

## Case studies of promising practice

Stephanie Lusby  
Gene Lim  
Marina Carman  
Suzanne Fraser  
Matthew Parsons  
Jackson Fairchild  
Adam Bourne

October 2022

Australian Research Centre  
in Sex, Health and Society



## Opening Doors:

Ensuring LGBTIQ-inclusive family,  
domestic and sexual violence services



# Contents

<b>2</b>	<b>Introduction</b>
2	Background to this phase of work
2	Promising practice principles
3	Why 'promising' and not 'good' practice?
3	Method and sampling
<b>4</b>	<b>Summary of findings</b>
4	1. ACON
6	2. Centre Against Violence
9	3. Safe Connections, Lifeline Darling Downs
12	4. Thorne Harbour Health
15	5. Engender Equality
18	6. Domestic and Family Violence Centre, YWCA Australia (Darwin)
<b>21</b>	<b>References</b>

Opening Doors is a research project that explored how to improve family, domestic and sexual violence (FDSV) service accessibility and safety for lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) people in Australia. In addition to these case studies of promising practice, the project [website](#) also contains links to:

- The **research report**, detailing key findings from interviews with people with lived experience of family violence, as well as discussions with service providers
- A **guide for practitioners**, which aims to draw out key insights from the project in informing policy and practice to improve LGBTIQ-inclusive FDSV services nationally.

# Introduction

## Background to this phase of work

These case studies represent the last phase of data collection for the Ensuring LGBTIQ-inclusive family, domestic and sexual violence services research project.

The aims of this phase of research are:

- To identify how principles of promising practice for LGBTIQ-inclusive family, domestic and sexual violence (FDSV) service provision are being applied in different operational environments around Australia
- To understand the systemic, relational, operational and organisational factors that enable or impede application of promising practice principles
- To identify transferable lessons from different settings as to how the application and implementation of promising practice principles can be better supported

We conducted case studies of six organisations that either:

- Provide FDSV services that are tailored for LGBTIQ communities
- Have, or are in the process of modifying, FDSV services to be more gender-inclusive and affirming for LGBTIQ people; this applies to services that were historically tailored for presumed cisgender, heterosexual-presenting women experiencing violence and presumed cisgender, heterosexual-presenting men who use violence

The organisations included were:

- **ACON:** LGBTIQ community organisation, metropolitan Sydney, Northern Rivers and Hunter regions (with service outreach to regional NSW and statewide/national advocacy and training networks)
- **Centre Against Violence (CAV):** combined specialist family violence service and centre against sexual assault, regional Victoria
- **Safe Connections, Lifeline Darling Downs:** LGBTIQ family violence support project within a mid-size mixed social services NGO, regional Queensland
- **Thorne Harbour Health:** LGBTIQ community-controlled health organisation, metropolitan Melbourne (with clinical outreach to regional Victoria and statewide/national advocacy networks)
- **Engender Equality:** specialist family violence counselling services, metropolitan/regional/rural Tasmania
- **Domestic and Family Violence Centre, YWCA Australia (Darwin):** specialist family violence crisis and counselling services within a mid-size mixed social services NGO, greater Darwin area

## Promising practice principles

There are common principles that scholarly and practice literature, as well as data from previous phases of this project, indicate are foundational to providing FDSV services in a safe and inclusive manner for LGBTIQ populations (1-5).

Broadly speaking, application of these principles is intended to ensure that LGBTIQ people who need support can:

- Find the support that they need when they need it
- Trust the support services that are available to them
- Have culturally safe and inclusive experiences when accessing a service
- Experience a positive change to their safety and wellbeing as a result of seeking help

The six Rainbow Tick accreditation standards are the foundational reference for how we define promising practice in this phase of work. As set out in the guiding document, Rainbow Tick Standards: A framework for LGBTIQ cultural safety: 'The Rainbow Tick Standards serve as a useful framework to guide best practice in LGBTIQ inclusion at any stage of the change process' (3). For the purposes of this research, we have applied this guidance to help identify where organisations, networks and coalitions are making progress towards meeting any of the six accreditation standards as part of improving cultural safety of FDSV services for LGBTIQ populations.<sup>1</sup>

Culturally safe practice means creating environments where people's identities and experiences are not assaulted, challenged or denied. It refers to practice that is centred upon shared respect, deep listening, and co-creation of knowledge and meaning between practitioners and clients (1,6,7). The Rainbow Tick Standards guide explains the origins of this framework and how it came to be used in LGBTIQ communities (3):

*The concept of 'cultural safety' was originally developed to apply to health service delivery for Māori communities, with the hope it would be further developed to benefit other marginalised populations as part of a shared responsibility to create a more equal society. This concept and term have been adopted for use by First Nations peoples, including by Aboriginal and Torres Strait Islander communities. Over time, the concept has been expanded to apply to inclusive and affirmative health and community service delivery for other groups, including LGBTIQ communities.*

Culturally safe service interactions were usually recognisable to LGBTQ research participants who had experienced violence, even if they did not necessarily articulate or qualify it within those terms. Often this was experienced as an affirmation of their status or identity, for instance, through the use of the correct pronouns. It also meant services had changed their universal culture, so the participants did not feel pressured to explain, defend themselves or educate a service worker about their gender expression or relationship/s in ways that felt invasive or surplus to improving their care or support.

The Rainbow Tick Standards are particularly applicable for considering progress towards better cultural safety for LGBTIQ people in FDSV services and broader referral networks. The standards and the ways they were used to identifying promising practice are set out in Table 1.

<sup>1</sup> Both Victoria-based organisations, CAV and Thorne Harbour Health, have achieved Rainbow Tick Accreditation. In 2021, accreditation was made more readily accessible to organisations outside Victoria, and will expand further in 2022.



**Table 1: Application of Rainbow Tick Standards across mainstream and LGBTIQ organisations**

Rainbow Tick Standard	Mainstream FDSV service
Organisational capacity	The organisation embeds LGBTIQ-inclusive practice across its systems and continuously seeks opportunities for improvements.
Workforce development	Staff and volunteers understand their responsibilities to LGBTIQ service users and are trained and able to deliver LGBTIQ-inclusive services.
Consumer participation	LGBTIQ service users are consulted about, and participate in, the planning, development and review of the service.
Welcome and accessible organisation	LGBTIQ service users can easily and confidently access services because the physical and virtual environments, including information, structures, resources and processes, are welcoming.
Disclosure and documentation	LGBTIQ service users, staff and volunteers feel safe to provide personal information, including about their sexual orientation, gender identity and/or intersex status, because they know information will be treated respectfully and that systems are in place to ensure their privacy.
Culturally safe and acceptable services	Services and programs identify, assess, analyse and manage risks to ensure the cultural safety of LGBTIQ service users.

## Why 'promising' and not 'good' practice?

We use the term 'promising practice' rather than 'good practice' for several reasons. Firstly, these case studies are not evaluative. Rather, they are an investigative undertaking that seeks to highlight strengths and successes of innovative service delivery and consider what lessons might be applied in different settings.

Secondly, there is an unavoidable value judgement in determining that some services are 'good', which implies that others occupy a reified position as 'bad' (or at least less good) in their development of inclusive practice. This is of particular risk when the constraints of our research project timelines and capacity meant that we were only able to investigate a small number of case studies: there are certainly many more examples of promising work than the six that we have highlighted through this research.

Thirdly, given the nascent support for expansion, formalisation and development of LGBTIQ-inclusive FDSV services in many parts of the country, it is important to give attention to what is being built and attempted as well as what has already been tested and established.

## Method and sampling

Case studies were selected to best enable understanding of how implementation of good practice is attempted, enabled or constrained across different settings. These settings are informed by factors including:

- Different state jurisdictions

- Rural, regional and metropolitan contexts
- Visibility of LGBTIQ community leadership in FDSV service design (e.g. partnership with community-led organisations or via advisory groups)
- Available resourcing for LGBTIQ community owned FDSV services OR for capability building towards inclusive practice in mainstream services
- The diversity of communities actively engaged through services
- The progress that has been made within services and systems to implement good practice principles

Purposive sampling was used to identify organisations that allowed us to explore these different contextual factors and environments. Drawing on ARCSHS and Rainbow Health Australia networks, we were able to include organisations that allowed the study to meet the criteria set out in the following table.

**Table 2: Minimum representative criteria for case studies**

Key inclusion criteria	Minimum representation participants if total sample n=6 (non-exclusive categories)
Located in Darwin/WA/ACT/Tas/SA	2
Located in metropolitan Sydney/Melbourne/Brisbane	2
Located in a rural or regional centre	3
Specialist sexual violence service	1
LGBTIQ community organisation	2
Expertise in working with Aboriginal and/or Torres Strait Islander and/or culturally and linguistically diverse populations	1

Interviews with key stakeholders and family or sexual violence practitioners were conducted over Zoom. The research team sought perspectives on the organisational trajectory towards embedding LGBTIQ-inclusive FDSV practice and also what it meant to implement principles of inclusive practice in day-to-day operations. Depending on the size of the organisation and its progress towards implementing changes, we conducted one to three interviews for each case study.

Interviews were conducted remotely via Zoom, recorded, transcribed and analysed alongside website copy, annual reports, research outputs, strategic plans and media reports from each organisation. Review of these publications allowed us to verify timelines (which were particularly important where there had been staff turnover or change in leadership during the process of adjusting service scope or practice governance) and understand how inclusive practice is articulated or scaffolded in vision and mission statements and whole-of-organisation planning.



# 1. ACON

## 1.1 Background

Originally formed to mount a community-centred response to the HIV/AIDS epidemic in 1985, ACON's primary mission historically related to HIV prevention and supporting people living with HIV – with a special focus on LGBTQ+ people in NSW (ACON, 2021). The organisation has incrementally moved into other areas of service provision, due to a combination of its recognisability and unmet gaps in the service ecosystem. Today ACON specialises in community health, inclusion and HIV responses for people of diverse sexualities and genders.

Currently, ACON provides a range of services broadly relating to LGBTQ+ health and wellbeing. This includes support and counselling for needs relating to drug and alcohol use, sexual health, mental health, as well as FDSV, with particular in-house focus on FDSV. ACON also raises public awareness of LGBTQ-related issues, and the specific needs of the LGBTQ+ community itself. It also provides training and consultancy to other organisations looking to better meet the needs of LGBTQ+ clients, and lobbies for LGBTQ+ issues within governmental policy settings.

The organisation is based in metropolitan Sydney, with two regional offices, in the Northern Rivers district and in the Hunter Valley, NSW. It also conducts regional outreach via remote counselling services. Its campaigns, advocacy and capability building outreach efforts are both state-based and national.

## 1.2 Scope of current activities related to FDSV

ACON provides clinical support programs and conducts education, training, research and advocacy related to LGBTQ+ experiences of FDSV.

Clinical supports include individual counselling and group psychosocial support, for people who have experienced violence, and behaviour change programs, for LGBTQ+ people who have used violence. At the time of writing, for the state, it has only one dedicated family violence counsellor, whose role was initially funded for 12 months under a state government COVID emergency grant. This practitioner works within a larger counselling team providing supports for a range of different issues (such as mental health); clients are referred within and across ACON depending on their needs. One staff member in the clinical team talked about the pride they had in the way ACON is able to support clients:

*The way that our clinicians work with diversity, with people from intersectional backgrounds, in the way that creates safety and creates trust [...] We've had clients come in that have had very poor experiences in accessing [other] services and [are] hesitant to seek support.*

Clients can engage with the family violence counselling service for 12 weeks, and then ACON staff provide a warm referral to an appropriate counsellor or other service provider who has been vetted as LGBTQ+ affirming. For many years, the organisation has kept an informal 'whitelist' of safe, affirming services (including former ACON counsellors who have moved into private practice). In recent years, this list has been expanded (through funding from the Australian Government) to look nationwide and formalised as part of the Say It Out Loud project's online service database.<sup>2</sup> At times, ACON's family violence services, including the survivor support groups, have significant waitlists. These programs are localised and have limited funding and therefore capacity.

ACON has developed significant in-house practice expertise relating to LGBTQ+ family violence over the last decade. Its work in primary prevention, advocacy for more inclusive referral systems and for increased support to community-run specialised services, and capability building to help mainstream organisations build services that are safer for LGBTQ+ people both supports and draws on frontline service delivery offered at ACON. This affords ACON a holistic approach to FDSV, an approach that works across the continuum from primary prevention to crisis response and recovery. Staff members reflected that this grounds their advocacy work in practice experience and the lived experiences of LGBTQ+ survivors and their communities. Staff members take a lot of pride in how they are able to tie these issues together, both raising awareness of challenges faced by people in the community – pushing forward policy and attitudinal change – and making examples of healthy LGBTQ relationships visible:

*The healthy relationships campaign ... even if it's nothing novel ... I don't think there's ever been one done for LGBTQ communities on this scale before, nationally. I'm just proud that these stories are going to be told – particularly for trans people.*

A staff member also noted 'getting "cisgenderism" and "heteronormativity" in the summit statement [Statement from Delegates – 2021 National Summit on Women's Safety]' and 'creating a survivor group program in essentially 4 weeks and rolling it out' as achievements they are particularly proud of.

ACON's commitment to whole-of-sector improvement is visible in its Say It Out Loud capability-building work and the education programs offered through its Pride Training program. Staff are acutely aware of the impact that their training can have. One case study participant gave the example of an e-learning package they had recently launched about recognising and responding to sexual assault against LGBTQ+ people:

*Launching the sexual assault e-learning is so amazing. We had over 1,000 professionals take it; so, I think, getting all that knowledge launched and out [there], and read by that many people warms my heart. Because I know that it has such an impact; each service provider could be working with three community members ... it has a huge roll-on effect.*

<sup>2</sup> The survivor support groups were started the same year and out of the same funding package. The behaviour change programs offered by ACON predate both the specialised individual counselling related to family violence and the support groups.

### 1.3 Challenges to service development or expansion

ACON's family violence work is largely funded through short-term project grants that come from various state and Australian government departmental sources. The organisation is adept at generating the most effective results from combined resourcing and looking at ways of continuing a version of services – albeit constrained and suboptimal – that are needed by community, even when there are periods where dedicated funding lapses.

However, this situation creates a considerable strain on frontline services and on management and support staff. Considerable organisational resources, which might otherwise be used to deliver and develop project outputs, are applied to seeking funding to allow them to better meet community need. When small grants need to be combined, for example, to fund a single counselling position, reports on the work undertaken in that role need to be provided to multiple donors. This considerable reporting load deflects staff time from service, research and advocacy efforts. Where staff positions are lost due to a lack of funding continuity, or staff in short-term roles leave to seek greater employment security elsewhere, it can be difficult to maintain organisational knowledge. All staff members that we spoke to talked about their work as fulfilling and important but also described considerable workloads, risk of burnout and the continuing sense of funding insecurity. The challenge in meeting the (understandably high) expectations of LGBTQ+ communities was also expressed.

### 1.4 Key lessons learnt in LGBTIQ FDSV service provision

#### Flexibility/nimbleness

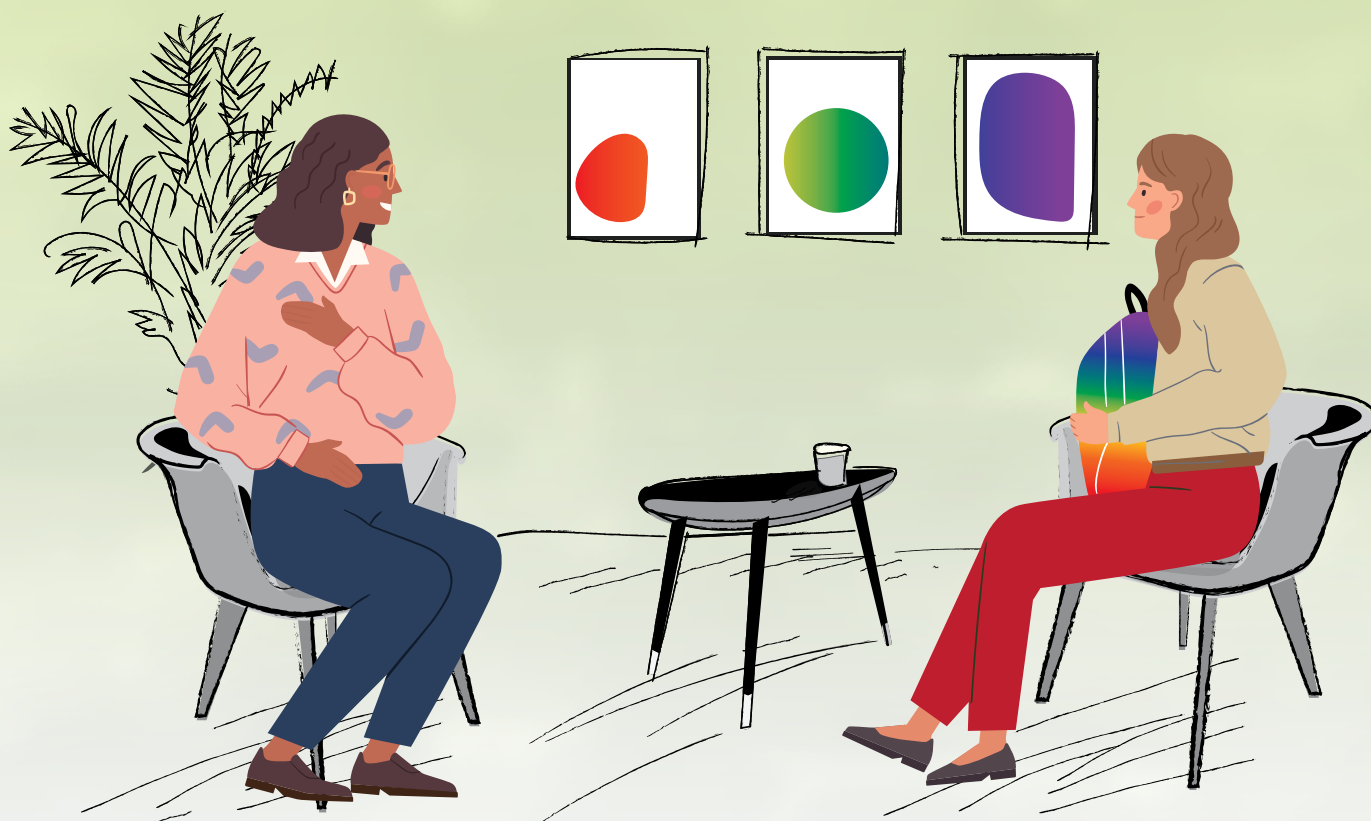
- The ACON leadership team has often taken an expansive view towards policy and mission directives in service provision and has quickly stepped into service environments where a gap has been identified. This has allowed ACON to both consolidate and share practice, research and advocacy knowledge derived from other LGBTIQ health and wellbeing programs as well as from community stakeholders working to address FDSV.

#### Reflexive improvements to service provision

- ACON demonstrates a willingness to renegotiate and re-evaluate established practices and service protocols to ensure inclusivity in practice and safety within its services. These improvements were largely internally directed, either resulting from cross-pollination across different service domains, or from feedback from frontline staff to their managerial counterparts.

#### Community involvement

- A crucial point underpinning much of the demand for ACON's services is its close ties to the LGBTQ+ community. From the fact that LGBTQ+ individuals comprise a substantial portion of its staff, to its sustained efforts at community outreach – ACON has both consistently and organically demonstrated that it is a 'safe' and inclusive service for LGBTIQ victim-survivors.



## 2. Centre Against Violence

### 2.1 Background

Centre Against Violence (CAV), in the rural and regional Ovens Murray region of northern Victoria, is one of 14 sexual violence response services known as centres against sexual assault (CASAs) in the state. It is one of only three CASAs that also house specialist family violence services. It provides advocacy support, up to 8 weeks of counselling, and warm referrals to other providers to any victim-survivors of sexual assault (excluding registered sex offenders); counselling and support for children and young people under 18 who present with problematic or abusive sexual behaviours; counselling and advocacy support to victim-survivors of family violence; refuge, relocation assistance and safety brokerage funds for victim-survivors of family violence; and early intervention programs, via a new parenting program for fathers, for men at risk of using family violence.

CAV started exploring LGBTIQ-inclusive practice development in 2019, after it became a priority for its then CEO. It initially focussed on changing language on intake forms (particularly those related to family violence) and reviewing the language and framing used in internal policies, to reflect greater gender inclusivity (e.g. ensuring parental leave or support for infant feeding was not femininised). Much of this was done over a 3-day working retreat with support from Rainbow Health Australia staff, who attended CAV and helped CAV

staff understand useful ways of reframing language and approaches. Soon after, CAV began working towards Rainbow Tick accreditation, which the organisation earned in 2021.

CAV works in rural and regional communities where there remain considerable shortcomings in understanding about, and discrimination towards, LGBTIQ people and communities. This means that many people do not feel safe to be 'out' in different aspects of their life and may not anticipate that it will be safe for them to access help after experiencing family or sexual violence. Alongside its internal work to create more inclusive services, CAV has been working with local LGBTIQ community groups, local councils and other health and human service agencies to conduct community education, participate in LGBTIQ pride events, and promote its service as one that is safe and affirming for LGBTIQ people.

### 2.2 Developing inclusive practice

With the leadership of the CEO, the first months of building a more inclusive service were focussed on education delivered across the organisation's board, management team and staff. This involved working with Rainbow Health Australia to develop and access tailored training packages to communicate the importance of bringing in changes to how the organisation thought about LGBTIQ inclusion. This training, alongside advocacy by the CEO, also spoke



to the breadth of the work that needed to happen to build sustainable safe and inclusive approaches to service delivery and organisation policies and internal practices.

Building buy-in from the board was critical as it meant that the considerable investment of organisational resources (staff time, board time and financial resources) was supported and understood as important for CAV's ability to serve the whole community. This provided the enabling environment to attempt other changes in the day-to-day operating and practice environment and embed safe, affirming care for LGBTIQ clients as central to the ethos of CAV.

Several participants reflected how there was some resistance to the proposed changes from some staff members, more than from members of the board, particularly with regard to making language and family violence supports more gender inclusive. One staff member recalls it as being:

*About 50/50 [for and against the changes]. Just some staff members didn't know why we're doing it, couldn't understand why they needed to, why they had to start changing some of the things they were saying and why some things weren't appropriate.*

Some of the early objections from staff related to being asked to wear pronoun badges on their work lanyards (done with a view to encourage clients or other staff to feel comfortable nominating their pronouns, to avoid being misgendered) and avoiding gendered stereotypes or assumptions in conversations with clients and staff. This made for some difficult conversations from staff leading the change process:

*[We were] trying to educate them on not just assuming, not just around Rainbow Tick, but around even women's rights ... Not all women chose to have a baby, those sorts of things. So don't just make those assumptions, ask open-ended questions and then invite the person to share with you instead of, like, just saying, 'How old are your kids?'*

The culture of the organisation has shifted in the intervening period, with most staff members coming around to the adjustments. An LGBTIQ working group made up of staff was established, and these staff assisted with regular Rainbow Tick progress updates in team meetings. Some staff members began using pronoun badges to identify themselves as being of a different gender than their colleagues had assumed them to be; a staff member observed, *'[this] made it quite real for [colleagues], like, okay, there are people in our organisation that I need to be respectful of ... It was very brave of them.'*

It helped to embed enthusiasm for the changes when staff saw the ways that the concepts and adjustments being implemented through Rainbow Tick were not abstract or simply about compliance but had direct and immediate benefits for other staff, and this in turn made it easier for LGBTIQ staff to be open about their gender or sexuality at work. This education work with existing staff, management and board members was also scaffolded by changes in staff recruitment and induction practices. These changes mean new workers or interns in graduate placements begin work with a firm understanding of what inclusive and safe practice and workplace culture mean at CAV. This includes training, run annually, on the risk factors and characteristics of FDSV for LGBTIQ people; this is now provided by the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) training mandated by the state government.

## 2.3 Changes to service provision

With the foundational organisational education and cultural change work underway, CAV needed different approaches to ensuring that the sexual assault services and family violence services that it offers were made safer and more inclusive for LGBTIQ people.

CASAs have a longer history than most family violence services of providing support to male victim-survivors; in recent years they have done more comprehensive work to ensure that trans and gender diverse clients are provided safe and affirming care. The funding that they receive and the way that their scope of services is framed in funding contracts reflects this. It is important to note that this does not necessarily mean that they are inherently culturally safe for LGBTIQ people, and there is still a tendency for some workers or organisations to think of victim-survivors as (cisgender) women and assailants as (cisgender) men. Nonetheless, even before undergoing Rainbow Tick accreditation, it was not uncommon for CAV to provide assistance to male victims of sexual assault.<sup>3</sup> This meant that there were some aspects of inclusive practice in the ways that client engagement is set up that were already standard across CAV, in ways that are less common in family violence services designed primarily to cater to the safety needs of women and their children who have experienced violence perpetrated by men. For example, a historic rationale for women-only services is to ensure that women victim-survivors do not encounter men while they are seeking help, as this can contribute to anxiety or feelings of unsafety (8).

CAV works to uphold the same principle of minimising risk of client anxiety but also recognises that it may not be solely around people who are of the same gender presentation as their abuser. For example, people attending the service may want to be anonymous. CAV reception staff, sexual assault counsellors and family violence advocates work together to make sure that clients spend as little time as possible in the waiting room of the service. If people arrive early for an appointment, they are moved into a consultation room as quickly as possible.

Given that the sexual assault services at CAV were already mandated to be inclusive, the most significant changes in making the family violence services inclusive were cross-organisational efforts to ensure clients felt safe enough to attend the practice and, if it helped them, to divulge details about their gender and sexuality. This included telegraphing service inclusivity by displaying rainbow flags, promoting LGBTIQ organisations and events, having staff wear rainbow lanyards and pronoun badges, and providing pronoun badges for visitors to the service to self-select and wear if they liked. It also meant changing the way intake into the service is conducted, with clients now offered the opportunity to self-identify their pronouns and their sexual orientation in initial interviews.

Staff members stated that asking clients if they would like to disclose their pronouns and sexual orientation has had mixed responses from clients. They reflected that some people are affronted or confused about why they are being asked (which staff members said they didn't mind, as it provided an opportunity to explain and educate). Others, particularly people who are cisgender and heterosexual, have been excited to tell LGBTQ+ people in their life for whom being asked that question at a service would be quite meaningful. For LGBTQ+

<sup>3</sup> Staff interviewed for this case study were not able to readily access data about whether and how many clients who are part of gender or sexual minorities disclosed this on accessing the service prior to 2019.

clients, it can provide a safe environment to be open about their identity, relationship and in some cases, the nature of the abuse they are facing.

Family violence workers gave an example of a client who had been engaged with the service for several years; she had presented as a cisgender heterosexual woman who experienced violence from her cisgender male partner. Following review of the data collection, documentation and client interview policies as part of Rainbow Tick, she was able to disclose that she was bisexual. This gave staff important information about the dynamics and risk factors related to the violence she experienced, as her partner would use her sexuality against her. One staff member stated that previously, *'we were missing her as a whole person ... I am able to manage risk a lot better in that way now that we are asking those questions, but it's not something that I predicted.'*

Unlike some other family violence services that provide refuge accommodation, CAV had always accommodated male children of any age (the rules of some refuges disallow any males over 12) and allowed male/masculine presenting people to attend as support people for clients experiencing violence. Once it began accepting male identified victim-survivors in the service, it needed to do some additional work with hotel or motel accommodation providers to ensure that those clients were not misidentified as a perpetrator, as often, if a man attends emergency accommodation, they are there because they have malicious intentions towards a woman seeking refuge. It also added a different dimension to safety and risk checking done as part of victim-survivor emergency relocation but did not create conspicuous changes. In the proposed new location, a perpetrator's community connections that might be considered a risk to victim-survivor safety are reviewed as a matter of course, but different kinds of community groups or links might be considered, depending on the identity of both parties.

## 2.4 Challenges in service development

Despite considerable work since 2016 to make Victorian family violence services more accessible for anyone experiencing family violence, key infrastructure remains centred upon heterosexual women experiencing violence perpetrated by their male partners. Up until August 2021, CAV was doing all its own intake management for family violence crisis services, but this is now centralised through the State Government of Victoria's The Orange Door<sup>4</sup> that has been set up in the Ovens Murray region. CAV receives referrals from The Orange Door, which triages clients centrally. As it is new infrastructure in the area and needs to integrate with statewide systems as well as local providers, the intake process is taking longer than it was previously, and CAV is receiving referrals weeks or months after a first report. Further, The Orange Door is not collecting information about gender or sexual orientation as a standard part of intake (although some individual case workers may ask pronouns). This means this information is not passed on to CAV.

Previously, CAV would receive referrals from health and other human services agencies in their area and did outreach to advise that it accepted people of any gender experiencing

violence and was a safe service for LGBTIQ community. It also received emergency referrals from Victoria Police (called L17s), after which clients were connected with a case management advocate. However, CAV was only funded to receive referrals for women from Victoria Police; its state government family violence funding still stipulates that it provides services to women and children, but funders have no issue with it also providing a more inclusive service.

The statewide emergency referral service, Safe Steps, has a 24-hour phone line that people experiencing violence can call if they are at risk of harm and need emergency accommodation. Currently, however, the after-hours service only provides referrals for women and children, which CAV staff members understand to be because there is not uniform access and therefore capacity to refer to inclusive services statewide. As a result, CAV has set up its own after-hours phone number for men and gender diverse people unable to access help via Safe Steps, but currently it is only able to provide this number to existing clients.

## 2.5 Key lessons learnt in LGBTIQ FSDV service provision

### Whole of organisation approach to change

- Strong leadership within CAV, both from the CEO and the board, meant that there was a solid foundation for necessary holistic changes to take place across the organisation. This also meant that there was an understanding of the need to invest in making the changes, and commitment to supporting staff and stakeholders to understand why they were important.

### Building on internal expertise

- CAV was able to draw on existing practice governance used in the more gender-inclusive CASA services to help adjust intake and client processing in the family violence services. Family violence practitioners and sexual assault counsellors were also able to include conversations about safe and inclusive practice for LGBTIQ people in its regular reflexive practice sessions, as well as in whole-of-organisation staff meetings.

### Accommodating for service gaps with innovative practice

- Organisations are able to implement changes at a faster pace than the systems they work within. The agility afforded to CAV by having leadership that not only supports but drives inclusive practice changes, and by being a small, relatively autonomous organisation in a regional area, means that it is prepared to make more comprehensive shifts in service provision than some of the statewide infrastructure is currently capable of making. While not ideal, this has meant that CAV has been able to implement initiatives such as the gender-inclusive family violence crisis line for people not able to access after-hours help through Safe Steps.

<sup>4</sup> The Orange Door network consists of centralised family violence referral centres where people experiencing violence can be triaged into appropriate counselling, case management, accommodation and legal services. The centres also provide referrals into services for men who use violence.



## 3. Safe Connections, Lifeline Darling Downs

### 3.1 Background

Lifeline Darling Downs (LLDD) services the southern third of Queensland, around 480,000km<sup>2</sup>. This includes the largest city in the Darling Downs South West region, Toowoomba, at the eastern edge and encompasses inland towns from Stanthorpe (near the NSW border), Blackall (towards the north), and reaching west past Cunnamulla to the Northern Territory border.

The organisation has more than 300 staff working across the region in different areas of social services (including in second-hand retail, which is a significant source of revenue). In 2020, it successfully applied for funding from the Australian Government Department of Social Services to develop and pilot an LGBTIQ family violence support initiative, Safe Connections, which is centred in Toowoomba but does some outreach to other communities. The organisation does not currently have any other LGBTIQ-focussed programs.

Safe Connections received funding for two years to develop and deliver a case management service for LGBTIQ people in Toowoomba experiencing family violence. There are two staff members with social work backgrounds, and they provide case coordination and psychosocial support to clients, individually and as part of support groups, as well

as outreach and community education programs. Both staff members started in December 2020 (recruitment was delayed due to COVID). They are managed by a Practice and Program Coordinator, who oversees three other projects, with eight other staff members reporting to her.

Toowoomba is a politically and socially conservative area, and case study participants reflected that it has a reputation as a difficult place to be an LGBTIQ person. There are few formal LGBTIQ community groups or spaces, and Lifeline staff members we spoke to for this case study suggested that many people are reluctant to divulge their gender identity or sexual orientation for fear of discrimination or violence.

A Queensland Health gender clinic that had previously been operating in Toowoomba had closed its list at the time of writing, due to the high numbers of referrals; new clients are now referred to Brisbane (which would involve extra travel expenses and time commitment for clients). There is limited general community awareness about what it means to be LGBTIQ – particularly about what it means to be trans or gender diverse – or what is required to provide safe, inclusive spaces for different LGBTIQ demographics. Concomitantly, there is limited understanding of how family violence occurs in LGBTIQ relationships or against LGBTIQ people.

### 3.2 Creating a family violence support service for LGBTIQ people in toowoomba

In building a foundation for Safe Connections, there were two aspects that the team viewed as critical from the outset. The first was consulting with LGBTIQ people in and around Toowoomba to ensure that the program was informed by the needs and priorities of those it sought to serve. The second was addressing generalised lack of awareness about LGBTIQ community, lives, and service needs related to family violence in Toowoomba.

There are few LGBTIQ groups with conspicuous public profiles in the area. Staff used their own networks and word of mouth to approach smaller social groups or communities and ask what they thought was needed in their local area. Many of those that they spoke to said that education and awareness of how to work respectfully with LGBTIQ people was a critical gap, as was lack of visibility of safe services for LGBTIQ people or recognition of LGBTIQ people and their needs.

To address both the need for education and the intertwined issues of people hiding their LGBTIQ identities and poor recognition of LGBTIQ people, Safe Connections began a visibility campaign. As part of broader outreach to mainstream services, they encouraged organisations that already displayed a rainbow flag on their website or premises to consider adopting practices that would give substance to this kind of signalling of inclusivity. This included staff presenting their pronouns and giving other people the opportunity to share theirs, using rainbow lanyards or pins, promoting community-owned LGBTIQ services on their premises, and marking LGBTIQ days of visibility, inclusion and remembrance. Staff members also asked of the services they engaged with, 'start thinking about what can your organisation do that's unique to your organisation and congruent with your organisation to create some visibility'.

Safe Connections staff have assisted with broader advocacy and visibility efforts. These have included commissioning a performance of *My Other Closet*, a cabaret about the performer's personal experience of intimate partner violence in a gay relationship, for LGBTIQ Domestic Violence Awareness Day, and advocating to Toowoomba Regional Council for it to officially support LGBTIQ pride events or publicly display support. While this advocacy has not yet been successful, staff were able to generate media attention off the back of their efforts and therefore gained visibility for Safe Connections.

To address lack of awareness and education gaps, staff began their relationship building and promotion of their program by providing an education package to various service and community stakeholders. The two case coordination staff members completed an LGBTIQ inclusion and train-the-trainer program with ACON Pride Training to prepare them to deliver workshops. Using project savings incurred because of COVID-related recruitment delays, LLDD was able to commission a 1-day (6.5-hour) training package. This training moves from basic concepts, such as explaining various gender and sexual identities and terminology, to discussion of the prevalence and impact of FDSV among LGBTIQ populations, and service responses and gaps.<sup>5</sup> These components were also a means to introduce the support services for LGBTIQ people experiencing family violence offered through Safe Connections.

<sup>5</sup> At the time of writing, 75 participants had participated in an evaluative research study being conducted by researchers from University of Southern Queensland, where pre-training and post-training survey data is collected.

From December 2020, training was advertised locally, particularly among local NGO networks, and later participants heard about the training through word of mouth. This helped to broker relationships with key actors in sectors such as housing, as well as to lay groundwork to help make referrals to those services safer, particularly for trans or gender diverse clients. A number of training requests came from education providers, including senior classes at state high schools, a local TAFE and a private school. One staff member said:

*[The school] administration wasn't particularly supportive, but they had social workers and a couple of other people that worked in that space who had heard of [the training] ... They had a number of students who were struggling. They wanted to kind of push back up, I guess, once they had the knowledge.*

Training has also been provided to the LLDD Board, which resulted in an invitation from a board member who is also a local councillor to provide an abridged version of the same training to Toowoomba Regional Council.

### 3.3 Service scope

Safe Connections was open for referrals from the time that the case coordination staff members were onboarded in December 2020. From the beginning, it has taken a broad definition of family violence (i.e. one that is more expansive than that set out in Queensland law) and have been deliberate about including family of origin violence and the ways that it impacts on LGBTIQ adults as well as young people.

It provides case coordination, that is, helping clients to navigate housing services and Centrelink, find safe and affirming mental health providers, and obtain referrals to specialist LGBTIQ health services such as gender clinics or other services for their particular needs. It also provides psychosocial education in individual and group sessions, discussing in a supportive environment what healthy and unhealthy relationships look like, and what it means to try to heal from abuse. It does not provide trauma counselling but support clients to connect with mental health professionals where counselling is needed.

There is no limitation on the time period that a client can be engaged with Safe Connections, and the extent to which they work with their case coordinator may differ according to their needs and the complexity of their situation:

*With our case management, you know, quite often we'll be doing 2, 3, 4 hours a day of work on just one client ... That's not necessarily face-to-face interaction; there might be, you know, finding out or talking to their mental health professional, and then what kind of referrals are available for this particular client's needs?*

This work is then balanced with the education and outreach work carried out by the same staff members, as part of the visibility campaign described above.

### 3.4 Client outcomes

Some referrals have come through from other services, including outside of Toowoomba. Others have been self-referrals, including where people have learned of the service from word of mouth in the community. One client was referred by a Brisbane service, as they were from Toowoomba and wanted to return home but needed safe, affirming support. They had been ostracised by family and had significant mental



health issues. After working with Safe Connections for almost a year, they had been able to move out of LLDD-supported accommodation into private rental accommodation, were working and studying part-time, and were participating in an adult support group run by Safe Connections.

Another client was living in the far west of the region in a remote rural town, where they had been relocated after experiencing intimate partner violence. A service provider in that area had heard of Safe Connections and provided transport and paid for the 2 nights' accommodation required to reach Toowoomba. This client went through periods of engaging for a number of weeks and then disengaging before returning. Safe Connections' capacity to allow longer-term engagement, including enabling the client to come back to the service when they needed to, meant that case management workers were able to help the client to build community in Toowoomba over time. This helped to address issues of isolation and loneliness that were contributing to their experiencing ongoing debilitating effects of abuse.

### 3.5 Challenges in service development

One of the key challenges has been managing scope creep. The parameters of the project are to provide a dedicated family violence support to LGBTIQ people. However, clients coming into contact with Safe Connections may also be experiencing other health and wellbeing concerns related to their gender and sexuality, concerns that may have been exacerbated by the abuse they have suffered. Program staff are also aware that people of different genders and gender presentations face challenges particular to the types of discrimination they encounter and the nature of the abuse they have experienced (e.g. the needs of transgender clients may differ from those of a gay cisgender man or a bisexual cisgender woman).

While endeavouring to maintain a clear focus on assisting people with family violence-related issues, it is often difficult to extrapolate broader challenges faced by clients from their efforts to recover from abuse. For example, a transgender client might need to talk about their gender dysphoria and may seek advice about hormone treatments or surgery from staff or other clients who have had similar experiences. These clients are directed towards specialist services for professional advice, but those services are not always available locally. There is a need for spaces of community connection and care, given the low visibility of LGBTIQ social groups in the area. It has been at times challenging for the Safe Connections team to balance how to provide the holistic support that people need and maintain focus on supporting recovery from family violence.

The CEO of LLDD is publicly vocal about supporting the rights and protections of LGBTIQ people, and there is support from the organisation's leaders for Safe Connections. However, there has not yet been robust cross-program work done to ensure that LLDD is a safe, inclusive and affirming workplace for LGBTIQ people. Safe Connections staff have attempted to do some internal work to build capability around supporting LGBTIQ community, including staff. One staff member reflected, 'there's some organisational challenges; as supportive and as wonderful as our organisation is, there's still work to be done.' They went on to note that although as a worker, the pace of change can seem slow, there are likely political sensitivities to navigate, as an organisation that relies on the local community as well as government funding:

*Lifeline does receive a lot of donations, and we are in [a] politically and religiously conservative area in Toowoomba. So, you know, there are people who [have to] navigate those political spaces that I would just go in, like a bulldozer ... I just want to see social change.*

Other challenges are created by being a relatively small program with a broad remit in a conservative environment with constrained resources and services. One staff member commented that, for example, they had not had any clients who disclosed that they have an intersex variation. They had sought advice from community-owned advocacy groups but did not know who to speak to locally to help ensure, and telegraph, that they were a safe service for anyone who was born with an intersex variation. This staff member felt that this issue speaks to a broader issue of intersex visibility and inclusion – particularly for people who are heterosexual and who identify as the gender they were assigned at birth and therefore do not necessarily feel comfortable being categorised as LGBTIQ – but also the need for strong, well-resourced community and referral networks of services so that clients can find the specific help that they need.

### 3.6 Key lessons learnt in LGBTIQ FDSV service development

#### Building community trust and service visibility is crucial

- LLDD made a deliberate decision to understand what LGBTIQ people in their area needed and adjust the scope of their funded program accordingly, rather than being immediately prescriptive. Investing in this process helped to build trust in and connections with the program, but also demonstrated that as well as supporting individuals affected by violence, there was an important role for Safe Connections in advocating for and developing safer referral pathways.

#### Managing 'scope creep' can be challenging

- In a setting where there are so few other services and supports for LGBTIQ people, it can be difficult to maintain a narrow focus on family violence supports when clients present with other, identity-specific concerns. Understanding how to navigate this aspect of the work in the context of a small team, limited resources and significant workloads has been an iterative process. With the benefit of hindsight, staff members said this would be a useful consideration for other new projects at inception.



## 4. Thorne Harbour Health

### 4.1 Background

Thorne Harbour Health is an LGBTIQ-community controlled health organisation that works to improve the health and wellbeing of LGBTIQ populations in Victoria. It provides psychosocial and clinical supports; delivers education programs and leads advocacy efforts towards addressing discrimination in the broader community; and partners on research efforts to improve the evidence base around LGBTIQ experiences of health and health services.

Formerly the Victorian AIDS Council, Thorne Harbour Health has a decades-long history of activism on behalf of the LGBTIQ community. This has included supports for people experiencing FDSV, including counselling (usually via generalist counselling services) for people who had experienced violence, and a behaviour change program for GBT men who used violence. These supports did not receive significant, if any, direct funding for many years and were predominately focussed on men who have sex with men (MSM).

The 2016 Victorian Royal Commission into Family Violence included four recommendations related to improving evidence around, and services and outcomes for, LGBTIQ people experiencing, using or at risk of violence. Following the Victorian Government's acceptance of these recommendations, Thorne Harbour Health received funding to expand the scope and reach of its family violence programs. As a result, and through

concomitant internal capability building and the leadership role of the organisation in state and nationwide advocacy around addressing family violence in LGBTIQ populations, Thorne Harbour Health is now one of the largest community-controlled specialist LGBTIQ family violence services in Australia.

### 4.2 Contemporary scope of activities

Thorne Harbour Health currently has a staff of around 140, which includes general practice clinics, HIV services, counselling, community support, Equinox (a trans and gender diverse health service), and alcohol and other drugs services as well as family violence support. There are 11 roles within the Therapeutic Services team that are directly related to family violence support, with a further 19 staff members in roles where they commonly engage with family violence-related issues in their day-to-day work. Over the past 3 years, the broader therapeutic support team have developed an integrated approach to working with clients. This means that people not working in designated family violence support roles are still trained to recognise risk or disclosures of family and sexual violence, and clients are able to seek support for all issues that they are experiencing, not only the primary problem or problems that prompted them to engage with the organisation.

Thorne Harbour Health is not funded to provide specialised sexual assault services. However, it regularly supports

clients who have experienced sexual assault in the context of family violence or who, while receiving therapeutic or case management support prompted by other issues they are experiencing, disclose that they are a sexual assault victim-survivor. Clients may be referred to their local Centre Against Sexual Assault (CASA) for specialised counselling and/or continue to be supported through Thorne Harbour Health.

As well as providing counselling, case management and brokerage funding<sup>6</sup> for LGBTIQ+ people who have experienced family violence, Thorne Harbour Health also runs Revisioning, a behaviour change program for GBTQ men who have used or are at risk of using violence. This program has been in place for more than 15 years and has been able to significantly expand with post-Royal Commission funding increases.

In addition to direct practice, key staff members working on family violence-related issues are also engaged in research partnerships, advocacy and government and sector consultations, and work with coalitions of others in the LGBTIQ+ and family violence sectors in Victoria and nationally.

### 4.3 Key developments

Thorne Harbour Health staff members reflected that in the years since it has provided expanded family violence programming, they perceive that more people from LGBTIQ+ communities are better able to acknowledge and talk about family violence. For many people, the historic silence around family violence in LGBTIQ+ communities came from a sense of protectiveness as well as difficulty naming or recognising when it is occurring. A senior staff member reflected:

*I think there's been rightfully some hesitation around critiquing LGBTI communities ... then that being weaponised against the community. So if you name this, this is another way for conservative folk, or for various people with particular missions against our communities, to use it as a battering ram against the community – therefore, our relationships are dysfunctional, therefore, we shouldn't be having children, therefore – it's another way of invalidating what's happening in the community.*

An inadvertent effect of this trend towards circumspection was that it could be even harder for people experiencing violence to recognise what was happening or to seek help.

The Royal Commission into Family Violence recognised violence in LGBTIQ+ communities in the context of a report and recommendations about the multifaceted nature of family violence across the whole of the state. This helped to neutralise some of the risk that discussion of problems faced by LGBTIQ+ people would be weaponised and created an enabling environment – and resourcing – for better supports.

Case study participants stated that creating services in Thorne Harbour Health, a community-owned organisation, meant that there was greater likelihood that prospective clients trust that they will be safe, understood and treated with respect – family violence programs have been oversubscribed since they were instituted. This points to the fact that, as one staff member stated: *'the significant investment does continue to need to grow, in order to meet the demand and the expectations that people now rightfully have about receiving an appropriate response when they reach out for support.'*

<sup>6</sup> Brokerage funds are emergency funds to support someone who is wanting to leave or has recently left an abusive relationship.

Since 2020, Thorne Harbour Health has had to recalibrate its therapeutic services to ensure accessibility during the COVID-19 pandemic. This has included moving to online and hybrid online/face-to-face modes of delivery, depending on public health orders that limited person-to-person contact during the pandemic. While this has created numerous challenges for staff, clients and managers, they have also used the forced changes as an opportunity to review practice governance and approaches more broadly.

These adjustments were guided by looking at what would best support staff capacity and wellbeing in a time of increased service demand, and what would be best for clients in terms of making sure they receive all the help that they need and accessibility of services. As a result, the integrated practice model described above was expanded and embedded. This systemic approach to managing client needs aligns with the family systems approach to therapeutic practice. Thorne Harbour Health centres this approach, and its organisational agility is facilitated by its commitment to reflective practice and incorporating lessons from those reflections into ongoing work, and shared efforts across the organisation to broaden understanding of how and why family violence occurs. A senior staff member explained:

*our work is much more the clients in the context of their familial or family-of-choice system ... And it's very similar, actually, to when you're looking at applicability; you know, here's your family violence framework, and you sort of put LGBTI around it. And same if you have a really good clinical practice framework, and then you put a family systems lens around it that actually just strengthens the whole model of what you're trying to do, and the ways in which you think about what's happening and the kinds of questions that you might ask.*

### 4.4 Centring cultural safety

Ensuring cultural safety for clients and community are central to the organisational ethos and practice governance of Thorne Harbour Health. There are several dimensions to how they define cultural safety. A senior staff member explained that it means:

*[Thorne Harbour Health] is a service where someone can be themselves; they're not having to explain their circumstances. So we must have an understanding of the cultural meaning of things like alcohol and drug use in our communities or the ways in which family violence perpetration is the same and different in our communities.*

As a community-owned organisation, this means drawing on deep knowledge of how heteronormative and cisnormative administrative and legislative systems impact access to and experiences of family violence response infrastructure. It assists clients to navigate through existing services and participate in advocacy in an attempt to make them safer and more inclusive.

On an experiential level for clients, a staff member explained cultural safety as follows:

*contracting safety continually with someone ... when you think about the work that we're doing right across our therapeutic services teams, and particularly around their family violence work, where people are coming to us because they've had this terrible abuse of power that's been perpetrated against them. So everything that we must do in that space has to be the complete opposite of that.*

In day-to-day operations, this means that, rather than focussing on discrete actions such as inviting people to share their pronouns, Thorne Harbour Health emphasises why those practices are important. Primarily, it aspires to provide a space that is free of judgement, where client and service boundaries and expectations are able to be communicated clearly and with transparency, and where shame can be acknowledged but does not become an impediment to recovery and healing for victim-survivors or to accountability for perpetrators.

#### 4.5 Networks and partnerships

A similar approach to operating with transparency and integrity governs how Thorne Harbour Health engages with community stakeholders and other organisations working in the LGBTIQ+ and family violence sectors, as well as government and other service providers. Accountability to LGBTIQ+ communities is built into Thorne Harbour Health's governance frameworks. They have established community advisory groups as a central governance mechanism. A senior staff member described the role of these 'as a point of dialogue between the community members':

*For example, like the women's community, the trans community, the Aboriginal community, HIV-positive population ... [they] can provide input and guidance and support and expertise, I suppose, around what's happening in the community and current issues, and we have accountability back to the things that we're doing, so that there's this mutual space.*

This approach means that the organisation is able to continually improve and ensure that programs respond as effectively as possible to community needs, as well as manage expectations about what services are able to do within the parameters of resourcing and other limiting factors.

Thorne Harbour Health has brought this same ethos into a multi-year effort to actively contribute to a more robust evidence base about the prevalence, presentation and drivers of family violence in LGBTIQ+ communities, and to its relationships with other organisations working on the same issues. Working across overlapping coalitions, staff members said that having a stronger and shared knowledge framework has changed the dynamic in advocacy spaces. A staff member who has been leading much of this work stated:

*It makes you harder to ignore. Most definitely. And I think what it does it, it allows us to be braver. So you know, we can call out stuff respectfully, and sometimes perhaps more strongly, about where things are not okay.*

#### 4.6 Challenges in service development

Advice from communities also informs how Thorne Harbour Health engages in networked operations across the family violence sector, as well as in advocacy to governments and various consultative and advisory bodies. Other key sources of expertise that it brings into these spaces include internal practice experience and findings from various research projects that it partners on. As a result of the community trust and expertise it brings into consultation, Thorne Harbour Health is sought after as a partner and source of advice. Staff members reflected that they value opportunities to contribute to these important discussions but also note that this work demands time and resources. There are no direct, funded advocacy roles within Thorne Harbour Health; members of the leadership team usually take time from their other duties

to participate in community and government forums. One staff member reflected, 'government rightfully want individual, smaller diverse organisations to be part of the [reform] process. There has to be some investment in the capacity to do that, whilst running all the important work for community on the ground. And I think we haven't got the balance quite right yet.'

#### 4.7 Key lessons learnt in LGBTIQ FDSV service development

##### Centring community accountability improves service safety and quality

- Accountability to the communities is a stated aim of the work Thorne Harbour Health undertakes. This means that thinking about safety and inclusion for clients is not an additional or discrete aspect of practice governance or organisational management, but is core to all activities. Inviting feedback and critique, and thoughtfully evaluating and responding, means that services are able to be responsive to changing needs of different community demographics, and work is continually improving.

##### Political will and investment can be transformative

- Prior to the Royal Commission into Family Violence, Thorne Harbour Health was already providing support to people affected by and who used violence in LGBTIQ+ communities. Since receiving increased and longer-term investment, and acknowledgement of the scale and severity of the issues related to LGBTIQ+ family violence, Thorne Harbour Health has been able to support many more people and families. However, this is still not enough to meet demand: staff members stated that more people are coming forward because they believe it is now worthwhile to try, where they might not have had faith in being able to access help before the service was expanded. Moreover, the security of ongoing resourcing and support has made possible the important service improvements and innovations from which Thorne Harbour Health has been able to strategise, implement and share lessons.

##### Working within systems, not silos

- Thorne Harbour Health applies a systemic view to its engagement with clients, the way it organises practice governance, and the way it engages with other services and stakeholders in the family violence system. This brings a number of benefits. It means there is space for more holistic approaches to service design and delivery, and cross-team work between different areas of clinical practice. It also means clinical work can focus on the whole person and the intersecting aspects of their life (as opposed to the key issue they identified that prompted them to approach a service). Moreover, all the efforts in research, advocacy and practice done under the auspices of Thorne Harbour Health can feed into, be improved by and elevate complementary efforts undertaken by other community organisations and activists working on LGBTIQ+ FDSV service development.





## 5. Engender Equality

### 5.1 Background

Engender Equality is a not-for-profit organisation working across Tasmania, providing long-term therapeutic support for people affected by family violence. It has nine family violence counsellors spread across offices in each of the major regional centres across the state: the central office in Hobart, which covers the south-east; Launceston in the north-east; and Davenport and Burnie in the west. The organisation also actively contributes to advocacy for improved resourcing and supports for people affected by family violence, as well as providing training about family violence prevention and response, and bystander training for workplaces and other groups.

The organisation was established in 1987 as SHE (Support, Help, Empowerment) by the volunteer-run Domestic Violence Action Group, a collective of women who were concerned at the lack of services available in Tasmania for women experiencing domestic and family violence. Initially community-funded, it then received support from the Tasmanian state government and has since become a key actor in the local family violence system.

In 2018, the organisation changed its name to Engender Equality, reflecting a desire to provide supports to anyone affected by family violence in Tasmania, regardless of gender. These changes were in large part made because organisation leadership recognised that the feminine name 'SHE' may be exclusionary for men, including GBT men; non-binary or gender diverse people; and trans women, who might anticipate

transmisogyny from a service set up by and for cisgender women. The change in name did not move the organisation away from its feminist values but did precipitate shifts in how it configured internal and public/client-facing language, policies and procedures.

### 5.2 Contemporary scope of activities

Engender Equality sits within an ecosystem of services in Tasmania set up to respond to family and domestic violence. These include state government-run crisis support – which is networked across state services including Tasmania Police – and CatholicCare, which provides case management and other practical support.

Family violence practitioners with Engender Equality provide long-term trauma counselling and psychosocial education in individual and group settings to people affected by family violence. They aim to help people to recover and heal from their experiences and also understand the dynamics that facilitated abuse in their relationship or relationships, so that they can better recognise warning signs in the future. These practitioners also do outreach with other social services organisations in Tasmania, which means that they provide specialist family violence counselling to clients enrolled through those services. There is no set time limit within which people can access counselling.

In practice, the demarcation between crisis support, case management and long-term counselling can be less clear-

cut. Staff members suggested that some people, including members of LGBTIQ populations, may not feel comfortable approaching government crisis support where data will be shared with police as a matter of course, or feel safe or comfortable seeking support from CatholicCare, given the Catholic Church's exclusionary position on issues such as same-sex marriage. As a result, a staff member said, *'even though we say we're not a crisis service, if someone was crisis, we would still talk to them. Because we also know that people need options into the service system.'*

Much of the advocacy work that is performed by Engender Equality is focussed upon the need for better service options for people who are affected by family violence. One staff member reflected:

*We don't have ... an LGBTIQ family violence service in Tasmania ... We don't have a culturally and linguistically diverse one, either [and] there's sort of pockets of the Tasmanian Aboriginal community having some little projects here and there, but again, we don't have a whole-state response. So it leaves the specialist [family violence] services trying to try and fill some of those gaps.*

### 5.3 Networks and partnerships

In their day-to-day work, Engender Equality staff liaise with other specialist family violence services as well as housing, protective services and other community organisations. The majority of the LGBTIQ people accessing the counselling service are self-referred. A smaller number of people who have disclosed they are LGBTIQ are referred through other agencies

Staff at Engender Equality perceive they have a good relationship with statewide LGBTIQ community organisation Working it Out. This organisation has a very small staff providing advocacy, support and community events for LGBTIQ populations across Tasmania, as well as providing education in the broader community. For a number of years, both organisations have talked about the potential for some shared work around LGBTIQ family violence. However, given workload and staffing constraints, neither organisation has had the capacity to comprehensively discuss or plan the as-yet-unresourced projects.

### 5.4 Key developments

There are several factors that have contributed to Engender Equality working towards more inclusive service delivery.

The first was an increase in funding and attention to addressing family violence after the high-profile murder of 11-year-old Luke Batty by his father in 2014, which precipitated powerful anti-violence advocacy by Luke's mother, family violence survivor Rosie Batty. In Tasmania, as in other parts of the country, the elevated public conversation about family violence resulted in more funding for specialist family violence services, allowing Engender Equality to expand its staff and reach.

Some of the new funding was tied to expanding service provision beyond women who had experienced violence. As a result, the organisation revisited its strategy and how it framed its scope of services. This was an opportunity to examine whether the focus on violence against women perpetrated by men (and the implication that both survivors and perpetrators are cisgender) was still appropriate. Further, if it wanted to provide a service that anyone experiencing family violence

could access, it needed to question whether the feminine name 'SHE' might discourage people who are not cisgender women from contacting them for help.

Working through these changes was not without challenges. While board members were largely supportive, some were worried about the loss of name recognition of the service in the community and what that might mean for clients, community connections and funding relationships. Some staff members were concerned at the loss of organisational identity, particularly the links to the women's movement and the cultural history of the organisation; a few people chose to leave the organisation. There was already cultural change within Engender Equality, as the growth of the organisational brought new staff members, who were not as wedded to the idea of the service as being a space only for women. One staff member reflected:

*We were asking for shifts in knowledge and wisdom and orientations that I think some people could find threatening and undermining of their own power. But I think, yeah, that continued relevance in it, to people who are coming through with a really different understanding of gender experience is really important as well.*

Case study participants perceived that some in the community disagreed with the changes that Engender Equality was making to its name and service scope. The name change took place at the same time as Tasmania was introducing legislation to allow people to ensure that their birth certificate accurately reflects their gender if it differs from the gender they were assigned at birth. There was already opposition in the community to this legislation, including discriminatory discourse targeting trans and gender diverse people. Some of that opposition became directed at Engender Equality, as a result of the name change. This combined with concern expressed from some in the women's movement around the organisation accepting that men can experience family violence, as signalled by making the service gender inclusive. Rather than viewing this as a challenge for the organisation, Engender Equality used this as an opportunity to talk about why it was important to stand against transphobia and its harms.

In revisiting the strategy and vision for the organisation, Engender Equality also reviewed many of its internal policies with a view to improving safety and inclusivity for LGBTIQ clients (or male clients) and staff. For example, SHE had previously applied for and received exemptions from the Anti-Discrimination Commissioner to only employ women. The organisation no longer applies for these exemptions, and has a number of non-binary staff members. Intake forms were changed to ensure that people were provided an opportunity to share their pronouns and accurate descriptions of their gender. Human resource policies were reviewed to ensure that gender-inclusive language is used. Material such as rainbow flags and promotional material from LGBTIQ community organisations, signalling the service's intent to be safe for LGBTIQ people, was shared throughout the service offices.

In opening their service to people of any gender, Engender Equality staff needed to think through risks to clients, including risk of perpetrators erroneously claiming to be victims of family violence. This was raised with regard to cisgender heterosexual men who use violence and claim they are the victim of a woman they are in a relationship with (9). Engender Equality has developed a screening tool to help assess whether the person reporting violence is the primary aggressor:

*Male perpetrators can present as victims ... And then, with our [Working With Men] screening tool, we've got a series of questions to work through to identify whether that person is actually the primary aggressor, because often, often they are ... And if they are, they get referred somewhere else.*

## 5.5 Challenges in service development

Engender Equality has worked to make internal and practice changes in an iterative way, relying on external resources, practice knowledge, and trial and error. It has not had available resources to bring in professional support or compensate LGBTIQ community organisations for advice. This has meant that there have been some incidents that the organisation has learned from. For example, a volunteer needed to be 'managed out' after she revealed transphobic and transmisogynistic views while at work and shared on her social media accounts. As a result, all new volunteers and staff now need to sign a code of conduct that makes it clear that Engender Equality has a zero-tolerance policy towards all forms of discrimination.

Currently, Engender Equality is still working through whether to ask people about their sexual orientation or the gender of the person who used violence against them, and the most appropriate context in which to ask this. Not knowing has implications for practice and data collection, but as an organisation, it has not created a standardised way of enquiring. As with all the changes it has made so far, it is trying to be as purposeful as possible about any adjustments it makes to standard practices.

Broader community challenges around recognition of LGBTIQ family violence affect whether people present to Engender Equality or other family violence services for help. One staff member stated that 'so many queer folks who have been going through this experience wouldn't necessarily identify it as DV.' Equally, despite the rebrand, service changes and participation in LGBTIQ community events, there still seems to be a pervasive idea that Engender Equality does not cater to men. One counsellor stated:

*I've also noticed the absence of bi and gay men from our service, particularly. And that was something that I was seeing in the [youth] sector [...] bi and gay men, and presenting with experiences of DV. But they're not necessarily here.*

This speaks to the fact that community trust-building and changing the binary-gendered perception of family violence services can be slow processes. Resourcing remains a significant challenge for Engender Equality. This plays out in a variety of ways. First, continuity of resourcing is an issue, and some of the counselling roles are currently funded under short-term COVID-related grants, with no guarantee of extension. Second, there are limited resources available to do comprehensive organisational and professional development around inclusive practice or explore partnered work with LGBTIQ organisations. Third, there are currently no resources available for a specialised LGBTIQ family violence worker; staff members reflected this might be a useful avenue to make LGBTIQ victim-survivors feel more comfortable to access the service.

Since becoming Engender Equality, there is an increased number of LGBTIQ-identified staff members and greater visibility of the organisation in spaces created for and by LGBTIQ communities. Staff members hope this helps to

continue the process of trust building for people who would benefit from their services.

Staff members said that they had several experiences where they felt that LGBTIQ clients demonstrated that Engender Equality is a safe place for them. One of the proudest moments for one of the family violence practitioners was when a young client who had been questioning their gender asked to try a new name in a counselling session. When the practitioner asked if they would like to have it noted on their files with other services, they said no, they were just testing it out:

*That makes me proud that, you know, that that person felt safe enough to let me know that they wanted to try something out in a way where, like, it didn't have to feel really hard, or like it had to have any more impacts. And then just, like, seeing how it feels. And that being an affirming experience, and if it's different this week, that's fine too.*

## 5.6 Key lessons learnt in LGBTIQ FDSV service development

### Changes can be progressive and iterative

- Engender Equality has long understood why it was important to make its approach to family violence support more inclusive for LGBTIQ people. It has been both deliberate and responsive in developing organisational knowledge about the best ways to implement changes and how to go about it, learning as it goes. It is a small organisation with limited resources to invest in comprehensive capability building or to engage paid outside assistance. Nonetheless, it sought to make progress towards becoming a more inclusive service by seeking advice, feedback and education from different sources, as well as through evaluating the impacts of its own systems and policies.

### Changes can invite resistance

- Many family violence services have strong ties to the women's empowerment movement, which has been a critical part of their organisational culture and identity. These roots have brought about many important tenets of victim-survivor support, through crisis and recovery as well as primary prevention. At the same time, moving away from historically dominant framings of family violence as something that is perpetrated against cisgender women by cisgender men can be confronting for some people. This can be based on a misunderstanding that expanding service access to people of all genders will dilute the capacity of services to respond to violence against women. It can also intersect with transphobia, and particularly transmisogynistic ideas about who should be able to access women's services. For Engender Equality, receiving this kind of community response was an opportunity to speak out in support of trans and gender diverse Tasmanians, and to perform public advocacy about the rights of everyone to seek and receive help when affected by violence.



## 6. Domestic and Family Violence Centre, YWCA Australia (Darwin)

### 6.1 Background

YWCA Australia provides several social services to the greater Darwin area. Its Domestic and Family Violence Centre provides crisis accommodation, safety planning, safe referrals and support to people with children affected by family violence. It also has a counselling service for people who have experienced violence and a Keeping Women Safe in Their Homes program that provides security upgrades to accommodation for women affected by violence.

All of YWCA's family violence services in Darwin have historically catered to cisgender women and their children. Since 2020, the family violence team have been exploring what steps they need to take to make their services better able to cater to LGBTIQ people who are experiencing family violence. In late 2020, they partnered with ACON as part of its Say It Out Loud initiative. This program, combining training and support from ACON and peer support across

organisations working towards similar goals, brought together a group of specialist family violence services from across Australia to work on making their services more relevant and safer for LGBTIQ people experiencing family violence.

### 6.2 Contemporary scope of activities

The Domestic and Family Violence Centre crisis services are limited to people who are leaving abusive situations with children. Provision of crisis accommodation is central to these services and is organised as self-contained accommodation units rather than a refuge model (where there might be shared dormitory, bathroom or kitchen amenities). This means that it is possible for this accommodation to be made available to anyone experiencing violence, regardless of gender, as there are minimal logistical adjustments required to make them feel safe for clients. YWCA currently has five safe houses and provides case management for families accessing 30



units in Darwin. These provide transitional housing for people escaping violence who have dependents.

Keeping Women Safe in Their Homes is a program that is only available to women, including trans women. Through this program, one trans woman has applied for security improvements to her home, in 2021. Individual counselling services can be accessed by anyone who has experienced violence, regardless of gender. However, historically most, if not all, clients have identified as women and presented as heterosexual. There are group counselling sessions available for women, and all participating clients are cisgender.

Staff members stated that they have considered what might need to be adjusted if a trans woman or someone who is gender diverse needed to join; however, they have not yet had any such clients. YWCA also has a safe parenting program where staff are deliberate about using the word 'caregiver' rather than a gendered or family role-specific term. This makes the program more accessible for LGBTIQ parents, but this is also to cater for caregivers from Aboriginal families in the Darwin area, where childcare is often organised through broader kinship relationships rather than contained within a nuclear family unit.

YWCA has been working towards making the whole of its Darwin operations safer and more inclusive for LGBTIQ people, with a particular view to crisis services for people with children and counselling services, to make them accessible to and trusted by members of LGBTIQ communities who have experienced family violence.

### 6.3 Key developments

It was after beginning training with ACON that YWCA started changing its language to be more inclusive and gender neutral, and understanding the safe house model and individual counselling as services that might be offered to anyone regardless of their gender or sexuality. YWCA has also changed its client intake forms so that it is standard to record client pronouns, to help ensure clients are not misgendered in any part of the service. A staff member described how all documentation used in the services was reviewed:

*Everything from our intake form, our safe house, [employee] handbook, our policies, our procedures – it was really everything to look at. Trying to ensure that the language that we use, and the way that we ask questions, was as appropriate as we could be ... We had some really good discussions about it. And, you know, like, did we really need to know more than their gender? Why did we need to know their sexuality? Was that important?*

These discussions were situated in reflections about how other people might choose whether or not to divulge details about their identity. So, at intake, while staff focus on choice and client agency in terms of what details clients provide, they also explain that it may become necessary to understand more about the gender of the person using violence and the nature of the relationship in the context of safety planning or court applications.

The organisation has a localised management structure but is also governed by YWCA Australia, which in turn is part of a large international non-government organisation. This means that some changes to policies were able to be made autonomously in the Darwin office and others needed to be brought to the national management or board for consideration:

*We changed everything we could locally and have sent recommendations up to Y Australia for the national documents, saying this is what we would like. I know they've adopted some things, and other things will take longer to get changed.*

Overall, staff members said that they were confident in the considered and consultative way that their proposed changes were received by the national office, particularly as they were put forward in the context of a broader review of the organisations vision and strategy. While circumspect about the fact that YWCA Darwin wanted to move faster on issues such as LGBTIQ inclusion and creating better supports for their Aboriginal workforce than was possible at a national level, they were also proud that they have been able to influence the broader organisation through the positive changes they have made locally.

To support consistent approaches to inclusive practice across the whole organisation, all staff and management participated in ACON training. This included maintenance staff working in offices and safe houses, and those working with medical assistance and housing programs. With different online and self-directed components, the training took around 3 full days for each participant. This was a significant organisational investment, particularly given that not all staff were familiar with using computers and so needed additional support. However, getting everyone on board was important to the success of what the family violence team were trying to achieve. It would be counterproductive if someone built trust in the service at intake and then were made to feel unsafe or were misgendered in their interactions with staff from a different area. One staff member reflected:

*I just thought it was really good that it wasn't just the frontline staff, but it was important that everyone do it. Because it is a cultural change, there is an attitude change that needs to be throughout the organisation. And that as managers, we have a, I guess, a role in being really mindful that if you hear a staff member not using the correct language, to be able to have the time to go, 'Now hang on a second,' you know ... that's one of the important things, for staff to learn ... It's just treating people with respect and acknowledging that you don't know, you're not walking in their shoes.*

To help monitor what follow up or support might be required, managers in other areas checked in with their staff to understand how the training was received. In the family violence unit, staff spent a lot of time reflecting with each other, examining their own reactions and biases. For a senior staff member, a crucial first step before taking the organisation through the process was to understand why it was important for the work, the service and the community. Being able to clarify those rationales helped to both anchor and drive the process:

*It is a commitment. So you've really got to have the vision of where you want your organisation to go, and why it's important to be inclusive ... we've not got a big population up here. So it means our diverse population is much smaller, too. So we could have easily said, 'Well, we don't see them; not our problem.' And that would be our loss, I think, more than anything. So I just hope that we persist, and that the diverse community gets to know that we are accessible, and we are open and welcoming. And that over the next couple of years, we start to see some results for them.*

This reflection also speaks to the often slow pace of cultural change in organisations and trust building in community, and the importance of persisting in the work through consistent knowledge and skills building.

## 6.4 Networks and partnerships

Community partnerships were seen as key to maintaining the momentum of improving inclusive service options. Since participating in the training, there have only been a few clients who have disclosed that they are trans or non-binary. YWCA Australia has been working with the Northern Territory AIDS and Hepatitis Council (NTAHC) Darwin to better understand what it might be able to do to build greater trust in LGBTIQ communities so that people experiencing violence might seek help from it if they need to.

To date, this has included participating in LGBTIQ community events and engaging trainers from affiliated community organisations to work with YWCA staff in Darwin. It has also been talking about plans for conducting reciprocal or joint training across the organisations, where YWCA Darwin shares knowledge about recognising and responding to family violence, and its services, and NTAHC Darwin provides training about working with LGBTIQ communities in the Northern Territory. Staff from YWCA Darwin have already given some presentations to community support groups run out of NTAHC Darwin, raising awareness about family violence and sharing information about ways that YWCA in Darwin can offer support.

## 6.5 Challenges in service development

YWCA has heard from LGBTIQ community stakeholders that relatively few people from LGBTIQ communities who require family violence support have dependent children. This means that prospective clients would not qualify for emergency accommodation through their service. YWCA staff members described the organisation's deliberate approach to meeting a particular need in the service system by seeking to provide safe, appropriate accommodation for families escaping violence. However, there is a significant system-wide gap in that they are not able to safely refer survivors of violence who are not cisgender women to other crisis accommodation services for people without dependents. Staff members talked about being able to provide support letters for emergency housing or help people apply for housing grants. These programs have long waitlists, however, and do not have the same security provisions that apply to family violence accommodation.

Many of the contracts issued by its state funding bodies continue to use gendered language, although there has been a change in the language used in the organisations head agreement, which now provides for a broader service scope. There remains significant work to be done in helping funding agencies and other partners in the sector understand that family violence is gendered and that it affects people who belong to different gender and sexual identities differently.

## 6.6 Key lessons learnt in LGBTIQ FDSV service development

### Clear vision for change

- YWCA Darwin had a clear rationale for why it needed to address LGBTIQ safety and inclusion in its service. This work is being done alongside other practice and policy reviews, including developing a more robust Aboriginal workforce support policy and building organisational capability in working with survivors of violence from different cultural backgrounds. Together, the reviews are about how the organisation can best serve its community. This vision has anchored staff and organisational learning, and provided leverage for investment in capability development.

### Allowing people to feel 'safe to be vulnerable'

- All members of the organisation will bring their own beliefs and biases into efforts to effect change. Allowing space for these to be aired, considered and challenged safely is an important aspect of embedding inclusive practice. YWCA Darwin took guidance from ACON and built upon existing cultures of reflexive practice within the family violence team, engaging with each other with humour and empathy.

### Community trust building takes time

- A year after starting work with ACON, YWCA Darwin is not yet able to quantify the benefits of working to make its service more accessible to LGBTIQ people. However, it understands that it is working against a legacy of perceived and actual exclusionary practice by mainstream and women's specialist family violence services, as well as poor recognition of family violence in LGBTIQ relationships and families. It sees the changes as being important and valuable in and of themselves, as they mean that across all areas of the organisation, there is better understanding of what it means to work in culturally safe ways. Moreover, that it is up to it to keep demonstrating that it is a safe service and to keep showing up for LGBTIQ communities at their events and through partnered outreach, so that people feel comfortable and able to approach YWCA for help.

# References

1. Australian Human Rights Commission. Cultural safety and security: tools to address lateral violence. In: Social justice report. Sydney, Australia: AHRC; 2011.
2. Carman M, Fairchild J, Parsons M, Farrugia C, Power J, Bourne A. Pride in Prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities [Internet]. Melbourne, Australia: Rainbow Health Victoria, La Trobe University; 2020 [cited 2021 May 11]. Available from: <https://www.rainbowhealthvic.org.au/news/launch-pride-in-prevention-evidence-guide>
3. Jones J, Fairchild J, Carman M, Kennedy P, Joseph S, Parsons M. Rainbow Tick Standards: a framework for LGBTIQ cultural safety. Melbourne, Australia: Rainbow Health Victoria, La Trobe University; 2020.
4. Lusby S, Lim G, Carman M, Amos N, Bourne A. Ensuring LGBTIQ-inclusive family, domestic and sexual violence services: interim report on Phases 1-3. Melbourne, Australia: Australian Research Centre in Sex, Health and Society; 2021 Aug.
5. Wilson JM, Fauci JE, Goodman L. Bringing trauma-informed practice to domestic violence programs: a qualitative analysis of current approaches. Am J Orthopsychiatry. 2015;85(6):586-99.
6. Williams R. Cultural safety — what does it mean for our work practice? Aust N Z J Public Health. 1999;23(2):213-4.
7. Ramsden IM. Cultural safety and nursing education in Aotearoa and Te Waipounamu [dissertation on the internet]. Wellington, New Zealand: Victoria University of Wellington; 2002 [cited 2022 May 23]. Available from: [https://www.croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety\\_Full.pdf](https://www.croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety_Full.pdf)
8. Murray S, Bullen J, Theobald J, Watson J. Building the evidence for family violence policy reform: the work of specialist women's refuges in Victoria, Australia. Soc Pol Society. 2021;21;1-17.
9. Reeves E. Family violence, protection orders and systems abuse: views of legal practitioners. Curr Issues Crim Justice. 2020 Jan 2;32(1):91-110.



La Trobe University proudly acknowledges the Traditional Custodians of the lands where its campuses are located in Victoria and New South Wales. We recognise that Indigenous Australians have an ongoing connection to the land and value their unique contribution, both to the University and the wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching and learning, research and community partnerships across all of our campuses.

The wedge-tailed eagle (*Aquila audax*) is one of the world's largest.

The Wurundjeri people – traditional owners of the land where ARCSHS is located and where our work is conducted – know the wedge-tailed eagle as Bunjil, the creator spirit of the Kulin Nations.

There is a special synergy between Bunjil and the La Trobe logo of an eagle. The symbolism and significance for both La Trobe and for Aboriginal people challenges us all to 'gamagoen yarrbat' – to soar.

## Contact

### ARCSHS


Australian Research Centre  
in Sex, Health and Society  
Building NR6  
Bundoora VIC 3086  
Australia

### General enquiries

T +61 3 9479 8700  
E [arcs@latrobe.edu.au](mailto:arcs@latrobe.edu.au)

[latrobe.edu.au/arcs](http://latrobe.edu.au/arcs)

 [facebook.com/latrobe.arcs](https://facebook.com/latrobe.arcs)

 [twitter.com/LTU\\_Sex\\_Health](https://twitter.com/LTU_Sex_Health)