, year advisor, LGBTIQ+ student groups) or finding community and peer support online (qheadspace and Twenty10's HangOut).



QLife is Australia's free, and anonymous peer-based phone and webchat support service for LGBTIQ+ people and those who support them.

If the content in this guidesheet has caused distress, you can call QLife on 1800 184 527 or visit qlife.org.au from 3pm- midnight, 365 days a year.



Twenty10 is an LGBTIQ+ organisation based in Sydney that provides young people with housing, counselling, and social support across NSW.

This resource is part of Safe and Affirmed Guidesheets, a series of five resources created by Twenty10 for clinicians and youth mental health workers. To view the series, **scan the QR code.**

Twenty10 delivers LGBTIQ+ inclusivity training to workplaces and schools. [Click here to learn more.](#)