

Creating the Conditions for Change

A Blueprint for Increasing
LGBTQ Access to DV Advocacy

Recommendations
for the Family Violence
Prevention and
Services Act Program,
Family and Youth
Services Bureau

September 2016



National
LGBTQ DV Capacity Building
Learning Center

Suggested Citation:

The National LGBTQ DV Capacity Building Learning Center. "Creating the Conditions for Change: A Blueprint for Increasing LGBTQ Access to DV Advocacy." Seattle WA: LGBTQ DV CBLC, September 2016.



This publication was made possible by Grant Number 90EV0418 from Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. The opinions, findings, conclusions and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services.

Table of Contents

Introduction

Project Background.....	3
Role of Blueprint	3
Method.....	4
A Note About Diverse LGBTQ Communities.....	5

1 Improve LGBTQ Access to DV Services Under FVPSA

1.1 Encourage expansion of and access to culturally relevant programming for LGBTQ survivors	6
1.2 Shape policy to strengthen advocacy programs.....	7
1.3 Clarify key definitions.....	9
1.4 Support the innovation, transformation, and best practices for LGBTQ accessibility in the DV field as a strategy to benefit all survivors.....	9
1.5 Expand support of culturally specific advocacy	10
1.6 Ensure youth programming is available and relevant to, directly involves, and builds leadership of LGBTQ youth	10
1.7 Ensure confidentiality for all survivors of domestic violence, including youth	11
1.8 Alleviate misapplication of Child Abuse Prevention and Treatment Act (CAPTA) and state-level mandatory reporting requirements for teen peer-to-peer dating violence	12

2 Provide Training and Technical Assistance for Both Mainstream and LGBTQ DV Advocacy Programs

2.1 Create conditions to strengthen advocacy	14
2.2 Consider funding the creation of high-quality, affordable advocacy training that maximizes the possibilities of technology (e.g., online training, short videos, online learning communities, etc.)	14
2.3 Build knowledge and capacity to serve diverse bisexual survivors	15
2.4 Build knowledge and capacity to serve diverse trans and gender-nonconforming (TGNC) survivors	16
2.5 Encourage innovation, transformation, and best practices for LGBTQ accessibility in the DV field as a strategy to benefit all survivors	16

3 Increase the capacity of “By and For” culturally specific LGBT DV Advocacy Programs

- 3.1 Fund a national point of contact to provide training and technical assistance to local LGBTQ and other culturally specific organizations regarding how to participate in state processes for allocation of FVPSA, VAWA and VOCA funds..... 17

4 Support and Improve Research

- 4.1 Bring LGBTQ experts to the table.....19
- 4.2 Build research regarding advocacy and LGBTQ interventions..... 20
- 4.3 Investigate the impact of mandated reporting on survivors, children, and youth, with particular attention to LGBTQ families, LGBTQ youth, and LGBTQ people of color..... 21

5 Collaborate Within the Department of Health and Human Services

- 5.1 Collaborate across divisions on projects aimed at building social capacity and civic institutions for identifying, addressing, and preventing intimate partner violence23
- 5.2 Collaborate across divisions on projects and initiatives focused on building healthy families and improving parenting (with attention to both the challenges of parenting for LGBTQ families and of providing supportive parenting to LGBTQ youth).....23
- 5.3 Continue efforts to build competence regarding domestic violence, and specifically LGBTQ domestic violence, across HHS programs.....23

- Summary of Recommendations.....24
- Appendix25
- References..... 28

Introduction

Project Background

In 2013, in recognition of a need to address gaps in knowledge regarding services, research, and policy, the Family Violence Prevention and Services Program (a Division of the Family and Youth Services Bureau in the Administration for Children and Families, which is part of the U.S. Department of Health and Human Services) issued a funding opportunity announcement for a three-year planning project: the LGBTQ DV Capacity Building Learning Center (LGBTQ DV CBLC).

The Northwest Network of Bi, Trans, Lesbian and Gay Survivors (NW Network) and the National Coalition of Anti-Violence Programs (NCAVP) applied as a collaborative and received funding, bringing together programs and resources from both the mainstream domestic violence field and the LGBTQ anti-violence organizing movement. For more background on each agency, please refer to the Appendix

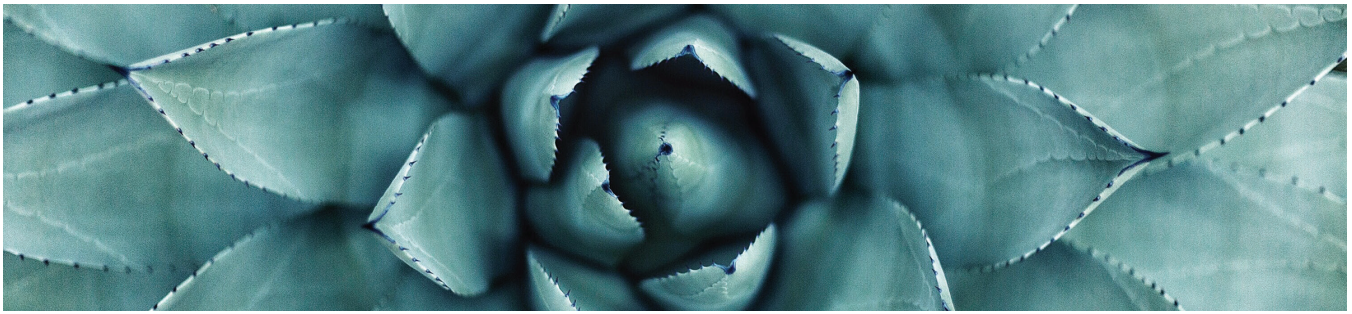
The LGBTQ DV CBLC has five overarching goals:

1. Increased knowledge regarding the scope and context of domestic violence/intimate partner violence (DV/IPV) within LGBTQ populations
2. Increased visibility and understanding of LGBTQ survivors' (and their children's) experiences and priorities among stakeholders across the field
3. Strengthened relationships and collaborative approaches among stakeholders
4. Expanded identification, development, and/or promotion of policies and practices that recognize structural and intermediate social determinants related to DV/IPV victimization in LGBTQ communities
5. Increased knowledge of evidence-informed interventions and promising practices in DV/IPV in both mainstream and LGBTQ-specific settings, providing opportunities to improve practice and organizational climate and culture

Across these goals, the LGBTQ DV CBLC has prioritized the experiences of traditionally marginalized or underrepresented populations within LGBTQ communities. As a result, across our three-year course of inquiry and throughout our resulting recommendations, we emphasize policies and practices that address the needs of LGBTQ people of color, including bisexual, trans, and gender-nonconforming people and youth. Each proposed recommendation should be read through this lens.

Role of the Blueprint

We have intended to consolidate and document "Creating the Conditions for Change: a Blueprint for Increasing LGBTQ Access to DV Advocacy" as a tool to set forth national priorities and strategies in the following five focus areas: (1) mainstream (non-LGBTQ focused) domestic violence practice, (2) LGBTQ domestic violence/anti-violence practice, (3) research, (4) policy, and (5) training and technical assistance. The Family Violence Prevention and Services Act (FVPSA), which provides federal funding dedicated to the support of emergency shelter and supportive services for survivors of domestic violence and their children, serves as a focusing lens for the blueprint. We have emphasized here how this important federal program may be used to catalyze improved responses to LGBTQ intimate partner violence.



Method

This blueprint is informed by the work of the CBLC over the past three years. As stated above, our course of inquiry prioritized the experiences of LGBTQ people of color, including bisexual, trans, and gender-nonconforming people and youth. Activities included the following:

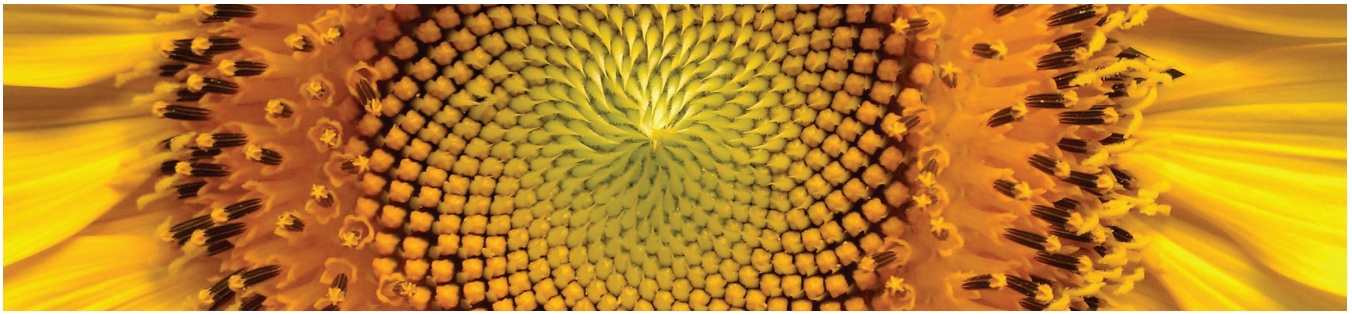
- Close work between staff and a steering committee composed of luminaries in the domestic violence and LGBTQ anti-violence fields, representing multiple disciplines, including research, advocacy, and public policy (See the appendix, section 6.2 for a detailed list of our steering committee members and staff.)
- A literature review that sought to map the state of knowledge regarding LGBTQ DV, advocacy for LGBTQ survivors, and intervention and prevention programs. The literature review also touched on the state of research regarding LGBTQ populations generally and their experiences of domestic violence specifically, and it considered policy initiatives and research on disseminating promising practices. The literature review exists as an online, searchable library that can be found [here](#).
- A series of focus groups, interviews, and convenings with LGBTQ survivors, advocates, academics, and activists around the country, including mainstream and LGBTQ-focused DV agencies in Los Angeles, Boston, Minneapolis, Seattle, and New York; two national organizations focused on bisexual organizing; a group of activist academics seeking to rethink and critique

the reliance of the anti-violence movement on criminal legal solutions; extensive interviews and analysis with activists working at the intersections of trans justice and anti-violence/domestic violence; and LGBTQ youth and youth advocates

- Two surveys conducted in collaboration with the National Domestic Violence Hotline: one focused on LGBTQ survivors and the other more generally on all DV help seekers accessing hotline resources
- A survey of LGBTQ DV organizations

The findings of these varied information-gathering activities have been documented in six workgroup reports meant for internal use by the CBLC staff—(1) Youth, (2) Trans and Trans People of Color, (3) Pivot Away from Criminalization, (4) Revitalizing Advocacy (5) Rethinking the Built Environment, and (6) Bisexual Women— and a public report intended for wider distribution: [“There’s No One I Can Trust: The Impact of Mandated Reporting on Domestic Violence Survivors’ Help Seeking.”](#) We completed two surveys, one of LGBTQ organizations regarding culturally specific services, and the other focused on the needs and preferences of LGBTQ survivors. Preliminary data analysis of these surveys are gathered in Powerpoint format, and are available to the FVPSA program via our internal library, intended for FVPSA and CBLC project staff.

This blueprint is informed by these reports, information gathering, surveys and extensive conversations with the steering committee members.



A Note About Diverse LGBTQ Communities

In crafting these recommendations, the LGBTQ DV CBLC worked hard to reflect the concerns facing those who are most marginalized by intersecting forms of oppression. By centering those at the margins, we believe we have identified a set of recommendations that will have the widest impact on diverse LGBTQ communities.

The LGBTQ population is spread throughout every subgroup within the larger population. Thus when considering LGBTQ domestic violence survivors, we keep in mind that this includes people of color, immigrants, refugees, and Native Americans. It also includes people of every religion, including Muslims, Christians, Jews, Hindus, pagans, and so on. The LGBTQ population also includes military active duty personnel and veterans, people who are disabled, and people caught up in the prison-industrial complex. LGBTQ survivors span all ages from youth to elders. The U.S. Census indicates that same-sex couples live in almost every single county in the country.ⁱ

Data focused on lesbian, gay, and bisexual people also reveals that while they are represented at all income levels, poverty and unemployment rates in these groups reflect the complex interaction of multiple forms of marginalization. In one study, 29% of bisexual women were living under the poverty line—a higher percentage than heterosexual individuals, gay men, or lesbians. Same-sex African American couples were twice as likely to be in poverty than different-sex African American couples.ⁱⁱ Reflecting gender inequities in the economic sphere, female same-sex couples were less well off than their male same-sex peers of the same race.ⁱⁱⁱ Other research indicates extremely high levels of poverty for transgender people.^{iv}

Recommendations contained herein reflect the thinking, analysis, and voices of our diverse community.

1 Improve LGBTQ Access to DV Services Under FVPSA



1.1 Encourage expansion of and access to culturally relevant programming for LGBTQ survivors.

The results from our web-based survey of LGBTQ domestic violence help seekers indicate that the vast majority of LGBTQ people would prefer to receive DV services in an LGBTQ-focused program (69% of 590 respondents indicated this preference). Survey participants indicated they felt that they would be more accepted, less likely to have to explain themselves, and less likely to be judged at an LGBTQ organization.

Almost half of LGBTQ people seeking help at LGBTQ focused agencies found their experience “very or completely helpful.” Just over a third who received help at mainstream organizations reported them being “very or completely helpful.” The gap in satisfaction with services was significantly more marked at the negative end: only 5% of respondents who sought help at an LGBTQ organization saw that experience as “not at all helpful”; in contrast, 25% who sought help at primarily heterosexual serving agencies characterized their experiences as “not at all helpful.”

Survivors responding to the survey were unsure whether they would be welcome at non-LGBTQ programs: About one-third of those who had sought services at a mainstream organization reported not having revealed their sexual orientation or gender identity.

A relatively small number of LGBTQ-focused DV organizations exist, and many mainstream programs are not consistently welcoming, accessible, or able to provide relevant services to LGBTQ survivors. To address these barriers, DV policymakers, the FVPSA program, and state administrators of FVPSA funds should promote building local, state, and national capacity in the area of LGBTQ DV, in both mainstream and culturally specific programs.

FVPSA already requires all programs receiving federal funds to adopt nondiscrimination and access policies. The next step is to actively increase local program capacity to serve LGBTQ survivors in culturally relevant ways.

- 1.1.1 Ensure LGBTQ access to mainstream programs. State administrators should ensure that all FVPSA-funded programs develop ongoing and sustainable plans for increasing access to services for LGBTQ survivors. Programs should engage in assessment processes that examine LGBTQ access in human resources, board development, built environment, services, outreach, and community relationships.^v
- 1.1.2 Support mainstream domestic violence programs to obtain expert assistance. Provide support for programs to receive feedback and consultation from LGBTQ DV experts on their plans and progress toward increasing access and inclusion for LGBTQ DV survivors.
- 1.1.3 Support LGBTQ-specific domestic violence services, particularly in metropolitan areas. Increase opportunities for LGBTQ-specific agencies to create or strengthen domestic violence advocacy. Support LGBTQ-specific organizations' ability to obtain expert assistance from LGBTQ DV experts.

1.2 Shape policy to strengthen advocacy programs.

Even very open-minded advocates or advocates who themselves are LGBTQ cannot effectively support LGBTQ DV survivors unless the conditions of their work allow for sustainable, thoughtful, excellent advocacy. Providing excellent advocacy takes time, skill, training, and supervision, all of which must be factored into budgets. Both mainstream and culturally specific domestic violence programs have been impacted by economic downturns and state-level budget cuts. Wages in domestic violence programs frequently leave advocacy staff economically vulnerable themselves, at or near the poverty line, or relying on a partner, public aid programs, or family to make ends meet.^{vi}

LGBTQ advocates need family-provider wages in order to make long-term commitments to advocacy work. Wages that fall below a living wage make it difficult to sustain staff who represent diverse communities, including people of color and/or LGBTQ people. Family

wages are paramount since people in these communities are more likely to be their family's provider, are less likely to have family wealth to rely on, may be alienated from family-of-origin support, or may have a partner who is similarly economically disadvantaged because of the combination of the intersectional oppressions of homophobia, sexism, and racism.

In the absence of family wages, domestic violence programs suffer from excessive turnover, which becomes a barrier to developing and sustaining cultural competence and advocacy excellence, holding institutional knowledge, and building productive relationships in the community.

- 1.2.1 Ensure that funding formulas, grant evaluation processes, and reporting requirements at state and federal levels reflect a commitment to family wages for both LGBTQ-specific and mainstream DV advocates.^{vii}
- 1.2.2 Structure funding allocations, grants, and state oversight with the expectation that advocacy programs need time for advocate training, planning, supervision, and evaluation in order to meaningfully provide immediate shelter and other supportive services. Limitations on federal expenditures can make it difficult for programs to invest in developing their staff.^{viii}

LGBTQ advocates need family-provider wages in order to make long-term commitments to advocacy work.



LGBTQ and other culturally specific organizations play a critical role in conversations about transforming services.



1.2.3 Reevaluate the costs and benefits of states requiring “primary purpose domestic violence programs” to operate a 24-hour hotline.

Although the FVPSA funding guidelines do not require each domestic violence program receiving FVPSA funding to operate a 24-hour hotline, many states’ codes defining primary purpose DV programs do impose this requirement. Maintaining and staffing a 24-hour hotline absorbs considerable resources; replicating these efforts within each domestic violence program in a city, county, or state results in substantial duplication of efforts. It also reflects a structure that responded to the needs of the field prior to broad access to the Internet and cell phones and may not be as relevant as it once was. The 24-hour hotline requirement diverts resources from adequate salaries, advocacy, and innovative programming; many culturally specific domestic violence programs have found that a 24-hour hotline is not their community’s priority. The FVPSA program could consider encouraging some cost-benefit evaluation of this requirement and encourage states and regions to innovate in how 24-hour access to telephone support and information is offered. For example, in some metropolitan areas with multiple domestic violence programs, it may make sense to operate one countywide hotline. In some states, it may make sense to implement regional hotlines in order to free up resources for improving and expanding advocacy at local levels.

1.3 Clarify key definitions.

The essence of “shelter” resides in providing a safe dwelling on short notice at no cost, combined with the provision of DV advocacy. Current FVPSA language does not necessarily preclude flexible interpretations of this term, but state administrators and local programs need encouragement and support to envision more accessible, flexible, and culturally competent forms of sheltering to meet the needs of diverse survivors. Continuing efforts to improve definitions of the terms “shelter,” “supportive services,” and “primary purpose DV program” in regulations and legislation with feedback and input from the field are important.

Improving these definitions opens the possibility of recognizing the models and priorities developed in LGBTQ (and other) culturally specific programs.

- 1.3.1 Revise the definition of a primary purpose DV program to encompass the multiple ways a program may provide substantial material resources and shelter in combination with DV advocacy to survivors in order to improve their safety. Changing language in regulation and legislation from “operate” a domestic violence shelter to “provide shelter” would help make clear that a program’s qualifications need not rest on the possession of a building designated as a “shelter.”
- 1.3.2 Expand the understanding of shelter and supportive services to include rental subsidies, transportation to supportive family or friends, hotel subsidies, and other mechanisms for stabilizing housing, making existing housing safer, or obtaining safe (long-term) housing.

- 1.3.3 Offer states guidance regarding defining domestic violence advocacy in administrative codes. Definitions of advocacy and supportive services should specifically include an emphasis on helping survivors to rebuild community connections, improve access to basic needs, and reclaim their autonomy, agency, and self-determination. Assistance with maneuvering through housing, education, employment, and other social service systems should also qualify as reasonable goals of advocacy, if the survivor identifies these as priorities.

1.4 Support the innovation, transformation, and best practices for LGBTQ accessibility in the DV field as a strategy to benefit all survivors.

Conversations with advocates and a scan of efforts and activities at the national level make clear that the DV field is in the midst of reevaluating the usual ways of providing safety, shelter, and other services and advocacy in light of changes that have occurred over the last 30 years in economic realities, policy contexts, public perceptions of domestic violence, and technology.^x The research, training, and technical assistance and dialogue originating in the work of the Domestic Violence Resource Network over the past 20 years have increased the fields’ knowledge about the diversity of survivors, their needs, what works, and the impacts of trauma.^{xi} The domestic violence field is also seeking to shift focus to earlier points of intervention, preceding the acute, life-threatening crises that drive survivors to emergency shelters. The very shape of domestic violence programs is changing.^{xii}

LGBTQ and other culturally specific organizations play a critical role in conversations about transforming services, and these conversations open up vital space to create changes that will benefit all survivors. LGBTQ-specific programs (and other culturally specific programs) pioneered models for community engagement, working across the spectrum of prevention, mobile and flexible advocacy,

advocacy outside the criminal justice system, community accountability, and community engagement. The mainstream movement is now turning its attention to the insights that can be gained from working in these ways.

- 1.4.1 Over the next five years, pilot a program to incentivize shifts toward practices and built environments that result in more accessibility for LGBTQ survivors in a few states.
- 1.4.2 For a limited time, allow a percentage of funding to be used for planning efforts on the part of states and/or local programs to strategize and catalyze changes in built environments or reorganization of resources within a state.
- 1.4.3 Allow/encourage state administrators to set aside a percentage of the total allocations for direct service programs and use this fund to provide an “access bonus” to programs using models other than communal shelter. (Or pilot this idea in a state and evaluate its impact.)
- 1.4.4 Support the documentation and evaluation of innovative approaches to shelter/refuge, especially in regard to accessibility and effectiveness for culturally specific groups of survivors, such as LGBTQ survivors.

1.5 Expand support of culturally specific advocacy.

LGBTQ DV programs have operated, in some cases for many years, with minimal budgets.^{xiii} Funding uncertainty and scarcity has challenged programs’ abilities to meet the needs in their communities and document their analyses and approaches.

- 1.5.1 Expand funding of “by and for” organizations serving LGBTQ and other culturally specific populations.^{xiv}
- 1.5.2 If FVPSA is funded at a higher total amount than the previous year, consider setting aside 50% of the increase to fund culturally specific programs, including LGBTQ programs, as a way to offset the historic lack of funding in this arena.

- 1.5.3 Through regulations and guidance, encourage state administrators to include “by and for” culturally specific programs in state funding formulas.^{xv}
- 1.5.4 Implement training and technical assistance to LGBTQ DV programs by working with a national LGBTQ organization able to mobilize expertise at both national and regional levels.
- 1.5.5 When funding LGBTQ access projects, provide sufficient time and resources. Making a substantial shift in access requires changes at many levels of organization, as well as shifts in theory and practice. The DOJ-funded Demonstrate Access Project suggests that at least three years and possibly more are required to solidify meaningful access for LGBTQ survivors.^{xvi}

1.6 Ensure youth programming is available and relevant to, directly involves, and builds leadership of LGBTQ youth.

Increasing numbers of young people identify as something other than “heterosexual.”^{xvii} LGBTQ youth face substantial risks of homelessness and intimate partner violence. Young people who exist at the intersections of queerness and racial or economic marginalization too often find violence woven through their lives, including violence from the state in the form of police exploitation or brutality, as well as violence from intimate partners, peers, and family. LGBTQ anti-violence organizations have developed a valuable understanding of these intertwined forces in young people’s lives, identified the links between the issues, built coalitions across groups, and developed youth-centered and community-centered programming.

- 1.6.1 Direct FVPSA discretionary funding toward the documentation and evaluation of models for building authentic, meaningfully supported youth leadership in domestic violence and violence-prevention programs.

- 1.6.2 Routinely include LGBTQ youth and LGBTQ DV experts in planning and evaluating the use of youth-focused funds.
- 1.6.3 Ensure that organizations receiving funding to work with homeless youth, with youth experiencing IPV, and on violence prevention can demonstrate working relationships, expertise, and collaborations with LGBTQ organizations and experts.
- 1.6.4 Ensure that organizations receiving funding to work with youth on prevention or intervention can demonstrate the ability, willingness, experience, and structure for meaningful inclusion of youth voices and development of youth leadership (e.g., youth advisory councils, paid youth consultants, etc.).

1.7 Ensure confidentiality for all survivors of domestic violence, including youth.

Many domestic violence programs are unclear about their ability to provide confidential services to youth without parental permission and/or about best practices for how to work with youth who wish to avoid notifying their parents of their need for advocacy. This lack of clarity at the programmatic level discourages programs from reaching out to youth, creating pathways for youth to access their programs, and welcoming contact with youth.

- 1.7.1 Clarify the ability and limitations of domestic violence programs to provide confidential services to people under the age of 18.

Federal law in FVPSA and the Violence Against Women Act (VAWA) recognizes the need for strict confidentiality and for survivors to have control over their data. The stakes around confidentiality are perhaps even higher for LGBTQ youth and LGBTQ adult survivors. The impact of data collection and potential confidentiality breaches for LGBTQ people who may be under greater scrutiny from the state (such as welfare recipients, incarcerated or formerly incarcerated survivors, survivors

Young people who exist at the intersections of queerness and racial or economic marginalization too often find violence woven through their lives



who use controlled prescriptions, immigrant survivors with various legal statuses, survivors with tracked communicable diseases, survivors in subsidized housing, survivors who use county health clinics, etc.) is of particular concern for our communities. However, while many federal programs serve DV survivors in large numbers, not all federally funded programs adhere to guidelines aimed at keeping DV survivors' data safe and confidential.

1.7.2 As part of or in concert with the Domestic Violence and Housing Technical Assistance Consortium, convene a time-limited workgroup to examine conflicting directives regarding data gathering and sharing across federal and state programs, especially those funded by both FVPSA and HUD and those likely to be serving youth, LGBTQ youth, and/or DV survivors. Areas of examination should include the impact of data sharing on the ability of DV survivors (including LGBTQ adult and teen survivors) to safely access services, and government obligations regarding ethical data collection and use. Use learning from this workgroup to do the following:

- Recommend a plan of action that will ensure that data collection and consent to data collection is consistent with ethical research guidelines.
- Evaluate data collection risks and costs to survivors, with specific attention to impacts on LGBTQ and other marginalized populations.
- Make recommendations regarding limits on data sharing among federally funded entities such as DV programs, child welfare, TANF, HUD-funded programs, ICE, and SSA, and define best (and unacceptable) practices for Releases of Information.
- Resolve data confidentiality discrepancies between and across federally funded programs in favor of increased confidentiality and control for service users across programs.

1.7.3 In the meantime, in collaborations between FVPSA staff and HUD staff, and between FVPSA-funded programs and HUD-funded programs, identify and inventory conflicts between data-collection requirements of HUD programs (e.g., HMIS) and FVPSA requirements regarding confidential services. These conflicts should be resolved in favor of the most confidentiality-focused requirements.

1.8 Alleviate misapplication of Child Abuse Prevention and Treatment Act (CAPTA) and state-level mandatory reporting requirements for teen peer-to-peer dating violence.

Mandatory child abuse reporting practices represent a significant barrier to youth's ability to get help with dating violence. These problems impact LGBTQ youth disproportionately. Our survey of more than 3,600 domestic violence help seekers found that nearly half (48%) of people under 18 years old said they did not seek help from someone for fear of being reported. More than half of trans and gender-nonconforming people reported being afraid to reach out for help for fear of being reported to authorities.^{xviii}

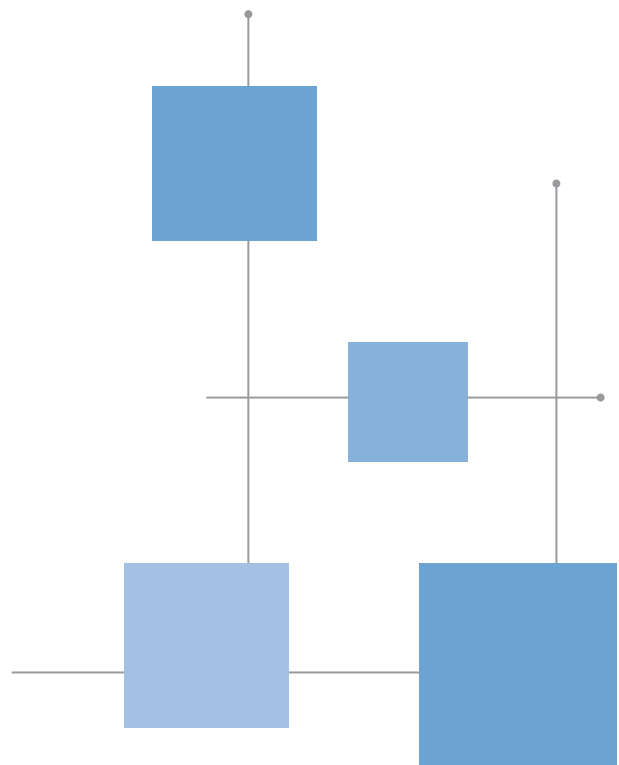
Mandatory child abuse reporting requirements as currently implemented (combined with lack of clarity about the ability to confidentially serve youth) severely hamper the ability of domestic violence and LGBTQ anti-violence programs to create programs aimed at preventing and intervening in youth dating violence.

Mandatory child abuse reporting was not intended to give the state a role in teenagers' peer-to-peer relationships; we believe interpreting child abuse statutes to require mandatory reporting of teen dating violence is a misapplication of the statute. The child welfare system was not designed to respond to these situations and thus cannot be particularly effective at increasing safety for young people experiencing abuse from a

peer. Law enforcement involvement may be counterproductive as well; criminal legal interventions may not be desirable, lack nuance, and focus more on adjudication than actual safety or healing (or, in the case of the person doing harm, behavior change). Even so, incentives and instruction have erred on the side of encouraging calls to child welfare or law enforcement when a provider is unsure if reporting is necessary. As a result, mandatory reporters routinely warn youth about their reporting requirements. This has a chilling effect on disclosure and a disproportionate impact on LGBTQ youth of color and immigrant youth, who often have compounding fears about the possible involvement of police, CPS, or state actors in their lives.

- 1.8.1 Convene a workgroup to examine impacts of mandatory child abuse reporting requirements on young people’s ability to get help with relationship abuse. This workgroup should include experts on LGBTQ youth, LGBTQ DV, violence prevention, child abuse, and dating violence. Utilize learning from this group to guide the following four recommendations (1.8.2–1.8.5).
- 1.8.2 Issue clarifications to the field regarding the intent of CAPTA with regard to teen peer-to-peer violence. Clarify that child abuse laws are not meant to include peer-to-peer violence, and child welfare agencies are not designed to address peer-to-peer violence. Lead practice shift away from routine reporting of peer-to-peer teen violence and toward individually tailored, youth-centered, community-based response.

- 1.8.3 Provide guidance to local and national programs on identification and reporting differences between teen dating violence and child abuse under state and federal law.
- 1.8.4 Use training and technical assistance funds to ensure that model policies and protocols regarding mandatory reporting and teen dating violence are distributed to DV programs. These policies and protocols should address the needs and experiences of LGBTQ youth and other culturally specific populations.
- 1.8.5 Provide training, technical assistance, model policies, and educational materials to mandatory reporters and child welfare agencies to assist in shifting practice regarding mandatory reporting and teen dating violence.



2

Provide Training and Technical Assistance for Both Mainstream and LGBTQ DV Advocacy Programs



Although mainstream and LGBTQ DV advocacy programs have developed along different lines and from different origins, and in some ways have distinct training and capacity-building needs, they also share some common challenges. That common ground is addressed in this section.

2.1 Create conditions to strengthen advocacy.

As discussed in section 1.2, in both mainstream and culturally specific programs, high rates of turnover due to low wages and inadequate supports pose a challenge to improving services for LGBTQ survivors. Turnover also substantially reduces the value and effectiveness of even the best training and technical assistance. The connection between family wages, diversity in staff, LGBTQ accessibility, and quality of advocacy needs to be understood at the funding, policy, state administrator, and local program levels. Local programs need practical strategies and support for shifting their pay structures.

- 2.1.1 Ask state administrators to examine how funding formulas and expectations regarding numbers of services provided may inadvertently hold wages down, and to look for ways to support programs to pay family wages.
- 2.1.2 Provide technical assistance to local programs regarding ways to assert the need for family wages to boards, communities, and funders, and how to prioritize activities when funds are scarce.

2.2 Consider funding the creation of high-quality, affordable advocacy training that maximizes the possibilities of technology (e.g., online training, short videos, online learning communities, etc.).

In-person training, while invaluable, is expensive and time consuming for programs. Programs need flexible, durable training resources to augment in-person training. Particularly with topics that are complex or actively being debated in the public sphere, such as LGBTQ access, clear, well-designed training materials can help set a consistent tone. LGBTQ domestic violence advocates often work in small organizations in relative isolation, and yet reflection, brainstorming, and feedback are essential to providing good advocacy.

- 2.2.1 Explore the possibilities of developing and evaluating sustainable scaffolding for advocacy in both mainstream and culturally specific programs. These could include tools that an advocate and survivor may use or explore together.

2.2.2 Initiate demonstration projects to create and evaluate the effectiveness of virtual, practice-focused learning communities for advocates in LGBTQ-specific and possibly mainstream organizations.^{xix}

2.3 Build knowledge and capacity to serve diverse bisexual survivors.^{xx}

In the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), 61% of bisexual women reported experiencing rape, assault, or stalking by an intimate partner.^{xxi} Bisexual women abused by male partners may turn to mainstream DV programs, where they may find the particular experience of being bisexual ignored or they may feel the need to remain closeted. Our focus groups and interviews revealed that bisexual people do not always feel welcomed in LGBTQ culturally specific organizations either. Feeling misunderstood by both mainstream and LGBTQ communities, bisexual people in our focus groups described a painful sense of isolation and a need for supportive places to connect.

2.3.1 Help mainstream and culturally specific programs increase “welcome” for bisexual women by working with LGBTQ DV experts to create model materials (e.g., program brochures, narratives for program websites, posters for advocacy offices and housing programs, infographics, etc.) that express invitation and safety regarding revealing bisexuality.

2.3.2 Work with LGBTQ DV programs with specific expertise in bi-inclusion to offer training and technical assistance to increase programs’ and advocates’ ability to provide culturally competent advocacy to bisexual women, including helping programs understand the particular risks bisexual women face of intimate partner violence and the particular ways abusers may mobilize a bisexual partner’s sexuality to justify or solidify control.

The NISVS study also reported that 37% of bisexual men had experienced violence, sexual assault, or stalking by an intimate partner.

^{xxii} Unlike bi women, bi men and bi gender-nonconforming people generally do not seek

services at mainstream programs, perhaps because of uncertainty about whether or not they will be welcomed or receive understanding and relevant services. Based on our interviews and focus groups with bisexual people and LGBTQ domestic violence advocates, it appears that LGBTQ-specific programs may not be serving bi populations very well or very much.

2.3.3 Increase knowledge regarding where bisexual men and bisexual gender-nonconforming people prefer to get services and what they find most useful, through research and program evaluation.

2.3.4 Provide training and technical assistance to LGBTQ-specific programs to increase “welcome” and expertise regarding bisexual men and bisexual gender-nonconforming people.

Bisexual people described a painful sense of isolation and a need for supportive places to connect.

2.4 Build knowledge and capacity to serve diverse trans and gender-nonconforming (TGNC) survivors.

Mainstream domestic violence programs continue to be challenged in serving trans women, trans men, and gender-nonconforming people, especially in terms of shelter. Our survey of LGBTQ anti-violence organizations suggests that TGNC survivors may not be accessing LGBTQ culturally specific organizations at the same rate as gay men and lesbian women.

- 2.4.1 Fund training and technical assistance to help mainstream and LGBTQ-specific programs increase access to meaningful advocacy and safe housing assistance for trans people, and to increase understanding of the particular risks TGNC people face with regards to intimate partner violence and culturally relevant advocacy.
- 2.4.2 Help programs increase “welcome” for TGNC people by contracting with experts with experience in trans and gender-nonconforming communities to create model materials (e.g., program brochures, narratives for program websites, posters for advocacy offices and housing programs, infographics, etc.) that express invitation and safety regarding being trans or gender nonconforming.

2.5 Encourage innovation, transformation, and best practices for LGBTQ accessibility in the DV field as a strategy to benefit all survivors.

As noted in section 1.4, a great deal has changed since the inception of the DV movement, the first authorization of FVPSA and VAWA, and the advent of most states’ DV funding. To ensure meaningful access and culturally relevant services for LGBTQ survivors, the DV field must rethink the built environment of DV programs, reevaluate allocation of resources, and examine other “business as usual” assumptions around DV services.^{xxiii} All survivors (regardless of sexual orientation or gender identity) will benefit from these transformations. However, to make these

shifts, programs need substantial support in the form of training and technical assistance.

- 2.5.1 Provide resources to advance discussion of access barriers for culturally specific communities in relation to the built environments of DV programs and point toward alternatives and/or best practices.
- 2.5.2 Use discretionary funding to document and highlight how programs have moved from communal shelter to other forms of sheltering and how this has made programs more accessible to LGBTQ people. Help programs use documentation, training, and analysis to envision the costs and benefits of these shifts both financially and in terms of meeting survivors’ needs.
- 2.5.3 Provide funding for transformation efforts and particularly for individual programs, regions, or states to plan, strategize, and shift (and then evaluate) how shelter is offered in order to be more accessible to LGBTQ survivors. Support state administrators, state coalitions, national coalitions, and individual programs to enter a conversation regarding quality versus quantity in provision of advocacy.
- 2.5.4 Provide state administrators with models and best practices for program oversight and accountability with regard to LGBTQ access. These models should do the following:
 - Emphasize survivor-centered advocacy with sensitivity to the specific challenges faced in providing advocacy for LGBTQ survivors.
 - Include careful attention to confidentiality and privilege, with special focus on how programs do or don’t use HMIS in FVPSA-funded services, and emphasize cautious and conservative application of mandatory reporting laws regarding teen dating violence.

3

Increase the capacity of “By and For” culturally specific LGBT DV Advocacy Programs



Local LGBTQ DV programs have been chronically under-resourced and overburdened. They perceive a wide variety of needs in their communities but do not have staffing to meet those needs. Culturally specific, “by and for” programs have been left out of state funding formulas and have had to function without consistent, sustaining funding. They face substantial demands for no-cost training and technical assistance from other programs: Our survey of LGBTQ organizations found that more than one in four LGBTQ agencies (28%) spend the majority of their organizational resources providing training and technical assistance to non-LGBTQ organizations. At the same time, effective advocacy for LGBTQ populations requires focused time, skill, and expertise, and 44% of programs reported they did not have adequate capacity to meet their community’s needs for advocacy.

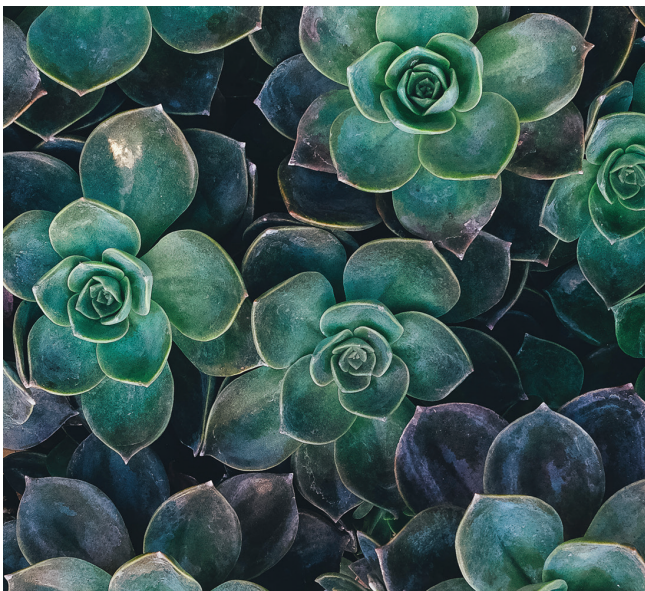
3.1 Fund a national point of contact to provide training and technical assistance to local LGBTQ and other culturally specific organizations regarding how to participate in state processes for allocation of FVPSA, VAWA and VOCA funds.

- 3.1.1 Fund demonstration grants to assess the impact of model programs and specialized services based in LGBTQ-focused organizations.
- 3.1.2 Support a national initiative to increase LGBTQ culturally specific organizations’ capacity to do the following:
 - Meet the need for DV advocacy in their communities.
 - Collaborate with and provide technical assistance efficiently and effectively to local mainstream DV programs and other institutions coming into contact with LGBTQ survivors.

While the mainstream DV movement has developed tools and curricula for advocacy, many are not culturally relevant for LGBTQ DV populations, particularly in terms of integrating analysis and tools for identifying accurately who is doing the harm (assessment), providing the types of interventions and support LGBTQ survivors want, and confronting homophobia, biphobia, or transphobia in institutions.



Local LGBTQ DV programs have been chronically under-resourced and overburdened.

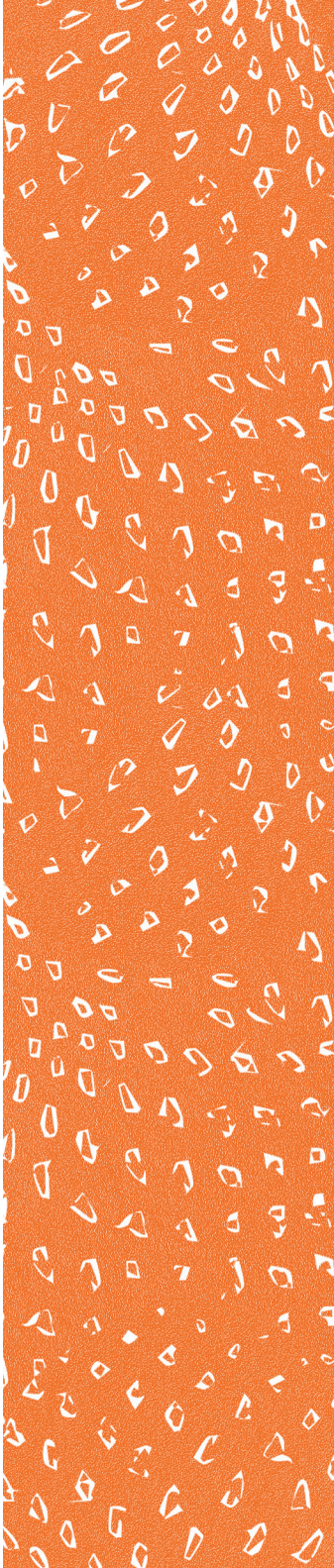


3.1.3 Document, evaluate, and disseminate existing community-based tools and resources for working with diverse LGBTQ youth and adults experiencing intimate partner violence.

3.1.4 Work with a national organization trusted by LGBTQ DV programs to help LGBTQ-specific programs do the following:

- Fund development and promotion of best practices for advocates and others for making reports of intimate partner violence to child welfare or law enforcement. These practices should center self-determination and confidentiality/privacy rights for young people and for survivors of abuse.
- Support the exchange of knowledge, analysis, and research (through convenings, conferences, think tanks, etc.), with emphasis on inclusion of LGBTQ community organizations and DV experts.

4 Support and Improve Research



Culturally responsive research and evaluation based in community needs and priorities has the most impact and utility for community based programs. Future research on domestic violence prevention and intervention should align closely with the priorities of the LGBTQ community. The research priorities of LGBTQ domestic violence survivors and advocates focus on the following:

- Intervention, prevention, and dissemination studies versus prevalence studies
- Community-based, culturally responsive evaluation and dissemination strategies for LGBTQ-specific advocacy, intervention, and prevention
- Identification of the key ingredients of effective community accountability and harm reduction strategies that rely on community resources and civic structures outside the criminal justice system
- Identification of the role of social determinants in creating barriers to LGBTQ people building healthy relationships and accessing support when needed

Future research would also be improved by:

- Empowerment of programs, especially those serving very marginalized populations such as trans people of color, to ask and pursue the research questions most relevant to their work
- Support for skill building in local programs to discern which research proposals and collaborations will most benefit and be most accountable to their communities

LGBTQ DV advocates also have an interest in continuing to see their communities' existence and experiences identified and considered in the routine, large-scale research efforts that the federal government undertakes. This means, among other things, identifying and utilizing best practices for identifying sexual orientation and gender identity. The National Intimate Partner and Sexual Violence Survey is a good example of a success in this arena.

4.1 Bring LGBTQ experts to the table.

- 4.1.1 Maintain ongoing consultation with LGBTQ experts and advocates to guide development of research, research agendas, and funding priorities.
- 4.1.2 Ensure that LGBTQ experts and advocates are included in FVPSA planning and policymaking.

4.1.3 In collaboration with LGBTQ researchers and advocates, promote a set of guidelines and/or best practices for Department of Health and Human Services–funded programs to collect data about LGBTQ communities and violence. Best practices could include demographic questions regarding gender, sexual orientation, and relationship status and may be modeled on existing recommendations.

4.2 Build research regarding advocacy and LGBTQ interventions.

LGBTQ organizations have worked to address intimate partner violence and create healthy communities for many years. They have developed innovative and culturally relevant strategies, but not enough of these strategies have been documented, replicated, or evaluated. Our survey of LGBTQ organizations and our conversations with advocates and activists suggest that LGBTQ communities center particular activities in their work and that these deserve exploration. Such activities include assistance with community accountability strategies, support to strengthen family and friend relationships, assistance with response to police and criminal legal system misconduct, mobilizing community response, and effecting policy change. Information gathering with trans people and LGBTQ people of color also pointed to the importance of community organizing as a strategy for healing, empowerment, and improving community conditions.

4.2.1 Prioritize culturally responsive research:

- on evidence-informed practices already developed for LGBTQ DV prevention and survivor-centered advocacy
- that replicates and furthers the best available research on survivor-centered advocacy with diverse populations, including LGBTQ survivors and survivors who have not been in domestic violence shelter programs

4.2.2 Prioritize funding for the development, refinement, and evaluation of existing and emerging strategies based in culturally specific “by and for” community organizations, including:

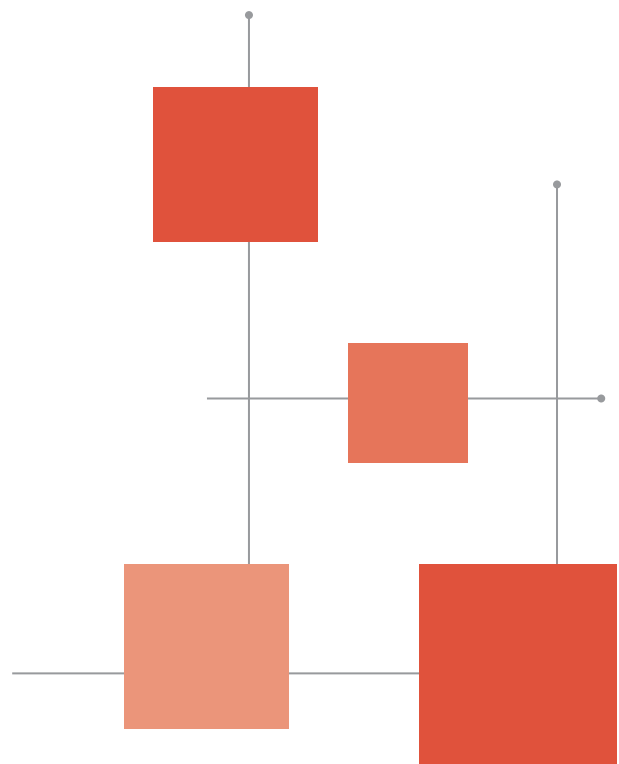
- community engagement
- community organizing
- community accountability
- economic empowerment

4.2.3 Document programs offering alternatives to criminal justice interventions in cases of LGBTQ abuse and violence, and evaluate their impact.

4.2.4 Use an intersectional approach to research that can examine disparate harms and/or benefits with regard to race, gender, sexual orientation, etc.

4.2.5 Through funding guidelines, ensure adequate funding for evaluation in direct service and prevention programs.

4.2.6 Fund an organization with expertise in DV and LGBTQ DV to run an LGBTQ-specific domestic violence fatality review in order to build awareness and knowledge about the specific barriers LGBTQ survivors face.



4.3 Investigate the impact of mandated reporting on survivors, children, and youth, with particular attention to LGBTQ families, LGBTQ youth, and LGBTQ people of color.

Current practices regarding mandated reporting of child abuse, certain types of injuries by medical providers, and in some cases domestic violence committed against adults all have significant impacts on LGBTQ youth and adults experiencing domestic violence. Our information gathering suggests that mandated reporting practices pose significant barriers to survivors getting help and impose significant negative consequences for survivors of DV, especially LGBTQ people. This issue merits careful examination.

- 4.3.1 Fund evaluative studies of the costs and benefits of mandated reporting and activation of the child welfare and law enforcement systems to respond to intimate partner violence. (For example, do child abuse reports have unintended negative consequences on families? Do the interventions catalyzed by reporting consistently provide more benefit than harm to the people they impact or to particular groups of people?^{xxiv}) Focus in particular on LGBTQ and culturally specific racial and ethnic minority communities.



LGBTQ organizations
have worked to address
intimate partner violence
and create healthy
communities for many
years.



5

Collaborate Within the Department of Health and Human Services



Because the FVPSA program is situated within the Department of Health and Human Services (HHS), opportunities may exist for fruitful collaboration across divisions and bureaus. The National Association on Safe Housing (NASH) project serves as an example of a productive collaboration within HHS.

Within the Administration for Children and Families (ACF), many possibilities exist for collaborations to address specific issues and populations. The programs of all of the following divisions, for example, impact, either directly or indirectly, intentionally or unintentionally, diverse LGBTQ DV survivors and their communities:

- Administration for Native Americans (ANA)
- Children’s Bureau (CB)
- Early Childhood Development (ECD)
- Office of Community Services (OCS)
- Office of Family Assistance (OFA)
- Office of Head Start (OHS)
- Office of Refugee Resettlement (ORR)
- Office on Trafficking in Persons (OTIP)

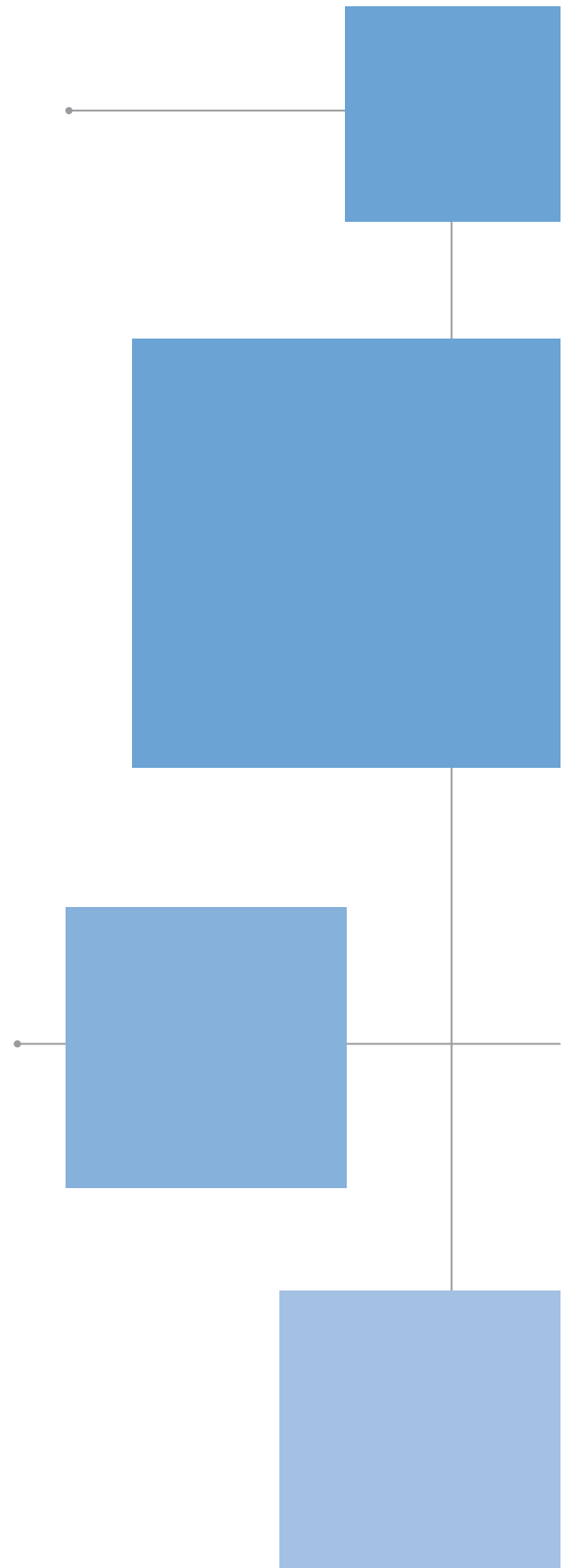
Initiatives in programming and research regarding particular populations (e.g., Native Americans, refugees, trafficked persons) and particular challenges (e.g., eradicating poverty, ending child abuse, responding to youth and adult homelessness) within ACF and the Family and Youth Services Bureau (FYSB) may have implications with regard to domestic violence generally and LGBTQ domestic violence specifically.

FVPSA authorization limits the amount of funds available for administration: The bulk of funds (rightly) go directly to states for direct services. This results in a fairly small program staff and limits the amount of collaboration and initiatives the FVPSA program may undertake with its own funding. However, the FVPSA program can provide a valuable resource to the rest of FYSB, ACF, and HHS: a deep understanding of intimate partner violence and how communities are working to address it.

5.1 Collaborate across divisions on projects aimed at building social capacity and civic institutions for identifying, addressing, and preventing intimate partner violence.

5.2 Collaborate across divisions on projects and initiatives focused on building healthy families and improving parenting (with attention to both the challenges of parenting for LGBTQ families and of providing supportive parenting to LGBTQ youth).

5.3 Continue efforts to build competence regarding domestic violence, and specifically LGBTQ domestic violence, across HHS programs.



Summary of Recommendations

1 Improve LGBTQ Access to DV Services Under FVPSA

- 1.1 Encourage expansion of and access to culturally relevant programming for LGBTQ survivors
- 1.2 Shape policy to strengthen advocacy programs
- 1.3 Clarify key definitions
- 1.4 Support the innovation, transformation, and best practices for LGBTQ accessibility in the DV field as a strategy to benefit all survivors
- 1.5 Expand support of culturally specific advocacy
- 1.6 Ensure youth programming is available and relevant to, directly involves, and builds leadership of LGBTQ youth
- 1.7 Ensure confidentiality for all survivors of domestic violence, including youth
- 1.8 Alleviate misapplication of Child Abuse Prevention and Treatment Act (CAPTA) and state-level mandatory reporting requirements for teen peer-to-peer dating violence

2 Provide Training and Technical Assistance for Both Mainstream and LGBTQ DV Advocacy Programs

- 2.1 Create conditions to strengthen advocacy
- 2.2 Consider funding the creation of high-quality, affordable advocacy training that maximizes the possibilities of technology (e.g., online training, short videos, online learning communities, etc.)
- 2.3 Build knowledge and capacity to serve diverse bisexual survivors
- 2.4 Build knowledge and capacity to serve diverse trans and gender-nonconforming (TGNC) survivors
- 2.5 Encourage innovation, transformation, and best practices for LGBTQ accessibility in the DV field as a strategy to benefit all survivors

3 Increase the capacity of “By and For” culturally specific LGBT DV Advocacy Programs

- 3.1 Fund a national point of contact to provide training and technical assistance to local LGBTQ and other culturally specific organizations regarding how to participate in state processes for allocation of FVPSA, VAWA and VOCA funds

4 Support and Improve Research

- 4.1 Bring LGBTQ experts to the table
- 4.2 Build research regarding advocacy and LGBTQ interventions
- 4.3 Investigate the impact of mandated reporting on survivors, children, and youth, with particular attention to LGBTQ families, LGBTQ youth, and LGBTQ people of color

5 Collaborate Within the Department of Health and Human Services

- 5.1 Collaborate across divisions on projects aimed at building social capacity and civic institutions for identifying, addressing, and preventing intimate partner violence
- 5.2 Collaborate across divisions on projects and initiatives focused on building healthy families and improving parenting (with attention to both the challenges of parenting for LGBTQ families and of providing supportive parenting to LGBTQ youth)
- 5.3 Continue efforts to build competence regarding domestic violence, and specifically LGBTQ domestic violence, across HHS programs

Appendix

A. Description of The NW Network and NCAVP

The NW Network: In 1987, lesbian survivors of battering created a grassroots response to intimate partner violence. Today, The NW Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse is a multicultural organization serving diverse LGBTQ survivors of domestic violence, assault, battery, sexual assault, rape, stalking and other related crimes. The Northwest Network has extensive experience working with LGBTQ young people as well as LGBTQ parents and their children. The NW Network provides nationally-recognized, cutting-edge technical assistance and training as well as acclaimed comprehensive direct services and prevention projects. The NW Network builds a vital bridge between organizations historically serving the LGBT community and mainstream anti-violence programs.

In 2009, the NW Network established the National LGBT IPV Training and Technical Assistance Initiative. In 2010, The NW Network became an OVC national TTA provider and expanded the reach of the Initiative to include a national on-going Webinar training series, an on-line Clearinghouse of information and resources, the provision of on-site and remote Technical Assistance and Consultation, and the publication of resources for the field among other training and technical assistance supports. In 2013, the NW Network partnered with NCAVP to create the National LGBTQ DV Capacity Building Learning Center.

NCAVP is a national coalition of over 40 local member programs, affiliate organizations and individual affiliates who create systemic and social change. NCAVP assists established and developing local anti-violence programs by providing technical assistance and support for their anti-violence efforts, referrals to promising practice models, information and materials sharing from experts across the country. NCAVP provides direct rapid response to critical incidents of LGBTQ violence across the country

and assists local communities in their anti-violence efforts responding to violence. It also regularly publishes reports on Hate Violence and IPV experienced by LGBTQ people. NCAVP is member led, with an independent Governance Committee.

B. Steering Committee Members

Jake Fawcett, MPH/MPA, directs the Washington State Fatality Review, a project of WSCADV, with a particular emphasis on activating the fatality review model in Tribal governments and First Nations communities. Jake began his anti-violence work in the Midwest with a focus on Transgender/Gender non-conforming issues and DV/IPV/SA. He has developed a nationally acclaimed fatality review model that promotes community participation and prioritizes the intersection of policy and practice.

***Gary J. Gates, Ph.D.** is the Williams Distinguished Scholar at the Williams Institute, UCLA School of Law. He is author of *The Gay and Lesbian Atlas* and is a recognized expert in the demography and geography of the LGBT population.

Monika Johnson Hostler, Executive Director of the North Carolina Coalition Against Sexual Assault (NCCASA), works on behalf of 90 rape crisis centers in North Carolina, and is a pivotal asset to the national sexual assault movement. Johnson serves as the board chair of the National Alliance Ending Sexual Violence (NAESV) and was appointed by the Obama administration to serve on the National Advisory Committee on Violence Against Women.

***Anya Lakner**, National Training & Policy Attorney at the ABA Commission on Domestic & Sexual Violence, focuses on the needs of marginalized and vulnerable communities, including victims who are LGBTQ, Limited English Proficient, immigrants, people who are d/Deaf and/or who have disabilities. Previously Anya directed the SURVIVE Project in California, which focuses on the workplace rights of DV/SA survivors.

Beckie Masaki, MSW, the Associate Director of the Asian & Pacific Islander Institute on Domestic Violence, has worked in the movement to end violence for thirty years. She co-founded and directed the Asian Women's Shelter in San Francisco, one of the first DV shelter programs to integrate LGBTQ survivors across services and provide LGBTQ DV TA through its Transforming Silence Into Action project. Beckie has extensive experience in multi-lingual, multi-cultural services to DV and trafficking survivors and their children, innovative program development, prevention, community building, policy making and institutional advocacy.

Nathaniel Shara, LCSW, is a social justice therapist and educator who has spent the last thirteen years working within multiply marginalized communities to end gender-based violence through transformative justice organizing, political education, and somatic healing. Nathan has presented in numerous settings on the myriad impacts of trauma and oppression, healing trauma through the body, and on cultivating loving and accountable power for social change.

Terra Slavin, JD, Lead Staff Attorney for the L.A. Gay & Lesbian Center's Legal Services Department and Project Manager of their Domestic Violence Legal Advocacy Project, is responsible for overseeing the delivery of comprehensive and holistic legal services to more than 1200 survivors of DV/SA and has provided trainings to hundreds of attorneys, judges and advocates across the country. Terra has served on the Governance Committee of NCAVP since 2008, and represents NCAVP at trainings and national policy matters.

Amy Sánchez, Chief Executive Officer of Break the Cycle, formerly Co-Executive Director Casa De Esperanza/National Latin@ Network for Healthy Families and Communities. Amy has worked for over twenty years to build upon the strengths of Latin@ communities and youth to end violence.

***Nan Stoops**, Executive Director, Washington State Coalition Against Domestic Violence, has worked in the anti-violence movement as an advocate, trainer and organizer for more than 30 years. Joining WSCADV in 1998, Nan built

the coalition to national prominence known for its innovative programs addressing permanent housing, economic justice, farm-worker safety, broad prevention and advancing leadership of People of Color/Native People. She is a founding member of INCITE! Women of Color Against Violence. She served as past board chair of the National Network to End Violence, and was in the founding cohort of the Move to End Violence.

Cris Sullivan, Ph.D. is the Director of the Research Consortium on Gender-based Violence at Michigan State University, and is Senior Research Advisor to the National Resource Center on Domestic Violence. She is a nationally and internationally renowned community-based researcher whose work has significantly impacted research, policy and practice.

Harper Jean Tobin, Director of Policy, coordinates all aspects of advocacy on federal administrative policies and regulations for the National Center for Transgender Equality. Her writing on LGBT and other issues has been widely published. She previously served as a staff attorney at the National Senior Citizens Law Center, and holds degrees in law and social work.

Rachel White-Domain, JD, serves as the Project Manager for the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) and also coordinates NCDVTMH's Trauma-Informed Legal Advocacy Project. She graduated summa cum laude from DePaul University College of Law in 2010 and also works pro bono with survivors of domestic violence.

Je-Shawna Wholley, formerly a youth organizer with the National Black Justice Coalition (NBJC), a civil rights organization dedicated to empowering Black LGBT people. Recently a graduate of Minnesota State University with a masters degree in gender studies.

M.E. Quinn, LCSW, Cassie Luna and Tre'Andre Valentine have all represented The Network/La Red (TNLR) TNLR is a multi-lingual, multi-cultural comprehensive LGBTQ community advocacy and service project--one of the oldest and most respected LGBTQ domestic violence projects in the country. TNLR has

worked extensively with both mainstream DV/ IPV projects and LGBTQ Anti-violence projects for over two decades, and is a founding NCAVP member.

**Please note that those steering committee members marked with an asterisk had to leave the committee midway through the project. However, they each provided substantial guidance and vision to the overall project.*

C. Staff

Connie Burk: Connie began her work in the field over 20 years ago as a Children’s Advocate in Lawrence, Kansas. There, she co-founded the first services for LGBTQ survivors of IPV in the region. As the Executive Director of The NW Network since 1997, Connie founded the National LGBTQ Training and Technical Assistance Initiative and provides leadership to the anti-violence field. Connie is the co-author of the book, *Trauma Stewardship: An Everyday Guide to Caring for Self while Caring for Others*, and an executive producer of the award-winning documentary film, *A Lot Like You*, as well as author of many publications used widely in the field. She sits on numerous boards, steering committees and task forces.

Margaret Hobart, PhD: Margaret Hobart has worked in organizations devoted to responding to and ending violence against women since 1982. During her 15 years at the Washington State Coalition Against Domestic Violence, Margaret started Washington State’s Domestic Violence Fatality Review, co-authored Washington DSHS’s Domestic Violence Practice Guide for Social Workers, and led the Coalition’s work on minimizing shelter rules and supporting parenting by dv survivors. She researched and is primary author of the WSCADV’s website *Building Dignity: Design Solutions for Domestic Violence Shelter*. She has a PhD in Political Science.

Chai Jindasurat: Chai coordinated NCAVP’s National Training and Technical Assistance Center on LGBTQ Cultural Competency, which provides LGBTQ-specific training and technical assistance to the national intimate partner violence and sexual violence field through national webinar trainings, a national resource bank, list serve, and one on one technical assistance consultations. Prior to

his work at the New York City Anti-Violence Project, Chai worked at The Network/La Red as an LGBTQ anti-violence organizer in Boston, Massachusetts and as the Outreach and Education Coordinator at the Kansas City Anti-Violence Project in Kansas City, Missouri. Chai entered LGBTQ organizing work as a campus organizer, peer-counselor, and community educator while in the LGBT Housing Liaison position at the University of Missouri-Kansas City. He sits on the Steering Committee of the Gay Asian Pacific-Islander Men of New York, and is a former member of the Queer Asian Pacific-Islander Alliance in Boston.

Carrie Lippy: Dr. Lippy has served as an evaluation consultant to the NW Network and the CBLC since 2014. In that capacity she has designed and conducted evaluations for multiple community based programs, authored ground breaking reports on our findings, and presented nationally on our unique culturally-specific approach to research. Her past experience includes evaluating IPV and sexual violence prevention programs at the Division of Violence Prevention at the Centers for Disease Control and Prevention, and conducting culturally responsive research in the Latin@ community with her advisor, the distinguished Dr. Julia Perilla of Georgia State University.

Kristin Tucker: Kristin came to the NW Network in 2002 with experience as a community organizer, educator and counselor in areas as diverse as DV, chemical dependency, LGBTQ issues, bisexual survivors’ concerns, rape crisis and economic justice. Kristin has experience developing and implementing broad-based public awareness, mobilization and prevention campaigns. Kristin presents nationally and is widely published on the topics of LGBTQ gender identities and the politics of visibility.

Emily Waters, MPH: As NCAVP’s Research and Education Coordinator, Emily produces annual national research reports on LGBTQ and HIV affected intimate partner violence and sexual violence, including data collection, analysis and report writing. She also coordinates NCAVP’s national coalition of organizations working to respond to and prevent violence against LGBTQ and HIV affected people and represent the coalition on national policy platforms. She also provides training at the local and national levels.

References

- ⁱ Gates, G. J., & Cooke, A. M. (2011). United States census snapshot: 2010. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot-US-v2.pdf>
- ⁱⁱ Lee Badgett, M. V., Durso, L. E., & Schneebaum, A. (2013, June). New patterns of poverty in the lesbian, gay, and bisexual community. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>
- ⁱⁱⁱ Kastanis, A., & Wilson, B. D. M. (n.d.). Race/Ethnicity, gender and socioeconomic wellbeing of individuals in same-sex couples. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census-Compare-Feb-2014.pdf>
- ^{iv} Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at every turn: A report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality, National Gay and Lesbian Task Force.
- ^v The Demonstrate LGBTQ Access website provides resources and guidance for such assessment and planning for improvement. This resource originated as part of the LGBTQ Access Project, a three-year demonstration project conducted in King County, Washington (2012-2015). The project mobilized 20+ organizations and thousands of providers county-wide to learn more about barriers to access for LGBTQ communities and take action for change. The project was designed and led by the [Coalition Ending Gender-Based Violence](#) and [The Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse](#).
- ^{vi} [WSCADV's 2015 Wages and Benefits Survey](#) reported that 84% of advocates responding to the survey relied on some form of outside support to make ends meet, such as a second job, WIC, subsidized housing, food stamps, food banks, or family. The average hourly wage for an advocate in Washington State in 2015 was \$15.93. At this wage, a single parent qualifies for food stamps.
- ^{vii} The Texas Council on Family Violence's 2012 [salary survey](#) indicated the average wage for part-time staff in domestic violence programs was \$9–10 per hour. On average, full-time advocates in rural areas earned \$24,744, which would qualify a family of three for food stamps. The Indiana Coalition Against DV's 2013 [salary survey](#) indicated a similar wage of \$24,561 for an advocate.
- ^{viii} [42 U.S.C. 10406\(b\)\(1\)](#) (prohibiting states from using more than 5% of FVSPA grant funds for administrative costs); [§10408\(b\)\(2\)](#) (requiring that no less than 70% of state sub-grant funds be distributed to entities "for the primary purpose of providing immediate shelter" and that no less than 25% of state sub-grant funds be distributed to entities for the purpose of providing supportive services).
- ^{ix} For example, California's Administrative Code 18294(b) requires that "domestic violence shelter-based programs shall provide . . . (b) A 24 hours a day, seven days a week telephone hotline for crisis calls."
- ^x For example, in Iowa, the state DV coalition led a successful effort to reorganize the distribution of resources and services through the state, including closing several under-utilized shelters, helping programs shift to more flexible and mobile forms of advocacy and assistance. As programs around the country age out of their original shelter buildings, some are taking the opportunity to rethink the way sheltering and advocacy are provided, utilizing individual apartments or dwellings and/or public rather than secret locations (e.g., Cornerstone in Minneapolis, MN, and Pierce YWCA in Tacoma, WA). Others have shifted to providing housing supports and assistance rather than operating a physical shelter. Some programs and states have adopted the [Full Frame Initiative's](#) models and questions and are remaking services based on the insights contained in the Full Frame model.
- ^{xi} For example, Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences (Lyon, E., Lane, S., & Menard, A. (2008). Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences. National Institute of Justice.), research documenting incidence of domestic violence across race, culture, sexual orientation, and gender identity (Breiding, M.J., Chen J., & Black, M.C. (2014). Intimate Partner Violence in the United States — 2010. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.) With regard to trauma and mental health, Warshaw, C., Brashler, P. & Gill, J. (2009). Mental health consequences of intimate partner violence. In C. Mitchell and D. Anglin (Eds.), Intimate Partner Violence: A Health Based Perspective. New York: Oxford University Press.;
- ^{xii} This attention to "sector transformation" is modeled in other arenas, such as the [HIV/AIDS field](#), where changes in attitudes, policy, and healthcare funding are pushing the field to rethink its assumptions and redesign its programming.
- ^{xiii} Our information-gathering conversations across the country with LGBTQ DV advocacy providers underline the difficulty of maintaining continuity when 100% of funding from year to year must be raised through competitive grants or fundraising. The guaranteed amount of funding from formula grants (as FVPSA funds are generally distributed) is small—often only enough for one position. Still, the certainty of this funding has provided an important cushion for mainstream DV programs that LGBTQ and other culturally specific programs have had to do without.
- ^{xiv} "By and for" refers to organizations that have originated in specific communities, are led by people from the communities targeted for services, and focus on centering the needs, voices, and leadership of the communities they serve.

^{xv} This does not mean supporting the creation of culturally specific shelters in the brick-and-mortar sense of the word. Rather, it means using the flexibility FVPSA provides in defining “shelter” and “primary purpose DV program” to fund programs that provide community-based advocacy and material resources to assist survivors in finding refuge and safe housing.

^{xvi} To get a sense of the work involved in increasing LGBTQ access, see DemonstrateAccess.org, which documents the process and outcome of projects aimed at expanded access for crime victims.

^{xvii} Gates, G. J. (2014). LGBT demographics: Comparisons among population-based surveys. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf>

^{xviii} Lippy, C., Burk, C., & Hobart, M. (2016). [There's no one I can trust: The impact of mandatory reporting on the help-seeking and wellbeing of domestic violence survivors.](#) National LGBTQ DV Capacity Building Learning Center. Seattle, WA.

^{xix} Online learning communities have been adopted in multiple fields as an efficient and accessible way to improve access to knowledge, critical thinking, and community. Educause.edu provides a [useful set of guidelines](#) for constructing and thinking about online learning communities. [PracticeGround](#), an online learning community for therapists, provides a relatively low cost example of using online tools to further knowledge and lessen isolation for people working with complex issues (suicidal clients, in this case).

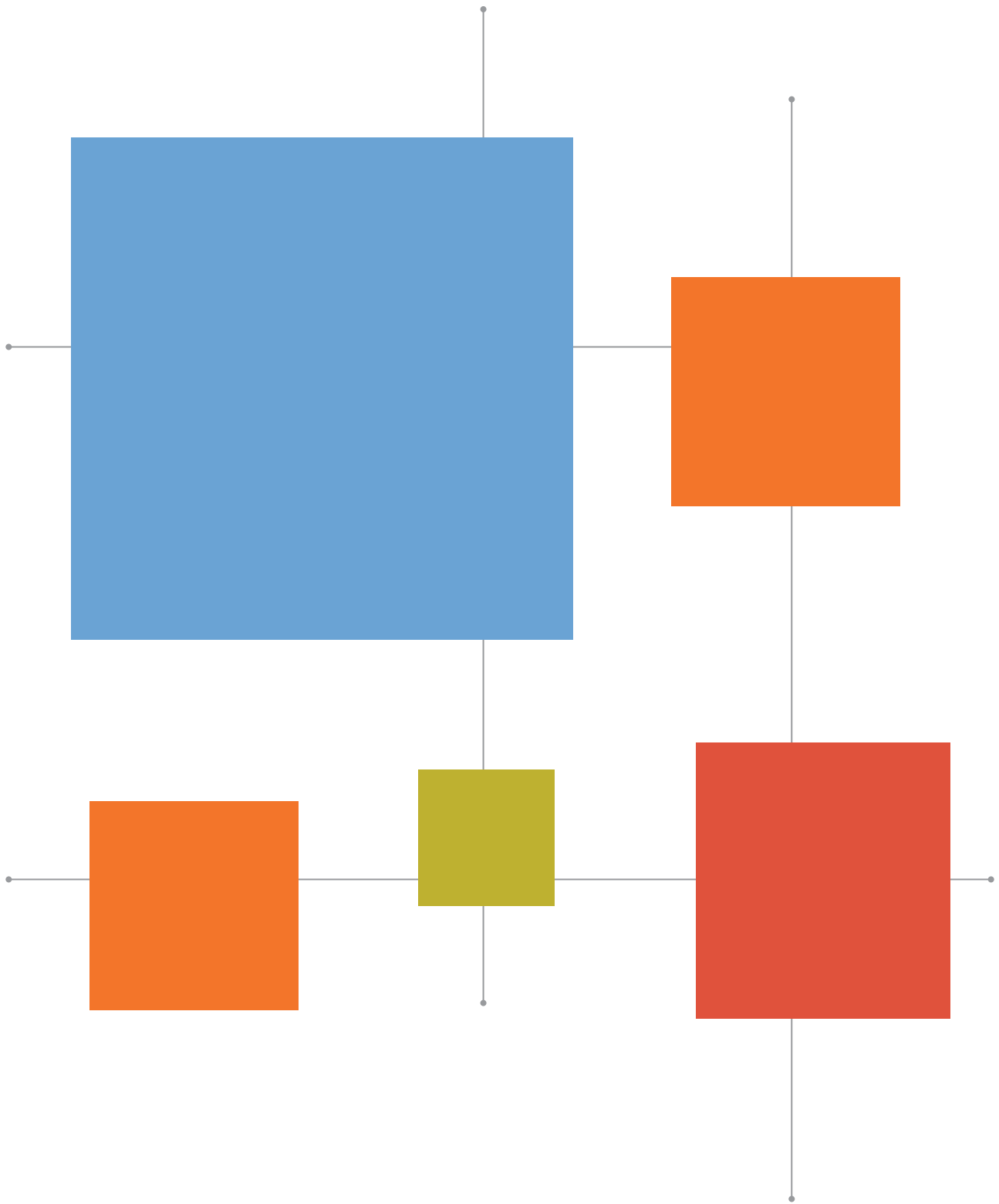
^{xx} We emphasize bisexual women here because it is likely that bisexual women are already seeking help in mainstream programs without being recognized as bi or having the particularities of their situation recognized. Improving knowledge and practice around bisexual women is a change that may be relatively quickly attained.

^{xxi} Walters, M.L., Chen J., & Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

^{xxii} Ibid

^{xxiii} The HIV/AIDS support and advocacy field provides an example of a service sector rethinking its priorities, the structure of its programs, and the needs of communities in the wake of changes in policy context and medical interventions. <http://www.aidsunited.org/Sector-Transformation/Sector-Transformation-FAQ.aspx>

^{xxiv} In this arena, we may take inspiration from the medical field, which has recently recently reevaluated routine approaches to interventions for both [breast cancer](#) and [prostate cancer](#). The field identified that the approaches being used over identified problems, resulting in misdiagnosis and too many false positives. These had negative impacts on patients in the form of unnecessary invasive procedures as well as worry, heartache and for some people, avoiding medical visits altogether.



National
LGBTQ DV Capacity Building
Learning Center

For more information, contact us: (206) 568-7777 | institute@nwnetwork.org

(c) 2016, National LGBTQ DV Capacity Building Learning Center