

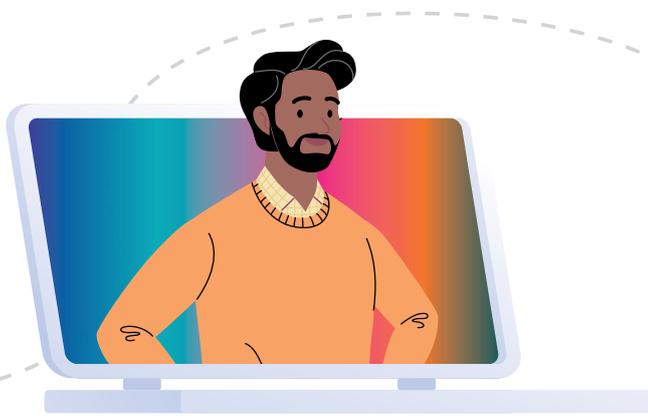
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# Practice guide:

## Lessons from pandemic-driven LGBTIQ+ family violence service innovations





**While COVID-19 placed incredible pressure on organisations providing LGBTIQ+ family violence services, the pandemic did lead to innovations that transformed and improved family violence services, with ongoing benefits to victim survivors, perpetrators and the service organisations that support them.**

Two LGBTIQ+ community-controlled organisations in Victoria – Thorne Harbour Health and Switchboard Victoria – were instrumental in LGBTIQ+ family violence services undergoing a major transformation throughout the pandemic. They designed and delivered flexible, client-centred services to support LGBTIQ+ people experiencing family violence during COVID-19. This included embracing telehealth and other flexible communication options and creating the new dedicated Rainbow Door helpline.

*Responsive pandemic practice: LGBTIQ+ family violence service innovation in Victoria during COVID-19* is a report on a study conducted by the Australian Research Centre in Sex, Health and Society (ARCSHS), which explored Thorne Harbour Health and Switchboard Victoria's innovations. The full report is available for download at: <https://doi.org/10.26181/20365506>

This practice guide presents the lessons learned from Thorne Harbour Health and Switchboard Victoria's response to the pandemic and how these can be used for the benefit of LGBTIQ+ and family violence services in the future.

## Impacts of family violence on LGBTIQ+ communities during the pandemic

Family violence has devastating impacts on individuals, families and communities. People identifying as LGBTIQ+ experience family violence at levels similar to that of the general population, or even higher.

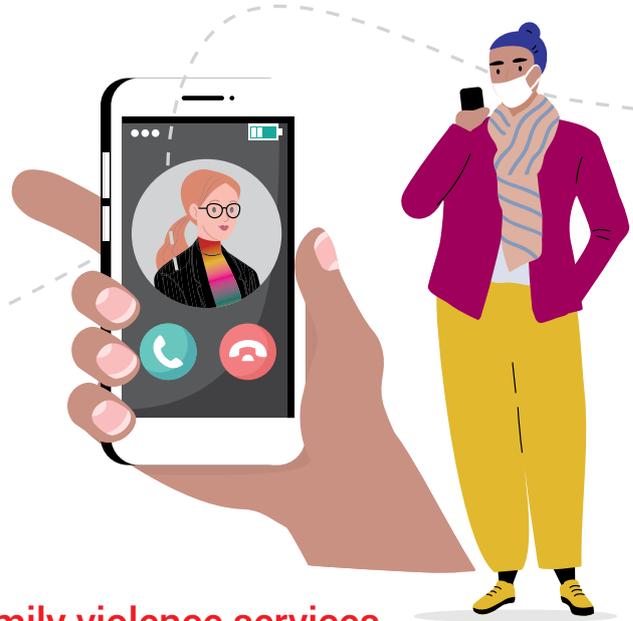
Family violence includes a range of harmful behaviours and occurs when someone acts in ways that hurts or scares their partner or other family members, including chosen family or

carers. Violence is a choice and a pattern of behaviours that aim to control and dominate someone else. There are some forms of violence that are unique to some LGBTIQ+ relationships, such as threatening to out someone, pressuring a person to conform to particular 'norms' of sex or gender, or using someone's status to hurt, harm or control them.

**Many LGBTIQ+ people also experience stigma, discrimination, disempowerment and violence in their everyday lives because our society is unequal.** Many things contribute to LGBTIQ+ experiences of violence, including harmful community attitudes that don't value LGBTIQ+ people and that minimise or ignore LGBTIQ+ experiences. Transphobia, biphobia, homophobia and intersexphobia are terms used to describe the prejudiced, and harmful attitudes, thoughts and actions that exist about LGBTIQ+ people in our society.

**Accessing safe and affirmative support is difficult for LGBTIQ+ people experiencing family violence.** Systems designed for heterosexual cisgender women can present a barrier to LGBTIQ+ people receiving appropriate, responsive and culturally safe support. The study found that disability, cultural and religious background, visa status, neurodiversity and geographic location were all potential barriers to accessing support for family violence services.

The impacts of COVID-19 disproportionately impacted the LGBTIQ+ community, exacerbating existing inequities and creating new ones. Many community members experienced loss of work, income, secure housing and safe meeting places, as well as being placed in perilous situations when returning to their family of origin. Demand for family violence support for LGBTIQ+ communities soared in the pandemic, with extremely long waiting lists for services, helplines unable to answer all calls and staffing disruptions all being hugely challenging for both clients and staff.



## Pandemic-driven innovations in family violence services

Thorne Harbour Health and Switchboard Victoria were well equipped to respond quickly to the pandemic and adapt their services. Both organisations were formed amid the HIV/AIDS crisis – created by LGBTIQ+ communities to support their members during a time of significant adversity and activism – and had their organisational memory as a foundation for responding to another health emergency.

The organisations embraced technology to adapt their support services, with dedicated staff – many of them LGBTIQ+ community members – working remotely to design and deliver flexible services. Alternatives to in-person services, which were once viewed as

non-negotiable, were quickly explored and actioned.

Thorne Harbour Health staff swiftly adapted their services to provide flexible support to people in their homes or, if they lived with a perpetrator, while they were out walking, using the toilet or even showering. They developed work practices incorporating Zoom-based counselling and other service options delivered remotely through video, text message, email and telephone.

Switchboard Victoria launched the Rainbow Door helpline, connecting callers with staff working from home during a lockdown. The helpline was

inundated with callers seeking help, information and referrals.

The helpline, telehealth and other flexible options reduced service interruptions during lockdowns, prioritised client safety, were responsive to needs and challenged assumptions about how LGBTIQ+ family violence services should be delivered.

Staff members from both organisations were under immense pressure during the pandemic but carried out their work – using new technologies and while working remotely – with courage and resilience.

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## Changes in Thorne Harbour Health service delivery

Thorne Harbour Health adapted its service delivery in three main ways:

- **Intake, assessment and crisis brokerage:** Before COVID-19, intake already took place over the telephone, followed by assessment in person. In the pandemic, assessment also took place over the phone, with limited face-to-face assessments made available for clients presenting with acute risk and safety, complex psychosocial needs or additional access barriers. Brokerage, which includes providing support packages, crisis brokerage and perpetrator brokerage, was conducted via email and phone in the pandemic.
- **Telehealth counselling and case management:** During lockdowns, counselling sessions were moved

from therapeutic spaces at Thorne Harbour Health's main office to private, password-protected virtual rooms on Zoom.

- **ReVisioning, Men's Behaviour Change Program (MBC):** The program was committed to continuing the accountability work with people who use violence throughout the pandemic in recognition of the risks to victim survivors should the programs be placed on hold. The commitment to the safety of family members and children of people who use violence meant that the program was rapidly adapted for online delivery.

These flexible, technology-driven changes had many benefits, but some limitations too.

Thorne Harbour Health's services became more accessible to people who lived outside Melbourne and more convenient for people who worked full time. People with disabilities, those living in rural or regional Victoria and clients with caring responsibilities or concerns about leaving their home were among those who had more access.

However, some clients felt that video calls could not replicate a counselling room in ways that allowed full emotional expression, and technical issues were a challenge, especially early in the pandemic. For some clients, difficulties communicating and processing information online meant that teleconferencing was yet another barrier to receiving the support that they needed.



## Rainbow Door answers the call for LGBTIQ+ support

In September 2020, Switchboard Victoria launched Rainbow Door, a specialist helpline providing information, support, short-term case management and referrals to LGBTIQ+ people. Rainbow Door was established to complement the existing QLife anonymous helpline, which Switchboard Victoria operates across the state for LGBTIQ+ Health Australia, the national contract holder.

Rainbow Door met a critical need for family violence and other services in LGBTIQ+ communities and immediately experienced extremely high demand. It differed from anonymous helplines by collecting identifying information from clients, which enabled case management, building rapport, ensuring safety and directing clients to appropriate services.

Rainbow Door staff – all LGBTIQ+ community members themselves – assessed clients' needs on an individual basis and made themselves available to communicate with them regularly, via telephone, SMS and email.

## Lessons for the future – some considerations for family violence practice

Thorne Harbour Health and Switchboard Victoria transformed the way they support clients during the pandemic – particularly during lockdowns. Both organisations innovated to create new service models driven by flexibility and technology.

Flexible, hybrid family violence services will be beneficial to victim survivors, perpetrators and organisations in a post-lockdown world. Video calls, emails, text messages and other internet-based options will not simply be a last resort in a crisis, but an essential component of a hybrid family violence model combining in-person services and technology in flexible ways to best meet the needs of clients.

Providing the option of either attending services in person or accessing them remotely will cater to clients' individual needs in terms of access, convenience, safety and recovery. The range of intersecting identities and experiences of people impacted by family violence can include ethnicity, cultural and religious background, visa status, neurodiversity, disability and location. People can make a choice for the support that best suits them.

Hybrid service delivery supports both clients and family violence practitioners by providing flexibility and improved access pathways. These innovations create client, practitioner and system resilience, with greater opportunities to structure and support safety.

There are still challenges to overcome in the work to prevent and respond to LGBTIQ+ family violence.

Workforce challenges remain, but addressing staffing shortfalls and LGBTIQ+ competency across the family violence sector will help better meet demand for services.

The ongoing promotion of LGBTIQ+ family violence support services available will help connect more victim survivors with the support they need.

The lessons learned from the COVID-19 pandemic can help ensure all family violence service organisations are equipped to deal with future public health emergencies or disasters.