



Cultural Competency Implementation Framework:

Achieving Inclusive Practice with Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Communities

2013





Acknowledgements

The National LGBTI Health Alliance is the national peak health organisation for a range of organisations and individuals from across Australia that work in a range of ways to improve the health and well-being of lesbian, gay, bisexual, trans/transgender, intersex and other sexuality, sex and gender diverse (LGBTI) people and communities.

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This Report was prepared by Dr Michelle Mars, Sally Morris and Belinda Belinda Marchesiello (MindOut! Project Team) with input from members of the Alliance's Mental Health Working Group and other Alliance staff.

The Alliance acknowledges the traditional owners of country throughout Australia, their diversity, histories and knowledge and their continuing connections to land and community. We pay our respect to all Australian Indigenous peoples and their cultures, and to elders of past, present and future generations.

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About this document:

This implementation document is designed as a tool to assist mainstream mental health and suicide prevention organisations to implement a cultural competency framework .

It contains a set of principles, suggested strategies, and scenarios designed to increase knowledge and understanding of LGBTI people.

Cultural Competency Frameworks are designed to help organisations and individuals provide services that are appropriate to those outside their usual frame of reference. Cultural competency is about understanding and learning to communicate with people from cultures other than our own. While many people within professional mental health and suicide prevention organisations may be aware of cultural competency they may not have considered LGBTI people as a distinct cultural group with particular needs and experiences. In addition, most people have not received any LGBTI cultural competency training. Under these circumstances staff may be uncertain how to react when a consumer reveals their LGBTI identity or experience.

For mental health service providers, changing the status quo requires the provision of specific standards and actions to increase the knowledge of LGBTI cultures, including the fostering of knowledge, skills and values such as accepted language and lifestyle choices.

This “Implementation Framework” helps to bridge the gap between the perceptions of service providers and counsellors, and the realities of LGBTI experience.

Four guiding principles for inclusion of LGBTI people are provided:

- **Principle 1** Recognise that it is important to increase cultural competency
- **Principle 2** Recognise and affirm sexual orientation, sex and gender diversity and intersex status
- **Principle 3** Foster a safe, welcoming environment and inclusive services
- **Principle 4** Make a commitment to dynamic, ongoing change

Cultural Competency Implementation Framework: Achieving Inclusive Practice with Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI Communities

Why we need to build cultural competency

Many organisations in Australia think they are providing for LGBTI communities by treating all their clients in the same manner. However, 'we treat everyone the same'¹ strategies in mental health provision and suicide prevention do not work for LGBTI people. LGBTI people experience disproportionately negative mental health and suicidality outcomes in comparison with the general community. Research demonstrates that these negative outcomes are not due to sexual orientation, sex or gender identity/history or intersex status as such, but rather relate to the experience of discrimination, social exclusion and isolation, and the failure of generic health interventions and prevention strategies to be inclusive of LGBTI people and their needs.

Guiding principles and recommendations for putting the principles into practice

There is a need to change policy and practice in mainstream mental health and suicide prevention organisations enabling them to achieve higher levels of cultural competency and to provide more appropriate services for lesbian, gay, bisexual, trans, intersex and other sexuality, sex and gender diverse (LGBTI) people.

LGBTI Australians are an at risk population for mental health and suicidality. Among the major determinants that contribute to inequalities in LGBTI people's health are negative social attitudes, including those of health providers.

Calvin is a young Samoan man that presents to a counsellor for a mental health assessment after an episode of public rage spurred by a taunt about being gay. His parents recently divorced and he is quite lonely. He talks openly about his feelings but never looks Ryan, the counsellor, in the eye. This behaviour can be considered a symptom of depression but because Ryan is familiar with Samoan culture he is aware that eye contact while talking is not common and takes this into consideration while making his assessment for depression.

¹ Beyond: 'we treat everyone the same'. www.glhv.org.au



The LGBTI community is diverse, eclectic and constantly changing. The terms used to refer to LGBTI people have been referred to as an alphabet soup as they have varied over time and from place to place. However, in Australia, at the moment, LGBTI is commonly used in policy and the media. LGBTI is an initialism, an abbreviation made using a string of initials, in this case the initials stand for lesbian, gay, bisexual, trans and intersex. In popular culture LGBTI refers to sexual orientation, gender identity/history and intersex status and has also been used to mean anyone who is not cis-gendered (not their birth gender) or heterosexual (attracted to someone of the opposite sex, defined on a binary as either female or male). Not everyone in the LGBTI community fits neatly within one of the letter categories and people's affections, affiliations, and identity may move over time as they and the society around them changes. For example, in the past queer has been used as a term of abuse however at the moment, young people who identify as part of the LGBTI community increasingly identify with the "Q" as queer or questioning.

Most people understand the need for cultural competency when working with people from CAULD backgrounds but many have not considered LGBTI people as a distinct cultural group. The following anecdote illustrates why mental health practitioners need to understand LGBTI culture and ask themselves if they have the appropriate knowledge to interpret a situation correctly.

Small changes to practice based on sound principles can effect great change. Included in this document are principles of good provision for LGBTI communities, suggestions for change, and practical examples of how inclusive practice might be achieved. Putting the principles into effect means that organisations need to: recognise that there is a need to increase cultural competency, recognise and affirm sexual orientation, sex, and gender diversity, and intersex status, foster a safe, welcoming environment and inclusive services, and make a commitment to dynamic, ongoing change. These principles are designed to enable better understanding of the everyday lived realities of LGBTI people, develop inclusive services, and lead to ongoing change and improvement.

The following four principles represent the most important things to keep in mind when dealing with LGBTI in a health context. Together with the practice examples and the scenarios they provide a framework for cultural competency implementation.

Principle 1

Recognise that it is important to increase cultural competency

“organisations need to be knowledgeable about the negative impact of discrimination, stigma, and exclusion of LGBTI people”

The negative health outcomes LGBTI people experience relate directly to experiences of discrimination, social exclusion and isolation, and to the failure of generic health interventions and prevention strategies to be inclusive of LGBTI people and their needs. A range of statistics evidence LGBTI peoples experience with for example, at least 36.2% of trans people and 24.4% of gay lesbian and bisexual people currently meeting the criteria for experiencing a major depressive episode, compared with 6.8% of the general population. In Australia the rate increases to 59.3% of trans women under 30 (Private Lives, Private Lives II, & Tranznation). While these statistics may seem extreme, similar statistics have been found in studies undertaken in other developed nations.

Many services and organisations report that they have very few or no LGBTI clients, yet 12% of Australian population, that’s approximately 2.8 million Australians, are LGBTI.

If the LGBTI population is so large and particularly at risk for mental health and suicidality then why is their connection with mental health and suicide prevention services (that are in principle available to all Australians) so low?

It may be that LGBTI people are accessing services and providers don’t know because clients do not disclose or it may be that clients are not accessing services because they are not perceived to be inclusive. It may also be that organisations are aware that they are not serving the needs of LGBTI people and want to make change but are unsure how to go about it.

Putting it into practice:

- know that you might need to go the extra mile to make sure that LGBTI people feel they can access your service
- be aware that people in other vulnerable populations like indigenous or immigrant or people with disabilities may be even more reluctant to disclose
- recognise that the risk of suicide is particularly high for young people after people self-identify and before they start disclosing to family and community
- know that people from some groups within the community may be disclosing for the first time later in life
- consider implementing a deliberate and intentional focus on LGBTI people designed to counteract the negative messages in community and society about LGBTI identity
- become more attuned to recognising the outward cues LGBTI people give, how people dress, talk, walk and act, without buying into stereotypes

Rodney is very satisfied with himself. He has a successful practice as a psychologist, a beautiful wife and two loving children.

His practice is expanding but he thinks he can do better. He just went for a walk in the trendy part of town. His practice is located nearby and he notices a lot of gay friendly places. He starts thinking that if he can make his office *“gay friendly”* he can increase his visibility in the community and gain more customers.

So he talks to his secretary, Miss Lurie, about his idea. Maybe they should advertise in gay friendly newspapers? Put rainbow stickers on the door? Subscribe to a few magazines that can be of interest to the LGBTI community?

“What do you think Miss Lurie?” he asks.

Miss Lurie nods, smiles and thinks... *“these are all good ideas but if he wants to be LGBTI inclusive why doesn't he start acknowledging my partner, Rose? Why doesn't he stop telling homophobic jokes at the Christmas Party and stop talking about bisexual people as if they would have sex with anybody? Until he starts recognising the importance of increasing his knowledge of LGBTI people he will not get any returning clients”*... but *‘Great idea boss’*, she says.



Principle 2

Recognise and affirm sexual orientation, sex and gender diversity and intersex status

“know who LGBTI people are”

Knowing who LGBTI people are is more complex than it seems on the surface. People identify in a variety of ways within LGBTI communities, they may identify differently in different social or professional settings and their identities may change over time.

Gender diversity

When people do not see themselves explicitly represented they will assume that services are not inclusive.

The phrase “people of diverse sex and gender” is often used to talk about people within the LGBTI community. It refers to both sex and gender characteristics but often it means that intersex people and people with non-binary or shifting genders are left off the agenda. For this reason it is useful to explicitly use the phrase “intersex, trans and gender diverse” when talking about sexuality, sex, gender and intersex status.

Intersex

Intersex is used by many as an umbrella term for people born with any of a number of physical variations that means they do not clearly fit expectations of what it means to be female or male. While there are some significant overlaps between trans and intersex issues there are also some very clear differences between sex diversity and gender diversity. Many people with physical sex or gender variations do not identify with the term ‘intersex’ at all.

Sexual orientation

There is a spectrum of sexual attraction across which people can have a sexual orientation towards people of different genders. This may include same sex, the opposite sex and more than one sex. A person’s sex or gender identity says nothing about their sexual/affectional orientation. It is important to remember that sexual activity may not determine current behaviour. For example, more people are likely to identify as MSM (men who have sex with men) than those who identify as gay.

Sexual attraction may also shift over a life time. For example, sexual attraction may change as people begin living in a new gender.

Putting it into practice:

- don't get caught up on labels, describing behaviour or feelings is a better indicator - labels can be useful but also limiting if they don't fit neatly
- avoid assumptions, identity and sexual attraction do not go hand in hand
- understand that sexual/affectional orientation and gender identity may change over time
- gender and sexual history may not be linked to current experience, identity, or expression
- intersex status is about physical variation and intersex people may have any gender and simply identify as men or women (Further information www.lgbtihealth.org.au/diversity)
- it is important to understand that sexual practice and how people identify are not necessarily aligned

Jo is seeing a therapist to help with bereavement for the death of a loved one. Jo is an intersex person who presents and identifies as neither male nor female. Jo prefers to be addressed by her first name instead of he or she. Today Jo is meeting the therapist, Solomon, for the first time. Jo's visit has nothing to do with intersex status or gender identity.

Solomon starts talking to Jo and asks some questions. Solomon understands from the session that Jo does not identify as a man or a woman but he has never come across an intersex or gender neutral client before. They decide to meet in 3 weeks for another session.

Solomon decides to investigate further as he has some unanswered questions. How should he address Jo in a respectful way? Is Jo's intersex status in any way impacting Jo's grieving? Solomon does a search online and talks to some of his colleagues. At first he finds it very hard to track down appropriate material, some websites are clearly full of misinformation and he gets contradictory information from different websites. He feels lost. He writes to an intersex organisation and they point out an inclusive language publication.

This information gives him the language to research appropriate material and gives him confidence. Now that he feels more knowledgeable he concentrates on the real issues that Jo is presenting, bereavement.

At their next appointment Jo can feel that Solomon is at ease with his language and therefore feels that Solomon is respectful and understanding. This helps Jo to open up and talk freely.

Principle 3

Foster a safe, welcoming environment and inclusive services

“making LGBTI people feel comfortable makes it more likely that they will engage with services”

People are more likely to engage if they identify with an environment. LGBTI people are often discriminated against and experience disapproval of, or hostility toward, their preferences or identities they may therefore feel excluded from and hesitate to engage with services that other Australians take for granted. Disclosing to health providers is a major issue within the LGBTI community. Stress, anxiety and fear can develop for those who aren't out as well as for those who are out when it is not related to the problem they are seeking help for. Be aware that not everyone will trust you enough to disclose and that disclosing is not always necessary or appropriate. However, sexuality is part of identity and hiding a part of our identities can lead to pain and unhappiness.

“The process of seeking help can make it worse if it focuses on anything outside of the issue, dysphoria is made worse by a lack of understanding/inappropriate questions like ‘what’s in your pants’, by being mis-gendered” (BeyondBarriers, 2013)².

However, asking in an appropriate manner if clients are LGBTI is not in and of itself offensive. If you think it may be relevant to explore in relation to treatment plans explain why you are asking.

The way language is used can signal inclusion and exclusion and is an important aspect of forming and valuing identity. Language is also an important aspect of providing a welcoming and inclusive service. Using state of the art language demonstrates an understanding of LGBTI culture.

A major reason why organisations may not have, or may not know they have LGBTI clients that they do not feel safe to disclose. This is a confidentiality issue. People are worried that their privacy will be either overtly or inadvertently violated. Even though it is illegal to discriminate the business world remains intolerant of LGBTI people. For those in the corporate world it can cost them their careers. In rural towns and small communities people do not want to be unwittingly outed as they may become the target of gossip and social sanction. This is such a serious concern for many LGBTI people that even in large cities like Sydney people will travel away from home to visit clinics or obtain services.



² National LGBTI Health Alliance (2013) Beyond Barriers Project: sexuality, sex and gender diverse men.

Putting it into practice

- don't be shy of reassuring people that information is confidential
- make sure a client knows that information that is not relevant to their treatment plan will not be recorded
- become LGBTI savvy
- entrench LGBTI friendly practices into organisational policy
- have appropriate access and intake forms
- make sure front line staff are trained and knowledgeable
- demonstrate inclusivity by having items such as rainbow stickers, same sex posters, and LGBTI literature in plain view
- you can use pronoun cueing to let others in the organisation know that a client prefers to be called 'he' or 'she'
- being aware of cisgendering (assuming that someone's gender matches their birth gender) and misgendering (for example, using 'he' when someone identifies as 'she')
- people have different ways of identifying, use the same language the client uses

One year ago Lisa decided that life was too short to keep pretending to be someone else and that she deserved to be happy. She saw a specialist endocrinologist and started taking female hormones to feel more comfortable in her body. She started to wear women's clothes, officially changed her first name to Lisa and came out to family and friends. This process was not easy and she had a few negative experiences along the way that made her wary of her surroundings and uncomfortable when alone in large gatherings. Overall the experience has been a positive one, she now feels at ease with herself and is regaining her confidence. She has recently moved to a regional town in NSW to follow her new partner Marina. They have been together for 6 months. They met online and had a long distance relationship before deciding to try living together. Lisa's partner Marina is aware of her history and is very supportive and loving. Lisa feels happy in her new home and is now working as a freelance translator from home.

Today Lisa needs to visit a medical centre to continue her regular check-ups and get new prescriptions of hormones. This particular centre was recommended by her previous endocrinologist in Sydney. This is her first visit. She has mixed feelings when she opens the door. She is aware that her voice and appearance may raise a few eyebrows and people might ask her uncomfortable questions. She scans the room for possible "threats" and notices a poster with a rainbow and two men holding hands. She starts thinking that the centre is an LGBTI friendly space and feeling more at ease approaches the receptionist, Laura.

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Laura is a pretty open-minded individual who does not have any negative views about LGBTI people. Laura feels confident that she can do a good job. Lisa is asked to fill out a few forms and hand over her medicare card. One of the questions asks for her sex (Male, Female, Other). Lisa feels a bit uncomfortable and slightly dizzy. *“Do I put female (the receptionist may question that) male, nooo way, other, mmmm.... What is other?”* She thinks.

Perhaps if the question had been about gender rather than sex she would have felt more at ease. She keeps filling in the form and puts down Marina as her partner and emergency contact and hands the form back to Laura.

Laura starts recording the answers in the computer. She notices that Marina is the name of Lisa’s partner. She starts getting confused and looks at Lisa with inquisitive eyes. It has never occurred to Laura that a trans person who identifies as female might have a female partner. Her training didn’t say anything about that. She keeps looking at Lisa trying to check if she misjudged her. She finally says something – *“but you are? Emmm,.... What are you?”*

Meantime Lisa (who is not aware of the battle going on in Laura’s head) starts feeling extremely uncomfortable. Maybe the receptionist will say something that will embarrass her? Finally it becomes unbearable so Lisa takes the form back and leaves the medical centre.



Principle 4

Make a commitment to dynamic, ongoing change

“an ongoing organisational commitment to a client-centred approach that takes into account the broader social determinants that impact on the well-being of LGBTI people”

All Australians deserve equal access to health care and all Australians includes LGBTI people. Because of the world we live in and peoples’ attitudes and behaviours LGBTI people do not get equal access. This means that organisations need to do extra work to make sure that LGBTI people do have access to services that improve health and wellbeing.

In this past LGBTI issues have been individualised and pathologised and people have been shunned, shamed, silence and denied. While many positive changes have been made, LGBTI still people frequently experience prejudice and discrimination. Governments, public health providers and key professional bodies such as the American Psychological Association (APA) are now recognising the need to make change to improve mental health in the LGBTI community at a societal level³. This meta recognition has led to a raft of changes within in government and non-government organisations, schools, universities. However, social determinants impacting on LGBTI peoples’ mental health remain and so to does the disproportionate representation of LGBTI people in mental health and suicide statistics.

There is a need for change beyond recognition of the problem. The tokenistic acknowledgment of “the need to do more work in this area” frequently seen in annual reports, research write ups and organisational policy statements only signals awareness of a problem. In order to address the problem organisations and people within those organisations need to make a commitment to continued dynamic change.

Putting it into practice

- Make changes to organisational policy that specifically acknowledge LGBTI people as a distinct cultural group
- Demonstrate inclusivity within and outside of the organisation
- Even in organisations that are inclusive there is room for improvement
- Be aware that once is not enough, a commitment to the ongoing training and education of staff is necessary
- Be proactive, get involved in the community, find out what the issues really are
- Be aware that there are specific issues within the community, for example
 - confidentiality is a major issue for people from CALD communities
 - the sexuality of PWDs is often suppressed and denied
 - homelessness is a major issue for LGBTI young people

³ See APA statement on Transgender, Gender Identity, & Gender Expression Non-Discrimination (2008). Jude Comfort, & Kahlia McCausland. (2013). Health priorities and perceived health determinants among Western Australians attending the 2011 LGBTI Perth Pride Fairday Festival. Health Promotion Journal of Australia, 24, 20–25. Auckland District Health Board, Lets Talk about Sex, Sexuality and Gender (2012).



Sandra has been a counsellor for 4 years and she really loves her work. She has done some training around LGBTI people and is a member of the community herself.

Three months ago she accepted a new client, Akan, a 22 years old woman from Burma. Akan has challenged many of Sandra's beliefs and made her realize that we never stop learning.

Akan came to Australia 8 months ago as a refugee. She has lived most of her life in a refugee camp in Bangladesh. She is a Rohingya and has known persecution and hardship all her life.

Akan was referred to Sandra by a social worker from a settlement service. She is uncertain about her sexuality and has previously seen another counsellor but the experience was not a positive one. Akan did not want to see a counsellor from her own community (even in the event that one could be found) and did not want an interpreter present.

Akan has mixed feelings about sexuality and sexual attraction and Sandra has had to learn a lot about Rohingya culture in order to understand. After many sessions it becomes clear that Akan has an attraction to both man and women but because of her beliefs and background finds this difficult to accept. She has a boyfriend and at the moment does not wish to change this situation. Sandra has had to improve her own knowledge of bisexuality and of Akan's culture in order to offer effective counselling.

Her humble approach to the case and the knowledge that she did not know everything has contributed to her success. Sandra consulted books and did extra training to bridge the gaps in her understanding of bisexuality and spoke with refugee advocate and other refugees to understand where Akan came from.

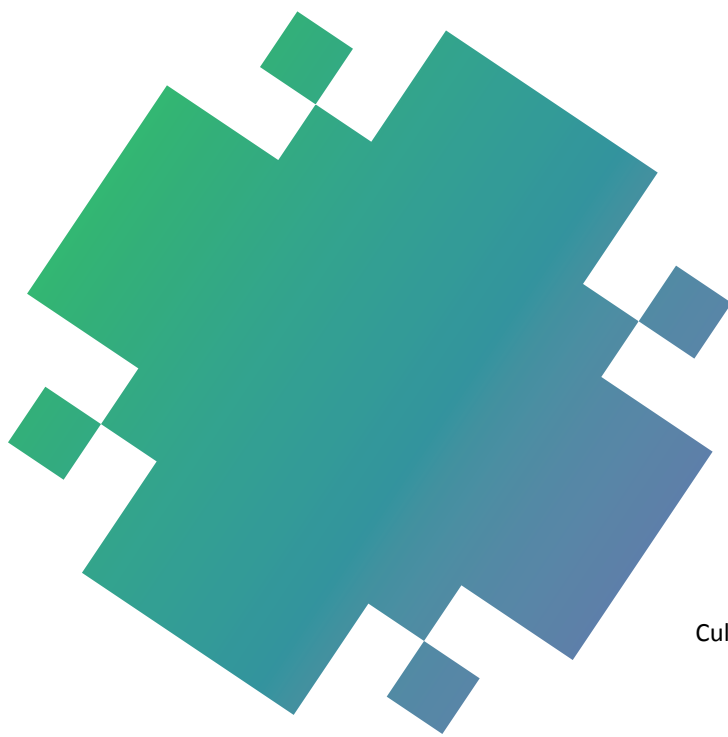
Where to from here?

Keep the momentum going by continuing to develop understanding of LGBTI consumers, develop services that meet their needs and engage in ongoing improvement of services

Implementing a cultural competency framework for LGBTI people has the potential to address a key determinant of health and wellbeing, that is, access to services. The principles in the document are designed to provide a framework to grow cultural competency. There are many more practical steps that organisations can take to foster inclusion.

Putting it into practice

- Foster organisational learning and entrench understandings in organisational policy so that inclusive practices continue to be offered beyond the efforts and energies of individual staff members
- Work towards recognition as LGBTI-accredited services and inclusion on the National Registry via Gay and Lesbian Health Victoria's Rainbow Tick
- Access further training and information: contact local and national and state based organisations in the list below
 - The people and organisations featured here have been approached by the Alliance to act as resources for organisations wishing to increase their cultural competency with LGBTI people
 - Please approach these organisations directly



Further Information and Contacts

NATIONAL

- **Anthony Venn-Brown**

Consultant - Speaker - Trainer

Founder and CEO of Ambassadors & Bridge Builders International (ABBI), ABBI provides a range of services including seminars, workshops and coaching on LGBTI issues. One of our specialities is religion and sexuality.

Email: info@gayambassador.com

Website: www.gayambassador.com

- **ACON**

Address: PO Box 350, Darlinghurst, NSW 1300

Telephone: 9206 2000, Free call: 1800 063 060, Hearing Impaired: 9283 2088

Website: <http://www.acon.org.au>

- **LGBTI Health Alliance**

The National LGBTI Health Alliance is the peak health body for organisations that provide health-related programs, services and research targeting lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTI).

Email: info@lgbtihealth.org.au

- **Dragan Zan Wright: Creating Differently**

Psychotherapist - Trainer - Speaker - Consultant. Trauma Informed Care and Practice, Suicide Prevention and Cultural Competence. As a transgendered person he is particularly interested in cultural competence and understanding within organisations for LGBTIQ people.

Telephone: 0404 679 696

Email: Dragan@creatingdifferently.com

Website: www.creatingdifferently.com

- **GLBTI Inclusive Practice Service accreditation (The Rainbow Tick)**

The Rainbow Tick consists of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery. Services can include the six standards as part of their cycle of service accreditation or can apply to do the Rainbow Tick as a stand-alone assessment subject to ongoing reassessment and quality review. Services that receive The Rainbow Tick will have the opportunity to be listed in a national register of LGBTI accredited organisations.

Contact Barb Bell bell@qip.com.au

QUEENSLAND

- **Queensland Association for Healthy Communities**

Ricki Menzies
Training and Development Coordinator

Email: [Ricki Menzies rmenzies@qahc.org.au](mailto:Ricki.Menzies@qahc.org.au)

- **Michael Scott**

2 Spirits Program Manager

Telephone: (07) 3017 1716 (direct line)
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Address: PO Box 1372 Eagle Farm BC QLD 4009
30 Helen Street, Newstead, QLD 4006
Website: www.qahc.org.au

- **Delaney Michael Skerrett**

Research Fellow & Clinical Interviewer-
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Telephone: (07) 3735 3393
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Email: d.skerrett@griffith.edu.au

- **Transgender Rights**

Kathy Noble
Email: knoble@iinet.net.au

VICTORIA

- **Gender Queer Australia**

Lisa Sinclair
Email: lisa@genderqueer.org.au
Website: www.genderqueer.org.au

- **Ruth McNair**

North side Clinic- GP
Email: r.mcnaire@bigpond.net.au



- **Bisexual Alliance Victoria**

Kathy Wilson
Email: Kathiw101@gmail.com

- **Transgender Victoria TGV**

Spokesperson Sally Goldner
Support, questions, advocacy, education,
Voicemail: +61 3 9517 6613

- **Gay and Lesbian health Victoria GLVH**

Telephone: (03) 9479 8700
Email: info@glhv.org.au

TASMANIA

- **TAS Pride**

Virginia Bashford - LGBTI Project Officer
Email: virginiab@relias.com.au

NEW SOUTH WALES

- **ACON**

Address: PO Box 350, Darlinghurst, NSW 1300
Telephone: 9206 2000, Free call: 1800 063 060, Hearing Impaired: 9283 2088
Website: <http://www.acon.org.au/#sthash.TU7uLOGQ.dpuf>

- **ACON Domestic Violence Project**

Moo Baulch (LGBTI Domestic Violence Project Officer)
Email: MBaulch@acon.org.au

- **Sex Workers Outreach Project NSW**

Cameron Cox
Email: infoswop@acon.org.au

- **Anti-Violence Project**

Teddy Cook (homophobic, transphobic violence and DFV support)
Telephone: 02 9206 2116
Website: <http://www.acon.org.au/anti-violence/report-to-AVP>

- **Dragan Zan Wright: Creating Differently**

Psychotherapist - Trainer - Speaker – Consultant

Email: Dragan@creatingdifferently.com

Website: www.creatingdifferently.com

WESTERN AUSTRALIA

- **Freedom Centre**

Dani Wright (Community Engagement Services, WA AIDS Council)

Telephone: (08) 9228 0354

Email: info@freedom.org.au

- **Gay and Lesbian Community Services of WA GLCS**

“Opening Closets” Training LGBTI mental health and inclusivity in mental health services.

2 Delhi St, West Perth 6005

Telephone: (08) 9486 9855

Email: admin@glcs.org.au (Best initial contact)

NORTHERN TERRITORY

- **Queensland Association for Healthy Communities**

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LGBTI

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