

Community of Care Guidelines

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Adapted from Big Cat & Firebird's *Six Guidelines for Inviting People Into Your Story* © (2021)

The following nine Community of Care Guidelines for anti-oppressive practice have been used to make genuine progress toward addressing historic marginalisation and oppression in professional and community groups. If you are unfamiliar with these practices, then we welcome you to this learning experience. We thank Dr Jem Tosh at Psygentra for some of the language adapted below.

1. Use positioning statements

From the 'Psygentra Code of Conduct':

'Check your privilege - reflect on the society you live in and your place in it. Where do you experience barriers and where are things easier for you than others? What oppressions do you not experience and how might that inform how you act and communicate' in this event?

We encourage you to use *positioning statements* to acknowledge privilege and indicate your social position with regards to the topic you're discussing, especially when discussing something with which you do not have personal lived experience. This should clearly articulate who you are or how you identify. This may include positioning yourself regarding your culture(s)/racialised background, racialised and class privilege, disability (e.g., 'I have sighted privilege'), access to sanitation (a toilet) and safe drinking water at home, accommodation, citizenship status, Aboriginality, gender, sexuality, etc.

We recognise that some people might choose not to disclose their lived experience, whether due to safety considerations or any other reason. We ask you to consider issues of privilege and oppression when claiming authority on a topic without disclosing your relevant personal lived experience.

2. Practice cultural humility

We ask you to honour people with lived experience and communities with lived experience as the best authorities to consult about that lived experience. Please do not debate the existence or legitimacy of marginalised people (e.g., questioning whether a trans woman is 'really a woman' or whether intersex people exist). Recognise that people and communities with lived experience are the best authorities on their own lived experience. 'Nothing about us without us is for us.' This means elevating and centring lived experience voices, not positioning oneself as an 'expert' about a marginalised population.

3. Refrain from tone policing

Tone policing is a harmful practice used to discount marginalised people's lived experiences. Tone policing refers to when people sharing experiences of oppression are problematised for not having a 'nice' tone, instead of being valued and supported. If hearing about harm by a dominant group to which you belong feels uncomfortable for you, we ask you to sit with this discomfort, reflect on your privilege, and focus on their message instead of problematising them.

4. Practice Accountability Culture

As Psygentra says, ‘Take responsibility for harm caused, even if unintentional.’ If you make a mistake such as unintentionally using an offensive term or misgendering someone, then it is important to admit it, apologise for it, hear the harm it caused, and commit to doing better in the future.

Accountability also means taking responsibility for doing your own work and being humble, rather than expecting emotional labour from marginalised people or centring your own feelings. It also means rejecting the ‘right to comfort’—which is recognised as a White Supremacy cultural norm—in recognition that the beneficial discomfort of examining your own privilege (i.e., unearned benefits and expectations due to being part of a dominant group) can be necessary for marginalised people to experience cultural safety.

Please review [this page](#) on the ‘right to comfort.’

5. Content Notices

Content notices in conversation orient other people to the topic you wish to discuss and give them a moment to prepare for the emotional labour. Please use content notices to give notice of any themes involving harm or trauma to you or others before launching into extended narratives, erring on the side of caution.

Example: ‘I would like to share my experience with workplace bullying, job loss, and homelessness.’ Please consider cultural and socioeconomic diversity and intergenerational trauma from colonisation and forcible displacement.

6. Conversational Consenting

Content notices facilitate *conversational consenting*—a practice of gaining consent from other people about whether the moment is suitable before launching into the topic. In other words, just like with sexual activities, conversational consenting means you check that someone has consented to what you are doing together and respect people’s ability to withdraw consent and discontinue or defer what you are doing conversationally.

This applies to asking a marginalised person to provide emotional labour for you by educating you about their lived experience or why something you said or did was problematic. We ask participants to practice conversational consenting at our event.

7. De-identify narrative content

To prevent legal liability and to reduce safety risks, please do not name, or provide clear identifying details about, any of the specific people who have engaged in abusive behaviour toward you or others. Please de-identify any narratives about people who participate in therapy with you. Although there are Accountability Processes and other valuable places for naming people who perpetrate harm, formal complaints, and consequences, this is beyond the scope of our group events.

8. Emotional care and support plan

We take our duty for community care seriously. As therapeutic and/or healing practitioners, we often spent a lot more hours each day doing *emotional labour* for other people than we do for ourselves. This kind of event can often stir up feelings or outpourings you did not anticipate.

Before this event, consider your *emotional care and support plan* to meet your needs leading up to, during, and after this event. Often, self-care is not enough.

We are relational beings who might often need various forms of community care from our loved ones and communities. Consider sharing your potential emotional care needs with your existing *community of care* and planning to ensure you have adequate support. You may wish to have some trusted people in your life on standby for listening/hugs/cup of tea/etc., plan to nourish yourself within your ecosystem by connecting with trees or sky, compile a sensory kit with items you find comforting to your senses, or another combination. Consider whether you may want connection or solitude alone after this event.

9. Making Community of Care requests

Many therapists are so accustomed to providing care to other people and with intrapsychic notions of “self-care” that we often struggle to understand our communal needs or to request support from our communities of care.

If you think you might have difficulty communicating how you wish to be supported, then we encourage you to consider in advance preparing a brief statement (from 1 word or to 2 sentences) to describe how you want the group to respond to what you share. For example, some people might want validation and affirming statements, some people might want to have people witness and simply acknowledge their pain, and a combination of many other possible responses.