

Pride in Prevention Partnership Guide

A guide for partnerships that support the primary prevention of family violence experienced by LGBTIQ communities

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Rainbow
Health
Australia

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primary prevention of family violence
experienced by LGBTIQ communities

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Produced by Rainbow Health Australia for the
LGBTIQ Family Violence Primary Prevention
Project 2022–2024

This project is funded by the Office
for Prevention of Family Violence and
Coordination in the Department of Families,
Fairness and Housing, Victoria

Disclaimer: Every effort has been made to
ensure the information contained in this
publication is accurate and current at the
date of printing.

ISBN: 978-0-6454613-5-0

Layout and editing: tindernesspark

Illustration: Thirst Creative

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Contents

| | |
|--------------------------------|----|
| Introduction | 2 |
| Key concepts and issues | 4 |
| Partnerships | 11 |
| Case study | 15 |
| Lessons for the future | 18 |
| Bringing it all together | 24 |
| References | 27 |



Introduction

This resource is based on the framework established in **Pride in Prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities**.

This resource drew together existing research and policy frameworks, and put forward a conceptual model for understanding lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ*) experiences of family violence, along with priority actions for primary prevention.

A followup guide – **the Pride in Prevention Messaging Guide** – provided additional support to organisations and practitioners in developing effective and appropriate family violence prevention messaging.

An important part of making this work is developing partnerships and relationships between organisations working in the fields of LGBTIQ rights, health and wellbeing, and those working in the prevention of violence against women, gender equality and women's health.

A critical point made in both these resources is that engagement with LGBTIQ communities is essential in the design and delivery of primary prevention activities. An important part of making this work is developing partnerships and relationships between organisations working in the fields of LGBTIQ rights, health and wellbeing, and those working in the prevention of violence against women, gender equality and women's health.

This Partnership Guide aims to develop further understanding of the principles and approaches required to develop strong cross-sector partnerships that can deliver effective primary prevention, either as specific activities

for LGBTIQ communities, or broader prevention activities that include LGBTIQ communities.

The purpose of primary prevention of family violence experienced by LGBTIQ communities is to work towards a world where all people can be themselves and enjoy their lives and their relationships. Just like all other people, LGBTIQ people deserve to live in a supportive community, and be treated with care and respect. Achieving this will require collaborative and concerted effort to promote choice, bodily autonomy, equality and celebration of diverse human experiences of sex, gender and sexuality.

Unfortunately, experiences of stigma, discrimination, abuse and violence are common for LGBTIQ people. The underlying social drivers of this violence are outlined in **Pride in Prevention**, suggesting the need for whole-of-population approaches and interventions to promote social change.

Who is it for?

This guide aims to build the expertise and capacity of both LGBTIQ practitioners and organisations, and family violence prevention practitioners and organisations, in the design and delivery of primary prevention of family violence experienced by LGBTIQ communities.

Relationships and collaborations between LGBTIQ organisations and family violence service organisations in Australia are also growing. So the guide is intended to inform and guide the development of future partnerships across these sectors, as many of the issues encountered and the approaches required to build effective collaborations will be similar.

The guide draws on expertise in partnerships, from within and outside of these sectors,

* Variations on the acronym LGBTIQ may be used in this guide, depending on which parts of LGBTIQ communities are being referenced or discussed. Different versions of the acronym are also used in particular contexts, e.g. organisations working with young people often use LGBTIQA+ while those working with older people often use LGBTI (because of the historical meaning of the term 'queer').



applying this to LGBTIQ family violence primary prevention. The guide also draws on established best-practice principles and approaches to community engagement outlined in the **Rainbow Tick LGBTIQ-inclusive practice framework**.

In bringing this all together, the guide contributes to ongoing learning about effective partnerships in primary prevention more broadly. It also feeds back into a broader and growing body of theory and practice aimed at supporting cross-sector and multi-stakeholder collaboration.

What's in the guide?

This guide is divided into five sections.

The first section introduces the key concepts and issues involved in the primary prevention of family violence experienced by LGBTIQ people.

The second section deals with partnerships, introducing some key principles and suggesting effective approaches specific to collaborations seeking to address LGBTIQ experiences of family violence.

The third section outlines a case study of a formal partnership process undertaken by Rainbow Health Australia and the Victorian family violence peak organisation, Safe and Equal.

The fourth section considers the lessons learnt through developing the partnership, and the implications for others seeking to build partnerships, and better cross-sector relationships, to support primary prevention of LGBTIQ experiences of family violence.

The fifth section brings everything together with a list of prompt questions for easy reference.

Key concepts and issues

Drawing on existing research, policy frameworks and theoretical approaches, **Pride in Prevention** outlines a proposed conceptual model for understanding the drivers of family violence experienced by LGBTIQ communities. This guide should be read in conjunction with **Pride in Prevention**, as it doesn't replicate this work in detail. Nevertheless, this section aims to present a summary of key concepts and issues that underpin primary prevention of LGBTIQ experiences of family violence.

What are the drivers of violence?

The key argument put forward in **Pride in Prevention** is that the drivers of violence experienced by LGBTIQ people are closely linked and related to the drivers of men's violence against women.

Using a strong base of existing research, the national framework for the primary prevention of violence against women, **Change the Story**, has established that men's violence against women is driven by:

- ▶ condoning of violence against women
- ▶ men's control of decision-making and limits to women's independence in public and private life
- ▶ rigid gender stereotyping and dominant forms of masculinity
- ▶ male peer relations and cultures of masculinity that emphasise aggression, dominance and control

For LGBTIQ people, the drivers of family violence are both similar and different, in that they include rigid gender norms, but also cishnormativity and heteronormativity. These will impact in different ways for different parts of LGBTIQ communities, depending on their gender, sexuality and status as a person with an intersex variation. However, collectively, all LGBTIQ people are impacted by these inter-related social norms.

Rigid gender norms are reinforced by the idea that the only 'normal' and 'natural' bodies and gender identities are 'male' and 'female'; this is called cishnormativity. Meanwhile, heteronormativity is the idea that the only 'normal' and 'natural' relationships are heterosexual relationships between 'men' and 'women'.

People with bodies, sexualities and relationships that fall outside of these

What is primary prevention?

According to **Change the Story**, the national framework for the primary prevention of violence against women and children in Australia:

Primary prevention requires changing the social conditions, such as gender inequality, that excuse, justify or even promote violence against women and their children. Individual behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader change in the underlying drivers of such violence across communities, organisations and society as a whole.

A primary prevention approach works across the whole population to address the attitudes, practices and power differentials that drive violence against women and their children.

Primary prevention is targeted at the deep underlying social drivers of violence through initiatives aimed at stopping violence before it starts.

| | Societal | System & institutional | Organisational & community | Individual & relationship |
|------------------------|---|---|---|---|
| Drivers | <ul style="list-style-type: none"> ▶ Rigid gender norms ▶ Cisnormativity ▶ Hetero-normativity | <ul style="list-style-type: none"> ▶ Inequality in recognition of bodies, identities and relationships | <ul style="list-style-type: none"> ▶ Devaluation of bodies, identities and relationships ▶ Reproduction of norms and stereotypes | <ul style="list-style-type: none"> ▶ Homophobic, biphobic, transphobic and intersexphobic behaviour ▶ Normalisation of violence and abuse |
| What do these lead to? | <ul style="list-style-type: none"> ▶ Homophobia, biphobia, transphobia and intersexphobia ▶ Gendered cultures of violence | <ul style="list-style-type: none"> ▶ Invalidation of identities and relationships ▶ Loss of bodily autonomy ▶ Discrimination ▶ Failure of responses to violence | <ul style="list-style-type: none"> ▶ Stigma and discrimination ▶ Normalisation of inequality ▶ Failure to recognise violence | <ul style="list-style-type: none"> ▶ Negative self-worth ▶ Perpetration of violence and abuse ▶ Poorer health outcomes |

social norms are made to feel like there is something wrong with them, their feelings and their relationships.

These social drivers of violence lead to inequality, discrimination and de-valuing of LGBTIQ people. Homophobia, biphobia, transphobia and intersexphobia further drive family violence experienced by LGBTIQ people, and normalise this violence.

This is compounded by community and service-level failures to recognise and respond to family violence experienced by LGBTIQ people. This all makes it harder for LGBTIQ people to recognise family violence or seek help.

The dominance of heteronormative (and cisnormative) models of both families and family violence make it harder for LGBTQ people to recognise and label intimate partner violence as such, creating silence around this violence. This silencing has been found to result in LGBTQ people staying in abusive relationships, and to delay or prevent

recognition of violence by victim-survivors, their families and communities.

In **Pride in Prevention**, a model is proposed to explain the drivers of family violence experienced by LGBTIQ communities. This model (above) provides important guidance for developing prevention messaging that acts against the drivers of violence.

This model is preliminary, and larger-scale consultation and reviews of evidence and interventions will be needed in order to develop a shared national primary prevention framework that is inclusive of LGBTIQ experiences of family and intimate partner violence.

However, the model currently provides a vital starting point for designing primary prevention activities that are either specific to LGBTIQ communities, or that meaningfully includes these communities in broader initiatives.



Suggested actions

Societal level

- ▶ Challenging rigid gender norms and heteronormativity
- ▶ Challenging homophobia, biphobia, transphobia and intersexphobia

System and institutional level

- ▶ Promoting equal recognition and celebration of LGBTIQ bodies, identities and relationships
- ▶ Integration of family violence experienced by LGBTIQ communities in primary prevention responses

Organisational & community level

- ▶ Supporting positive, equal and respectful LGBTIQ relationships and communities
- ▶ Promoting pride in LGBTIQ bodies, identities, families and relationships
- ▶ Raising awareness and community capability to respond to violence

Individual and relationship level

- ▶ Supporting families to fully embrace LGBTIQ children and family members
- ▶ Supporting positive intimate relationships
- ▶ Enabling positive community connections

What can be done?

Based on this model, **Pride in Prevention** puts forward a range of suggested actions to address the drivers at each level (see page 6).

These suggested actions directly target the drivers of family violence experienced by LGBTIQ communities, and are an important starting point in developing primary prevention interventions.

Why work together?

The framework outlined in **Pride in Prevention** suggests that there is a strong basis for shared and common work between LGBTIQ organisations and organisations involved in primary prevention of violence against women.

Rigid gender norms and gender inequality are founded on the social constitution of stereotypical roles for men and women within heterosexual intimate relationships. Because of this, primary prevention of LGBTIQ experiences of family violence helps to challenge and break down many of the key ideas that drive violence against women. For instance, LGBTIQ visibility and pride challenge social norms by expanding understanding and validation of the diversity of human experiences and expressions of sex, gender and sexuality.

A 'gender-transformative' approach is highlighted in **Pride in Prevention** as an emerging approach that seeks to positively shift gender norms, as well as cisnormativity and heteronormativity. This approach aims to challenge violence against women and violence against LGBTIQ communities simultaneously – paving the way for choice, acceptance and celebration of a diversity of bodies, genders, sexualities, social roles and relationships.

This approach is important in ensuring a focus on men's violence against women, while not inadvertently reinforcing rigid

gender norms in ways that exclude LGBTIQ people or perpetuate silence around their experiences of violence.

Change the Story highlights the importance of partnerships as a means of developing an effective system for primary prevention:

Partnerships in prevention are crucial to maximise impact, reach and applicability of prevention programs but also to enable strong, consistent approaches to policy and advocacy in primary prevention.

Partnerships are also specifically recognised as key to addressing intersectionality – 'the intersections between gender inequality and other forms of systemic and structural oppression and discrimination, and promote broader social justice'.

Change the Story calls on organisations to build partnership in order to collaboratively address the collective challenges of multiple overlapping experiences of stigma and discrimination, including those experienced by LGBTIQ people.

What about intersectionality?

Increasingly, the diverse experiences of people experiencing family violence are recognised in government policy and funding initiatives. In Victoria, the **Everybody Matters statement** is an explicit commitment to an intersectional approach to equity and inclusion in the family violence response. Meanwhile, **Change the Story** clearly acknowledges the importance of an intersectional approach to analysing experiences of violence against women, as well as taking action to prevent them:

An effective intersectional approach to the prevention of violence against women is one that not only takes account of the diversity of people's experiences and identities, but that explicitly seeks to

address the multiple intersecting systems of oppression and discrimination, power and privilege that shape the social context in which this violence occurs, and influence men's perpetration and women's experiences of violence.

Similarly, overlapping systems of inequality and discrimination influence LGBTIQ peoples' experiences of intimate partner and family violence. This includes inequality and discrimination based on culture, Aboriginality, ethnicity, socio-economic status, ability, geography, age, migration status and religion.

In addition, **Change the Story** outlines the significant overlap between the drivers of violence against LGBTIQ people and violence against women, drawing on the foundational work in **Pride in Prevention**.

In particular, rigid, binary and hierarchical constructions of sex, gender and sexuality, have a significant impact on the violence that women and LGBTIQ people and communities experience. Key societal drivers of violence against LGBTIQ people have been identified as rigid gender norms, heteronormativity, and cisnormativity.

The intrinsic link between these drivers makes it even more important to ensure inclusion of LGBTIQ communities in family violence prevention policies and programs. In carrying out joint and mutually-reinforcing

gender-transformative work, all organisations engaged in family violence primary prevention must take a leadership role in championing LGBTIQ communities, while constantly reaffirming the principle of 'nothing about us without us'.

Leadership in this context means stepping forward alongside LGBTIQ leaders and organisations, and seeking to elevate their voices, rather than speaking for them. The voices of LGBTIQ communities must be centred at each stage of design and delivery of prevention activities that aim to address their needs.

What about community engagement?

The direct engagement of LGBTIQ communities is vital for primary prevention activities. For instance, community engagement is the only way to ensure that primary prevention messaging accurately reflect the experiences of LGBTIQ people, and resonates with the communities the messages seek to help (this is covered in more detail in the **Pride in Prevention Messaging Guide**).

LGBTIQ organisations are many and varied, with some focused on particular parts of LGBTIQ communities, and others on specific intersections with migrant and refugee experiences, people living with a disability, or Aboriginal and Torres Strait Islander communities. Many organisations are small and under-resourced. Each have their own priorities for advocacy and activity – across a wide range of sectors and aspects of change required to improve rights, health and wellbeing.

If the work requested of LGBTIQ advocates or organisations is likely to be ongoing, or take up a lot of time, it may be necessary to form a community advisory group in order to consult with LGBTIQ people from particular communities or areas of interest. Standard Three of the **Rainbow Tick** covers important principles and suggested actions, particularly

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for service providers seeking to ensure LGBTIQ inclusion.

Similarly, expectations around 'co-design' are emerging in government policy initiatives and funding agreements. Co-design is put forward as a way to generate creativity, responsiveness, foster cooperation and trust, and meaningfully engage communities in policy initiatives that impact them.¹ This is also important in ensuring that policy-makers and government-funded activities do not inadvertently do harm to the communities they are seeking to help.

Co-design and community engagement are focussed on the delivery of projects and activities. This can be supported and enhanced through attention to building strong cross-sector partnerships. In this way, the guide builds upon the **Pride in Prevention Messaging Guide**, providing additional guidance to organisations seeking to expand their practice in primary prevention for LGBTIQ communities.

Partnerships with LGBTIQ community-controlled and peer-based organisations, as well as expert organisations that specialise in working with and for LGBTIQ communities, will help to make community engagement and co-design more effective. These relationships must be built purposefully over time, with intention and specific effort, in order to yield these benefits.

Why partnership?

Partnership is a term used to describe many forms of collaboration. It is often a catch-all phrase for any relationship that is conducted collaboratively, or with good will or intention. Without intentionally considering what partnership means, organisations can come together with very different understandings

of the partnership, how it will work, and what it can deliver. A lot of thinking goes into the design of activities and programs, yet there is so much less consideration of relationships and the ability of people and organisations to interact productively.

In this guide, 'partnership' is a term used to describe an intentional and deliberate process of building a relationship between organisations, above and beyond (and in order to enhance) activities and programs.

Identifying the potential for a productive partnership requires consideration of the potential for joint work over a period of time, the strategic usefulness of the partnership, and the existing relationship between the organisations. Partnerships cannot be forced. Without real commitment, broad 'buy-in' from staff on both sides, and a robust and genuine process, 'partnerships' can even be damaging to relationships. The repair work required when a partnership fails can be long-lasting and resource-intensive.

Labelling a transactional relationship as a partnership or using partnership branding to disguise a significant power imbalance within



a collaboration can also create scepticism and cynicism about partnerships, and resistance to investing energy in future partnerships.

In seeking to partner with LGBTIQ organisations, other organisations need to keep in mind that service providers and peer-based organisations often have limited resources or time to devote to partnership activities. This will require careful consideration and may involve resourcing for the partnership to progress. Partnerships can sometimes be written into funding proposals and agreements, particularly when funders recognise the importance of seeing these develop.

In Australia, LGBTIQ organisations have not yet been resourced to engage in a long-term focus on prevention, with funding mostly directed towards immediate health and wellbeing needs and improving service delivery.

Specific work in primary prevention of LGBTIQ experiences of family violence is in its early stages, but interest and capacity has grown amongst LGBTIQ organisations since the release of **Pride in Prevention**.

Similarly, interest and capacity amongst family violence and primary prevention organisations in including the experiences and needs of LGBTIQ communities has also grown.

As this work develops, formal partnerships can help to demonstrate the effectiveness of cross-sector work, and create the basis for expanded relationships and direct engagement of LGBTIQ communities, to create meaningful change. Formal partnerships can also help identify and manage power imbalances, which are discussed more fully in the sections below.

A final note here is that broader multi-organisation partnerships in the sectors engaged in prevention of violence against women should ensure they include an LGBTIQ organisation if they plan to do work on these issues. Bringing a new partner into an existing multi-organisation partnership can be complex, but is vital for this work to be successful and align with the principles of meaningful involvement.

The next section covers the benefits of a partnership approach, as a structured way of considering and building joint gender-transformative work across sectors.



Partnerships

This second section deals with partnerships, introducing some key principles and suggesting effective approaches specific to collaborations seeking to address LGBTIQ experiences of family violence.

Why is partnership important?

In general, working in partnership can be a great way for organisations to learn from each other and support ongoing capacity-building and collaboration. This is particularly important in the developing field of primary prevention of LGBTIQ experiences of family violence.

Organisations engaged in the prevention of men's violence against women have made significant progress over the last decade in establishing their reach, practice base, leadership and integration with family violence policy frameworks. LGBTIQ community organisations have a wealth of experience and expertise in transforming community attitudes through health promotion, community development, human rights advocacy and targeted campaigns to counter myths and stigma.

This combination of expertise is essential in designing and delivering effective primary prevention for LGBTIQ communities.

What is partnership?

Partnership is a term used to describe a range of inter-organisational relationships. In particular, partnerships are often put forward as a way to address social problems where the solution requires a range of organisations working across multiple sectors.²

The concept of partnership is particularly common in discussing approaches in international development, as a way of moving beyond a traditional donor/

recipient relationship in delivering aid programs. However, much of the literature on partnerships in this sector suggests that there is insufficient definition of the key features of partnerships, and that this limits understanding of what distinguishes them from other forms of working together, and how to adapt organisational business practices to enable this way of working.

In general, working in partnership can be a great way for organisations to learn from each other and support ongoing capacity-building and collaboration. This is particularly important in the developing field of primary prevention of LGBTIQ experiences of family violence.

Drawing on a range of literature considering partnerships in international development, the following definition is particularly useful:

A partnership is therefore far more than a relationship between organisations or the mere coordination of their activities. A partnership is a cooperative relationship underpinned by a set of values (trust, transparency, accountability, reciprocity and respect) that evolves over time through mutual learning, voluntary participation and commitment, with a view to achieving mutually agreed goals.³

Partnerships are often described as being mutually beneficial, voluntary relationships developed between equals. However, in cases of historic and ongoing power inequalities, making partnerships work in practice can be challenging. This points to the need to acknowledge and take account of power differentials as a necessary step in working together.

Power can be understood as the ability to access and control critical resources and legitimacy, as well as formal authority to make or influence decisions.² Partnerships that involve marginalised communities often include discussion of ‘ownership’, i.e. consciously giving power and control over to partners based in these communities. However, partnerships are often critiqued for not putting this principle of ‘ownership’ into practice in meaningful ways.

In Australia, partnership has become a cornerstone of health and health promotion programs – with various sectors creating multi-organisation partnerships involving health services, community organisations and government. This approach has become particularly important in building health programs to respond to the needs of marginalised communities.

For instance, partnership is a cornerstone of Australia’s public health response to HIV. The **National HIV Strategy** outlines this as follows:

Effective partnerships exist between affected communities, national peak organisations representing the interest of communities, and the clinical workforce, government and researchers. These relationships are characterised by consultation, cooperative effort, clear roles and responsibilities, meaningful contributions, empowerment, respectful dialogue and appropriate resourcing to achieve the goals of the strategies. It includes leadership from the Australian, state and territory governments and the full cooperative efforts of all members of the partnership to implement agreed directions.

The HIV response globally has also centred around the ‘meaningful involvement’ of people living with HIV, and ‘affected communities’ including gay and bisexual men, sex workers and people who inject drugs. Essentially, the principle of

meaningful involvement recognises the specific contributions and expertise of these communities, and mandates that they be involved in design, implementation and evaluation of all aspects of the response.

In spite of commitments to partnership and meaningful involvement, these can be difficult to achieve in practice. For instance, the literature on building partnerships between Aboriginal community health organisations and mainstream organisations highlights the ongoing difficulties involved in partnerships where historical imbalances of power and inequality are still at play.⁴

Partnerships in this context require a conscious, intentional and informed approach. Understanding what partnership means, and the variety of forms that it can take, is an important first step.

What can we do differently?

It is common for organisations to come together for a funding proposal or bid, pull a consortium or collaboration together quickly, call it a partnership, and then work out what to do while also planning out project activities. This is often done in a hurry, and is complicated by scarcity of both funding and time. In many cases, the collaborative process relies on the skills and relationships of individuals.

This leaves a lot to luck – having the right people in the right roles in the right organisations, with enough previous knowledge of each other or shared background to enable collaboration. Arrangements based on individuals are fragile, and can create opportunities for miscommunication, misunderstanding or misalignment.

If done deliberately and effectively, partnership is a program of work in and of itself. Investing time and energy in the

partnership should maximise the benefits of the collaboration, and mean that the partners reap more reward than they would from a purely transactional or contractual relationship.

Where do we start?

A number of resources are available to guide the process of embarking on a partnership.

The Partnership Brokers Association is the international professional body for those managing and developing collaborative processes. This association has produced some useful resources, based on extensive experience in working directly with partners. The **Brokering Better Partnerships Handbook** provides detailed guidance for approaching partnerships through a project cycle that includes the following:

- ▶ Scoping and building
- ▶ Managing and maintaining
- ▶ Reviewing and revising
- ▶ Sustaining outcomes

The initial phases of a partnership include exploring what the partnership can offer, understanding the differing motives of each partner as well as shared interests, through to negotiating a detailed partnership agreement and joint activities. Later stages involve ongoing efforts to manage and review the partnership, and to sustain, finalise or scale up for the future.

A range of tools and resources exist to assist in analysing and developing partnerships. VicHealth has developed a widely-used tool, **The Partnerships Analysis Tool**, that intends to help organisations identify the range of ways in which organisations work together, and reflect on partnerships as they develop. In further defining partnerships, the tool makes some important distinctions between



the purposes and nature of partnerships, which can develop and exist on a continuum from networking through to collaboration.

- ▶ Networking – exchange of information for mutual benefit
- ▶ Coordinating – exchanging information and altering activities for a common purpose
- ▶ Cooperating – enhancing the capacity of the other partner for mutual benefit and a common purpose
- ▶ Collaborating – exchanging information, altering activities and sharing resources

Each level is described as requiring a greater amount of time and energy, trust and willingness to 'share turf' with partners.

What makes a good partnership?

The **Brokering Better Partnerships Handbook** suggests that the following are key attributes for effective partnerships:

1. A clear understanding between the partners of the word 'partnership'
2. Agreement to a shared vision and common purpose
3. Account and allowance being made for individual partners' interests
4. The co-creation of design, decisions and solutions
5. Commitment to sharing risks as well as benefits
6. Every partner contributes resources (whether tangible or intangible)
7. Partners share decision-making and leadership responsibilities
8. Partners commit to mutual/horizontal accountability
9. Partners work together to develop a principled approach to their partnering endeavours
10. Attention is paid to the partnering process as well as the partnership's projects

Some useful insights from evaluations of partnerships published in academic literature include identification of the following as key characteristics of effective partnerships:

- ▶ a good broker or facilitator to build relationships
- ▶ the right decision-makers at the table with a commitment to contribute
- ▶ a clear purpose
- ▶ good process
- ▶ ongoing motivation through champions and evaluation.⁵

Common barriers discussed in the literature on assessing partnerships between Aboriginal community health organisations and mainstream organisations are particularly illustrative, and include:

- ▶ different ways of working
- ▶ funding and timeline pressures
- ▶ ongoing power dynamics within the partnership
- ▶ governance challenges due to different accountabilities
- ▶ lack of clarity about roles, purpose and objectives, and how to measure success.⁴

This highlights the importance of building in a plan for evaluation from the beginning of a partnership.

How do we know it's working?

A substantial social science literature exists on the characteristics of effective partnerships, alongside a range of partnership 'self-assessment' tools.⁵ The **VicHealth Partnership Analysis Tool** is widely used.

If partnerships are to be successful, however, they must have a clear purpose, add value to the work of the partners, and be carefully planned and monitored.

These tools can be useful for quick 'check-ins', to learn about and define the key areas that need to be considered when engaging in a partnership, and to measure progress and areas needing attention over time.⁶ However, other methods may be necessary to fully understand the change occurring within a partnership, and as a result of a partnership. This includes assessing how the partnership fits in the broader political and institutional context, and its links to power and other external strategic decision-makers.^{4,5}

A full plan for evaluating the partnership in this way is more likely to include qualitative interviews, and analysis of broader changes in networks or policy context.

Case study

This section outlines a case study of a formal partnership process undertaken by Rainbow Health Australia, and the Victorian family violence peak organisation, Safe and Equal.

This partnership was a result of growing relationships across the LGBTIQ and family violence sectors, and is possibly the first formal partnership between LGBTIQ and family violence prevention organisation in Australia. As such, both organisations were keen to share the story of what happened, and the outcomes.

The partnership emerged in a specific context, where the Victorian Royal Commission into Family Violence has resulted in an unprecedented investment in LGBTIQ-specific services and family violence sector capacity-building for inclusion. This context, and specific funding support from the Victorian government for LGBTIQ-specific primary prevention, provided a unique opportunity to initiate and test a cross-sector partnership.

The case study is offered here to share its processes and successes (as well as the lessons learnt). It is intended to assist others to build both formal partnerships, and better relationships, across these sectors in the future.

Centre Victoria (DVRCV), as a statewide specialist family violence organisation with a focus on prevention. DVRCV later merged with the Victorian peak family violence organisation Domestic Violence Victoria, into the combined organisation now called 'Safe and Equal'. This organisation is now the peak body for specialist family violence services that provide support to victim survivors in Victoria. Safe and Equal leads, organises, advocates and acts on behalf of its members – with a focus across the continuum from primary prevention through to response and recovery.

The partnership between Rainbow Health Australia and the prevention team within DVRCV was initiated with a focus on workforce capacity-building and coordination, with the intention of integrating LGBTIQ content into existing training packages and meeting sector interest in intersectional practice and LGBTIQ-inclusive prevention work. The partners agreed that undergoing a formal partnership process was a necessary step in bringing the organisations together in prevention work targeted at the shared drivers of violence against women and violence experienced by LGBTIQ communities.

Who was involved?

The partnership was developed as part of the LGBTIQ Family Violence Primary Prevention Project 2019-2021.

This project was undertaken by Rainbow Health Australia, and funded by the Office for the Prevention of Family Violence and Coordination, in the Victorian Department of Families, Fairness and Housing.

A partnership was initiated with the Domestic Violence Resource



What was the process?

A formalised partnership brokerage process, led by an experienced external partnership broker, took both partners through a series of facilitated meetings. A key outcome was a Partnership Agreement, to be assessed at regular intervals, as a touchstone for subsequent relationship-building and collaborative work.

The Partnership Agreement included the shared objectives in the diagram below.

The Agreement included a series of principles for the partnership as it developed:

- ▶ Build a 'critical friend' style relationship that allows the partners to question and push each other, give and seek advice freely, and learn together
- ▶ Find new ways to share a space together while also 'staying in our own lane'
- ▶ Remember that our causes are not a zero-sum game – we can do both! Our priorities might not always be the same, but we need each other to make change
- ▶ Create space for honesty and difficult conversations, but also look after the people within the partnership. Be kind, but avoid being 'nice'

- ▶ Elevate the focus and substance of the partnership from personal relationships to productive outcomes
- ▶ Look out for the features we know undermine a partnership, and actively interrogate them if we see them (such as fear, avoidance, favouritism, overexuberance, and resistance)

The partners agreed to the following summary of their intentions to work together:

Critical friendship is based upon practical partnerships entered into voluntarily, which presuppose a relationship between equals and are rooted in a common task of shared concern. The role of a critical friend is to provide support and challenge within a trusting relationship. It is different from the 'mentor' relationship in which one person (the mentor) holds a superior relationship by virtue of their experience, knowledge and skills. The critical friend is recognised as having knowledge, experience and skills which are complementary.

This groundwork meant that when it came to reviewing each other's training materials, trust had already been built and there was enthusiasm rather than hesitation around making changes and responding to feedback.





The partners agreed to assess the partnership through regular 'health checks' – quarterly updates between team leaderships, and full annual check-ins across the teams.

What change resulted?

Participants spoke highly of the brokering process and its outcome, and how this both facilitated the training review and had organisational impacts beyond the initial work. As an indication of this, the partnership process was expanded to cover the whole of the new peak body, Safe and Equal.

The ongoing commitment to the process, despite changes in staff and leadership, speaks to the strength of partnership that developed.

Over time, the core of the partnership became focused around:

- ▶ Shared sense-making and the creation of a safe space to test ideas, bounce ideas off colleagues, and consult on potential strategies and new work
- ▶ Mutual and collegial capacity-building between Rainbow Health Australia and the Safe and Equal prevention team
- ▶ Significant peer support across the teams, at leadership and implementation levels

The partnership specifically addressed some underlying hesitation within the family violence sector that a broader, LGBTIQ-inclusive understanding of gendered violence could weaken the focus on men's violence against women. This challenge was met openly and directly, and this became a key strength of the partnership that ensured its success.

Lessons for the future

This fourth section considers the lessons learnt through developing the partnership, and the implications for others seeking to build partnerships, and better cross-sector relationships, to support primary prevention of LGBTIQ experiences of family violence.

inequality continue to impact all women, and drive discrimination and violence, but there has also been progress in establishing the sectors equipped to address these issues. Increasingly, there is a focus on recognising the range of intersecting experiences of discrimination and inequality that mean some women are more equal than others.



Meanwhile, the gay liberation movement in the 1970s, and the sectors that emerged to respond to the HIV pandemic, created social change and established organisations and infrastructure that are increasingly being deployed to further LGBTIQ rights, health and wellbeing. However, LGBTIQ people remain a minority population, and legal and social recognition of trans and gender diverse people, and people with an intersex variation, often lags behind.

Despite important investments in Victoria as a result of the Royal Commission into Family Violence, LGBTIQ organisations engaged in family violence response or prevention work do not currently have the same reach, capacity, infrastructure, political support, policy frameworks or research base as organisations working to address violence against women. In other Australian states and territories, this is even more the case.

This is important contextual information for organisations seeking to build partnerships and relationships across these sectors.

Nevertheless, sources of power are varied, and can be social, political, economic and

What are the challenges?

As noted earlier, an important part of building partnerships with organisations that work with marginalised communities is recognising and addressing power imbalances.

Decades of protest and political campaigning have improved the social and political power of women, and more recently resulted in funding and recognition for organisations responding to, and preventing, men's violence against women. Sexism and gender

moral. In explicitly acknowledging the sources of power for partners, it is possible to gain insights into barriers and challenges to good working relationships.

The partnership process for Rainbow Health Australia and Safe and Equal unearthed some interesting reflections on the sources of power at play in partnerships between LGBTIQ organisations and organisations engaged in the prevention of violence against women, as outlined below. These are specific to the Victorian context, but reflect broader differences in power to keep in mind across these sectors.

Prevention of violence against women organisations

- ▶ Increasing social legitimacy of the problem of men's violence against women
- ▶ Deep knowledge and experience in prevention work
- ▶ Larger organisations, or staff located within larger organisations, with varied levels of funding and infrastructure
- ▶ Increasing political access and influence

LGBTIQ organisations

- ▶ Clear government policy and mandates around LGBTIQ inclusion
- ▶ Smaller organisations, with funding to undertake specific and specialised work focussed on LGBTIQ communities
- ▶ Legitimacy drawn from research and community/peer knowledge
- ▶ Awareness of reputational risk for other organisations in being 'called out' for a lack of LGBTIQ inclusion

Acknowledging these sources of power was an important part of developing trust that these would not be used against partners in ways that damage relationships and ultimately the capacity for joint work in LGBTIQ family violence prevention.

What are the risks?

An important step in teasing out how these sources of power may disrupt or even destroy partnerships, is to consider the risks involved for the partners.

Making this explicit allows partners to communicate important contextual and organisational pressures that may affect their work and the partnership. The following risks were identified in the partnership process between Rainbow Health Australia, and Safe and Equal.

Risks for prevention of violence against women organisations

- ▶ Pushback from within the organisation or the sector due to fears around losing the focus on men's violence against women
- ▶ Clarity around audience and appetite, when and how much to push
- ▶ Jumping ahead too quickly without doing the groundwork
- ▶ Pressure on individuals and small teams to manage the great hopes and ambitions for the work, putting a lot of pressure on themselves to try and get everything done now
- ▶ High expectations and possible disappointment on behalf of LGBTIQ community organisations

Risks for LGBTIQ organisations

- ▶ Intellectual property and practice knowledge being shared, and then losing control of how these are used
- ▶ Perception that the broader partnership or the activities are undermining the gendered lens, and the focus on men's violence against women
- ▶ Limited workload and workforce capacity, that can be easily

be overwhelmed by other organisational priorities

- Backlash and resistance to change towards LGBTIQ inclusion, resulting in particular forms of community and/or personal harm

We talked about our fear of backlash. We talked about our fear of erasure. We talked about our concerns around organisational politics... Things like that, which normally you don't mention, at least not in a formal meeting. It felt like a mature professional human way of doing things. – Safe and Equal staff member

These risks are important for partners to understand, but are ultimately the responsibility of each partner. However, there are other common risks that partners must manage together. For the partnership between Rainbow Health Australia and Safe and Equal the following common risks were identified.

Common risks

- Resistance to change/inclusion
 - » Resistance needs to be acknowledged and structured into partnership formation and monitoring
 - » Contextual change
 - » This can include personnel or role changes, organisational changes in structure and priorities, and political or policy changes
- Discussions that cause harm
 - » Some discussions can cause personal harm to staff and will damage the relationship quickly (e.g. resistance to affirming trans women as women). Things that are 'out of bounds' and non-negotiable should be clearly stated and understood at the outset, and quickly put aside if they come up
- Competition for funding
 - » This requires finding the 'right way to be competitors', such as having open

discussions about opportunities to collaborate and enter into tenders together, acting in a way that is respectful of each partner's expertise and role, and being transparent when tendering together or when avoiding competition isn't possible

What makes partnerships work well?

Through the process of engaging in the partnership, Rainbow Health Australia and Safe and Equal identified the following as key constructive elements of successful partnerships:

- Create a strong understanding of a common goal
 - » Acknowledge different priorities and expertise
 - » Find the overlap and the common work that will be strengthened by the partnership
 - » Support each other to share and maintain a genuine passion and commitment for the work
- Good faith engagement
 - » Say things in a compassionate way and assume they will be received in good faith
 - » Listen in good faith and assume good intention
 - » Be genuinely interested and curious
- Reasonable understanding of limitations
 - » Don't position either partner to solve the issues for either sector
 - » Understand where each partner is situated (knowledge, resources, etc.) and show compassion for that position
- Constructive, honest conversations
 - » Aim to play the role of 'critical friend'
 - » Be proactive to avoid future issues



- » Aim to be kind, but don't try to be 'nice'
- » Focus on solutions
- Robust partnership model/structure
 - » Decide on formal documentation or governance for the partnership
 - » Develop a process for raising difficult issues in a safe way
 - » Elevate the partnership above personal relationships
 - » Monitor through 'healthchecks' to ensure accountability
 - » Document the partnership, but don't make this the only focus

A key point here is that partnerships need to be valued in and of themselves, not just for what they produce. The work to build and sustain a cross-sector partnership in this area requires specific attention, and a successful partnership should be considered an important outcome.

What are the key barriers?

Rainbow Health Australia and Safe and Equal identified some common barriers to partnerships across the sectors engaged in LGBTIQ family violence prevention.

General barriers

- Being vague in purpose, process or outcome
- Overpromising and under-delivering, or shying away when the partnership or work is 'dragging'
- Avoiding perceived sources of conflict
- Saying what people want to hear, rather than being honest
- Being scared to say the wrong thing, for fear of being punished
- Being cynical about people acting well or doing the right thing
- Being perfectionistic and 'punishing' mistakes

- ▶ Acting out of too much passion, or overwork and overcommitment
- ▶ Avoiding particular people, or showing favouritism toward particular people, as this becomes a problem when staff or roles change

Specific barriers

The most important specific barrier to cross-sector partnerships and relationships intended to support LGBTIQ family violence primary prevention is resistance.

Resistance and backlash are concepts that are well-understood in the sectors engaged in prevention of violence against women.

(En)countering Resistance: Strategies to respond to resistance to gender equality initiatives, produced by VicHealth, summarises and explains that backlash is often understood as the more aggressive and extreme end of resistance to social change towards gender equality.

LGBTIQ organisations constantly encounter backlash and resistance to full equality and inclusion, particularly for trans and gender diverse people, and will be highly attuned to responses that might indicate resistance. Breaking through and effectively challenging resistance is a constant and often personally exhausting task for staff working in LGBTIQ organisations.

In some cases, LGBTIQ organisations may be more aware of unintentional resistance to inclusion by partners, or they may assume resistance as being behind particular actions or positions. One example is the position that LGBTIQ prevention work must be done separately from prevention of violence against women.

While separate and specific work for LGBTIQ communities is needed, there is not (yet) a robust and established LGBTIQ primary prevention sector. In this context, a lack of integration of LGBTIQ experiences into the broader family violence and prevention

sector perpetuates ongoing exclusion and neglect.

Organisations engaged in prevention of violence against women are also acutely attuned to resistance to gender equality, as well as the backlash from ‘men’s rights’ groups and other advocates that seek to remove a focus on women within family violence discussions. It is also possible that LGBTIQ organisations can inadvertently feed into the ‘de-gendering’ of family violence, and demonstrate a lack of attention to the gendered experiences of violence against women. Sexism also exists within LGBTIQ communities, and this can result in failure to recognise the impacts of social inequality and discrimination for women.

Finding ways to maintain a focus on men’s violence against women, while fully embracing LGBTIQ experiences and needs in primary prevention, is vital to building functional and effective cross-sector partnerships. This is covered in more detail in the **Pride in Prevention Messaging Guide**.

The only way to address this specific barrier is to acknowledge it directly, and build a safe way to have the conversation and learn from each other’s perspectives.

Types of resistance and backlash specific to LGBTIQ equality

| Denial | Disavowal | Inaction | Appeasement |
|--|--|---|--|
| Denying the problem or the credibility of the case for change. Putting the blame back onto LGBTIQ people. | Refusing to recognise the relevance of the problem or take responsibility for change. | Resisting the importance of making change, or refusing to implement a change initiative. | Placating or pacifying those advocating for change, but seeking to limit its impact. |
| <i>"Homophobia isn't a problem in our community."</i> | <i>"It's not my responsibility to respond to homophobic things my colleagues say."</i> | <i>"It's too difficult and resource-intensive to make our intake forms more inclusive."</i> | <i>"Absolutely, I love the LGBTIQ community! Sadly there's not much we can do."</i> |
| Appropriation | Co-option | Repression | Backlash |
| Simulating change while covertly undermining it. | Using the language of progressive frameworks to argue against change. | Reversing or dismantling a change initiative. | Aggressively attacking those seeking change. |
| <i>"I support marriage equality, but sexuality doesn't belong in schools."</i> | <i>"Women's voices are being silenced in the push for rights for trans and gender diverse people."</i> | <i>"Clients complained about trans people in the space. So we've reverted to the old set-up."</i> | <i>"These people deserve all the abuse they get."</i> |

This table has been adapted from [\(En\)countering resistance](#) and is used with permission.

Bringing it all together

Drawing on all the material presented here, and the case study involving Rainbow Health Australia and Safe and Equal, the following are some practical suggestions to guide key elements of a formal partnership process.

Scoping

Working through a deliberate and structured partnership process requires an investment of time up-front in scoping the partnership. This should include:

- Identifying an individual or individuals to have responsibility for the development of the partnership.

Ideally these individuals should be internal to the partnership organisations. However, if the partners have a complicated history, or the negotiation is particularly complex, or if staff want to participate rather than facilitate the process, an external partnership broker could be useful. Even then, the partners should be aim for self-sufficiency eventually.

- Allocating time to make sure the partners know and understand each other well.

Partners could discuss question such as:

- » What is their previous experience, both positive and negative, of working in partnership?
- » What are their expectations coming into the partnership? Do these match or are there are potential conflicts?
- » What excites them about working together in partnership?
- » What makes them nervous or worried about working together in partnership? Are there risks that the partners can manage together, or help each other to manage?

- » What will success look like? What does each organisation need from the partnership? Are there potential conflicts here?
- » What are the shared objectives for the partnership, and what are the individual organisational objectives of each partner?

Design

Based on initial scoping, a deliberately-designed partnership should include the following.

A set of principles

These should be clear and actionable, with behaviours spelt out to embody the principles. These operate as an accountability mechanism, a standard for partners to hold each other to in their partnership interactions. The discussion that generates these principles should include transparent and potentially uncomfortable conversations about power, transparency, diversity amongst partners, and mutual benefit.

Clear governance

Partners should discuss who will meet who, when, where, to discuss what, to ensure that the partnership runs smoothly and is responsive to changing context or personnel. Partnership governance arrangements need to be bespoke, built specifically to achieve and maintain the particular partnership relationships.

Communications protocols

This should include agreement on internal communications – who, when, about what and how often. Partners should also discuss whether or how to communicate with people externally about the partnership, as well as whether they will release joint messages or support each other in communications.

Partnership Agreements are non-legally binding documents that express the nature and intent of the relationships between the partners, and clearly set out their agreed way of working together. The Partnership Agreement should flow clearly from the scoping and design conversations, with each partner being able to see the result of a shared conversation. The Partnership Agreement should be a living document, reviewed regularly, and amended to reflect the changing context in and around the partnership.

The Partnership Agreement can sit outside but alongside contractual or funding agreements, or it can be situated as the 'head agreement' for the partnership, being formally acknowledged in contracts, funding agreements or workplans for funders.

Partnership health checks are a central part of the management of a deliberate partnership. Partners need to check in regularly to assess whether the initial design of the partnership is still valid.

- ▶ Has the scope of project work changed, and if so, how will that affect the way the partners work together?

The suggestions above are not an exhaustive list, but they do represent some of the key elements in good partnership practice.

Cross-sector partnerships are vital to the future of gender-transformative primary prevention. The task at hand is to build mutually beneficial partnerships that advance and improve work towards a future where all people live free from violence, and where all bodies, identities and relationships are respected.

More broadly, this guide aims to support greater understanding and deepening relationships across the sectors engaged in family violence prevention, with the common aims of preventing both violence against women and LGBTIQ people.



Questions to ask

- ☐ Why do we need a partnership?
- ☐ What does partnership mean to us?
- ☐ What sort of partnership do we need?
- ☐ How will we resource the partnership?
- ☐ What is our common goal?
- ☐ What are our sources of power?
- ☐ What are our expectations?
- ☐ What are our differences?
- ☐ What are the risks?
- ☐ What is included and what is 'out of bounds'?
- ☐ How do we want to work together?
- ☐ How will we communicate internally and externally?
- ☐ How will we monitor the partnership and 'check in' over time?
- ☐ What happens if something goes wrong?
- ☐ How do we plan to evaluate the partnership?
- ☐ How can we communicate lessons for others undertaking similar processes?

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