



National LGBTQ Institute on Intimate Partner Violence

A PROJECT OF THE LOS ANGELES LGBT CENTER

In partnership with the National Coalition of Anti-Violence Programs and In Our Own Voices, Inc.

Rubric for Responsiveness to LGBTQ Survivors of Intimate Partner Violence

FOR DOMESTIC VIOLENCE SERVICE PROVIDERS

DATA COLLECTION AND LANGUAGE DATA COLLECTION

INEFFECTIVE

NO INFORMATION IS collected on sexual orientation or gender identity.

ON INTAKE FORMS and paperwork there are no options for gender or only “Male” and “Female” options.

THERE IS NO written or verbal opportunity for clients to share their pronouns with staff.

PARTIAL

SOME INFORMATION IS collected on sexual orientation on a case-by-case basis.

ON INTAKE FORMS there is more than “Male” and “Female” options, but the options are limited (for example under gender: “male,” “female,” or “transgender”).

CLIENTS ARE NOT asked about their pronouns during intake processes or in intake paperwork.

COMPREHENSIVE

DATA IS CONSISTENTLY collected and presented to all clients on sexual orientation in a way that is optional for clients who do not wish to self-disclose.

INTAKE FORMS INCLUDE options for gender identity including “transgender man,” “transgender woman,” and “nonbinary”.

INTAKE FORMS INCLUDE options for pronouns including “he/him/his,” “she/her/hers,” and “they/them/theirs”.

INNOVATIVE

DATA COLLECTION AND intake forms are presented to all clients and consistently ask about sexual orientation and gender identity in a way that is optional for clients who do not wish to self-disclose. This includes expansive multiple choice options following LGBTQ-expert guidelines along with space for client to write in an identity that may not be listed.

INTAKE FORMS INCLUDE expansive multiple-choice options for pronouns including a space to write in pronouns that may not be listed.

DATA IS ANALYZED based on sexual orientation, gender identity, race, and the intersections of these identities to continuously assess which populations are accessing certain types of services or achieving particular outcomes. The agency uses this as a means to identify barriers, obstacles, and accessibility for LGBTQ survivors.

INEFFECTIVE

STAFF MAKE ASSUMPTIONS about the sexual orientation, gender identity, and pronouns of survivors and abusers based on their appearance. LGBTQ survivors frequently feel misunderstood or unseen when they attempt to access services.

PARTIAL

STAFF AVOID INITIAL assumptions and use gender inclusive language when talking about clients’ partners or abusers.

COMPREHENSIVE

STAFF USE GENDER-INCLUSIVE language consistently (i.e.,: “clients,” “survivors,” “victims,” “people”) and mirror the language used by a client when talking about that client’s partners or abusers. As a result, LGBTQ survivors feel comfortable and safe accessing services and self-disclosing aspects of their identity.

INNOVATIVE

STAFF ARE TRAINED to consistently introduce themselves with their pronouns to all clients.

STAFF INTRODUCE THEMSELVES with their pronouns and ask clients their pronouns during first meetings with clients.

DATA COLLECTION AND LANGUAGE LANGUAGE USED

**DATA
COLLECTION
AND
LANGUAGE
USED**

INEFFECTIVE

STAFF USE GENDERED language that is not LGBTQ inclusive to talk about survivors consistently (i.e., referring to all survivors as “women” and all abusers as “men”) on a day-to-day basis. LGBTQ survivors who directly are told or indirectly hear these assumptions feel like these services are not meant for them.

THE WORD “WOMEN” shows up in the name of the agency or its mission statement. LGBTQ survivors of IPV who are not cisgender women assume that they do not qualify for services based on the name.

PARTIAL

STAFF USE GENDERED language to generalize in day-to-day conversations, direct work with clients, support group curriculum, staff meetings, trainings, and on-boarding.

COMPREHENSIVE

STAFF SOMETIMES INTRODUCE themselves with pronouns and ask clients their pronouns, especially if they know a client is LGBTQ.

INNOVATIVE

STAFF ALWAYS USE gender inclusive language to refer to clients (i.e.,: “clients,” “survivors,” “victims,” “people”) in generalizations, trainings, and on boarding.

STAFF USE LGBTQ inclusive language specific to all spoken languages, not just English.

ANY CONTRACTED TRANSLATION services are assessed to make sure that they are LGBTQ affirming.

**VISUAL
CUES AND
INCLUSIVE
SPACES
VISUAL
CUES**

INEFFECTIVE

THERE ARE NO visual indicators of support for the LGBTQ community in the office space.

POSTERS, BROCHURES, AND graphics have limited gender and racial diversity, and do not feature LGBTQ couples or families.

STAFF EMAIL SIGNATURES do not contain pronouns.

PARTIAL

SOME STAFF ELECT to put LGBTQ flags, safe space stickers or posters, or visual indicators of support at their personal desk or office space.

POSTERS, BROCHURES, AND graphics have some gender and racial diversity but only for LGBTQ-specific resources.

SOME STAFF HAVE email signatures that contain pronouns.

COMPREHENSIVE

OFFICE SPACES HAVE LGBTQ flags, safe space stickers or posters, and other visual indicators of support for the LGBTQ community around the office prominently displayed particularly in welcome, waiting, and communal areas.

POSTERS, BROCHURES, AND graphics feature images of people that are gender and racial diverse and feature LGBTQ relationships and families.

ALL STAFF HAVE email signatures that contain pronouns.

INNOVATIVE

OFFICE SPACES HAVE LGBTQ flags, safe space stickers or posters, and other visual indicators of support for the LGTQ community prominently displayed around the office. These visual cues are specifically in welcome, waiting, and communal areas. These visual indicators are intentionally and explicitly inclusive to transgender, bisexual, and BIPOC communities.

POSTERS, BROCHURES, GRAPHICS, and written material are only selected if they contain LGBTQ and gender inclusive language.

MATERIALS ARE TRANSLATED into multiple languages and accessibly available.

ALL STAFF HAVE email signatures that contain pronouns with a hyperlink to a webpage explaining why pronouns are used by the agency.

**VISUAL
CUES AND
INCLUSIVE
SPACES
SUPPORT
GROUPS**

INEFFECTIVE

ONLY WOMEN’S SURVIVOR support groups are offered.

SURVIVORS WHO ARE men and/ or LGBTQ are not given alternative options.

PARTIAL

ONLY MEN’S AND women’s survivor support groups are offered.

SURVIVORS WHO ARE LGBTQ are referred out to LGBTQ social service providers.

COMPREHENSIVE

LGBTQ SUPPORT GROUPS or non-gendered, LGBTQ competent, support groups are offered.

LGBTQ SURVIVORS ARE connected with local LGBTQ-identity specific support groups and resources.

LGBTQ SUPPORT GROUPS are available in different languages and/ or translation services are offered for survivors who don’t speak English to access support groups.

TRANSGENDER SURVIVORS ARE welcome in any support groups that align with their gender identity.

INNOVATIVE

LGBTQ SUPPORT GROUPS or non-gendered, LGBTQ competent, groups are offered and there is active and continuing outreach in LGBTQ-specific community spaces to spread awareness about the group.

SURVIVORS WHO ARE LGBTQ are connected with LGBTQ support groups and resources while also being able to access full extent of supportive services in-house.

SUPPORT GROUPS ARE available for BIPOC LGBTQ survivors.

BATTERERS’ INTERVENTION Programs for abusers who are LGBTQ are available.

INEFFECTIVE

CLIENTS DO NOT have access to bathroom facilities that align with their gender identity.

LGBTQ CLIENTS ARE harassed or feel unsafe when using or requesting bathroom facilities that align with their gender identity.

PARTIAL

CLIENTS HAVE ACCESS to one bathroom facility that aligns with their gender identity. But the process of accessing gender inclusive bathroom facilities is more arduous than that of non-gender inclusive bathroom facilities. For example, the only gender inclusive bathroom facility is somewhere that clients can only access if they ask staff.

COMPREHENSIVE

CLIENTS HAVE ACCESS to many facilities that align with their gender identity.

THE PROCESS FOR accessing such bathroom facilities is accessible, streamlined, and clear.

GENDER INCLUSIVE RESTROOM options are wheelchair accessible.

LGBTQ CLIENTS ARE not harassed or regulated by adult staff when accessing facilities.

INNOVATIVE

CLIENTS HAVE ACCESS to multiple, single-stall all-gender restrooms and gender-specific restrooms that align with their gender identity without fear, confusion, or harassment.

**VISUAL
CUES AND
INCLUSIVE
SPACES
BATHROOMS**

**VISUAL
CUES AND
INCLUSIVE
SPACES**
**LGBTQ
INCLUSION IN
MATERIALS**

INEFFECTIVE

CURRICULUM, WORKBOOKS, worksheets, statistics, and written materials use gendered language and have no LGBTQ community-specific information.

SOCIAL MEDIA AND external messaging talks about DV survivors as “women” only and does not mention LGBTQ survivors.

SEXUAL HEALTH INITIATIVES only center on heterosexual sexual experiences.

PARTIAL

CURRICULUM, WORKBOOKS, worksheets, statistics, and written materials often use gendered language. There is LGBTQ community-specific information given to clients, but only when they self-disclose that they are LGBTQ.

SOCIAL MEDIA AND external messaging talks about DV survivors as “women” occasionally as a generalization and sometimes specifically mentions LGBTQ survivors.

SEXUAL HEALTH INITIATIVES often center heterosexual sexual experiences but LGBTQ-specific sexual health information or resources is available on request.

COMPREHENSIVE

CURRICULUM, WORKBOOKS, worksheets, statistics, sexual health information, and written materials use LGBTQ and gender inclusive language and there is LGBTQ community-specific information given to all clients and available in waiting areas and common spaces.

SOCIAL MEDIA AND external messaging consistently use gender inclusive language and specifically addresses the LGBTQ community.

INNOVATIVE

SEXUAL HEALTH INITIATIVES are LGBTQ-inclusive and offer comprehensive education on condom use, birth control, PrEP and PEP, and STI/HIV testing to all clients always.

SOCIAL MEDIA, WRITTEN materials, posters, website photos, etc. include representation of people who are LGBTQ, and gender and racially diverse.

INEFFECTIVE

DV SHELTER SPACE is “women’s only”. Transwomen are not included in this category.

LGBTQ SURVIVORS ARE referred to homeless shelters or LGBTQ shelter programs when they seek DV shelter with the agency.

SHELTER SPACE IS communal or dorm-style with no private rooms or privacy screens.

PARTIAL

DV SHELTER SPACE is “women’s only”. Transwomen may be included in this category on a case-by-case basis.

MEN AND/OR LGBTQ clients are put up in hotel space where they have a safe space to stay, but do not have access to the same level of advocacy and support as survivors on site.

SHELTER SPACE IS communal or dorm-style with privacy screens.

COMPREHENSIVE

DV SHELTER SPACE is non-gendered or there is intentional space for “men,” “women,” and “LGBTQ” survivors that survivors can self-select.

LGBTQ SURVIVORS HAVE the same level of on-site access to advocates.

SHELTER SPACE IS communal or dorm-style with privacy screens and strategies to maximize privacy wherever possible.

LET ALL RESIDENTS know that the shelter accepts survivors of all gender identities and sexual orientations. Set clear rules about how residents are expected to treat one another, and that bias and discrimination are not allowed.

INNOVATIVE

DV SHELTER SPACE is non-gendered or there is intentional space for “men,” “women,” and “LGBTQ” survivors that survivors can self-select. All options are explicitly LGBTQ inclusive and have visual cues of LGBTQ inclusivity throughout common spaces.

SHELTER SPACE HAS private rooms or studio spaces with a door that closes. Bathrooms are single-use or gender inclusive.

**VISUAL
CUES AND
INCLUSIVE
SPACES**
**SHELTER
SPACES**

**DIRECT
WORK WITH
SURVIVORS
PROTECTING
INFORMATION
ON SEXUAL
ORIENTATION
AND GENDER
IDENTITY**

INEFFECTIVE

ADVOCATES PRESSURE LGBTQ clients to come out to friends and family or interrogate them about why they are not out.

ADVOCATES DO NOT assess for safety when sending material home with the client that could expose their LGBTQ identity to people they are not safe with.

WHEN MAKING REFERRALS, advocates share clients' sexual orientation and gender identity information without clients' consent.

PARTIAL

ADVOCATES SOMETIMES PUSH back on LGBTQ clients' choices around who they are out to or question clients' sense of safety around those choices.

ADVOCATES DO NOT address who an LGBTQ client is out to when safety planning and how that may affect safety plan.

WHEN MAKING REFERRALS, advocates do not share any information about sexual orientation and gender identity with referral agencies.

COMPREHENSIVE

ADVOCATES ADDRESS WHO a client is out to as a core part of safety planning and violence-interventions in a way that is respectful and values a client's choices, safety needs, and comfort levels.

WHEN MAKING REFERRALS, advocates get clients' explicit consent and permission to share information about sexual orientation and gender identity with referral agencies.

INNOVATIVE

ADVOCATES ARE TRAINED to be able to support clients if they do want to share their identity with people in their lives in a way that validates their experience and leaves them feeling supported. Advocates are able to hold space for talking about the client's LGBTQ identity as well as connect that client to local LGBTQ resources and groups that aim to provide identity-related support.

ADVOCATES CALL AHEAD to agencies they are referring to in order to make sure they have LGBTQ cultural competency and BIPOC cultural competency and provide education and information as needed.

INEFFECTIVE

ADVOCATES HAVE NO knowledge on LGBTQ-specific systemic and institutional barriers and challenges

ADVOCATES PRESSURE SURVIVORS to report to police and tell LGBTQ survivors that they won't experience discrimination with the police.

PARTIAL

ADVOCATES HAVE SOME knowledge about systemic issues that LGBTQ survivors face, but do not incorporate it into their work.

ADVOCATES ENCOURAGE LGBTQ survivors to report to police but accept if they do not want to.

COMPREHENSIVE

ADVOCATES HAVE IN-DEPTH knowledge about identity abuse, anti-gay and anti-trans bias, as well as systemic issues LGBTQ survivors face.

ADVOCATES ARE KNOWLEDGEABLE about the history and current treatment of LGBTQ and BIPOC communities by police and understand how this may shape a survivor's interactions with law enforcement.

ADVOCATES DO NOT encourage or discourage reporting to police but do provide survivors with options, information, and the space to exercise agency.

ADVOCATES UNDERSTAND HOW to creatively safety plan with clients around what negative interactions with police will look like.

INNOVATIVE

ADVOCATES HAVE KNOWLEDGE on how to support survivors in navigating systems that are not built to be LGBTQ-inclusive or culturally responsive.

ADVOCATES CAN SUPPORT clients in non-carceral safety planning strategies.

ADVOCATES CAN SUPPORT clients in preparing for and safety planning around negative interactions with police. Advocates provide systems advocacy to clients interacting with those systems.

ADVOCATES CAN SUPPORT and provide direct legal referrals for LGBTQ survivors seeking asylum.

**DIRECT
WORK WITH
SURVIVORS
KNOWLEDGE
OF LGBTQ-
SPECIFIC
BARRIERS
AND
CHALLENGES**

**DIRECT
WORK WITH
SURVIVORS
RESOURCE
KNOWLEDGE**

INEFFECTIVE

ADVOCATES DO NOT know of or provide referrals to LGBTQ-specific resources in the community.

AGENCY DOES NOT have any brochures or information available on local LGBTQ-specific resources.

PARTIAL

ADVOCATES KNOW OF local LGBTQ organizations and some of the resources that they provide.

AGENCY DISPLAYS BROCHURES and information on local LGBTQ-specific resources in the community.

COMPREHENSIVE

ADVOCATES ARE KNOWLEDGEABLE about and comfortable making referrals to LGBTQ-specific and ethnic and racial-specific organizations.

AGENCY HAS BROCHURES, posters, and information on local LGBTQ-specific and ethnic and racial-specific resources in the community that are available in all common spaces and waiting areas.

INNOVATIVE

ADVOCATES HAVE BUILT relationships with staff members who they can make direct referrals to at LGBTQ-specific and ethnic and racial-specific organizations.

AGENCY HAS ACTIVE partnerships with local LGBTQ organizations and frequently provide each other with cross-training and collaboration.

INEFFECTIVE

STAFF RECEIVE NO training on sexual orientation, gender identity, and LGBTQ cultural competency.

PARTIAL

STAFF RECEIVE INFORMATION to self-select to take community trainings on sexual orientation, gender identity, and LGBTQ cultural competency.

STAFF ARE AWARE that differentiation between an abuser and survivor shouldn't rely on assumptions based on gender identity or expression, but still provide services to whichever party came to the agency first or rely on gender identity or expression to determine who to provide services to.

COMPREHENSIVE

STAFF RECEIVE TRAINING on sexual orientation, gender identity, and LGBTQ cultural competency during their onboarding process.

STAFF ASSESS FOR differentiation between an abuser and a survivor based on dynamics of power and control displayed, rather than assumptions based on gender identity or expression.

INNOVATIVE

STAFF RECEIVE ONGOING training on sexual orientation, gender identity, and LGBTQ cultural competency on an annual basis.

STAFF RECEIVE SPECIALIZED training on the unique needs and experiences of LGBTQ survivors of intimate partner violence that highlights the unique and specific experiences of BIPOC LGBTQ survivors.

STAFF ASSESS FOR differentiation between an abuser and a survivor using best practice standardized assessments rather than assumptions based on gender identity or expression.

**AGENCY
POLICIES AND
PROCEDURES
STAFF
CULTURAL
COMPETENCY**

**AGENCY
POLICIES AND
PROCEDURES
SEXUAL AND
REPRODUCTIVE
HEALTH**

INEFFECTIVE

ADVOCATES ARE NOT trained in providing information on sexual health or reproductive or sexual health coercion at all.

NO WRITTEN MATERIALS are available to clients on sexual health.

PARTIAL

SOME ADVOCATES MAY have knowledge or training in providing information on sexual health, but the agency does not require this training.

WRITTEN MATERIALS ON reproductive coercion, birth control, STI testing, and sexual health are available on request or if an advocate thinks they might be helpful.

COMPREHENSIVE

ADVOCATES ARE ALWAYS trained in providing information on sexual health, birth control, and consent.

WRITTEN MATERIALS ARE easily accessible and available that are LGBTQ-inclusive on consent, sexual health coercion, reproductive coercion, birth control, STI testing, HIV testing, PrEP and PEP.

INNOVATIVE

ADVOCATES ARE TRAINED in being able to confidentially and comfortably talk to clients about sexual health coercion, reproductive coercion, and consent in a way that is inclusive and specialized to the unique needs of LGBTQ survivors.

ADVOCATES ARE TRAINED in providing information on sexual health that is LGBTQ-specific including birth control, condom usage, STI/HIV testing, PrEP and PEP, and consent.

WRITTEN MATERIALS ARE easily accessible and available that are LGBTQ-inclusive on consent, sexual health coercion, reproductive coercion, birth control, STI testing, HIV testing, PrEP and PEP, and sexual health are available in multiple languages.

**AGENCY
POLICIES AND
PROCEDURES
STAFF
SAFETY AND
TREATMENT**

INEFFECTIVE

THERE ARE NOT openly LGBTQ staff members.

LGBTQ STAFF MEMBERS feel like the work environment is too hostile and unsafe to be open or out about their LGBTQ identity.

STAFF ARE PRIMARILY white, cisgender, heterosexual, and upper-middle class.

PARTIAL

THERE ARE ONE or two openly LGBTQ staff member(s). LGBTQ staff may feel safe but uncomfortable sharing their identity in their work environment.

LGBTQ STAFF MEMBERS are shouldered with improving the agency's LGBTQ competency without increased compensation.

COMPREHENSIVE

THERE ARE MULTIPLE LGBTQ staff members who feel safe and supported in the work environment

LGBTQ STAFF MEMBERS are compensated when tasked with improving the agency's LGBTQ competency or this type of work is outsourced to a paid agency with LGBTQ expertise.

AGENCY PAYS STAFF above living wage.

INNOVATIVE

STAFF DEMONSTRATES THE full spectrum of diversity of the community it serves. LGBTQ and BIPOC applicants are explicitly encouraged to apply.

STAFF'S ONBOARDING PROCESS includes training on anti-LGBTQ-bias and anti-racism.

THE AGENCY OBTAINS technical assistance on improving the agency's ability to support LGBTQ survivors from experts in the field.

AGENCY POLICIES AND PROCEDURES

STAFF SAFETY AND TREATMENT

INEFFECTIVE

AGENCY PAYS STAFF below living wage (calculated as the Massachusetts Institute of Technology's Living Wage).

AGENCY RELIES TO a large extent on volunteer labor for the core functioning of the agency.

STAFF COULD NOT afford to leave an abusive relationship on the salary they are given.

PARTIAL

STAFF ARE DISPROPORTIONATELY white, cisgender, heterosexual, and upper-middle class.

AGENCY PAYS STAFF a county-calculated living wage.

AGENCY PAYS ALL staff critical to core functioning and supplements tasks with volunteer labor.

STAFF MEMBERS ARE not able to cover the costs of childcare on the salary they are given.

COMPREHENSIVE

AGENCY IS NOT reliant on volunteer labor and only uses it to enhance the work that is already being done by paid staff members.

STAFF PAY IS slightly more than the going rates for childcare in the region. As a result, staff members with children may often rely heavily on a partner's income or family wealth.

AGENCY HAS AN enforceable non-discrimination policy protecting all staff that explicitly prohibits discrimination based on sexual orientation and gender identity and expression.

INNOVATIVE

AGENCY PAYS ALL staff family-provider wages where they could afford to provide for a family on their salary

AGENCY HAS AN LGBTQ-affirming policy for all staff which explicitly outlines what that agency will do proactively and what staff are expected to do in order to be affirming of sexual orientation, gender identity, and expression.



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