



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 LGBTQ SOCIAL SERVICE PROVIDERS

## DATA COLLECTION AND LANGUAGE SCREENING FOR DV/IPV

### INEFFECTIVE

**CLIENTS ARE NOT** screened for DV/IPV when accessing services.

### PARTIAL

**CLIENTS ARE ASKED** on intake forms if they have experienced DV.

**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

**CLIENTS ARE VERBALLY** screened for DV/IPV when accessing supportive services or health care. This screening is done privately, and if a support person or partner is in the room, they are asked to leave prior to the question being asked.

**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

**SCREENING QUESTIONS ARE** explicitly explained to clients with an explanation such as "because domestic violence is not talked about enough in the LGBTQ community and is one of the largest health issues impacting LGBTQ individuals, we ask this question as a part of our screening process."

**VERBAL SCREENING QUESTIONS** do not rely on just a yes or no question to "have you experienced domestic violence", but rather rely on questions with less pressure such as "are you having any problems with your partner?" and asking exploratory follow up questions.

## VISUAL CUES AND INCLUSIVE SPACES VISUAL CUES

### INEFFECTIVE

**AGENCY HAS NO VISUAL** indicators that they provide supportive services to LGBTQ survivors of IPV.

### PARTIAL

**AGENCY HAS BROCHURES** and information available on local DV resources, which are given to clients when they disclose DV.

### COMPREHENSIVE

**AGENCY HAS BROCHURES,** posters, and information on local DV resources in the community and at that agency specifically that are available in all common spaces and waiting areas.

### INNOVATIVE

**AGENCY HAS BROCHURES,** posters, and information on local DV resources in the community that are available in all common spaces and waiting areas and are available in multiple languages.

**AGENCY DOES ACTIVE** outreach in the community for LGBTQ DV-specific programs and general awareness building on the issue of LGBTQ IPV.

# VISUAL CUES AND INCLUSIVE SPACES

## TRAUMA INFORMED SPACE

### INEFFECTIVE

**WAITING AREAS ARE** crowded, dense, loud, and lack privacy. Clients who have experienced trauma may feel stressed, overwhelmed, or afraid while waiting to seek services.

**SAFETY AND RISK** of DV/IPV are not assessed when staff schedule virtual meetings with clients.

### PARTIAL

**CLIENTS ARE GIVEN** options on where to wait and allowed to wait outside if needed before accessing services in-person.

**THE PHYSICAL OFFICE** space may have some calming and light-colored visual elements that make the environment feel calm and relaxing.

**CLIENTS ARE ASKED** on the phone if they are experiencing DV/IPV before scheduling a virtual appointment.

### COMPREHENSIVE

**STAFF ARE AWARE** of trauma informed best practices such as the importance of giving LGBTQ survivors of IPV power and control in their healing process and incorporate that into the process of making all clients feel comfortable at the onset of services.

**STAFF ASK FOR** consent and permission wherever possible.

**TRANSLATION SERVICES ARE** clearly and easily available and advertised.

**CLIENT SAFETY AND** risk of an abuser being physically present is assessed in-person before scheduling virtual meetings.

### INNOVATIVE

**PHYSICAL MEETING SPACES** and staff practices are designed to maximize client agency, choice, and comfort.

**OFFICE SPACE IS** open with clear sightlines and few barriers. There are private spaces for a client to wait.

**CLIENTS ARE GIVEN** agency and choice at every possible opportunity from the moment they seek or schedule services as well as continuously throughout their experience receiving services.

**MOBILE SERVICES AND/OR** transportation assistance is offered so that staff can meet clients where they are at. As a result, barriers are reduced for clients who struggle to access transportation or face risks to their safety in virtual meeting settings if that client does not have a safe, private location.

# DIRECT WORK WITH SURVIVORS SUPPORTING CLIENTS WHO ARE SURVIVORS OF IPV

### INEFFECTIVE

**STAFF SOMETIMES OR** often do not believe LGBTQ survivors about the seriousness of the DV they are experiencing. Staff may ask LGBTQ survivors what they did to cause the abuse, suggest that survivors take personal responsibility for the problems in the relationship, and/or recommend LGBTQ survivors pursue couples therapy as a solution to DV. LGBTQ survivors frequently leave interactions with staff with feelings of increased self-blame and shame.

### PARTIAL

**STAFF SOMETIMES OR** often pressure clients who are survivors of DV to leave abusive relationships.

**STAFF SOMETIMES OR** often tell clients what they “should do” or “have to do” when they are in an abusive relationship.

### COMPREHENSIVE

**STAFF LISTEN, BELIEVE,** and supports clients who disclose DV.

**STAFF EMPOWER LGBTQ** survivors to make the decisions that are right for them while providing them with resources, tools, and knowledge.

### INNOVATIVE

**STAFF PROACTIVELY DISCUSS** healthy vs. unhealthy vs. abusive relationship dynamics with clients.

**AGENCY OFFERS SUPPORT** groups, crisis counseling, and specialized therapy to LGBTQ survivors of IPV.

**AGENCY OFFERS SUPPORT** groups that are specific to BIPOC LGBTQ survivors.

**DIRECT  
WORK WITH  
SURVIVORS  
SUPPORTING  
CLIENTS  
WHO ARE  
SURVIVORS  
OF IPV**

INEFFECTIVE	PARTIAL	COMPREHENSIVE	INNOVATIVE
<p><b>STAFF SOMETIMES OR</b> often only recognize DV in situations of physical violence.</p> <p><b>STAFF SOMETIMES OR</b> often ignore DV and/or tells clients that they can't take sides when clients disclose DV.</p>	<p><b>STAFF PRESSURE LGBTQ</b> survivors to report DV to police.</p>	<p><b>STAFF SUPPORT CLIENTS</b> in understanding the LGBTQ power and control wheel and cycle of violence and talk about the dynamics of LGBTQ IPV with clients.</p>	<p><b>AGENCY OFFERS BATTERERS'</b> Intervention Programs and specialized therapy to LGBTQ perpetrators of IPV.</p> <p><b>IPV SERVICES ARE</b> language accessible. Translation services are easily available and there are multiple bilingual staff members.</p>

**DIRECT  
WORK WITH  
SURVIVORS  
STAFF  
TRAINING**

INEFFECTIVE	PARTIAL	COMPREHENSIVE	INNOVATIVE
<p><b>STAFF RECEIVE NO</b> training or information on working with LGBTQ IPV survivors.</p>	<p><b>STAFF ARE INFORMED</b> about training opportunities in the community on IPV.</p>	<p><b>STAFF RECEIVE IN-HOUSE</b> training on recognizing signs of IPV, IPV interventions, and safety planning with survivors of IPV.</p>	<p><b>STAFF CAN RECOGNIZE</b> signs of IPV and are knowledgeable about interventions, safety planning with survivors, and supporting the unique and specific challenges and barriers that LGBTQ survivors of IPV face.</p> <p><b>STAFF RECEIVE TRAINING</b> on diversity, equity, and inclusion and are committed to anti-racism in the way they approach working with survivors of IPV.</p> <p><b>AGENCY HAS STAFF</b> on-site who are trained domestic violence advocates who can provide support to clients</p> <p><b>AGENCY IS CONNECTED</b> to local DV programs and they regularly provide each other with support and training.</p>

**DIRECT  
WORK WITH  
SURVIVORS  
SAFETY  
PLANNING**

INEFFECTIVE	PARTIAL	COMPREHENSIVE	INNOVATIVE
<p><b>STAFF HAVE NO</b> knowledge about safety planning and are unable to safety plan with clients. Staff tell clients they have to report to police when clients disclose DV.</p>	<p><b>STAFF UNDERSTAND WHAT</b> a safety plan is and tell clients to call DV hotlines to establish a safety plan.</p>	<p><b>STAFF ARE KNOWLEDGEABLE</b> about safety planning and are able to work with LGBTQ survivors to establish a safety plan that is individualized, specific, and on-going.</p> <p><b>SAFETY PLANNING DOES</b> not rely on police interventions if a survivor doesn't want to engage law enforcement. Staff are knowledgeable about the unique and specific ways in which BIPOC LGBTQ survivors may need more safety planning support around navigating police involvement.</p>	<p><b>STAFF PROVIDE TANGIBLE</b> support for a client's safety plan in addition to the safety plan counseling including shelter, transitional housing, financial assistance, camera installation, lock changes, and more.</p>

# AGENCY POLICIES AND PROCEDURES

## STAFF SAFETY AND TREATMENT

### INEFFECTIVE

**STAFF RECEIVE NO** protection or support if they disclose DV to HR or their supervisor.

**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

**IF A STAFF** member discloses DV to HR or their supervisor, they may be allowed to take unpaid short-term time off for court or legal proceedings if they provide documentation of proof.

**AGENCY PAYS STAFF** 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 salary.

### COMPREHENSIVE

**IF A STAFF** member discloses DV to HR or their supervisor, they can use sick time, vacation time, or unpaid time, without restrictions on time or requirements of documentation to navigate their safety and healing needs.

**AGENCY PAYS STAFF** above living wage.

**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 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

**THE AGENCY PROVIDES** paid time off for survivors navigating their safety and healing needs for DV.

**THE AGENCY PROACTIVELY** lets employees know about their employment rights, protections, services, and benefits if they are experiencing DV.

**THE AGENCY PROVIDES** paid time off for staff pursuing regular therapy or care related to their mental health.

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

# DIRECT WORK WITH SURVIVORS

## RESOURCE KNOWLEDGE

### INEFFECTIVE

**STAFF DO NOT** know of or provide referrals to DV resources in the community.

### PARTIAL

**STAFF PROVIDE RESOURCES** and referrals to local DV resources when clients disclose DV.

### COMPREHENSIVE

**STAFF ARE KNOWLEDGEABLE** about local DV resources and referrals and comfortable making referrals.

**STAFF ASSESS SAFETY** before sending survivor home with materials on DV.

### INNOVATIVE

**STAFF HAVE ACTIVE** partnerships with local DV organizations and frequently provide each other with resources as well as cross-training and collaboration.

**DIRECT  
WORK WITH  
SURVIVORS**  
**SEXUAL  
HEALTH CARE**

**INEFFECTIVE**

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

**NO INFORMATION OR** incorrect information is provided to clients on sexual health verbally or in writing. health coercion at all.

**PARTIAL**

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

**STAFF PROVIDE WRITTEN** materials on reproductive coercion, birth control, STI testing, and sexual health at a client's request or at staff's discretion.

**COMPREHENSIVE**

**STAFF 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, STI/HIV testing, PrEP and PEP, and sexual health.

**INNOVATIVE**

**STAFF ARE TRAINED** in being able to talk confidentially and comfortably 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.

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

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



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