



Open Minds Open Doors

Transforming Domestic Violence Programs
to Include LGBTQ Survivors



the **Network** la **Red**



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Created as a project of: The Network/La Red

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, S/M, polyamorous and queer communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services.

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I: Introduction

Choices in language

Partner Abuse vs. Domestic Violence

Throughout this manual we use the terms **partner abuse** and **domestic violence** interchangeably. There are many terms that exist, such as intimate partner violence, teen dating violence, battering and dating violence. Each has its own connotation. For example, when hearing the term domestic violence, people often think of a married couple or two people who live together. Others feel that this term only refers to abuse in straight/heterosexual communities. There is also a distinct focus on physical violence which minimizes other abusive tactics such as economic, emotional, sexual, and cultural/identity abuse¹. This may cause survivors who are experiencing abuse that doesn't involve physical violence to doubt or minimize their experience.

At The Network/La Red we prefer the term **partner abuse** because the focus is on abuse rather than just physical violence. The term partner abuse is also inclusive of relationships other than marriage and co-habitation. Because it contains the term partner, it is also more inclusive of LGBTQ relationships. However, the term does have its limitations, especially when working with youth, because not everyone labels the person they are dating a "partner." In this manual we primarily use the term partner abuse, but also include the term domestic violence since it is the term most widely recognized by providers who are relying on this manual to make their programs more LGBTQ-inclusive.

Survivor vs. Victim, Abuser vs. Perpetrator

We use the terms **survivor** and **abuser** exclusively instead of victim or perpetrator. One important reason is that victim and perpetrator are legal terms that describe participants in single incidents of criminal behavior. They do not take into account the context of an entire relationship. A survivor of domestic violence, particularly in the case of LGBTQ domestic violence, could be arrested as the perpetrator of assault, even if they were acting in self-defense. In this scenario, the survivor would legally be the perpetrator and the abusive partner would technically be the victim of a crime. Therefore, it can be dangerous and confusing to use "abuser" and "perpetrator" and "survivor" and "victim" interchangeably.²

We also use the term survivor instead of victim because The Network/La Red's expertise is grounded in the experience of LGBTQ survivors. We know from our experiences and the experiences of the survivors that we work with, that the term "survivor" can be much more empowering than the term "victim." The Network/La Red continues to be survivor-led to this day and defers to survivors to name themselves.

LGBTQ communities

We use the term "LGBTQ [Lesbian, Gay, Bisexual, Transgender, and/or Queer] communities" throughout the manual as an umbrella term to describe the many communities that we serve. We could not possibly list every single sexuality or gender identity term, and the words that people use to describe themselves vary by region, location, culture and ethnicity. Therefore,

¹ For more information about the tactics of abuse please reference Chapter IV, *LGBTQ Partner Abuse*.

² *Advocacy Model Language/Criminal Legal System Language* worksheet created by Connie Burk for The Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse, 2004.

we use the acronym LGBTQ to represent the broad spectrum of identities rather than trying to name each identity label. We also recognize that there is great diversity in who identifies as LGBTQ and that there are many LGBTQ communities just as there are many straight communities. Therefore throughout this manual we use the term *communities* rather than *community*. For more information on LGBTQ terms, concepts and communities please read more in Chapter III, *Introduction to LGBTQ Communities*.

How to use this manual

How familiar are you with LGBTQ communities?

If you are unfamiliar with LGBTQ communities or need more help in understanding these communities, please take the time to read Chapter III: *Introduction to LGBTQ Communities*. This is especially important if you are unfamiliar with the meaning of transgender or the difference between gender identity and sexual orientation. You can also reference this chapter if you encounter terms that are unfamiliar to you in the rest of the manual.

How familiar are you with LGBTQ partner abuse?

If you are unsure of the differences between partner abuse in straight communities (where neither partner is transgender) and partner abuse in LGBTQ communities, please take the time to read Chapter IV: *LGBTQ Partner Abuse* before you read the rest of the manual. It contains important information to keep in mind as you begin the process of making your program more accessible to LGBTQ communities.

Suggested Process

The subsequent chapters outline the process that The Network/La Red suggests for making your program more LGBTQ-inclusive. Each of the chapters focuses on one aspect of that process in detail, offering ideas for implementation. While it is recommended that your organization take all the suggested steps and do so in the suggested order, nothing is set in stone. Your organization may be ready to implement some of our suggestions but not others.

Case Studies

The case studies provide examples of how other domestic violence organizations in Massachusetts have taken steps to become more LGBTQ-inclusive. We included interviews with staff members from five of these programs to provide examples of how programs have implemented the suggested steps. Within the interviews, staff members share their organization's challenges, successes, and practical tips in implementing the steps to becoming more LGBTQ-inclusive.

II: Why Become LGBTQ-Inclusive?

1. The existence of LGBTQ partner abuse
2. The need for competent and inclusive services for LGBTQ survivors
3. Equal access to services
4. Funding requirements
5. Benefits of inclusion

The existence of LGBTQ partner abuse³

Partner abuse in LGBTQ [Lesbian, Gay, Bisexual, Transgender and Queer] communities is a serious public health and community issue, occurring in approximately 25-33 percent of relationships where one or more partner identifies as lesbian, gay, bisexual and/or transgender.⁴ This rate is comparable to the rate of domestic violence perpetrated against heterosexual cisgender⁵ women. LGBTQ people have been killed and seriously injured by their partners, have lost housing, children, and pets, and have suffered emotional, sexual, financial, cultural and identity abuse at the hands of abusive partners.

Given the prevalence and seriousness of LGBTQ partner abuse, why do we need to start off this manual with a section proclaiming its existence? The first work on battering within lesbian relationships was published in 1986 by The National Coalition against Domestic Violence. Why, so many years later, does it remain hidden – both in the domestic violence movement and within LGBTQ communities?

I was grabbed from behind by my partner's girlfriend, and I heard the click of a gun, and I'll never forget the words. She said, 'They'll never find your body.' And I knew that could be true. I knew I had to get out immediately... I moved seven times in two-and-a-half years. I ended up with a debt in excess of \$25,000.

-Jan, Survivor of Partner Abuse

First, most domestic violence programs formed an analysis of partner abuse based exclusively on straight cisgender women's experiences. While male violence against women, sexism, male supremacy, etc. are worldwide problems with multiple manifestations, "male violence against women" and "domestic violence and sexual assault" are not interchangeable terms. By using them as such, the domestic violence movement has, whether intentionally or not, overlooked LGBTQ partner abuse and

³ Boxed quotes from the survivors Jan and Dave are cited from *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005, available on our website: www.tnlr.org.

⁴ This statistic is derived from a compilation of many studies. The National Coalition of Anti-Violence Programs cites multiple studies in their "Lesbian, Gay, Bisexual, Transgender and Queer Domestic/Intimate Partner Violence in the United States in 2009 Report" to support that the rate is comparable to the rate in straight relationships. Their report cites the following studies: Heintz, A. J., Melendez, R. M., (2006). "Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals." *Journal of Interpersonal Violence*, 21(2): 193-208; Heidt, J.M., Marx, B.P., Gold, S.D., (2005), "Sexual revictimization among sexual minorities: A preliminary study." In *Journal of Traumatic Stress*, 18(5): 533-540.; Turell, S.C., Cornell-Swanson, L., (2005). "Not all alike: Within-group differences in seeking help for same-sex relationship abuses." In *Journal of Gay & Lesbian Social Services*, 18(1): 71-88.; Zahnd, E.G., Grant, D., Aydin, M., Chia, Y.J. & Padilla-Frausto, D.I. (2010). *Nearly four million California adults are victims of intimate partner violence*. Los Angeles: UCLA Center for Health Policy Research.

⁵ Cisgender is a term to describe someone who does not identify as transgender. For more information on the term cisgender please reference Chapter III, *Introduction to LGBTQ Communities*.

sexual assault. The resulting lack of LGBTQ-specific outreach strategies, materials, and services have only further silenced LGBTQ survivors. In addition, domestic violence programs are a part of the culture we live in and they are not immune to homophobia, biphobia and transphobia.⁶ The Network/La Red has heard many stories over the years of program staff who were very clear about their hatred of LGBTQ people and their refusal to work with LGBTQ co-workers and/or survivors.

This type of hatred also contributes to LGBTQ communities’ minimization of domestic violence. LGBTQ people are often portrayed as sick, violent, predatory, etc. Many LGBTQ communities are afraid to acknowledge partner abuse for fear of feeding these negative stereotypes and giving further ammunition to those who work against LGBTQ people. In addition, most LGBTQ people have faced homo/bi/transphobic teasing, bullying, harassment, discrimination, and/or assault. When the external world is unsafe, LGBTQ individuals, like members of other oppressed groups, naturally turn to a community of others like themselves for support, friendship, and safety. Unfortunately though, if the outside world is identified as *unsafe* and the community is identified as *safe*, then acknowledging violence that happens within the community – partner abuse – becomes very difficult. When combined, all of these factors leave LGBTQ survivors without the tools to seek support. One LGBTQ survivor explains:

After a lengthy courtship, during which I was treated like gold, my partner and I moved in together. Almost immediately he began to turn on me, demanding separate rooms, bringing strange men home for sexual encounters, subjecting me to verbal abuse privately and in public. At one incident, he started an argument, slapped me, pushed me into oncoming traffic at an intersection in front of a very populated café.
-Dave, Survivor

At the Stonybrook T stop, there was an ad for a while with a young woman and a man and it says something to the nature of, “I didn’t know it was abuse.’ And that’s the thing. For all my life I identified abuse as something that happens between a man and a woman. I didn’t understand that a woman could hurt me in the way that I was hurt.”⁷

The myth that partner abuse does not occur in LGBTQ communities can cause LGBTQ survivors to question their experiences and may deter them from seeking services. Domestic violence programs can contradict this myth and validate LGBTQ survivors’ experiences by becoming inclusive of LGBTQ survivors and providing services and outreach that raise awareness about abuse in LGBTQ communities. Your program can start by following the suggestions outlined in the following chapters of this manual and by getting technical assistance and support from The Network/La Red.

As a trans-man who is a survivor, I wasn’t allowed into certain survivor spaces because I was now male, even though at the time I experienced domestic violence I was living as a lesbian in a relationship with another lesbian.
-Gunner Scott, Massachusetts Transgender Political Coalition

The need for competent and inclusive services for LGBTQ survivors

Despite the prevalence of LGBTQ partner abuse, there are only a handful of programs in the country specifically serving LGBTQ survivors. The need for more inclusive services for LGBTQ survivors is great in all areas, but shelter and housing are especially wanting. According to *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence*, “An overwhelming number of GLBT victims (57%) become homeless due to the abuse, with a large number (18%) reporting that they lose everything.” The same report explains that, “there are significant gaps in the critical continuum of services for GLBT victims, including adequate shelter.”⁸

⁶ Definitions of homophobia, biphobia and transphobia can be found in Chapter III: *Introduction to LGBTQ Communities*.

⁷ *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005.

⁸ *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005.

One factor in the high rate of homelessness is the lack of emergency shelters and transitional living programs for LGBTQ survivors. Another related factor is homophobia, biphobia, and transphobia that exist in all parts of society. For instance, LGBTQ survivors may be isolated because of homophobia, biphobia, and transphobia on the part of friends, employers, clergy or family members, leaving them more vulnerable in times of crisis. Even when the survivor has an LGBTQ-friendly community, those friends are likely to be shared with their abusive partner so that leaving or even talking about the abuse may mean losing that community. These issues create an even greater need for shelter and services for LGBTQ survivors.

LGBTQ survivors also need support groups, hotlines, and one-on-one support where they can talk about the abuse while feeling safe enough to be open about their sexuality and/or gender identity. For example, bisexual women may fear being out about the gender of their partner for fear of discrimination from providers or other program participants. A gay male survivor may fear being treated like an abuser because he is a man calling a hotline. A transgender woman may be harassed because she is not seen as “woman enough” and may be targeted for having a low voice or masculine facial features. All domestic violence programs can take steps to minimize this type of harassment of LGBTQ survivors in their programs. By creating a safe place for LGBTQ survivors to address abuse, programs can eliminate existing gaps in service and fill the unmet needs of LGBTQ survivors.

I think people forget that trans people, gay people, and lesbians all pay taxes and we should get fair and equal treatment in the state. If it’s my tax dollars that go to something then my community should not be turned away.
-Gunner Scott, Massachusetts Transgender Political Coalition

Equal access to services⁹

Although some domestic violence organizations extend services to LGBTQ survivors, many have not received the training needed to provide equal services and may inadvertently discriminate against them. Others lack policies and procedures to handle homophobia, biphobia, and transphobia from other program participants. Dave Ring, the former Director of Client Services at the Gay Men’s Domestic Violence Project, describes an example of transphobia from other program participants:

A [transwoman] survivor that we were offering community services to was sheltered in a different program. She reported to us that other survivors in the shelter would complain to service providers about not knowing what to tell their kids

“what she was.” The response from staff was inadequate.

A survivor shares a similar tale about homophobia in shelter:

I was grateful for a place to hide but it [shelter] was one of the most uncomfortable situations I have been in. Instead of being able to deal with my current situation, I had to deal with the other women’s issues about my sexuality. I was asked not to be gay in front of one woman’s child. I couldn’t talk about my situation as everyone else at the house had trouble understanding how I could be battered by another woman.¹⁰

This has nothing to do with gender, sexuality, race, culture. It has everything to do with how we treat and love people in our communities. So, what I am asking for is continued support, and also much, much more support, because I believe that if I went back to my partner, I would have died. And I don’t want that for myself, I don’t want that for my sister, I don’t want that for any man, woman, or child on this Earth.
-Anonymous, Survivor

In both of these situations, the discrimination came directly from the other residents in the shelter, yet the shelter staff did not adequately address the harassment to protect the LGBTQ survivor. Harassment of LGBTQ survivors continues in many programs

⁹ Boxed quote from Anonymous Survivor is cited from *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005.

¹⁰ *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005.

and left unaddressed, it creates an additional barrier for LGBTQ individuals and denies them equal services.¹¹ Some of these survivors may choose to leave and return to their abusers while others become homeless. Our goal with this manual, with our technical assistance program, and with our provider trainings is to increase the number of providers who can provide LGBTQ-inclusive services, free from discrimination, so that LGBTQ survivors can access the same safety options available to straight cisgender survivors.

It is important for programs to know that discrimination on the basis of sexual orientation and gender is illegal in Massachusetts and many states. Gender identity-based discrimination is illegal in Boston, Cambridge and other towns across Massachusetts. There is also legislation pending that would outlaw discrimination based on gender identity statewide. Similar bills are being considered at the federal level. What this means is, turning away survivors on the basis of sexual orientation is illegal anywhere in Massachusetts, and turning away transgender survivors on the basis of gender identity/presentation may be illegal depending on your location. In either situation, your program is likely to be setting itself up for a lawsuit if it discriminates against LGBTQ survivors.

Funder requirements

In Massachusetts, the Department of Children and Families (DCF) funds many domestic violence programs. The *Policies and Procedures* section of the service agreement for programs who receive their funding, *The Domestic Violence Request for Responses FY 2007 (RFR)*, already mandates that programs, “Do not discriminate in the delivery of services against any person who otherwise meets the eligibility criteria for services.” In addition it asked respondents to, “clearly define how programs will, directly or in collaboration with partner agencies, accommodate the range of individuals and families who seek services; including, large families, extended families, transgendered individuals, and disabled persons accompanied by personal care attendants.” In this statement, DCF clearly highlights the need for programs receiving their funding to provide accommodations for transgender individuals.

DCF [Department of Children and Families] put out the RFR [Request for Responses] that I felt was very clear in saying you can’t discriminate against people with different sexual orientation or gender.

-Susan Chorley, Renewal House

The RFR also mandates screening¹² for same-sex relationships and states that each program must “define the program’s process for screening same-sex abusive partners.” This portion of the RFR not only explains that programs must serve LGBTQ survivors, but that all programs should have screening institutionalized in their policies in order to receive funding. Agencies currently receiving money from DCF may wish to become more LGBTQ-inclusive in order to ensure that the requirements of their funding agreements are met.

Benefits of LGBTQ inclusion

Many domestic violence programs in Massachusetts are well aware that partner abuse happens in LGBTQ communities and are making efforts to be more inclusive. We applaud this work and have written this manual to better assist in that process. Your organization has a part to play in raising awareness about LGBTQ partner abuse and supporting survivors, but the benefits of inclusion are internal as well.

¹¹ This manual will show how to address harassment in Chapter X: *Creating a Welcoming Environment* and it is also addressed within several of the case studies.

¹² Screening is discussed in further detail in Chapters: IV: *LGBTQ Partner Abuse*, VII: *LGBTQ Education*, X: *Creating a Welcoming Environment* and XIV: *Direct Service Practices: Support Group* as well as in several case studies in Chapter XVII.

The process of becoming inclusive can strengthen the commitment and investment of the staff at all levels of the organization. Becoming an organization that serves LGBTQ survivors can give employees a new sense of pride that can revitalize their work. The training needed to become inclusive can help staff feel more confident, knowledgeable, and empowered. The staff will no longer have to turn survivors away based on sex, sexuality or gender identity. This in itself can be a huge relief to advocates who strain under the weight of knowing they are turning away survivors

Mostly we've gotten nothing but positive feedback from the board, from volunteers, from the community. It's only been people who are proud that we've done this.

-Susan Chorley, Renewal House

who have nowhere else to go. Many of the LGBTQ-inclusive providers we interviewed for this manual mentioned personal pride in their agency because of these policies.

It took us to a whole other level of thinking about who we are in this movement. We realized that we were an agency rooted in social justice that really wanted to work against oppression.

-Jo Patterson, REACH

The programs who choose to include LGBTQ survivors also receive respect and recognition from their communities, their funders, and other service providers. They are often seen as leaders in the field. Some programs have gained funders because of their change in policies to become more inclusive of LGBTQ survivors.¹³ These programs earn recognition and respect from LGTBQ organizations in the domestic

violence field and the community for the hard work that they do to include LGBTQ survivors.

We know that domestic violence in the GLBTQ community is a serious issue and that rates are roughly the same as those for heterosexual women (25%). One of the unique factors though, is that seeking help and services involves coming out to a possibly unprepared and hostile neighborhood, court, police force, etc. This is a dangerous barrier for GLBTQ victims that increases the risk we experience. We also know that a relationship with a local advocacy program can save a potential homicide victim's life. For this reason, among many good reasons, your outreach and work within GLBTQ communities can and will save lives.

-Isa M. Woldegiorgis, Director of Membership, Jane Doe Inc.

¹³ Please read more in the Case Studies in Chapter XVII.

III: Introduction to LGBTQ Communities

Mirroring language

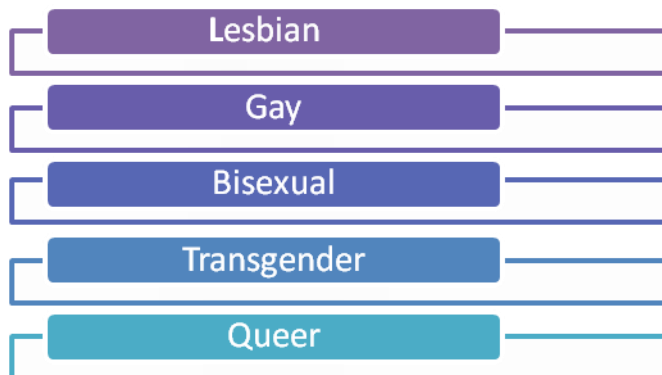
This chapter provides a brief overview of terms, definitions, and concepts that are relevant to LGBTQ communities. It is important to remember that labels and definitions vary from community to community and are constantly evolving. Some terms are embraced by some LGBTQ individuals but are offensive to others. For all these reasons, it can be confusing for providers to know which language to use when doing direct service and outreach.

In direct service work, we suggest that providers mirror the words that people use to describe themselves. For example, you may be working with a woman who is in a relationship with a woman, but this does not necessarily mean she identifies as a lesbian; she may identify as bisexual, queer, a stud or any number of other labels. We suggest listening for the terms people use for *themselves* and then mirroring that language back. If the person does not mention the term they prefer in a conversation, you can ask in a respectful way, “What word do you use for your sexuality?” when asking about sexuality or “What word do you use to identify your gender?” when asking about someone’s gender. It can also be helpful to explain why you are asking the question. For example, let the person know that you are asking because your funders mandate the collection of statistics or that you are asking in order to safety plan or to see if there are any LGBTQ-specific services that they can benefit from.

Insider language

Some terms like “dyke” or “fag” have a history of being used as hate speech against LGBTQ individuals and communities. Because of this, many of these terms can be painful and offensive for some LGBTQ folks, yet others have reclaimed these terms and use them with pride. Although an LGBTQ individual may use the term “fag” or “dyke” to describe themselves or others who identify in that way, it may not feel the same when it is used by someone outside LGBTQ communities. It may be considered insider language and it may only be appropriate to use the term if you yourself identify as LGBTQ. On the other hand, a term that you may consider an insider term may be the word that someone wants you to use to describe them. For example, this is increasingly true for the term *queer* which was once used only in a derogatory way but is now being used with pride by many and is even used in academia. If you are working with someone who identifies with a term that could be insider language and you are unsure if it is appropriate for you to use that term, you can ask the person in a respectful way, “I heard you call yourself

a fag/dyke/maricón/queer. How would you like me to refer to you?” The person may give you another term for you to use or may ask you to use that term.



What is LGBTQ?

LGBTQ is a respectful umbrella term that advocates and other service providers can use for outreach and in written documents. **LGBTQ** stands for: Lesbian, Gay, Bisexual, Transgender and Queer.

You may also encounter or choose to use similar acronyms when referring to LGBTQ communities such as: GLBT, LGBT, LGBTIQ, LGBTTSIQ, GBLTQQA, LGBTQA, etc. Some of the letters in these

acronyms stand for: Intersex, **Q**uestioning, **A**llies, and **T**wo-**S**pirit. We suggest that organizations using any of these acronyms also spell out the terms they represent at least once in each publication or document.

It is important to recognize that LGBTQ includes identity labels for both gender and sexuality. Since the two are often confused, it is important to understand the difference between the two and to know that every person has both a sexuality and a gender.

Outing

Outing is the act of revealing that someone is LGBTQ or intersex to someone who doesn't know. LGBTQ individuals should have the right to choose who they wish to be **out** to. Providers should never **out** a survivor to other advocates, program participants, or providers without their permission. Abusers may threaten to **out** their partner to gain power and control over them. **Outing** someone may cause someone to lose their job, housing, or children and may put their relationships in jeopardy.

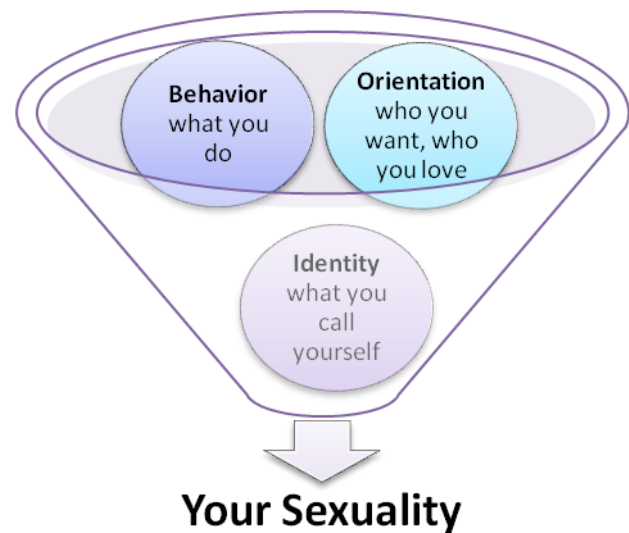
Sexuality

Sexuality is made up of three components:

Orientation: who you want, who you love

Behavior: what you do

Identity: what you call yourself



The three components do not always “match up” the way providers might expect them to. For example, a man may be attracted to men and women (orientation), sleep with men and women (behavior) but identify as straight (identity). Because he identifies as a straight man, providers should refer to him as straight, regardless of his behavior and orientation. As providers our priority is to respect people’s identities, to support people’s right to self-identify, and to avoid making assumptions based on a person’s orientation or behavior.

Homosexual: Until the 1980’s, homosexuality was listed in the DSM (Diagnostic and Statistical Manual of Mental Disorders) as a mental illness. Because of this history, many find the term homosexual offensive. We strongly recommend avoiding the use of the term in outreach materials. However in advocacy work you may encounter someone who does identify with the term homosexual, and if this is their preferred identity label, then you should use it for that individual. The term homosexual, which is spelled the same in English and Spanish, is particularly commonly used by Spanish speakers to describe their sexuality due to a lack of Spanish terms for LGBTQ folks that have a positive connotation.

Queer: Historically the word queer has been used in a derogatory way and it is offensive to some LGBTQ folks, however others have reclaimed it as an umbrella term to describe everyone who is not straight. Other people use it to describe being attracted to multiple genders; it’s a term more inclusive than bisexual. It is also a word used in academia; there are many books on Queer Studies and even Queer Studies departments on some college campuses.

Gender

Sex

Sex refers to biological characteristics of being male, female, and/or intersex¹⁴ such as sex chromosomes, hormones (such as testosterone and estrogen), genitalia, etc. Sex is assigned at birth by a doctor based on the physical anatomy of genitalia. Sex can be changed through medical assistance such as surgeries and hormones.

Gender

Gender is assigned at birth based on sex. For example, those who are born female are assigned the gender of girl and those who are born as male are assigned the gender of boy. Intersex children whose genitalia are considered “non-standard” at birth are assigned a gender by the doctor or by their parents. Based on assigned gender individuals are then socialized to act in specific ways based on cultural norms of masculinity and femininity. Gender refers to self-expression, performance, actions, behavior, dress, and grooming based on these cultural norms. Everyone has a gender and a unique way of expressing their

Examples of terms people use to describe their sexuality		
Gay/Hombregay Lesbian/Lesbiana Bisexual/Bisexual Dyke Fag Pato/Pata Straight	Heterosexual Stud In the lifestyle Down low Butch Maricón Queer	Hetero-flexible Asexual Pansexual Omni-sexual Woman who loves women Man who has sex with men Lover of women

¹⁴ More information on intersex is available later in this chapter.

gender, and gender may change over

Examples of terms people use to describe their gender		
Transgender man Transgender woman Genderqueer Butch Femme Bi-Gendered Woman Stud	Omni-gendered Androgynous Transsexual man Transsexual woman Drag Queen Drag King Cross Dresser Macha	MTF FTM Boi-dyke Man Two-Spirit Femme Queen Transman AG's

time.

Gender identity

Gender identity is the inner sense of one’s gender, including a sense of self and self-image presented to the world and self-identification. Gender identity refers to the label we use to describe our gender to ourselves and others such as man, woman, transgender man, genderqueer, transgender woman. For more examples of gender identity labels please see the chart on the previous page. Gender identity can also change over time.

Traditional gender model

This model states that sex and gender are synonymous and that only two exist, male/man and female/woman. This model also implies that they are opposites of each other. This model assigns gender at birth based on the physical anatomy of genitalia and assigns specific gender roles and expectations for each category. This model is problematic because these gender roles are limiting for many people, and the model doesn’t include people who do not fit into the gender binary of man/male and woman/female.

Alternative gender models

Transgender activists and their allies have developed alternative gender models to include those who do not fit into the traditional gender model. These models allow for gender identity to be individual and unique for every person. Gender is seen not as a binary but rather an expansive spectrum of identities. Gender can be fluid and change over time.

The Lesbian, Gay, Bisexual and Transgender Community Center of New York City's Gender Identity Project created a 20 minute video, *Transgender Basics*, to help people understand one of these more expansive models. This movie features transgender people talking about their experiences and is available to watch on-line at no cost: www.gaycenter.org/gip/transbasics/video. This is by no means the only alternative gender model out there, but it is one good example and the movie provides useful information about transgender communities and individuals.

Cisgender

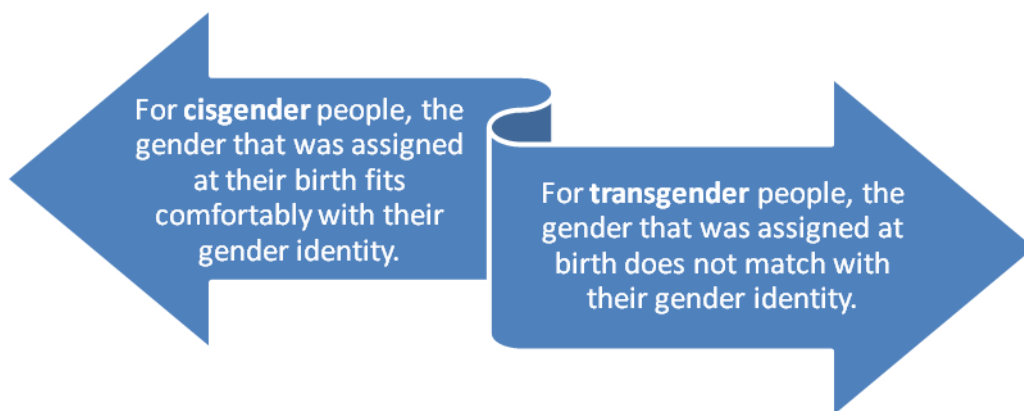
Cisgender is a term that describes individuals whose gender identity is the same as the gender they were assigned at birth. For example, someone who was assigned female at birth, grew up as girl, was socialized as a woman and currently identifies as a woman is cisgender or a cisgender woman.

Transgender

Transgender is an umbrella term for people whose gender identity does not fit within the traditional gender model, or for someone whose assigned gender does not match their gender identity.¹⁵ Some examples of gender identity labels and their definitions are listed below. Please note that terms and definitions vary among individuals and communities. People may have differing definitions for the same labels.

Gender non-conforming

Gender non-conforming is a term used to describe someone who does not conform to society's expectations of their assigned gender. This includes tomboys, feminine men, genderqueer individuals, butch women, etc. Not all gender non-conforming people identify as transgender, however they may experience homophobia, biphobia, and/or transphobia because they are perceived to be lesbian, gay, bisexual, or transgender because of their gender presentation.



Gender performance or play

Some people live primarily in the gender they were assigned at birth, but occasionally dress up in another gender for performance, comfort, pleasure or fun. Some examples are:

¹⁵ A great resource for learning more about transgender people's experiences is the website, www.transpeoplespeak.org, which features short video clips of trans people speaking about their lives.

Crossdresser

A person who enjoys wearing clothes of the “opposite” gender for comfort, pleasure or fun.

Drag king/drag queen

A drag king is a woman who dresses in men’s clothes for performance or enjoyment. A drag queen is a man who dresses in women’s clothing for performance or enjoyment.

Live full time

Some people may choose to transition from one gender to another and to live full time in that gender. There is no one right way to transition.

Transgender woman¹⁶

A person whose assigned gender at birth was male/boy who transitions to *live full time* as female/woman. May use terms such as: male to female [MTF] transsexual, transsexual woman, transwoman, or woman to identify themselves and prefer the pronouns “she,” “her” and “hers.” Terms such as “Woman who is really a man,” “shemale,” “he-she” or “shim” are offensive and should not be used.

Transgender man¹⁷

A person whose assigned gender at birth was female/girl who transitions to *live full time* as male/man. May use terms such as: female to male [FTM] transsexual, transgender man, transsexual man, transman, or man to identify themselves and prefer “he” “his” and “him.” Terms such as “man who is really a woman,” “he-she,” “shim” or “shemale” are offensive and should not be used.

Genderqueer

A person whose assigned gender at birth is male or female who transitions to *lives full time* as genderqueer. Their gender identity, expression and presentation may be fluid and/or non-conforming. They may identify as both male and female or neither male nor female. They may use both “he” **and** “she” or may choose “he” **or** “she.” Other pronoun options include “they, theirs” and “ze, hirs.”¹⁸

Transition may include all or some of the following:

¹⁶ Throughout this manual we will use the term transgender woman as an umbrella term to represent individuals who identify as transsexual women, MTF transsexuals, transwomen, and transgender women.

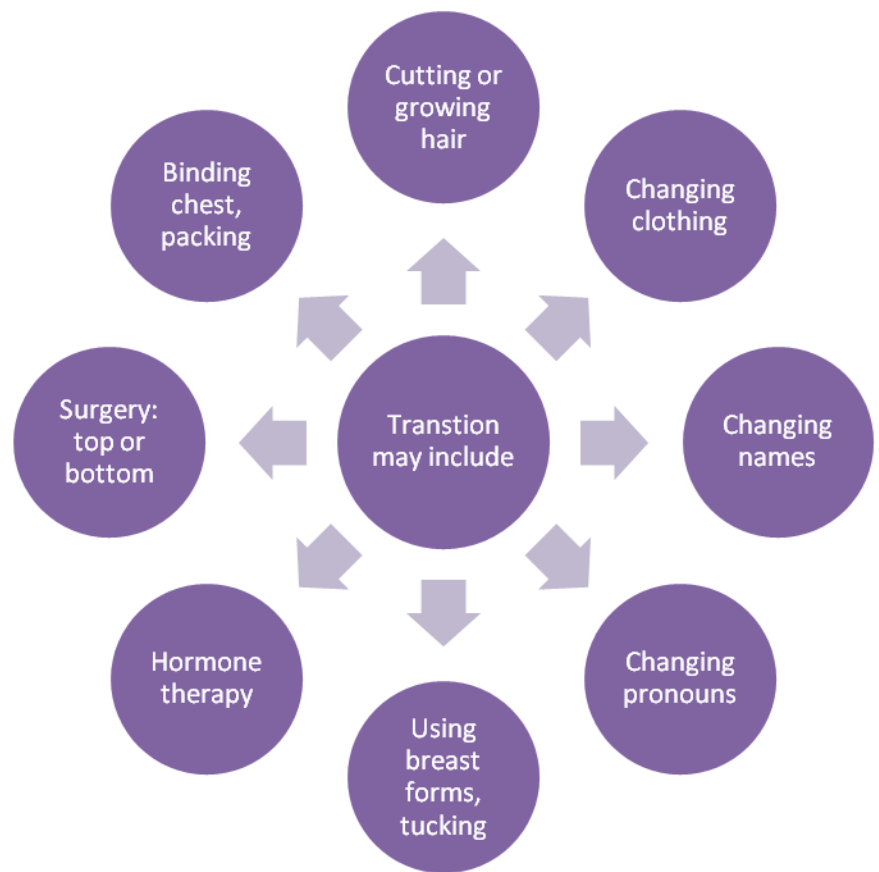
¹⁷ Throughout this manual we will use the term transgender men as an umbrella term to represent individuals who identify as transsexual men, FTM transsexuals, transmen, and transgender men.

¹⁸ For more information on the pronoun “ze,” please read the sections on pronouns in this chapter.

- Cutting or growing hair; wearing wigs
- Dressing in clothing of the gender one identifies with
- Changing names legally or through common usage
- Changing the pronouns they use for themselves – he, she, they or ze.
- Hair removal
- Hormone replacement therapy
- Voice lessons
- Facial feminization surgeries
- Using breast forms or binding chest
- Packing¹⁹ or tucking²⁰
- Top surgeries (breast augmentation or reduction)
- Bottom surgeries (sex reassignment surgeries)
- Changing gender markers on identification such as a driver’s license or passport.

Medical transitioning: Why or why not?

Some people may wish to medically transition with the aid of hormones and surgeries so that their physical appearance matches their gender identity. One of the reasons someone may choose to medically transition is to feel more comfortable in their body. It may also help them “pass” as the gender they identify with. For example, people often use visual cues and voice to identify someone’s gender – therefore medical transitioning may result in someone being more likely to correctly recognize the gender of a transgender person. For instance a transgender man may take testosterone which will deepen his voice and increase facial hair; this will make it easier to be recognized as a man by others. This ability to pass helps transgender individuals navigate their day-to-day world with less harassment and discrimination. In addition, many states will not allow the change of gender on legal

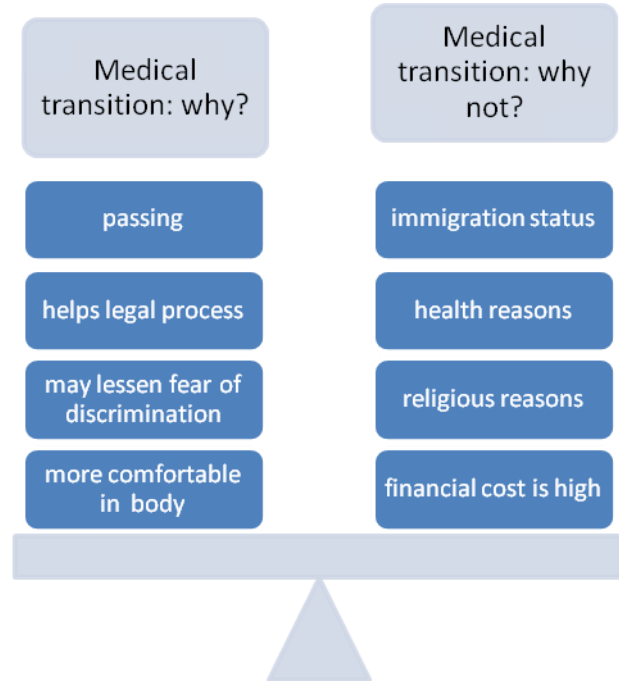


¹⁹ Hudson’s *FTM Resource Guide*, found at www.ftmguide.org defines packing as “The process of creating a male-looking and/or male-feeling bulge in one’s crotch. This can be accomplished through a home-made or store-bought pants stuffer, or through a realistic-looking prosthetic device.”

²⁰ T-girl Survival guide’s *Feminization 101* found at reneereyes.com explains that, “Tucking is basically the process of hiding your male genitalia from view.”

documents such as passports, licenses, or birth certificates without medical transitions. Because of this, people may choose to medically transition in order to fully legally transition in society.

Many people choose not to or may not be able to medically transition for a variety of reasons: financial cost, religious reasons, immigration status, personal reasons, or health reasons such as HIV/AIDS, hepatitis, high blood pressure, high cholesterol or other health issues that would prevent them from getting surgeries or going on hormones. The financial cost of medically transitioning with surgeries is very high, running from \$30,000 - \$110,000, and in most cases is not covered by health insurance. This barrier alone is one that is insurmountable for many people. In addition, medical transitions and the changing of sex/gender on legal documents require a signed letter from a mental health provider with a diagnosis of gender identity disorder which some do not wish to have on their records.



Honoring the live full time model

Because of the barriers to medical transitions and because not all transgender people wish to medically transition, The Network/La Red advocates that service providers use the Live Full Time Model when determining eligibility for gender-based programs such as an all women’s shelter or women’s support group. For example, if an MTF person lives full time as a woman, using the pronouns “she” and “her,” the Live Full Time Model would advocate for her acceptance into a women’s shelter *regardless of whether or not she has had any surgeries and regardless of her legal documents*. The Live Full Time model also recognizes that this same woman may not be out as a transgender woman to either her family or employers and may have to dress as a man for parts of her life, for safety or for financial security. Regardless of this, service providers should respect her identity as a woman and advocate for her acceptance into women’s programs.

Stealth

Stealth refers to someone who is transgender who now passes as their chosen gender and does not public identify as transgender. For example, a transwoman who moves through the world as a woman without anyone knowing she is transgender would be considered stealth.

Respecting someone’s gender identity

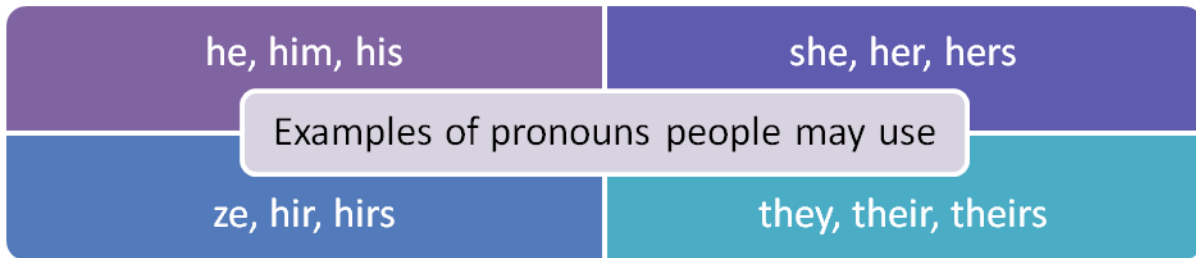
Use the terms people use for *themselves*. Do not guess someone’s gender based on voice, dress or appearance. If unsure, ask, “How do you identify your gender?” or “What pronoun do you prefer?” or wait for that speaker to tell you in the context of a

conversation. Use the pronouns and name people choose for *themselves*. If unsure, use gender-inclusive language.²¹ Do not ask invasive questions about a person’s gender identity or their body.

Never ask about a person’s genitals or related surgeries. In addition to it being rude, invasive and potentially retraumatizing, you could also be sued for sexual harassment.

Pronouns

For both cisgender and transgender individuals, pronouns are an important part of gender and gender identity. The chart below lists four examples of pronouns individuals may use for themselves. Because many languages only have two options for gender some individuals have started using third gender or alternative pronouns. “Ze” is a recently invented pronoun that genderqueer or other gender non-conforming or transgender individuals may use in place of “she” or “he.” It is the most commonly used third pronoun but others exist and when people ask you to use them, you should do your best to comply. Some individuals may also opt to use “they” as a pronoun in place of “he” or “she.” To find out which pronouns someone prefers, you can ask, “Which pronoun do you prefer?” or wait for context clues in the conversation. In a meeting of a group of people who may not know each other yet, you can ask each person to say their preferred name, their pronoun preference, and anything else you’d like people to share with the group.



Gender-inclusive language

In order to avoid mislabeling someone’s gender or the gender of someone’s abuser, use gender-inclusive language until you know which pronoun they prefer. For example, when talking about someone whose gender has not yet been shared, use “they” rather than “he” or “she,” “their” instead of “his” or “hers,” and “them” instead of “him” or “her.” **Never use “it,” “he-she,” or “shim.”** Another option is to use gender-inclusive terms such as: parent, caller, partner, survivor, abuser, victim, child, coworker, person, client, etc. The terms “you” and “your” are also gender-inclusive.

Examples of gender-inclusive language:

²¹ Gender-inclusive language is explained in detail below.

“**Someone** is here to see you. **They** mentioned that **they** had an appointment at 5:00 but **they** are a little early.”

“**The caller** is fleeing **their** abuser. **They** need shelter. **Their abuser** has been calling **their** friends and family members trying to find **the caller**.”

“**Your abuser** is threatening **you**? Where did **you** last see **them**?”

“I’m calling about a **survivor** who needs a restraining order. **The abuser** is currently in jail.”

Using gender-inclusive language can be challenging at first. It is helpful to practice with coworkers. A simple way to practice is to tell a story about someone you know. Instead of using gendered terms such as: he, she, him, her, woman, man, sister, etc, use gender-inclusive language such as: they, their, person, survivor, etc. Have your listener correct you if you accidentally use a gendered term and keep going. With practice, using gender-inclusive terms will become easier and more natural.

Intersex

Intersex is not a gender identity but often gets confused with the term transgender. According to The Survivor Project, a non-profit that works to address the needs of intersex and trans survivors:

Intersex people naturally (that is, without any medical intervention) develop primary or secondary sex characteristics that do not fit neatly into society's definitions of male or female. Many visibly intersex people are mutilated in infancy and early childhood by doctors to make their sex characteristics conform to their idea of what normal bodies should look like. Intersex people are relatively common, although the society's denial of their existence has allowed very little room for intersexuality to be discussed publicly.²²

The Intersex Society of North America also provides helpful information: www.isna.org.

Why include intersex in LGBTQ?

Hermaphrodite is a term that is considered offensive and should not be used to describe intersex people. It is a term to describe plants and animals and should not be used for people.

Although intersex is a medical condition and not a gender identity, many people who are intersex share similar experiences with transgender people. For example, some people who are intersex take hormones and have surgeries or are read as LGBTQ by the general public. Because of this they can face homophobia, biphobia, and transphobia similar to LGBTQ individuals. Also, intersex survivors can face an abusive partner threatening to out them around their intersex status in the same way an abuser could out an LGBTQ survivor. Additionally, some intersex people identify as LGBTQ. And, intersex individuals, similar to transgender individuals, deal with the medicalization of their bodies and invasive questions and scrutiny.

²² The Survivor Project, www.survivorproject.org

Discrimination and oppression

Homophobia, biphobia, transphobia, and heterosexism

Homophobia, biphobia, transphobia, and heterosexism are forms of oppression that result in discrimination and violence. When working with LGBTQ people, it is important to understand the effects of homo/bi/transphobia²³ and heterosexism.

Homophobia/biphobia/transphobia

Irrational hatred, fear, discrimination or belief in stereotypes about:

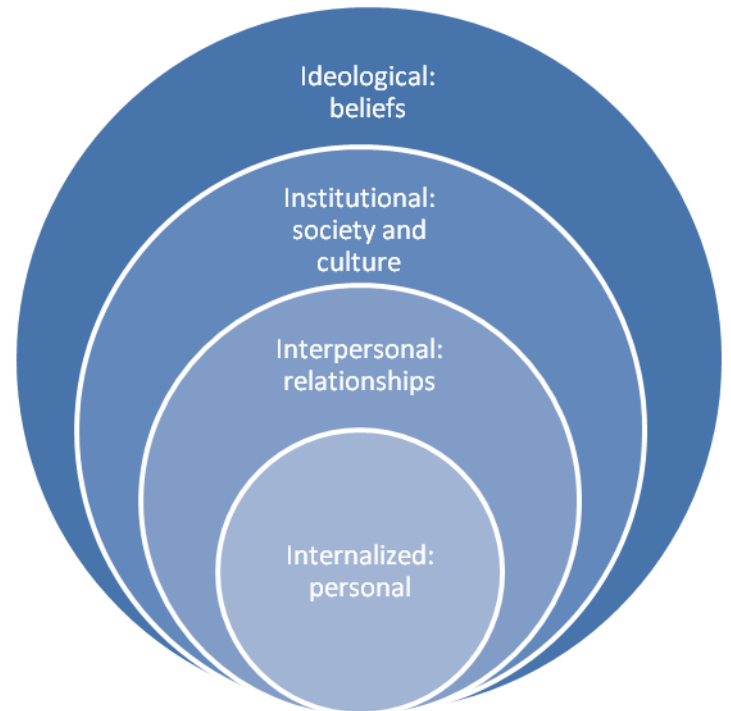
Gay and lesbian people = **homophobia**

Bisexual people = **biphobia**

Transgender people = **transphobia**

Heterosexism

The belief that heterosexuality and heterosexual relationships are the only acceptable norm.



Invisibility and attack

Like other forms of oppression such as racism and sexism, heterosexism and homo/bi/transphobia operate on four levels: an ideological level (cultural beliefs), an institutional level (society and culture), an interpersonal level (relationships), and an internalized level (personal) operating through both invisibility and attack.²⁴

Examples of invisibility

Ideological level

The cultural belief that heterosexuality is the only acceptable norm and that LGBTQ people do not or should not exist. The cultural belief that there are only two genders - men and women - and they are fixed and opposite to one another.

Institutional level

Very few images of LGBTQ people in the media or in places of power in society; no federal recognition of same-sex partnerships; lack of LGBTQ people mentioned in history, schools, or religious services.

²³ Homo/bi/transphobia is shorthand for homophobia, biphobia, and transphobia and will be used throughout the manual.

²⁴ Herek, G. M. (2000). "The psychology of sexual prejudice," *Current Directions in Psychological Science*, 9, 19-22.

homophobia



Interpersonal level

The assumption that everyone is straight and cisgender;²⁵ not educating oneself on LGBTQ issues or struggles.

Internalized level

Believing that you are abnormal or that there is something wrong with you because you are LGBTQ-identified; low self-esteem, shame.

biphobia



Examples of attack

Ideological level

The belief that everyone should be straight and cisgender and that LGBTQ people are inherently abnormal, sick, or evil.

Institutional level

The Defense of Marriage Act; lack of legal protection against anti-LGBTQ discrimination in housing and employment; the recently repealed ban of out LGBTQ individuals in the military (Don't ask, Don't tell); not allowing LGBTQ people to adopt children; sodomy laws still in existence the world; police harassment and brutality; religious attacks on LGBTQ people.

transphobia



Interpersonal level

Discrimination and violence; bullying; name-calling; harassment; denying service; firing or not hiring someone because they are or are perceived to be LGBTQ-identified; hate crimes such as vandalism, arson, stalking, physical attack, rape, and murder.

heterosexism



Internalized level

Self-harm; addiction; eating disorders; suicide; shame.

²⁵ See previous section on gender for definition of cisgender.

IV: LGBTQ Partner Abuse

Partner abuse

Partner abuse is a systematic pattern of behaviors where one person tries to control the thoughts, beliefs, and/or actions of their partner, someone they are dating, or someone they had an intimate relationship with. Partner abuse is also called domestic violence, teen dating violence, battering, and/or intimate partner abuse.



25-33% of LGBTQ people experience partner abuse in their lifetime.

Myths and facts about LGBTQ partner abuse

There are many myths about LGBTQ partner abuse based on stereotypes about gender, gender roles, and LGBTQ relationships. In order to work well with LGBTQ survivors we must challenge and dispel these myths. Otherwise, we run the risk of minimizing the effects of LGBTQ partner abuse, alienating survivors, and mislabeling survivors as abusers. The list of facts below is an attempt to address and dispel some of the myths about LGBTQ partner abuse.

Abuse is NOT just happening in heterosexual relationships (where neither partner is transgender). Partner abuse occurs at a comparable rate in LGBTQ communities as it does in heterosexual relationships. The estimate is that 25-33% of LGBTQ people experience partner abuse in their lifetime.²⁶

Abuse is NOT about both partners just “fighting it out” all the time. Abuse is never mutual.

Abuse is not about “two girls in a cat fight” or “boys being boys.” Abuse is one person using power and control OVER another; by definition both partners cannot have the kind of control we’re talking about. Although the abused partner may fight back, there is a difference between self-defense and abuse. The difference lies in the context, intent and effect²⁷ of the behavior. What is the context or situation in which the behavior occurred? Is the intent of the behavior to control the partner or to resist

²⁶ This statistic is derived from a compilation of many studies. The National Coalition of Anti-Violence Programs cites multiple studies in their “Lesbian, Gay, Bisexual, Transgender and Queer Domestic/Intimate Partner Violence in the United States in 2009 Report” to support that the rate of LGBT partner abuse is comparable to the rate of partner abuse in straight relationships. Their report cites the following studies: Heintz, A. J., Melendez, R. M., (2006). “Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals.” *Journal of Interpersonal Violence*, 21(2): 193-208; Heidt, J.M., Marx, B.P., Gold, S.D., (2005), “Sexual re-victimization among sexual minorities: A preliminary study.” In *Journal of Traumatic Stress*, 18(5): 533-540.; Turell, S.C., Cornell-Swanson, L., (2005). “Not all alike: Within-group differences in seeking help for same-sex relationship abuses.” In *Journal of Gay & Lesbian Social Services*, 18(1): 71-88.; Zahnd, E.G., Grant, D., Aydin, M., Chia, Y.J. & Padilla-Frausto, D.I. (2010). *Nearly four million California adults are victims of intimate partner violence*. Los Angeles: UCLA Center for Health Policy Research.

²⁷ The concept of “Context, Intent and Effect” originated from The Northwest Network’s of Bisexual, Trans, Lesbian and Gay Survivors of Abuse’s *Assessment Tool* which is available through their trainings. For more information on their trainings, go to www.nwnetwork.org. “Context, Intent, and Effect” is also discussed in the Gay, Lesbian, Bisexual, and Transgender Domestic Violence Coalition’s *Intimate Partner Abuse Screening Tool* available through their annual Screening Tool Conference. Information about the coalition and the conference can be found on our website, www.tnlr.org.

abuse? Is the effect of the behavior that the person has gained control over their partner, or is the effect of the behavior that they are punished by their partner or are in fear of retaliation? Screening training provides us with the tools to determine whether the person was resisting abuse or using a tactic of abuse to control their partner.

Abuse CAN happen regardless of the length of relationship or living situation.

Although LGBTQ marriage is available in some states, many LGBTQ couples are not married and may not live together. LGBTQ survivors may use different language to describe their partner such as: domestic partner, lover, partner, girlfriend, boyfriend, significant other, husband, wife, etc. Abuse can happen in the context of any of these relationships.

Abuse is NOT about size, strength, or who is “butch”²⁸ or more masculine

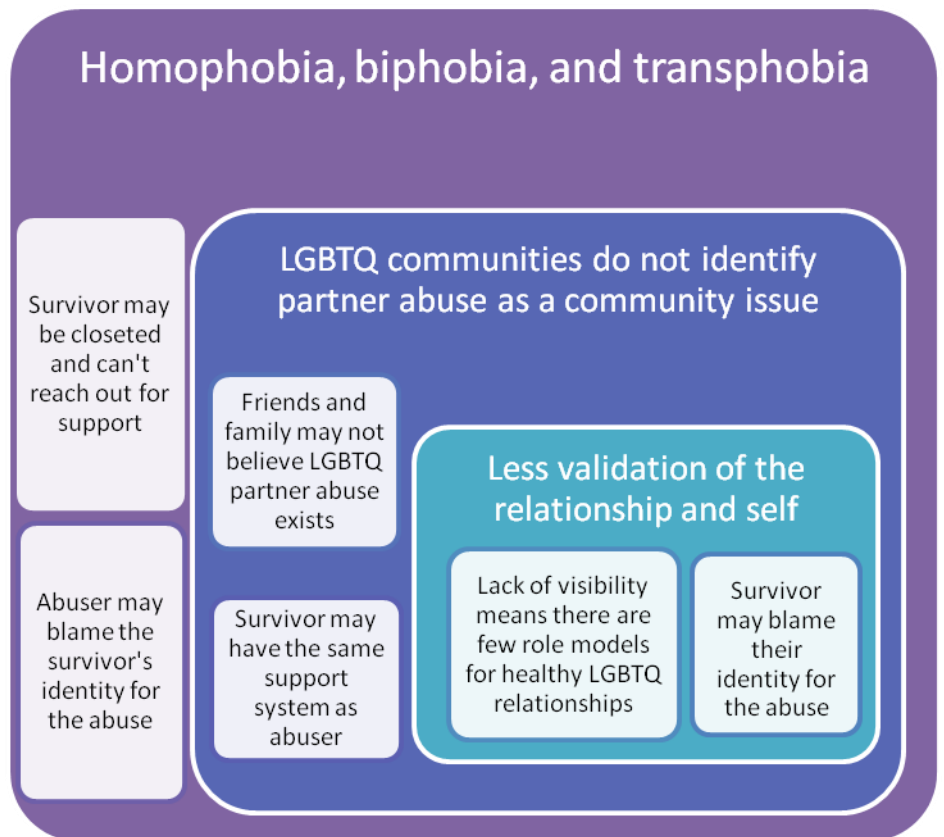
Abuse is about a willingness to use tactics to gain power and control over another person regardless of how a person looks or how they identify their gender or sexuality. Anyone of any gender can be abusive.

Women abusers are NOT less physically abusive than men abusers.

Because of gender stereotypes, many people believe that a woman abuser is more likely to use emotional tactics of abuse rather than physical tactics. The truth is that women abusers can and do use the same tactics as men abusers including beating, raping, and sometimes killing their partners. We cannot afford to take women abusers less seriously than men abusers.

How LGBTQ domestic violence is different from straight domestic violence:

- LGBTQ communities largely do not identify partner abuse as a community issue, which increases isolation for survivors.
- The survivor is likely to have the same support systems, such as friends and social spaces, as the abuser. Leaving their partner may mean they lose their community.



²⁸ Butch is a gender identity label that an LGBTQ person may use to describe themselves. Generally speaking a butch is someone who takes on traditionally masculine roles, behaviors, traits and/or dress. However, butch identity (like all gender identities) is often nuanced, and definitions of butch will vary from community to community.

- Internalized homophobia, biphobia, and transphobia increase the self-blame of the survivor.
- The abuser and/or others may blame the survivor’s sexual and/or gender identity for the abuse.
- Lack of visibility of LGBTQ individuals means that there are few role models for relationships.
- With little to no societal validation of LGBTQ individuals, people in a survivor’s life may not even recognize that the survivor is in a relationship, much less that s/he is being abused.
- Many people are closeted and cannot turn to friends, family, faith communities, or employers for support.
- Homophobia, biphobia, and transphobia do some of the batterer’s work for them by isolating the survivor, destroying their self-esteem, and convincing them that no one will help them because of their sexual orientation and/or gender identity.
- There is a greater likelihood of no arrest, wrongful arrest, or dual arrest when calling the police, and no restraining order or dual restraining orders given by judges.
- There are fewer resources available for LGBTQ survivors.
- There is a lack of screening to determine who the abuser is and who the survivor is by police, courts, support groups, shelters, and other services.
- There may be LGBTQ community pressure not to air dirty laundry about partner abuse or to use the legal system.

Examples of tactics of abuse relevant to LGBTQ communities

In addition to the tactics of abuse that are commonly used by abusers in all relationships, there are some additional tactics that abusers can use when one or more person in the relationship is LGBTQ-identified. They may include the following:

Abusers may say:

- "If you leave me, I'll tell your boss that you're transgender."
- "You need to stop acting so queer. I'm embarrassed by you."
- "You are the butch. You have to pay for everything."
- "If you don't have sex with me, I'll tell everyone at school that you are a faggot."
- "All lesbians have sex this way."
- "What do you think your father will do when I tell him we're together? If you want to find out, keep pushing me."

Emotional abuse

Questioning the validity of the survivor’s gender identity or sexual orientation; isolation one’s partner from LGBTQ community groups or social spaces; controlling what someone wears or how they express their gender or sexuality; name calling using homo/bi/transphobic slurs; pressuring one’s partner to be out; blaming one’s partner for being “too” out; defining reality, i.e. “Now that you are (gay, queer, transgender, etc.), you can’t do this,” or “If you want to be really (gay, queer, transgender, etc.), you have to do this;” using stereotypes about LGBTQ relationships to control one’s partner, i.e. “now that you are with a woman, you can’t have any women friends or look at other women.”

Physical abuse

Withholding hormones needed for gender transition; stalking, which can be easier if the partner is the same gender because they can make calls pretending to be the survivor or access services that are gender-specific; refusing to let one’s partner rest or heal from gender transition-related surgeries; public displays of affection in areas that are not LGBTQ-friendly to intimidate or scare one’s partner.

Abusers may say:

- "You're not a real man"
- "If you were really gay you'd let me tie you up."
- "Real women dress like this"
- "No one is going to help you because you are trans."
- "We're lesbians, we don't need to use protection. We can't catch STD's."
- "I know I can't trust you alone with your friends because you are bisexual and you'll sleep with anyone."
- "Even with that wig on, you still look like a man."

Note: Physical abuse in LGBTQ relationships can be just as severe as in straight relationships including tactics such as: pushing; hitting; punching; strangulation; hurting pets; taking mobility aides or prosthetics; restricting medical access; controlling food; locking in or out of the house; threatening or attempting suicide; murder; etc. Common myths are that women cannot be as violent as men, or that two men will be evenly matched in a physical fight, yet these are untrue.

Sexual abuse

Not respecting words used to describe parts of one's partner's body or body boundaries; exposure to HIV or sexually transmitted infections; using stereotypes to define reality around sex, i.e. "all (lesbians, queers, gays, etc.) have sex this way;" using gender roles to control what partner does sexually, i.e. "Real (men, women, butches, femmes²⁹) do this;" forcing one's partner to have sex in a way that doesn't align with their gender identity; using the myth that women cannot rape, or that men cannot be raped to deny or discount sexual assault.

Note: Sexual abuse in LGBTQ relationships can be just as severe as in straight relationships including tactics such as: rape, forcing sex acts; forcing sex in exchange for housing, food, money; sexual harassment; forcing sex with other people; forcing monogamy or forcing polyamory; withholding sex in order to control the partner; etc. LGBTQ survivors may deal with the added shame of being the target of sexual violence from someone in their community — a community they believed was safe. They may also discount or minimize the sexual abuse they experienced because of stereotypes that women cannot rape and that men cannot be raped.

Economic abuse

Getting one's partner fired from their job (which can be easier if the partner is of the same gender and calls impersonating the survivor to say "I quit"); identity theft (which can be easier if the partner is the same gender); using economic status to determine roles in a relationship; threatening to out one's partner to their employer; threatening to out one's partner to parents or relatives (if they are paying for tuition, housing, utilities, or including them in an inheritance).

Cultural/identity abuse

Threat of outing one's partner's sexual orientation, gender identity, S/M or polyamory practices, HIV status, or any other personal information to their employer, parents, friends, teachers, community, child protective services, the press, etc.; using the survivor's sexual orientation or gender identity against them; convincing one's partner of danger or rejection in reaching out or interacting with others in their communities; convincing the survivor that no one will help them because they are LGBTQ; telling them that they are "too (gay, masculine, feminine, etc)," or "not (gay, masculine, feminine, etc.) enough."

Effects on transgender survivors

- Withholding hormones may put the survivor's body in disarray. Secondary sex characteristics such as voice, location of fat, and body hair may be affected by hormone withdrawal. Mood and mental health may also be affected. This can put the survivor at greater risk of harassment or discrimination based on transphobia.
- Refusing to use the survivor's chosen name and pronoun can impact the survivor's self-esteem and may also confuse mutual friends and family members.
- Calling a transgender man's chest "breasts" undermines his gender identity and is a form of sexual abuse.

²⁹ Femme is a gender identity label that an LGBTQ person may use to describe themselves. Generally speaking a femme is someone who takes on traditionally feminine roles, behaviors, traits and/or dress. However, femme identity (like all gender identities) is often nuanced and definitions of femme will vary from community to community.

Screening for survivors and abusers

How can we tell who is the abuser and who is the survivor?

In order to determine who the abuser is and who the survivor is in a relationship, programs need to screen. Screening is a process of looking at a wide range of behaviors of both partners in the relationship and determining who has power and control over the other person.

Why screen?³⁰

We screen to provide appropriate services, referrals, and support for **survivors**.

We screen to provide appropriate services, referrals and support for **abusers**.

Survivors may believe themselves to be (or may have been told they are) abusive for fighting back.

Abusers may claim to be survivors:

- To block the survivor from using the service.
- To find out information about the survivor.
- To gain the benefits of a service (housing, aide, validation, etc.).
- To find the survivor in a shelter or a support group.
- To convince the survivor that the survivor is the abusive partner.
- To validate their perception that they are being victimized.

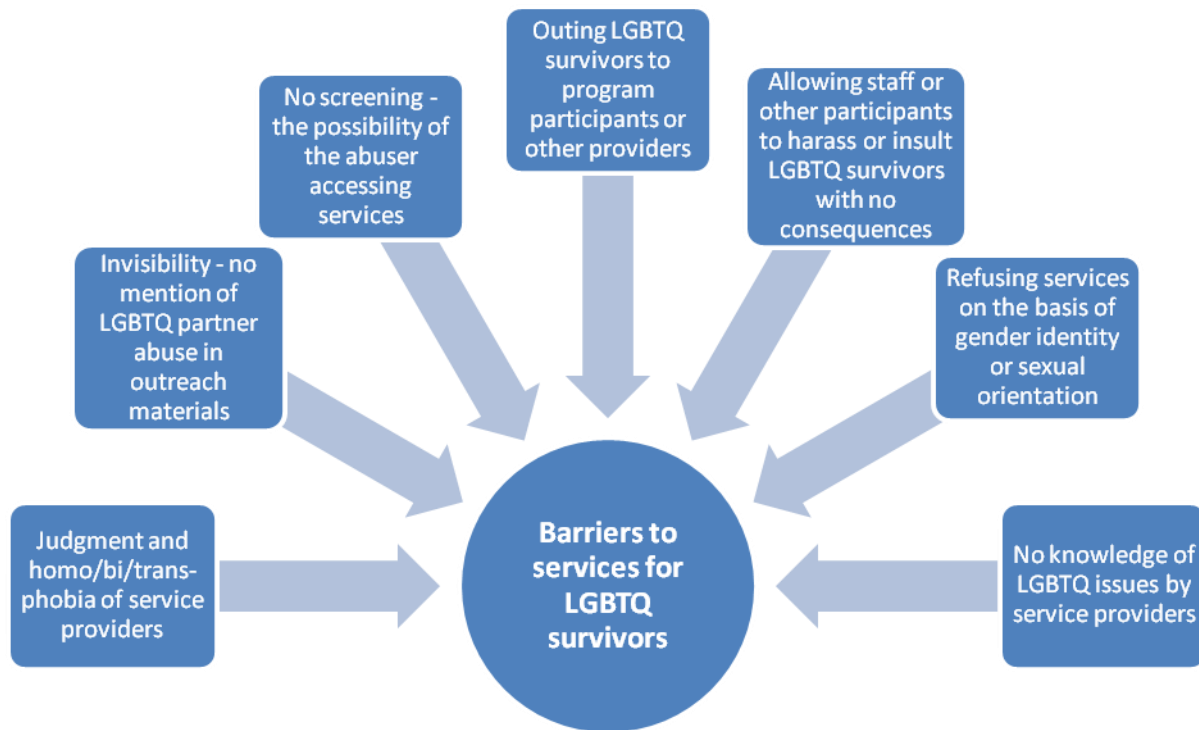
There are no shortcuts or quick checklists for determining whether an individual is an abuser or a survivor. Screening is a process and a skill that requires training and practice. It is recommended that those who work with LGBTQ communities learn to screen. Screening or Assessment training is offered by The Network/La Red, The GLBT Domestic Violence Coalition, and The Northwest Network.

Barriers to services for LGBTQ survivors:

Because of homophobia, biphobia, transphobia, and heterosexism, LGBTQ survivors face several barriers when trying to access services. Some of these barriers include:

- A sense of invisibility in service systems - no mention of LGBTQ partner abuse in most outreach materials.
- Judgment or homo/bi/transphobia on the part of service providers, or a fear of this type of discrimination.
- No screening, which results in a lack of safety and the possibility of the abuser accessing services.
- Staff outing LGBTQ survivors to program participants or other providers.
- Allowing staff or other participants to harass or insult LGBTQ people with no accountability.
- Refusing services on the basis of actual or perceived gender identity or sexual orientation.
- No knowledge of LGBTQ communities by service providers.

³⁰ For more information on screening please refer to the screening sections in Chapters: VII: *LGBTQ Education*, X: *Creating a Welcoming Environment*, and XIV: *Direct Service Practices: Support Group* as well as in several case studies in Chapter XVII.



Examples of barriers

The following list provides real life scenarios of barriers that LGBTQ survivors have faced when trying to access services. Imagine yourself in their shoes:

- You are a gay man fleeing your abuser. You call for emergency shelter and are told that the only programs that have space do not take men. Your only option is a homeless shelter where you fear you will be harassed and targeted for being gay.
- Your partner attacks you and you call the police. You are both women and the police don't know who the abuser is. They arrest you because you are more masculine-looking than your partner and they assume you must be the abusive partner.
- You are a transgender woman. When calling for shelter, you are repeatedly asked to describe what your genitals look like and asked invasive questions about your body like, "Have you had the surgery?" in order to see if you are eligible for the program. Because you are desperate to get away from your abuser, you decide to answer the questions, but are refused services based on your answers.
- The emergency room staff let your abuser stay with you during your exam because she is a woman and they don't recognize her as an abuser. When the doctor asks you how you were injured, your partner eyes you threateningly and you are afraid to say what really happened.
- You lose your job because your abuser tells your boss that you are queer.
- You are a gay man seeking a restraining order. At the hearing, the judge tells you and your abusive partner that, "you boys need to settle this on your own."

- You are fleeing your abuser and looking for a place to stay. Your family refuses to take you in because you are bisexual and they don't agree with your "lifestyle choices."
- You are a transgender man. Your doctor refuses to use the pronouns and name that you chose for yourself. When your partner assaults you, you have to choose between seeing a transphobic healthcare provider or not receiving care.
- You have been parenting your abuser's biological children for 8 years. If you leave your abusive partner you are afraid you will have no rights to custody and may never see them again.
- You enter an all women's domestic violence support group. They do not screen participants and two weeks into the group your abuser joins.
- You are a transgender woman. You are afraid to call the police for fear that they will arrest both you and the abuser and put you in a cell with men where you will be unsafe and possibly the target of violence.

Overlapping communities: S/M, polyamory, and LGBTQ

S/M

According to Sabrina Santiago, author of *A Guide for Professionals: S/M is not Abuse: Understanding Consensual S/M and how it differs from abuse*,³¹ "S/M is a generally accepted umbrella term for a broad group of behaviors that involve the consensual giving and receiving of intense erotic sensation.... S/M is often referred to as BDSM which stands for Bondage & Discipline (B&D), Dominance & Submission (D&S), and Sadoomasochism (SM). S/M can also be called SM, Kink, Leather Sex, Leather, and SM/Leather/Fetish."

The difference between S/M and abuse³²:

The most basic difference between S/M and abuse is **consent**.

It is not consent if...

You did not expressly give consent.

You are afraid to say no.

You say yes to avoid conflict.

You say yes to avoid consequences.

S/M is...

Always consensual.

Done with respect for limits.

Enjoyed by all partners.

Fun, erotic, and loving.

Done with an understanding of trust.

Never done with the intent to harm or damage.

³¹ From: *A guide for professionals: S/M is not Abuse: Understanding consensual S/M and how it differs from abuse*, written by Sabrina Santiago, MSW and developed through a collaboration between The Network/La Red and The New England Leather Alliance.

³² From: *Is it S/M or Abuse?: A guide for people who practice S/M*, written by Sabrina Santiago, MSW and developed through a collaboration between The Network/La Red and The New England Leather Alliance.

Polyamory:

According to the National Coalition for Sexual Freedom³³:

Polyamory is the desire for and the conduct of responsible, non-monogamous, consensual romantic relationships with more than one partner. Polyamory is different from cheating because of the honest communication between partners and lovers about their relationships. Poly relationships take many forms. Poly relationships are formed between adults of all ages, races, genders, and sexual orientations.

S/M and Polyamory and their relationship to LGBTQ communities

Both straight cisgender people and LGBTQ people can practice S/M and polyamory. It is important to note that because of the stigma around both S/M and polyamory, those who participate - LGBTQ or straight - may face invisibility, attack, violence, and internalized shame that are similar to homo/bi/transphobia and heterosexism. There may be similar and well-founded fears of housing and employment discrimination, judgment from others, misunderstanding from service providers, having children taken away, and interpersonal violence. For LGBTQ people who participate in S/M and/or polyamory, this is an added layer of discrimination in addition to homo/bi/transphobia and heterosexism. Although not all LGBTQ individuals practice S/M or polyamory, some do and we have found it helpful in our work to understand and serve these communities.

It's important to remember: Not all people who practice S/M and/or polyamory are LGBTQ-identified and not all LGBTQ-identified people practice S/M and/or polyamory!

Examples of specific tactics of abuse around S/M and polyamory:

S/M-specific³⁴

Threatening to out the partner for being into S/M; ignoring safewords³⁵ or trying to convince the partner not to use safewords; coercing the partner to change limits; preventing the partner from interacting with the S/M community; not allowing the partner to withdraw consent and stop what's happening.

Polyamory-specific

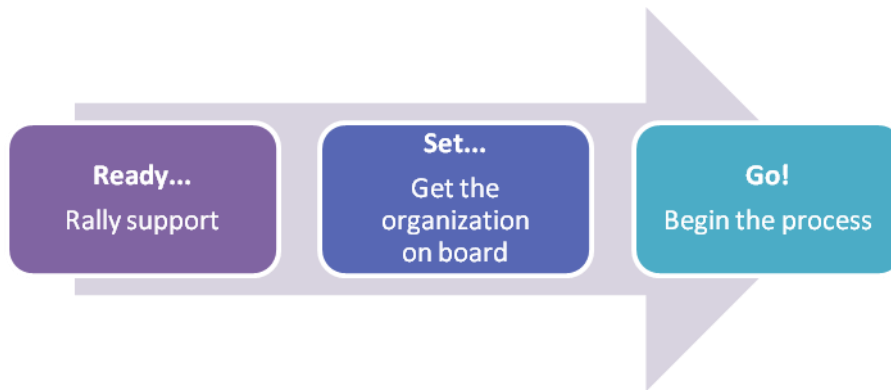
Threatening to out the partner for being polyamorous; forcing the partner to be monogamous; forcing the partner to be in multiple relationships; lying about other partners; refusing to use safe sex; not following the agreed-upon terms of the relationship; using polyamory as an excuse to justify controlling the other partner; stalking the partner when out with

³³ From *Polyamory Sound Bites*, found on the National Coalition for Sexual Freedom's website, www.ncsfreedom.org.

³⁴ From: *A guide for professionals: S/M is Not Abuse: Understanding consensual S/M and how it differs from abuse*, written by Sabrina Santiago, MSW and developed through a collaboration between The Network/La Red and The New England Leather Alliance.

³⁵ A safeword is a designated word or gesture that can pause or stop the S/M "scene" or action at any time.

others.



These tactics can be used by abusers in both straight relationships (where neither partner is transgender) or in LGBTQ relationships.

V: Deciding to Begin

Rally support

You may feel like you are the only person in your agency or within your community that cares about LGBTQ issues but hopefully you are not alone. If your organization seems hostile to the idea of becoming LGBTQ-inclusive and you fear your job may be in jeopardy if you advocate for this issue, you may want to start by finding allies outside the organization to get support and advice about how to proceed. However, if you feel like there may be a more receptive climate at your organization, try talking to coworkers and colleagues about LGBTQ issues. You may find allies that you didn't expect. You can start by talking with other members in the organization and teaming up on small projects such as making an LGBTQ resource list or bringing in a trainer. You can also talk to your supervisor about the possibility of your organization becoming more LGBTQ-inclusive or bring the issue to the Board of Directors. Some organizations have started an LGBTQ caucus or transition committee to take on the process of becoming more LGBTQ-inclusive. Ideally this type of committee or caucus should be made up of board, staff, volunteers, and survivors. Other programs have let management take the lead in making the organization more accessible. Whether it comes from the top or from a process involving the whole organization, it's helpful to get many people within the organization on board and we recommend getting technical assistance and advice from LGBTQ organizations and other domestic violence programs that have gone through a similar process.

Get the organization on board

In order to create and sustain LGBTQ inclusion in your organization, it has to become institutionalized and obtain the support of the entire organization. Beth Leventhal, the Executive Director of The Network/La Red explains:

The most important first step would be to get the whole organization on board. That doesn't mean that everyone is going to agree or that everyone is going to like it. There needs to be a commitment from at least the board and the staff on an institutional level to LGBTQ survivors. So much of what happens is one person wants to do something [LGBTQ-inclusive] so they do it. But when they leave there is no institutionalization of that work. There's no organizational memory around it and nothing happens once that

person leaves. Historically what happens is that person gets fired because they are too out and the community is upset. There is backlash and nobody has dealt with it. There’s been no conversation internally.

Gunner Scott, the Executive Director of the Massachusetts Transgender Political Coalition and a former employee of The Network/La Red explains:

It has to come from the top. It has to come from the Board; it has to come from the Executive Director. I can’t tell you how many front line staff try to take this process on and are given the “Oh, you can have a couple little trainings... but we’re never really going to change anything here.” Often they end up quitting and leaving because they get so frustrated that they’re being led down a path that they can actually never go down. Unless it comes from the Board and the Executive Director and the management, it’s never going to change. It’s like banging your head against the wall.

Yet despite the obstacles to organizational change, he still feels that LGBTQ training for the staff is important. He adds:

It’s great to train staff and volunteers. It’s not to say don’t give the trainings to the staff when they want them. The frontline staff end up being the fiercest advocates and can create those little pockets of welcoming space. Just help them recognize that it’s not going to change the institutional culture of their program so that they don’t become really frustrated.

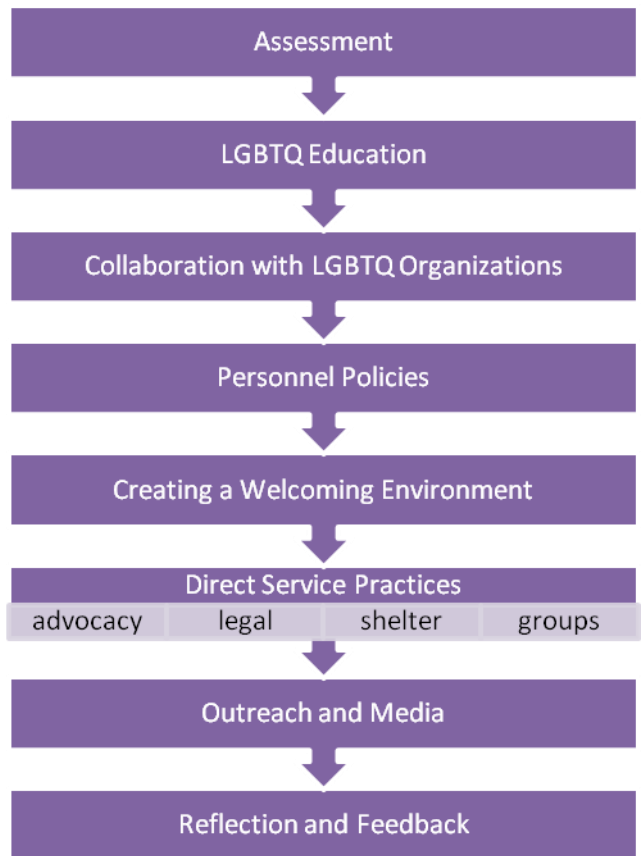
Beth Leventhal also warns that the organization must be on board and ready to deal with potential backlash from anti-LGBTQ community members:

When there’s backlash and people say “I’m going to the press, I’m going to my church group and we’re never going to donate money again,” there’s got to be a plan in place. There’s got to be an understanding that we work with survivors of domestic violence, GLBT people are battered and therefore, we work with GLBT survivors of domestic violence. If there isn’t that basic understanding within the organization, that basic commitment, then it’s very easy for things to fall apart and for survivors and communities to feel betrayed and for it all to be a big mess.

Getting everyone on the same page can be challenging but it can be part of the larger process of LGBTQ inclusion. Starting with education and training for the entire agency can make this process much simpler. If this is where your organization is, try to find key allies in management or the board to support you as you help to start the process of educating the entire organization about LGBTQ inclusion.

Begin the process

Once you have adequate support from the board of directors and/or management staff or you have an LGBTQ accessibility caucus or committee in place, it’s time to start the process. It may not feel like the perfect time, but you have to start somewhere. Becoming LGBTQ-inclusive is a lengthy process with many steps. To try to make it less overwhelming we’ve outlined a flow chart of the steps your program can take, shown



on the right. We recommend taking each step in the order that it is shown, starting with *Assessment* and ending with *Reflection and Feedback*.



VI: Assessment

Before you can begin the work of making your program more LGBTQ-inclusive and accessible, you have to determine how your organization is doing now. What is your program doing right? Where does your program need improvement? An assessment is a great way to start looking at the detailed ways in which your agency can grow in order to become accessible to LGBTQ survivors.

The following are two sample LGBTQ assessments for your organization. You may notice that there is some overlap between the two. One is meant to be a quick overview of your program, while the other is a more in-depth analysis. Either can be done internally within the organization or with technical assistance from The Network/La Red.

The first, *Assessing Your Agency*, is a brief assessment that was adapted by The Network/La Red from the GLBT Youth Support Project’s³⁶ *Agency Safety Assessment* to apply specifically to domestic violence and sexual assault programs. An original copy of the *Agency Safety Assessment* can be found online at www.hcsm.org/glys. This website also includes a *Personal Comfort Assessment* that can be used by individual members of your organization to gain insight into their comfort levels around working with LGBTQ people.

The second two-part assessment, *Organizational Assessment Interview Guide*, and *LGBTQ Domestic and Sexual Violence Access and Competency Survey*, is a more in-depth assessment that was developed in a collaborative effort by the California Partnership to End Domestic Violence (CPEVDV), Community United Against Violence (CUAV), and Los Angeles Gay and Lesbian Center.

Once you have completed one or both assessments of your organization, whether alone, with your LGBTQ-inclusive committee, or with technical assistance from an LGBTQ organization, you can take a good look at where your organization will need the

³⁶ The Gay, Lesbian, Bisexual, and Transgender Youth Support Project is a program of Health Imperatives, www.healthimperatives.org.

most work. Some of the changes may be small and easy to make, while others, such as changing organizational culture and institutionalizing policies and practices, will take more deliberate perseverance.

Assessing your agency³⁷

Yes	No	Unsure	
			1. Sexual orientation and gender identity are included in our anti-discrimination policy for staff hiring.
			2. Sexual orientation and gender identity are included in our anti-discrimination policy for clients.
			3. The sick leave, emergency leave, and health insurance policies cover same-sex partners and their families.
			4. We have an anti-harassment policy that explicitly forbids harassment based on actual or perceived sexual orientation and gender identity.
			5. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) issues and policies are covered in new staff and volunteer orientation.
			6. We advertise job openings in the LGBTQ media.
			7. We advertise our agency and services in the LGBTQ media.
			8. Forms for survivors take into account diversity of households, including partners of the same gender (i.e. they include “partnered” in addition to “married” or “single”).
			9. Our forms have more than two choices for identifying sex/gender.

³⁷ Adapted from and used with permission of The GLBT Youth Support (GLYS) Project, a project of Health Imperatives, www.hcsm.org/glys.htm.

		10. Our forms ask about sexual orientation where appropriate.
		11. All staff members use the terms “partner” and “significant other” in addition to “spouse,” “husband,” “wife,” “boyfriend,” and “girlfriend.”
		12. LGBTQ people are listed in our statement of who we serve.
		13. We use LGBTQ-inclusive language in all of our publications.
		14. Articles about LGBTQ issues have appeared in our newsletters or publications.
		15. Our agency has held workshops for staff and administration on lesbian, gay, and bisexual issues.
		16. Our agency has held workshops for staff and administration on transgender issues.
		17. Our agency has held workshops for survivors or community groups on lesbian, gay, bisexual, queer, and transgender issues and/or LGBTQ domestic violence.
		18. We have gender-neutral bathrooms available to survivors, volunteers, and staff.
		19. We have an anti-harassment policy that specifically forbids homophobic, biphobic, and transphobic comments or harassment by staff, volunteers, or survivors.
		20. We have an extensive collection of books and resources in our agency dealing with LGBTQ issues.
		21. We display posters, brochures, magazines and other materials of interest to LGBTQ people.
		22. Our community outreach includes presentations and tabling for LGBTQ causes, organizations, and events.
		23. Administrators and staff regularly use the words “lesbian, gay, bisexual, transgender, and queer” where appropriate in public forums and situations.

			24. If I were an LGBTQ client, I would feel safe and supported enough to be honest about my sexual orientation and/or gender identity at this organization.
			25. If I were an LGBTQ administrator, volunteer or staff member, I would feel safe and supported enough to be open about my sexual orientation and/or gender identity at this organization.
			26. There are or have been openly lesbian, gay, bisexual, transgender, or queer people on our staff.
			27. Staff members and volunteers are comfortable around LGBTQ co-workers, volunteers, and clients.
			28. Staff members address homophobic, biphobic, and transphobic behavior among clients.
			29. Staff members and volunteers address homophobic, biphobic, and transphobic behavior among other staff and volunteers.

LGBTQ Domestic and Sexual Violence Access and Competency Survey³⁸

Instructions: This survey should be completed by a staff person who is familiar with your agency programs and services. Input from appropriate staff and volunteers should be considered in responding to the questions.

1. Today's date:
2. Your agency name:
3. Your name:
4. Your title:
5. Your phone number:
6. Your email address, if you have one:

7. Please list all of the domestic and sexual violence (DV/SV) programs and services your agency provides (e.g., counseling, case management, outreach, prevention education, training for service providers, programs for people who have perpetrated domestic and sexual violence, etc.). Please separate each service with a comma.

8. Are any of the DV/SV programs or services NOT accessible to lesbian, bisexual or questioning women?

Yes No

9. If you answered 'Yes' to Question 8, please describe which services are NOT accessible to lesbian, bisexual or questioning women and why.

10. Are any of the DV/SV programs and services NOT accessible to gay, bisexual or questioning men?

Yes No

11. If you answered 'Yes' to Question 10, please describe which services are NOT accessible to gay, bisexual or questioning men and why.

³⁸ Used with permission by California Partnership to End Domestic Violence (CPEDV). Developed in a collaborative effort by: CPEDV, Community United Against Violence (CUAV), and Los Angeles Gay and Lesbian Center.

12. Are any of the DV/SV programs and services NOT accessible to transgender and transsexual women (i.e., male-to-female)?

Yes No

13. If you answered 'Yes' to Question 12, please describe which services are NOT accessible to transgender and transsexual women (i.e., male-to-female) and why.

14. Are any of the DV/SV programs and services NOT accessible to transgender and transsexual men (i.e., female-to-male)?

Yes No

15. If you answered 'Yes' to Question 14, please describe which services are NOT accessible to transgender and transsexual men (i.e., female-to-male) and why.

16. Does your agency CURRENTLY have the following in place or in practice? Please mark an 'X' to indicate the most appropriate answer and explain your response in the 'comments' column.

	Not in place or in practice	Partially in place or in practice	Currently in development	Fully in place or in practice	Comments
<u>Written and officially adopted</u> organizational policies and practices to ensure LGBTQ DV accessibility and cultural competency					
Mechanisms to track the number of LGBTQ clients served					

Ongoing LGBTQ DV education for Board members					
Ongoing LGBTQ DV education for staff					
Ongoing LGBTQ DV education for volunteers					
LGBTQ-sensitive agency materials (e.g., with gender-neutral language) such as intake forms, brochures and annual reports					
Materials designed and displayed specifically and primarily for the LGBTQ population such as posters, brochures, stickers and flags					
Partnerships with local and state LGBTQ-specific agencies, groups and businesses					
Protocol and training to prepare staff to address behaviors that reflect biases (e.g., negative comments, etc.) against LGBTQ persons					
Programs and services for LGBTQ individuals who have perpetrated domestic and sexual violence					
Training and education programs provided by your agency for partner agencies on LGBTQ sensitivity and DV/SV issues					

17. Mark an 'X' to indicate how many staff, volunteers and board members have received SENSITIVITY TRAINING ON LESBIAN, GAY, BISEXUAL AND QUEER ISSUES in the past 24 months. (Select the most appropriate answer.)

	None	Some	Many	Most	All
Staff					
Volunteers					
Board members					

18. Mark an 'X' to indicate how many staff, volunteers and board members have received SENSITIVITY TRAINING ON TRANSGENDER AND TRANSSEXUAL ISSUES in the past 24 months. (Select the most appropriate answer.)

	None	Some	Many	Most	All
Staff					
Volunteers					
Board members					

19. Mark an 'X' to indicate how many staff, volunteers and board members have received TRAINING ON LGBTQ DOMESTIC AND SEXUAL VIOLENCE in the past 24 months. (Select the most appropriate answer.)

	None	Some	Many	Most	All
Staff					
Volunteers					
Board members					

20. On a scale of 1 to 10 with 1 meaning 'disagree completely' and 10 meaning 'agree completely,' rate the degree to which you agree with the following statements.

___ Our agency has an LGBTQ-welcoming office and shelter environment

- Our agency has LGBTQ board members who are 'out' and open about their sexual orientation and/or gender identity
- Our agency has LGBTQ staff who are 'out' and open about their sexual orientation and/or gender identity
- Our agency has LGBTQ volunteers who are 'out' and open about their sexual orientation and/or gender identity
- Our agency provides effective crisis counseling with LGBTQ clients
- Our agency conducts effective intake interviewing with LGBTQ individuals
- Our agency provides effective short-term counseling or therapy with LGBTQ clients
- Our agency provides effective long-term counseling or therapy with LGBTQ clients
- Our agency provides effective case management and advocacy with LGBTQ clients
- Our agency provides effective shelter services for LGBTQ clients
- Our agency conducts effective community outreach to LGBTQ communities
- Our agency implements effective DV/SV prevention initiatives within LGBTQ communities
- Our agency provides effective trainings on LGBTQ sensitivity and LGBTQ DV/SV for partner agencies and other service providers
- Our agency has effective partnerships with LGBTQ-specific agencies, groups and businesses
- Our agency conducts effective advocacy on behalf of LGBTQ DV/SV survivors within communities and systems
- Our agency provides effective programs and services for LGBTQ individuals who have perpetrated domestic and sexual violence
- Our agency has agreed upon protocol for promoting a welcoming and inclusive environment and preventing and responding effectively to bias coming from staff, board members and volunteers
- Our agency has agreed upon protocol for promoting a welcoming and inclusive environment and preventing and responding effectively to bias coming from clients and community members
- There is agency-wide buy-in for providing accessible and competent services to address LGBTQ DV/SV

21. If there is a city or county taskforce or coalition that SPECIFICALLY addresses domestic and sexual violence in the LGBTQ community in your geographic area, does your agency participate in it?

Yes, there is a task force or coalition that specifically addresses LGBTQ DV/SV and our agency participates in it

Yes, there is a task force or coalition that specifically addresses LGBTQ DV/SV but our agency does not participate in it

No, there is not a task force or coalition that specifically addresses LGBTQ DV/SV

I am not sure if there is a task force or coalition that specifically addresses LGBTQ DV/SV

22. Please identify your agency's technical assistance needs by rating the following topic areas on a scale from 1 to 10, with 1 meaning, "area of very low-level need" and 10 meaning "area of very high-level need."

Developing official organizational policies and practices related to LGBTQ cultural competency

Fostering an LGBTQ-welcoming office and/or shelter environment

Developing mechanisms to track the number of LGBTQ clients served

Conducting ongoing LGBTQ DV training for staff, volunteers and board members

Forming or strengthening partnerships with local/state LGBTQ-specific agencies, community groups and businesses

Conducting effective intake interviewing with LGBTQ individuals

Providing effective case management and advocacy with LGBTQ clients

Improving the LGBTQ-sensitivity of agency materials such as intake forms, brochures and reports

Developing materials designed specifically and primarily for LGBTQ communities

Conducting effective community outreach to LGBTQ communities

Conducting effective community education within LGBTQ communities

Conducting effective community organizing within LGBTQ communities

Implementing effective DV/SV prevention initiatives within LGBTQ communities

Conducting effective advocacy on behalf of LGBTQ DV/SV survivors within communities and systems

Effectively dealing with situations of homo/bi/transphobia (bias and discrimination) coming from staff, clients and/or community members

Designing, implementing and sustaining programs and services specifically and primarily for LGBTQ individuals (such as LGBTQ-specific support groups, outreach/education programs, etc.)

Providing effective trainings on LGBTQ sensitivity and LGBTQ DV/SV for partner agencies and other service providers

___ Providing effective programs and services for LGBTQ individuals who have perpetrated violence

23. The following questions are specifically about improving access to programs and services for LESBIAN, BISEXUAL AND QUESTIONING WOMEN. On a scale of 1 to 10 with 1 meaning 'not at all interested' and 10 meaning 'extremely interested,' how would you rate your agency's LEVEL OF INTEREST in receiving TRAINING AND TECHNICAL ASSISTANCE to increase access to programs and services by LESBIAN, BISEXUAL OR QUESTIONING women? By interest we mean that there is commitment and willingness among the agency's leadership and staff: ____. Please add any comments, if any:

24. On a scale of 1 to 10 with 1 meaning 'not at all ready' and 10 meaning 'extremely ready,' how would you rate your agency's LEVEL OF READINESS to UNDERTAKE ORGANIZATIONAL CHANGE to increase access to programs and services by LESBIAN, BISEXUAL AND QUESTIONING women? By readiness we mean that there is a sufficient level of buy-in, time and other resources needed to improve and expand knowledge, skills, programs/services, practices and policies: ____. Please add any comments, if any:

25. The following questions are specifically about improving access to programs and services for TRANSGENDER and TRANSSEXUAL WOMEN (who may be lesbian, bisexual or questioning).

On a scale of 1 to 10 with 1 meaning 'not at all interested' and 10 meaning 'extremely interested,' how would you rate your agency's LEVEL OF INTEREST in receiving TRAINING AND TECHNICAL ASSISTANCE to increase access to programs and services by TRANSGENDER AND TRANSSEXUAL women? By interest we mean that there is commitment and willingness among the agency's leadership and staff: ____. Please add any comments, if any:

26. On a scale of 1 to 10 with 1 meaning 'not at all ready' and 10 meaning 'extremely ready,' how would you rate your agency's LEVEL OF READINESS to UNDERTAKE ORGANIZATIONAL CHANGE to increase access to programs and services by TRANSGENDER and TRANSSEXUAL women? By readiness we mean that there is a sufficient level of buy-in, time and other resources needed to improve and expand knowledge, skills, programs/services, practices and policies: ____. Please add any comments, if any:

27. The following questions are specifically about increasing access to programs and services for GAY, BISEXUAL AND QUESTIONING MEN. On a scale of 1 to 10 with 1 meaning 'not at all interested' and 10 meaning 'extremely interested,' how would you rate your agency's LEVEL OF INTEREST in receiving TRAINING AND TECHNICAL ASSISTANCE to increase access to programs and services by GAY, BISEXUAL AND QUESTIONING men? By interest we mean that there is commitment and willingness among the agency's leadership and staff: ____. Please add any comments, if any:

28. On a scale of 1 to 10 with 1 meaning 'not at all ready' and 10 meaning 'extremely ready,' how would you rate your agency's LEVEL OF READINESS to UNDERTAKE ORGANIZATIONAL CHANGE to increase access to programs and services by GAY, BISEXUAL

AND QUESTIONING men? By readiness we mean that there is a sufficient level of buy-in, time and other resources needed to improve and expand knowledge, skills, programs/services, practices and policies: _____. Please add any comments, if any:

29. The following questions are specifically about improving access to programs and services for TRANSGENDER and TRANSSEXUAL men (who may be gay, bisexual or questioning). On a scale of 1 to 10 with 1 meaning ‘not at all interested’ and 10 meaning ‘extremely interested,’ how would you rate your agency’s LEVEL OF INTEREST in receiving TRAINING AND TECHNICAL ASSISTANCE to increase access to programs and services by TRANSGENDER AND TRANSSEXUAL men? By interest we mean that there is commitment and willingness among the agency’s leadership and staff: _____. Please add any comments, if any:

30. On a scale of 1 to 10 with 1 meaning ‘not at all ready’ and 10 meaning ‘extremely ready,’ how would you rate your agency’s LEVEL OF READINESS to UNDERTAKE ORGANIZATIONAL CHANGE to increase access to programs and services by TRANSGENDER AND TRANSSEXUAL men? By readiness we mean that there is a sufficient level of buy-in, time and other resources needed to improve and expand knowledge, skills, programs/services, practices and policies: _____. Please add any comments, if any:

31. This is the final question of the survey. We welcome any additional thoughts, questions or comments you would like to share.

End of survey

After the assessment

Now that you have completed these assessments, it may be useful to have others affiliated with your organization take the same assessment. For example, you may get very different answers when the management or board take the assessment than when the direct service staff, volunteers, or program participants take the assessment. To get the fullest picture possible of the organization, it’s best to include assessment results from people involved in many levels of the organization.

Once you have collected all the information from the assessment, you now have a starting point to make change. You know where the organization is doing well and where the organization needs help to grow and become more LGBTQ-inclusive. You can enlist the technical assistance of an LGBTQ program for help with the next steps or begin by taking the recommended steps in the next chapters, starting with *LGBTQ Education*.



VII: LGBTQ Education

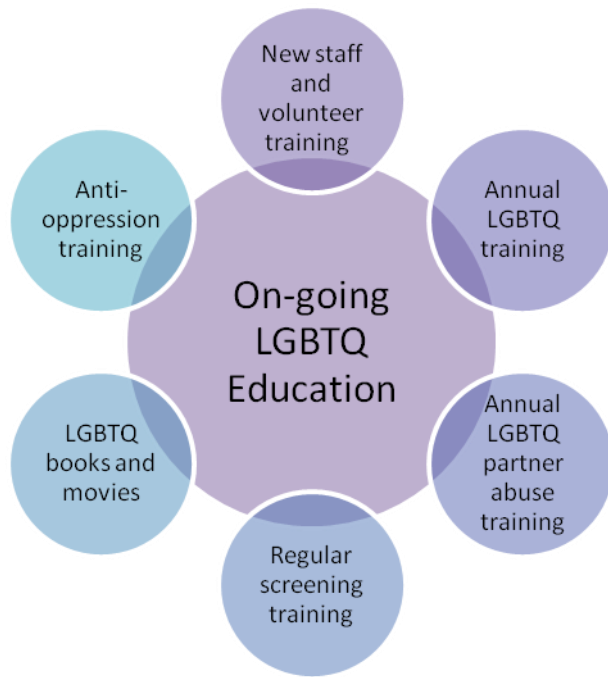
1. LGBTQ and LGBTQ partner abuse trainings
2. Screening training
3. Anti-oppression trainings
4. Other opportunities
5. New staff and volunteer training

After filling out the assessments in Chapter VI, your organization will most likely discover it needs more training in some areas. It is very common for programs, no matter where they are in their process of becoming inclusive, to need more training on LGBTQ communities and LGBTQ domestic violence. In fact, we recommend programs receive annual trainings on working with LGBTQ communities. Below are some topic areas and suggestions for educating your organization on better serving LGBTQ survivors of partner abuse.

LGBTQ and LGBTQ partner abuse trainings

Before your organization can become inclusive to survivors from LGBTQ communities, your organization must become familiar with the communities you wish to serve. For many organizations this means starting with an Introduction to LGBTQ Communities training. Because many people struggle with understanding transgender communities, Transgender 101 trainings are essential as well. Ideally, everyone in your organization should get this type of training, including staff, board members, and volunteers. At a minimum, anyone having contact with survivors such as direct service staff, volunteers, or facility workers, and their supervisors should participate in the training.

All employees and volunteers in your organization should also receive training on LGBTQ partner abuse. This training should include how partner abuse in LGBTQ communities differs from partner abuse in straight communities. It should also include myths and facts about partner abuse in LGBTQ communities. The training should outline the barriers to service that LGBTQ survivors face as well as ways that advocates and organizations can support LGBTQ survivors. Both the LGBTQ 101 and LGBTQ partner abuse trainings should be repeated on a semi-annual or annual basis.



Screening training for all employees

Screening,³⁹ for the purpose of this manual, refers to the process that domestic violence providers use to determine which partner is the abuser and which partner is the survivor in a relationship where abuse exists. Screening is essential in order to provide safe and effective services to LGBTQ survivors.

Abusers may try to access services that are intended for survivors for many reasons. They may be trying to block their partner from using those services or trying to find their partner. They may also just wish to access the services being offered such as shelter or legal help. However, many times abusers truly believe that *they are survivors*. Abusers often have a lack of empathy for their partner and a sense of entitlement in the relationship that supports their belief that they are the person being victimized. They may blame their abusive actions on their partner.

Additionally, survivors often present themselves *as abusers*. They may do so because their abusive partner has told them that they are an abuser or that they were to blame for the fights or explosive incidents. They may have been mistakenly perceived as the abuser by police and been arrested. They may feel ashamed for fighting back in self defense and consider themselves abusive.

Screening ensures that you are providing the correct service to the correct person. For survivors, the correct services provide support, safety planning, validation, confidential shelter, resources, and legal help. For abusers, the correct services demand accountability, protect their partner, and offer legal repercussions for their abusive behaviors. What would happen if we offered the wrong services to the wrong person? We could place the survivor in danger or in jail and potentially send the message that it was their fault the abuse happened. We could also place the abuser in support services that validate the abuser and tell them they are not to blame for the abuse. We might place the abuser in a confidential shelter or help the abuser get a restraining order against a survivor. This could help the abuser find the survivor or turn a survivor away from services that they need. If we give the wrong services to the wrong person because we are not screening, people get hurt.⁴⁰

Screening is a process that requires speaking to only one person in the relationship. After asking a series of questions and critically analyzing the answers with a coworker, providers practiced in screening should be able to determine with reasonable certainty whether they are speaking with an abuser or a survivor. We strongly recommend that all domestic violence programs

³⁹ Screening is also discussed in Chapters: IV: *LGBTQ Partner Abuse*, X: *Creating a Welcoming Environment*, and XIV: *Direct Service Practices: Support Group* as well as in several case studies in Chapter XVII.

⁴⁰ This paragraph is based on an activity facilitated by Connie Burk at the Northwest Network's 2010 *Queers and Allies National Institute*. More information on their annual *Queers and Allies National Institute* can be found on their website, www.nwnetwork.org.

train all staff members and volunteers who work with survivors in screening using the *Intimate Partner Abuse Screening Tool* created by the GLBT Domestic Violence Coalition⁴¹ or the *Assessment Tool* created by The Northwest Network⁴².

Once all staff and volunteers working with survivors are trained in how to screen, screening training should be repeated annually for all employees. Screening training can be incorporated into your volunteer and staff training or you can bring someone in to train your staff from The Network/La Red for an in-service training. For those in the New England area, the annual *Intimate Partner Violence Screening Tool Conference* put on by the GLBT Domestic Violence Coalition may also be an option. On the west coast, The Northwest Network in Seattle offers assessment training at their annual *Queers and Allies National Institute*. If your program is located out of reach of these trainings, there is the possibility of bringing staff from The Network/La Red to your area for a day-long or two-day screening training. The Network/La Red also offers on-line webinar screening trainings on a nation-wide level that include interactive screening practice for participants.

Anti-oppression training

There is general consensus within anti-violence movements that oppression is a key component in why people abuse and which tactics abusers use to control people. Because of the powerful link between oppression and domestic violence, anti-oppression training is essential for all members of your organization. This can be provided in-house as part of the volunteer and new staff orientation, or you can bring in a presenter. Anti-oppression training benefits all members of the organization. It gives more information on the causes of domestic violence and sexual assault, as well as the tools to talk about difficult issues such as racism, classism, transphobia, biphobia, sexism, ableism, and homophobia. Oppression-based issues arise both when survivors are disclosing abuse and also in navigating group living situations. Anti-oppression training gives staff and volunteers the vocabulary, conceptual structure, and tools to deal with situations that arise around issues of oppression in the organization.

In addition, LGBTQ survivors, like straight and cisgender⁴³ survivors, have multiple identities. They cannot separate their gender identity and/or sexual orientation from their racial identity, class identity, or other identities. An oppression analysis can help staff and volunteers understand the needs that complex identities bring. For instance, the needs of a Latino gay cisgender man can be very different from the needs of an American Indian lesbian cisgender woman with a disability, which are also different from the needs of a white transgender straight woman. Ideally our programs can address each individual as a sum of their entire identities rather than asking them to fragment themselves into parts to participate in services.

Other opportunities to learn about LGBTQ issues

Beyond in-service trainings on LGBTQ communities and LGBTQ partner abuse, your organization can encourage employees to seek trainings on LGBTQ issues in the community. For example, direct service supervisors can join LGBTQ organizations' email lists to receive information about trainings that they offer in the community and can then email these opportunities to staff. Many of these trainings are free. Some are web-based so employees don't even need to leave the office to learn more about LGBTQ communities.

⁴¹ *The Intimate Partner Screening Tool for Gay, Lesbian Bisexual and Transgender (GLBT) Relationships*, a project of the Gay, Lesbian, Bisexual, and Transgender Domestic Violence Coalition (GLBTDVC), September 2003. This screening tool is available to participants of their annual Screening Tool Conference. Information about the GLBTDVC can be found on our webpage, www.tnlr.org.

⁴² *The Assessment Tool*, by the Northwest Network is available to participants of their annual *Queers and Allies National Institute*. More information can be found on their website, www.nwnetwork.org

⁴³ Cisgender refers to the gender identity of someone who is not transgender. For more information please see Chapter III: *Introduction to LGBTQ*.

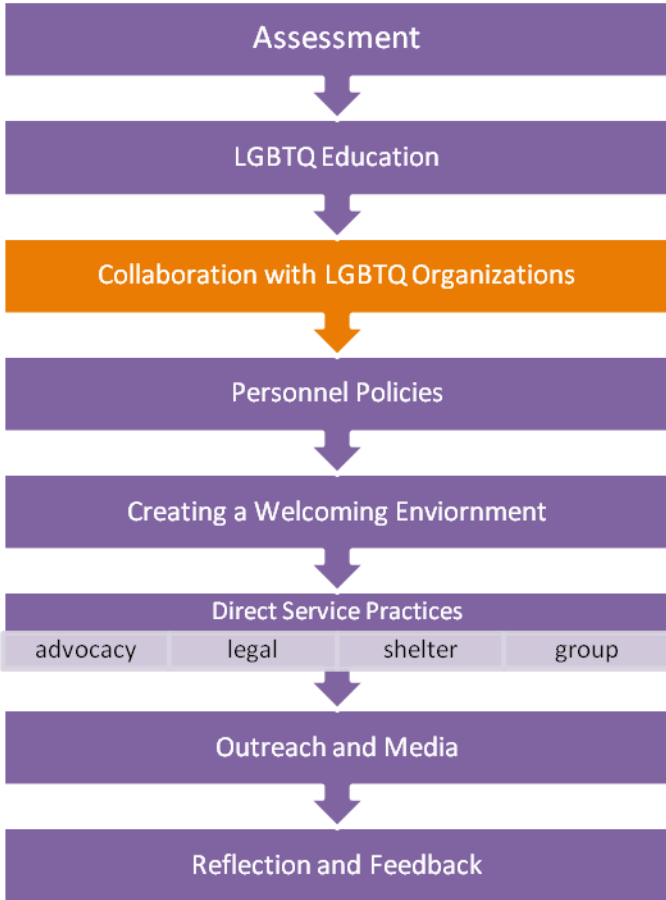
Trainings like these can offer information about LGBTQ communities that go beyond the basics taught in LGBTQ 101. They may focus on specific topics such as coming out, LGBTQ immigration, housing discrimination, suicide prevention, hate crimes legislation, or other issues relevant to LGBTQ survivors. Even if only one staff member is able to attend this type of training, they can bring back what they have learned to the rest of the team.

Your office resource center should also include books, movies, and resource guides covering LGBTQ issues, terms, and history. Several titles listed in Chapter XVIII: *Resource List* specifically address LGBTQ domestic violence and sexual assault. There are also suggestions for videos and books on LGBTQ cultures and history.

New staff and volunteer training

Screening, LGBTQ 101, and LGBTQ partner abuse should be topics that get covered in your new staff and volunteer training. This will ensure that staff and volunteers have the same basic level of knowledge on LGBTQ communities. However, you can also incorporate LGBTQ experiences into general role-plays and examples in the overall training. This will help send the message to staff both implicitly and explicitly that your organization is inclusive of LGBTQ people.

VIII: Collaboration with LGBTQ and Ally Organizations



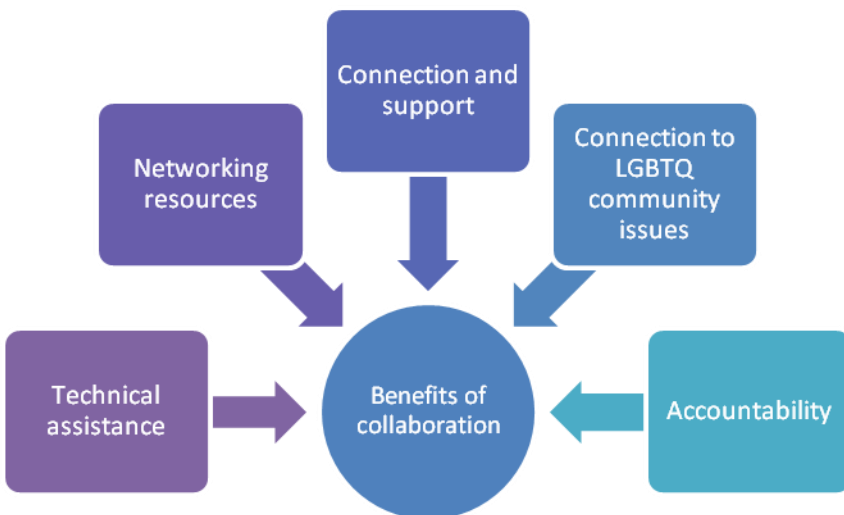
1. **Technical assistance**
2. **Connection and support**
3. **Networking resources**
4. **Connection to LGBTQ community issues**
5. **Accountability**
6. **A note on safety**

Technical assistance

Becoming an organization that is truly inclusive of LGBTQ individuals requires a deliberate process. We strongly recommend collaboration with an organization that has expertise in LGBTQ partner abuse. Partnering early in the process with an LGBTQ organization can provide your organization with valuable support and help you strategize around potential pitfalls and challenges that may arise. The Network/La Red offers a tailored Technical Assistance Program designed to aid organizations in this process.

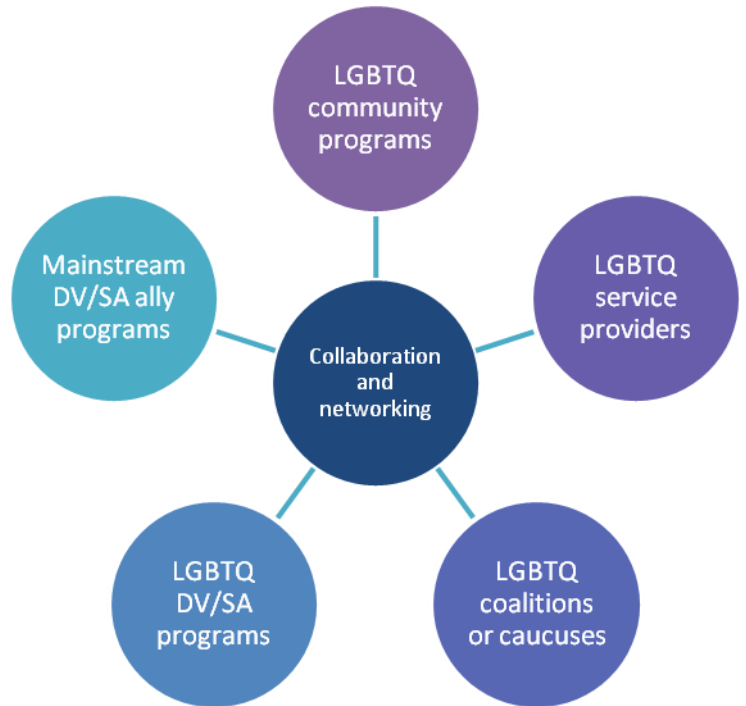
Connection and support

You can also connect your organization with LGBTQ domestic violence and sexual assault programs, LGBTQ community programs, LGBTQ service providers, mainstream domestic violence providers who are allies to LGBTQ communities, and LGBTQ coalitions or caucuses. For example in Massachusetts the GLBT Domestic Violence Coalition is a group that meets monthly to address the needs of LGBTQ survivors of domestic violence. Providers can join to get support around becoming more LGBTQ-inclusive and to network with other providers working with LGBTQ communities.



Networking resources

Your organization can also network with LGBTQ domestic violence and sexual assault providers, LGBTQ organizations in the community and to other mainstream DV and SA programs that are working with LGBTQ individuals if they exist in your area. If not, then state-wide or national networking can be a good alternative. Be in contact with these programs to keep your organization aware of current services available to members of LGBTQ communities. Make sure LGBTQ and ally providers know that your program works with LGBTQ survivors. Try to arrange regular check-ins to keep your programs connected and up-to-speed on how to make referrals to each other’s programs.



Connection to community issues

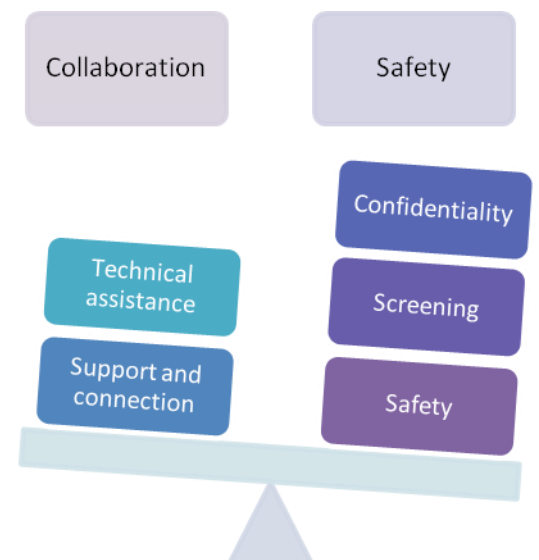
Collaboration with LGBTQ providers, community groups, and ally organizations can help keep your program informed of new legislation and other issues that could affect LGBTQ access, all of which may impact LGBTQ survivors. This can also give your organization opportunities to show solidarity in legislative campaigns, participate in media response, and show your support on LGBTQ community issues. For more information and suggestions on how to do this please reference Chapter XV: *Outreach and Media*.

Accountability

You can build connections to programs working with LGBTQ individuals as a way to be accountable to those communities. By connecting to other organizations you can find out what LGBTQ providers have heard from LGBTQ survivors about your program and what your program’s reputation is within LGBTQ communities. Are there any changes they would recommend that your program make to be more inclusive of LGBTQ folks? Keeping an open line of communication can help you improve LGBTQ access.

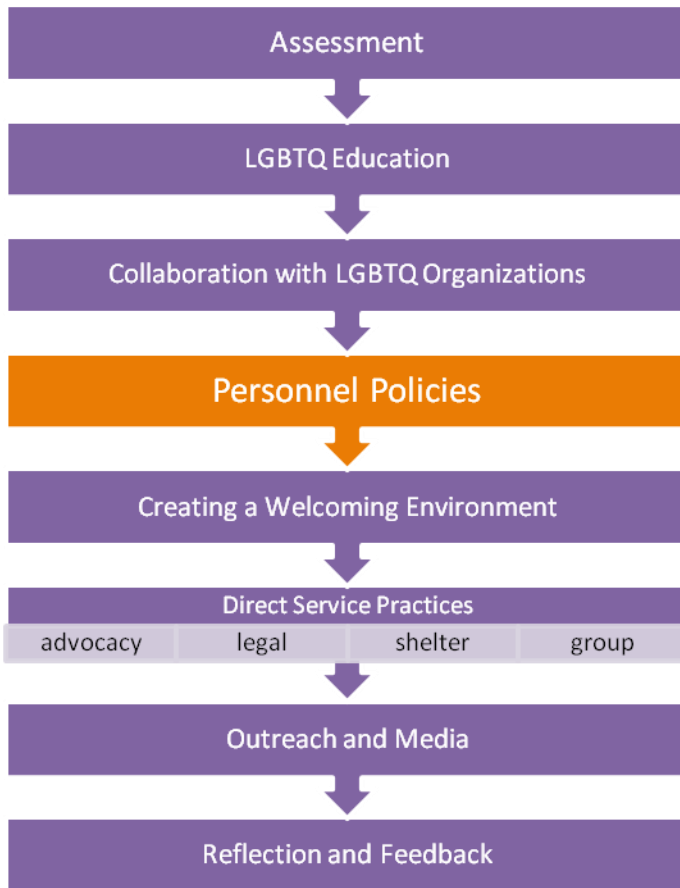
A note on safety

Although collaboration and connection with LGBTQ community groups and programs can be extremely beneficial for all the aforementioned reasons, your organization must strike a balance between being connected to LGBTQ communities and keeping LGBTQ survivors safe. Because LGBTQ communities can be very tight-knit, survivors may not feel safe going to your program for assistance if they believe that their abuser may have access to information about your program. To avoid this, take caution around how your organization connects with other LGBTQ community groups and providers. For example, when working closely with an LGBTQ organization – whether it is a service provider or community group – it is essential to keep the location of your shelter



confidential. LGBTQ communities tend to be small and the knowledge of where a shelter or support group is located can spread quickly to an abuser. If there are LGBTQ community members who may be partnering more intensely with your organization to provide services, be sure to screen the individuals who will be gaining access to confidential information. Although collaboration is important, the safety of survivors must come first.

In addition, take caution when working with LGBTQ organizations that do not have training in domestic violence in LGBTQ communities. Although they can provide training about LGBTQ communities, they may not have all the information about LGBTQ partner abuse. They may believe the myths about LGBTQ partner abuse or even believe that it is not a problem in their communities. This may put your program in an awkward position of wanting to be accountable to an LGBTQ community group, but at the same time knowing that this group may need education on LGBTQ partner abuse. A potential solution to this problem may be encouraging the LGBTQ community group to connect with existing LGBTQ domestic violence programs like The Network/La Red to get training and information on LGBTQ partner abuse.



IX: Personnel Policies

1. Anti-discrimination policy
2. Hiring practices
3. Family leave and other benefits
4. Policies about abusers and survivors on staff
5. Gender transition guidelines

LGBTQ people have been an important part of the domestic violence movement and many shelters have been founded and staffed by lesbians and bisexual women, gay and bisexual men, and transgender individuals. Most domestic violence programs have LGBTQ people working in their programs right now. The question is: do they feel safe to be out at work? If they are out, do they feel supported and safe in the organization? Are they always asked to be the voice of LGBTQ communities? Are they the staff member who is assigned to work with all LGBTQ

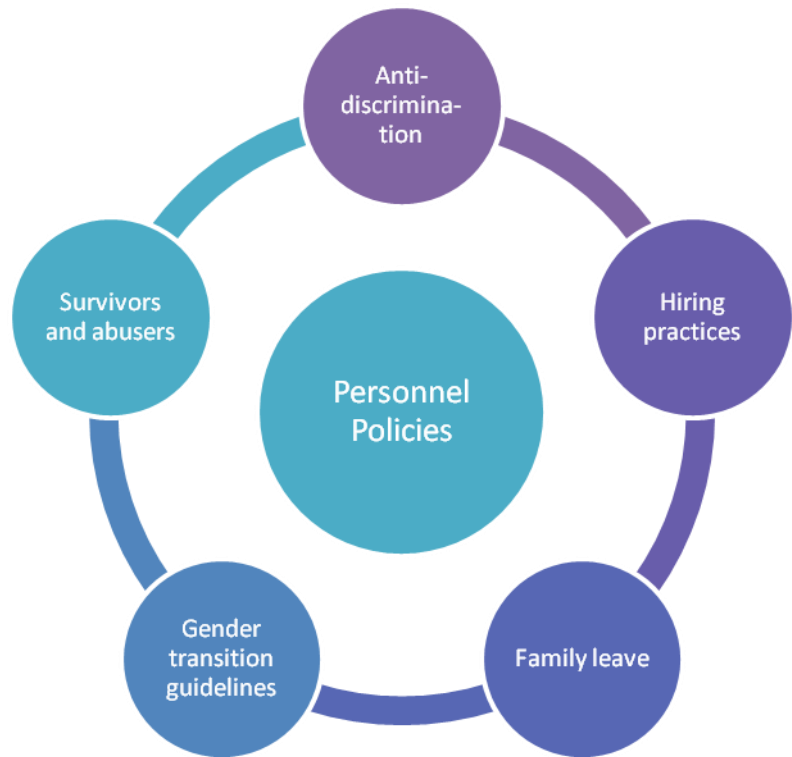
survivors or to do LGBTQ trainings for the organization? If so, they may feel tokenized, unsupported, and potentially unsafe in the organization.

You might think that there are no LGBTQ staff, board members, or volunteers in your program, but statistically that is unlikely. It is more likely that LGBTQ staff and volunteers are already working in your program yet are not out in your organization. The questions then becomes, why are they not out? What can your organization do to make it safer for LGBTQ staff, board members, and volunteers to come out if they so choose?

Before your organization can be accessible to LGBTQ survivors, you have to ensure that future and current LGBTQ people within the staff, board, and volunteers feel safe in the organization. This is not only important for members of the organization that are LGBTQ but also for survivors accessing services in your organization. It can be extremely powerful to see someone within the organization who reflects their LGBTQ identity who can safely be out. In addition to creating a safer space for LGBTQ survivors, some LGBTQ individuals on staff may choose to make connections between your organizations and LGBTQ communities, to give input about LGBTQ inclusive policies, and to give feedback about the changes your organization has made to be more LGBTQ-accessible. Although some LGBTQ staff may choose to fill this role, it is important they not be expected or required to do so as it would be both unfair to the person and tokenizing of their LGBTQ identity.

Anti-discrimination policy

Your employee handbook and organizational policies should contain an anti-discrimination and anti-harassment policy that includes the protected categories of sexual orientation, gender identity, and gender expression. Along with these policies there needs to be a procedure outlined for reporting discrimination and harassment that is made available to all staff.



Sample Anti-discrimination policy⁴⁴

All employees will not discriminate against any other employee, volunteer, board member, or people we serve based on a person’s race, color, national origin, religion, sex, sexual preference, gender identity, gender expression, age, marital status, Vietnam era veteran status, disability or class.

Hiring practices

In order to encourage diversity on your staff, post job opportunities in LGBTQ publications, message boards, and listservs. Clearly post in the job description that your organization encourages members of LGBTQ communities to apply. In addition, make sure that, during job interviews, applicants are informed that your organization works with LGBTQ survivors. Ensure that applicants are comfortable working with LGBTQ survivors before offering them a position in your organization.

Family leave and other benefits

In order to make sure LGBTQ employees are treated equally, family leave, sick leave, emergency leave and health insurance policies need to cover same-sex partners and their families in the same manner that heterosexual partners are covered.

Policies about abusers and survivors on staff

To protect all survivors that your organization works with and survivors on staff, we strongly recommend screening all employees before hiring. At The Network/La Red, we screen all volunteers, employees, and board members during their interview and application process to ensure to the best of our ability that we are not allowing abusers to join the organization.⁴⁵ However, abusive individuals can and do manage to join domestic violence organizations. For this reason, it is important to have a procedure in place describing how your organization will respond if someone on staff is being abusive in the workplace

⁴⁴ From The Network/La Red Personnel Policy 2010.

⁴⁵ To receive technical assistance on how to screen volunteers and staff, contact The Network/La Red.

or allegations of abuse are brought to the agency. Likewise, your organization should have a policy in place for how to support staff who report that they are currently experiencing abuse outside the workplace. Policies may include strategies for offering support, planning around safety, and allowing for time off if needed. Policies should also detail that employees who are survivors should not be coerced to leave their relationship against their will in order to keep their jobs.

Sample policy for addressing abusive/harassing behavior by staff⁴⁶

PROCEDURE FOR ADDRESSING ACCUSATIONS OF ABUSIVE/HARASSING BEHAVIOR BY MEMBERS OF THE NETWORK/LA RED

1. Allegations of abuse and/or harassment made to The Network/La Red against anyone working or volunteering in any capacity with The Network/La Red will be acted upon only when made by someone who directly experienced the alleged abuse/harassment by the member of The Network/La Red. When such allegations are made, The Network/La Red will first offer to help the complainant with safety issues.
2. The Network/La Red will have 2 designated persons to respond to allegations of abuse, with 1 alternate in the event that one of the designated people is the alleged abuser. The Network/La Red will let the complainant know that there are 2 designated persons to respond to this issue and that s/he should talk to either one of them. The complainant will be asked what is the best way for contact to be reinitiated with her/him.
3. One of the designated persons will contact the complainant and explain the process for filing a grievance. The designated person will also send a written explanation of the process to the complainant at a safe address. The two designated persons can only discuss this issue with each other. The Network/La Red will ask the complainant if s/he wants help in writing the grievance and will offer suggestions and reasonable forms of assistance.
4. The complainant will be asked to give a written account of the abuse including but not limited to: a description of the most recent abuse; a description of the most serious abuse; any other information the complainant believes is important, and return it to the designated contact person. The complainant will be informed that once the written account is received, The Network/La Red will continue with the investigational process, regardless of whether the complainant wishes to continue it or not.
5. Once the written response is received from the complainant, the alleged abuser will be told that a complaint has been received and given general information about the complaint. The alleged abuser may be suspended from The Network/La Red activities and responsibilities until the issue is resolved. If the alleged abuser is a paid employee, s/he will receive full pay during this period.
6. The designated person will call a special meeting of a Grievance Committee which will be comprised of 3-5 members. The Grievance Committee will include at least one member of the Board of Directors and at least one LGBTQ survivor of battering. A reasonable effort will be made to include a member of any community appropriate to the situation (i.e., ethnic, cultural, disability, s/m, etc.). Individuals who are not members of The Network/La Red themselves may be members of this committee if appropriate or necessary. All members of this committee must be sensitive to and have an understanding of abuse and/or harassment and to lesbian, gay, bisexual, queer and/or transgender issues. Either the alleged abuser or the complainant may remove any member of the committee for good cause, and an alternate member must be found. Good cause will be determined by one of the designated persons.

⁴⁶ From The Network/La Red Personnel Policy 2010.

7. The Grievance Committee will be given copies of the written account of abuse by the complainant. The Grievance Committee will then meet first with the complainant, with or without a support person, at a mutually agreed upon place. The complainant may bring in people individually to provide testimony on what they saw or heard directly in relationship to the alleged abuse.
8. The Grievance Committee will then meet separately with the alleged abuser, with or without a support person, at a mutually agreed upon place. The alleged abuser may bring in people individually to provide testimony on what they saw or heard directly in relationship to the abuse.
9. The Grievance Committee will make a written determination of the facts in the case based on the information they received and will make a written recommendation regarding any action to be taken. Both the determination and recommendation will be arrived at by majority vote and written dissenting opinions may also be included. The recommendations for action will follow guidelines set out by the Board. The determination of facts and recommendation, including dissenting opinions, will be made and delivered to the Board.
10. After receiving the recommendation from the Grievance Committee, the Board will decide what action, if any, will be taken. Neither the complainant nor the alleged abuser will have a vote in or any other input into the decision-making process. The one exception is if it is found that the complainant has been abused by the alleged abuser. In this case either the Grievance Committee or the Board may ask the complainant for input on any action to be taken. If it is determined that the alleged abuser has been/is abusive, in accordance with The Network/La Red policy that abusive behavior on the part of members of The Network/La Red is unacceptable, s/he will immediately be terminated from The Network/La Red.
11. Steps (5) through (10) will take place in a timely fashion, taking no more than 6 weeks.

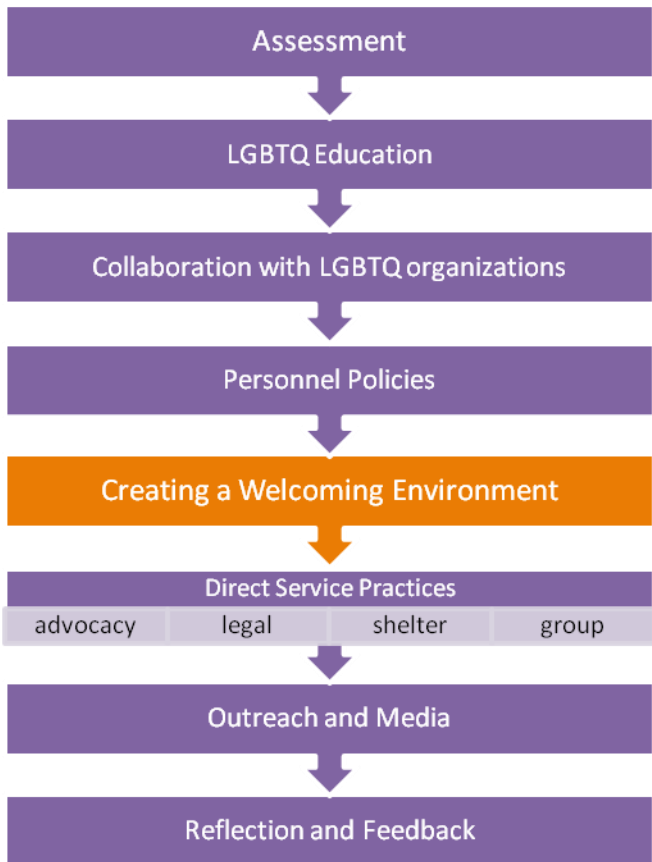
Gender transition guidelines

To be fully welcoming of transgender employees, your organization should also establish policies on guidelines in the event that an employee transitions from one gender to another. The Human Rights Campaign Foundation has published a handbook, *Transgender Inclusion in the Workplace, 2nd edition* to inform employers of how to recruit, retain, and support transgender employees. Their policy recommendations include the following: “include Gender Identity or Expression as a protected category, establish gender transition guidelines, ensure employees’ privacy, update personnel records, grant restroom access according to full time gender presentation, make dress codes gender neutral, and remove discriminatory health insurance exclusions.”⁴⁷ Each of these recommendations is supported with detailed information on implementation and policy examples. The Massachusetts Transgender Political Coalition has adapted their own version, *Creating a Gender Transition in the Workplace Plan*. The plan includes creating a small 2-3 person “Workplace Transition Team” of a human resource representative, the transitioning employee, and their direct supervisor.⁴⁸ The plan contains important guidelines for the team including how to provide assurance to and ask for social input from the employee as well as more logistical information about “creating a timeline,” “the day of the announcement,” and “the first day back on the job as their new gender.” It also details “considerations for restroom and locker access.”⁴⁹

⁴⁷ *Transgender Inclusion in The Workplace, 2nd edition*, A Human Rights Campaign Foundation Report April 2008, Revised July 2008, pg 20 available on their website, www.hrc.org.

⁴⁸ *Creating a Gender Transition in the Workplace Plan*, Massachusetts Transgender Political Coalition, 2010, pg 1, available on their website www.masstpc.org.

⁴⁹ *Creating a Gender Transition in the Workplace Plan*, Massachusetts Transgender Political Coalition, 2010, pg 2, available on their website, www.masstpc.org.



X: Create a Welcoming Environment for LGBTQ Survivors

1. Creating a resource guide and network
2. Implementing screening for all survivors
3. Anti-discrimination policies and anti-harassment policies
4. Modifying forms to be inclusive of all genders and sexualities
5. Ensuring that bathrooms are accessible
6. Making LGBTQ books, resources,

and pamphlets available to survivors

7. Displaying LGBTQ-inclusive posters and images in the office or shelter

This chapter provides a general overview of how to create a welcoming environment for LGBTQ survivors. These recommendations provide concrete ways to let LGBTQ survivors know that they are welcome in your organization. These organizational changes can be made in nearly any domestic violence program and should be institutionalized into policy whenever possible. While this chapter provides a basic overview of necessary practices to ensure that LGBTQ survivors are welcome in all types of programs, the four chapters following this one provide greater detail about specific services including shelter, support group, legal advocacy, and safety planning.

Creating a resource guide and network

Perhaps one of the easiest ways your organization can better work towards inclusion of LGBTQ survivors is to create and maintain a resource guide of LGBTQ-friendly services in your area and around the country. The resource list should include shelters, medical programs, support groups, legal help, hotlines, and other resources that are LGBTQ-specific. Not all LGBTQ resources are fully inclusive of transgender communities so it helps to include resources that are specifically for transgender communities. To start your resource list, you can pull suggestions from Chapter XVIII: *Resource List*. You can expand this list by calling LGBTQ organizations and finding out which resources they refer to. Be sure to keep the list updated and to listen for feedback from survivors about which programs work well with LGBTQ folks and which do not.



Beyond just keeping a resource list or binder, take the time to get to know LGBTQ programs in your area or state. See if you and other coworkers can visit their offices or receive training from them. Organize a meeting or lunch where your staff and their staff can get together and talk about how to make referrals and which services each of your programs offers. These are simple ways to connect to various LGBTQ organizations and to stay updated about their services, challenges, and needs.

Implementing screening for all survivors

In order to provide safe services for survivors, it is essential to screen to determine whether the person you are working with is a survivor or abuser. Abusers can easily pretend to be survivors to block their partner from accessing services, to find their partner, to access services themselves, or to convince their partner that they are the survivor and not the abuser. Additionally, many survivors initially present themselves as abusers because the abuser has labeled them so or because the abuser has blamed them for the problems in the relationship. Screening can provide validation for a survivor by establishing that they are not abusive while also creating safety by denying abusers access to survivor services.⁵⁰

Many programs are hesitant to screen for fear that the screening process might feel like an interrogation to the survivor. However, many survivors are happy to have the chance to talk about their situation. Screening, when done right, is a conversation where the person feels supported while talking about their relationship. In fact, many survivors that we have worked with at The Network/La Red have praised us for our screening process and have appreciated the fact that we are

⁵⁰ Screening is discussed in further detail in Chapters IV: *LGBTQ Partner Abuse*, VII: *LGBTQ Education* and XIV: *Direct Service Practices: Support Group* as well as in several case studies in Chapter XVIII.

diligent about not allowing abusive individuals to access our services. Diana Courvant, a founding member of the Survivor Project,⁵¹ explains how screening can help build trust:

If you do a screening *appropriately*, you don't have to damage trust and it can even be used to build trust: You say: "We are doing this screening *because* we want an understanding of what has happened to you; we want an understanding of where people are coming from in order to keep them as safe as possible," all that kind of stuff. You can really explain what you are doing in such a way that you make it clear that "this is for your safety" and that will *also* establish trust.⁵²

When wrestling with whether or not to incorporate screening into your program, it can be beneficial to do a harm-benefit analysis. The implementation of screening may require training for all employees and some initial discomfort while becoming accustomed to the new model. However, a lack of screening can cause a much greater harm. Imagine if your program allowed an abuser access to your program, thereby blocking the survivor's access to life-saving services. This is especially pertinent for shelters and support groups because even if the survivor enters the program after their abuser has left, the abuser's knowledge of service locations compromises the survivor's safety. To avoid such situations, we recommend that programs take the following steps to institutionalize screening practice into all their direct services.

Recommended steps to implement screening:

1. All staff receive screening training annually
2. Intake procedure for all programs and services includes initial screening
3. Intake forms allow space to document screening results, questions, and potential red flags⁵³
4. Screening procedure includes a check-in with one other staff person or supervisor before making the decision about whether the person is a survivor or abuser
5. Screening procedure includes how to refer abusers to batterer's intervention
6. Screening procedure includes how to keep records of abusers who cannot access survivor services
7. Screening procedure includes a process for additional screening if someone is suspected of being abusive after they have participated in services as a survivor

⁵¹ The Survivor Project is a resource for intersex and trans survivors of abuse and their advocates. More information can be found on their website www.survivorproject.org.

⁵² *Redefining Gender and Sex: Educating for Trans, Transsexual, and Intersex Access and Inclusion to Sexual Assault Centers and Transition Houses*, by Caroline White, 2002. This thesis for department of Educational Studies at the University of British Columbia is available online at www.transalliancesociety.org.

⁵³ Organizations concerned that screening information about survivors might be subpoenaed can create an additional step of shredding this paperwork once the person is accepted into the program as a survivor.

Anti-discrimination policies and anti-harassment policies

For employees

For your program to be a safer space for LGBTQ survivors, you must put policies in place to protect them from discrimination and harassment from program staff on the basis of gender and sexual identity. Although it may seem unbelievable that staff at a domestic violence program would act in a homophobic, biphobic, or transphobic manner towards an LGBTQ survivor, unfortunately it happens and it can be re-traumatizing for LGBTQ survivors. All survivors should be able to access services without fear of judgment or harassment related to their identities.

Anti-discrimination and anti-harassment policies must be explicit and made available to both employees and survivors. Survivors should receive this information in their handbook and during their intake to the program. It should be given both in writing and explained verbally. The policy should also clearly outline the steps to take in case of discrimination or harassment, including how and where to file a grievance.

For program participants

In order to help LGBTQ individuals feel safer in your program, policies about harassment, discrimination, and behavior towards other program participants should be made clear as soon as a survivor enters the program. The policies should be communicated to all program participants both verbally and in writing. For many programs, the opportune time to share this information is during the intake. Many domestic violence programs already have guidelines requiring survivors to act respectfully towards other program participants and have ways to deal with conflict among participants when they arise. Adding into your intake and guidelines that lesbian, gay, bisexual, and transgender people are welcome at the program and that homophobia, biphobia, and transphobia will not be tolerated lets survivors know up front the program's expectations. This way, you let survivors know ahead of time that LGBTQ people will be in the program, which prevents the need to announce when an LGBTQ survivor is coming in. In fact, telling everyone that an LGBTQ participant is joining the program is a form of outing that we highly discourage; it takes away the survivor's choice of being out or not, and may put them in danger.

After survivors are informed that LGBTQ individuals are welcome in the program, they can ask questions and make a decision about whether the program is a good fit for them. If survivors have questions about these policies, staff should take the time to explain any of the terms and their definitions. The policy should also include explicit instructions for what survivors can do if they are experiencing discrimination or harassment from other survivors in the program. This policy should be posted in public locations throughout the program. Having a policy and procedure around harassment that is clear will help LGBTQ survivors feel safer in your programs. However, in order to be effective, it is important that program staff act quickly and fairly in implementing the policy when an incident occurs.⁵⁴

Sample anti-discrimination policy⁵⁵

[Program Name] welcomes individuals who are heterosexual, bisexual, gay, lesbian, queer, and/or transgender of

⁵⁴ For some suggestion on how to address homophobia, biphobia, and transphobia, please read Chapter XI: *Direct Service Practices: Advocacy*.

⁵⁵ For examples of how other programs have worded anti-discrimination policies, please read more in Chapter XVII: *Case Studies*.

differing races, classes, religions, ages, and backgrounds. I will be respectful of the other program participants and staff. I understand that any oppressive or abusive language or actions are not acceptable. If I have questions about this policy, I can ask a staff member to explain it to me.

If a program participant or any staff member is acting in an abusive or oppressive way towards me, I know that I can report this behavior to a staff member. If I feel that the issue has not been addressed, I can then report it to the program coordinator, _____. If the issue has still not been appropriately addressed, I can bring the issue to the executive director, _____.

Signed _____

Date _____

Modifying forms to be inclusive of all genders

To be inclusive of all gender identities, your organization’s forms must give people adequate options for identifying their gender. In many agencies, there are only two options for gender. Here is a typical example of what you would find on most forms:

Gender/Sex : Female Male

These two choices are not adequate for many people, specifically for transgender individuals and some gender non-conforming people. In order to be inclusive, you can add more choices. For example, instead of just having a box marked “Male” or “Female” you can also include other gender identities such as: Transgender Man, Transgender Woman, Genderqueer, etc. Here is an example of other choices for gender that you may have already seen on some forms:

Self-Identified Gender :

Female Male MTF Transgender FTM Transgender Undisclosed

This extends the number of options people can choose for their gender. However, other gender identities such as genderqueer, boi/dyke, omnigender, bi-gender, femme queen, stud, and two-spirit are not listed and people with these gender identities may feel a sense of invisibility when having to choose a box that does not accurately describe their gender. Since creating an endless list of gender identities is not a realistic option, your program can address this in two different ways. One way is listing a few choices and then making an “other” category. When creating an “other” box, it is important that there be space next to the “other” category where people can fill in their gender identity. For the purpose of statistics, people who write in their identity in the other category can be tracked as “other.” More importantly, your staff will understand how the survivor identifies their gender and can respect and support that identity. Here is an example of what that form might look like:

Self-Identified Gender:

Woman Man Transgender Man Transgender Woman Genderqueer

Other _____ Undisclosed

Some transgender activists recommend having people check multiple categories that may apply. For example a transgender woman could check both the transgender box and the woman box. The idea behind this is that there are not two different types of women. It affirms that there are some women who identify as transgender and some women who identify as cisgender⁵⁶ rather than implying that transgender women belong in a category separate from other women. Here is an example of what that question might look like:

Self-Identified Gender (Check all that apply):

Woman Man Transgender Gender non-conforming Other _____

Another option may not work well for tracking statistics but allows for the highest level of self-expression and self-definition of gender. This question has no boxes, but instead leaves a blank space allowing everyone to write in their gender identity. If your program chooses this option, it is important to make a very clear statement within the question that your agency supports transgender individuals. Otherwise, transgender and other gender non-conforming individuals may not feel safe answering the question openly. Here is an example of what that might look like:

Please fill in your Self-Identified Gender* (man, woman, transgender, etc.):

*Our organization is inclusive of transgender and gender non-conforming people.⁵⁷

It is important to remember that a person who identifies as transgender may not feel safe sharing their transgender identity with your program regardless of the format of this question due to fear of transphobic reactions from staff members. People should be encouraged to share only what they feel comfortable with and not be pressured to out themselves to staff or to other program participants. It can be helpful to tell survivors that their gender identity will remain confidential and to explain your confidentiality policy. Each program must decide what confidentiality around someone’s transgender status entails.

Sample confidentiality policy around transgender status⁵⁸

1. When a person shares their transgender status with a staff person, the staff person must inform the person of the confidentiality policy around transgender status.
2. The information about the person’s transgender status will only be shared with their advocate and their

⁵⁶ Not transgender. The definition can be found in the Chapter III: *Introduction to LGBTQ Communities*.

⁵⁷ Adapted from *Transitioning Our Shelters*, by Lisa Mottet and John M. Ohle on behalf of the National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless, 2003, p 27.

⁵⁸ This policy can also be adapted to include sexual orientation.

supervisor.

3. The participant’s transgender status may be shared with other staff members ONLY with permission from the program participant.
4. The other program participants will not be informed by staff members about the participant’s transgender status. However, the program participant may choose to share this information with any program participant at any time.
5. Other service providers will not be informed of the participant’s transgender status without a signed release of information form specifically detailing what information can be shared and outlining specifically which providers can have this information.
6. The information about the program participant’s transgender status will not be written in their file unless they give permission and are informed that all staff members have access to that file.
7. Breaking of confidentiality around transgender status should be reported to the program director.

Once your program has put a confidentiality policy in place, it will be essential to both implement this policy consistently and to explain it to the survivor. Regardless of whether a survivor decides to disclose their transgender identity, having inclusive forms and a policy for confidentiality around gender identity is an important step to providing a more comfortable and safe environment for transgender survivors.⁵⁹

Other form modifications

To be more inclusive of LGBTQ survivors, you can also make other slight changes to forms that will allow LGBTQ individuals to feel more welcome in your organization. For example, many transgender individuals may not have identification that matches their current gender. They may be carrying a driver’s license with their old name and gender marker on it. If your program requires photo identification, make sure to include a place on the form for the person’s legal name and their preferred name. You may also want to add a question about preferred pronouns:

Legal name: _____ Pronoun preference: _____

What name/nickname would you like us to use for you? _____

You may find this change helpful not only with transgender survivors but with any other survivors who go by nicknames. Having the question on the form normalizes this question and encourages staff to ask everyone what their preference is.

Another easy form modification is ensuring that all language on the forms is gender-inclusive.⁶⁰ Make sure that your forms are not referring to survivors as “she” and abusers as “he” exclusively. Your organization can choose to write something like “he or she” or “s/he” or you can use the gender inclusive term “they.” You can also look at the options you give survivors to describe

⁵⁹ Information about confidentiality policy adapted from *Transitioning Our Shelters*, by Lisa Mottet and John M. Ohle on behalf of the National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless, 2003, p 27.

⁶⁰ Please reference Chapter III: *Introduction to LGBTQ Communities* for more information on gender-inclusive language.

their relationship to the abuser. Make sure that in addition to “boyfriend” or “husband” there are also choices for “partner,” “lover,” “wife,” or “girlfriend.” These changes take minutes to make but can have a very beneficial impact on LGBTQ survivors entering your organization.

You organization may also wish to adopt a confidentiality policy around sexual orientation that is similar to the transgender confidentiality policy mentioned above. If LGBTQ survivors know that their sexual orientation will remain confidential and will only be shared with their permission, they may feel safer to come out to their advocate and other staff members.

Ensuring that bathrooms are accessible

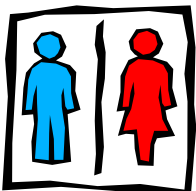
For many transgender and gender non-conforming folks, choosing which public bathroom to enter can be a very stressful experience due to fears of harassment, threats, physical violence, or arrest. Some transgender and gender non-conforming people may avoid public restrooms altogether. When surveyed about their experiences by The San Francisco Human Rights Commission, people shared their experiences of harassment around bathrooms:⁶¹

Transgender people who do not identify as female or male: “Security chased me,” “got the shit kicked out of me for using the ‘wrong bathroom,’” “I run into problems 80% of the time,” “This is a problem every day.”

ftm/male⁶² and mtf/female⁶³ identified people: “Yelled at, ‘you’re using the wrong bathroom’” (mtf), “I have been slapped, pushed, and dragged out by security guards” (ftm), “got physically pulled out” (mtf), “having the door almost knocked down by teenagers” (ftm), “I have spent so many hours avoiding public multi-stall bathrooms that I have damaged my bladder and put pressure on my kidneys,” “The problem was a daily one. I’d think about where I was going, what bathrooms I’d have access to, how much I drank during the day, whether I’d be with people who could help stand guard...”

butch women (who do not identify as transgender): “being followed by a police officer,” “women told me to leave the women’s room and then tried to beat me up,” “women jump out of their shoes; I get harassed by the guys,” “I run into problems all the time,” “all of my butch female friends, ex’s, etc. ALL have experienced stares, harassment, threats, etc. in the women’s room. Some only use the bathroom when they have a group of friends to accompany them.”

There are many ways to address this problem and support people in safely accessing bathrooms. One easy way is to provide single stall bathrooms. Anyone can use these bathrooms, one at a time. Most domestic violence shelters are houses that already have single stall bathrooms and some office buildings also have this option. If your program is in a building that has single stall bathrooms available, but not on your floor, you can post a sign next to the gendered bathrooms that indicates where single stall bathrooms are located in the building.



Another potential solution is turning multi-stall bathrooms into gender-neutral bathrooms that anyone can use. If there are concerns about safety or privacy, “stall doors can be extended from floor to ceiling” to

⁶¹ From the San Francisco Human Rights Commission’s “Gender Neutral Bathroom Survey,” Summer 2001. Full survey results are available on The Transgender Law Center website, www.transgenderlawcenter.org.

⁶² Ftm - female to male transsexual, may also be referred to as transsexual man, transgender man, or man

⁶³ Mtf - male to female transsexual, may also be referred to as a transsexual woman, transgender woman, or woman

cover any gaps.⁶⁴ Also, a lock can be provided on the outside door of a multi-stall bathroom with sign that reads, “If you need safety and privacy in this bathroom, please lock the outer door.” This would allow transgender survivors, as well as other survivors who may feel nervous about using a multi-stall bathroom, the option of using the bathroom privately.

If your organization does provide gender-neutral or single stall bathrooms in your public office, you may wish to list them on www.Safe2Pee.org, a site that lists gender neutral and single stall bathrooms in cities around the world. It is a resource for people seeking safe places to use the bathroom without fear of harassment or violence.



Making LGBTQ books, resources, and pamphlets available to survivors⁶⁵

Another excellent way to welcome LGBTQ people into your program is to have LGBTQ magazines, newspapers, and service-related brochures in your organization’s waiting areas, shelters, and offices. If your organization offers a

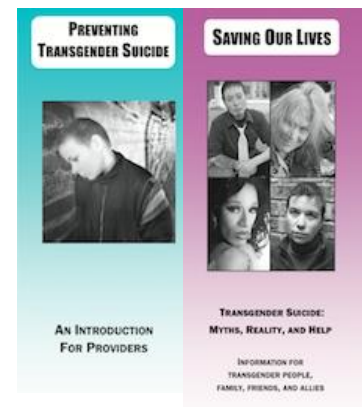


lending library for movies and books, ensure that LGBTQ books, videos, and guides are included in the collection. This can include non-fiction books about health, LGBTQ history, and resources but also fictional books and movies that include LGBTQ characters. For some starting ideas about books and movies check the *Resource List* in the final chapter of this manual. Also, when asking for donations, specify that LGBTQ-inclusive books and movies are needed. This information is not only helpful for LGBTQ survivors, but also provides an opportunity for staff and other survivors to learn more about LGBTQ communities.

Displaying LGBTQ-inclusive posters and images in the office or shelter



Displaying LGBTQ-inclusive posters and images in your office or shelter is another small and easy step your program can take that can have a positive impact on LGBTQ survivors. Walking into a space that displays positive messages and images of LGBTQ folks affirms your organization’s commitment to working with LGBTQ folks and can help LGBTQ survivors feel welcome.

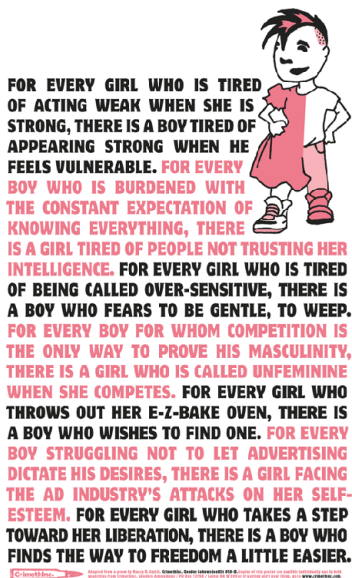


⁶⁴ From: “Talking points about Accessible Bathrooms,” *Toilet Training*, Silvia Rivera Law Project, www.srlp.org.

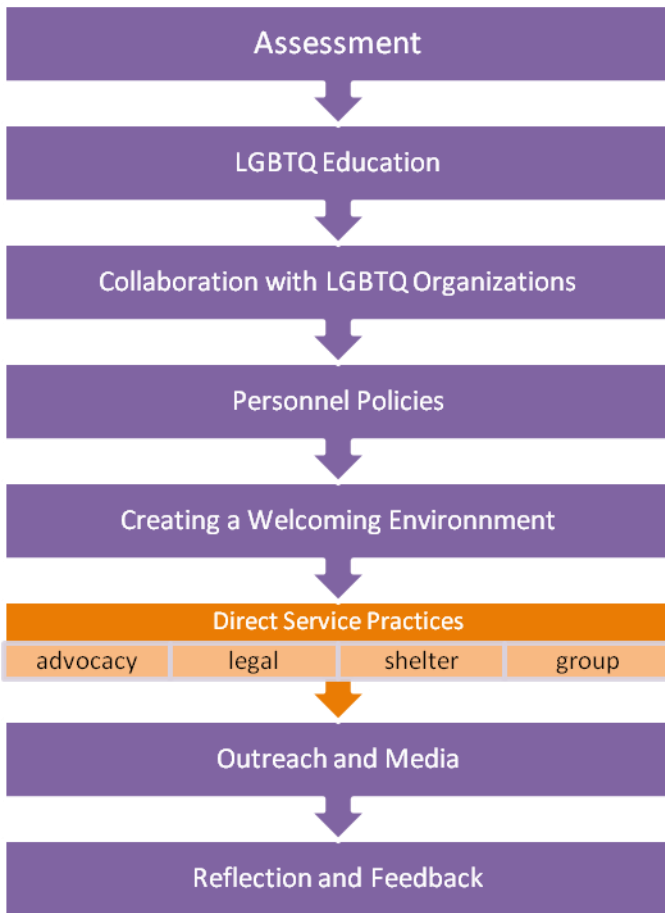
⁶⁵ Resources shown are “Saving Our Lives Transgender Suicide: Myths, Reality and Help” and “Preventing Transgender Suicide” pamphlets created in collaboration by Fenway Health, Massachusetts Transgender Political Coalition, Massachusetts Department of Public Health, Massachusetts Coalition for Suicide Prevention, and Samaritans and is available at www.masstpc.org. The postcard is outreach material from TransCEND, a program of Aids Action Coalition and available at www.transcendboston.org.

Your organization can order posters from various LGBTQ organizations. For example, The Gay, Lesbian, Bisexual and Transgender Youth Support Project offers free posters, shown on the left, about supporting LGBTQ youth that are available in English, Spanish and Portuguese.⁶⁶ You can find other posters and hate-free zone stickers on-line from LGBTQ organizations. Better still, your program can create its own LGBTQ domestic violence posters or LGBTQ-inclusive posters to display. For example, Jane Doe Inc., the statewide sexual and domestic violence coalition in Massachusetts, created the poster on the right specifically about domestic violence in LGBTQ communities that could be used by any of its member programs. Simple text signs that state things like “LGBTQ people are welcome here” or “This is an LGBTQ Safe Zone” can also help create a welcoming environment.

For transgender specific posters, your organization can order the *Gender Subversion Poster* in bulk, shown on the left, at www.crimethinc.com/tools. You can also order single copies of the poster in Spanish or English at www.reachandteach.com/store in the LGBT section of their webpage. Your organization can also download a free poster from The National Center for Transgender Equality, *52 Things that you can do for Transgender Equality*, from their website www.transequality.org/Resources/52things.pdf. Your organization can also post simple text signs that say things like “Transgender People are Welcome Here” or “We respect people of all races, religions, ethnicities, classes, abilities, sexualities, genders, gender expressions and gender identities” that can be made on the computer or by hand.



⁶⁶ To order, go to www.hcsm.org/glys/glys.htm.



XI: Direct Service Practices: Advocacy

1. Gender-inclusive language and mirroring language
2. Being a shield against homophobia, biphobia, and transphobia
3. Interrupting homophobia, biphobia, transphobia, and heterosexism
4. Safety planning around LGBTQ-specific issues

Being an effective advocate for LGBTQ survivors requires competency in working with LGBTQ communities. The following sections detail how advocates and others working in direct service positions in their programs can work with LGBTQ survivors in a

respectful way. This chapter starts with some general strategies that apply to all direct service positions. The following three chapters then focus on details applying to particular program areas including legal advocacy, shelter, and support group.

Gender-inclusive language and mirroring language

Using the wrong term to describe the sexuality or gender of a survivor or their partner can make an LGBTQ survivor feel unsafe, invisible, and unwelcome. By using gender-inclusive language and mirroring language however, members of your organization can show respect to and be inclusive of LGBTQ survivors. Using gender-inclusive language at all levels of your work including on the phone, in person, in your forms, and when talking about the survivor and the abuser with others shows respect and competence in working with LGBTQ communities.⁶⁷

Another way to show respect is to mirror the language people use for themselves and their partners. For example, if a caller is referring to their partner as their lover you can mirror that terminology: “Does your lover know where you are now?” Similarly, listen for which pronoun the caller uses to refer to their partner before making any assumptions about how to refer to the partner.

⁶⁷ For more strategies and information about how to use gender-inclusive and mirroring language, refer to Chapter III: *Introduction to LGBTQ Communities*.

When you are working with a survivor, it may not be necessary to know how they identify their gender. They may tell you in passing, but unless you need to document gender on a form it may not come up. Also, asking about someone's gender identity can lead to a complicated answer. It may be more functional instead to ask which pronouns the person prefers. You can do so in a respectful way by asking, "What pronoun do you prefer?" Once you find out which pronouns a person uses for themselves, make sure to use them. Some transgender or gender non-conforming individuals may use third gender pronouns, such as *ze* and *hir* or *they* and *theirs*. Even if you have never heard of the pronoun the survivor is using, it is important to do your best to use it. If you make a mistake, correct yourself and move on.

Being a shield against homophobia, biphobia, and transphobia

Working with LGBTQ folks respectfully requires an understanding of how homophobia, biphobia, transphobia, and heterosexism affect the systems a survivor needs to access. One way to support an LGBTQ survivor is to try to buffer the survivor from homophobic, biphobic, transphobic, and heterosexist remarks from other providers. To do this, you can make the initial advocacy calls to find out how LGBTQ-inclusive each program is and to begin to educate these providers. However, before making these calls it is important to check in with the survivor to find out how they would like you to address any discriminatory comments. For example if someone uses the wrong pronoun for them, you can ask the survivor if they would like you to correct the speaker directly, ignore the incorrect use, or to simply model using the correct pronoun. The survivor may have different preferences depending on who the speaker is and which resources may be at stake.

You can also prepare LGBTQ folks for dealing with providers who may have biases, and give survivors an idea of which programs work better with LGBTQ folks and which do not. For example, if the survivor is a bisexual man who is going into court to get a restraining order against his boyfriend, and you know the judge is not informed on LGBTQ issues, you can give the survivor this information and plan around it. You can ask the survivor if they would like you to try and educate the judge if s/he doesn't understand the relationship or if he would like you to remain silent and just be there for support. You may also plan with him beforehand about whether he wants to be out to the judge about his relationship or whether he wants to present the abuser as his roommate. You can also let a survivor know that if homophobia, biphobia, transphobia, or heterosexism arise during any interaction with a provider, you will be there to support them afterward or to assist them in taking steps to report any discrimination that occurs.

Sample questions to access another organization's LGBTQ inclusiveness:

1. Does your organization work with LGBTQ individuals?
2. How many individuals do you work with on average that identify as LGBTQ?
3. What kind of services, resources, and materials does your organization have that are geared towards LGBTQ individuals?
4. Does any program or person in your organization specialize in working with LGBTQ individuals?
5. Does your organization receive LGBTQ training? What kind?
6. Does your organization work with transgender individuals?

7. How educated is your organization around transgender communities?

Interrupting and confronting homophobia, biphobia, transphobia, and heterosexism

When someone makes a homophobic, biphobic, transphobic or heterosexist remark and no one responds, two things can happen. First, anyone who is LGBTQ or who is an ally of LGBTQ people who hears the comment may feel hurt, humiliated, angry, embarrassed, or threatened. Second, the person making the remark and the others who hear it get the message that it is acceptable to make such comments. Interrupting the remark or speaking out about it in a respectful way counteracts these negative effects. It shows the LGBTQ folks and allies in the room that there is another LGBTQ ally present and it gives everyone the message that such comments are inappropriate. It can often be challenging to interrupt such comments in the moment, so remember that you can still pull that person aside later and let them know your thoughts. In some cases, people may be unaware that their comments are hurtful and may need more education on the issue.

Address survivors' comments and actions

Many advocates and other service providers feel uncomfortable interrupting and confronting homo/bi/transphobic statements made by survivors. For some, talking about sexuality is a taboo subject. Others fear that they don't have the knowledge or correct language to talk about it. Some advocates have fears and concerns about using their power in inappropriate ways. They may think, "Who are we to tell people who they should accept and how they should speak?" They may also fear re-traumatizing the survivor. Hopefully, with training and practice, these fears can be overcome.

Survivors who participate in your program do not have to learn to love and accept LGBTQ folks, but you can ask them to be respectful to everyone in the program to help create a safer environment where all survivors are free from harassment. Your program can ask this not only around homophobia, biphobia, transphobia, and heterosexism but also around racism, classism, ableism, and other forms of discrimination. One way to address oppressive comments by program participants is to refer back to the program guidelines that they agreed to when coming into the program. Participants should already know that being disrespectful of people's identities is not allowed in the program before they enter. Reminding them of these guidelines is a way to begin addressing discriminatory comments and actions.⁶⁸

If we address homo/bi/transphobia and heterosexism, it can be an opportunity to have thoughtful conversations about diversity and safety. When we fail to address survivors' discriminatory actions and comments, we risk sending the message that we have lower expectations of their ability to respect others. It is as if we are saying to the survivor, "Because you are so damaged by your experience, I expect less of you." By addressing these issues, we can instead reinforce the message that we are each responsible for our behavior, regardless of our experiences. We can also use the opportunity to model confrontation and conflict resolution that is non-abusive.

Example of addressing transphobia⁶⁹

Scenario: A participant, Jamila, comes into the office to talk to her advocate about another program participant, an out

⁶⁸ Refer to Chapter X: *Creating a Welcoming Environment*, for suggestions about anti-discrimination and anti-harassment policies.

⁶⁹ Role play developed by Sabrina Santiago and Ethan Levine for The Network/La Red.

transgender woman named Lesley.

Advocate: I wanted to talk with you. It seems like there is an issue between you and Lesley. Can you tell me what has been going on?

Jamila: He and I just don't like each other

Ad: Well, Lesley is a she. Has she done something to make you uncomfortable?

J: Yes, I don't like the way she looks...she looks like a man and it confuses my kids.

Ad: What makes you feel it confuses your kids?

J: Well, they've been calling him "her" when she is really a man.

Ad: Well, Lesley identifies as a woman, so it is ok for your kids to call her she. That is what she prefers. What about this bothers you?

J: It's not normal...I don't want my kids exposed to that.

Ad: I wouldn't say that it is not normal. Perhaps you have not met anyone who is transgender before but it is normal. What are you worried will happen if your children are around Lesley?

J: Whatever, I don't think it's normal. I am worried my kids will turn into a freak tranny or become gay when they see a man dressed in women's clothes.

Ad: Lesley is living her life as a woman and dresses in the clothes that she feels comfortable in and that I would guess makes her feel more comfortable as a woman. Being around a transgender woman will not turn your children into a transgender person nor will it make your kids gay. It sounds as though your kids are seeing Lesley as a woman and that upsets you because you don't see her that way. Is that what you are feeling? Am I misunderstanding something?

J: I don't think he is a woman and I don't want my kids seeing him as a woman.

Ad: Well, that fact is that Lesley identifies as a woman. To tell people otherwise would not be respecting her identity or how she expresses her gender. You remember that set of rules you signed when you came into the program? Do you remember the rule about respecting people's differences and being respectful of one another?

J: Yea, but I didn't know *this* is what you were talking about.

Ad: We put those rules in place because we get lots of different people in this program and living so close together we really need to be respectful of all of the many differences in cultures, religious beliefs, parenting styles, identity, and all the other ways in which we may be different. The requirement of respect is necessary so that everyone can feel safe in this program. If someone were disrespectful to you then I would step in and address the way in which that person was being disrespectful in order to keep the residence house safe for you and your children. Using words like freak and tranny are not respectful of Lesley. This includes saying this to her or to other residents. I would like to figure out a way to talk about your concerns while also being respectful of everyone else in the house. Can we try and do that?

J: Yeah.

Ad: So what do you think that might look like? How can you feel comfortable with Lesley and be respectful?

Address coworkers' comments

Confronting a coworker's comments can be stressful, especially if that coworker is a supervisor, but there are some strategies for addressing this. You can try saying, "I don't feel comfortable with what you just said." This could open a window for you to explain why you felt uncomfortable and give you the chance to address the comment. Many people, when confronted in a respectful way, are happy to learn about how what they said affects LGBTQ individuals negatively and willing to change the way they use their language once they find out this new information.

When confronting a coworker where there is less of a power imbalance or more trust, you can be more explicit. Remember that people respond better to thoughtful interjections than to accusations. Even if in your head you are thinking, "You are a homophobe!" try speaking to the behavior and not the person. For example, "I don't think you meant it in this way, but when you said, 'I don't mind gay people,' it could actually be taken as homophobic and this is why..."

If someone is using stereotypes, it can be easier to just address the stereotype. For example, if someone says to you, "Lesbian women all dress like men," you can reply with, "Actually that's a really common stereotype about lesbians. A lot of people think that, but it isn't true. Some lesbians dress very femininely, others wear more masculine clothes, and some dress anywhere in between."

If it gets to the point where you feel like a coworker is harassing LGBTQ staff members or program participants with their language and you have already tried addressing it with them, it is important to speak to a person in a leadership position whom you trust to address the issue.

Example of addressing a biphobic comment made by a coworker⁷⁰

Scenario: You and another advocate, Tami, are in the shelter's living room where the residents are watching music videos. One of the residents, Elisa, mentions how she thinks Beyoncé (a female artist) is "hot" and would "like to get with that." Your coworker, Tami, nudges you and tells you she needs to show you something in the office. You go into the office with her.

Tami: Can you believe Elisa? No one wants to hear that.

You: Well, you don't seem to have an issue when the other women talk about Usher or Jay-Z (both male artists).

Tami: That's not it. I just don't understand why she has to shove it everyone's face.

You: Well, being bisexual is an important part of Elisa's identity. Do you think she should have to hide who she is?

Tami: No, I guess not. It just grosses me out, thinking about two women together.

You: Well, I don't think that's the issue here. What *is* the issue is treating everyone here with the same respect.

Tami: Of course I wouldn't treat her different because she is bisexual. I just don't know what to say when she makes a comment like that.

You: Well, what do you say when someone makes a comment about a guy?

Tami: I usually joke around with them and say if I think he's hot or not. I'm not going to say that about a woman, though.

⁷⁰ Role play developed by Hema Sarang-Sieminski and Mary-Elizabeth Quinn.

You: What do you say if you don't think a guy is hot?

Tami: "He's not my type." or "He's not my cup of tea."

You: Well, you could just say that about a woman too. Like, "well, she's not my type," or "she's not my cup of tea."

Tami: Yea, I guess so. I don't know why I made such a big deal about it. I just haven't really known any bisexual women before.

You: I'm sure you have. There are a lot of bisexual women in the world. They just might not have told you.

Tami: That's probably true. I just don't know that much about it.

You: I know some good books and movies about bisexuality if you ever want to find out more about it.

Address providers' comments

When doing advocacy for LGBTQ survivors, you will hear homophobic, biphobic, transphobic, and heterosexist comments from other providers. It's best if you can address these comments in the moment in a respectful way, but only if you can do so without jeopardizing the survivor's access to the service you are advocating for. It is worth very little to tell a provider that they are transphobic only to have them refuse to help the survivor you are working with. If you can try to educate the other provider, it can go more smoothly.

For example, if you are calling on behalf of a transgender woman to try to get her shelter space and the provider asks, "Has he had the surgery yet?," you could respond calmly by letting them know that "She hasn't shared that extremely personal information with me. Is it necessary to share that information about her body in order for her to get into the shelter?" or "Is this information really necessary?" or even, "I'm not sure if you know this, but asking this type of question about someone's body could be considered sexual harassment." If the provider is open to talking more about this issue, you may wish to explain more about the "Live Full-Time model," explained in Chapter III, *Introduction to LGBTQ Communities*, or to refer them to The Network/La Red for technical assistance.

In some situations, you may choose to bring the issue to the person's supervisor, especially if there is outright hostility or discrimination. For example, if a hotline worker continues to tell you that they don't work with gay men, but you know that the program is open to all LGBTQ survivors, it would be important to report this to their supervisor as soon as possible.

Example of educating a provider around transphobia⁷¹

Scenario: A shelter advocate is calling to make a Transitional Living Program (TLP) referral for a survivor that is staying in their shelter. The shelter advocate is talking about a transgender "man" they are working with. In the course of the conversation it becomes clear that the survivor is woman-identified and the advocate is using the wrong language.

Shelter advocate: I would like to refer someone we are working with to your TLP program; he is a transgender man and has been with us for almost three months. He fled his abuser about four months ago and was in two safehomes before coming to our program.

⁷¹ Role play developed by Sabrina Santiago and Ethan Levine for The Network/La Red.

TLP advocate: Okay, if it is okay I would like to ask a few questions. Do you have a signed release that would make this possible?

Shelter advocate: Yes.

TLP advocate: Okay, great, what is his name?

Shelter advocate: Oh, he prefers that we use his girl name, Leslie. But, his legal name is Joseph Montez.

TLP advocate: Okay, did you say that Leslie is a transgender man?

Shelter advocate: Yes, he is a transgender man, but he dresses as a woman.

TLP advocate: Has Leslie told you what pronouns they use?

Shelter advocate: Oh, yes he, I means she, uses female pronouns.

TLP advocate: Do you know if Leslie identifies as a woman?

Shelter advocate: Uh, yeah, a woman, but she is really a man.

TLP advocate: So it sounds to me as though Leslie is a transgender woman, not a transgender man. She uses a female name and has told you she identifies as woman and uses female pronouns.

Shelter advocate: Uh, yeah I guess so. It's confusing though he...she...whatever dresses like a woman but she looks like a man.

TLP advocate: Okay, we would be happy to set up an initial phone interview with her. Just for your information though, it sounds as though she is a transgender woman. If you are calling other programs advocating for her you may want to check in with her because I think she is not a transgender man. It sounds like she is a transgender woman. This will affect the types of services that she is eligible for and needs. I have an opening for Leslie tomorrow at 3pm, would that work?

Shelter advocate: Yes, that would work.

Safety planning for LGBTQ-specific issues

Safety planning for LGBTQ survivors is more similar to safety planning with straight cisgender⁷² survivors than it is different. In our work with all survivors, safety planning is a conversation where we listen to the individual risk factors of the survivor and plan for safety around each factor. However safety planning with LGBTQ survivors often requires extra creativity around several specific areas: small communities, homophobia, biphobia, and transphobia, and the abuser's access.

Small Communities

LGBTQ survivors and their abusive partners may share the same small communities, which means survivors and advocates need to be very intentional when safety planning. For example, if the abuser and survivor share friends, advocates should take the time to think about which friends would keep confidential information that the survivor shares, and which friends might share the information with the abuser, thus placing the survivor in danger. Likewise, safety planning should be done when a survivor

⁷² Not transgender; definition is in Chapter III: *Introduction to LGBTQ Communities*.

will be entering LGBTQ community spaces or accessing LGBTQ services. This is not only in consideration of the abuser stalking the survivor, but also because other community members at those services might be connected to the abuser. This is especially important when planning around limited LGBTQ community resources. For example, survivors may need to attend the only LGBTQ Alcoholics Anonymous or FTM transgender support group offered in your area. Pride parades and celebrations can also be very important to some LGBTQ survivors and these events also require thorough safety planning. Similar caution should be taken in planning around LGBTQ health centers, counseling services, and other such venues.

Homophobia, biphobia, and transphobia⁷³

LGBTQ survivors have to take homo/bi/transphobia into consideration when navigating daily life and even more so when planning for safety. This can be particularly relevant when deciding whether or not to access medical or mental health services, public benefits, law enforcement, or the courts. For example, many members of LGBTQ communities may not feel safe calling the police. This fear is based on the history and current reality of police brutality towards LGBTQ communities. This fear and hesitation may also extend to working with any aspect of the criminal justice system. LGBTQ survivors may not feel safe getting a restraining order or may be denied a restraining order by homophobic, biphobic, or transphobic judges. It is important to keep this information in mind and remember to listen to a survivor's feelings and thoughts during safety planning. In this way you can support the survivor in deciding whether working with law enforcement will increase safety or increase the risk of abuse from their partner or from the legal system.

Another result of homophobia, biphobia, and transphobia is that LGBTQ survivors may not have support from family members, their faith community, healthcare providers, employers, etc. They may face rejection or discrimination from these people or may not be out to them. This can leave the survivor with fewer resources, requiring additional safety planning around getting emotional support for the survivor.

Another major factor to consider when working with LGBTQ survivors is outing. The survivor may not wish to access certain services such as support groups, legal systems, or other services that may potentially out the survivor to their community, their employer, or their family. For example, a person who is not out may not wish to get a restraining order against their partner; the hearing would be public and they would be outed to whoever was in the courtroom. Likewise, survivors may not seek services because they do not want to out their abuser. They may want to get away from the abuser but not want their abusive partner to lose their job or support systems.

Abuser's access

If the survivor is in a relationship with someone of the same sex or gender, it may be easier for their partner to commit identity theft by pretending either over the phone or in person that they are the survivor in order to access money or information about the survivor. The consequences of this can be devastating. If this is a tactic the abuser has already used or has threatened to use, be sure to help the survivor safety plan around protecting their credit, their information, and their privacy.

⁷³ For definitions and information on homo/bi/transphobia please refer to Chapter III: *Introduction to LGBTQ Communities*.

Another area that the abuser may have access to is their partner’s medical care. This is especially true if the abuser is the same gender as their partner. For example when going to the emergency room, an abuser of the same gender is more likely to be allowed in under the guise of being a friend. The abuser can then block the survivor from being able to talk with medical staff about the cause of the injury or attempt to control which medical choices the survivor makes.

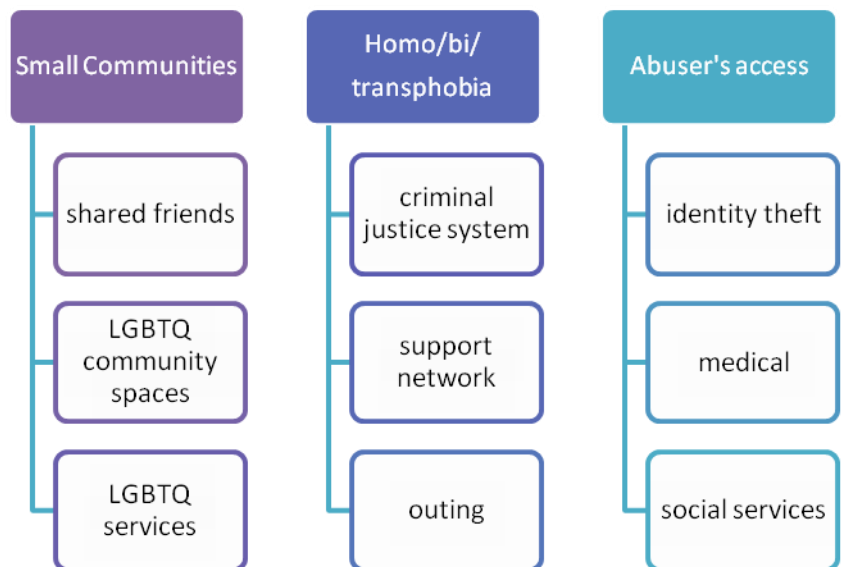
LGBTQ abusers may also have access to the same social services as their partner. This can be because the abuser works in the social service system or because the services are gender-based and they are of the same gender, attending a program that does not screen. Likewise, they could both be using the same LGBTQ health center or support group. It is import to keep these factors in mind while safety planning around these services.

XII: Direct Service Practices: Legal Advocacy

1. Restraining orders
2. Criminal cases
3. Custody
4. Divorce
5. Immigration

The importance of screening before giving legal referrals⁷⁴

In-depth screening to see if the person you are talking to is the survivor or the abuser is incredibly important when referring someone to an attorney or when providing legal advocacy. First, there are limited legal resources available to LGBTQ survivors and attorney-client privilege mandates that once lawyers are working with one partner they are then barred from working with the other. This means that if you inadvertently refer an abuser to an attorney, the survivor will no longer have access to that resource. Some abusers take advantage of this fact, calling every pro-bono legal service in their area in order to block the survivor from accessing legal services. The second reason is to ensure that we do not provide the wrong resource to the wrong person. Free and low-cost legal services for domestic violence are in high demand, and referring abusive individuals to those services will make them less available to those who truly need them. We highly



⁷⁴ Boxed quotes from the survivors and friend of a survivor in this chapter are from *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., 2005, available on www.tnlr.org.

advocate that in-depth screening be done before referring someone to legal services. We also encourage all attorneys working with LGBTQ clients to set up a system of screening before taking on someone as a client.

Restraining orders⁷⁵

Many LGBTQ folks don't realize that they are eligible for restraining orders.⁷⁶ Providers may mistakenly believe the same thing. However, in Massachusetts anyone, straight or LGBTQ, can get a restraining order against a partner, a former partner, a roommate, a parent of one's child, or someone related to them by blood or marriage. This is not the case in every state. When working with a survivor from a state other than Massachusetts, you can reference the American Bar Association Commission on Domestic Violence website⁷⁷ which has information about every state's restraining order laws and whether they apply to LGBTQ relationships.

Restraining order barriers⁷⁸

Some court clerks create obstacles to people obtaining restraining orders by telling them that they are not eligible or that their case is "too weak." This is not a problem unique to LGBTQ survivors seeking restraining orders; however clerks are more likely to discourage LGBTQ people from filling out the paperwork.

Similarly a judge's homophobia, biphobia, transphobia or heterosexism can affect whether or not a survivor is granted a restraining order. Many judges do not perceive LGBTQ partner abuse to be as serious or dangerous as straight partner abuse. They may not know that partner abuse exists in LGBTQ communities or may not recognize the situation as domestic violence-related, having the mentality of "boys will be boys" or "it's just girls in a cat fight."

Because of the barriers facing LGBTQ survivors, legal advocacy and court accompaniment can be extremely helpful for support. Just being there as a witness can be helpful to the survivor. Additionally, if a domestic violence program is able to write a letter of support stating that they believe the individual is a survivor of domestic violence, they can help corroborate the survivor's story as well as educate the judge. Legal advocates can also make sure the clerk does not deter the survivor from filling out the paperwork for the restraining order and can potentially speak in front of the judge in support of the survivor. Legal advocates can prepare the survivor for any potential challenges that may arise and strategize around how to deal with them.



"The clerk was friendly when she gave Robin the paperwork and began giving her instructions. When Robin said the person she wanted a restraining order against was her ex-girlfriend, ... the clerk wan't so nice anymore. She sort of rolled her eyes ... She began repeating everything Robin said, not for clarity I thought, but out of some kind of disbelief ... She said... 'Well, you can fill out the form anyway, but if she doesn't have any weapons, you don't have a very good case, do you?' ... [Robin] cried. She was frustrated and started doubting that she would be granted a restraining order ... We ended up leaving."

-Anonymous friend of a survivor

⁷⁵ Legal information provided by Wayne Thomas, Massachusetts GLBT Domestic Violence Attorney, specifically in relation to Massachusetts state laws.

⁷⁶ Restraining orders are named differently in other states. They may also be called protection orders, stay-away orders, no-abuse orders, no contact orders, etc.

⁷⁷ The American Bar Association Commission on Domestic Violence website is www.new.abanet.org/domesticviolence.

⁷⁸ Legal information on Restraining Orders provided by Wayne Thomas from the Massachusetts GLBT Domestic Violence Attorney Program, specifically in relation to Massachusetts state laws.

LGBTQ-competent lawyer for restraining order hearings

Because of the barriers that may arise, survivors can benefit greatly from having a competent attorney accompanying them to the hearing. This can be especially true for LGBTQ individuals that may be anxious about interacting with a potentially hostile system. The attorney can take the pressure off of the survivor by being there to do most of the speaking in the hearing. They can ensure that the survivor understands all the legal implications of statements that they may share in court. In addition, an LGBTQ-competent lawyer can provide an unemotional account of the situation, which is what many judges seek. This can be especially helpful when the abuser makes false claims against the survivor or reveals personal information about the survivor, including information about their sexuality or gender. In some cases lawyers may also be able to educate the judge about LGBTQ communities and LGBTQ partner abuse in the hearing and address any biases or misinformation the judge has, however this is at the judge's discretion and therefore is not often possible.



“The gun went off several times, the first time it went off, the bullet went right by my ear... a fraction of an inch closer and I would be dead today. The second shot went into the floor, and the third shot went into his hip. There is no way of knowing for sure who pulled the trigger as we both had our hands on the weapon ... I ended up being charged and sent to prison for 3-7 years ... Nothings was ever brought up in court about the abuse and beatings that he gave to me, I was told that it wasn't relevant to the case ... My attorney said that I had to plea or that I would be found guilty [of attempted murder] and would get the maximum sentence of 30 years to life.”

-José, Survivor

In Massachusetts, there is a GLBT Domestic Violence Attorney Program that provides services specifically for survivors of LGBTQ partner abuse. This program offers legal help with a wide variety of situations facing LGBTQ survivors including accompaniment to restraining order hearings, defending survivors who have criminal charges against them, and giving legal consultation and referrals. The paralegals at this program are trained to screen to see if the caller is the abuser or the survivor and to offer legal services to survivors exclusively. The *Resource List* in the end of this manual includes the contact information for this program as well as other legal programs relevant to LGBTQ survivors.



“I wish the cop had responded to me as a victim of DV, rather than a girl in a cat fight. I believe that if I was provided legitimate help at that moment, this would be the end of my testimony, not the beginning.”

-Anonymous survivor

Criminal cases⁷⁹

We highly recommend that advocates refer LGBTQ survivors to an experienced LGBTQ-competent attorney when criminal charges are brought up against them. This is because several factors work against LGBTQ survivors of partner abuse involved in the legal system. The first is that the legal definition of domestic violence in Massachusetts focuses on incidents of physical or sexual violence or the threat of imminent physical harm, rather than on a pattern of controlling behavior. The second is the lack of a screening process used by police and courts to distinguish between the abuser and survivor. The third is societal stereotypes about LGBTQ people and relationships such as the belief that LGBTQ relationships are not valid, long-lasting or serious, or that LGBTQ people are immoral and therefore deserve abuse. The fourth is the difficult history between LGBTQ communities and the police and courts. These factors combine to make it more likely that LGBTQ domestic violence will be

⁷⁹ Legal information provided by Wayne Thomas from the Massachusetts GLBT Domestic Violence Attorney Program specifically in relation to Massachusetts state laws.

handled poorly by the legal system. For instance, police responding to LGBTQ partner abuse have a tough time deciding who is responsible for an assault and who is acting in self defense. They are more likely to make dual arrests, no arrests, or to arrest the survivor rather than the abuser. One strategy the GLBT Domestic Violence Attorney Program has used in these situations is advocating with the district attorney's office on behalf of the survivor to drop the charges or to further investigate the case.

Another factor in criminal cases is that the abuser may press charges as leverage against a restraining order that the survivor has taken out against them. They may say to the survivor, "I will drop my charges if you drop your restraining order." They may also threaten to reveal any criminal activities that the survivor has taken part in to the police such as sex work or drug use. In these instances an LGBTQ-competent attorney can be helpful in assisting the LGBTQ survivor in understanding the laws and navigating the legal system.

Custody⁸⁰

In all family law cases involving children, the best interest of the children is the standard that the court uses for custody and visitation issues. The court examines a lot of factors if a non-biological, non-adoptive co-parent is involved in the custody case. If there is a long history of involvement of the non-biological and non-adoptive parent, for example, living with the child and financially providing for the child, the court may deem that the person has a "parent-like" relationship and grant custodial or visitation rights. However, if the judge is homophobic, biphobic, or transphobic, that may not happen. This can affect LGBTQ survivors in different ways. For example, if their child or children are from a previous relationship and their abusive partner has just begun co-parenting, it may be a relief to hear that their abusive partner is not entitled to custodial rights. If the survivor has been parenting their abuser's biological children for years and fears not being able to see them again if they leave, it may provide a chance to petition for custodial rights.

In the case of second parent adoption,⁸¹ if there isn't domestic violence, the court would generally be inclined to give joint legal custody. However, if the adoptive parent is considered a victim of domestic violence, they may get full custody of the child or children, and the offending parent may only be granted supervised visitation. This can affect survivors in many ways. For example, if they were mistakenly arrested as a perpetrator, the court may interpret the arrest as proof that they are an abuser and may only allow them supervised visitation. On the other hand, if there is evidence against the abuser, the survivor can petition for full custodial rights with limited or no supervised visitation for the abuser. Unfortunately, regardless of evidence, abusers can end up with custody of the children. Because of this risk, we highly recommend that survivors enlist the help of a lawyer that is competent in both domestic violence and LGBTQ communities.

Divorce

Although many bisexual and transgender people have been able to legally marry in their "straight" relationships for years, it is only recently and only in a few states that LGBTQ folks in same-sex relationships can marry. For those LGBTQ survivors married to their abuser, divorce can become an issue that involves alimony, ownership of property, the splitting of possessions, custody of pets, and the aforementioned issue of child custody. In terms of alimony, generally the relationship needs to be a long-term marriage of ten years or more for one partner to be awarded alimony. Because of the previous prohibition of same-sex marriage, no one who married after the ban was lifted would currently qualify as being in a long-term marriage. For example, (as of the writing of this manual in 2010), gay marriage has only been legal in Massachusetts since 2004, making the longest

⁸⁰ Legal information on custody and divorce provided by Wayne Thomas from the Massachusetts GLBT Domestic Violence Attorney Program specifically in relation to Massachusetts state laws.

⁸¹ According the Human Rights Campaign website, www.hrc.org, "A second-parent adoption allows a second parent to adopt a child without the "first parent" losing any parental rights. In this way, the child comes to have two legal parents."

possible length of marriage only six years. However, many couples have been in a long-term relationship for more than those 6 years. The courts in Massachusetts have been open to granting alimony in these situations with evidence of a long term relationship. This can affect a survivor in one of two ways. They may be entitled to alimony from their abusive partner, or they could also be responsible for paying alimony to their abusive partner. Regardless of the situation, the survivor should be made aware of the possibility of alimony becoming part of the divorce. An attorney should be consulted on this issue in addition to questions of property ownership, custody, pets, and splitting of possessions.

Immigration⁸²

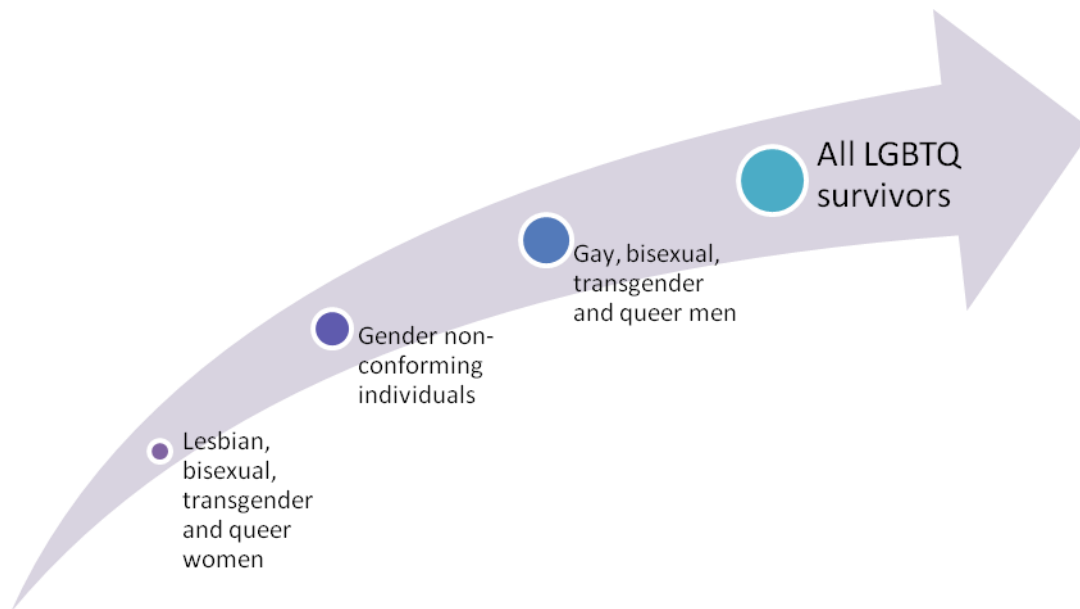
Even in the states where same-sex marriage is legal, neither LGBTQ US citizens nor lawful permanent residents can currently petition for or "sponsor" their same-sex partner for immigration purposes the way that a partner can in a straight relationships. This is because of a federal law called the *Defense of Marriage Act* (DOMA) which defines marriage as the union between one man and one woman. This law also prevents LGBTQ survivors from accessing some of the protections for immigrant domestic violence survivors under the *Violence Against Women Act* (VAWA) such as the VAWA Self-Petition.⁸³

Despite these restrictions, many LGBTQ immigrant survivors of domestic violence and sexual assault do have options under immigration law to gain legal status in the United States. The U-Visa is one such option. U-Visas allow victims of crime, including survivors of domestic violence, child abuse, stalking, and sexual assault, to gain lawful status in the United States if they help with the investigation or prosecution of that crime. Asylum may also be an option for LGBTQ survivors who are fleeing or in fear of anti-LGBTQ hate-motivated violence in their countries of origin. Because immigration law is complex and has the potential to put survivors at risk, advocates and survivors should consider contacting an immigration attorney to discuss their options. For more information on immigration options for LGBTQ survivors, please see the *Resource List* at the end of this manual.

⁸² Immigration information provided by Hema Sarang-Sieminski, Immigration Attorney, Private Practice, www.hemalaw.com.

⁸³ There are organizations that are currently fighting to make these rights are available to same-sex couples. Immigration Equality lobbies for this issues while also addressing LGBTQ immigration issues such as asylum. Their webpage offers basic LGBTQ immigration information. www.immigrationequality.org

XIII: Direct Service Practices: Shelter



1. **Sheltering all LGBTQ survivors**
2. **Lesbian, bisexual, transgender, and queer women**
3. **Specific considerations for transgender women**
4. **Gender non-conforming survivors**
5. **Gay, bisexual, transgender, and queer men**
6. **Specific considerations for transgender men**

Where is your program now? Which LGBTQ survivors does your program currently shelter? Where would your program like to be? Would your program like to shelter all LGBTQ survivors? Wherever your program is now and wherever you'd like to be, this chapter will address the issues that may arise and begin to answer questions you may have. The first section, *Sheltering all LGBTQ survivors*, will talk about the steps needed to keep all LGBTQ survivors safe in your shelter. The following sections are broken into identity groups such as: *Lesbian, bisexual and transgender and queer women*, *Gender non-conforming survivors*, and *Gay, bisexual, transgender and queer men*. Each section will identify the arguments for including this group in shelter as well as providing practices, policies, and trouble-shooting tips to help your program shelter survivors from each identity group.

Sheltering all LGBTQ survivors

Those sheltering LGBTQ survivors should follow the practices outlined in the previous chapters, Chapter X: *Creating a Welcoming Environment* and Chapter XI: *Direct Service Practices: Advocacy*. These chapters cover the importance of screening

and how to modify forms and intakes to be inclusive of LGBTQ survivors, as well as information about respectful terminology, accessible bathrooms, and language to use with LGBTQ survivors. These sections also cover how to address homophobia, biphobia, and transphobia from other program participants and staff. In addition to these recommendations, Chapter XVII: *Case Studies* includes interviews from five different programs who share their experiences in making their entire organization inclusive of all LGBTQ survivors. Each of these programs includes a shelter program and all of the interviewees speak directly to the challenges and successes of sheltering all LGBTQ survivors. We highly recommend that shelter providers read these case studies and learn from the mistakes and successes of these programs.

Sleeping arrangements

One area that seems to be of the most concern to shelters is sleeping arrangements when sheltering LGBTQ survivors. LGBTQ survivors should be offered sleeping arrangements according to their self-identified gender and/or their safety needs. For transgender survivors, this should not be determined for them or be dependent on surgeries. During the intake process, a shelter staff person should talk to the LGBTQ survivor about their safety concerns and privacy needs. If a survivor expresses concern, we suggest that staff can offer LGBTQ survivors a bed or room that is closer to night staff. Staff can offer LGBTQ survivors a single room, but should not require it. For example, you could say something like, “You’ve shared with me that you are a transgender woman. Are there any safety concerns that you have or anything that you need to make your stay here more comfortable?”

When planning on sheltering a survivor who is transgender, staff may fear the transphobia of other residents. *The Trans Inclusion Policy Manual* gives the example scenario of “What if a survivor refuses to share a room with a transgender woman?”⁸⁴ This is another instance where advocates and shelter directors can use the skills outlined in the Chapter XI: *Direct Service Practices: Advocacy* to address homophobia, biphobia, and transphobia. These skills can be adapted from already existing skills that staff use to address other oppressions such as racism or classism in the shelter. Imagine if this same person was complaining that they were unwilling to share a room with a Latina woman, a Jewish woman, or an immigrant woman. As the *Trans Inclusion Policy Manual* points out, “The situation is no different. We assume that you would not allow a resident to move because of prejudice.”

Sheltering lesbian, bisexual, transgender, and queer women

Many domestic violence shelters in Massachusetts already have a policy or practice of accepting lesbian, bisexual, transgender, and queer women. However, these programs often mistakenly believe that LGBTQ women are not calling their hotlines and not accessing shelter, which reinforces the belief that there is no need for specific services for LGBTQ women. However, lesbian, bisexual, transgender, and queer women *are* accessing program services, including shelter. The questions are: do they feel safe in your program, and do they feel safe enough to share their identities with staff?

An out LGBTQ woman who is accepted in domestic violence shelters may face homophobia, biphobia, and/or transphobia from staff and other program participants. Participants with children may tell her to stay away from their kids or may tell staff that they will not room with her. Staff and other program participants may express disbelief that a woman could abuse another woman or imply that abuse from a woman is not as bad as abuse from a man. Participants may spread rumors about or even sexually harass bisexual women, believing the stereotype that bisexual women are promiscuous. A closeted lesbian, bisexual, transgender or queer woman may fear the repercussions of coming out and may only disclose to one other person in the

⁸⁴ *Trans Inclusion Policy Manual for Women’s Organizations*, by Julie Darke and Allison Cope, Trans Alliance Society, Winter 2002, pg 87. Available online at www.transalliancesociety.org

program, or to no one. She may face the isolation of keeping this to herself and feel disconnected from other survivors in the program because of the inability to share her story with them. For closeted LGBTQ women whose abusers are women, talking about the abuse may not be as helpful if they are spending all their time making sure they are using “he” instead of “she” when speaking. Not being out can also increase the danger level if the abuser is a woman and staff do not know to be on the lookout for her. The abuser could easily get into a program that does not screen in order to stalk, harass, or injure the survivor. While organizations cannot eliminate discrimination or fear of coming out in shelter, they can establish policies, procedures, rules, and guidelines. They can also provide LGBTQ education to minimize harassment of lesbian, bisexual, transgender, and queer women in shelter and to help increase the chances that LGBTQ women are able to come out in your program.

Steps for sheltering lesbian, bisexual, queer, and transgender women

- Train staff on LGBTQ 101, transgender communities, LGBTQ partner abuse, and screening.
- Use gender-inclusive language and mirroring language when referring to the survivor and the partner.*
- Add an anti-harassment policy referring to lesbian, bisexual, transgender, and queer survivors to intake.*
- Implement screening as part of initial shelter intake.*
- Alter forms to be inclusive of many genders and LGBTQ relationships.*
- Add an anti-harassment policy that includes sexual orientation, gender expression and identity to shelter guidelines.*
- Create a confidentiality policy around transgender status.*
- Create a confidentiality policy around sexual orientation.*
- Include resources for lesbian, bisexual, transgender, and queer women in your resource and referral book. Include specific resources for transgender women.*
- Post lesbian, bisexual, queer, and transgender-friendly posters and anti-harassment policies in the shelter *
- Include lesbian, bisexual, queer, and transgender movies and books in the shelter library *
- Address homophobia, biphobia, and transphobia from staff. †
- Address homophobia, biphobia, and transphobia from residents. †
- Ensure that lesbian, bisexual, queer, and transgender women are allowed to use women’s bathrooms and that there are accessible single stall non-gendered bathrooms available.*
- Ensure that lesbian, bisexual, transgender, and queer women are permitted to sleep in the women’s area of the shelter and include a conversation about safety, exploring the options of a single room, or a room or bed near night staff. For safety reasons, bedrooms should have locks.

* Refer to Chapter X: *Creating a Welcoming Environment*

† Refer to Chapter XI: *Direct Service Practices: Advocacy*

I once worked with a woman who was transgender, and whose partner had almost killed her. She had finally made the decision to leave the relationship and she went to a shelter in Massachusetts. When she got there, the counselors were confused about her gender even though she had previously explained to them that she was transgender, and what that meant. The shelter staff asked her a set of intensive and grueling questions about her body including, ‘What is between your legs?’ ...After this humiliating treatment, they told her that she could not be housed there because they decided that she was really a man. After being denied shelter, this woman went back to her batterer because she had no family, no friends, and nowhere else to go.

-Emily Pitt, former director of Fenway Community Health’s Violence Recovery Program

Specific considerations for transgender women

Making the case

The Network/La Red advocates that all women, including transgender women, be accepted into women’s shelters. If the person you are working with identifies as a woman and has been screened as a survivor, we believe she should be accepted, regardless of physical transitions. Programs have often asked transgender women invasive questions about medical transitions, how they dress, and/or what is underneath their clothes. Shakira Cruz Román, an advocate at The Network/La Red, comments on how often this kind of discriminatory treatment occurs, “We see many programs asking women if they have had *the surgery*. Why is it okay to ask some women what is under their clothes but not other women? I am not sure advocates realize how traumatizing this is to survivors.” It is important to note here that questions about genitalia are not only invasive but can be considered a form of sexual harassment.

Transgender women are often turned away from shelter based on the answer to these invasive questions, based on the sound of their voice, or based on their appearance. Transgender women have also been refused shelter because their identification documents don’t match their current name or gender. However, this discrepancy is not because transgender women are lying or have something to hide. Rather, name changes and gender marker changes can be complicated, costly, difficult to obtain, and/or not allowed depending on state laws, legal or medical requirements, the type of document, and other individual factors such as immigration status.⁸⁵ Programs should not deny someone shelter based on their forms of identification.⁸⁶

A common fear held by providers is that by accepting transgender women into their all-women shelters, they will re-traumatize the other survivors in the shelter. The assumption behind this fear is that women who are transgender are actually men in women’s clothing. This assumption is rooted in transphobia and the belief that genitalia are equivalent to gender. Emi Koyama, an intersex and trans activist and member of the Survivor Project,⁸⁷ explains the flaws in logic and the underlying racism behind denying a transgender woman space because she has a penis:

⁸⁵ For more information on transitioning and barriers to transitioning, please refer to Chapter III: *Introduction to LGBTQ Communities*.

⁸⁶ Boxed quote from Emily Pitt is from *Shelter/Housing Needs for Gay, Lesbian, Bisexual, and Transgender (GLBT) Victims of Domestic Violence* by The GLBT Domestic Violence Coalition and Jane Doe, Inc., Boston, 2005, pg 11. This report is available on The Network/La Red’s website, www.tnlr.org.

⁸⁷ Information on the Survivor Project can be found on their website: survivorproject.org.

Most if not all rationales for excluding transsexual women are not only transphobic, but also racist.....The argument that “the presence of a penis would trigger women” is flawed because it neglects the fact that white skin is just as much a reminder of violence as a penis.⁸⁸

Koyama’s statement shows the gaps in analysis when we are considering the effect of a body part on trauma survivors. Her questions challenge us to ask, why is a person with a penis considered more triggering to a survivor of male violence than a person with white skin is considered triggering to a survivor of racist violence at the hands of a white abuser?

Some programs may fear that survivors might be afraid of a transgender woman who has masculine features. The Trans Inclusion Policy Manual explains why we cannot protect some women at the expense of others:

For some survivors of male violence, a generalized fear of men is not uncommon, at least for a short period of time. Survivors often struggle with a wide range of triggers which can activate feelings associated with the abuse; including sounds, colours, smells and the time of day. A woman (non-trans or trans) with some “masculine” features may remind a survivor of her male abuser. Another woman (non-trans or trans) may remind a survivor of her female abuser. There are any number of characteristics that may trigger a survivor. Part of a survivor’s healing process is to learn to differentiate her abuser from others with a similar characteristic: whether it’s the muscular arms of a non-trans woman or the curly red hair of a trans-woman. The law is clear on this one: the discomfort of others does not justify discrimination.⁸⁹

In fact, transgender women face more danger and harassment when accessing shelter than the women who are not transgender. According to the *Trans Inclusion Policy Manual for Women’s Organizations*:

There is no evidence to suggest that trans and intersex women are more verbally or physically abusive than other women. As you know ostracism, verbal abuse and physical violence tend to be experienced by members of marginalized groups within women’s organizations, as elsewhere. Thus trans and intersex women, like Aboriginal women and lesbians, risk emotional and physical abuse because of their identities. Staff will need to be vigilant to ensure that trans and intersex women, as all women, are physically and emotionally safe.⁹⁰

It is important to note that whether or not your program has openly welcomed transgender women, you are likely to have sheltered a transgender woman in the past without realizing it because she may have been stealth⁹¹ and chosen not to disclose her transgender identity.

Donations and resources for transgender women

When considering toiletry supplies, it is important to note that razors are particularly important to many transgender women. When deprived of the ability to shave, transgender women may risk more harassment and may also feel uncomfortable about their appearance. For this reason providing razors to transgender women should be a top priority. In addition, some

⁸⁸ *Re/Defining Gender and Sex, Educating for Trans, Transsexual, and Intersex Access and Inclusion to Sexual Assault Centers and Transition Houses*, by Caroline White, 2002. Available online at www.transalliancesociety.org.

⁸⁹ *Trans Inclusion Policy Manual for Women’s Organizations*, by Julie Darke and Allison Cope, Trans Alliance Society, Winter 2002, pg 86. Available online at www.transalliancesociety.org.

⁹⁰ *Trans Inclusion Policy Manual for Women’s Organizations*, by Julie Darke and Allison Cope, Trans Alliance Society, Winter 2002, pg 84. Available online at www.transalliancesociety.org.

⁹¹ Stealth refers to someone who is transgender who now passes as their chosen gender and does not identify publicly as transgender. For more information on transgender communities and terminology please refer to Chapter III: *Introduction to LGBTQ Communities*.

transgender women may require women's clothing in larger sizes. Make sure your clothing donations cover a wide range of sizes and styles that will accommodate women of all body shapes and sizes.

Sheltering gender non-conforming survivors

While there are some gender non-conforming people who identify as men or women, many identify as neither a man nor a woman, both a man and a woman, or somewhere in between. These individuals may refer to themselves in a variety of ways such as: genderqueer, bi-gendered, omnigendered, boi-dyke, stud, butch-boi, femme queen, etc. Gender non-conforming individuals such as these face different challenges in accessing shelter based on the gender they were assigned at birth and whether they can pass as men or women.

Gender non-conforming survivors who pass as women but do not identify as women may closet themselves around their gender identity in order to gain access to women's programs. However, despite being able to get into the program, these survivors may feel invisible because they cannot share their actual gender identity and must pretend to be women to be in the shelter. Gender non-conforming survivors may fear having their gender misunderstood or disregarded by staff members if they come out. The importance of being able to be out about one's gender is not just a question of comfort but also is an important factor to consider when safety planning and seeking support around healing from abuse that targeted their gender identity.

Gender non-conforming survivors who can pass as men may be able to access services in a men's program but face the same challenges that transgender men face, which is explored further in the next section of this chapter. Due to their gender presentation they may also be perceived as gay men and may face the same homophobia that gay men face, even if they are not gay. These survivors may risk assault, harassment, or sexual violence in men's shelters. Likewise, gender non-conforming survivors who do identify as women may face harassment for being "too masculine" or androgynous in their gender presentation. Others in the shelter may presume they are lesbians even if they identify as straight and may target them for homophobia.

A shelter that accepts survivors of all genders is the most inclusive environment for gender non-conforming survivors because gender diversity will be welcome and expected. However, if your program is unwilling to accept men, some gender non-conforming survivors may still access your program. Make sure that they know that they are welcome in your program and welcome to identify the way they choose. Follow the same recommendations in the previous two sections for advocacy, forms, and anti-discrimination policies that are relevant to genderqueer survivors as well as transgender men and women survivors. Your program can follow the same steps listed for sheltering LGBTQ women, with the addition of the following steps, specific to gender non-conforming survivors.

Additional steps for sheltering gender non-conforming survivors

- Include resources for gender non-conforming survivors in your resource and referral book.*
- Ensure that gender non-conforming survivors are allowed to use the bathroom of their choice and that there are accessible single stall non-gendered bathrooms available.*
- Have a conversation with gender non-conforming survivors about where they feel comfortable sleeping and address any safety concerns. Give options of staying in the women's or men's section, a single room or room or bed near night staff. For safety reasons, bedrooms should have locks.

* Refer to Chapter X: *Creating a Welcoming Environment*

Sheltering gay, bisexual, transgender, and queer men

Addressing the controversy

By and large, programs set up for battered women have struggled with the idea of accepting LGBTQ men into their shelters and other services. On a purely practical level, most programs are already over capacity trying just to respond to all of the women seeking shelter. Programs have also had philosophical questions about opening their services further: given the epidemic of male violence against women, and its backdrop of a culture of male privilege, does it make sense to invite men into spaces set up by women for women? And logistically, how can that work?

We encourage programs to consider 1) the knowledge that domestic violence is statistically just as prevalent, just as serious, and just as dangerous for LGBTQ men as it is for women, and thus LGBTQ men need safe, secure, supportive shelter, and 2) the positive experiences of other programs who have made the decision to welcome LGBTQ men into shelter. The following list of frequently asked questions may address some of your program's concerns. We also encourage you to read the experiences of five programs that have transitioned from being women-only domestic violence shelters to being inclusive of LGBTQ men. These experiences are included in Chapter XVII: *Case Studies*.

Frequently asked questions about sheltering gay, bisexual, transgender and queer men⁹²

What if straight male abusers try to get into the shelter?

Your program should implement screening for all those who enter the shelter to determine if they are an abuser or a survivor. With screening, your program should be able to screen out any abusers. If by chance you happen to let an abuser into the shelter, if it becomes clear that he is abusive, you can ask him to leave the program the way you would ask anyone who is abusive to leave.

What if he becomes violent?

Many programs staffed primarily by women may feel nervous about the idea of a man in the program who could become violent. However, many of those staff members have had experiences where a woman has become violent and/or threatening. The police may have been called or another staff member may have had to assist with the situation. Regardless of their gender, that person was still threatening and scary. Therefore, staff members already have the tools to deal with this situation. They should treat a man being violent in the same way as any woman in the program who has been violent.

What if a man and woman in the shelter want to have sexual relationships?

Some organizations fear that changing a shelter from an all-women's environment to a co-ed environment will increase the chances of sexual misconduct. However, we know that within an all women's environment sexual relationships do sometimes form between program participants. We also know that sexual harassment can occur in an all women's environment or in a mixed-gender situation. To address this issue, some programs decide to put rules in place prohibiting any sexual relationships in the shelter. Your program should also already have a sexual harassment policy in place. Any sexual harassment needs to be addressed immediately regardless of the gender of the person doing the harassment or the gender of the person being harassed.

⁹² Some of these questions are also asked about lesbian, bisexual, and transgender women in shelter and the answers are similarly applicable.

What if the women get triggered by the presence of a man?

As we addressed in the previous section about sheltering transgender women, many things may trigger survivors including sounds, smells, objects, and physical characteristics of other survivors who are in your program. We cannot protect survivors from everything that will trigger them. There are men in the world outside the shelter and survivors will interact with them eventually. Instead, we should be helping survivors understand and address the cause of their triggers and to differentiate between triggers and abuse. Many women survivors in shelters actually report that they appreciate the presence of non-abusive men in the program for themselves and their children. It assures them that abuse is not just attributed to men and that non-abusive men exist. It can also create a bond to realize that men who are survivors have experienced so many of the same tactics of abuse from their abusers that they have. Another important thing to remember is that not all women are comfortable with other women; some women's abusers are women, and some women prefer the company of men.

What if he sexually harasses the women? What if the women sexually harass him?

Your program should also already have a sexual harassment policy in place and any sexual harassment needs to be addressed immediately regardless of the gender of the person doing the harassment or the gender of the person being harassed. Sexual harassment cannot be tolerated in a shelter environment.

What bathroom will he use?

As we have discussed in previous sections, most shelter programs have single stall bathrooms that only one person uses at a time. For privacy, it is important to have locks on these doors. [Staff should have keys to the bathroom in case a child gets locked in or the door is locked accidentally.] Anyone can use these bathrooms, one person at a time.

Where will he sleep?

Some programs designate a men's floor or specific rooms for men to sleep in. Men can sleep in single rooms or share with another man. Other shelters provide single rooms for each survivor and in this case men can be assigned to any open room. For privacy and safety reasons, all bedroom doors should have locks regardless of the gender make up on the shelter. Staff should have keys to these doors in case of emergency.

Steps for sheltering gay, bisexual ,transgender and queer men

- Train staff on LGBT101, transgender issues, LGBTQ partner abuse, and screening.
- Use gender-inclusive language and mirroring language when referring to the survivor and the partner.*
- Add an anti-harassment policy referring to gay, bisexual, transgender and queer survivors to intake.*
- Implement Screening as part of initial shelter intake.*
- Alter forms to be inclusive of many genders and LGBTQ relationships.*
- Alter any forms and materials that address survivors as "she" exclusively to be inclusive of men survivors
- Add an anti-harassment policy that includes sexual orientation, gender expression and identity to shelter guidelines.*
- Create a confidentiality policy around transgender status.*

- Create a confidentiality policy around sexual orientation.*
- Include resources for gay, bisexual, transgender, and queer men in your resource and referral book. Include resources specifically for transgender men.*
- Post LGBTQ-friendly and transgender-friendly posters and anti-harassment policy in the shelter.*
- Include movies and books in the shelter library relevant to gay, bisexual, transgender and queer men.*
- Address homophobia, biphobia, and transphobia from staff. †
- Address homophobia, biphobia, and transphobia from residents. †
- Ensure that transgender men are allowed to use men’s bathrooms and that there are accessible single stall non-gendered bathrooms available.*
- Programs can create a men’s floor, rooms specifically for survivors who are men, or men can sleep in single rooms. For safety reasons, bedrooms should have locks.
- Ensure that transgender men are permitted to sleep in the men’s area of the shelter if they choose, but include a conversation about safety, exploring the options of staying in the women’s section, a single room, or a room or bed near night staff.

* Refer to Chapter X: *Creating a Welcoming Environment*

† Refer to Chapter XI: *Direct Service Practices: Advocacy*

Donations and resources for gay, bisexual, transgender and queer men

It is important to remember that gay, bisexual, transgender, and queer men will require different resources and donations than women in the shelter. For example, your program’s resource list will need to list services that take men and some programs specifically for men. It is also important to have gender-appropriate clothing and toiletry donations available for gay, bisexual, transgender, and queer men to utilize such as men’s deodorant and men’s clothing of various sizes.

Specific considerations for sheltering transgender men

Some shelters, while still not feeling ready to take cisgender (non-transgender) men, may decide to accept transgender men. They do this because they understand the barriers that transgender men face in accessing safe shelter services. Although it may be uncomfortable, transgender men in crisis may initially say they identify as women in order to get into a women’s program. Some women’s shelters and programs may wonder why transgender men would want to access women’s services if they identify as men. The *Trans Inclusion Policy Manual for Women’s Organizations* explains:

Many don’t, but there are a couple reasons why some will. First, many trans-men have a unique relationship with women’s communities. Many live and work in them, especially lesbian communities, before coming out as trans. They counsel survivors, go to women’s dances, call the crisis line, run groups, and use transition houses. In short, they are full participants in women’s

communities. Some trans-men helped *establish* women-only services. So, it is not difficult to understand why some do not want to completely lose the communities that they helped to build because of their decision to come out as men.⁹³

Another reason a transgender man may wish to access women’s services is because it could be unsafe to use men’s shelters and other men’s services. He may not pass⁹⁴ as a man and may fear transphobic violence from other shelter or program participants or staff. A transgender man may be much more likely to make this decision if he also needs shelter for his children.

If your program has gone through the steps to create a welcoming environment, a transgender man who was not originally out in your program may realize it is a safe to come out. He may then decide to disclose to the staff his identity as a transgender man and his preferred name and pronoun. The shelter staff should do everything possible to respect the correct name and pronoun and also find out from the survivor whether he wishes to come out to the rest of the shelter residents. Staff should also be ready to both support the survivor if incidents of transphobia arise among shelter residents and to educate other residents.

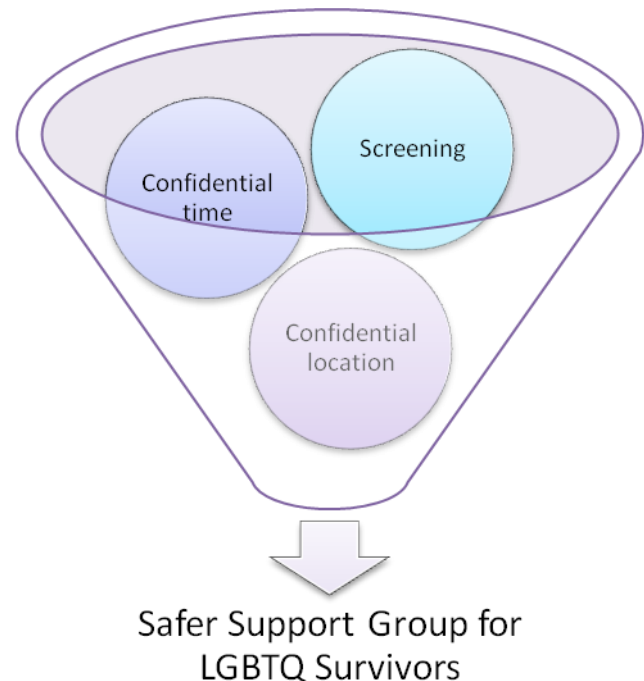
Some shelters choose to shelter all women and transgender men realizing that women and transgender individuals both face high levels of sexual and domestic violence. While this offers many more options for transgender men who feel comfortable accessing women’s services, it is important to remember that many transgender men will not feel comfortable accessing women’s services. They may feel that by saying “we take transgender men but not cisgender men” your program is implying that somehow transgender men are not really men. Your program may have to take extra steps to communicate the reasons that your program accepts transgender men and not cisgender men in order to avoid this.

⁹³ *Trans Inclusion Policy Manual for Women’s Organizations*, by Julie Darke and Allison Cope for the Women/Trans Dialogue Planning Committee and The Trans Alliance Society, Winter 2002. page 89. Available online at: www.transalliancesociety.org

⁹⁴ Please refer to Chapter III: *Introduction to LGBTQ Communities*, for more information about passing.

XIV: Direct Service Practices: Support Group

1. Confidential time and location
2. Screening
3. Guidelines
4. Accessibility
5. Mixing genders



Confidential time and location

There are several reasons to have a confidential time and location for support group, the most important being safety. Many survivors struggle with safety issues around support group, be they around an ex-partner who is stalking them or the need to hide their attendance from their current abusive partner. Because many LGBTQ survivors come from small communities, keeping the time and location confidential is even more pressing. It can be much easier for the abuser to get the time and location from an unsuspecting friend or community member under the guise of concern or wanting services for themselves. Additionally, a drop-in group is not suggested because in LGBTQ relationships it is much more likely that the abuser will be of the same gender as the survivor. For example, in a support group for straight women, everyone knows to be suspicious if a man shows up for the group; however a lesbian abuser could easily gain access. For all these reasons, the location and time should be given out on a need-to-know basis only. For example, at The Network/La Red, only the facilitators, their supervisor and the support group participants know the time and place of the support group. This minimizes the accidental or intentional spread of information through the community of service providers or LGBTQ communities.

In addition, be thoughtful about the location of the group. The group should be held in an area that is LGBTQ-friendly enough that survivors don't have to worry for their safety, but not so LGBTQ- friendly that they are likely to run into other LGBTQ people they know. For example, it is unwise to hold a confidential LGBTQ support group for survivors of partner abuse in a well known LGBTQ community center. There would be far too great a chance of being seen by another community member there and it would be the first place an abuser might try to look for the survivor.

Screening⁹⁵

Screening is essential to provide a safe LGBTQ-inclusive support group. Because an LGBTQ abuser can easily pose as a survivor, they can access the group, causing a real safety concern for both the person/people they are abusing and for the other participants and facilitators. An abuser may do this for a number of reasons: to block their partner from participating in services, to find their partner, or to gain validation that they are the survivor. Therefore, it is important for support group facilitators or intake staff to screen every survivor who wishes to access support group. Screening is best done in pairs to provide two perspectives on whether the person being interviewed is a survivor or an abuser. We recommend an in-person interview after an initial phone screening, when possible. The second meeting helps to ensure you have time to follow up on things that may have arisen on the phone call.

One tough question facilitators may face is whether or not to allow someone who has been abusive in a previous relationship to access support group because they are now being abused in their current relationship. After much thought, The Network/La Red has decided not to allow that person access to the group. Allowing a person who has been abusive in the past into the group blocks their previous partner(s) from accessing group. In addition, it can be devastating for any survivor to find out that their abuser has access to support group for being a survivor. The other survivors in the group may also feel unsafe if they find out one of the group members has previously been abusive. It is doubtful that someone who has chosen to be abusive in the past will treat other group members and the facilitators respectfully.

It is important to remember that abusers can be very artful at deception and you may inadvertently allow an abuser access to your support group. If that happens and it becomes clear through the course of group that this person is an abuser, it is necessary to address this. Likewise, if a survivor you are working with becomes abusive in a new relationship, it is important to no longer allow them in group or offer them survivor services. Either in person, ideally with another facilitator for support, or over the phone the abuser should be 1) told that they are no longer welcome because of their abusive behavior and 2) referred to a batterer's intervention program. *Emerge* is a batterer's intervention program that works with LGBTQ abusers in the greater Boston area; however if your program is outside of Boston, you will have to research your area's batterer's programs to find out if they will work with LGBTQ abusers. If no program in your area works with LGBTQ abusers, this is an area where your program can do systems advocacy to request that the batterer's intervention program in your area receive training to work with LGBTQ abusers. Although some programs in this situation may be tempted to refer abusers to anger management, we strongly recommend against this option. Anger management does not address abusive behavior or the tactics abusers use to gain power and control over the survivor; it only addresses anger. This sets the survivor up to believe that the abuser is getting help for the problem of being abusive while in reality, the abuser is gaining additional tools to control the partner. For example, the abuser may use the technique of counting to ten when angry as a way of threatening the partner. Anger management programs also lack the accountability that batterers' intervention programs have such as partner contacts and built-in support for the partner.

Once the abuser has been asked to leave the support group, it is important to establish a new confidential location and, if possible, a new time. It is also important to let the other support group participants know that the abuser has been exited from the program for being abusive and should not be told the new time and place of the support group. The facilitator can then give the group some time to process their feelings and reestablish safety in the group. Some group members may have been uncomfortable with the abuser, while others may not have noticed anything. Either way, they are likely to want to talk about it.

⁹⁵ Screening is also discussed in Chapters IV: *LGBTQ Partner Abuse*, X: *Creating a Welcoming Environment*, as well as in several case studies in Chapter XVII. Screening training based on *The Intimate Partner Screening Tool for GLBT Relationships* is available through The Network/La Red as well as The GLBT Domestic Violence Coalition. More information about both trainings can be found on our website, www.tnlr.org. Training on *The Assessment Tool* is available through The Northwest Network and information is found on their website www.nwnetwork.org.

This can also be a time where the facilitator can address any issues that arise about how the abuser managed to get into the group and what it means that screening is not always perfect.

Guidelines

Support group guidelines should include strict and clear boundaries around confidentiality. It should be made very clear to each participant why the time, place, and information about the other participants must be kept strictly confidential. Guidelines should also include your organization's anti-discrimination policies regarding race, class, gender, gender identity, sexuality, ethnicity, religion, age, disability, etc. Any oppressive or offensive comments in the group setting should be dealt with as soon as possible, preferably within the group, since everyone will have witnessed this. This sends a message that such comments are unacceptable and supports the members of the group who may have been hurt by the comment.

Sample Support Group Guidelines:

The Network/La Red Support Group Guidelines

General:

- 1) Come to group clean and sober.
- 2) The group area is smoke-free.
- 3) Group meetings begin and end on time.
- 4) To the extent that you are able, avoid wearing perfumes, oils, and other scents, so that someone with chemical sensitivities, asthma etc. is able to attend.

Respect:

- 1) Abusive behaviors and comments of any kind will not be accepted or tolerated.
- 2) The group is open to folks from all lesbian, gay, bisexual, and transgender communities and SM and polyamorous communities. There will be people of different races, religions, classes, physical abilities, ages, and ethnic groups, as well as different ways of identifying (or not) as gay, lesbian, bisexual, transgender, polyamorous or part of the SM community. We expect that group members will treat each other with respect and will accept each other's lifestyles, choices, feelings and experiences. Group facilitators will challenge ageist, racist, anti-Semitic, classist, homo/bi/transphobic, ableist, and other controlling actions and comments as abusive and unacceptable in the group.
- 3) Use "I" statements. Speak about yourself and from your own experience. Instead of telling someone else what to do or offering advice, talk about what you felt, did, tried, etc. — this gives them options and the chance to figure out for themselves what they want. Avoid saying "you should" or "you could have" or "you are."
- 4) Listen as well as talk; don't interrupt someone when they're talking. Check in with yourself that you're sharing when appropriate and comfortable for you.
- 5) When you have a topic to talk about, ask all the group members rather than asking any one person a direct question. This gives everyone the chance to offer their experience, feelings and thoughts, and doesn't put anyone on the "hot seat."
- 6) We strongly discourage group members from dating each other. Since the purpose of the group is not couple's counseling, you will lose the emotional support and "reality check" of the group for your new relationship that you would otherwise have if you were dating someone outside group. Dating within group also tends to complicate how the group works and may set up secret sub-groups. We strongly encourage members who do become involved with each other to share that information with the group

Confidentiality within the group:

Whoever comes to group and what they talk about will remain in the group. Group members and their children's stories, names, situations, descriptions, and other identifying information must remain confidential.

1) If you want to talk about group with others in your life, you can always discuss what you talk about or what comes up for you in group, and you can talk about general topics rather than about any one individual's experience. For example, rather than discussing a particular person's good or bad experience getting a restraining order, you can say something like "We were talking about what it's like to get a restraining order, and what it made me think about was/it made me feel/it reminded me of when I...etc."

2) The Network/La Red is a self-help organization, not a mental health agency, and as such keeps minimal records. A copy of your own records is available to you upon written request. Group facilitators share relevant information with their coworkers and the support group supervisor. The facilitators, their supervisor and the staff will not reveal any information to anyone about group members without their advance written permission except in cases where they are required to do so by law. These cases include 1) mandatory reporting of suspected or actual abuse and/or neglect of children, elders, and people with disabilities, 2) situations where someone is a threat to themselves or someone else, or 3) by subpoena. When reasonably possible, mandatory reporting will be done with the group member's advance knowledge.

Confidentiality outside the group:

Groups are open to battered lesbians, gay men, bisexuals, and transgender folks who have not themselves been abusive in other relationships. The small size and closeness of lesbian, gay, bisexual and transgender communities means:

1) It is very possible that you may know other group members or their batterers from other places in your life. Regardless of your outside relationships with group members or their batterers, you will have to maintain confidentiality and not act based on knowledge you get from group. For example, if you discover that a friend of yours is a batterer, you cannot confront them based on an incident you heard about in group and did not witness yourself — doing so could endanger the group member since the only way you would have known about the incident is if the group member had talked about it.

2) You are likely to run into group members outside of group. In order to maintain confidentiality and protect each other's safety, do not acknowledge that you know another group member outside of group unless you have a clear prior agreement that it is safe and okay to do so. (Be sure to include in that agreement how you will explain to anyone that you're with about how you know each other.) Even if you have such an agreement, if the other group member you meet is acting like they don't know you, follow their lead and do not acknowledge them — there may be something about that situation that makes it unsafe for them. If you don't remember if it's okay to greet someone, always come down on the side of safety, and act like you don't know them.

Group Safety:

The fewer people that know where and when the group meets, the less likely it is that batterers can find it.

1) To protect everyone's safety, keep the day of the week, the time and the location of the group secret from everyone (including friends, lovers, family, therapists, co-workers, etc.).

2) You cannot get a ride to or from group meetings by anyone not in group, and it may mean coming up with a cover story to explain group time.

3) If you know someone interested in coming to group, rather than bringing them with you or telling them anything about the time and place, ask them to call The Network/La Red so we can meet with them and go over these safety guidelines before they join.

4) To lessen the chance that batterers will join the organization or group (either because they believe themselves to be victimized, or because they are trying to find out if their partners attend group), we ask for your batterer's full name and any nicknames or aliases they may go by. This information will only be shared with group facilitators, their supervisor, and The Network/La Red staff as appropriate.

Accessibility

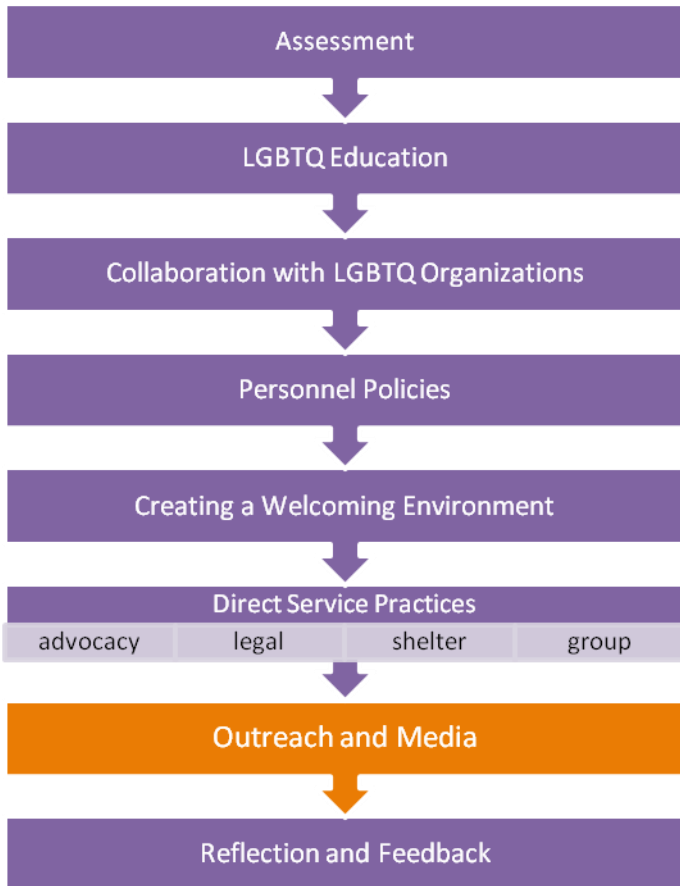
Making your support group accessible is a need for working with any community of survivors. Accessibility can mean many things. Is the space wheelchair accessible? Can a person who uses mobility aides get there? Are there accommodations for survivors who are deaf? Do you provide support group for speakers of languages other than English using interpreters or by having specific language groups (such as a Spanish support group or a Portuguese support group)? Is there childcare available? Is the location accessible by bus or mass transit? Is there parking? Can you provide cab vouchers for participants who don't have cars? These are all important factors to consider when running any support group, but because domestic violence services for LGBTQ survivors are so limited your group should aim to accommodate as many LGBTQ survivors as possible.

Mixed gender group

Will people feel safe in a mixed gender support group? The answer may surprise you. Some facilitators find that there is an amazing power in seeing people of all genders who have experienced partner abuse, sharing similar experiences. Others feel that all-women's and all-men's groups are important for creating safety and connection. Still others feel that genders can be mixed in an all-LGBTQ group but not for straight people. Your organization will have to make the decision based on the needs of the survivors you serve.

Some organizations feel strongly that there must be a space where only women can come together. If that is the case, it might be possible for your organization to set up two groups. One group can be inclusive of all genders and the other can be a women's only group. Women can then choose which group to go to. However, it is important to remember that women-only support groups do not guarantee safety for women who were assaulted or abused by another woman unless the aforementioned steps of confidentiality and screening are observed. Additionally, women-only space does not guarantee safety for many other women – women of color, immigrant women, Jewish women, etc. – unless oppressive statements and actions are confronted.

Keep in mind that all women's groups must be inclusive of transgender women, and men's groups must be inclusive of transgender men. Also, remember that with gender-segregated groups, transgender, and gender non-conforming survivors may feel left out or unsafe joining. Another factor to consider is that you may only have one man accessing services at a time, and if he is not allowed to join in the women's support group, he will not be able to join support group at all. If this is the case it is important to then provide resources for this survivor to access groups at another program.



XV: Outreach and Media

1. Revisiting your organization’s mission, name, and philosophy
2. Listing LGBTQ people as people you serve
3. Responding to media
4. Advertising services in LGBTQ media and community spaces
5. Speaking about LGBTQ survivors in public settings
6. Attending LGBTQ events
7. Participating in LGBTQ campaigns

and causes

8. Partnering on projects

Revisiting your organization’s mission, name and philosophy

Many domestic violence programs have mission statements that are specific to women and their children. This may lead some LGBTQ folks, specifically gay, bisexual, and transgender men to believe that those services are not available to them. For some programs, making their mission gender-inclusive is as easy as changing the language of “women and children” to “individuals and families.” Others may choose to list all the populations they serve: “women, children, and men of all ethnicities, races, classes, and sexualities.” For other organizations, this step may prove to be more complex because their name is centered on women. For example, a program on the north shore of Massachusetts, HAWC, used to stand for “Help for Abused Women and

their Children.” They went through a strategic planning process in order to make their program more LGBTQ-inclusive. One result of this strategic plan was a more gender-inclusive name; HAWC now stands for “Healing Abuse, Working for Change.”⁹⁶

In terms of philosophy, historically most domestic violence and sexual assault programs were created by feminist women concerned with the violence against women that was rampant and seemingly socially accepted in heterosexual relationships. At the root of these programs was a feminist analysis that pointed to sexism as the root cause of domestic violence. When working with only straight women whose abusers were men, this theory seemed to prove itself. However, this did not explain why women abuse their female partners, why men abuse their male partners, or why women abuse their male partners. Rather than trying to mark these situations as anomalies, trying to force them into fitting the sexism model, or conversely removing gender politics entirely from their analysis, organizations have expanded their model to fit all instances of domestic violence. For example, at The Network/La Red, we believe that oppression is the root of domestic violence. Sexism is one branch of that root. However, oppression also includes homophobia, biphobia, transphobia, heterosexism, anti-Semitism, racism, ableism, classism, etc. Each form of oppression gives privileged groups power at the expense of others and that power is maintained through institutionalized physical and sexual violence; economic inequities; defining reality through control of media, schools, and public institutions; institutionalized discrimination in jobs and housing, etc.

Oppression is pervasive in our society and consistently models the use of power and control over others through the use of tactics of abuse. Abusers mimic this model, using the very same tactics that privileged groups and institutions use to control oppressed groups in order to control their partner. Therefore, partner abuse is not only rooted in the values and tactics of oppression — it is also a manifestation of oppression operating on an interpersonal scale. Because of this link, we believe it is essential to address oppression and abuse simultaneously to effectively work against partner abuse. By including an anti-oppression analysis into your organization through training, your mission statement, and your philosophies of service, your organization becomes increasingly able to address LGBTQ partner abuse, the complexities of partner abuse in all situations,

The Network/La Red's Anti-Oppression Definition and Principles:

The Network/La Red understands oppression to be an imbalance of power intrinsically linked to the privileges bestowed on some at the expense of others, based on but not limited to: race, ethnicity, gender expression and identity, class, ability, sexuality, religion, citizenship status, age, language capacity and history of incarceration and court involvement.

Partner abuse exists to achieve and maintain control, and reflects and perpetuates the larger violent culture which condones and rewards interpersonal, institutional and imperialist abuse of power in order to control and/or exploit groups of people. The Network/La Red links domestic violence to all other forms of violence, oppression and abuse because the values and tactics behind each are identical.

The Network/La Red defines anti-oppression as the beliefs, actions, and policies that aim to eliminate the imbalance of power within our society. Therefore in order to do our work effectively, we believe that we must intentionally and consistently do the following:

- Identify, confront and take action against all forms of oppression
- Root our work in the experience of survivors
- Develop and encourage survivor leadership
- Support the ability and right of individuals—especially survivors—to make their own decisions
- Recognize that individuals can simultaneously experience multiple forms of oppression and privilege. For example, while a white lesbian experiences oppression [in the form of homophobia], she also benefits from white privilege.
- Work in solidarity with other movements striving to end oppression and violence

⁹⁶ For more information on HAWC’s process of becoming more LGBTQ-inclusive, please read the interview with Paula Gómez-Stordy in Chapter XVII: *Case Studies*.

and the larger social norms which support its existence.

Listing LGBTQ survivors as people you serve

All press releases, brochures, annual reports, web pages, social networking sites, and other publications should explicitly list that you provide services for LGBTQ survivors. The language in all your publications should be gender-inclusive. Articles about LGBTQ survivors and LGBTQ issues should be incorporated in your publications. Include LGBTQ survivor stories in your outreach and prevention work and trainings.

Responding to media

Your organization can respond to LGBTQ domestic violence in the media just as it responds to all other domestic violence stories in the media: by dispelling stereotypes, providing information, and letting people know about your services. Staff who do media response work should keep an eye out for LGBTQ domestic violence-related stories in the mainstream media. This may require some reading between the lines, as the media often portrays LGBTQ partners as “roommates” or “lovers.” While LGBTQ news sources are more apt to portray the relationship accurately, they still may mirror mainstream media in minimizing domestic violence as a “lovers’ spat” or “quarrel.”

Advertising services in LGBTQ media and LGBTQ community spaces

Make sure that LGBTQ communities in your service area know you exist and are LGBTQ-welcoming. You can do this by advertising your services in LGBTQ media sources. You can also ensure that LGBTQ service providers know that you work with LGBTQ survivors. You can put up flyers in LGBTQ community spaces and do mailings to LGBTQ centers on college campuses. Let LGBTQ survivors know that your services are there for them.

Speaking about LGBTQ survivors in public settings

Make sure to talk about LGBTQ survivors and the fact that your organization serves them at your organization’s events, fundraisers, and in other public settings such as community meetings and trainings. This serves two functions. One is to let everyone know that LGBTQ partner abuse exists and that your organization is available to help LGBTQ survivors. The other is to normalize working with LGBTQ survivors and encourage other providers to take steps to become LGBTQ-inclusive as well.

Attending LGBTQ events

Depending on whether you live in a city, suburb or rural area, the places where LGBTQ people gather will vary. If you live in a small town there may be one bar in your area where LGBTQ folks go and you may be able to work with the owners to place information there and to educate the staff about partner abuse. If you are in a rural area, there may be no formal places where LGBTQ people meet. They may use the internet to make connections or travel elsewhere to attend events. In cases such as these, your organization can try to find out through word of mouth where and how people gather and then be in these places. You can also do outreach through internet message boards and relevant list serves.

For those working in urban areas, there is such a wide range of events happening in LGBTQ communities in addition to annual Pride marches and rallies. For example in Boston alone, there are several LGBTQ dance nights at a variety of clubs, there are LGBTQ Alcoholics Anonymous meetings, queer karaoke, queer kickball, lunch meet-ups, movie and bowling nights, dance classes, performances, skill building workshops, parenting groups, and many other events that are focused on LGBTQ communities. Your organization could participate by flyering at these events or working an outreach table, by co-sponsoring an event, volunteering to help out, offering meeting space, donating money, or helping with publicity. There are LGBTQ-specific

non-profits that your organization can partner with or exchange trainings with. You can work with one or some of these organizations to create collaborative events and fundraisers.

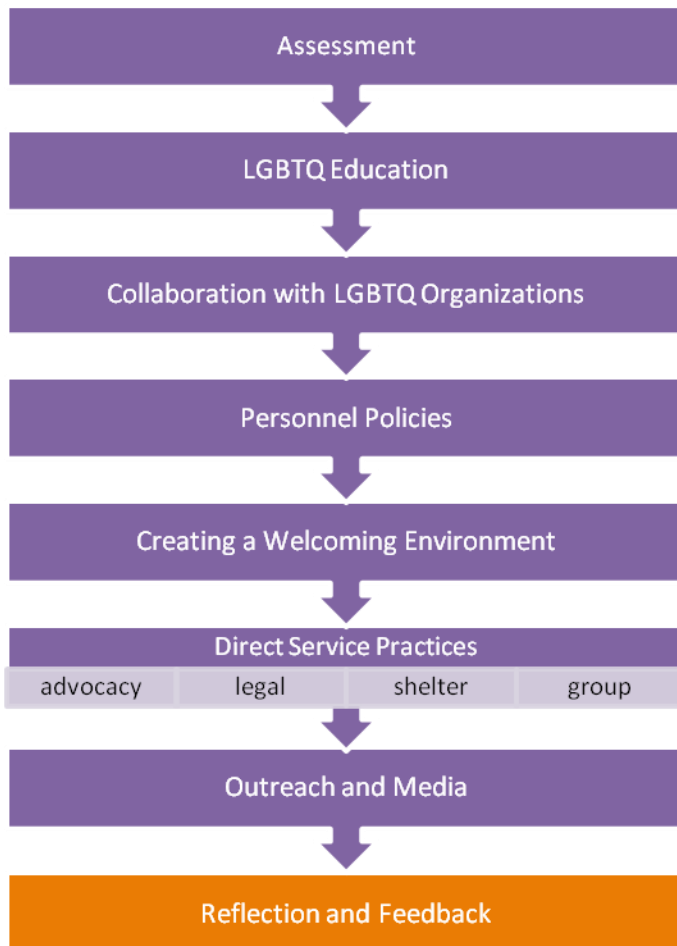
Participating in LGBTQ campaigns and causes

Your organization can support LGBTQ campaigns both in the media and by joining in political efforts. Gunner Scott, Executive Director of Massachusetts Transgender Political Coalition, comments on how powerful it was to see the Massachusetts state domestic violence and sexual assault coalition, Jane Doe Inc, speak out for transgender rights, “I was definitely heartened to see Jane Doe stand up and speak in support of our bill,⁹⁷ the trans bill, and talk about the experiences that trans people face around violence and partner violence and sexual assault. For me, as a survivor, it was unbelievable.” Your organization can support campaigns and causes by writing press statements to the media, joining coalitions, attending rallies and hearings, or by signing petitions about relevant LGBTQ causes.

Partnering on projects

Partnering with an LGBTQ organization on projects can be an exciting and productive way to network and to create new services, outreach materials, events and campaigns. For example, The Network/La Red collaborated with BAGLY (Boston Area GLBT Youth) to create new outreach materials about LGBTQ teen dating abuse. We also provided training on LGBTQ partner abuse for their peer educators while their staff advised us on creating services for LGBTQ youth. Together, we are now creating an LGBTQ teen dating violence curriculum for the BAGLY youth peer educators. The fruits of this collaboration will be a new generation of LGBTQ youth educators who will be training their peers about LGBTQ dating abuse. Similar partnerships have occurred between LGBTQ youth programs and mainstream domestic violence programs. There are so many opportunities for collaboration between agencies on projects like these where each group can share their specialized skills and expertise and jointly create a project or campaign that reaches many more people.

⁹⁷ Massachusetts HB1728: An Act Relative to Gender-Based Discrimination and Hate Crimes



XVI: Reflection and Feedback

After taking all these major steps to create a more LGBTQ-inclusive environment, it's important to make sure that you are getting the results that your organization was hoping for. After all this work, how are LGBTQ survivors feeling in your programs? What is your reputation like in LGBTQ communities? This is a great time to ask for feedback from LGBTQ organizations and allies. It's also a great chance to re-take the organizational assessment and see how your organization is doing now. Where are the places that you are doing well? Where does your organization still need some work?

Beth Leventhal gives her advice to programs considering taking on the process of becoming LGBTQ-inclusive:

Do it. If you are going to wait until you do it perfectly you are never going to do anything. That doesn't mean to go headlong and don't plan, but it does mean at some point you just have to do it. I remember [disability rights activist] Marsha Saxton's quote: "In order to do good coalition work you have to cultivate an enthusiasm for people being mad at you." Essentially, you are doing coalition work, stretching yourself outside your comfort zone into a community that you may not know a whole lot about. You're going to screw up and people are going to get mad at you and that's okay. Things will happen and people will get hurt and I don't want to minimize that, but it will happen. You're going to make mistakes. If you are able to be held accountable when people get mad and are able to say "Thank you for telling me that and I'm sorry," and "Let's think about how to change things so we don't do that again," that goes a really long way. Realistically I don't think anyone can do anything else but be accountable and keep trying.

Partnerships and collaborations with other LGBTQ organizations can be extremely helpful in giving your organization feedback and letting you know areas where your organization is doing well or still may need some work. Remember to let these organizations know that you are open and willing to take in feedback to better your services. With this feedback and reflection, you can set your organization's next goals to move forward to becoming more inclusive of LGBTQ survivors.

This can also be a great time to make sure the hard work that your organization has gone through will not be lost in the future. To do this, you can make sure these new practices are made into policies and institutionalized in your organization. This way, regardless of which staff may join the organization in the future, the organization's practices and policies around LGBTQ survivors will remain intact and in place.

XVII: Case Studies of LGBTQ-Inclusive Domestic Violence Programs

REACH since 2001	HAWC since 2005	Harbor COV since 2006	Renewal House since 2008	New Hope since 2009
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At the time of this writing, of the 37 domestic violence programs in Massachusetts that offer shelter, less than ten programs shelter all survivors regardless of sex, gender identity or sexual orientation. Of those few, two are LGBTQ-specific programs, The Network/La Red and the Gay Men’s Domestic Violence Project. The remaining mainstream domestic violence programs have made an effort to change their programs to offer much-needed shelter and services to LGBTQ survivors of domestic violence. Five of these programs shared their stories with us: REACH, HAWC,

Harbor COV, Renewal House, and New Hope. They deserve credit and respect for being leaders in the field of domestic violence by removing barriers for LGBTQ survivors. They serve as examples for other mainstream programs who wish to take similar steps.

We interviewed current and previous staff members from these five organizations, asking about their experiences, mistakes, and advice. After each interview is a quick analysis of the steps the organization.

REACH, Waltham, MA, 2001-2004

Interview with Ruth Woods-Dunham, previous Associate Director of REACH

Program details

REACH is an acronym for: *Refuge, Education, Advocacy and CHange*. Current programs include 24-hour hotline services, emergency shelter and safe home, support groups, legal advocacy, specialized children’s services, community-based victim advocacy programs, outreach, education and training.

What motivated you to change your organization to become more LGBTQ-inclusive?

What really pushed me to it was when I learned that people weren’t getting services and the door was not open to a victim of domestic violence because of their sexual preference. I was shocked because like so many things that

we deal with, particularly around discrimination and access, it was a human rights issue. It just felt wrong.

What steps did your organization take to become more LGBTQ-inclusive?

The first thing that we did was we brought The Network in. Gunner [Scott] and Beth [Leventhal] came in and did a training for us. We opened it up to all staff and members of the board of directors. Members of the board came; our board president came. What I remember about it was that the “training” piece of it stopped and we had a conversation. Beth and Gunner opened it up and said, “What are you afraid of?” People talked about what they were afraid of and people talked about not knowing [about LGBT issues] and feeling like they needed to know.

The next thing we did was we started to look at our documents and make sure our documents were inclusive.

What were some obstacles you faced in this process?

I think fear was the biggest obstacle, and this was across the board: staff, volunteers and board members. There were some people who felt like, “We’re an organization that serves women and children.” Again, because of social norms and stereotypes, [people thought], “How could a man, gay or straight, be battered? Why would a man want to be a woman?” I feel like ignorance is a harsh word but that’s what it was. It was not being educated, it was not being sensitive, and for some people not wanting to be.

What was the most difficult thing to implement?

Buy-in from the people who were resistant, but I have to say that with the exception of a few people, people got it; they understood. When you put it in the context of, “Somebody needs safety, somebody needs a place to be,” and you put it in the context of a human rights issue, people can sign on to that a little easier.

Did your organization decide to take on any new populations due to this process?

I think the biggest shift at REACH at the time was around [accepting] transgender [survivors]. I’m sure there were times when we had lesbians in the shelter and we didn’t know because at the time lesbian women didn’t feel safe, but the big change came around transgender [individuals] and men.

What kind of training did you provide for staff?

We were already screening. I think a number of us had been to one of The Network’s trainings around the use of the screening tool. There were ongoing trainings, but when I think about training at that time, I think about conversations. For example, sitting down with a volunteer or even a part-time staff who’s really struggling with it and talking with them about why they are struggling.

Have you encountered any setbacks?

The Network had called us and said, “We have a transgender woman and she needs to go from our safe home into shelter.” and we said “Sure.” As soon as we said sure, all the bells and whistles started, “What do you mean?!! What do you mean?”

I give credit to the staff for being who they are and for the in-the-moment education and raising awareness. That’s not to say that there were not difficult conversations. I remember having a part time staff who just didn’t get it, who really struggled with it, who considered leaving the agency. I asked her, “What’s going on with you? What are you afraid of?”

What advice would you give to individuals in organizations who wish to take on this same process?

My own hope is that as providers and as advocates, we’re looking at this as a human rights issue. I’m bringing up the human rights issue because housing, safety, economics, all of that, is a human rights issue. It has nothing to do with how you identify or who you chose to be intimate with. Everybody has the right to all of these things that agencies like us can provide; denying access is just wrong.

What were the benefits?

One of the natural benefits that came out of this was that other organizations thought “Wow! Aren’t they progressive! Aren’t they the thought leaders of the movement?”

More importantly, it was a benefit to the survivors. We opened our doors, we didn't turn people away, we didn't discriminate based on gender or how one identifies themselves in the world. I think the agency continues to feel very positive about that.

How were staff, board, and volunteers affected by this process?

I think the people who were working there at the time were just sort of far ahead in the thinking of anyone who had been there. I mean, even myself, I learned so much from them. I just had the opportunity to say, "Let's run with this and let's make it work."

As time went on, the agency just did what they needed to do, with the support of The Network or people within the organization who had the knowledge to make sure they were being inclusive. When I talked to people who have worked there, who used to work there, or who are still working there, it's so clear in the language that we use, it's not just about women. We talk about individuals, we talk about families, we use first person names.

REACH, Waltham, MA, 2004-present

Interview with Joanne Patterson, Director of Education and Prevention

What steps did your organization take to become more LGBTQ-inclusive?

We got through it in the context of developing a five year strategic plan, agency-wide, to talk about where we were going, who we were serving, and how to be more inclusive. We painted a broad stroke with that, let's talk about ability, let's talk about race and ethnicity, let's talk about language capacity, and let's talk about gender and sexual orientation. That was around 2002 when we started. I think that was welcome and it made sense. We were at a turning point anyway, we'd been this Waltham Battered Women's Support Committee that was volunteer founded and run by women. We started making changes. We were

Were there any mistakes you learned from in this process?

I can't think of any. It felt positive. In terms of state and federal funders, it made the agency look good.

Anything you would caution against?

Have the conversations first because if you don't you could ultimately be more harmful to the survivor and to staff. Have the conversations about what it might look like when it comes down to actually doing it. The other things I would do right up front is talk to current residents; they should be involved.

Anything else that you'd like to share?

It's important for our agencies to create safe space for the staff and for everybody involved and to be genuine about it. This becomes part of our service delivery, part of the advocacy that we do. It's really important to be inclusive and that needs to be a part of our mission, a part of our every day practice.

involved in conversations with the GLBTQV [GLBT Domestic Violence Coalition]. We knew that we weren't the Waltham Battered Women's Support Committee as it was founded any more, but what were we?

What were some obstacles you faced in this process?

REACH's analysis as an agency was not that multiple oppressions lead to domestic violence; it was still strongly rooted in a feminist model. We started reevaluating that philosophy.

I think we were lucky in that we had relationships with The Network/La Red, with GMDVP [Gay Men's Domestic

Violence Project], and with the GLBDVC, but another barrier is that there wasn't a learning community around it. I mean here we were stepping out to make some change and as a mainstream agency, who were we learning from? We were learning from agencies that were founded to support LGBTQ survivors with a little bit of a different framework, but it would have been helpful for there to be other mainstream agencies around at the time who were also doing the work.

What was the most difficult thing to implement?

If you look at everything we had to change I think the most difficult thing would be the strategic planning process, looking at all of our materials and nailing down our mission and philosophy again. Our mission now is "to serve survivors of domestic violence, individuals and families, through direct services and education and to promote social justice."

We were thinking about: What parts do we have to change? Do our intakes have to change? Do we have to screen differently? How do we train people for the hotline? Are we now going to have tons of men calling and saying they're survivors when they're really abusers? Thinking about all that took time.

Did you have "tons of men" calling?

We didn't have a bunch of men calling or trying to get into our program... or abusers. I could count on one hand how many hotline calls I received where someone was an abuser calling us.

Were there changes to hiring policies?

We really want to hire individuals that are supportive of our policies, period. We ask the questions in the interview, "Are you comfortable working with people from different populations? What is your experience of working with LGBTQ folks, what are your attitudes around it?"

Were there changes to your intakes?

With our program guide, we talk about how, "We're committed to creating an atmosphere that is safe and respectful." Then we talk about rules and guidelines and about not being violent to anyone, despite their backgrounds and differences. We don't point out, "You're going to be living with LGBTQ individuals." When we're doing the intake, we'll say, "You may be living in the shelter with a man, you may be with a transperson, or with Latino people, or with an ex-alcoholic or with..." all the differences. There was a conscious conversation about not singling out one group, but we have to make sure we're having these conversations.

Were there any major changes in how your organization provided services?

We screen for abusive behavior and being a primary abuser. I know our intakes are pretty solid. Our intakes for community-based programs are all fed through one advocate who does them all, and they definitely screen.

Were there changes to training policies?

We've had to change our training processes for staff and volunteers. Volunteers and staff go to training on social justice and anti-oppression. They also go through LGBTQ training.

Around some of the gender issues, some of the trans issues, folks just need practice around what terms to use and how to go about saying it, and that's okay too. There are definitely pockets around gender identity issues where staff could benefit from more training.

What advice would you give to organizations who wish to take on this same process?

My first piece of advice would be: think about what you are already doing and to see how you can draw connections from it. We started the conversation about serving the "L" part of LGBTQ because we were already serving lesbians. We were thinking of them as cis[-gendered] women who just happened to have a different type of abuser. That made the conversation easier at the beginning. It's

reassuring for individuals to think, “We already have strength in this area.” If your strengths are being empowering with survivors, now you just have to think about a different type of survivor in regards to orientation or gender or gender identity.

What advice would you give to individuals in organizations who wish to take this on?

Have conversations on multiple levels. If you are an individual taking this issue on yourself, try to find an ally; don't go it alone. Join the GLBTQVC. Have conversations; talk with your direct supervisor first. They can take it back to their supervisor.

Work with The Network/La Red for training and technical assistance. Outside help is really beneficial. You can't analyze all of the things that you need to work on by yourself, it's just too much. If you can bounce ideas off other people and get some guidance, you'll feel a lot more comfortable going through the process.

What were the costs of this transition?

In terms of cost, it's not a big financial burden. I don't believe that we lost any funding sources from taking on LGBTQ survivors, whether it was individual foundations or federal funding. That's something to put out there. I know that that's a big fear for agencies.

What were the benefits?

For REACH, we got to think as an agency about what we really believe in. We got to redefine ourselves, literally, with our name. It took us to a whole other level of thinking about who we are in this movement. We realized that we were an agency rooted in social justice that wanted to work against oppression.

We've gotten recognition out of being able to say that we were the first mainstream agency in Massachusetts to start serving LGBTQ survivors. We've been seen as leaders in the field.

How are your program participants affected by this? How is it working?

It's going well. We have the conversations at the intake, “All the survivors in our shelter share the experience of violence...you may find yourself being with people who seem very different than you, they may look different, speak a different language, discipline their children differently ...” and one of the things we talk about in the conversation is the LGBTQ stuff.

Any time you make things transparent, it increases safety. A lot of people then say, “I have an opinion” and have a dialogue about it, especially if you're saying that you understand that this might be uncomfortable for them and they're not going to be castigated.

Has there been any feedback from program participants?

When I was first hired by REACH, I was the residential coordinator. The first person who came in during my time there was a heterosexual man and his daughter. All the residents were fine and had no issues. The next person who moved in was a transwoman and again there were no problems. Part of that were those conversations that we had, that we were upfront about it.

Everybody's going to disagree on something but we make sure that we address what's really going on. If there is a disagreement about laundry and it's really about laundry, let's talk about laundry. If it's about laundry and racism or if it's about laundry and being homophobic then let's get to the root of it.

Were there any mistakes you learned from in this process?

There are constantly things that we aren't mastering perfectly and it would be more of a mistake if we didn't note that. I appreciate that at REACH, as much as I get to gloat and say, “We were the first agency to become LGBT-inclusive,” that I can also go back with this Conscious Inclusivity Survey and see “How are my outreach practices? How are my training practices? Are our materials being

reflective?" If we're not, we're going to think about what needs to change. We can't be complacent, and we have potential to be complacent if we are not assessing ourselves on a regular basis.

Now we are at the place of re-evaluating again. We're at the end of that first strategic plan and now we're thinking about, "What are our weaknesses? What are our strengths?" Then, we're figuring out where to go from there.

Anything you would caution against?

Do not take a stab at inclusivity or serving LGBT people thinking that you can be "blind" to gender identity and sexual orientation. You have to realize that sexual orientation and gender identity come with histories of oppression, histories of violence, histories of fear and shame, and that influences individuals both consciously and sub-consciously. You need to know that and be aware of that and that is why you need training. It is irresponsible to say that you don't have to recognize the whole person.

Anything you'd like to add?

People are risking lawsuits by not serving LGBTQ individuals and essentially by discriminating on the basis of gender and gender identity. I don't think people realize that and that's dangerous. Agencies are already responsible for serving LGBT people; they just don't practice that responsibility. I really do hope that work that you are doing will help agencies feel more secure in their decision to serve LGBTQ people and to apply that practice in a responsible way that is safe for staff and volunteers and survivors.

Have there been any additional changes since the initial strategic plan?

REACH: Quick Analysis						
Strengths: Screening all callers Anti-oppression analysis	Ongoing Training: LGBTQ issues incorporated into volunteer training	Obstacles: Staff fears No mainstream programs to learn from	Areas to Improve: Currently in the process of re-evaluating	LGBT Policies: Change in intake Change to anti-oppression model	Hiring Procedures: Hire people who agree with LGBTQ-inclusive policies	Outreach Materials: Changed materials, name and mission statement

HAWC, Salem, MA, 2005-present

Interview with Paula Gómez-Stordy, Program Director

Program details

HAWC is an acronym for: *Healing Abuse, Working for Change*. Current programs at HAWC include an emergency shelter, support groups in English and Spanish, collaboration with Beverly police, a hotline, a youth violence prevention program, medical and legal advocacy, education, outreach, and a volunteer program. Offices are in Salem, Lynn and Gloucester.

What motivated your organization to become more LGBTQ-inclusive?

I wouldn't say the agency was motivated initially. I was shelter director at the time we began to have conversations of inclusivity in our shelter staff team meetings. We weren't screening and we weren't getting GLBT folks. There were lots of reasons why.

A few years before then, I knew that Beth [Leventhal] had called HAWC looking for shelter for someone who was trans[gender]. The person who answered the phone said, "What? Does it have a penis? And what if it falls out?" It was horrible. It was addressed and it was concluded that we didn't serve anybody but non-transgender women. I remember feeling awful because my friend's son was transitioning and she was there. She was good; she educated the group.

I had that memory and thought, "How am I going to do this, knowing where we've been and knowing what the culture was?" It wasn't like everyone's [LGBT] friendly. This was the history we had.

What steps did your organization take to become more LGBTQ-inclusive?

I reached out to Gunner [Scott] and Sabrina [Santiago] at The Network for support. Kevin [Galipeau] from Gay Men's Domestic Violence Project was also very helpful in this process.

Also there was someone on staff [at HAWC], an advocate who had real leadership qualities at the shelter; she was on board completely. Although she didn't technically have a leadership position in the agency, her strength, vision, and commitment to inclusivity gave me strength and support.

We started by looking at our rules and guidelines; Gunner took out his red pen and we revised it. After our meetings we followed up training full-time and part-time staff on the "T" [Transgender]. This training that Gunner did was only for shelter staff so a year later, Curt [Rogers] did a training for the whole agency, followed by an agency-wide training by Sabrina the next year.

HAWC created a diversity committee where the issues were also discussed including changing our volunteer training to include screening and to look at oppression as the root of domestic violence. Discussion of the climate of inclusivity throughout the whole agency happened in the committee that then impacted the whole agency resulting in the change of our name and the mission statement.

How long did the process take?

This process began in 2005 and we are not done. It's a continuous process because it includes every part of the agency – volunteers, board, interns, directors, managers, advocates, and admin staff.

What were some obstacles you faced in this process?

Two weeks before I went on maternity leave, we screened in the first male survivor. Shelter staff were trained. It was an in-depth screening and he came from GMDVP and he needed to go to another program. He was going to come the next week. While on maternity leave, I got a call from the shelter. There was a shelter resident that accused him of sexually molesting her son at the shelter. As typical as it is for someone who's homophobic to say that gay men sexually assault kids, it was also coming from someone who was very problematic with other residents. The mother informed the school this allegation. Then the school called D.C.F. [Department of Children and Families].

The staff was split. The shelter staff didn't believe it; they knew the woman started problems with every other resident. The office staff said, "You're putting children at risk here." He was asked to leave the program. We paid for him to go to a hotel. The D.A.'s [District Attorney's] office did an investigation and assessment and concluded that from their perspective that there hadn't been sexual assault. Then he left the state and I'm not sure if he returned to his abuser or not.

The incident itself was not the obstacle; it was the split response from the staff and the homophobia that came up in response to it.

Coming back from maternity leave I struggled with addressing if we were still serving men. But I did. The fact that staff was split on this issue was an obstacle moving forward but with continuous training, we started screening men again.

At the time that incident occurred, did the staff screen everyone who was coming in?

No we didn't. We didn't do a screening assessment for community-based services, only for the shelter.

Do you think that the woman who made the allegation was an abuser?

Yes. After that incident she continued to be abusive towards several other residents, and shelter staff decided to ask her to leave the program based on her behavior.

What was the most difficult thing to implement?

The most difficult thing to implement is a change in culture. There were changes made at the shelter that didn't necessarily translate to other areas of the agency such as hotline, community-based services, and volunteer training. It meant looking at every aspect of the agency's ability to serve the GLBTQ community.

What are some examples of policy changes your organization made?

We revised our mission statement from "serving women and children" to "serving individuals experiencing partner abuse" and we changed our agency name from Help for Abused Women and their Children to Healing Abuse, Working for Change. The diversity committee is a forum that continues to look at these issues today.

The shelter intake always included "This shelter houses diverse populations, race, religion, sexual orientation, class, etc." We added gender identity to that list. We revised our training to include oppression as the root of domestic violence and to add screening. Every newly hired direct service staff needs to attend the GLBT Screening Tool Conference and to date everyone has been trained. We also put GLBT Safe Space stickers and logos on our desks, counseling rooms, and on our website.

Some staff that became vocal that hadn't been before we started this process became champions. They helped us reach out to agencies working within GLBT communities in our service area such as NAGLY (North Shore Alliance of Gay and Lesbian Youth) and North Shore Elders.

How do you make transgender folks feel safe in the shelter?

We try not to make assumptions and listen to every individual's needs and experience. We also think about transphobia in the advocacy that you do, and you have to educate.

The last time we had a transwoman in shelter, I worked with The Network. It was a really high risk situation and she came in during the middle of the night. The staff was wonderful. Advocacy was different because of transphobia. Normally we would just pick up the phone and call a police escort, but we didn't do that. We knew that we couldn't send her alone with the police because she might not have felt safe. A staff person went with her to the state police and to her final destination. So that is different. That's an example of how we safety plan around transphobia.

What kind of training did you provide for staff?

What really helped advocates, especially newly hired advocates, was the Screening Tool Conference, the Network’s presentations, and GMDVP’s presentations.

Were there changes to your intakes or program procedures?

We use the [GLBTDVC’s Intimate Partner] screening tool both in the shelter, but in the community. There was still some resistance from advocates, “How do we know? The screening tool is so broad; it’s not really helpful for me.” We created a form with questions to help with screening.

Another thing that happened is that we started screening couples, where both partners were seeking services.⁹⁸ We decided as an agency that only one person gets served. We don’t work with the abusive partner and we do not refer them to another domestic violence program.

Were there changes to hiring policies?

From The Network’s policies, we added one question for volunteer interviews: “Have you ever been abusive to anyone or has anyone found you abusive?” We need to put that question in for staff actually.

Have you encountered any setbacks?

A year or two into the process, my supervisor, the executive director, got a complaint from a survivor that called the HAWC hotline. She had been battered by her female partner. She and her daughter were homeless and living in a car and when she called the hotline, someone who answered said to her, “I don’t that you would feel comfortable in our shelter. I don’t think that our shelter would be a good fit for you.”

This is after training old volunteers answering the hotline and changing the new volunteer training. Even though it was known and understood, it’s an on-going process. It can

easily be superficial. It needs to be absolutely institutionalized and what we are doing now is looking at our employee policies.

How did HAWC follow up with that caller?

She complained to the Executive Director who then apologized profusely and she received financial housing assistance and supportive assistance for her and her daughter.

What advice would you give individuals in organizations who wish to take on this same process?

If your agency’s mission is to serve individuals experiencing domestic violence you have to look at your community and know that GLBT people are part of that community. Therefore, homophobia and transphobia needs to be taken into consideration when providing outreach and services. You have to look at your institutional climate and your agency. That mission guides you.

As a leader, once you are sure about that, then you have to bring it back to the agency and staff and let staff discuss it. Fears will come up. They may ask, “What bathroom are they going to use?” It’s a private bathroom, so they are going to use the same one. Without judgments, have those conversations. “A man’s stronger than me, what if he becomes violent? I’m scared about that.” And then other staff, hopefully, will say, “I was scared of Susi [a female program participant] last month.” Staff will answer those questions for each other. There’s going to be some hurtful and inappropriate comments said - address it - but let it come out. If that doesn’t come out it stays in and it’s going to spill out with staff, volunteers, or survivors and be hurtful. This process is important but it needs to be time-limited. Then it has to move into policies and practice. You have to give staff tools in serving survivors. Otherwise it’s not fair to staff and it’s not fair to survivors.

It would be ideal in starting this process to have a diverse pool of folks that represent the agency, survivors, volunteers, staff, and board, so that it’s a comprehensive

⁹⁸ Each partner is screened individually; never together.

effort in addressing GLBTQ safe space throughout the agency.

What were the costs of this transition?

Just the minimal costs of trainings and conferences. Also there were costs in printing for the new name and logo.

What were the benefits?

The culture of HAWC changed. Our staff is much more diverse. We have trans[gender] applicants applying for jobs now because of our name change. It's a better work environment for all staff.

Years after we started this process Beth called me and said The Network/La Red was doing an annual meeting and wanted to give HAWC an award, "18 for 18," for all the work that we'd done. I almost fell out of my chair, "Are you kidding me! You get an award for doing your job!" It was nice to get recognition for the work we'd done.

What feedback did you get from the community?

Two calls were received saying that we shouldn't have changed what HAWC stood for which was serving women. We're expanding our services not taking away from them. We're not saying that sexism doesn't exist or that patriarchy doesn't exist. We're just opening up our services to all survivors.

Did you get more abusers calling?

Yes. We always did before [we screened]; we had sheltered abusive people. Interesting enough, for a short time soon after announcing our name change straight abusive men, very entitled, called to complain about their partners. Staff could identify that.

How was the board affected by this process?

One mistake we made was not letting the board know about this in the beginning.

Where did you get support during this process?

It was a tough process and I got support from The Network/La Red, GMDVP, and the GLBT Domestic Violence Coalition.

Anything you would caution against?

Know the mission of why you're doing this so that you can inform the public. Be comfortable with the L for lesbian, the G for gay, the B for Bisexual, and the T for transgender and not just when you are around GLBT-friendly people. You can really impact the public, because they may be the folks that you are trying to reach. Stay true to the mission of inclusivity.

Is there anything else that you'd like to share?

For supervisors, we know that supervision is vital in the work that we do because it impacts folks personally. Because this process is a difficult one and sometimes in these discussions people are hurt, it's essential to check in with staff during supervision about this process. Leave room in your supervision and actively ask: how did this impact you personally?

This is vicarious trauma: re-experiencing homophobia, transphobia, and racism. Staff will not feel supported if they can't talk about how the work environment impacts them as an individual. You have to address the individual as a whole, or else that individual gets hurt and they are not going to feel like part of the team, they are not going to provide the best services they can, and they're going to feel isolated and burnt out.

HAWC: Quick Analysis

Strengths: Screening all callers Diversity committee	Ongoing Training: LGBT issues incorporated into volunteer training	Obstacles: Complaints from residents Staff fears	Areas to Improve: Institutionalize practices	LGBT Policies: Changed intake to include gender identity	Hiring Procedures: Working on employee policies	Outreach Materials: To all survivors of DV
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Harbor COV, Chelsea, MA 2006-present

Interview with Michiko Kita, Advocacy and Resource Coordinator and Angela Ronberg, Planning and Evaluation Coordinator

Harbor COV program details

Harbor COV provides free services that promote long-term stability for people affected by domestic violence including housing ranging from emergency shelter to permanent affordable housing for survivors, and community-based supportive services which include a 24-hour hotline; individual and group support services for adults, children, teens and seniors; legal and economic advocacy; and community awareness, education and organizing initiatives.

What motivated your organization to become more LGBTQ-inclusive?

Angela- Traditionally Harbor COV has accepted anyone who identified as female. It was a shift not specifically around the LGBT but around accepting men and boys over 12. The issue was more around accepting men, regardless of their sexual orientation. It didn't feel like a huge shift, just conversations around, why aren't we accepting people that identify as male? Why are we excluding anyone? That doesn't fit with our mission.

Michiko- We treat everyone with respect. As we work with transgender people we talk to them about other resources and offer to connect them with The Network/La Red and GMDVP, for example. We also utilize partnerships with these organizations to ask questions about other resources we can provide or if we need help troubleshooting a difficult case. We've found that sometimes people are more comfortable working with us directly because the trans community seems to be very close and they may not want other people in the community to know they're seeking DV services.

Did your organization decide to take on any new populations due to this process besides men and boys over 12?

Michiko- No, but we have had an increase in men and transgender people accessing our services.

When did you decide to become fully inclusive to all survivors?

Angela- Around 2006. We were moving our emergency housing program at that time so it seemed like a good time to evaluate and assess where things were and how we were doing things.

What do you do to make transgender survivors feel safe here?

What steps did your organization take to become more LGBTQ-inclusive?

Michiko- *The first time [the GLBT Domestic Violence Coalition] did the LGBTQ screening tool training, I remember the entire staff went. We went for the first two years. Now we send our new staff. The screening tool training is something that we felt is very important to have and that's not only for the LGBTQ community; we can use those skills for any of the cases.*

Angela- *We had conversations around language and being intentional, not using pronouns unless the person on the phone has used them already, saying partner instead of boyfriend, and trying not to make assumptions. We've also brought in some outside people in for training. We've brought [The Network/La Red].*

Michiko- *We do a lot of collaboration work. I remember the switch. I know Kevin from the Gay Men's Domestic Violence Project came to the office to give us support for gay men who stayed with us. We worked together to learn from each other.*

Did you make any changes to your materials?

Angela- *We changed everything. Our mission said women in it and we got rid of that and updated materials. We used to say "women and children" and now we say "individuals and families".*

What were some obstacles you faced in this process?

Angela- *There are always challenges going against people's socialized assumptions. If you're in the room with someone doing an intake on the phone and you hear them say "boyfriend," you have to have a conversation with them afterwards to make sure they weren't doing that based on assumptions, but were mirroring the language that the caller used. We've struggled a little bit more with consistency around our volunteer base. Our volunteers have more flexibility around when they are able to come and go so being able to get everyone on the same page was difficult.*

Michiko- *One true challenge is that our emergency housing program is short term. Finding a longer term*

program [for men and transgender survivors] can be a huge challenge. Not many programs are confident to accept them yet, even today. They end up going place to place not being able to get the full support that [women who are not transgender] get, like finding an apartment. Shorter term programs are the ones that are most likely to accept them. Longer term programs seem to have a difficult time.

What are some examples of policy changes your organization made?

Michiko- *We don't have policies; we had a lot of conversations. We have a lot of language correction and are really aware about the language we use.*

When we have a difficult time referring people who are gay men or transgender folks, we talk about the strategies in our direct service meetings with the whole staff. Just having the conversation makes the change gradually, automatically, without having a specific policy for the program. There needs to be space for flexibility because each case is unique.

Angela- *We give everybody a handbook when they come in to help orient them and let them know about when their advocates are available, doing laundry, and basic stuff. We totally revised that when we moved also.*

Michiko- *We want to be able to support everybody who is a survivor of domestic violence. We are open with our participants, particularly in our housing programs, that we accept everyone and expect that residents treat each other with respect. If a resident decides they do not want to share space with another resident we will provide them with resources and support them to find new placement. It's not for us to decide who should be out or who should be in.*

I noticed when I came in you had a lot of LGBT-inclusive posters up. Can you tell me about that?

Michiko- *Even with the turn-over, we always have someone [on staff] who is passionate about advocacy for*

GBLQ community. Everybody who comes in this organization has a different specialty or passion. Some people take the lead on making sure that we are inclusive and put those posters up.

How often do you provide LGBTQ training for staff?

Angel- *Hopefully on an annual basis. We're working on being much more deliberate about the way we do trainings with our staff.*

Michiko- *I think this fiscal year there were two. Nikki invited Fenway [Health] and then [The Network/La Red] came.*

Were there changes to hiring policies? Do you do any hiring outreach to LGBT groups?

Angela- *I know we've posted to places like Bay Windows [an LGBTQ newspaper]. We try to be intentional in all our postings and say "We encourage LGBT and minorities to apply." We try to be pretty diverse about where we are posting because we want our staff to reflect the populations that we serve.*

Have you encountered any setbacks?

Michiko- *Not being able to move people on to other shelters because they won't take men or trans folks. We've also had challenges advocating for men because of the barriers that they face. I remember accompanying a heterosexual man [to court] for a restraining order. The judge gave him a hard time about being accompanied by me and in the end was not granted the order. He was devastated. We had to do some more creative safety planning for him.*

What advice would you give to individuals in organizations who wish to take on this same process?

Angela- *I can't think of a good argument not to do it. Just let go of whatever your fears are. It does seem to be more about challenging your own assumptions than working against anything that's factual. It hasn't caused any*

bigger conflicts in our emergency housing program than anything else has. There's no added drama because we're now accepting everybody. There doesn't seem like there's a reason not to.

Michiko- *It's all about assumptions that people make so they just have to get to it and figure it out. People might have a difficult time understanding that. They know that they have to be inclusive but in actually making an action, people seem to have a difficult time. The other day I was at a conference and this topic came up. One of the panelists from a DV agency said that they were having a difficult time being inclusive. I was glad that they were being open about it. We can give them support if they have obstacles through talking about it and collaboration. I've always felt like there is nothing that we cannot do because there are so many agencies with different expertise that we always have some kind of support. You don't have to be an expert to take certain populations; you just need to get support.*

What were the costs of this transition?

Angela- *I don't think there really were any besides additional training and that we've been able to finagle for little or no money.*

What were the benefits?

Michiko- *It feels good and I enjoy being interviewed to be able to show other programs that they can do this too and let them know that we are happy to provide support. I understand how other programs may have a challenge breaking through the obstacle [of their own fears] and how easy it was after we did it. Accepting everyone actually makes things a lot less complicated.*

Angela- *I would agree. Why eliminate any percentage of the population that needs support? It's not our place to make those judgments. It's a lot nicer to tell somebody*

that you are going to help them then to have that conversation about, "I'm sorry, you're a guy and I can't put you in our shelter." Those were really awful things to have to try and figure out. It's much nicer to treat everyone consistently.

Do you think that it helps staff with burnout?

Angela- It challenges staff differently but it also fosters collaborations too. It's helpful to know that if I'm struggling to figure out how to support a gay man, I can call GMDVP and they are always willing to jump in and help. We always learn from that so it's easier the next time.

Michiko- We may get overwhelmed regardless. We've found collaborations to be key. Other programs have been great at providing support, you just have to reach out and ask for it. And by the other programs coming to us, they also get the benefit of what we are good with too.

How are program participants affected by this process?

Michiko- In reviewing our guidelines we realized we had made assumptions that the other women in the emergency housing program would get offended or re-traumatized. They didn't react in that way, they didn't react at all, they were our assumptions. In terms of impact, I think the biggest impact is a positive one for GLBT folks who have been turned away elsewhere and have barriers elsewhere. It's been helpful to have some more doors open to them.

Have there been any challenges with program participants in this process?

Angela- We always bump into challenges where participants in our housing program don't get along. It may be based on their own assumptions or their religion or culture.

Michiko- I'll challenge that saying there is a fight regardless. It doesn't have to be because of sexuality or gender; there is often some challenge in getting along in

communal living setting. I too had challenges with my roommates sometimes. There are some people who might use that as a reason for conflict. There are a lot of disagreements, arguments, and sometimes fights at the space where multiple people share common spaces.

Is there an increase in the amount of GLBT survivors you serve?

Michiko- I see a lot of emergency housing residents being from GLBTQ populations. We've seen an increase in men accessing non-residential services.

Did the board have any issues with taking men and transgender folks?

Angela- Not that I know of. When we did this, Laurie Holmes was still the Executive Director. She was a member of the board at that time and did a really good job of leading them through the process.

Can you tell me about how you screen?

Michiko- It's always a challenge and as much as we learn in the screening training, we have to go by what the person tells us. We rarely screen people out.

Do you screen for abusive behavior?

Michiko- That's a tricky thing; we ask more when we do the second interview. Also, we don't screen people out because they said they were called the perpetrator or there's a restraining order against them. We ask more questions. We could do better work in assessing whether that person is the abuser or not. It doesn't matter if they're from the GLBTQ community or a heterosexual relationship.

We haven't really had a time when [an abuser] has come to the program to look for someone; I don't think we really

experienced that. Sometimes, I get calls from people who are really perpetrators, but DCF mandates them to go to a domestic violence program to understand their impact. They don't really understand that a domestic violence program is for survivors, so we provide them with the appropriate referrals.

Were there any mistakes you learned from in this process?

Angela- We continue to make mistakes all the time. We process everything and we have weekly direct service meetings. If people are having a challenge and not sure what the next step is, we have systems [set up] so they can work with their coworkers and supervisors. If there is a place for learning, it comes to the direct service meeting also. [That way] we can all learn from whatever is going on or from collaborations so that if this situation comes up again we are able to provide that outreach and support.

Anything you would caution against?

Michiko- Don't prep too much. I think a lot of programs think they have to prepare. I remember some people saying that they have to have a bathroom only for [men]. You don't need that. It's just taking anybody.

Angela- That's a good point because you can get yourself so worked up in the process that you're not able to provide the same sort of services you would provide everyone else.

Has there been any feedback – positive or negative?

Michiko- We've gotten positive feedback from other programs that they are happy that we do this because it's

still a challenge to find housing and support for the GLBT community.

What do you say to people who say, we don't want to take men for safety reasons?

Angela- Whose safety? It's more unsafe for the guy to be in an abusive situation or on the street rather than be in your safe place. If you are doing screening appropriately and you think that they are the survivor, what makes it any more likely that they are going to be violent than anybody else that you are bringing in?

Michiko- I would remind people that women can be violent. I have almost been hit before intervening between two women, so it is not putting your staff in any more or less danger. Man does not equal violence.

Is there anything else that you'd like to share?

Angela- There is no reason not to.

Michiko- It's a little bit sad that we have to have a manual for people to be inclusive, to be honest. If you are a DV advocate and you know how to support someone, you just do the advocacy. You're doing it for someone else, but it doesn't mean something different. Any case is tough, it doesn't matter what case it is.

I think that we are fortunate that our prior Executive Director and current Co- Executive Directors are sensitive to that – to make sure that we are inclusive. That helps a lot. If the management isn't supportive then other programs are definitely going to have a difficult time.

Harbor COV: Quick Analysis

Strengths: Collaboration with LGBT agencies	Ongoing Training: 1-2 inservice LGBT trainings per year	Obstacles: Staff fears and biases	Areas to Improve: Screening callers to see if they are abusive or a survivor	LGBTQ Policies: No formal policies Lots of conversations	Hiring Procedures: Advertises in LGBTQ newspaper	Outreach Materials: All survivors of DV
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Renewal House, Boston, MA: 2008-present

Interview with Susan Chorley, Program Director

Program details

Renewal House is a 5-room emergency domestic violence shelter for individuals in crisis and their children, offering safety planning, bilingual Spanish/English advocacy, and community education. Renewal House is a program of the Unitarian Universalist Urban Ministry.

What motivated your organization to become more LGBTQ-inclusive?

There are a couple of factors. One, was that that being in Jane Doe [Inc.] and the [GLBT Domestic Violence] Coalition, I felt like I was more connected to E.D.'s [Executive Directors] and program people that were doing this work and I was hearing more and more about it. Secondly, DCF [Department of Children and Families] put out the R.F.R. [Request for Responses] that I felt was very clear in saying you can't discriminate against people with different sexual orientation or gender. The third thing was my own personal feeling that this is a justice issue and it shouldn't be something that we, especially as a part of the Unitarian Universalists (U.U.) world, discriminate against for any reason.

In a way it was very easy for me because the U.U. world wasn't going to fight me on this idea. It was really nice this year at the annual meeting to say "We do accept men. We do accept people that are GLBT," and to say to our constituency, "thank you for leading us in that direction" because if it weren't for them, I think that maybe we would have struggled more.

What steps did your organization take to become more LGBTQ-inclusive?

We started doing trainings with Sabrina [Santiago] from The Network, then we started changing policy. Still, to be honest with you, I feel like there is still a lot of work we need to do. I definitely don't feel like we have arrived and we are done.

What were some obstacles you faced in this process?

When I brought this whole GLBT inclusivity and gender inclusivity, the staff was apprehensive. They really felt like I should talk to the residents about it. So, I did talk to the residents. At that time every single resident that was here said that if they had known from the beginning that we would accept people who are GLBT or men that they would have never come into our shelter, every single one. It felt like they had talked about it as a group before I talked to them or that maybe even staff had talked to them before I talked to them.

Then, we put in the question [in our intake], "We do accept men and we do accept GLBT people. Do you feel comfortable coming into a program like this?" and if not we say, "You need to know that this probably isn't the right program for you." That change right there really helped staff to feel more secure that we're not keeping something secretive that will be some huge issue. We put that on our intake long before we actually did [take all survivors] just to get staff in the habit of saying it and residents into the culture [of GLBT inclusion].

What was the most difficult thing to implement?

I feel like the answer should be something like, when we first had a male resident but that wasn't the hard part actually, the hard part was actually saying, "we're going to do this," and the reaction from the staff.

What are some examples of policy changes your organization made?

I don't think we've made that complete transition. We did change everything from "women and children" to "families and individuals" in the mission.

Were there any major changes in how your organization provided services?

No, the main thing that I wanted to pay attention to is making sure that we were connected to The Network and GMDVP.

What kind of training did you provide for staff?

We had three total night-time trainings and one day-long training. I was super pleased with the day-long training. It was all the full-time people and the children's advocates who are here every night. We should have started there, doing an all day training just with the core staff, and then moving on to the relief or part-time staff. Then the full-time staff could have felt more like a team in the project instead of everybody getting hit with it all at once.

A bunch of staff went to the Screening Tool Conference. There is something about being in a room with 60-80 people that are all there to be trained on GLBT domestic violence issues that sort of makes you get that if you didn't think this was a big deal before, it is. It's not just you and your random program director, it's a movement. Something is happening. I wouldn't have been able to predict that but I think that really helped in the transition for people to get, "Everybody is getting this training. This is just the way it is."

Were there changes to your intakes or program procedures?

One thing we did do is change some of our intake, letting people say their gender rather than just asking are you male or female and adding on to the choices of how you identify. In terms of program changes, I wonder if there are more things that we can change or things that are missing.

Were there changes to hiring policies?

No, not really. One thing we talked about was, "Does your staff reflect the population that you are serving?" Currently, I don't think that we have any staff that identifies [as GLBT]. We have a couple volunteers that are men.

Just recently in the fall we were hiring an advocate full time. I did put in my job post that people of color, GLBT people and Spanish speaking people highly encouraged to apply. I have heard from other agencies that it does make a difference to have a GLBT person on staff to assist in outreach and awareness of issues

What advice would you give to individuals in organizations who wish to take on this same process?

A couple things: it's not going to be as hard as you think it's going to be to make these changes. Know that you don't have to change everything that you are doing to have GLBT survivors in your program or to have men in your program. Take your time, it is a process and there will be times where you are like "why the hell did I do this?" or "why is this so hard?" and that is part of the process and you have to go through that to get to the other side of it.

What were the costs of this transition?

Just the training. We did have to change our letterhead from "shelter of hope for women" to "shelter of hope", but I think we had already used almost all of it up.

What were the benefits?

One day I was sitting in the office and I looked over to see a transwoman, a black gay man, and a Latina mom with her kids all hanging out together in the living room and I thought, "Wow, this is a picture of the world in my shelter living room." Up until that point I had never celebrated that we had made it.

Mostly we've gotten nothing but positive feedback from the board, from volunteers, from the community. It's only been people who are proud that we've done this.

How were program participants affected by this process?

I mean I think, I think it's been good for residents. When we had the first gay male come into our program and he talked about his story, the women in the program were like, "Oh my God. His story is exactly like mine." People got that his experience was very similar to what theirs was and there wasn't a huge amount of difference between them and him.

I think for the kids it was really great. It was good to have men in the program, not just volunteers but also residents. Also, to have a transwoman in the program, the kids didn't have any questions about it. The parents either said, "Why don't you ask her about it?" or "She's a woman," and that was the end of the story. People get so worked up about how that's going to be translated, but to children it's really not that big of a deal.

How were staff, board, and volunteers affected by this process?

I think staff learned a lot for themselves, personally as well as professionally. I think that made a huge difference. I think it gave us something. We generally spend a lot of time talking about race and culture and it gave us another level of the race and culture conversation to have. I know for me it was very helpful.

I have to say my E.D. was very worried about the bathrooms. There are actually three bathrooms in our shelter, two that have shower/bathing capabilities and one that's just a toilet, a half bath. And he was just worried, "Are you going to designate one of the bathrooms to be for the men?" He kept bringing it up and kept bringing it up and then when we first had our male resident he asked, "So how is the bathroom situation working out?" and I told him it was just fine. I recognized at a certain point that for him, he just needed to know that it wasn't an issue and once he knew it wasn't an issue he just didn't bring it up again. I didn't have the sort of philosophical conversation with him like I maybe should have. With our new E.D., it's not something that she would even question. It's kind of nice now to just say, "We are GLBT-inclusive and we do house

men." We can just say that now; it's not a conversation topic.

Anything you would caution against?

There has to be a grassroots process that everyone is buying into and going through. To just suddenly change policy doesn't actually do any good, in fact it's worse. I think it does a bad thing for staff and for residents too. Training is just really important and [so is] just letting people know ahead of time, "These are the policies that we are going to change." I mean I can understand the feeling of, "We need to change everything overnight," but it just breaks trust with the program.

How long did the process take?

We started to do trainings with Sabrina in February or March of [2008] and we accepted our first male, a gay male that August. It was interesting because I actually took the hotline call and I actually got to make the decision that I felt like we were ready for it and it made sense. I was very clear with him about that, "I just want you to know that you are the first man we're bringing into the program and so you can give us as much feedback as you need to or want to about what's working and what's not. We can hook you up with GMDVP, we can do what makes sense." It ended up being a terrific experience. I had met with the residents to let them know, thinking it would be some kind of big issue, but no one had an issue with it at all. They knew coming in that this was something that was a reality for our program.

How much preparation was needed before taking in new participants?

The first time we had a man come in, I actually sat everyone [program participants] down and said, "A man is coming in. You all knew this was going to happen, I just want to let you know" and everyone was okay and it was not a big deal. So then the second person's moving in who was not a heterosexual female and I said to Ada [Guadalupe], "Well, we should probably sit everyone down and tell everyone" and she asked, "Why? We told them

already. We told them when we did the intake. It doesn't seem like it should be a big deal." It was nice that her sense of it was that it doesn't have to be announced. In fact she felt like it could make it a worse deal. We never say, "Tomorrow we're getting a mom with three kids," we never announce it.

Since this process began, about what percentage of your program participants are LGBT?

We had 33 residents last year. We had 6 people who identified as GLBT. I think four were men and two were

women. We don't ask people's sexual orientation. We only know if people tell us.

I also think that we probably work with a lot of women who aren't out or don't disclose. I know that was the case in the past. We had several staff that knew that certain people identified as lesbian or bisexual but didn't really disclose that information to the whole staff. So, those are some things I really want to hammer out. I mean if people don't feel comfortable I don't want to force them to be out but I don't want people to feel like they can't be.

Renewal House: Quick Analysis						
Strengths: Collaboration with LGBTQ agencies	LGBTQ Training: GLBDVC Screening Tool and volunteer training	Obstacles: Staff fears and biases	Areas to Improve: Helping lesbians and bisexual women feel safe to be out	LGBT Policies: Change to intake	Hiring Procedures: Encourage LGBTQ folks to apply	Outreach Materials: Changed mission and language

New Hope, Southeastern Massachusetts, January 2009-present

Interview with Kevin Galipeau, Vice President of Operations, New Hope

Program details

New Hope, Inc. is a non-profit human service agency that offers comprehensive individual and family support services through five complementary programs: Domestic Violence Services, Sexual Assault Services, New Start Transitional Living Program, RESPECT Batterer Intervention Services, and MJ Leadenham Visitation Center.

What motivated your organization to become more LGBTQ-inclusive?

I came from Gay Men's Domestic Violence Project before being at New Hope. Part of my decision to go to another agency was restricted to the idea that that agency be willing to move to an agency that was inclusive of men and transgender individuals and inclusive to GLBT folks as well.

You were the impetus for this change at New Hope?

Yes, with a great deal of support from the Executive Director as well many of the program directors.

What steps did your organization take to become more LGBTQ-inclusive?

The first concrete step we took was announcing to the staff that it was important to the organization and that we would be moving forward in our discussion. Because our agency is so large, we have about 60 staff members, 30 of whom are part-time, and a lot of them work evenings and

weekends, some of it had to be done by email but a lot of it, particularly in the shelters, was done at shelter staff meetings. I think more than anything this affected the shelters. New Hope in general had, when requested, been providing services to GLBT individuals; nothing other than shelter was restrictive. It's interesting because when I say providing services to GLBT individuals I really meant being open to providing shelter services to men and trans folks.

What were some obstacles you faced in this process?

We've had several issues come up. We had a straight man and a straight woman at the shelter at the same time who appeared to be a couple previous to when they came into the shelter. They seemed to have misrepresented their situation. It didn't seem like either of them was the batterer but they were in a relationship and there was talk about them having sex in shelter. I made it clear to the staff that sexual contact between residents was not acceptable, not because I think that survivors shouldn't be sexual people, but because of concerns about issues of consent and sexual harassment. In the end, both residents were asked to leave.

Have there been any other issues?

One male resident accused staff of not providing him the same services [as women]. We didn't have the same kind of community resources [for men] at the time for things like clothing donations and other items that were available to female residents. He brought his concerns to me, which if they would've been true, would have been completely valid. It turns out that staff was very conscious of the fact that they needed to be going out of the way extra to make sure things were happening for this individual, partly because they wanted to make sure that nothing they were doing was wrong. Also, they knew they were being watched because he was the first male resident. In the end he was getting extra special treatment. He was getting a lot of attention and resources in terms of transportation and money. That wasn't his perception. We tried to talk to him about this and tried to do our best by him.

What are some examples of policy changes your organization made?

The biggest one, of course, was that you couldn't deny services based on sex or gender. That was one policy change. Another was striking all gendered language from all our written materials.

Were there any changes in how your organization provided services?

We didn't have people dropping off tons of men's clothing for donations. However after he [the first male resident] came, we made it clear to anyone who gives donations that we also need men's [clothing]. We also no longer accept donations that are for women only. When someone comes in and wants to do a salon day, which we get a lot, we talk to them about how they can make that inclusive of men who may be in the shelter. For the mother's day, we make it clear to donors that it needs to be about parents and that we should also have stuff available to people who don't have kids in the shelter. We try to make everything, including our donations, available to everyone.

What kind of training did you provide for staff?

Anyone who provides services to survivors has to go through our training on both domestic violence and sexual assault. There is a section specifically about GLBT identity and issues as well as role plays and examples. We try to mix it up and make sure there are some male survivors, lesbian survivors, and trans survivors. As far as other training, they go to the [GLBT Domestic Violence Coalition's] Screening Conference and the Screening Tool is available to all staff. They are trained on it when they first start.

Were there changes to your intakes or program procedures?

Yes and no. I don't know that they were really doing that much screening before. It was very much of: "Okay you're a survivor of domestic violence? Check. You're not a

man? Great. Come on in.” The screening tool really helped us learn to truly screen for domestic violence in any relationship.

Do you spell out in your materials that you work with LGBT populations?

Most of the time we say, “We serve all survivors,” but one of the things we do is we often use phraseology like, “to the women, men, children and transgender individuals who we provide services to.”

Another big thing has also been the images we portray; our new brochure has a man on the front of it. Another image in the brochure is a gender neutral image. These image and language changes have also been reflected on our website. During our 30th Anniversary Gala, we had a video and one of the survivors was a gay man talking about his experiences.

More importantly than letting men into shelter is letting people know that we don’t just allow people access to our services, but we embrace them. We want to provide services to all survivors and we want to provide good, culturally competent services.

What were the costs of this transition?

As far as our written materials went, we didn’t trash all our brochures and start over again. When they ran out, we made new brochures. A lot of the gender-specific things that were in the shelter, we just tore down. Of course there are training costs but nothing ridiculous.

Did the board or the funders have any issue with the change?

When the subject of inclusive services including gender was brought to the Board, many of the Board of Directors were strong supporters and none of the Board had any serious concerns. All the funders have been very supportive.

What were the benefits?

It’s really been great for New Hope; we’ve evolved as an agency. It’s really put us out there as an agency that’s willing to do new and different things to further our work.

Another thing, interestingly enough, has been funders. We’ve had two or three private foundations come for site visits to determine if they’re going to give us money that have actually said one of the things they were impressed by was that we provide services to everyone.

How were staff, board, and volunteers affected by this process?

I’d like to say it was this very nice symbiotic process where we all talked about our feelings. In truth, I came into the staff meetings and I said, 1) the way we are currently screening for domestic violence in relationships is inadequate for GLBT individuals, and 2) we cannot be denying shelter to people based on gender because I made it very clear it’s illegal. Not only that, but it’s against our mission statement.

How did you address staff concerns about safety and the fear of bringing men into the shelter?

What we really tried to get at was, how would safety really be different if it was a man versus if it were a woman? We got people to talk about times where there had been sexual harassment or actually sexual relationships between women in the shelter and what that felt like for them and how they dealt with that.

The bathroom was also a big concern. As soon as we got to talk about the fact that only one person goes to the bathroom at a time anyway, is it really that big of a deal?

What were other fears?

We have two shelters, one of which at the time had only 3 bedrooms, though we were contracted for 6 which meant that each bedroom had two sets of bunk beds, so they often doubled up. Two single women would be in a room together. I didn’t realize at the time that there was fear over this but there was a lot of “What are we going to do

when we're going to have a man and a woman bunking together? Or what if a woman doesn't feel comfortable bunking with another woman who is a lesbian? Or a transgendered individual, how do we even give them a roommate?" I made it clear that we wouldn't be doing that; rooms would be single-sex. If someone felt uncomfortable bunking with another person because of issues of sexuality, that would be something that we would discuss with them. At the same time, there was no tolerance for homophobia or anything like that, but it is important that we address people's real fears and concerns. I don't think that you can just tell people that they need to feel comfortable.

Was the staff hostile to the idea?

I can't say that anyone was hostile to it or at least outwardly denied the presence of domestic violence in GLBT relationships or against straight men. There was more fear around safety of the staff as well as the residents and fear of, what if residents feel uncomfortable with men in the house? This was all centered around men and there was some trans-related fear, "How do we address trans individuals? How do we know if they are male or female?" There was a lot of discussion around, "Why is it important for us to know these things?" This was actually good because it went into broader discussions of how the agency runs in general. Why is it important that we know X, Y and Z to be able to provide services? Why do we have these restrictive rules? Why? So I think this process of opening up who we serve also led to opening up how we serve.

Were there any mistakes you learned from in this process?

Definitely one mistake was the idea that I could command it and it would happen a month later. It does need to be a process. I didn't necessarily think it would be a good thing, not just for the agency but also for all the survivors out there that need services, for us to sit on our hands for a year and talk about how we felt. We figured a lot of it out

as we went. I don't think we hurt anyone. We did the best we could by every survivor we came across.

How long did the process take?

The first staff meeting I went to where we openly discussed it happening was in September [2008]. We told the staff that we would be starting in October, but then we quickly realized that we weren't ready. We didn't actually start it until two major things had happened: 1) everyone who answered the hotline or worked in the shelter had attended the screening tool training which was in December, and: 2) we had really gone through all the literature that New Hope had in the shelter and made sure that it was gender neutral. We did go through all of our outreach materials, but shelter was the real focus.

Has there been any feedback from participants, positive or negative?

The staff started talking to residents and from what I understand, as a whole the residents were sort of non-plussed about it. From what I understand, they seemed to be fine with it.

Anything you would caution against?

I would definitely say to the person in a leadership position: Don't necessarily believe everyone when they say they have no problems with it. You definitely need multiple mechanisms for getting feedback about fears and concerns. People by and large know that homophobia is unacceptable so they're not going to say to your face something that could be interpreted as homophobic.

You have to have a long enough time for the idea to sink in with people so they can really think about it. I don't think that's a year but it's also not a week. The senior staff of course has to be completely on board. The shelter workers need to be able to contact them and talk about their concerns. There also have to be venues for people to talk about their concerns that don't involve lines of direct supervision.

You also need to have people thinking about the multiple ways that the agency speaks to providers. It could be things about: how does your agency engage in fundraising? Do you have events that are specific female-only events? Do you have events that are about men as bystanders and not men as victims? Your development team needs to be involved to the same extent as your service team because they are the ones who get the message out about what it is that you do.

went to REACH about making our shelter more accessible to all survivors.

Anything else you would like to add?

You should also have a good relationship with agencies that provide [GLBT] services already so that you can go to them for technical assistance. There have been a couple of occasions when we've asked The Network for help and GMDVP [Gay Men's Domestic Violence Project]. We also

New Hope: Quick Analysis

<p>Strengths: Increase in supportive services and donations for men</p>	<p>LGBTQ training: GLBT Screening Tool and volunteer training</p>	<p>Obstacles: Staff fears and biases Communication to part-time and night staff</p>	<p>Areas to Improve: None mentioned</p>	<p>LGBTQ Policies: Change to intake and shelter policies</p>	<p>Hiring Procedures: Did not mention</p>	<p>Outreach Materials: Changed mission, language and images</p>
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XVIII: Resource List

This list is by no means a comprehensive list of LGBTQ resources, but it is meant to be a starting place for more information and research. If your program is in need of specific resources that are not listed here or would like additional resources, please feel free to contact our Technical Assistance Coordinator at strategize@tnlr.org or call our main office number 617-695-0877. The resources that do not offer services nationwide will be marked with the area they serve (i.e., Boston, Massachusetts, etc).

LGBTQ Partner Abuse Resources	
<p>The Network/La Red: Survivor-led organizing to end partner abuse Voice: 617-742-4911 TTY: 617-227-4911 www.tnlr.org</p>	<p>Gay Men’s Domestic Violence Project 800-832-1901 www.gmdvp.org</p>
<p>Violence Recovery Program at Fenway Health 800-834-3242 TTY: 617-889-1256 www.fenwayhealth.org</p>	<p>The Northwest Network for bi, trans, lesbian and gay survivors of abuse 206-568-7777 www.nwnetwork.org</p>
<p>Survivor Project dedicated to addressing the needs of intersex and trans survivors of domestic and sexual violence. www.survivorproject.org</p>	<p>Communities United Against Violence 415-333-HELP www.cuav.org</p>
<p>National Coalition of Anti-Violence Programs 212-714-1184 www.avp.org/ncavp.htm</p>	<p>LA Gay and Lesbian Center 323-860-5806 www.laglc.org</p>
General LGBTQ Resources	
<p>Bisexual Resource Center 617-424-9595 www.biresource.net</p>	<p>Fenway’s Gay, Lesbian, Bisexual and Transgender Helpline 617-267-9001 888-340-4528</p>
<p>Peer Listening Line 617-267-2535 800-399-PEER</p>	<p>The Center (New York) www.gaycenter.org 212-620-7310</p>
Transgender Resources	

<p>Silvia Rivera Law Project (New York, NY) 212-337-8550 www.srlp.org</p>	<p>The Massachusetts Transgender Political Coalition (MTPC) 617-778-0519 www.masstpc.org</p>
<p>TransCEND (Cambridge, Massachusetts) 617-599-0247 www.TransCENDBoston.org</p>	<p>Transgender Health Clinic (Boston, Massachusetts) 857-654-1635</p>
<p>LGBTQ Youth Resources</p>	
<p>BAGLY (Boston Alliance of GLBT Youth) 617-227-4313 www.bagly.org</p> <p>NAGLY (North Shore Alliance of GLBT Youth) 617-927-6088 www.nagly.org</p> <p>SSHAGLY (South Shore Alliance of GLBT Youth) www.myspace.com/sshagly</p> <p>BRAGLY (Brockton Regional Alliance of GLBT Youth) www.freewebs.com/bragly</p> <p>Greenfield GLASS (Gay, Lesbian and Straight Society) 413-774-7028 www.communityaction.us</p> <p>CIGSYA (Cape and Islands Gay and Straight Youth Alliance) 508-778-7744 www.cigsya.org</p>	<p>Boston GLASS Community Center (Boston, MA) 617-266-3349 www.jri.org</p> <p>HYPE (Holyoke Youth Pride Empowerment) 413-532-6247 x201 www.girlsincholyoke.org</p> <p>Generation Q (Northampton, MA) 413-774-7028 x5 www.communityaction.us</p> <p>Out Now (Springfield, MA) www.outnowspringfield.org 413-348-8234</p> <p>SWAGLY (Supporters of Worcester Area GLBT Youth) 508-755-0005 www.swagly.org</p> <p>Mass. Asian & Pacific Islanders (MAP) 617-426-6755</p>
<p>The Trevor Project 866-4-U-TREVOR or 866-488-7386 www.thetrevorproject.org</p>	<p>GLBT National Youth Hotline 800-246-PRIDE or 800-246-7743 www.glnh.org</p>
<p>Sydney Borum Jr. Health Center (Boston, MA) 617-457-8140 www.sidneyborum.org</p>	<p>GLBT Youth Support Project 800-530-2770 www.hcsm.org/glys/glys.htm</p>
<p>Books about Transgender Communities</p>	

<p>Transgender Warriors Leslie Feinberg</p>	<p>Sex Changes: The Politics of Transgenderism Pat Califia</p>
<p>GenderQueer: Voices From Beyond the Sexual Binary Joan Nestle, Riki Wilchins, and Clare Howell</p>	<p>Nobody Passes: Rejecting the Rules of Gender and Conformity Mattilda Bernstein Sycamore</p>
<p>Transgender Voices: Beyond Women and Men Lori B. Girshick and Jamison Green</p>	<p>My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely Kate Bornstein</p>
<p>Gender Outlaw: On Men, Women and the Rest of Us Kate Bornstein</p>	<p>PoMoSexuals: Challenging Assumptions About Gender and Sexuality Carol Queen, Lawrence Schimel, and Kate Bornstein</p>
<p>Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity Julia Serano</p>	<p>From the Inside Out: Radical Gender Transformation, FTM and Beyond Morty Diamond</p>
<p>LGBTQ Domestic Violence/Sexual Assault Books and Movies</p>	
<p>Same-Sex Domestic Violence: Strategies for Change Beth Leventhal & Sandra Lundy</p>	<p>Woman-to-Woman Sexual Violence Lori B. Girshick</p>
<p>Violence in Gay & Lesbian Domestic Partnerships Claire Rezetti & Charles Harvey Miley</p>	<p>Violent Betrayal: Partner Abuse in Lesbian Relationships Claire Rezetti</p>
<p>Male on Male Rape: The Hidden Toll of Stigma and Shame Michael Scarce</p>	<p>Movie: My Girlfriend Did it Casa Esperanza www.casaesperanza.org</p>
<p>S/M Resources:</p>	
<p>New England Leather Alliance (NELA) 617-876-NELA or 617-876-6352 www.nelaonline.org</p>	<p>The New Bottoming Book Janet Hardy & Dossie Easton, Greenery Press, 2000.</p>
<p>When Someone You Love is Kinky Dossie Easton & Catherine Liszt, Greenery Press, 2000.</p>	<p>Different Loving: The World of Sexual Dominance and Submission Gloria G. Brame, Jon Jacobs, & Will Brame, Villard Book</p>
<p>The Lesbian S/M Safety Manual Pat Califia</p>	<p>The New Topping Book Janet Hardy & Dossie Easton, Greenery Press, 2000.</p>
<p>Polyamory Resources</p>	

<p>The National Coalition for Sexual Freedom 410-539-4824 www.ncsfreedom.org</p>	<p>What Psychology Professionals Should Know about Polyamory Geri Weitzman</p>
<p>The Ethical Slut: A Practical Guide to Polyamory, Open Relationships & Other Adventures Dossie Easton</p>	<p>Opening Up: A Guide to Creating and Sustaining Open Relationships Tristan Taormino</p>
<p>Legal resources</p>	
<p>Gay and Lesbian Advocates and Defenders (GLAD) 800-455-GLAD or 800-455-4523 www.glad.org</p>	<p>Mass Transgender Legal Advocates (Massachusetts) 617-450-1353 www.transgenderlegaladvocates.org</p>
<p>Immigration Equality 212-714-2904 www.immigrationequality.org</p>	<p>Asista www.asistahelp.org</p>
<p>GLBT Domestic Violence Attorney Program (Massachusetts) 617-779-2130</p>	<p>The American Bar Association, Commission on Domestic Violence new.abanet.org/domesticviolence</p>
<p>National Center for Transgender Equality 202-903-0112 www.transequality.org</p>	<p>Transgender Law and Policy Institute www.transgenderlaw.org</p>
<p>Books on LGBTQ Cultures and Issues</p>	
<p>The Trouble With Normal: Sex, Politics, and the Ethics of Queer Life Michael Warner</p>	<p>Exile & Pride: Disability, Queerness, and Liberation Eli Clare</p>
<p>My Mama's Dead Squirrel: Lesbian Essays on Southern Culture Mab Segrest</p>	<p>Living the Spirit, A Gay American Indian Anthology Prof. Will Roscoe</p>
<p>Queer Latinidad: Identity Practices, Discursive Spaces Juana Rodriguez</p>	<p>Disidentifications: Queers of Color and the Performance of Politics Jose Esteban Muñoz</p>
<p>One More River to Cross: Black & Gay in America Keith Boykin</p>	<p>On the Down Low: A Journey into the Lives of 'Straight' Black Men Who Sleep with Men J. L. King and Karen Hunter</p>
<p>Spirit and the Flesh: Sexual Diversity in American Indian Culture Walter L. Williams</p>	<p>Asian American Sexualities: Dimensions of the Gay and Lesbian Experience Russell Leong</p>
<p>Q & A: Queer in Asian America</p>	<p>Restricted Access: Lesbians on Disability</p>

David L. Eng and Alice Y. Hom

Victoria A. Brownworth and Susan Raffo

LGBTQ Movies (Fiction)

Mainstream Movies:

A Single Man
 Aimee and Jaguar
 Bent
 Big Eden
 Brokeback Mountain
 But I’m a Cheerleader
 Later Days
 Milk
 The Kids are Alright
 Tipping the Velvet

Transgender Movies:

All About my Mother
 By Hook or by Crook
 Boys Don’t Cry
 Hedwig and The Angry Inch
 Just Like a Woman
 Ma Vie en Rose
 En Soap
 Southern Comfort
 Transamerica
 Wild Side

LGBTQ Movies Featuring Communities of Color:

Asian and Asian American:

Happy Together
 Hush
 Love My Life
 Saving Face
 The Wedding Banquet

African American:

Black is... Black Ain’t
 Brother to Brother
 Looking for Langston
 Noah’s Arc
 Paris is Burning
 Watermelon Woman

Indian and Middle Eastern:

Fire
 I exist
 The Pink Mirror (Gulabi Aaina)
 I Can’t Think Straight

Native American/American Indian:

The Business of Fancy Dancing

Latino/a:

Burnt Money
 Frida
 Lesbians of Buenos Aires
 Quinceañera
 Suddenly
 Y Tu Mama También

Transgender Inclusion Policy Manuals

Trans Inclusion Policy Manual for Women’s Organizations

Julie Darke & Allison Cope for Women/Trans Dialogue Planning Committee and the Trans Alliance Society, 2002

Trans Accessibility Project : Making Women’s Shelters Accessible to Transgender Women

Allison Cope and Julie Darke 1999

Re/defining Gender and Sex: Educating for Trans, Transsexual, and Intersex Access and Inclusion to Sexual Assault Centers and Transition Houses

Caroline White, 2002

Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People

Lisa Mottet and John M. Ohle for the National Gay and Lesbian Task Force Policy Institute and the National

Coalition for the Homeless, 2003.



For technical assistance contact

the **Network laRed**

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www.tnlr.org