EVALUATION OF THE FV REFUGE TO RECOVERY FOR LGBTIQA+ PEOPLE

Final Report Prepared by Caz McLean













TAKING ACTION TODAY TO CREATE A BETTER FUTURE.

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Caz McLean acknowledges Aboriginal and Torres Strait Islander peoples as the traditional owners and custodians of the lands and waters.

This report was written on the land of the Bunurong People of the Kulin Nation. Caz McLean pays respect to their elders, past, present, and emerging and acknowledges that sovereignty has never been ceded.

Caz McLean recognises intersectionality and celebrates the diverse identities in the LGBTIQA+ community. Caz McLean is committed to supporting, encouraging, and ensuring all those she works with feel safe to be seen and treated as they are.

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The Family Violence Refuge to Recovery for LGBTIQA+ People Program was funded and proudly supported by the Australian Communities Foundation in partnership with Paul Ramsay Foundation through the 2023 Paul Ramsay Foundation Grant Round - Specialist DFV Programs: National Open Grant Round.

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EXECUTIVE SUMMARY

The Family Violence Refuge to Recovery for LGBTIQA+ People Program (the Program) was developed for LGBTIQA+ people who experience domestic and family violence to evolve a missing referral pathway directly into a culturally competent LGBTIQA+ specialised refuge support who previously have been unable to access Domestic and Family Violence (DFV) refuges.



THE PROGRAM INTENDED TO:

- a. Decrease barriers to domestic and family violence services for LGBTIQA+ people which contributes towards the primary prevention of violence and to decreasing stigma and discrimination against LGBTIQA+ people.
- b. Improve relationships and engagement between the LGBTIQA+ community and family violence sector.
- c. Evolve a family violence LGBTIQA+ specific refuge service model.
- d. Develop a framework to measure and evaluate an LGBTIQA+ specific therapeutic family violence crisis and recovery service.
- e. Strengthen partnership between partner organisations.
- f. Increase involvement of the LGBTIQA+ community in the delivery of family violence services through the LGBTIQA+ governance committee.
- g. Increase capacity of Refuge Victoria to collect and analyse data specific to LGBTIQA+ family violence service delivery, previously not collected via the mainstream system.

People who use violence often use emotional, verbal, physical, financial, and sexual abuse to control others, which can make them fear for their lives. The LGBTIQA+ refuge model is most appropriate for LGBTIQA+ people who need to enter refuge because of the risk of lethality due to the nature and severity of the family violence experienced. An extension of Refuge Victoria's (RV) well-established refuge services for people escaping family violence, this is the first specialised refuge support Program for LGBTIQA+ people impacted by family violence in Victoria. Refuge Victoria worked with LGBTIQA+ Community Controlled organisations including Thorne Harbour Health, Switchboard Victoria and Family Access Network, to develop a partnership with the shared vision of providing family violence refuge and support to LGBTIQA+ victim survivors.

The Family Violence Refuge to Recovery for LGBTIQA+ People Program was funded by a grant provided by the Australian Communities Foundation in partnership with Paul Ramsay Foundation through the 2023 Paul Ramsay Foundation Grant Round - Specialist DFV Programs: National Open Grant Round. Caz McLean, an independent consultant, was engaged by Refuge Victoria to work in partnership with key stakeholders to undertake an evaluation of the Program.

- To assess the impact of the Program on the achievement of outcomes for LGBTIQA+ people who experience family violence; and
- b. To identify opportunities for Program development.

The methodology for the evaluation included:

- Service use data to build a profile of the clients supported by the Program including gender, age, pronouns, stages of engagement, exit pathways, referral sources and numbers.
- Key person interviews (17) conducted with the Program team and practice partners (12) and clients (5) to seek feedback about the achievement of client outcomes and to identify opportunities for Program development.
- Case studies (4) to highlight the different nature of family violence for LGBTIQA+ people, the specialist support provided by the Program for LGBTIQA+ people and the Program's impact on the achievement of individual client outcomes.

THE PROGRAM MODEL

A partnership approach was adopted to develop the program model using an action learning process. The following values and principles underpin the Program.

SPECIALISATION &	COMMUNITY	CLIENT LED	TRIALLING AND
EXPERTISE	CONTROL		TESTING
Specialised in the delivery of programs and support to LGBTIQA+ people experiencing family violence.	LGBTIQA+ people working at all levels of the Program through lived experience and the involvement of community-controlled organisations who have expertise in working with, being a part of, and serving LGBTIQA+ communities.	Recognising that LGBTIQA+ people are unique and require individual tailored responses that are often different to mainstream models.	Evolving service and accommodation models that will work best for different parts of the LGBTIQA+ communities.

DDACT			
PRACT	RING	PLES	

- Building and sustaining hope for the client's future.
- Being trauma aware.
- Holding an intersectional feminist perspective.
- Using a strengths based and compassionate approach.
- · Being client led.
- Practicing cultural safety.

Ongoing evaluation of the outcomes of LGBTIQA+inclusive care for LGBTIQA+ people will inform and drive further improvements.

ACTION LEARNING

NO WRONG DOOR

Adopting a "no wrong door" approach, the Program received referrals from LGBTIQA+ Community Controlled organisations including Thorne Harbour Health, Switchboard Victoria through the Rainbow Door Program, Pride in Place program partners; and mainstream family violence services including Safe Steps and The Orange Door.

THE FUNDING PROVIDED FOR TWO DEDICATED STAFF MEMBERS:

a. LGBTIQA+ Refuge to Recovery Case Coordinator (0.9 eft) employed by Refuge Victoria.

Working as part of a case management team in collaboration with the Children and Young People's Practitioners, RV Nurse Educators and Support Workers, the LGBTIQA+ Refuge to Recovery Case Coordinator had the primary responsibility for managing and delivering services for LGBTIQA+ people experiencing family violence who accessed the Program across four key stages:

1. Pre-Entry

Referrals; assessment and engagement; addressing barriers to entry for LGBTIQA+ people.

2. Entry

Obtaining Refuge (Intake orientation and needs response, assessing risk, safety, LGBTIQA+ specific needs.

3. Crisis and Support - Case Management

Specialist case manager, counselling and community connections; specialist family violence support and referral, supported and priority access to specialist and mainstream services and flexible funding.

4. Stabilisation and Recovery

Planning and transition; transitional and ongoing LGBTIQA+ support and referral).

b. Specialist LGBTIQA+ Sexual Assault and Family Violence Counsellor (0.6 eft) employed by Thorne Harbour Health.

This position was established recognising the very high levels of sexual assault and childhood sexual abuse experienced by this client cohort. It also recognises that failure to provide timely therapeutic interventions represents a significant barrier to success in recovery from family violence trauma.



EMERGING THEMES

The evaluation identified several key themes that were critical in determining the program's effectiveness as a specialised family violence service for LGBTIQA+ victim survivors, as well as enabling the achievement of client outcomes.

UNDERSTANDING THE DIVERSITY AND COMPLEXITY OF LGBTIQA+ VICTIM SURVIVORS AND THE USE OF LANGUAGE

Research shows¹ there is rich diversity evident within the LGBTI+ community and while the LGBTIQ+ acronym is commonly used as a collective term, it is important to recognise that distinct groups make up the LGBTIQ+ community, each with their own unique experiences and needs.

All partners interviewed acknowledged the complexity of the needs of the LGBTIQA+ clients in the Program. This complexity reflected the different aspects that made up the identity and experiences of each of the LGBTIQA+ clients such as race, religion, gender identity, sexual orientation or sexuality, income or social status, age, ability or disability, or migration status as well as parenting or caring roles², which were overlaid with each clients' different experience of domestic or family violence, their mental health status, including diagnosed mental health issues, alcohol and other drug use, and the trauma associated with sexual assault.

An intersectional feminist and trauma informed approach, in line with the Program's values and principles, was adopted, consciously considering the diversity of needs and experience evident amongst the LGBTIQA+ clients so as to tailor support to address the multiple forms of discrimination and violence they had experienced in their lives.

ADDRESSING BARRIERS TO DOMESTIC AND FAMILY VIOLENCE SERVICES

The evaluation demonstrated that the Program was effective in addressing a number of barriers that prevent LGBTIQA+ victim survivors from accessing mainstream domestic and family violence services.

Specifically, the Program was effective in:

- a. Building Trust in the Service System amongst LGBTIQA+ victim survivors
- b. Providing Access to family violence refuge service support previously inaccessible to LGBTIQA+ people
- c. Building Knowledge about Domestic and Family Violence Services
- d. Building Awareness about the nature of family violence.

The majority of clients (60%) felt safer at the time of the interview compared to before the Program. All clients acknowledged they were on a long and challenging journey to find peace and safety. The Program was their first step, albeit a critical one, in the long process of recovery from the experience of family violence.

 ¹ Lay, Y., Leonard, W., Horsley, P., Parsons., Summary Report: Primary Prevention of Domestic Family Violence against people from LGBTI Communities, Our Watch, available at <u>Primary prevention of Domestic Family Violence against people from LGBTI communities (apo.org.au)</u>
 2 ibid

DIFFERENT FROM MAINSTREAM MODEL

The evaluation demonstrated the unique aspects of the specialised service for LGBTIQA+ clients impacted by domestic and family violence which included the importance of:

- a. Tailoring the risk assessment process for LGBTIQA+ clients recognising that the violence is different and LGBTIQA+ people will describe it differently.
- b. High level of tailored support and time to build trust recognising that LGBTIQA+ people may have low trust in the service systems and may experience discrimination even in accessing services.
- c. Cultural safety as critical to success. That is, LGBTIQA+ people are seen, respected and supported to receive affirming care when fleeing from violence.

To ensure cultural safety the Program adapted the accommodation options in response to LGBTIQA+ clients' needs, with more options offered than originally planned. At program commencement places were allocated in standalone properties due to a concern about client cultural safety in sites with multiple mainstream households. For some LGBTIQA+ clients the core and cluster refuge model emerged as a safer option, and where this was necessary, cultural safety was managed in the mainstream refuge environment.

CLIENTS REPORTED SUCCESS

All clients (100%) interviewed reported that the Program had helped them to achieve progress towards their goals and attributed that success to the support provided through the Program, the community and cultural connections made, the time to reflect, reduced isolation experienced and being separated from the person using violence (PUV).

The clients who reported improvements acknowledged the long-term nature of recovery from family violence that extends well beyond the six-week duration of the Program.

Discussion with the clients interviewed revealed the following barriers for the clients in achieving their goals:

- Mental health
- Drugs and alcohol
- Isolation from community and friends
 and usual supports
- Discrimination
- Lack of trust for people outside of the LGBTIQA+ community
- Money issues

- English as second language / language barrier
- Internal homophobia and conflict
- Lack of family/community support (e.g. lack of support, social isolation, family violence)
- Challenges to find suitable housing.

THE IMPORTANCE OF PARTNERSHIPS

As an extension of Refuge Victoria's (RV) well-established crisis accommodation and support services for people escaping family violence, the Program was able to leverage RV's capability as well as that of community-controlled partners who brought expertise in working with and serving LGBTIQA+ communities. Clients and partners recognised this combination as a key strength of the Program. While some clients had limited knowledge about family violence services prior to entering the Program, those who were already part of the LGBTIQA+ community recognised community-controlled organisations such as Thorne Harbour Health, which helped to build their trust in the Program.

DEMAND AND SCALABILITY

Demand for the Program exceeded capacity, highlighting the level of need within LGBTIQA+ communities for a specialist family violence program.

Given the demand experienced for the Program, that just over one in 20 adult Victorians (5.7 per cent) openly identify as being LGBTIQ+³ and the research⁴ tells us that the rates of intimate partner violence within lesbian, gay and queer relationships are just as high as the rates experienced by cisgender women in intimate heterosexual relationships, the need to scale up the Program is clear.

Collaboration with partners and referring organisations to carefully plan the resources and transition for scaling up will strengthen the process necessary to increase the impact of the Program to benefit a greater number of LGBTIQA+ people and to foster policy and program development on a lasting basis.

RECOMMENDATIONS

- 1. Advocate for ongoing funding to continue evolving the LGBTIQA+ specialist family violence program tailored to the specific needs and experiences of LGBTIQA+ victim survivors.
- 2. Expand the specialist case management and counselling team to provide broader team support for workers and clients.
- 3. Advocate for more accommodation options closer to LGBTIQA+ community services and organisations to help reduce isolation and build community connections.
- 4. Extend Family Violence and Sexual Assault counselling beyond the six-eight week refuge period to provide opportunities for clients to maintain access to specialised support.
- 5. Establish a wider network of referring agencies as Refuge Victoria rolls out this program in line with the policy of "no wrong door".
- 6. Undertake ongoing evaluation of the outcomes for LGBTIQA+ people to inform and drive the evolution and scaling of the program.

³ Victorian Agency for Health Information (VAHI), 2020, The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne.

⁴ Lay, Y., Leonard, W., Horsley, P., Parsons., Summary Report: Primary Prevention of Domestic Family Violence against people from LGBTI Communities, Our Watch, available at <u>Primary prevention of Domestic Family Violence against people from LGBTI communities (apo.org.au)</u>

BACKGROUND

Within Australia, intimate partner violence is the most common form of family violence. Evidence presented to the Victorian Royal Commission into Family Violence suggests intimate partner violence is as prevalent in LGBTIQA+ communities as it is in the general population. Approximately one-third of LGBTIQA+ people in Victoria (and nationally) have experienced intimate partner abuse, yet only 20 per cent of these cases are reported. It is widely recognised that a significant gap in targeted, service provision to LGBTIQA+ victim survivors of family violence exists.

In response, Refuge Victoria worked with LGBTIQA+ Community Controlled organisations including Thorne Harbour Health, Switchboard Victoria and Family Access Network, to develop a partnership with the shared vision of providing family violence refuge and support to LGBTIQA+ victim survivors.

The Family Violence Refuge to Recovery for LGBTIQA+ People Program was funded by a grant provided by the Australian Communities Foundation in partnership with Paul Ramsay Foundation (the Foundation) through the 2023 Paul Ramsay Foundation Grant Round - Specialist DFV Programs: National Open Grant Round.

INTRODUCTION

The Family Violence Refuge to Recovery for LGBTIQA+ People Program (the Program) was developed for LGBTIQA+ people who experience all forms of violence in addition to their unique experiences of violence that typically focus more on a person's sexuality, gender identity or expression, or intersex status.

An extension of Refuge Victoria's well-established crisis accommodation and support services for people escaping family violence, this is the first specialised refuge support program for LGBTIQA+ people impacted by family violence.

Caz McLean, an independent consultant, was engaged by Refuge Victoria to work in partnership with key stakeholders to undertake an evaluation of the Program.

PURPOSE OF THE EVALUATION

The purpose of the evaluation was to assess the impact of the Program on the achievement of outcomes for LGBTIQA+ people who experience family violence and to identify opportunities for Program development.

It is anticipated that the results of the evaluation will help to evolve the Program to better meet the needs of LGBTIQA+ people impacted by family violence, as well as building the evidence base to advocate for more much needed specialised LGBTIQA+ family violence refuge services.

This report outlines the results of the evaluation conducted between April and September 2024.

METHODOLOGY

The methodology for the evaluation included:

- Service use data to build a profile of the clients supported by the Program including gender, age, pronouns, stages of engagement, exit pathways, referral sources and numbers.
- Key person interviews (17) conducted with the Program team and practice partners (12) and clients
 (5) to seek feedback about the achievement of client outcomes and to identify opportunities for Program development.
- Case studies (4) to highlight the different nature of family violence for LGBTIQA+ people, the specialist support provided by the Program for LGBTIQA+ people and the Program's impact on the achievement of individual client outcomes.

LIMITATIONS

At the time of the evaluation, eleven clients had participated in the Program. Following an assessment of the potential for harm of the eleven clients conducted by Refuge Victoria (RV), five were considered appropriate to be interviewed for the evaluation process. While this small number of clients may not be considered representative of the LGBTIQA+ community, the results provide an insight into their experience to inform the ongoing development of the Program.

Comparison of LGBTIQA+ clients with mainstream clients was not a formal component of the evaluation methodology, however as the Program is an extension of RV's established refuge service, anecdotal feedback provided by RV about the difference in the support required for LGBTIQA+ clients compared to their mainstream counterparts is included.

ETHICAL GUIDELINES

In designing and conducting the evaluation process the protection of participants' rights and wellbeing was at the forefront of decision making informed by the following ethical guidelines:

VOLUNTARY PARTICIPATION

Clients were given the choice to participate in the interviews with the ability to opt out at any time. This was reiterated at the time of the interview when it was explained the client could exit the interview at any time, with no reason needed.

INFORMED CONSENT

A consent form was provided for clients to sign along with information about the evaluation process to ensure they had a full understanding of what they were agreeing to. Included with the consent form was:

- A brief description of the evaluation and methods of engagement.
- The purpose of the interview.
- The types of questions that would be asked.
- The location and length of the interview.
- How feedback would be used.
- How confidentiality would be maintained.
- Contact information for RV staff as the sponsor.
- Support available to participate in the interview.
- Payment arrangements via a gift card.
- Reiteration of the participant's right to withdraw from the interview at any time without penalty or reason.

ANONYMITY

Anonymity means that clients are not identifiable in any way. To ensure anonymity, case studies will only be used by RV for the purpose of the evaluation to inform key learning and recommendations.

CONFIDENTIALITY

All information gathered during the evaluation will be kept confidential to protect the privacy of participants and to ensure their information is not disclosed to unauthorised individuals.

To ensure confidentiality the following was undertaken:

- Identifying information was removed from the preliminary findings.
- Case studies will be used by RV for the purpose of the evaluation only and will not be shared or discussed in public forums.
- Data will be deleted by the consultant on acceptance of the final report.

Participants were informed that confidentiality may be broken where it was considered necessary to protect those being interviewed from harm and to ensure the interviewer could fulfil their duty of care.

POTENTIAL FOR HARM

The potential for harm was a crucial factor in deciding whether clients should participate in an interview for the evaluation process. RV undertook an ethical assessment of clients to identify the risk of harm and recommended clients for participation as appropriate. Supports were put in place to mitigate the risk of harm including a contact number for clients and the interviewer to address any concerns raised through the interview.

FAIR PAYMENT

A \$100 gift voucher was provided as fair compensation for the clients' time (interviews were no longer than 30 minutes) and contribution. Interviewees were also provided with a taxi voucher to cover the cost of transport to the interview.

THE PROGRAM MODEL

The Program is an extension of Refuge Victoria's existing specialist crisis accommodation and support services for people escaping family violence, tailored to the specialised needs of LGBTIQA+ victim survivors. A partnership approach was adopted to develop the Program model using an action learning process.

The Program model is premised on a "wraparound" process of service delivery. RV assesses and monitors family violence risk and provides intensive, holistic, and individualised care planning and case management. Staff work alongside survivors of family violence to develop plans to support problem solving, coping skills and self-efficacy.

THE FUNDING PROVIDED FOR TWO DEDICATED STAFF MEMBERS:

a. LGBTIQA+ Refuge to Recovery Case Coordinator (0.9 eft) employed by Refuge Victoria. Working as part of a case management team in collaboration with the Children and Young People's Practitioners, RV Nurse Educators and Support Workers, the LGBTIQA+ Refuge to Recovery Case Coordinator had the primary responsibility for managing and delivering services for LGBTIQA+ people experiencing family violence who access the Program across four key stages:

1. Pre-Entry

Referrals; assessment and engagement; addressing barriers to entry for LGBTIQA+ people.

2. Entry

Obtaining Refuge (Intake orientation and needs response, assessing risk, safety, LGBTIQA+ specific needs).

3. Crisis and Support - Case Management

Specialist case manager, counselling and community connections; specialist family violence support and referral, supported and priority access to specialist and mainstream services and flexible funding).

4. Stabilisation and Recovery Planning and transition; transitional and ongoing LGBTIQA+ support and referral.

b. Specialist LGBTIQA+ Sexual Assault and Family Violence Counsellor (0.6 eft) employed by Thorne Harbour Health.

This position was established recognising the very high levels of sexual assault and childhood sexual abuse experienced by this client cohort. It also recognises that failure to provide timely therapeutic interventions represents a significant barrier to success in recovery from family violence trauma.

PARTNERS

The partnering organisations are well respected organisations who have collectively been delivering programs to LGBTIQA+ people experiencing family violence, control and abuse for decades. The collective of organisations have a sound understanding of the nature and dynamics of family violence.

REFUGE VICTORIA

Refuge Victoria (RV) (Lead Agency) is an independent not-for-profit organisation that has over 40 years, grown to become one of the largest providers of specialist family violence refuge accommodation in Victoria. RV supports people at serious risk due to family violence, providing refuge and crisis accommodation, safety planning and management, and support to build a safer and better life. Staff are employed across three main refuge sites in Melbourne's east and west, as well as a centrally located corporate office. In addition, RV supports 15 dispersed refuge properties and a transitional housing program. RV advocates for safety, wellbeing, and justice to all who experience control, abuse and violence, particularly those who need protective hiding, and has a credible reputation for identifying gaps and system requirements and developing innovative responses. RV is funded by the Department of Families, Fairness and Housing (DFFH) and the support of donors.

The RV philosophy of care begins with the principle of "voice and choice" where self-determination and the perspective and views of the family, including that of the child or young person must be given primary importance during all phases of service delivery. The wraparound approach places the individual and family at the centre and builds a support team around them to drive change, in conjunction with partner agencies. A strength-based approach is taken to identify and build capabilities, capacity, and resources to empower victim survivors of family violence. Services are individualised, flexible, community based and culturally competent.

THORNE HARBOUR HEALTH

Thorne Harbour Health (THH) (Service Partner) is an LGBTIQA+ community-controlled health organisation, governed by members, and working for sex, sexuality and gender diverse communities in Victoria and South Australia. Informed by experience with the community-led response to HIV/AIDS, THH now offers a growing range of health services and programs aimed at LGBTIQA+ communities and people living with, or affected by, HIV. THH is Australia's oldest HIV/AIDS and LGBTIQA+ health organisation and Victoria's largest, having been formed by the community in 1983 (then as the Victorian AIDS Action Committee and later the Victorian AIDS Council) in response to the HIV/AIDS epidemic. THH adheres to a social model aligned with the Ottawa Charter for Health Promotion which determines that all people have the right to increase control over and improve their health. Through a range of services, programs and projects, THH delivers community-led and culturally safe services built on a historical foundation of peer-to-peer and professional expertise delivered by staff and volunteers and in partnership with other organisations.

SWITCHBOARD VICTORIA

Switchboard Victoria (Governance and referring partner) is an LGBTIQA+ community-controlled organisation that provides a peer driven, support service for the lesbian, gay, bisexual, transgender and gender diverse, intersex, queer, asexual (LGBTIQA+) communities and their allies, friends, support workers and families. Originally Gay and Lesbian Switchboard, the organisation was established in 1991 as a volunteer telephone counselling and referral service. In addition to peer-to-peer counselling offered through QLIFE, suicide prevention programs and services, and the Out and About Home Visiting Program, Switchboard's Rainbow Door program is a free specialist LGBTIQA+ helpline providing information, support, and referral to all LGBTIQA+ Victorians, their friends and family. Issues supported may include family and intimate partner violence (including elder abuse), alcohol and other drugs, suicidal thoughts, relationship issues, sexual assault, social isolation, mental health, and wellbeing. Rainbow Door also offers secondary consultations for service providers working with LGBTIQA+ people, their friends, and their families.

FAMILY ACCESS NETWORK

Family Access Network (FAN) (Governance and referring partner) is a youth homelessness organisation that has been providing support to young people aged 15-25 who are homeless or at risk of becoming homeless since 1981. FAN is committed to responding to the diverse needs of homeless and at risk single young people, young couples, LGBTIQA+ young people, young pregnant and parenting women, young families and accompanying children, many of whom have experienced family violence.

FAN is currently the only organisation in Victoria that offers a specialised model of homelessness case management with wraparound housing and support services specifically for LGBTIQA+ young people. FAN's LGBTIQA+ programs extend to young people across Victoria to address the lack of specialised services for this cohort. FAN's Allsorts Program was established in 2006 and offers a holistic response to young people who identify as LGBTIQA+. LGBTIQA+ young people consistently experience barriers to accessing services including specialist homelessness and family violence services. As a result, FAN's approach and learnings have been shared to support capacity building and improvement to inclusive practices across the homelessness and family violence sectors.

PROGRAM AIM

The aim of the Program is to evolve a missing referral pathway for LGBTIQA+ people impacted by domestic or family violence who were previously unable to access family violence refuges directly into LGBTIQA+ specialised refuge support. This will enable their seamless referral into a dedicated LGBTIQA+ refuge accommodation. Adopting a "no wrong door" approach, referrals can be made directly to Refuge Victoria rather than through mainstream phone-based family violence services.

THE PROGRAM INTENDED TO:

- Decrease barriers to family violence services for LGBTIQA+ people which contributes towards the primary prevention of violence and to decreasing stigma and discrimination against LGBTIQA+ people.
- b. Improve relationships and engagement between the LGBTIQA+ community and family violence sector.
- c. Evolve a family violence LGBTIQA+ specific refuge service model.
- d. Develop a framework to measure and evaluate an LGBTIQA+ specific therapeutic family violence crisis and recovery service.
- e. Strengthen partnership between partner organisations.
- f. Increase involvement of the LGBTIQA+ community in the delivery of family violence services through the LGBTIQA+ governance committee.
- g. Increase capacity of Refuge Victoria to collect and analyse data specific to LGBTIQA+ family violence service delivery, previously not collected via the mainstream system.

REFERRAL PATHWAY

In establishing the missing referral pathway for LGBTIQA+ people impacted by family violence the Program received referrals from LGBTIQA+ Community Controlled organisations including Thorne Harbour Health, Switchboard Victoria through the Rainbow Door Program, Pride in Place program partners; and mainstream family violence services including Safe Steps and The Orange Door.

THE FOUR STAGES OF THE PROGRAM

Working as part of a team in collaboration with the RV Children and Young People's Practitioners and Support Workers, the RV LGBTIQA+ Refuge to Recovery Case Coordinator has the primary responsibility for managing and delivering services for LGBTIQA+ people experiencing family violence who accessed the Program across four key stages of:



The RV LGBTIQA+ Refuge to Recovery Case Coordinator is a member of the LGBTIQA+ community, with expertise in family violence and LGBTIQA+ specialist services and the community connections available to LGBTIQA+ communities. The four stages of the Program are outlined in the Program Model Snapshot below.

FIGURE 1 - PROGRAM MODEL SNAPSHOT FV REFUGE TO RECOVERY FOR LGBTIQA+ PEOPLE

Pre-entry	Entry Obtaining Refuge	Crisis & Support Case Management	Stabilisation & Recovery
Referrals received	Intake: orientation and needs response	LGBTIQA+ specific refuge accommodation and intensive Refuge to Recovery Case Coordinator	Limiting unplanned self-exit
Assessment and Engagement	Assessing risk, safety, LGBTIQA+ specific needs	Expertise in specialist services and community connections available to LGBTIQA+ communities	Planning and transition
Addressing barriers to entry for LGBTIQA+ people		Specialist family violence support and referrals to Trans Victoria, Pride Centre, Equinox, Gender Affirming Care	Ongoing specialist LGBTIQA+ support and referral provided by:
		Access to LGBTIQA+ community-controlled supports, existing refuge funding, psychoeducation, and expertise in how sexuality and identity are impacted by family violence	Refuge to Recovery Case Coordinator
		LGBTIQA+ specialist family violence counselling for sexual assault, trauma and mental health needs	LGBTIQA+ Family Violence and Sexual Assault Counselling

PROGRAM VALUES AND PRINCIPLES

The following values and principles underpin all aspects of the Program.

FIGURE 2 - REFUGE TO RECOVERY FOR LGBTIQA+ VALUES AND PRINCIPLES

SPECIALISATION & EXPERTISE	Specialised in the delivery of programs and support to LGBTIQA+ people experiencing family violence, control and abuse.
COMMUNITY CONTROL	Servicing LGBTIQA+ people at all levels of the program through lived experience and the involvement of community- controlled organisations who have expertise in working with and serving LGBTIQA+ communities.
CLIENT LED	Recognising that LGBTIQA+ people are unique and require individual tailored responses.
TRIALLING AND TESTING	Evolving service and accommodation models that will work best for different parts of the LGBTIQA+ communities.
PRACTICE PRINCIPLES	 Building and sustaining hope for the client's future. Being trauma aware. Holding an intersectional feminist perspective. Using a strengths based and compassionate approach. Being client led. Practicing cultural safety.
ACTION LEARNING	Ongoing evaluation of the outcomes of LGBTIQA+-inclusive care for LGBTIQA+ people will inform and drive further improvements.

EMERGING THEMES

The evaluation identified several key themes that were critical in determining the Program's effectiveness as a specialised family violence service for LGBTIQA+ victim survivors, as well as enabling the achievement of client outcomes.

These themes are discussed in this section of the report.

UNDERSTANDING THE DIVERSITY OF LGBTIQA+ VICTIM SURVIVORS & THE USE OF LANGUAGE

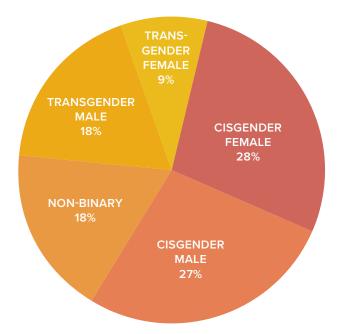
As the research shows⁵ there is rich diversity evident within the LGBTI+ community and while the LGBTIQ+ acronym is commonly used as a collective term, it is important to recognise that distinct groups make up the LGBTIQ+ community, each with their own unique experiences and needs. This diversity was reflected in the Program with three of the 11 clients supported identifying as Cisgender male (27%), three as Cisgender female (28%), two as non-binary (18%), one as transgender female (9%) and two as transgender male (18%).

Asking LGBTIQA+ clients **how they defined their gender and sexuality** enabled the Program to distinguish itself from past experiences of language that may have been discriminatory and harmful to the clients. By avoiding assumptions about people based on appearance or stereotypes, right from the start the Program was able to demonstrate their understanding of the negative impact these assumptions can have on the lives of all LGBTIQA+ people⁶.

Language is powerful⁷ and the use of the correct pronouns was another important aspect of language that helped the Program to create a safe, respectful and inclusive environment. As Figure 4 (following page) shows, determining the correct pronouns is not always straightforward and the specific terminology used to describe a person must be directed by an individual. By asking clients about the way they described themselves the Program demonstrated respect for the LGBTIQA+ clients. Acknowledging their different backgrounds and experiences they were welcomed into the Program and shown that the Program understood that LGBTIQA+ clients (and communities) were unique, which helped to build trust between the clients and the Program.

5 Lay, Y., Leonard, W., Horsley, P., Parsons., Summary Report: Primary Prevention of Domestic Family Violence against people from LGBTI Communities, Our Watch, available at <u>Primary prevention of Domestic</u> <u>Family Violence against people from LGBTI communities</u> (apo.org.au)
6 Victorian State Government, 2023, LGBTIQA+ inclusive language guide, Department of Families, Fairness and Housing, available at <u>LGBTIQA+</u> inclusive language guide l vic.gov.au (www.vic.gov.au)
7 ibid





The Program client profile included four clients (36%) who used the pronouns he/him, four who used she/her (37%), two who used they/them (18%) and one (9%) who did not identify with the use of pronouns and used their name. Even within this relatively small cohort diversity in the way people described themselves was evident, validating the importance of the client led approach adopted by the Program.

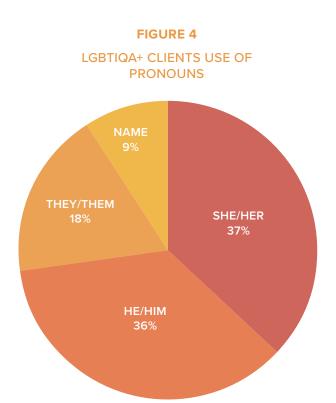
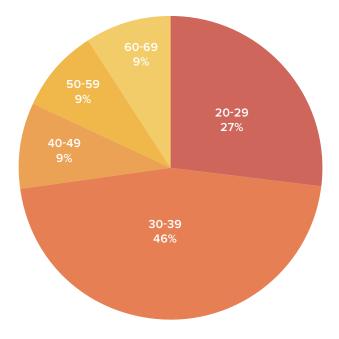


FIGURE 5 LGBTIQA+ CLIENT'S AGE



Diversity was also evident in the age profile of

the LGBTIQA+ clients supported by the Program, with the majority of clients (5 or 46%) aged between 30 and 39, three (27%) aged between 20 and 29, one (9%) aged between 60 and 69, one (9%) aged between 50 and 59, and one (9%) between 40 and 49. All program partners interviewed acknowledged the complexity of the needs of the LGBTIQA+ clients in the Program. This complexity reflected the different aspects that made up the identity and experiences of each of the LGBTIQA+ clients such as race, religion, gender identity, sexual orientation or sexuality, income or social status, age, ability or disability, or migration status as well as parenting or caring roles⁸, which were overlaid with each client's different experience of family violence, their mental health status, including diagnosed mental health issues, alcohol and other drug use, and the trauma associated with sexual assault.

An intersectional feminist and trauma informed approach, in line with the Program's values and principles, was adopted, consciously considering the diversity of needs and experience evident amongst the LGBTIQA+ clients so as to tailor support to address the multiple forms of discrimination and violence they had experienced in their lives. The evaluation revealed that for some clients the negative impact of community violence based on ageism, sexism and gender inequality was just as harmful, if not more so than their experience of family violence.

Access to support from a specialist case coordinator and counsellor aware of the traumatic impacts of intersecting forms of violence relating to the discrimination and stigma facing LGBTIQA+ people; meaning it was trauma-and violence-informed, was critical in responding to complex LGBTIQA+ client needs.

8 ibid

PARTNER VERBATIM COMMENTS

"A lot of the community experience multiple issues, AOD, family violence, sexual assault. For many their whole lives have been trauma."

"Many have experienced multiple FV relationships."

"One client has experienced AOD issues since they were young and significant childhood trauma."

ADDRESSING BARRIERS TO FAMILY VIOLENCE SERVICES

The evaluation demonstrated that the Program was effective in addressing a number of barriers that prevent LGBTIQA+ victim survivors from accessing mainstream family violence services.

A) BUILDING TRUST IN THE SERVICE SYSTEM AMONGST LGBTIQA+ VICTIM SURVIVORS

As reported by partners and clients, a key barrier for those LGBTIQA+ victim survivors accessing services, even when presented as a viable option, was their lack of trust and fear in the Domestic and Family Violence service system. The evaluation suggested that this was due to the compounding impact of discrimination and homophobia affected by the wider community, other organisations and authorities such as police, emergency, and health services. This fear was often leveraged by the person/s using violence (PUV) and used as another way to exercise power and control over the victim survivor.

The specialist LGBTIQA+ nature of the Program was a key factor in building confidence and trust amongst victim survivors that the service was culturally safe, thus encouraging them to consider a place in the Program, as was the emphasis on building strong relationships of trust both prior to and at the point of intake into the Program.

PARTNER VERBATIM COMMENT

"For many the police system has failed them, the courts and child protection have failed them. To have a system that is supporting you is restorative."

B) PROVIDING ACCESS TO FAMILY VIOLENCE REFUGE SERVICE SUPPORT PREVIOUSLY INACCESSIBLE TO LGBTIQA+ PEOPLE

As a result of the Program LGBTIQA+ victim survivors had the freedom to make the choice about whether they accessed refuge, a choice, previously denied. Having this choice meant LGBTIQA+ victim survivors could be supported to start making decisions about their own lives, thus reflecting the Program's values and principles of Client Led, Trauma Aware, Strengths Based and Compassionate Approach. This approach was central to the recovery and healing process for those who had experienced the loss of power and control in their lives.

As reported through the evaluation, victim survivors identifying as gay cisgender men and/or transgender men and women were often ineligible for mainstream services designed around heteronormative views about family violence, primarily focused on cisgender females. In these instances, prior to the Program, significant advocacy was required by the referrer on behalf of gay cisgender men and/or transgender clients with varying degrees of success. Non-permanent resident status was an additional barrier and meant these LGBTIQA+ victim survivors were ineligible for family violence and homelessness services. The Program addressed this by providing access to refuge for these clients.

Access to a specialist family violence service also translated into the availability of additional funding for clients for a wider range of needs, who otherwise were limited to a lower level of funding available through homelessness services, often the only alternative for LGBTIQA+ clients forced to flee their home due to violence and yet ineligible for mainstream family violence services.

PARTNER VERBATIM COMMENTS

"The Program changed this person's life. Incredible. They were homeless, sleeping rough and being stalked."

"To have this referral pathway was extraordinary. A pathway we had never had access to before was transformative."

"Difference between saying we can't help you to, here is something we can try."

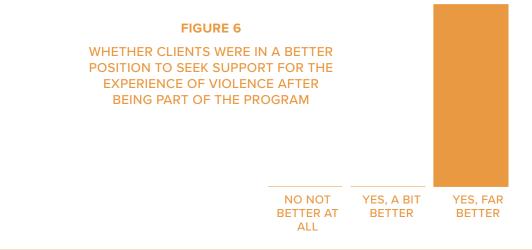
"ABS recognise that LGBTIQA+ make up 10% of the population, but RV weren't seeing 10% of the refuge clients as LGBTIQA+ people. For the small trickle of mainly lesbian cis women, we weren't seeing great outcomes or engaging them as well as we should. This program addressed this."

C) BUILDING KNOWLEDGE ABOUT FAMILY VIOLENCE SERVICES

Building LGBTIQA+ client's knowledge about family violence services was important in enabling victim survivors to reclaim power and control in their lives as well as ensuring their future safety.

The evaluation revealed that clients had little knowledge or understanding of refuge prior to entry, with some clients reporting negative perceptions of refuge. The important role of the referrer in helping clients navigate the service system and access the Program was highlighted, as well as the benefit of receiving ongoing support to facilitate entry.

The results show that 100% of the LGBTIQA+ clients interviewed were in a far better position to seek support for the experience of violence after being part of the Program due to knowing which services to contact for help and support and learning how to speak up.



All clients interviewed were able to nominate at least one service they would call if they needed support for the experience of violence again in the future and some clients were able to nominate more than one. Further discussion about this suggested that for some clients the services nominated were those with whom they had established a relationship with prior to the Program such as with their GP and local community service organisations. For other clients the nominated services were those involved in the Program such as Thorne Harbour Health, Refuge Victoria, and the local Orange Door. Others nominated the publicly promoted Domestic Family Violence helpline, 1800Respect.

CLIENT VERBATIM COMMENTS

"I understand how the system works a bit better now."

"I know what I can access. Before I didn't know who to ring."

D) BUILDING AWARENESS ABOUT THE NATURE OF FAMILY VIOLENCE

The research suggests that it can take LGBTQ victim survivors a long time before they see their experience as one of domestic and family violence and therefore, the relevance of family services as appropriate to their own circumstances is not immediately clear⁹. In some instances, the LGBTIQA+ community may not relate domestic and family violence to their own experience because the dynamics do not seem severe enough for them to describe it as domestic and family violence or because the nature of it does not conform to prevalent views about domestic violence¹⁰.

This finding was validated by the evaluation that showed that clients had a lack of awareness about the nature of domestic and family violence and/or that their experience of violence could be described as such prior to entering the Program. In the past this had prevented LGBTIQA+ victim survivors from seeking help and had also made it difficult for Domestic and Family Violence services to determine whether or not their risk of violence was severe enough to secure a place in refuge.

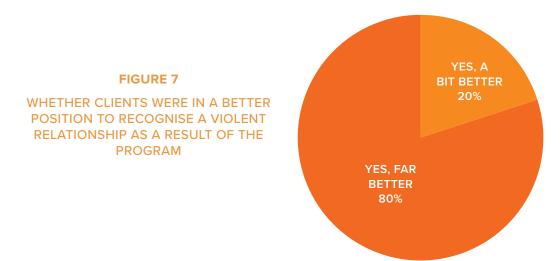
9 Australia's National Research Organisation for Women's Safety, 2020, Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence, Research to policy and practice, 10/2020, Sydney, ANROWS.
 10 ibid.

CLIENT VERBATIM COMMENTS

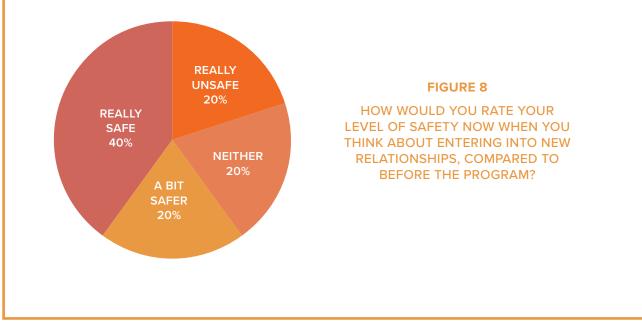
"I didn't know the situation was as serious as it was."

"I was in serious harm."

The evaluation showed that because of the psychoeducation provided by the Program, LGBTIQA+ clients were in a better position to recognise a violent relationship including knowing when a person was trying to take away their power and control, spotting the early warning signs of a violent relationship and understanding healthy relationships. The Program provided clients with an opportunity to voice their experience of domestic and family violence, which they would no longer tolerate due to their increased knowledge of domestic and family violence and intimate partner violence. As a result of the Program clients understood and knew what domestic and family violence was. Improved safety outcomes for clients were also evident due to their increased awareness about domestic and family violence.



When asked about their level of safety when entering new relationships at the time of the interview compared to before the Program, the majority of clients (60%) felt safer. One client reported still feeling really unsafe because the family violence had continued with the person/s using violence (PUV) stalking and threatening them at the time of the interview. Regardless of the rating, all clients acknowledged they were on a long and challenging journey to find peace and safety. The Program was their first step, albeit a critical one, in the long process of recovery from the experience of family violence.



CLIENT VERBATIM COMMENTS

"It's a long road to walk going through this process." "I'm still going through a lot."

SPECIALISED FAMILY VIOLENCE SERVICE DELIVERY

The evaluation demonstrated the unique aspects of the specialised service for LGBTIQA+ clients impacted by family violence.

A) TAILORING THE RISK ASSESSMENT PROCESS FOR LGBTIQA+ CLIENTS

As a specialist family violence service, Refuge Victoria is highly experienced in assessing the severity of risk facing potential clients with a very high-risk rating required to secure a place in refuge. This means there must be a real and present danger of family violence, with a high risk of lethality. Due to a combination of poor mental health, AOD use, and the compounding impact of intersectional trauma and community violence, determining the level of risk present for LGBTIQA+ clients was more challenging than for their mainstream counterparts. In addition, the lack of awareness about the nature of family violence meant some LGBTIQA+ clients were unable to describe their experience as such, further complicating the risk assessment process.

As the complexity associated with accurately assessing the level of LGBTIQA+ client risk became apparent, RV dedicated more time to the process to better understand the clients' experience of family violence and the severity of the risk. This included thorough consultation with referring services to gain a full understanding of the nature and severity of the violence experienced, particularly for those clients for whom the risk of lethality was not immediately evident, and therefore was unlikely to meet the risk threshold for the Program.

The partners reported that the Program was an incredible validation of the high level of risk their LGBTIQA+ clients were living with that previously had been challenging for the family violence service system to identify. RV's approach was instrumental in addressing this past inequity by building a more robust understanding of the unique ways risk can present for LGBTIQA+ victim survivors of family violence.

PARTNER VERBATIM COMMENTS

"These clients don't tick the right boxes. They don't get assessed as high risk because the risk might look different for LGBTIQA+ folks."

B) HIGH LEVEL OF TAILORED SUPPORT AND TIME TO BUILD TRUST

The Program provided a higher level of support for LGBTIQA+ clients compared to their mainstream counterparts, particularly at the point of referral. This included more pre-work to ensure LGBTIQA+ victim survivors accepted a place and then had a safe transfer into refuge.

The evaluation revealed that mainstream clients generally entered refuge with a baseline understanding of family violence and an awareness of the availability of services that was not present for LGBTIQA+ clients. As a result, RV dedicated extra resources to facilitate their acceptance of a place with more time and effort given to building trust and providing education about the prevalence and nature of family violence in the LGBTIQA+ community.

In addition, RV created a single-entry point for all referrals reviewed, thus building a higher level of understanding about the LGBTIQA+ victim survivors being referred and their diverse needs.

In some instances, partners extended their role beyond the usual boundaries to help people flee, an aspect usually fulfilled for mainstream clients by Safe Steps whose role was to assist people to flee as well as finding safe short-term accommodation until a refuge place is available. This highlighted the willingness of partners to go above and beyond to ensure the safety of the LGBTIQA+ victim survivors and their access into the Program.

Of note, in response to demand, support was provided to LGBTIQA+ victim survivors before the funding period commenced.

Importantly all clients reported that the Program was easy to access. When asked how access could be improved, the main suggestion related to more advertising about the availability of the Program and refuge more generally, as well as community wide education to address the stigma associated with family violence and to build awareness about the prevalence and nature of family violence within the LGBTIQA+ community.

CLIENT VERBATIM COMMENTS

"They helped with a lot of different stuff. It made a massive difference. I didn't expect that."

PARTNER VERBATIM COMMENTS

"They [RV] went above and beyond."

"Seeing [the client] get that level of support and seeing the commitment of *RV* was amazing."

"RV kept them in refuge for twice as long and provided support to secure long-term housing."

"They were given support around parenting. Child protection was involved. Incredible."

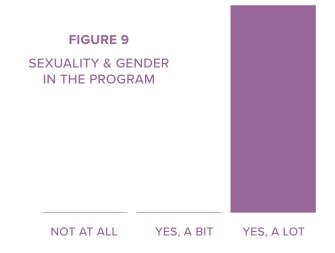
"They had never had a permanent place to live and had been homeless off and on since they were 15. To get someone to come out of that with permanent housing is next level."

C) CULTURAL SAFETY. LGBTIQA+ PEOPLE ARE SEEN, RESPECTED AND SUPPORTED TO RECEIVE AFFIRMING CARE WHEN FLEEING FROM VIOLENCE

As defined by the Equality Project:

"For members of the LGBTIQA+ community cultural safety means creating an environment where individuals feel safe and welcome, regardless of their sexual orientation, gender identity or expression, and other aspects of their identity. In a culturally safe environment individuals can be their true selves without fear of discrimination, harassment or exclusion. Cultural safety also means recognising, celebrating and valuing diversity within the LGBTIQA+ community.¹¹"

The evaluation showed the significant impact of being part of a culturally safe environment for LGBTIQA+ victim survivors and partners. All clients interviewed reported feeling seen in their sexuality or gender in the Program, which was influenced by the level of mutual respect LGBTIQA+ clients experienced, and the safe and inclusive environment created by the Program.



Importantly, clients were supported to explore questions about their sexual orientation and gender identity and received prompt access to specialised LGBTIQA+ trauma and violence informed support, counselling, and where appropriate gender affirming care.

11 The Equality Project, 2024, What is Cultural Safety? available at What is Cultural Safety? — The Equality Project $^{\circ}$

CLIENT VERBATIM COMMENTS

"Have to understand the LGBTIQA+ community."

"Helped me shift from victim surviving to thriving mindset."

PARTNER VERBATIM COMMENTS

"This program meant the clients knew there was at least one LGBTIQA+ person in the service doing the best they could for them."

"Lack of LGBTIQA+ led services was the biggest barrier for the client gaining support prior to this program."

"The client had accessed other services before and always came away feeling they were transphobic."

"Providing a safe place to live and be yourself is lifesaving."

All clients interviewed reported that being part of the Program had a significant impact on their feelings of safety, because of the Program's understanding of the impacts of family violence for LGBTIQA+ people and especially for trans and gender diverse people, inclusive of sexuality, gender and relationship.

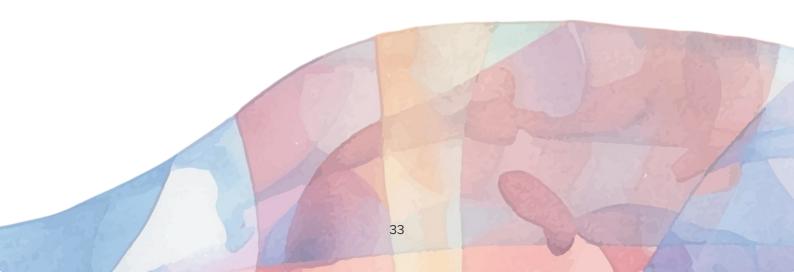
FIGURE 10

CLIENT'S FEELINGS OF SAFETY AS A RESULT OF BEING PART OF A PROGRAM THAT UNDERSTANDS THE IMPACTS OF DOMESTIC FAMILY VIOLENCE

DID BEING PART OF A PROGRAM THAT UNDERSTANDS THE IMPACTS OF DOMESTIC AND FAMILY VIOLENCE FOR TRANS AND GENDER DIVERSE PEOPLE, INCLUSIVE OF SEXUALITY, GENDER AND RELATIONSHIP INCREASE YOUR FEELINGS OF SAFETY?

NOT AT ALL YES, A BIT YES, A LOT

The importance of the Program being LGBTIQA+ community led was highlighted by clients as were their feelings of being accepted and supported for who they were free of judgment. Clients also highlighted the sense of pride instilled in them by the Program and the safe, inclusive environment that helped clients open up more about their experience.



CLIENT VERBATIM COMMENTS

"Being safe I was able to open up better."

"I felt pride and felt great being able to explain how I felt and knew I wasn't being judged."

"Biggest factor in feeling safe."

"I felt very equal and included."

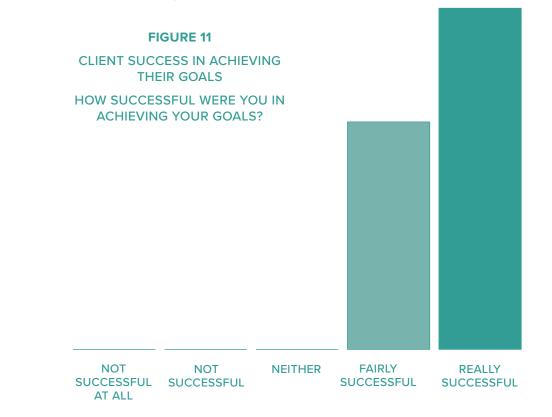
"It's so important for it to be a part of our community."

To ensure cultural safety the Program adapted the accommodation options in response to LGBTIQA+ clients' needs, with more options offered than originally planned. At Program commencement places were allocated in standalone properties due to a concern about client cultural safety in sites with multiple mainstream households. For some LGBTIQA+ clients the core and cluster refuge model emerged as a safer option, and where this was necessary, cultural safety was managed in the mainstream refuge environment.

CLIENT GOALS

A) ENABLING THE ACHIEVEMENT OF CLIENT GOALS

The evaluation asked clients how successful they were in meeting the goals they wanted to achieve, as identified at the start of the Program. Most clients had made significant progress toward achieving those goals with three of the five (60%) clients interviewed reporting they were really successful and two (40%) reporting they were fairly successful. Those who said they were fairly successful acknowledged the long-term nature of recovery that extended beyond their time in refuge, with longer terms goals yet to be achieved. All clients (100%) interviewed reported that the Program had helped them to achieve their goals.



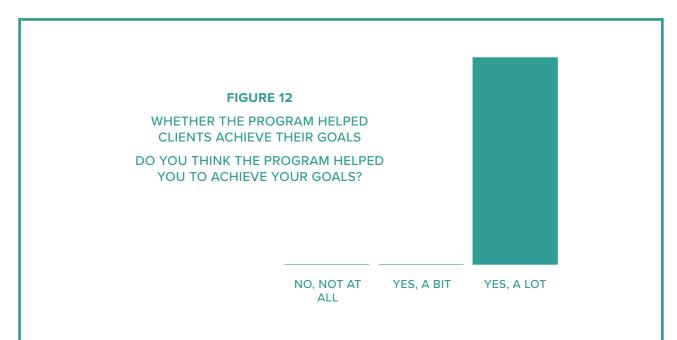
CLIENT VERBATIM COMMENTS

"All immediate goals were achieved for peace and safety."

"I'm in the process, still things to achieve."

"Everything else has been achieved from psychological to mental health and wellbeing."

"Last goal is long-term and is about finding a home."



Discussion with the clients interviewed about these results revealed that clients felt happier and more confident to be themselves as a result of the Program and had benefited from referrals to a wide range of programs, connections and support.

CLIENT VERBATIM COMMENTS

"They helped me with Parenting Programs, DHHS and set up a whole safety plan for me."

"By being at the refuge and through the connections and support I was able to achieve the goals. Would have been really difficult to achieve without support."

"Wish it existed a long time ago for a lot of other people. I wouldn't have come as far as I have [without it]."

B) POSITIVE CHANGE TO CLIENT CIRCUMSTANCES

The clients interviewed were asked about the other areas of their life where being part of the Program had helped them to bring about positive change to their circumstances which included:

- Housing
- Self-care
- Time for self-reflection
- Connecting with friends
- Establishing an identity

- Financial
- Gender affirming care referrals to Equinox and the Pride Centre
- Drug and alcohol treatment.

CLIENT VERBATIM COMMENTS "Started to look after myself better as far as diet, regular exercise, sleeping patterns." "Having a safe space has allowed me to connect with my friends in a way that I hadn't been able to do." "Housing. My number one thing was safety and stability at a reasonable cost. I'm living [comfortably]." "Transition. Helped to get into the gender doctor and onto the hormones." The clients interviewed were asked how their circumstances had changed since entering the Program. Three of the five clients interviewed said their circumstances had got a lot better since entering the Program and two said they had got a bit better. **FIGURE 13** CHANGE IN CLIENT CIRCUMSTANCES AS A RESULT OF BEING PART **OF THE PROGRAM** HOW HAVE YOUR **CIRCUMSTANCES CHANGED?** GOT A LOT GOT HAVEN'T GOT A BIT GOT WORSE A BIT CHANGED BETTER A LOT WORSE BETTER

Those whose circumstance had got a lot better reported that this was due to the support provided through the Program, the community and cultural connections made, the time to reflect, reduced isolation experienced and being separated from the PUV.

The clients who reported things getting a bit better acknowledged the long-term nature of recovery from family violence that extends well beyond the six-week duration of the Program.

CLIENT VERBATIM COMMENTS

"Introduced to LGBTIQA+ cultural group and have social events and dinners."

"Given me time to think and rethinking where I should be headed and what I should be doing."

"I'm still going through a lot."

C) BARRIERS TO ACHIEVING CLIENT GOALS

Discussion with the clients interviewed revealed the following barriers for the clients in achieving their goals:

- Mental health
- Drugs and alcohol
- Isolation from community and friends
 and usual supports
- Discrimination
- Lack of trust for people outside of the LGBTIQA+ community

- Money issues
- English as second language / language barrier
- Internal homophobia and conflict
- Lack of family/community support (e.g. lack of support, social isolation, family violence).

CLIENT VERBATIM COMMENTS

"Struggle inside. Internal conflict. I couldn't find inner peace."

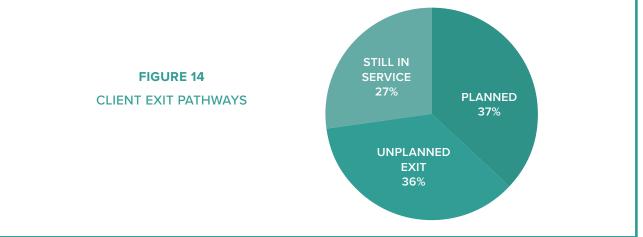
"I experienced a lot of discrimination in my own culture."

"Lack of support before coming here. They opened a gate. Opened a lot of doors for me and my [child]."

D) EXIT PATHWAYS

Of the 11 clients supported by the Program, three were still in refuge at the time of the evaluation. Of those that had exited the program four were planned exits, with two clients transitioning into social housing and two returning home (one with safety measures in place and the other moving internationally).

Of the four unplanned exits, two clients were asked to leave. One client self-exited from the service to a hotel and one was assaulted by another client and offered a different accommodation option, but declined and self-exited.



THE IMPORTANCE OF PARTNERSHIPS

The Program was underpinned by a partnership comprised of:

- Refuge Victoria (RV) as the lead partner.
- Thorne Harbour Health (THH) provide specialist LGBTIQA+ sexual assault and family violence (SFV) counselling.
- Switchboard Victoria as a key entry point for clients through their Rainbow Door Program.
- Family Access Network (FAN) as experts in working with young LGBTIQA+ homeless people, particularly young trans and gender diverse people, provide an enhanced referral pathway for young people who experience family violence due to coming out and for whom a refuge response would not be appropriate.

As an extension of Refuge Victoria's (RV) well-established crisis accommodation and support services for people escaping family violence, the Program was able to leverage RV's capability as well as that of community-controlled partners who brought expertise in working with and serving LGBTIQA+ communities. Clients and partners recognised this combination as a key strength of the Program.

While some clients had limited knowledge about domestic and family violence services prior to entering the Program, as discussed earlier in this report, those who were already part of the LGBTIQA+ community recognised community-controlled organisations such as THH helped to build their trust in the Program.

The significant effort required to establish the partnership in the early stages of the Program was reported, the result of which was the strong working relationship established between RV and THH, and the shared knowledge and expertise about the LGBTIQA+ community and family violence amongst the partners.

The partnership was supported by a Governance Committee, guided by a partnership agreement and terms of reference, who met regularly to monitor the design and delivery of the Program, with all those involved reporting the high level of buy in for the Program amongst all partners who were committed to its success.

Some partners acknowledged that the Governance Committee at times became focused on operational matters and that a stronger adherence and reference to the terms of reference and fewer attendees would have provided greater clarity.

The evaluation showed that the Governance Committee played an important role in maintaining engagement amongst partners, fostering the high level of commitment demonstrated by partners and provided a safe environment for partners to contribute, raise issues and collaborate.

PARTNER VERBATIM COMMENTS

"Partnership was a huge strength." "The staff made it possible." "THH FV team and RV worked really well, collaboratively."

DEMAND AND SCALABILITY

Demand for the Program exceeded capacity, highlighting the level of need within LGBTIQA+ communities for a specialist family violence program.

Overall, the Program received twenty-five referrals and six enquiries. It was noted that referrals were opened only when a vacancy was available, and that many more referrals would have been made if the Program had been widely promoted.

Of the twenty-five referrals, two were withdrawn by the referring agency, seventeen were accepted, with six clients declining the service. The reasons for clients declining the service included:

- the location of the property (3)
- the client was unwilling to move into a communal space (1)
- the client was unwilling to separate their child from the father (1)
- the client feared retribution by the person using violence due to fleeing (1).

RV was unable to accommodate five of the referrals as refuge was considered not appropriate for client needs. Four clients received support preentry; however, they did not progress to refuge.

Partners and clients reported the value of the

"REALLY VALUABLE PROJECT THAT SERVICES A GROSSLY UNDERSERVICED CLIENT GROUP."

program for LGBTIQA+ victim survivors and supported the importance of the continuation of the Program.

At the time of the evaluation the Program had supported eleven LGBTIQA+ clients.

Given the demand experienced for the Program, that just over one in 20 adult Victorians (5.7 per cent) openly identify as being LGBTIQ+¹² and the research¹³ tells us that the rates of intimate partner violence within lesbian, gay and queer relationships are just as high as the rates experienced by cisgender women in intimate heterosexual relationships, the need to scale up the Program is clear.

"DEMAND WAS HIGH. IF A DEDICATED REFUGE WAS OPENED IT WOULD BE FILLED WITHIN A WEEK OR TWO."

Collaboration with partners and referring organisations to carefully plan the resources and transition for scaling up will strengthen the process necessary to increase the impact of the Program to benefit a greater number of LGBTIQA+ people and to foster policy and program development on a lasting basis.

Working with partners to advocate for ongoing funding and resources to continue to evolve and expand the Program is essential to ensuring that the unique and diverse needs among LGBTIQA+ communities experiencing domestic family violence continue to be addressed.

¹² Victorian Agency for Health Information (VAHI), 2020, The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne.

¹³ Lay, Y., Leonard, W., Horsley, P., Parsons., Summary Report: Primary Prevention of Domestic Family Violence against people from LGBTI Communities, Our Watch, available at <u>Primary prevention of Domestic</u> Family Violence against people from LGBTI communities (apo.org.au)

Scaling up should include, but may not be limited to:

- Ongoing funding to continue evolving the LGBTIQA+ specialist family violence program tailored to the specific needs and experiences of LGBTIQA+ victim survivors, recognising that short or adhoc funding cycles will impact continuity of the program.
- Expanding the specialist case management and counselling team to provide broader team support for workers and clients.
- More accommodation options closer to LGBTIQA+ community services and organisations to help reduce isolation and build community connections.
- Extending Family Violence and Sexual Assault counselling beyond the six-eight week refuge period to provide opportunities for clients to maintain access to specialised support.
- Establish a wider network of referring agencies in line with the policy of "no wrong door".

PARTNER VERBATIM COMMENTS

"Demand was high. If a dedicated refuge was opened it would be filled within a week or two."

"Really valuable project that services a grossly underserviced client group."

"Demand is high. We're never going to meet the demand."

CLIENT VERBATIM COMMENTS

"I feel as if it's a valuable program. It has been integral to me and my [child's] positive future."

"Grateful that programs like this exist."

"Program has been so good."

"It should continue."

RECOMMENDATIONS

- 1. Advocate for ongoing funding to continue evolving the LGBTIQA+ specialist family violence program tailored to the specific needs and experiences of LGBTIQA+ victim survivors.
- 2. Expand the specialist case management and counselling team to provide broader team support for workers and clients.
- 3. Advocate for more accommodation options closer to LGBTIQA+ community services and organisations to help reduce isolation and build community connections.
- 4. Extend Family Violence and Sexual Assault counselling beyond the six-eight week refuge period to provide opportunities for clients to maintain access to specialised support.
- 5. Establish a wider network of referring agencies as Refuge Victoria rolls out this program in line with the policy of "no wrong door".
- 6. Undertake ongoing evaluation of the outcomes for LGBTIQA+ people to inform and drive the evolution and scaling of the program.



