

**STRENGTHS**

**GAPS**

**AND RESILIENCE**

**CHALLENGES**

A National Field Needs Assessment on Services for LGBTQ+ Survivors



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.

# INTRODUCTION

**The National LGBTQ Institute on Intimate Partner Violence (Institute) was created to significantly enhance the safety, well-being, support, and health** of LGBTQ+ survivors of intimate partner and domestic violence throughout the United States. The Institute is a project of the Los Angeles LGBT Center, the nation's oldest and largest community-based LGBTQ+ service and support organization, in partnership with the National Coalition of Anti-Violence Programs (NCAVP) and In Our Own Voices Inc. The Institute delivers state-of-the-art training and technical assistance that expand the capacity of public and private agencies to provide culturally relevant, survivor-centered intimate partner violence intervention and prevention services to LGBTQ+ people.

The Institute conducts research to identify evidence-informed interventions and generate effective policy and legal initiatives at the local, state, and national levels, with the dual goals of increasing the quality and accessibility of LGBTQ+ intimate partner violence services and expanding the rights of LGBTQ+ IPV survivors.

To that end, in 2024, the Institute launched a needs assessment survey to determine the strengths, gaps, challenges, and areas of support needed to improve U.S. survivor service providers' ability to serve LGBTQ+ survivors. 134 survivor service providers responded to this survey, and the following report documents the perspective and voices of the domestic violence survivor support field.

The results laid out in this report shed light on both long-term challenges for the domestic violence (DV) field, as well as more recent trends growing out of the country's current political and social climate.

## KEY FINDINGS

**Tailored Services:** 46% of organizations did have programs specifically for LGBTQ+ survivors

**LGBTQ+ Clients:** 40% of respondents strongly agreed that LGBTQ+ survivors were accessing services from their organization.

**Cultural Competence:** When asked if they were very confident their organizations could serve various segments of the LGBTQ+ community, 39% said yes for lesbian survivors, 38% for bisexual/pansexual women survivors, 36% for gay men survivors, 31% for bisexual/pansexual men survivors, 31% for nonbinary, genderqueer, and gender nonconforming people, 28% for transgender women, and 28% for transgender men.

**Racial Justice:** When asked if they were very confident their organizations could serve specific racial cohorts of Black, Indigenous, and People of Color (BIPOC) LGBTQ+ survivors, 33% said yes for Black/African American

LGBTQ+ survivors, 30% for Latine LGBTQ+ survivors, 28% for Asian or Asian American LGBTQ+ survivors, 28% for Indigenous or Native American LGBTQ+ survivors, and 27% for Middle Eastern LGBTQ+ survivors.

**LGBTQ+ Staff:** 26% of respondents strongly agreed that the staff at their organization reflects the LGBTQ+ community. 28% said the leadership of their organization reflects the LGBTQ+ community. Only 13% said their leadership included BIPOC LGBTQ+ people.

**Areas of Need for DV Organizations:** The three areas most marked as a critical need were establishing LGBTQ+ survivor support groups, establishing LGBTQ+ batterers intervention programs/treatment programs for abusive partners, and meeting the sexual and reproductive health care needs of LGBTQ+ survivors.

**Areas of Need for LGBTQ+ Survivors:** 72% of respondents included housing and homelessness among the areas of most pressing need for the LGBTQ+ survivors they serve. 57% said mental health.

**Current State of Anti-LGBTQ+ Discrimination:** LGBTQ+ survivors' challenges are compounded by the wave of anti-LGBTQ+ discrimination in the U.S. today, particularly survivors who are trans and/or immigrants.

**Discrimination from Other Clients:** Survey participants reported a rising trend in conflicts between clients over LGBTQ+ issues.

## LONGTERM CHALLENGES

Intimate partner violence (IPV) is one of the most critical health crises confronting LGBTQ+ people in the U.S. today. Research has consistently concluded that LGBTQ+ people are at higher risk of experiencing psychological, physical, and sexual IPV.<sup>1</sup> This increased prevalence is partially due to pervasive discrimination and violence rooted in homophobia, biphobia, transphobia, and queerphobia. This continuing crisis is paired with a severe shortage of tailored, specific, trauma-informed LGBTQ+ victim services.<sup>2</sup> Transgender survivors often face even more barriers and discrimination in trying to access safety and support.<sup>3</sup>

LGBTQ+ survivors need and deserve community-specific services. Today, 46% of organizations surveyed do have programs specifically for LGBTQ+ survivors, yet only 40% strongly agreed that LGBTQ+ survivors were accessing services from their organization.

Unfortunately, respondents did not feel their organizations were equipped to provide culturally competent services to all segments of the LGBTQ+ community. Though 39% said they were very confident in their group's ability to

<sup>1</sup> Messinger, Adam M., *LGBTQ Intimate Partner Violence: Lessons for Policy, Practice, and Research*, University of California Press, Oakland, 2017.

<sup>2</sup> Aulivola, Michelle, "Outing Domestic Violence", *Family Court Review* 42, No. 1 (2004): 162-177

<sup>3</sup> Holt, Susan PsyD; Whirry, Robert. "Finding Safety: A Report About LGBTQ Domestic Violence and Sexual Assault", Los Angeles LGBT Center. September, 2022. [https://stopviolence.laigbtcenter.org/wp-content/uploads/2022/08/Finding\\_Safety.pdf](https://stopviolence.laigbtcenter.org/wp-content/uploads/2022/08/Finding_Safety.pdf)

serve lesbian survivors, 38% for bisexual/pansexual women survivors, and 36% for gay men survivors, only 31% were as confident about their ability to serve bisexual/pansexual men survivors; 31% for nonbinary, genderqueer, and gender nonconforming people; 28% for transgender women; and 28% for transgender men.

Similarly, there was a gap between their ability to serve white LGBTQ+ survivors and their ability to serve Black, Indigenous, and other People of Color (BIPOC) LGBTQ+ survivors. 33% said they were very confident about services for Black/African American LGBTQ+ survivors and 30% for Latine LGBTQ+ survivors, but the numbers were less for other groups. 28% said they were confident in their organizations' ability to serve Asian or Asian American LGBTQ+ survivors with optimal cultural competence, 28% for Indigenous or Native American LGBTQ+ survivors, and 27% for Middle Eastern LGBTQ+ survivors.

Service providers' ability to recruit staff who reflect the community of survivors they seek to serve similarly remains an ongoing challenge. 26% of respondents strongly agreed that the staff at their organization reflects the LGBTQ+ community. 28% said the leadership of their organization reflects the LGBTQ+ community. Only 13% said their leadership included BIPOC LGBTQ+ people.

Finally, housing (72%) and mental health (57%) were rated as the areas of most pressing need for LGBTQ+ survivors, both having been present as challenges over the long arc of the movement to combat IPV in the U.S.

## EMERGING TRENDS

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All survivors of intimate partner violence face tremendous barriers to accessing services. Survivors who are lesbian, gay, bisexual, transgender, and queer also carry the additional burdens of anti-LGBTQ+ discrimination. Unfortunately, the current wave of discrimination—particularly focused on trans people and immigrants—has further increased the barriers LGBTQ+ people must overcome before taking even the first step towards getting help. Respondents observed that distrust of institutions like law enforcement and even their own agencies has increased.

Many respondents noted they were more frequently hearing from clients, funders, and other stakeholders who had been emboldened to speak out against LGBTQ+ people and question organizations that are explicitly welcoming to a diverse clientele.

Respondents who work in settings where clients regularly interact with one another, like shelters, reported an uptick in the number of conflicts that arose between individual survivors over their real or perceived sexual orientation, gender identity, or gender expression.

Most organizations represented in this survey have undergone some level of LGBTQ+ cultural competence training, and many have made great strides in hiring more diverse LGBTQ+ staff members. However, many team members were not equipped to speak back to impassioned misconceptions and accusations about the LGBTQ+ community, nor to de-escalate these conflicts between clients.

But rising anti-LGBTQ+ animus is having an impact beyond individuals' attitudes. Some organizations have been affected by policy changes resulting from this societal shift. For example, one respondent noted that a neighboring state had passed a law explicitly making it legal to discriminate on the basis of gender identity in shelter services. Many in their area feared these kinds of changes could spread and worsen.

Although this rise in anti-LGBTQ+ legislation and sentiment has had a greater impact in some parts of the country than others, even respondents operating in relatively accepting areas reported feeling the effects. More than one response mentioned increased demands on their systems spurred by an influx of LGBTQ+ survivors coming to their cities from neighboring states, effectively displaced by the lack of affirming services in their own hometowns.

Finally, a respondent shared the belief that threats of violence were on the rise overall, across the country. Although this was expressed by only one individual, their words can be a call-to-action for the domestic violence, sexual assault, and anti-violence fields to continue building power and LGBTQ+ competency.

## METHODOLOGY

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The findings are based on the responses of 134 individuals representing survivor service organizations around the country. Respondents were sourced through broad recruitment efforts, including through listservs, as well as state and tribal domestic violence/sexual assault coalitions. The survey was fielded in the autumn of 2024. More context about the kinds of organizations represented are in the third section, "Demographics."

The Institute did not weight the sample in any way and did not perform regression analyses to establish causal relationships or statistical significance. Frequencies are rounded to the nearest whole number. Where necessary, individual respondents are referred to as they/them.

This project is supported by the Office of Family Violence Prevention and Services (OFVPS)/Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,250,000. with 100% percent funded by OFVPS/ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, OFVPS/ACF/HHS, or the U.S. Government. For more information, please visit <https://acf.gov/grants/administrative-and-national-policy-requirements>.

## ACKNOWLEDGEMENTS

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This needs assessment would not be possible without the [Asian Pacific Institute on Gender Based Violence](#), [Esperanza United](#), and [Ujima: the National Center on Violence Against Women in the Black Community](#), who created the "[Needs Assessment Report: Insights from AANHPI-Serving Gender-Based Violence Community Partners](#)," from which this project benefited from heavily.

The Institute is also deeply indebted to the 134 organizations that participated in the survey, lending their time and expertise.

# FINDINGS

In the following sections, the results of the survey are first laid out question-by-question, followed by demographic information on the respondents and their organizations for context. The report concludes with a section titled “Drawing the Connections,” which brings together threads from various questions that address repeating themes in the findings. Finally, there is an appendix detailing the national and international resources respondents are already drawing upon in their work.

## LGBTQ+ SERVICES

When asked if their organizations had services specifically for the LGBTQ+ community, the majority (64%) said no.

Among the 36% of respondents who said they did offer services specifically for LGBTQ+ people, the most common form was mental health support, including counseling, group therapy, substance abuse services, and peer-to-peer support. Other organizations offered trans-specific services like identity document gender- and name-change clinics and gender-affirming healthcare support. Still others mentioned legal aid for LGBTQ+ people, and a few even had LGBTQ+ advocacy projects.

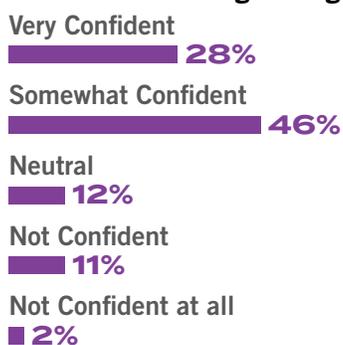
Many noted that significant work had been done to ensure that the services they provided for a broad clientele are accessible to LGBTQ+ people. Of course, having a policy that welcomes survivors of all genders and sexualities is good, but LGBTQ+ survivors need and deserve specialized, appropriate, and relevant services, not just access to IPV spaces.

Some respondents said that they did not provide LGBTQ+-specific services themselves, but their organization maintains a robust list of organizations they can refer individuals to for tailored community care.

## CULTURAL COMPETENCE

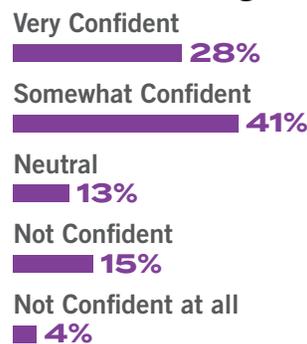
Respondents were asked how confident they were that their organization was culturally competent and responsive to individual LGBTQ+ community cohorts. They ranked their confidence with regards to 16 different communities on a scale of one to five.

### Confidence Serving Transgender Women Survivors

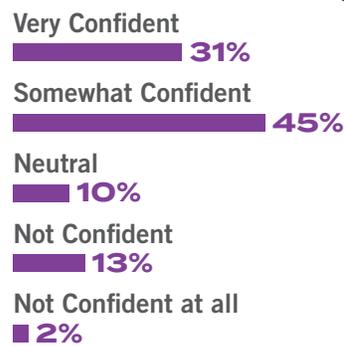


“NO, WE DON’T PROVIDE LGBTQ-SPECIFIC SERVICES, BUT WE HAVE DONE A LOT IN THE LAST SEVEN YEARS TO IMPROVE OUR VISIBILITY IN THE COMMUNITY. ALL OUR SERVICES ARE OPEN TO ALL. EVEN OUR SHELTER NOW HOUSES ALL INDIVIDUALS.”

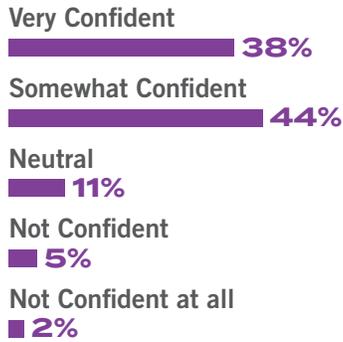
### Confidence Serving Transgender Men Survivors



### Confidence Serving Nonbinary, Genderqueer, and Gender Nonconforming Survivors



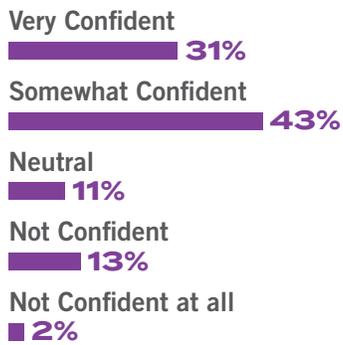
### Confidence Serving Bisexual/Pansexual Women Survivors



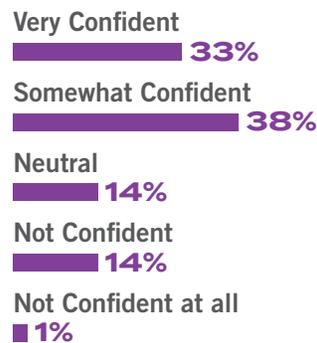
Respondents were most confident about their organizations' ability to serve women, whether those women were lesbians (39% very confident) or bisexual/pansexual (38% very confident). They were much less confident when it came to trans survivors, including nonbinary people (31% very confident), trans men (28% very confident), and trans women (28% very confident). Of course, it is important to keep in mind that these categories are not all mutually exclusive. Individual trans women survivors, for example, may also be lesbians, bisexual, or pansexual.

In addition to the gender and sexual orientation cohorts, respondents rated their confidence in their organizations' cultural competency to serve five cohorts of LGBTQ+ people of color by race.

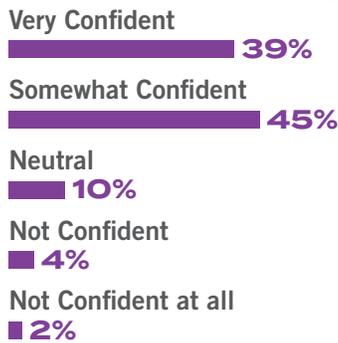
### Confidence Serving Bisexual/Pansexual Men Survivors



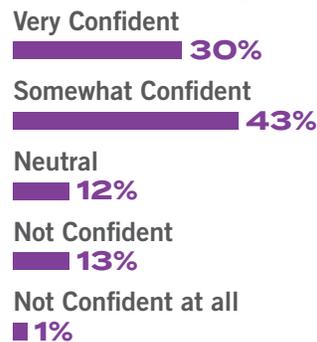
### Confidence Serving Black/African American LGBTQ+ Survivors



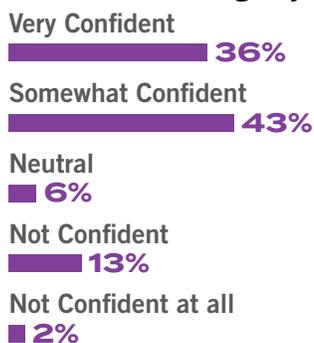
### Graph: Confidence Serving Lesbian Survivors



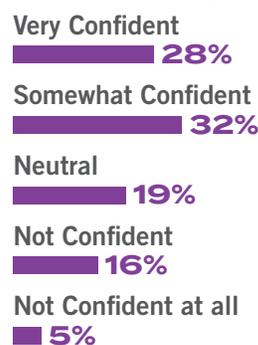
### Confidence Serving Latine LGBTQ+ Survivors



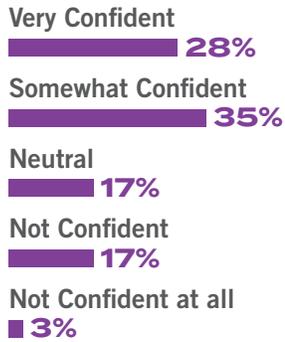
### Confidence Serving Gay Men Survivors



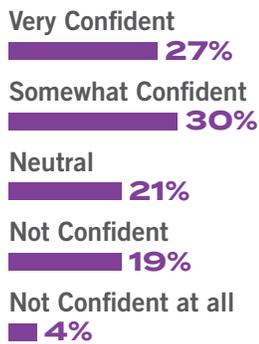
### Confidence Serving Indigenous American/Native American LGBTQ+ Survivors



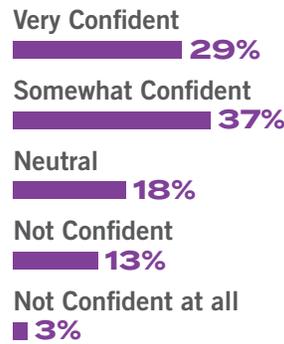
### Confidence Serving Asian or Asian American LGBTQ+ Survivors



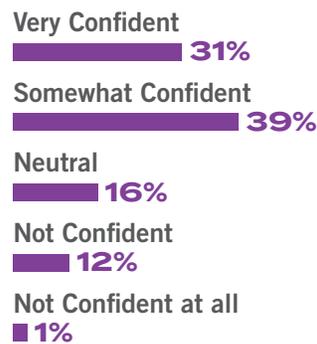
### Confidence Serving Middle Eastern LGBTQ+ survivors



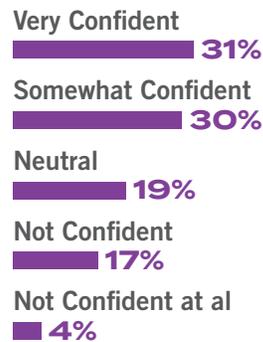
### Graph: Disabled LGBTQ+ survivors



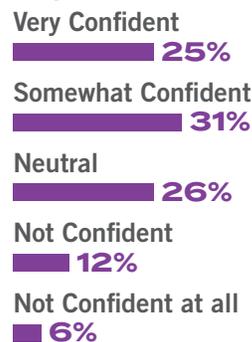
### Unhoused LGBTQ+ survivors



### LGBTQ+ survivors living with HIV



### Polyamorous individuals



Among the racial cohorts, respondents were the least confident their organizations could effectively serve LGBTQ+ survivors who are Asian or Asian American (28%) and those with heritage from the Middle East-North Africa region [JH3] (27%). Again, it is important to note that not all these groups are mutually exclusive. An individual survivor may be Latine and Black, for example, or they may be Middle Eastern and Black.

Finally, the respondents applied the same rating system to four additional cohorts of LGBTQ+ survivors—those with disabilities, those who are unhoused, those living with HIV, and polyamorous LGBTQ+ survivors.



Overall, the groups the respondents were most confident about were lesbian women (39%) and bisexual/pansexual women (38%). They also felt quite confident about gay men (36%). But, among the racial cohorts, they felt the most confident about Black/African American LGBTQ+ survivors (33%).



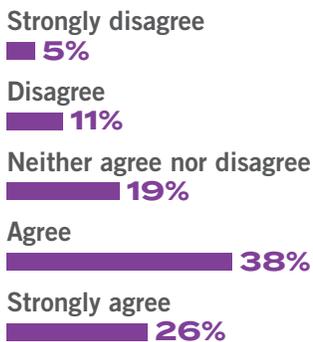
On the other end of the confidence spectrum, very few respondents checked “not at all confident” for any group. However, the spread of groups about whom they said “not confident” is instructive for comparison.



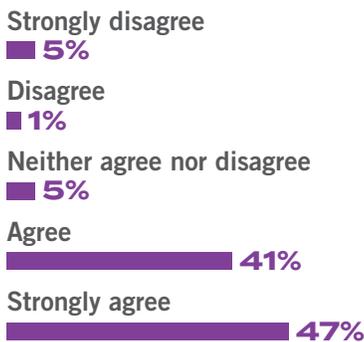
## LGBTQ+ STAFF

The survey participants answered a series of questions related to LGBTQ+ inclusion and staffing at their organization. About a quarter (26%) said they strongly agree that their staff teams reflected the LGBTQ+ community, and an even larger number (47%) said they strongly agree that their teams actively promote LGBTQ+ inclusion. Only 5% said they strongly disagree that their staff reflects the LGBTQ+ community, and the same number said they strongly disagree that they promote and acknowledge LGBTQ+ inclusion.

### “Our Staff Reflects the LGBTQ+ Community”

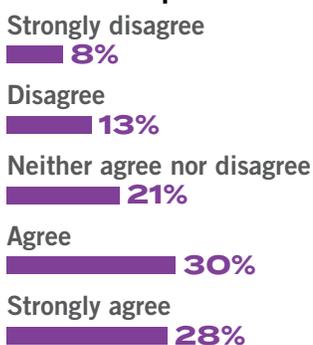


### “Our staff Promotes and Acknowledges LGBTQ+ Inclusion”



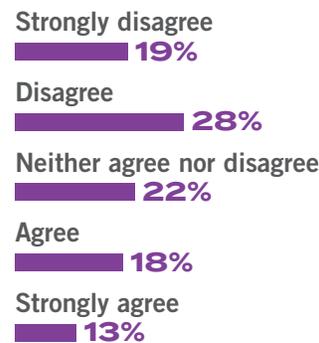
A similar number of respondents strongly agreed that their organization’s staff not only reflected the LGBTQ+ community, but that LGBTQ+ people were also in leadership roles, in positions such as managers directors, and even board members. Only 8% strongly disagreed that LGBTQ+ people were in their leadership.

### LGBTQ+ People in leadership



Of course, a staff cannot fully reflect the LGBTQ+ community unless it is also inclusive of LGBTQ+ people of color. Unfortunately, a smaller number (13%) of respondents strongly agreed that Black, Indigenous, and people of color (BIPOC) LGBTQ+ were a part of their leadership compared to LGBTQ+ people of any race in leadership (28%).

### There are BIPOC LGBTQ+ People in Leadership



**“I THINK WE HAVE A LONG WAY TO GO.”**

Respondents identified a range of ways their organizations create a safe and supportive environment for LGBTQ+ staff. Some noted that integrating welcoming language into job postings and on-boarding processes are among the first steps needed to attract and affirm diverse team members.

Policies and benefits were also repeated themes, including partner benefits and coverage for transition-related care. Other strategies included all-gender bathrooms and encouragement for sharing pronouns as a matter of course.

A few notable responses highlighted attempts by their organizations to make sure that LGBTQ+ staff inclusivity is earmarked in their budgets. In terms of the intersection with racial justice and language justice, some respondents said their organizations had moved to a pay scale that took into account those staff members who were working bilingually.

Many of these changes and policies were achieved through

employee committees and internal working groups, who were sometimes also in charge of ensuring ongoing trainings were taking place for all staff. The very act of convening these committees was a signal of inclusion, as long as they had genuine support from leadership. Some of these committees conducted internal staff surveys in order to hear from their whole team and track sentiment over time.

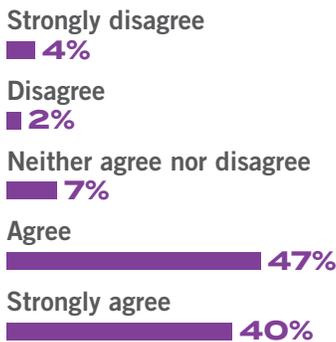
Finally, one of the most mentioned ways that respondent organizations created a welcoming environment was by ensuring that LGBTQ+ inclusion was reflected in the work itself. This meant ensuring access to LGBTQ+ clients, providing LGBTQ+ services, maintaining a presence at local LGBTQ+ events like Pride festivals, and partnering with organizations working specifically on LGBTQ+ issues.

Some respondents were vulnerable in describing where their organizations were on their journey towards becoming welcoming and supportive, even if they were currently falling short of where they hoped to be.

## LGBTQ+ CLIENTS

In various parts of the survey, respondents mentioned that one of the hurdles to serving LGBTQ+ survivors was simply finding them. When asked directly whether they agreed that LGBTQ+ survivors were accessing their services, 40% strongly agreed, and 4% strongly disagreed.

### “LGBTQ+ Survivors are Accessing our Services”



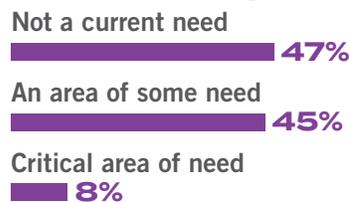
## AREAS OF NEED

Respondents were asked to consider fourteen different ways of creating an inclusive environment and services for LGBTQ+ people and rate whether each is a current area of need for their organization.

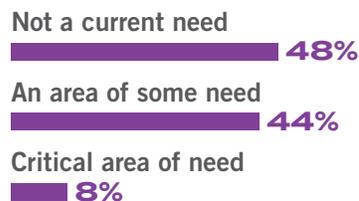
### Needs around LGBTQ+ Inclusive Data Collection/ Intake Processes



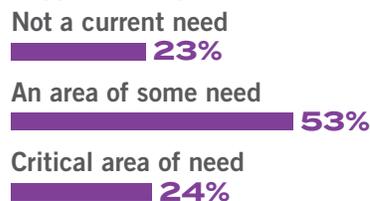
### Needs around Using LGBTQ+ Inclusive Language



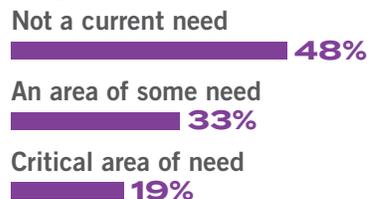
### Needs around Visually Indicating LGBTQ+ Inclusion Efforts



### Needs around Establishing LGBTQ+ Survivor Support Groups

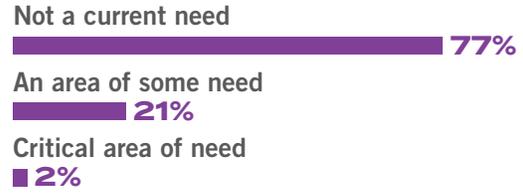


### Needs around Establishing LGBTQ+ Inclusive Batterers Intervention Programs/Treatment Programs for Abusive Partners

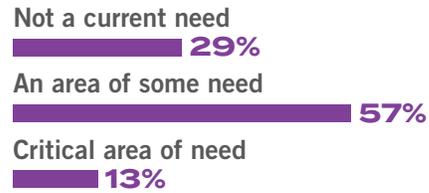




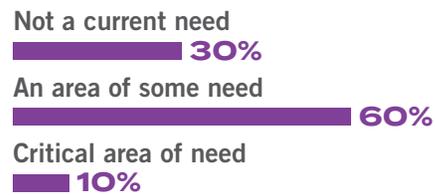
### Needs around Protecting Client or Participant Information on Sexual Orientation and Gender Identity



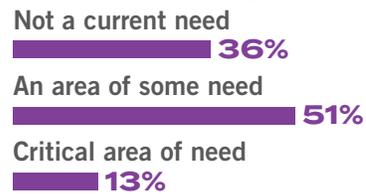
### Need for Knowledge of LGBTQ+-specific Barriers and Challenges



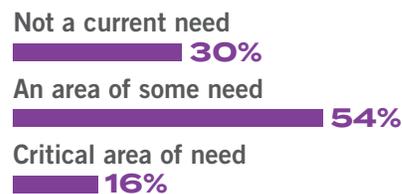
### Need for Knowledge of Local LGBTQ+-specific Resources



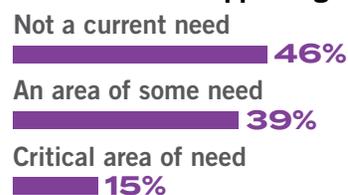
### Need for Staff Training on Working with LGBTQ+ Survivors



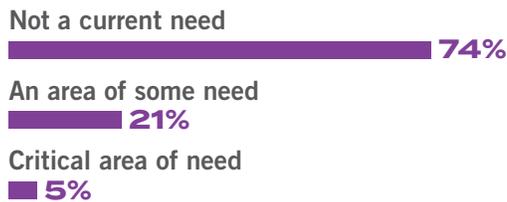
### Needs around Sexual and Reproductive Health Care for LGBTQ+ Survivors



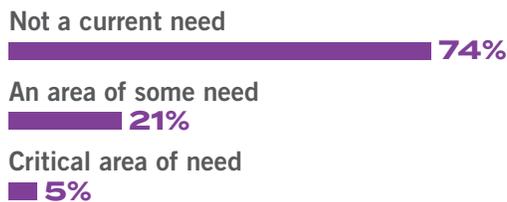
### Needs around Supporting LGBTQ+ Staff Internally



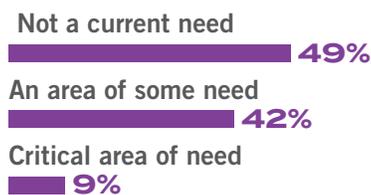
### Needs around Creating LGBTQ+ Inclusive/Gender Inclusive Restrooms



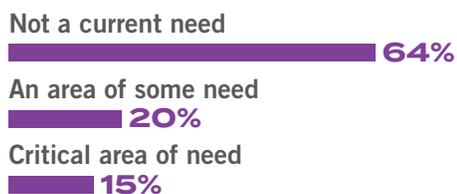
### Needs around Creating LGBTQ+ Inclusive/Gender Inclusive Restrooms



### Needs around LGBTQ+ Inclusion in Written Materials



### Needs around LGBTQ+ Inclusion within Shelter Spaces



The area most commonly identified as a critical need was “establishing LGBTQ+ survivor support groups” (24%), followed by “establishing LGBTQ+ inclusive batterers intervention programs/treatment programs for abusive partners” (19%) and “meeting the sexual and reproductive health care needs of LGBTQ+ survivors” (16%). LGBTQ+ sexual and reproductive health care, particularly for trans people, appear later in the survey as another area in which many organizations said they need training.

### Critical Areas of Need

- Establishing LGBTQ+ survivor support groups **24%**
- Establishing LGBTQ+ inclusive batterers intervention programs/treatment programs for abusive partners **19%**
- Meeting the sexual and reproductive health care needs of LGBTQ+ survivors **16%**
- LGBTQ+ inclusion within shelter spaces **15%**
- Supporting LGBTQ+ staff internally **15%**
- Knowledge of LGBTQ+-specific barriers and challenges **13%**
- Staff training on working with LGBTQ+ survivors **13%**
- Knowledge of local LGBTQ+-specific resources **10%**
- LGBTQ+ inclusion in written materials **9%**
- Visually indicating LGBTQ+ inclusion efforts **8%**
- LGBTQ+ inclusive data collection/intake processes **8%**
- Using LGBTQ+ inclusive language **8%**
- Creating LGBTQ+ inclusive/gender inclusive restrooms **5%**
- Protecting client or participant information on sexual orientation and gender identity **2%**

### Not A Current Need

- Protecting client or participant information on sexual orientation and gender identity **77%**
- Establishing LGBTQ+ survivor support groups **74%**
- Creating LGBTQ+ inclusive/gender inclusive restrooms **74%**
- LGBTQ+ inclusion within shelter spaces **64%**
- LGBTQ+ inclusion in written materials **49%**
- Establishing LGBTQ+ inclusive batterers intervention programs/treatment programs for abusive partners **48%**
- Visually indicating LGBTQ+ inclusion efforts **48%**
- Using LGBTQ+ inclusive language **47%**
- Supporting LGBTQ+ staff internally **46%**
- LGBTQ+ inclusive data collection/intake processes **45%**
- Staff training on working with LGBTQ+ survivors **36%**
- Meeting the sexual and reproductive health care needs of LGBTQ+ survivors **30%**
- Knowledge of local LGBTQ+-specific resources **30%**
- Knowledge of LGBTQ+-specific barriers and challenges **29%**

The area most respondents rated as not being a current need was “protecting client or participant information on sexual orientation and gender identity” (77%). “Creating LGBTQ+ inclusive/gender inclusive restrooms” (74%) appeared second in the list, along with “establishing LGBTQ+ survivor support groups” (53%). Interestingly, “establishing LGBTQ+ survivor support groups” appeared among the list of areas most frequently identified as “not a current need,” as well as “a critical need.” This may resonate with the fact that this kind of program was among the most mentioned form of LGBTQ+-specific service that organizations already have in place. We may interpret, therefore, that for many organizations it is not a need because they have already done the work to establish this kind of service, and, for other organizations who have not, they place a high value on its potential utility.



## BARRIERS TO MEETING THE NEEDS OF THE LGBTQ+ SURVIVORS

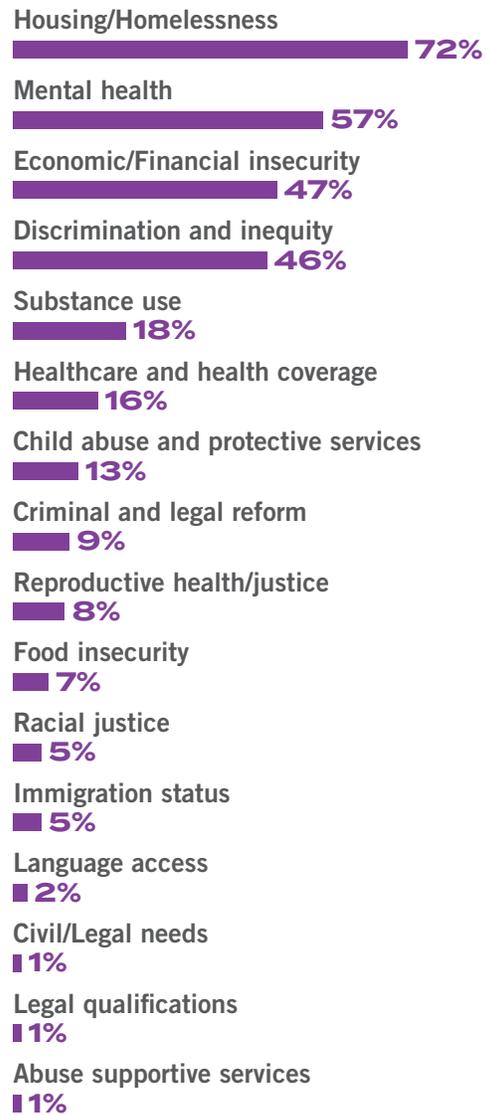
When asked about the primary reasons organizations were unable to meet the needs of LGBTQ+ survivors, 20% said the question did not apply to them because they are meeting the community’s needs with their current resources.

Of the five options presented for not meeting the needs of LGBTQ+ survivors, the most selected was staff capacity (49%). The second was access to funding (40%) and lack of resources, including language access (40%).

**“What are the primary reasons your organization has not been able to meet the needs of the LGBTQ+ survivors you serve?”**



**Top 3 Most Pressing Areas of Need Amongst the LGBTQ+ Survivors**



Additionally, respondents were given the opportunity to write-in barriers not already listed. These included:

- Lack of prioritization
- Lack of understanding or commitment from upper management
- Lack of marketing
- Small or hidden local LGBTQ+ communities
- Limited LGBTQ+-specific housing
- Lack of community spaces for LGBTQ+ individuals
- “Honestly, we are not sure”



**INTERSECTING ISSUES**

Respondents were asked to consider the intersecting issues that impact their LGBTQ+ clients. They then selected the top three that they saw reflected in their work.

The issue that received the most votes was housing/homelessness (72%), followed by mental health (57%), financial insecurity (47%), and discrimination and inequity (46%).

When asked to elaborate on their choices, some respondents mentioned how difficult it was to choose a top three because so many issues are mutually reinforcing.

However, echoing its placement as the most checked answer on the list, housing was discussed most often in these open-ended responses. One respondent pointed out that IPV almost always causes issues around housing, but LGBTQ+ face significant increased barriers to finding new housing quickly. For many LGBTQ+ survivors, a compounding factor can be disrupted family relationships due to homophobia, biphobia, and transphobia, which cuts off a major source of emergency housing and financial support that some straight and cisgender people have access to. Additionally, many emergency housing options like shelters may be gender-segregated, creating sometimes

insurmountable hurdles for trans, nonbinary, and all gender non-conforming LGBTQ+ people. Finally, some respondents from various parts of the country noted that the localities they serve were facing broad housing shortages that only raised the stakes for those in housing crisis.

Some respondents noted the recent trend of increased limitations on sexual, reproductive, and gender-affirming healthcare, which they saw intersecting with the issues surrounding IPV for LGBTQ+ people. These and other recent anti-LGBTQ+ or otherwise discriminatory laws not only had a direct impact on survivors they were working with, but also made some survivors even less able to trust systems of all kinds, including ones that were designed to help them.

## **CULTIVATING RACIAL JUSTICE**

As with staff teams, an organization can only truly reflect the LGBTQ+ community if it includes BIPOC LGBTQ+ people. The same is true in terms of the services an organization provides.

The survey asked how organizations are bringing racial justice interventions into their work and listed examples including promoting diversity in leadership, holding listening sessions with BIPOC community members, regular staff and board equity training, and evaluating and shifting organizational values.

Many respondents echoed that these strategies were in place in their groups, with ongoing training and values clarification work. Other examples included concrete steps like providing specific mentoring, coaching, and professional development opportunities for BIPOC staff members, and compensating those who provide services in multiple languages for this additional skill they bring to the table and the additional work it involves.

Many respondents were honest and vulnerable about where they saw their organization on the long road toward fully integrating racial justice into their work. One respondent said, “We are more at the beginning stages of this at our [organization].” Another wrote simply, “I think we have a lot of work to do on this.” Some even pointed out the limitations of the strategies they currently have in place. For example, one respondent noted that the racial justice working group was too separate from those doing work on LGBTQ+ inclusion. In another situation, the breakdown was around language: A Spanish-language team at one organization was described as powerful and highly accomplished. The respondent wrote that “they do their own thing,” meaning there was limited collaboration and relationship-building with the English-centered team.

## **IMPACTS OF THE GROWING WAVE OF ANTI-LGBTQ+ HATE ON SURVIVORS**

Respondents pointed out that all survivors face unconscionable barriers to accessing help of any kind, and LGBTQ+ survivors are always already carrying the additional challenges created by homophobia, biphobia, transphobia,

**“OUR STAFF-LEVEL EMPLOYEES EXPRESSED CONCERNS ABOUT A LACK OF REPRESENTATION IN UPPER MANAGEMENT. UPPER MANAGEMENT RELEASED A CLIMATE SURVEY BUT DID NOT REALLY DO ANYTHING AS A RESULT OF THE INFORMATION THAT WAS PROVIDED.”**

and queerphobia. Unfortunately, anti-LGBTQ+ discrimination makes taking even the first step towards accessing services all the more difficult.

These impacts were felt disproportionately by trans survivors and LGBTQ+ survivors who were immigrants. Distrust of systems including law enforcement is a long-standing problem, but respondents voiced that the challenges have only escalated in recent years.

Many mentioned that non-LGBTQ+ clients have been emboldened by national trends to speak up against or question staff at organizations that made it clear they were welcoming to clients of all sexual orientations and gender identities. Unfortunately, even many staff members who have gone through LGBTQ+ cultural competency trainings weren't always equipped to answer these discriminatory misconceptions.

Sometimes, these conflicts were even directed toward survivors who may have been perceived as trans or another sexual orientation or gender identity. This occurred particularly in shelters or other services where clients came into contact with one another frequently. Staff expressed a need to improve their ability to de-escalate conflicts between clients, particularly conflicts centering on LGBTQ+ issues.

Non-LGBTQ+ clients were not the only people emboldened by the current national wave of hate; respondents also mentioned funders. One said in no uncertain terms: “We have had donors decline to give gifts because we participate in Pride events.”

In addition to the shift in people's attitudes, respondents also noted that changes in the law had an effect on their work. Many respondents have had clients' ability to access transition-related care or sexual and reproductive healthcare diminished in recent years, and even more feared that such restrictions were imminent.

One respondent noted that in a neighboring state, legislation was passed giving explicit permission for domestic violence shelters to discriminate on the basis of gender identity, and she feared that trend would spread.

Even among respondents working in parts of the country where there was relatively little danger of anti-LGBTQ+ bills being enacted, many noted that they still detected an uptick in vocalized anti-LGBTQ+ discrimination. Some even said

**“I THINK THERE IS AN INCREASE IN PEOPLE OUTSIDE OUR ORGANIZATION QUESTIONING HOW AND FOR WHOM WE USE OUR RESOURCES...AND THAT SOMEHOW THAT IS ‘TAKING AWAY’ RESOURCES FROM OTHERS. WE ARE SEEING THE SAME SUSPICION AROUND OUR WORK WITH IMMIGRANT SURVIVORS AND BIPOC SURVIVORS.”**

they were receiving an influx of LGBTQ+ survivors who had traveled across state lines because they were unable to get services in their own areas.

One respondent believed that the level of violence in society overall was increasing, due in part to the state of our national conversation, and they feared that equated to more IPV across the country.

## **TRAINING NEEDS**

Respondents articulated the areas where more training was needed in their organizations. Their answers covered the entire spectrum from basic explanations of LGBTQ+ terminology to more advanced topics. They also represent a range of topics from LGBTQ+ community-specific needs (e.g., understanding the healthcare needs of the trans community) to areas that could apply to any cultural group (e.g., training individuals on good curiosity vs. invasive curiosity). In some cases, trainings and resources already exist and respondent organizations need only get connected to what’s already out there (some of which are highlighted in the appendix of this report, “Existing Resources”), while others represent areas of potential innovation for the movement.

A large number of respondents said their organization is in need of basic LGBTQ+ cultural competency trainings. Many mentioned terminology, recognizing that using the wrong words can create a barrier between the speaker and a community member. Many also wanted to increase their teams’ basic knowledge of trans people (i.e., “Trans 101” trainings), as well as gay, bi, trans, and other queer men, because their organizations have previously been focused on women’s experiences.

More advanced topics included migration and resettlement, including LGBTQ+ people who may be displaced from one state to another, as well as those who may be coming to the U.S. because of homophobia, biphobia, and transphobia. Others mentioned healthcare issues including HIV issues and the healthcare needs and challenges of trans people.

Other areas of training included the follow.

- Responding to discrimination and misconceptions about LGBTQ+ people

- Responding to discrimination and misconceptions about trans people
- De-escalating conflict between clients or residents
- Good curiosity vs. invasive curiosity
- Building partnerships with LGBTQ+ organizations
- How to build and give a Know Your Rights workshop
- Inclusive forms and intake processes
- Fundraising for LGBTQ+ programs
- The LGBTQ+ survivor experience
- Legislative rights, legislative updates
- Institutional discrimination
- LGBTQ+ cultural competency trainings specifically for board members
- How to do needs assessments
- How to support gay and other queer men
- Kink, LGBTQ+ sexual culture, and IPV

## **TECHNICAL ASSISTANCE NEEDS**

The survey posed the question, “What are areas of technical assistance around supporting LGBTQ+ survivors that your organization could benefit from?” Themes that emerged from the answers included the follow.

- LGBTQ+ cultural competency trainings specifically for board members of organizations in domestic violence, sexual assault, and anti-violence fields
- Building and using a database of referrals for LGBTQ+ survivors
- Using technology in IPV work
- How to do outreach to diverse LGBTQ+ communities
- How to effectively litigate for LGBTQ+ survivors
- Making forms and intake processes LGBTQ+-inclusive
- Doing research on LGBTQ+ survivor issues
- Fundraising as a domestic violence, sexual assault, or anti-violence organization
- Safety planning for LGBTQ+ families
- How to build partnerships and collaborate with LGBTQ+ organizations
- How to ensure staff recruitment processes are reaching LGBTQ+ job seekers
- How to access stock images that include LGBTQ+ people
- Partner abuse intervention in an LGBTQ+ context

One respondent mentioned the need to make technical assistance optimally accessible, for example by hosting materials that address these topics online, where they can be utilized at an individual or team’s own pace.

## **BARRIERS TO SHELTER AND HOUSING**

Respondents were asked to rank a set of barriers to both housing and shelter for the LGBTQ+ survivors they are serving.

### Barriers to Shelter

#### LACK OF AVAILABLE DV SHELTER BEDS IN TOTAL

Most significant barrier  
 40%

Significant barrier  
 23%

Sometimes a barrier  
 21%

Not a barrier  
 16%

#### LACK OF AVAILABLE DV SHELTER THAT ACCEPTS TRANSGENDER SURVIVORS

Most significant barrier  
 13%

Significant barrier  
 20%

Sometimes a barrier  
 20%

Not a barrier  
 41%

#### LACK OF AVAILABLE DV SHELTER THAT ACCEPTS MALE SURVIVORS

Most significant barrier  
 18%

Significant barrier  
 21%

Sometimes a barrier  
 25%

Not a barrier  
 35%

#### LACK OF AVAILABLE DV SHELTER THAT ACCEPTS SINGLE ADULTS

Most significant barrier  
 9%

Significant barrier  
 10%

Sometimes a barrier  
 18%

Not a barrier  
 63%

#### DISCRIMINATION FROM SHELTER STAFF

Most significant barrier  
 10%

Significant barrier  
 15%

Sometimes a barrier  
 34%

Not a barrier  
 41%

#### DISCRIMINATION FROM OTHER SHELTER RESIDENTS

Most significant barrier  
 21%

Significant barrier  
 23%

Sometimes a barrier  
 45%

Not a barrier  
 11%

When comparing what respondents marked as a “most significant barrier” across categories, the top two are “lack of available DV shelter beds in total” (40%) and “discrimination from other shelter residents” (21%). The two marked least were “discrimination from shelter staff” (10%) and “lack of DV shelter that accepts single adults” (9%).

When comparing what respondents marked most often as “not a barrier” across categories, the top answer was the same as when comparing what most respondents said was the most significant barrier—“lack of DV shelter beds in total.” This suggests that there is a significant variation in what’s available in the different geographies where these respondents are offering services.

### Graph: The Most Significant Barriers to Shelter

Lack of available DV shelter beds in total  
 40%

Discrimination from other shelter residents  
 21%

Lack of available DV shelter that accepts male survivors  
 18%

Lack of available DV shelter that accepts transgender survivors  
 13%

Discrimination from shelter staff  
 10%

Lack of available DV shelter that accepts single adults  
 9%

### The Least Significant Barriers to Shelter

Lack of available DV shelter beds in total  
 64%

Lack of available DV shelter that accepts single adults  
 63%

Lack of available DV shelter that accepts transgender survivors  
 41%

Discrimination from shelter staff  
 41%

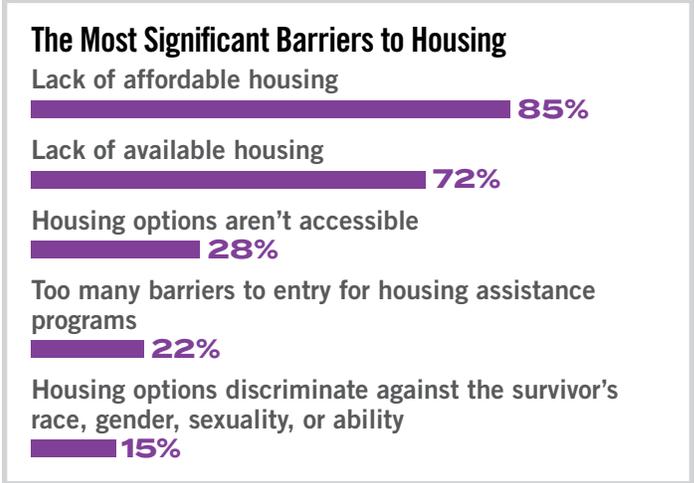
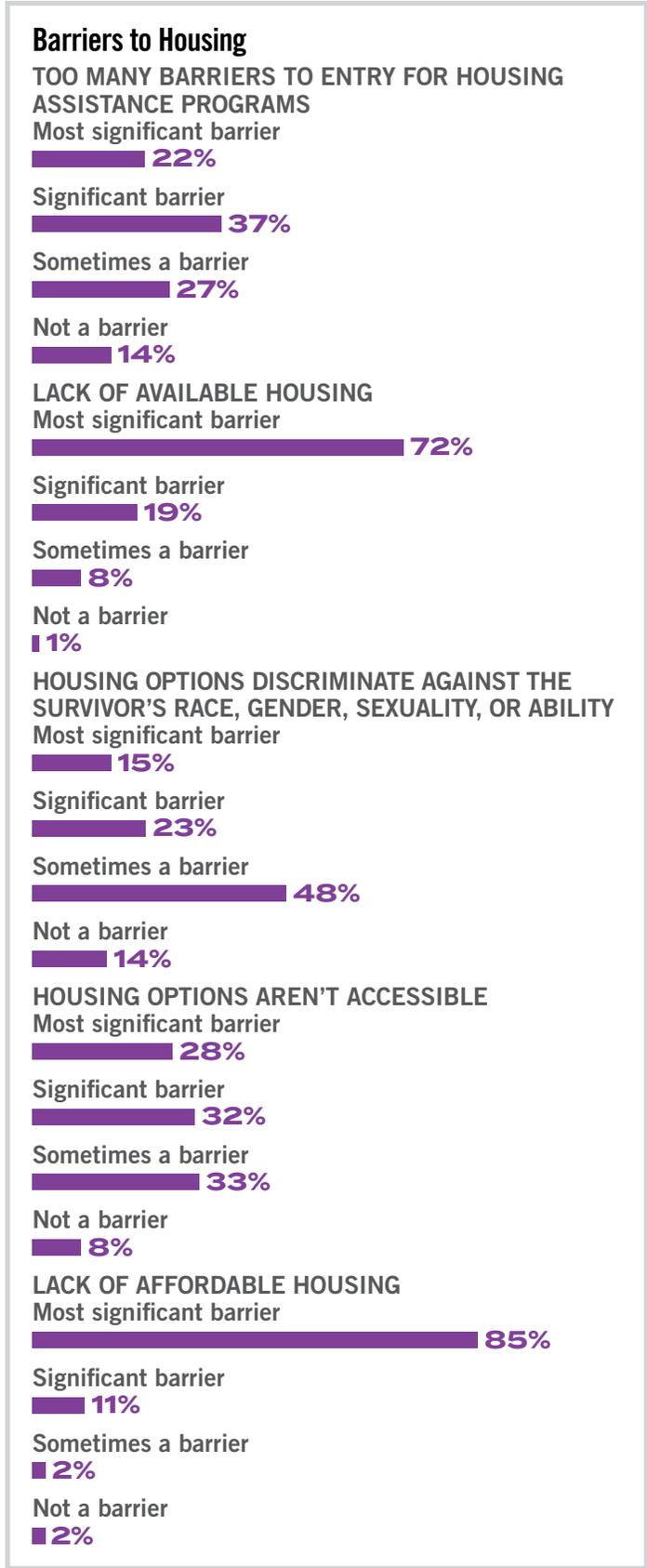
Lack of available DV shelter that accepts male survivors  
 35%

Discrimination from other shelter residents  
 11%

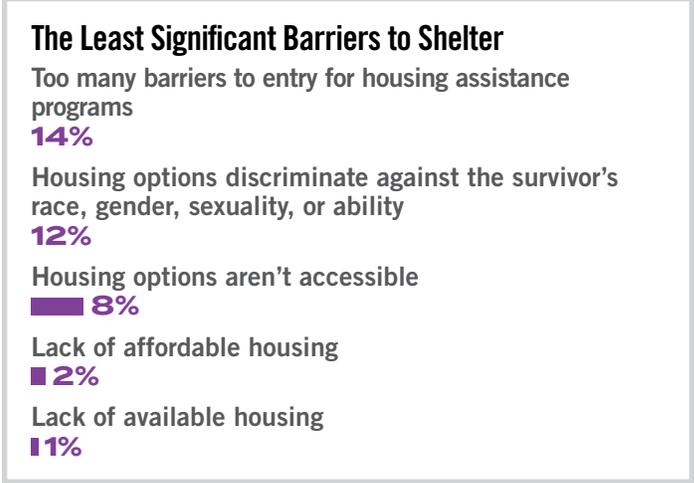
Respondents repeated the process with a set of questions about barriers to housing.



When comparing what respondents marked as a “most significant barrier” across housing categories, the top two are “lack of affordable housing” and “lack of available housing.” Both categories speak to broad housing crises and had significantly more respondent votes than specific categories about anti-LGBTQ+ discrimination. However, it is worth noting that a combined 86% of respondents cited housing options discriminating against a survivor’s race and gender as “sometimes a barrier,” “a significant barrier,” or the “most significant barrier.” So, in addition to facing the widespread issues in the field of general housing access, LGBTQ+ survivors face added intersecting barriers that prevent them from accessing safe and stable housing.



When comparing what respondents marked most often as “not a barrier” across housing categories, responses echoed the need for more housing and more affordable housing broadly.



## LOCAL RESOURCES

Respondents were asked, “What local resources do you currently use to address community needs for LGBTQ+ survivors?” These could be individual people, organizations, or written resources. Themes that emerged from the answers included the following:

- LGBTQ+ community centers
- Other local LGBTQ+ organizations, including advocacy groups
- Local trans organizations
- Local Parents and Friends of Lesbians and Gays (PFLAG) chapters
- Local Gay Straight Alliance (GSA) chapters, or other LGBTQ school groups
- Local Services and Advocacy for Gay Elders (SAGE) chapters
- Local Human Rights Campaign (HRC) chapters
- Local Pride festivals and other LGBTQ+ social spaces
- Local member organizations of National Coalition of Anti-Violence Programs
- LGBTQ+ faith leaders and congregations, as well as those that are LGBTQ+-affirming
- Trans faith leaders, as well as leaders and congregations that are specifically trans-affirming
- Local Planned Parenthood chapters
- LGBTQ+ health services, including hospital programs
- Trans-specific health services
- Trans organizations

- Youth-serving organizations
- LGBTQ+ law enforcement units
- Legal aid organizations and other pro-LGBTQ+ legal resources, including individual lawyers
- Social media experts in the community
- Supportive local politicians and government programs
- Food banks
- Furniture banks
- Other local organizations in the domestic violence, sexual assault, and anti-violence fields
- LGBTQ+ therapists, as well as those who are LGBTQ+-affirming

Respondents answered the same question for national and international resources, although some respondents pushed back, saying that their most important relationships were local. The broad categories of national and global organizations and resources they mentioned included the following:

- National intimate partner violence networks, organizations and resources
- National LGBTQ+ organizations and resources
- National racial justice organizations and resources
- National social justice organizations and resources that are not specific to LGBTQ+ or racial justice issues
- U.S. Federal Government Entities and Resources

Because these responses may be useful to so many potential readers of this report, a complete list with short descriptions is contained in the appendix to this report, “Existing Resources.”



# DEMOGRAPHICS

## KINDS OF ORGANIZATIONS

Respondents were asked to describe their organization, checking all that apply. The vast majority checked “domestic violence service provider” (116 organizations), followed by “sexual assault service provider” (65 organizations). Other well represented categories included “legal services agency” (19 organizations), “labor or sex trafficking organizations” (19 organization), “housing provider” (11 organizations), and “culturally specific organizations” (11 organizations).

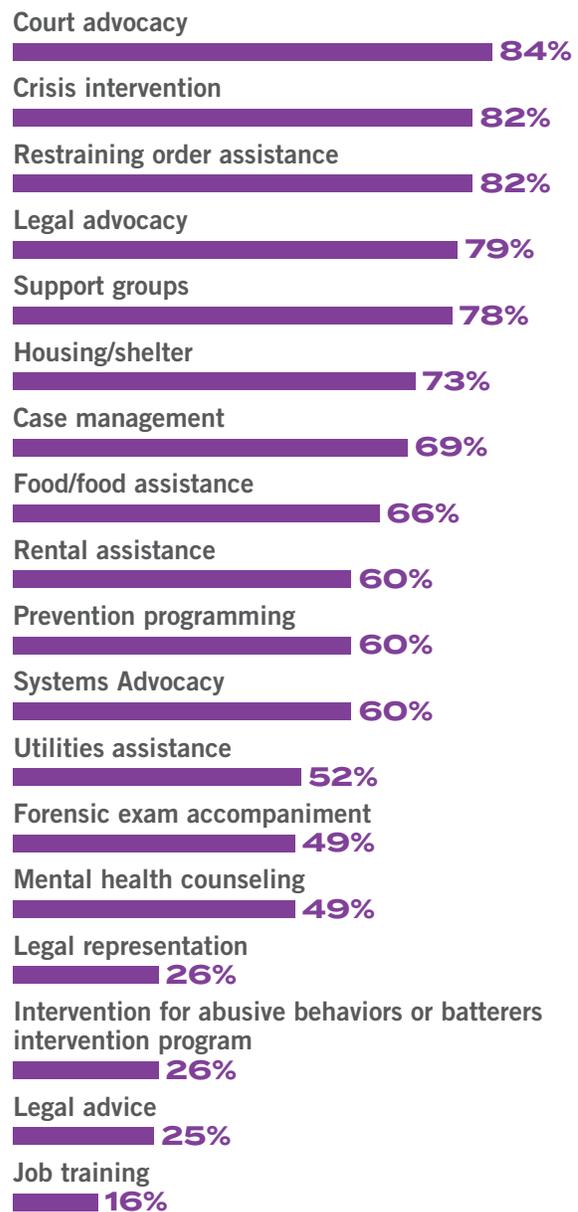
### “How Would You Describe Your Organization?”



## KINDS OF SERVICES

Responses were asked to check all that applied among twenty categories of services. The most common response was court advocacy, with 113 responses, followed by restraining order assistance and crisis intervention (110 organizations each), legal advocacy (106 organizations), support groups (105 organizations), and housing/shelter (96 organizations).

### “What Types of Domestic Violence Programming do You Offer?”



[more >](#)

### “What Types of Domestic Violence Programming do You Offer? (Con’t.)

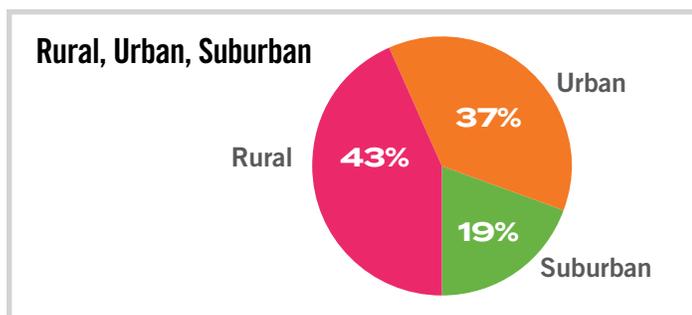
- Substance abuse support services  
■ 10%
- Direct health care  
■ 3%
- Helpline  
■ 2%
- Appellate court work  
■ 1%
- Field response with law enforcement  
■ 1%
- Children’s services  
■ 1%
- Nursing care management  
■ 1%
- Restorative Practices  
■ 1%
- Transportation  
■ 1%
- Peer-to-peer support  
■ 1%
- Financial empowerment  
■ 1%
- Community advocacy  
■ 1%
- Culturally-specific services  
■ 1%

Additionally, respondents were allowed to write-in types of services that were not listed. Write in responses included children’s services, transportation, restorative practices, and financial empowerment.

### GEOGRAPHY

Organizations based in all 50 states were represented in the respondent pool, as well as those in the District of Columbia, Puerto Rico, and Guam. Additionally, two organizations described themselves as operating at a national level. The most represented state was Illinois (19 respondents), followed by Texas (11 respondents) and Maine (11 respondents).

The data includes strong representation from organizations serving urban, rural, and suburban clients. The organizations were nearly evenly split between serving urban (37%) and rural (43%) geographies, with a smaller subset working in suburban territory (19%).



### HOW WOULD YOU DESCRIBE THE COMMUNITY THAT YOU SERVE?

Respondents were given an opportunity to write-in descriptions of the communities they serve to give additional color to other questions about their organizations.

The most common answer to this question was that the community they serve is diverse with disparate groups that have different needs. They often mentioned tension between various groups they serve (e.g., between racial groups or LGBTQ+ people).

By contrast, some organizations served specific demographics. For example, people with disabilities or people of certain racial and ethnic communities.

**“[WE SERVE] 15 TOWNS EACH WITH OWN GOVERNMENT. [THE] YEAR-ROUND POPULATION [IS] APPROXIMATELY 225,000. [IT’S A] TOURIST DESTINATION IN SUMMER MONTHS. MANY PEOPLE HAVE TWO OR THREE JOBS; HIGH ADDICTION RATES; SHORTAGE OF MENTAL HEALTH PROFESSIONALS.”**

### POSITION OF RESPONDENTS

Respondents held a wide range of positions within their organizations, but program directors/managers were the most represented (40%). Other positions included victim/survivor advocates (16%), legal services provider (8%), and counselor/therapists (8%).



### “What is your Position?” (Con’t.)

- Technical Assistance Provider  
■ 1%
- Volunteer  
■ 1%
- Chief Strategy Officer  
■ 1%
- Intake Specialist  
■ 1%
- Forensic Nursing Director  
■ 1%
- Human Resources Administration  
■ 1%
- Medical Advocate  
■ 1%
- Prevention Specialist  
■ 1%
- Empowerment Director  
■ 1%
- Domestic Violence High-Risk Team Model Coordinator  
■ 1%
- Helpline Advocate  
■ 1%
- Information Technology and Operations Manager  
■ 1%
- C-Suite  
■ 1%

## RACE & ETHNICITY

The vast majority of respondents were white (81%). BIPOC respondents represented 36% of respondents. The largest number of people of color were Hispanic or Latine/Latinx.

### “What is your Race/Ethnicity?”

- White/Caucasian  
■ 81%
- Hispanic or Latine/Latinx  
■ 13%
- Black/African American  
■ 10%
- American Indian, Indigenous American, or Alaska Native  
■ 3%
- Afro-Caribbean  
■ 3%
- Asian or Asian American  
■ 2%
- Middle Eastern  
■ 2%
- Pacific Islander  
■ 1%
- Caribbean  
■ 1%
- Afro-Latine  
■ 1%

The relatively small number of Indigenous, Asian American, and Middle East-North African people in the sample resonates with the results that respondents did not feel confident that their organizations were culturally competent enough to serve LGBTQ+ people from these groups.

## GENDER

The vast majority of respondents were cisgender women (77%). Altogether, 14% of respondents were trans or nonbinary. Seven percent (7%) were cisgender men.

### “What is your Gender?”

- Cisgender woman  
■ 77%
- Cisgender man  
■ 7%
- Nonbinary  
■ 7%
- Genderfluid  
■ 2%
- Genderqueer  
■ 2%
- Transgender man  
■ 2%
- Transgender woman  
■ 1%
- Two-Spirit  
■ 1%
- Demigirl  
■ 1%
- Agender  
■ 1%

## SEXUAL ORIENTATION

A slim majority of respondents were straight/heterosexual (53%). Other sexual orientation cohorts included bisexual (15%), queer (11%), lesbian (7%), gay (6%), pansexual (6%), and asexual (2%).

### “What is your sexual orientation?”

- Straight/heterosexual  
■ 53%
- Bisexual  
■ 15%
- Queer  
■ 11%
- Lesbian  
■ 7%
- Gay  
■ 6%
- Pansexual  
■ 5%
- Asexual  
■ 2%

# CONCLUSION: DRAWING CONNECTIONS

To conclude the analysis of these survey results, this section contains seven topics that came up in multiple questions, connecting these disparate responses under related themes. The seven topics are gender, racial justice, staffing and leadership, discrimination from other survivors, shelter and housing, mental health, and resilience.

## GENDER

Respondents were very confident their organizations could serve lesbian (39%) and bisexual/pansexual women (38%) with cultural competency. In fact, of all the community cohorts discussed, they were the most confident about these groups of queer women. This strength is good news, contextualized against the growing body of evidence that bisexual women face heightened levels of domestic violence.<sup>4</sup> And it is further reinforced by the fact that 15% of survey respondents self-identified as bisexual, with another 5% marking pansexual. Although there was not a specific question about whether the staff at respondents' organizations included bi women, these indicators bode well for the inclusion of bi women in the field.

When asked about their confidence in their organizations' ability to serve gay (36%) and bisexual/pansexual men (31%), the results were still high. However, in their open-ended responses, many respondents mentioned an ongoing need to ensure that old assumptions about men and domestic violence no longer operate in their organizations.

The biggest gender gap in these survey results involved trans people. Respondents were much less confident in their organizations' ability to serve transgender women (28%), transgender men (28%), and nonbinary, genderqueer, and gender nonconforming individuals (31%). However, some organizations had focused on practices to create a welcoming environment for trans staff and clients, like creating all-gender restrooms and integrating the practice of sharing and asking pronouns. Some even built out trans-specific services, including identity document gender and name change clinics and gender-affirming healthcare support.

When asked how big of a barrier a lack of available DV shelters that accept trans survivors was in their work, one-fifth (20%) said it was sometimes a problem, another fifth (20%) said it was a significant barrier, and 13% said it was the most significant barrier they face. On the other end of the spectrum, 41% said it was not a barrier in their work.

Finally, trans rights were highlighted in the responses to questions about emerging trends in the field. Respondents reported that trans people were often targets anti-LGBTQ+ discrimination that is affecting survivors they work with. They reported that more non-trans survivors had been

emboldened by the current climate to start conflicts about trans inclusion in shelter spaces.

## RACIAL JUSTICE

As with gender, the results indicate a gap between the field's current ability to serve white clients versus their BIPOC counterparts.

Over a third of respondents felt very confident that their teams were effectively serving Black/African American LGBTQ+ survivors (33%) and Latine LGBTQ+ survivors (30%).

However, the numbers were lower for other BIPOC survivors. Only 28% of respondents were confident about the service their organizations could provide to Indigenous or Native American LGBTQ+ survivors and Asian or Asian American LGBTQ+ survivors. Only 27% were confident when it came to LGBTQ+ survivors whose heritage was from the Middle East-North Africa region.

These figures also resonated with the self-reported racial identity of the respondents themselves. White respondents made up 81% of the sample, and Indigenous (3%), Asian American (2%), and Middle Easterners (2%) were among the least represented.

When asked if LGBTQ+ people were in leadership in their organizations, 28% of respondents said they felt strongly that there were. But when the question was repeated, asking specifically about BIPOC LGBTQ+ people in leaderships, the response rate for "strongly agree" fell to only 13%.

Many respondents shared the strategies their organizations had used to cultivate racial justice at their organization. These included promoting diverse staff members, holding listening sessions with BIPOC community members, regular staff and board equity training, and evaluating and shifting organizational values. Some gave more granular responses, though, like providing specific mentoring, coaching, and professional development opportunities for BIPOC staff members, and ensuring that those who provide services in multiple languages were compensated for this additional skill and the additional work it involves.

In their open-ended responses, many acknowledged the gap in their ability to serve white and BIPOC LGBTQ+ clients. They struggled with those who were working on LGBTQ+ inclusion and those focusing on racial justice becoming siloed off from one another. They also struggled with prioritization, even when there was a stated organizational value.

## STAFFING & LEADERSHIP

When asked what the primary reasons were that their organizations had not be able to meet the needs of LGBTQ+

<sup>4</sup> Corey, Julia; Duggan, Marian; Travers, Áine Travers. "Risk and Protective Factors for Intimate Partner Violence Against Bisexual Victims: A Systematic Scoping Review", *Trauma Violence Abuse* 17;24(4):2130–2142. April, 2022. [https://pmc.ncbi.nlm.nih.gov/articles/PMC10486155/#:~:text=Three%20articles%20\(Coston%2C%202017%3B,was%20perpetrated%20by%20male%20individuals](https://pmc.ncbi.nlm.nih.gov/articles/PMC10486155/#:~:text=Three%20articles%20(Coston%2C%202017%3B,was%20perpetrated%20by%20male%20individuals).

survivors, “staff capacity” received the most votes of the six options. This may refer to both the fact that staff may be overworked, as well as the challenges of being underprepared by their teams overall regarding who must make cultural competency trainings and the development of LGBTQ+-specific services a priority.

When asked more about LGBTQ+ people and issues around staff, about a quarter (26%) said that they strongly agree that their staff teams reflected the LGBTQ+ community. An even larger number (47%) said they strongly agree that their teams actively promote LGBTQ+ inclusion. Only 5% said they strongly disagree that their staff reflects the LGBTQ+ community, and the same number said they strongly disagree that they promote and acknowledge LGBTQ+ inclusion.

When focusing on leadership, a similar number (28%) of respondents strongly agreed that their organization’s staff not only reflected the LGBTQ+ community, but that LGBTQ+ people were also in leadership roles, in positions such as managers directors, and even board members. Only 8% strongly disagreed that LGBTQ+ people were in their leadership. However, this number went down precipitously when the question was asked again in terms of BIPOC LGBTQ+ people in leadership, with only 13% strongly agreeing and 19% strongly disagreeing.

Respondents identified a mutually reinforcing dynamic between doing LGBTQ+-specific work and being able to attract and retain LGBTQ+ staff members. Being known reputationally for providing competent and specific LGBTQ+ services often attracted LGBTQ+ candidates, and having LGBTQ+ staff members makes it easier to build and run LGBTQ+ services.

Other ways respondents stated their organization’s attempt to be LGBTQ+-friendly employers included welcoming language in job postings and on-boarding processes, promotion and use of pronoun sharing, all-gender bathrooms, LGBTQ+-inclusive benefits packages such as healthcare that covers transition-related care, and earmarking money for LGBTQ+ inclusion in budgets. Some organizations had LGBTQ+ employee committees or resource groups, which often drove significant change for organizations as long as they had the support of upper management. Some of these committees conducted internal staff surveys to hear from their whole team and track sentiment over time.

Some respondents were vulnerable in describing their organizations as having not yet reached their full potential in terms of LGBTQ+ inclusion. One respondent shared the difficult story of having lost a trans colleague to another job after repeated misgendering from other staff members. They hoped this story would be a call-to-action for organizations in the field, as they hoped it would be in their organization.

## **DISCRIMINATION FROM OTHER SURVIVORS**

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When respondents were asked how big an issue discrimination from other shelter residents was for the



LGBTQ+ survivors they worked with, 45% said it was sometimes a barrier, and 23% said it was a significant barrier. More than one out of five respondents (21%) said it was the most significant barrier.

This issue was echoed in the open-ended responses to the question of how respondents were observing the current wave of anti-LGBTQ+ discrimination in the U.S. impacting the survivors they work with. Respondents said that transphobic rhetoric at the national level had emboldened some clients to question their organizational welcoming policies, or to directly discriminate against other survivors they perceived as trans.

Training and technical assistance specifically to address these kinds of conflicts were a theme in the questions about current needs.

## **SHELTER & HOUSING**

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As one respondent pointed out, IPV almost always has a destabilizing effect on a survivor’s housing situation, and, as such, housing justice was cited as the number one most important intersecting issue for the respondents’ clients. It was chosen by nearly two-thirds of respondents at 72%. When asked how big of a barrier LGBTQ+ inclusion within shelter spaces were for their work, one-fifth (20%) said it was an area of need, and 15% said it was an area of critical need. 64% said it was not a current need, which may be related to the fact that 73% of respondents said their organizations offered housing or shelter services themselves, giving them some influence over the level of LGBTQ+ inclusion that could be achieved.

When asked about barriers to shelter, 40% said the most significant barrier was lack of available DV shelter beds in total, 21% said discrimination from other shelter residents, 18% said lack of available DV shelters that accept male survivors, 14% said lack of available DV shelters that accept transgender survivors, 10% said discrimination from shelter staff, and 9% said lack of available DV shelters that accept single adults.

When asked a similar set of questions about housing, respondents emphasized that housing issues for LGBTQ+ survivors was contextualized within a broad housing crisis in their service area. 85% said the most significant barrier to housing for their clients was the lack of affordable housing across the board. This was followed by lack of available housing (72%), housing options not being accessible (28%), too many barriers to entry for housing assistance programs (22%), and “housing options discriminate against the survivor’s race, gender, sexuality, or ability (15%).

## MENTAL HEALTH

When asked what kind of organization respondents worked at, 8% specifically said mental health provider. Additionally, nearly half (49%) of respondents said their organization offers some form of mental health service. Mental health services were also the most mentioned form of service they had that was specifically tailored to LGBTQ+ clients. These services included counseling, group therapy, substance abuse services, and peer-to-peer support.

After housing, mental health was the most pressing area of

need for the clients whom respondents were working with (57%).

When asked if establishing LGBTQ+ survivor support groups was a current area of need for their organization, 23% said it was not a current area of need. 53% said it was an area of some need, and 24% said it was a critical area of need.

## RESILIENCE

A final theme running through the survey findings, often implicitly, was the resilience of the U.S. domestic violence, sexual assault, and anti-violence fields and the survivors they serve. Just as each question sheds light on challenges and ways that organizations can improve the services they’re able to provide for LGBTQ+ IPV survivors, so too does each question show a set of individuals and organizations struggling to move forward, close the gaps, and live up to the values that animate their commitment to this movement. Similarly, the resilience of survivors who are lesbian, gay, bisexual, transgender, nonbinary, and queer around the country is in evidence when they continue to ask for what they need, even when systems so often fail them.



# APPENDIX: EXISTING RESOURCES

## LGBTQ+ ORGANIZATIONS AND RESOURCES

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[The National LGBTQ+ Institute on Intimate Partner Violence](#) – The National LGBTQ+ Institute on Intimate Partner Violence is a project of the Los Angeles LGBTQ+ Center in close collaboration with the National Coalition of Anti-Violence Programs and In Our Own Voices, Inc. The goal of the LGBTQ+ Intimate Partner Violence Institute is to significantly enhance the safety, well-being, support, and health of LGBTQ+ intimate partner and domestic violence survivors throughout the United States.

[The National Coalition of Anti-Violence Programs](#) – NCAVP based in New York City, is comprised of 46 local member programs, affiliate organizations, and individual organizations involved in fighting, addressing, and creating systemic and social change in regard to LGBTQ intimate partner violence. The Coalition is in turn overseen by the New York City Anti-Violence Project, and is itself the largest LGBTQ-specific anti-violence program in the nation.

[FORGE Forward](#) – FORGE Forward works to reduce the impact of trauma on trans and nonbinary survivors and communities by empowering service providers, advocating for systems reform, and connecting survivors to healing possibilities.

[The Network/La Red](#) – The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, kink, polyamorous, and queer communities.

[Trevor Project](#) – The Trevor Project is the world's largest suicide prevention and mental health organization for Lesbian, Gay, Bisexual, Transgender, Queer & Questioning (LGBTQ) young people.

[GLSEN](#) – Every student has the right to a safe, supportive, and LGBTQ-inclusive K-12 education. GLSEN a national network of educators, students, and local GLSEN Chapters working to make this right a reality.

[The Human Rights Campaign](#) - The Human Rights Campaign and the Human Rights Campaign Foundation exist to create a world where lesbian, gay, bisexual, transgender and queer (LGBTQ+) people in all of our intersecting identities realize systemic equality, equity and liberation in all aspects of life.

[PFLAG](#) – PFLAG was founded by friends and family of LGBTQ people, seeking to create a caring, just, and affirming world for LGBTQ people and those who love them.

[SAGE](#) – SAGE: Advocacy and Services for LGBTQ+ Elders makes aging better for LGBTQ+ people nationwide.

[Itspronouncedmetrosexual.com](#) – It's Pronounced Metrosexual is your free online resource for learning and teaching about gender, sexuality, and social justice.

## RACIAL JUSTICE ORGANIZATIONS AND RESOURCES

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[In Our Own Voices](#) – IOOV is a leading national organization giving voice to the needs and challenges of Transgender and Gender Non-Conforming communities, as well as LGBT Black, Indigenous, and People of Color communities. IOOV seeks to: develop the leadership of LGBTQ POC, strengthen the voices of LGBTQ POC, and increase our capacity for combating oppression and marginalization.

[Ujima: the National Center on Violence Against Women in the Black Community](#) – Ujima is building a future where Black women and girls are safe, respected, and thriving.

[Black Lives Matter](#) – Although Black Lives Matter is a decentralized political and social movement, with individual groups operating independently around the world, blacklivesmatter.com acts as one online center.

[National Indigenous Women's Resource Center](#) – Providing national leadership to end violence against American Indian, Alaska Native and Native Hawaiian women and communities.

[Center for Justice Innovation](#) – The Center for Justice Innovation is a community justice organization that centers safety and racial justice in partnership with communities, courts, and the people most impacted.

[United States Campaign for Palestinian Rights](#) – The US Campaign for Palestinian Rights works to end U.S. complicity in the violence against the Palestinian people.

[StrongHearts Native Helpline](#) – StrongHearts Native Helpline is a 24/7 safe, confidential and anonymous domestic and

sexual violence helpline for Native Americans and Alaska Natives, offering support and advocacy. They can be reached at 844-7NATIVE (762-8483)

## **BROAD SOCIAL JUSTICE ORGANIZATIONS AND RESOURCES**

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[The American Civil Liberties Union \(ACLU\)](#) – The ACLU is a broad civil rights organization aiming to realize this promise of the US Constitution for all and expand the reach of its guarantees.

[Diversity University](#) – Diversity University is a firm offering diversity and inclusion trainings for a wide range of businesses and organizations.

[Volunteers of America \(VOA\)](#) – VOA provides affordable housing and other assistance services around the country.

[Catholic Charities](#) – Catholic Charities USA supports a national network of agencies working to reduce poverty in America.

## **U.S. FEDERAL GOVERNMENT ENTITIES AND RESOURCES**

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[National Institute for Health \(NIH\)](#) – The NIH, a part of the U.S. Department of Health and Human Services, is the nation's medical research agency. The NIH's Office of Behavioral and Social Sciences Research maintains a landing page for intimate partner violence here.

[The Centers for Disease Control and Prevention \(CDC\)](#) – The CDC is the US government's science-based, data-driven, service organization that protects the public's health. They maintain a landing page for intimate partner violence here.

[Low-Income Housing Tax Credit \(LIHTC\)](#) – The LIHTC is a federal program that gives state and local allocating agencies funding to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households.

## **INTIMATE PARTNER VIOLENCE ORGANIZATIONS AND RESOURCES**

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[The National LGBTQ+ Institute on Intimate Partner Violence](#) – The National LGBTQ+ Institute on Intimate Partner Violence (IPV) is a project of the Los Angeles LGBTQ+ Center in close collaboration with the National Coalition of Anti-Violence Programs and In Our Own Voices, Inc. The goal of the LGBTQ+ Intimate Partner Violence Institute is to significantly enhance the safety, well-being, support, and health of LGBTQ+ intimate partner and domestic violence survivors throughout the United States.

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[StrongHearts Native Helpline](#) – StrongHearts Native Helpline is a 24/7 safe, confidential and anonymous domestic and sexual violence helpline for Native Americans and Alaska Natives, offering support and advocacy. They can be reached at 844-7NATIVE (762-8483)

[Esperanza United](#) – Esperanza United leverages the strengths of Latin@ communities to end domestic violence, sexual assault, dating violence, and stalking. Founded and led by Latinas, we ground our work in listening to the community adapting to meet their changing needs. We work with the community, other service providers, and systems to ensure Latin@s, their families, and our communities receive culturally relevant advocacy and quality, appropriate, and effective resources.

[Asian Pacific Institute on Gender Based Violence](#) – The Asian Pacific Institute on Gender-Based Violence is a culturally specific national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian/Asian-American and Pacific Islander (AAPI) communities. We envision a world free of gender-based violence for communities with equal opportunities for all to thrive.

[1 in 6](#) – The mission of 1 in 6 is to help men who have had unwanted or abusive sexual experiences live healthier, happier lives.

[American Bar Association’s Commission on Domestic and Sexual Violence](#) – The commission’s Our mission is to increase access to justice for victims of domestic violence, sexual assault, and stalking by mobilizing the legal profession. Respondents particularly noted their LGBTQIA+ training.

[The National Network to End Domestic Violence \(NNEDV\)](#) – NNEDV was founded to be a voice for survivors of domestic violence and their allies US. Respondents particularly mentioned their National Domestic Violence Hotline available at 1-800-799-7233 and TTY 1-800-787-3224.

[Love is Respect](#) – Love is Respect is the national resource to disrupt and prevent unhealthy relationships and intimate partner violence by empowering young people through inclusive and equitable education, support, and resources.

[A Window Between Worlds \(AWBW\)](#) – A Window Between Worlds is dedicated to cultivating and building a network of transformative arts programs that empower individuals and communities impacted by violence and trauma.

[National Alliance on Mental Illness \(NAMI\)](#) – NAMI is a grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

[The Network/La Red](#) – The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, kink, polyamorous, and queer communities.

[Battered Women’s Justice Project \(BWJP\)](#) – BWJP is the national legal resource for gender-based violence. Our projects provide some of the nation’s leading specialized policy and practice initiatives on improving survivor safety.

[Scarleteen.com](#) – Scarleteen is an online resource dedicated to providing truly comprehensive and highly inclusive sex and relationships education, information and support that centers young people.

[Sexual & Interpersonal Violence Prevention and Response Course \(SPARC\)](#) – A project of the State University of New York (SUNY), SPARC is a free, self-paced online training course to help students understand and prevent sexual and interpersonal violence.

[Futures Without Violence \(FWV\)](#) – For almost 40 years, FUTURES has worked to build thriving families and communities, free from violence, and filled with hope and opportunity. It is work that will take all of us to succeed.

[National Child Traumatic Stress Network \(NCTSN\)](#) – NCTSN’s mission is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

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All photos are from [The Gender Spectrum Collection](#) and were taken by Zackary Drucker and Alyza Enriquez.