

LGBTQ Domestic Violence
Technical Assistance and Training Project

**Increasing Access to Services for
Lesbian, Gay, Bisexual, Transgender and
Questioning Victims/Survivors:
Recommended Practices**



Introduction

- This next section of the presentation covers several topic areas, briefly outlining recommended practices for providing accessible services to LGBTQ victim/survivors.
- After today's training, the LGBTQ DV TAT Project will provide follow up, in-depth technical assistance and training on each of the topic areas as well as others.
- **Over the next two years, we will help you take the ideas we present today and implement them in your agency!**

--- Brief Case Study ---

A. Fostering a Welcoming Environment

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- Use gender neutral language in intake forms, brochures and other written materials.
- Help decrease the invisibility of LGBTQ people and LGBTQ domestic violence by including stories, images, facts about LGBTQ domestic violence in your agency brochures, reports and website.



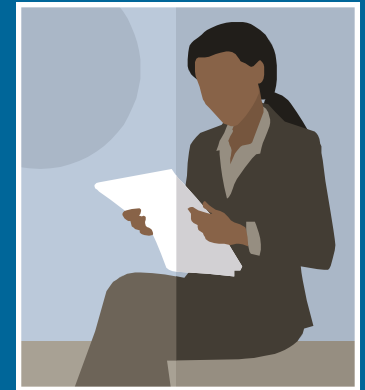
A. Fostering a Welcoming Environment

- Display LGBTQ-welcoming materials in the office and shelter environments (e.g., rainbow flag, sticker or banner):



A. Fostering a Welcoming Environment

- Written materials about domestic violence should use language that is inclusive of LGBTQ persons (including websites)
- Materials designed for high visibility in strategic places should also include LGBTQ persons.



B. Tracking LGBTQ Identity

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- Foster a welcoming and respectful environment where it is safe for a client to “*bring their whole person*” and disclose information about their life and needs, including sexual orientation and gender identity.
- Foster an environment where LGBTQ identity is acknowledged, but not judged and not ‘*spot-lighted.*’



B. Tracking LGBTQ Identity

- It's NOT about:
 - Screening LGBTQ people out
 - Pressuring people to disclose information

B. Tracking LGBTQ Identity

- It's okay to ask! It's important to ask! It's not offensive to ask!
 - Collect information about sexual orientation and gender identity as a routine practice during hotline calls (as appropriate) and during intake interviews.
 - Also, protect the rights of clients to decline to self-identify as LGBTQ.
 - Don't pressure or force disclosure.
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B. Tracking LGBTQ Identity

- “What is your sexual orientation?”
Responses can include:
 - Bisexual, gay, heterosexual, lesbian, questioning/unsure, or decline to answer.
 - “What is your gender identity?”
Responses can include:
 - Female, male, transgender (female-to-male), transgender (male-to-female), or decline to answer.
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B. Tracking LGBTQ Identity

- Note the language the survivor is using to refer to her or himself regarding identity, pronouns, relationship, and her/his abuser.
 - Use that language yourself, even when you are not in the survivor's presence.
 - If you are not sure about the meaning of something, ask.
 - If you are not sure if it's ok to use a particular word, ask.
 - Remember to keep the focus on care rather than indulging in questions out of curiosity.
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B. Tracking LGBTQ Identity

- Pay attention to the degree to which the survivor discloses her/his identity.
 - Just as you wouldn't disclose personal or sensitive information about clients to other clients, do not disclose a person's gender identity or sexual orientation to other clients.
 - Let clients self-disclose their gender identity and/or sexual orientation to other clients if they chose to.
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C. Intake Interviewing and Case Management

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- As always, don't make assumptions about sexual orientation or gender identity and use gender neutral language.
- Be aware of your own attitudes, and take care that every step of the process is client-centered, based on the needs and values of the client.



C. Intake Interviewing and Case Management

- Make a proactive statement about your organization's non-discrimination policies (e.g., "We do not discriminate based on race, sexual orientation, gender identity, etc. We do not tolerate discriminatory behavior on the part of staff or clients and work to ensure a welcoming environment for all clients, regardless of race, sexual orientation, gender identity, etc.")
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C. Intake Interviewing and Case Management

- Differentiating LGBTQ victims from abusers is crucial for both the client and the service organization as a whole.
- When working with LGBTQ victims/survivors, it is unwise to rely exclusively on the same precautions and screening procedures that have been used to protect non-LGBTQ victims/survivors.
- It is common for LGBTQ domestic violence to be misinterpreted as “mutual abuse.” However, LGBTQ domestic violence is never mutual. If you believe that the abuse is mutual after conducting screening/intake, more assessment is necessary.

C. Intake Interviewing and Case Management

- It is not uncommon for batterers to:
 - Present themselves as victims
 - Seek victim/survivor services to locate a partner who has left the relationship or to gain physical proximity to a partner who is receiving victim/survivor services
 - Contact domestic violence service programs before the victim does in order to isolate the victim from future support and safety.

C. Intake Interviewing and Case Management

- How does the client talk about her/himself and the partner: Minimize actions/blame others? Take excessive responsibility?
- Examine:
 - **Context:** What meaning does a certain behavior have given the context of the situation and overall relationship?
 - **Intent:** What was the primary goal of the behavior?
 - **Effect:** Who was hurt as a result of the behavior?
- Consult with the LGBTQ DV TAT Project to accurately screen between victim/survivor and batterer when working with LGBTQ clients.

C. Intake Interviewing and Case Management

- Communicate that the client's sexual orientation or gender identity is also not to blame for the abuse.
- Given prevalent myths and a high degree of lack of understanding about DV within the LGBTQ community, an additional amount of education for the client about the dynamics of abuse and its prevalence in the LGBTQ community may need to be provided.

C. Intake Interviewing and Case Management

- Encourage LGBTQ clients to use safe and supportive networks within the community when appropriate.
 - LGBT communities can be very tight-knit, and the survivor may share many friends with her/his abuser. S/he may not want to disrupt those friendships for either party.
 - Focus on how s/he can stay safe, not on whether or not to continue any particular relationship.
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C. Intake Interviewing and Case Management

- Assist in identifying options for LGBTQ *specific* or *sensitive* services and refer the client to them when appropriate.
 - Referrals should include therapists, psychiatrists and psychologists who work with LGBTQ populations in your area or in a nearby area.
 - Be discrete if the survivor is not out all of the time.
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C. Intake Interviewing and Case Management

- Be realistic about services and referrals. For example, when providing shelter services, be honest with the client about the possibility that other residents may be homo/bi/trans-phobic.
- Explain to the client your organization's commitment to creating a safe environment for LGBTQ victims/survivors and the steps staff will take to address any homo/bi/transphobia.

D. Community Outreach & Partnership Building

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If your area has a vibrant LGBTQ community

- Work collaboratively with whatever entity has high importance to the local LGBTQ population.



Stonewall Alliance Center



THE CENTER
SAN DIEGO COUNTY

THE SAN DIEGO LESBIAN, G



Billy DeFrank LGBT Community Center
938 The Alameda, San Jose, CA 95126
Information (408) 293-2429



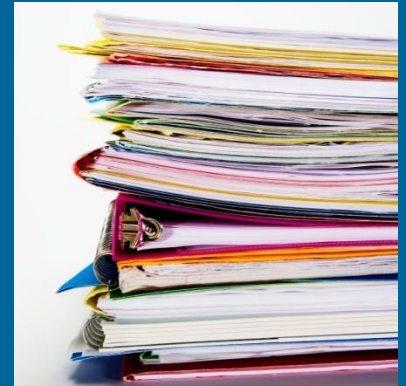
D. Community Outreach & Partnership Building

- For areas that don't have visible LGBTQ communities:
 - Work with sexual assault agencies, women's clinics, hospitals.
 - Start thinking about where a survivor would go if they are considering taking steps away from a relationship.
 - Email list-serves and the web are excellent sources of information and outreach.
 - Collaborate with other agencies on a regional outreach strategy.
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E. Policies and Protocols

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- Use the tools of Continuous Quality Improvement:
 - Institutionalize responsibility for guiding improvements to policies and protocols over time...
 - Organize a team, a committee, or at a minimum, assign someone to take the lead.
 - Ensure that LGBTQ voices are built into the process.



E. Policies and Protocols

- Adopt an organizational policy to ensure a safe and welcoming environment for LGBTQ DV survivors and cultural competency in program and service delivery.
 - Policies must be written and approved by the Board of Directors to ensure organizational consistency, buy-in and effective governance.
 - Protocols and procedures also must be written to ensure clarity of expectations, roles and responsibilities.
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Q&A/Discussion

III. Closing

**For more information,
please contact:**

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