Improving Domestic Violence Program Access for Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Victims/Survivors

Trainer's Guide

Training for California's Domestic Violence Program Shelter Agencies

A Collaborative Training By:
California Partnership to End Domestic Violence
Community United Against Violence
Los Angeles Gay and Lesbian Center

ACKNOWLEDGEMENTS

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Supplemental Reading

Enhancing Cultural Competence: Welcoming Lesbian, Gay, Bisexual Transgender, Queer People in Mental Health Services, 2nd Edition: http://www.nyaprs.org/cultural-competence/documents/EnhancingCulturalCompetence.pdf

Domestic Violence in Lesbian, Gay, Bisexual and Transgender Communities: Trainers Manual Revised June 2010: http://www.vawnet.org/assoc_files_vawnet/lgtbmanual.pdf

Bisexual health: An introduction and model practices for HIV/STI prevention programming: http://www.outforhealth.org/files/all/bisexual_health_tf.pdf

TRAINER'S GUIDE PURPOSE

This Trainer's Guide is designed specifically for use by staff from California's 94 Department of Health Services-funded Domestic Violence Program shelter agencies (referred to from hereon as DVPS) who participate in the Domestic Violence Unserved/Underserved Training and Technical Assistance Project's Regional Trainings entitled, *Opening Doors: Increasing Access to Domestic Violence Shelters among California's Unserved/Underserved Communities.* The purpose of this Trainer's Guide is to provide Regional Training participants with the information, tools and materials they need to conduct trainings within their own agency for staff, volunteers and members of their Board of Directors on improving domestic violence program access for lesbian, gay, bisexual, transgender and questioning domestic violence victims/survivors.

TRAINER'S GUIDE FORMAT

This online format has been adapted to contain all of the needed materials and handouts in one document. To access and download this complete curriculum and the accompanying PowerPoints, please visit www.cpedv.org/resource-library and search Improving Domestic Violence Program Access for Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Victims/Survivors.

This Trainer's Guide is organized to provider trainers with guidance for conducting a presentation, including specific training content and a sequence for presenting the content. The Trainer's Guide includes a PowerPoint presentation, presentation talking points and other training directions. The entire original content of the Trainer's Guide is saved in electronic format on a CD-ROM that was included in the Trainer's Guide binder. Trainers are encouraged to use the documents on the CD-ROM to adapt the materials in the Trainer's Guide to best suit their training needs.

- **Talking points:** An image of each of the PowerPoint slides is presented, along with the talking points that correspond to each slide. Trainers can present the talking points in their own words.

- **Directions to Trainers:** Any specific actions that trainers should take (for example, directions for facilitating group discussion at specific points in the presentation) are presented in italics with brackets: *[Directions to Trainers]*.

- **Tips for Trainers:** Tips for trainers that are not meant to be shared are presented in parentheses: (Tips for Trainers).

TRAINING OBJECTIVES

By the end of the training, *Improving Domestic Violence Program Access for Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Victims/Survivors*, participants will be able to:
1. Define terms associated with LGBTQ identities and LGBTQ communities
2. Describe the impact of bias and oppression on LGBTQ domestic violence victims/survivors
3. Describe issues and challenges that LGBTQ domestic violence victims/survivors may face

TRAINING AGENDA

The training is divided into 5 modules:
Module 1: Overview, introductions and opening activity
Module 2: Terms associated with LGBTQ identities and LGBTQ communities
Module 3: The impact of bias and oppression on LGBTQ domestic violence victims/survivors
Module 4: Issues and challenges that LGBTQ domestic violence victims/survivors may face
Module 5: Closing

TRAINING MATERIALS AND EQUIPMENT

The following materials and equipment are needed to conduct the *Improving Domestic Violence Program Access for Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Victims/Survivors* training.

Training materials:

- ❒ Power Point presentation slides
- ❒ *Card Exercise* materials (appendix A)
- ❒ *Closing Activity* materials (appendix B)
- ❒ Participant handouts

Training equipment:

- ❒ Lap-top computer
- ❒ LCD projector or projector for overhead transparencies
- ❒ Screen for Power Point or overhead and video
- ❒ Board (white board, chalk board or flip chart) and non-toxic markers
- ❒ Pair of scissors
- ❒ String
- ❒ Single hole punch

PRE-TRAINING PREPARATION TASKS

☐ Gather all training materials and equipment.

☐ Print, copy and assemble participant handouts.

☐ Prepare the *Card Exercise* materials (see appendix A):
  - Print and fold the 11 role play cards
  - Punch one hole at the top of all of the cards except the *Survivor* card
  - Punch several holes close to each other at the top of the *Survivor* card
  - Cut ten 6-foot long pieces of string
  - Tie one end of all ten pieces of string to the *Survivor* card
  - Tie the other end of each of the ten pieces of string to each of the other ten cards. The end result should look like this (note this image only shows a total of 10 cards):
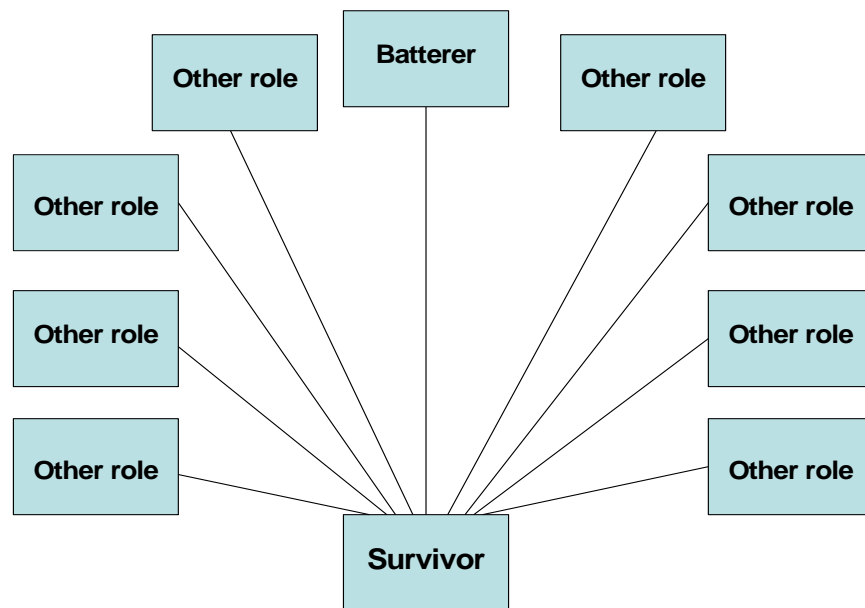
☐ Prepare the *Closing Activity* materials (see appendix B):
  - The *Closing Activity* is done in pairs. Calculate how many pairs you expect to have in your training and print one set of Closing Activity questions per pair and cut along the dotted lines.
  - Mix up the order of the questions in each set of questions and paper clip each set together so that each pair will have a set of questions.

TRAINING TIPS AND STRATEGIES

Practical Considerations

- Time Constraints. Be sure to start on time, roughly stick to the agenda and adjust your course as you progress through the training. A time-keeper may be very helpful.
- Room Arrangement. Traditional classroom style, with participants facing each other's backs, is *not* recommended. Round tables for five or six, oriented toward the front of the room, will foster interaction with a minimum of shuffling around, and allow trainers to easily hand out materials.
- Group Size. The minimum number of participants recommended is 15, with a maximum of 25. The interaction of the participants and their level of involvement may be compromised when the number of participants is too large or too small.

Effective Training Basics

- Familiarize yourself with the training content before you deliver the training.
- You, the trainer are *the most important element* of the training! Your engaging presence, energy and positive approach to facilitation and learning plays a vital role in ensuring an effective training. The Power Point slides are a visual aide that should not become the center of the presentation. Face the participants as much as possible. Try to minimize as much as possible the amount of time you look behind you at the screen with your back to the audience.
- Be concise! Make your points clearly and succinctly and then move on. If you have a very good and clear example or anecdotal story that will help to clarify a point, please feel free to share it! However, please be sure that you keep your example/story concise and be sure that the example/story *directly and clearly ties in to the point you are trying to make* – otherwise, you will end up confusing your audience.
- Participants possess a wealth of knowledge and experience. Throughout the training, encourage them to share their own experiences and observations throughout the workshop.
- One of the most effective training techniques is to ask questions. Therefore there are directions on almost every slide to start off by asking a question. You may, in many cases ask the question as a means to hold participants' attention, rather than to elicit an actual reply. The cases in which it is important to elicit responses from participants are indicated.
- A *Parking Lot* (a list of issues, questions and ideas generated by participants throughout the training that will not be discussed during the training) can be used for noting important issues that can't be fully discussed during the training. Be mindful that participants can feel shut down or discriminated against if issues that are central to their experience or understanding get 'parked.' Therefore, issues should be 'parked' when time constraints require you to set them aside in order to cover the core training components. Be clear what will be done with the list after the training.

Handling Topics with Sensitivity

- This training may challenge trainees' deeply entrenched beliefs. It may evoke emotionally-laden responses such as victim blaming and stereotyping of LGBTQ people.
- Keep in mind that strongly held beliefs and values are unlikely to change as a result of one day of training, and this may be particularly true if participants have been mandated to attend.
- Model respect for all perspectives and opinions, even if you disagree with them.
- It can be extremely helpful to have a pair of trainers who complement one another in respect to their knowledge and experience with DV and LGBTQ issues. Co-trainers can help each other

deal with unpredictable situations, back each other up during difficult moments, and provide constructive feedback to each other and the group.

- Participants will be more likely to engage with and absorb the training material if the material is presented in a positive, non-defensive, encouraging manner.
- Avoid getting into arguments with participants. Arguments, even small ones, distract from a positive environment.
- Don't make assumptions about the sexual orientation, gender identity, or abuse experience of individual participants.
- Don't ask individual LGBTQ participants to function as experts on the community.
- Do not pressure anyone to speak from a particular perspective, e.g., as a lesbian, as a straight women, etc.
- People in the LGBTQ community have different ideas about what being LGBTQ means. LGBTQ participants may or may not all understand each other's issues and support each other.
- Treat each individual LGBTQ person as the expert on their own experience. Affirm people's right to define their own experience.

Handling Potentially Difficult or Complex Questions and Concerns

Participants may ask difficult or complex questions or concerns about the topics, about issues and challenges within their agency and/or community and about actions they may be considering taking or not talking to increase access to services among LGBTQ victims/survivors. Here are some suggestions for how to respond generally to difficult or complex questions/concerns:

- Acknowledge and reflect back what is said. Use their words, not yours.
- Begin where they are, not where you want them to be.
- Be curious and open to what they are trying to say.
- Notice what they are saying and what they are not.
- Emotionally connect and relate to the person and how they are feeling. Connect with feeling as well as with thought.
- Notice how you are feeling. Be honest and authentic.
- Stop and redirect the conversation if any one becomes disrespectful.
- Appreciate the fact that the person and their ideas and feelings are complex and you are just scratching the surface during this interaction. You can not possibly fully understand where there are coming from. Therefore, be mindful not to make assumptions about them.
- If areas of disagreement become apparent, name and acknowledge the disagreement. Do not try to convince the person that they are wrong and you are right.

A list of potentially difficult or complex questions that may arise during a training are listed below, along with some suggested discussion points.

Why does my organization need to increase access to services for LGBTQ individuals?

Here are a few reasons why it's important for DVSP Agencies to increase access to services for LGBTQ individuals:
- The Anti-Domestic Violence Movement is committed to addressing the needs of all domestic violence survivors and recognizes that lesbian, gay, bisexual and transgender individuals are also victims of domestic violence.

- Domestic violence occurs in LGBTQ relationships at a comparable rate to DV among heterosexual, non-transgender couples.
- There are only a few agencies that provide DV services specifically designed for LGBTQ individuals. If DV agencies designed to serve heterosexual, non-transgender women do not serve LGBTQ survivors, they would have almost no where to turn for help.
- LGBTQ individuals have children who are impacted by DV and need support.
- California has visible LGBTQ communities.
- Individuals who face discrimination and bias such as women, LGBTQ individuals and people of color have additional challenges in seeking help. Therefore, it's important for DVSP Agencies to proactively create a welcoming environment so that individuals from these communities can overcome barriers to seeking help.
- If your agency can be prepared to effectively serve one LGBTQ person - then one person who is in danger and in need may be helped. Your assistance to even one person matters.
- If your agency is committed to preventing re-victimization, it needs to be prepared to serve LGBTQ DV victims/survivors effectively.

Our shelter serves women only. Does the LGBTQ DV TAT Project want us to open our shelter to gay, bisexual and transgender men?

The LGBTQ DV TAT Project does not feel that it is necessary for agencies to open up their women-only shelters to gay, bisexual and transgender male victims/survivors. (It should also be noted that Department of Health Services/Material, Child and Adolescent Health Branch prohibits use of their funds to serve men.) That being said, the goal of the project is to increase access to services among LGBTQ victims/survivors, and that of course, includes gay, bisexual and transgender male victims/survivors. If an agency is interested in increasing access to shelter services or any other services for gay, bisexual and transgender male victims/survivors with support from non-DHS/MCAH funds, the LGBTQ DV TAT Project can provide training and technical assistance to your agency to assist you in doing so.

We serve a diversity of women already and we have prioritized working on increasing access among a number of unserved/underserved communities that we feel are of greater priority for our community compared with the LGBTQ community. How can we be expected to become competent in serving the LGBTQ community as well?

We applaud all efforts to better serve unserved/underserved communities. We also know that LGBTQ individuals are a part of all unserved/underserved communities – in other words, there are LGBTQ individuals in every racial, ethnic and socio-economic group. According to an analysis of US Census Data, 39% of California's same-sex couples are people of color.[1] Latino/as account for one in four individuals in same-sex couples in California. In addition, many people with substance abuse and mental health issues and disabilities/developmental disabilities are lesbian, gay, bisexual or transgender. Therefore, no matter what unserved/underserved community you are working to better serve, competency in serving LGBTQ individuals will only serve to strengthen your efforts.

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[1] Gates, G, H. Lau and R. B. Sears. (2006.) Race and Ethnicity of Same-Sex Couples in California: Data from Census 2000. Accessed at http://www.law.ucla.edu/williamsinstitute/publications/Race_and_ethnicity_of_same-sex_couples_in_california.pdf.

We also embrace the concept of Continuous Quality Improvement – the notion that there is always room for growth and improvement over time. No agency is expected to be perfect. However, by embracing growth and improvement over time, all agencies will become better equipped to serve all victim/survivors in need.

We provide the same services to all people, regardless of sexual orientation or gender identity. We wouldn't do anything different if the client was lesbian, gay, bisexual, transgender or questioning. Given this, why would we need any LGBTQ-specific training and technical assistance?

It is understandable if an agency feels that "they treat everyone the same" and therefore, they do not need to and would not want to change anything about the way the agency conducts intakes or provides case management or any other services. This approach often comes from the belief that the best way to ensure equal treatment and equal accessibility is to "treat everyone the same." Sometimes 'equality' does mean treating people the same despite their differences and sometimes it means treating people as equals by *accommodating* their differences. Neutrality is not compromised by accommodating differences. However, ignoring differences may lead to a lower quality of service.

The reality is that LGBTQ victim/survivors face unique challenges because of bias and discrimination in society. This discrimination leads to unique issues that need to be addressed. Many of these issues, such as 'coming out,' have a direct bearing on safety. In order to assist an LGBTQ victim/survivor, it is important that agencies understand these unique challenges and issues and incorporate recommended practices into their intakes, case management and other services. It is also not enough to say, "Our door is open to everyone" because of the considerable barriers LGBTQ individuals face in seeking support from public services. DVPS can take proactive action to demonstrate that they are an agency that welcomes LGBTQ individuals, thereby helping to break down these barriers.

There are so few LGBTQ individuals in this community that it's not worth investing in increasing access to services for this population.

It is true that there is variation in the size of the 'out' and 'visible' LGBTQ community in various parts of California. Many LGBTQ adults move away from communities where there is an anti-LGBTQ climate and few LGBTQ community resources, if they have the means to do so. It is also likely more and more LGBTQ individuals facing economic and housing pressures in large urban areas are moving to rural and suburban communities. Even in communities with relatively hostile climates and/or small 'out' and 'visible' communities, there are LGBTQ individuals who are a part of the community. Furthermore, young LGBTQ people who do not have the means to move out of the area also need support and services related to dating violence.

In many ways, isolated LGBTQ DV victim/survivors who are not 'out' and who live in hostile climates are more vulnerable, compared with LGBTQ DV victim/survivors who are 'out' and live in welcoming climates. These isolated LGBTQ DV victim/survivors may have a more difficult time reaching out for support, or may reach out for support after the violence escalates considerably.

These individuals are all the more in need of support from DVPS. Even one isolated, vulnerable LGBTQ DV victim/survivor in need is 'worth' an agency's proactive support.

Serving LGBTQ communities is very controversial in our community. Why would we do so, when it could mean coming into conflict with our Board of Directors, and upsetting important partners and donors?

Some DVPS may be reluctant to address the needs of the LGBTQ community because they may encounter anti-LGBTQ sentiment. Yet all DV work involves challenging community norms and can involve a certain degree of conflict. The history of the DV movement itself is a history of struggle against bias and discrimination – stemming from the struggle against bias and discrimination against women in the public and private spheres.

Addressing bias and discrimination against LGBTQ individuals is vital to the safety of *everyone* in our communities. All *isms* are interlinked. Violence is a symptom and tool of oppression that festers on secrecy. Moving away from violence is about moving away from bias and secrecy and building healthy communities for everyone.

Through dialogue and ongoing work to address bias and discrimination against LGBTQ individuals, support can be garnered from most community partners, especially when we remind people that everyone deserves to be safe in their relationships. Keep in mind that communities all across California, the nation and the world are collectively having conversations and creating policies to foster equality and safety for LGBTQ individuals. There is a larger movement for equality sweeping the nation and the word. Your community is not alone, and there is help and support for you.

Lastly, it's also important to note that Senate Bill 1441 was signed into law on August 28, 2006 prohibiting discrimination in State programs and activities, including police and fire protection, recreational programs, social services and public schools. Individuals applying for or participating in programs and activities operated, administered or funded by the State of California cannot be discriminated against on the basis of sexual orientation and gender identity.[2] (Under current law a person also cannot be discriminated against in housing, employment, education, or public accommodation on the basis of sexual orientation or gender identity.)
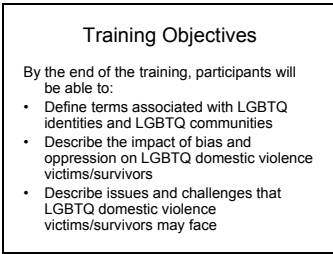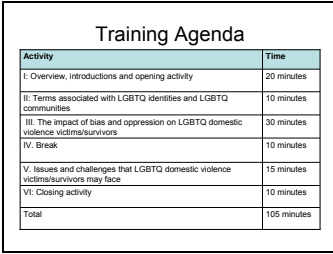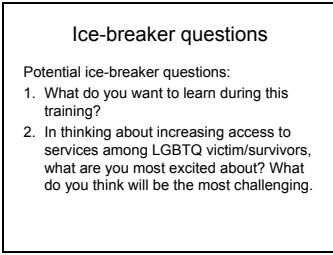
NOTE: The LGBTQ DV TAT Project will be providing specialized training and technical assistance on how to address homo/bi/transphobia among clients and community members.

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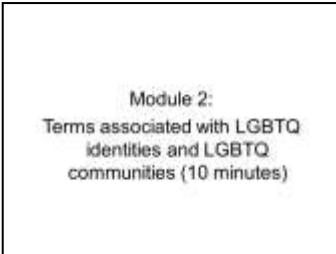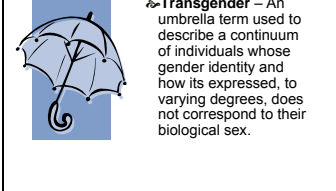
[2] Equality California. (2006.) Governor Signs Bill Prohibiting Discrimination in California State Programs. Accessed at: http://www.eqca.org/site/apps/s/content.asp?c=9oINKWMCF&b=886395&ct=2904117.

ANNOTATED TRAINER'S GUIDE

Module 1: Overview, introductions and opening activity (20 min)

Slide 1: Title Slide	• *[Show the Title Slide.]* • *[Welcome participants enthusiastically and set a positive and energetic tone for the training.]*
Improving Domestic Violence Program Access for Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Victims/Survivors LGBTQ Domestic Violence Training and Technical Assistance Project CUAV	
Slide 2 Module 1: Introductions, overview and opening activity (20 min)	• *[Show Slide.]* • We will begin with an overview of the training, introductions and an opening activity. • *[Give a brief 2-3 sentence introduction to invite a connection and establish credibility. Express your appreciation for the opportunity]* • *[Ask participants to go around the room and state their name and another piece of identifying/ contextual information such as agency name or title/role within their agency.]*
Slide 3: Training Objectives By the end of the training, participants will be able to: • Define terms associated with LGBTQ identities and LGBTQ communities • Describe the impact of bias and oppression on LGBTQ domestic violence victims/survivors • Describe issues and challenges that LGBTQ domestic violence victims/survivors may face	• *[Show Slide.]* • *[Read the training objectives on the slide.]* • *[Move to the next slide.]*
Slide 4: Training Agenda	• *[Review the agenda quickly.]* • The agenda shown here totals 100 minutes. This is the minimum amount of time recommended for these sections. Feel free to add time to each section and lengthen the training or split it into two sessions.

Training Agenda table:

Activity	Time
I: Overview, introductions and opening activity	20 minutes
II: Terms associated with LGBTQ identities and LGBTQ communities	10 minutes
III. The impact of bias and oppression on LGBTQ domestic violence victims/survivors	30 minutes
IV. Break	10 minutes
V. Issues and challenges that LGBTQ domestic violence victims/survivors may face	15 minutes
VI: Closing activity	10 minutes
Total	105 minutes

| **Slide 5:**

Ice-breaker questions

Potential ice-breaker questions:
1. What do you want to learn during this training?
2. In thinking about increasing access to services among LGBTQ victim/survivors, what are you most excited about? What do you think will be the most challenging. | • We'll begin today's training with an ice-breaker.
• *[Select one of the ice-breaker questions on the slide and ask participants to answer the question in pairs. Give each person 1-2 minutes to answer the question. After each person in the pair has had the chance to answer the question, gather the focus back to the full group and ask a few people to share what came up during their conversation. Take notes on chart paper. Quickly address any immediate questions or concerns that may have come up during the ice-breaker and move on.]*
• **(Trainer Tip: Ice-breakers present a valuable opportunity to 'take the pulse' of a room. Note what is said, not said, body language, level or participation, etc., and adjust your training approach accordingly.)** |

Module 2: Terms associated with LGBTQ identities and LGBTQ communities (10 min)

Slide 6: Module 2: Terms associated with LGBTQ identities and LGBTQ communities (10 minutes)	• Let's move to Module 2, where we will define terms associated with LGBTQ identities and LGBTQ communities. • **(Trainer's Tip: You only have 10 minutes on this section and therefore you will need to move through it very quickly.)**
Slide 7: Sexual Orientation & Gender Identity Defined • **Sexual orientation** refers to a person's emotional, romantic and sexual attraction to individuals of a particular gender. • **Gender identity** describes the gender with which a person identifies (i.e, whether one perceives oneself to be a man, a woman, or describes oneself in other ways).	• *[Read the definitions.]* • Therefore, to clarify, sexual orientation has to do with who people are attracted to. Gender identity is the way in which someone identifies their gender, regardless of the body that they were born with.
Slide 8: What does LGBTQ mean? ❧**Lesbian** – A woman who is predominately or exclusively attracted to women emotionally, physically, spiritually and/or sexually. ❧**Gay** – A term identifying a man who is predominantly or exclusively attracted to men emotionally, physically, spiritually and/or sexually. ❧**Bisexual** – A term identifying a person who is attracted to men and women emotionally, physically, spiritually and/or sexually.	• **(Trainer's tip: If someone asks about terms like 'Intersex,' answer the question if you can. Then clarify that this particular project is, unfortunately, limited to a focus on LGBTQ issues. However, let them know you would be happy to follow up with them about questions they might have about inter-sex issues and refer you to additional resources if necessary.)** • There are many ways that someone can identify their sexual orientation and gender identity. There are five terms that are commonly used that we would like you to be familiar with and able to use accurately. • *[Read the definitions and move on.]*
Slide 9: What does LGBTQ mean? ❧**Transgender** – An umbrella term used to describe a continuum of individuals whose gender identity and how its expressed, to varying degrees, does not correspond to their biological sex.	• *[Read the definition. Emphasize the word 'umbrella.']* • A person who is transgender chooses ways of presenting themselves that are different from what is expected of the gender they have been assigned. For example, a person who is assigned a role of "boy" by a doctor at birth but experiences herself as a woman is transgender. This term may also include people who identify as transsexual and trans. A person who is transsexual chooses to change their physical body to match the gender they want to express.
Slide 10: Transgender, continued… **Transsexual** – A person who has gone through any part of the process of Sex Reassignment Surgery (SRS) and identifies as the gender they feel they are. **Female to Male (FTM)** – a person born female who transitions to live and identify full time as a male/man. **Male to Female (MTF)** – a person born male who transitions to live and identify full time as a female/woman.	• Let's define a few more terms associated with the umbrella term 'transgender.' • *[Read the definitions on the slide.]* • Sex reassignment surgery is a very expensive process. Most people who identify as transgender cannot afford the cost of the medical procedure. For someone who is FTM – bottom surgery/falloplasty is $75,000. For someone who is FTM – bottom surgery/vaginoplasty is $35,000 - $45,000. As people can see, these procedures cost a great deal of money, and for most transgender individuals, the surgery may not be a feasible option. However, this does not change how they identify.

Slide 11: Transgender, continued… **Cross-dresser** – person who wears clothing opposite their assigned gender, usually not all the time. Does not identify as the opposite gender identity. **Drag Queen** – person, sometimes gay men, impersonating famous females, usually for performance. **Drag King** – person, sometimes lesbians, impersonating famous males, usually for performance.	• *[Read the definitions on the slide and move on.]*
Slide 12: What does LGBTQ mean? ✍**Questioning** -Refers to people who are exploring or questioning their sexual feelings, orientation, and/or sexual identity, and who may be experiencing lesbian, gay, bisexual, or transgender feelings or urges.	• *[Read the definition on the slide and move on.]*
Slide 13: What's most important? ✍LGBTQ individuals are incredibly diverse and come from all racial, ethnic and socio-economic backgrounds.	• *[Read the slide.]* • When you think about LGBTQ communities, think of diverse *communities*, not one monolithic community.
Slide 14: What's most important? ✍**Respect how people self-identify however that may be:** queer, a man who sleeps with men (MSM), a woman who sleeps with women (WSW), genderqueer, omnisexual, pansexual, two-spirit, dyke, androgyne, asexual, bear, stud, etc., etc...	• *[Read the slide. However, do not attempt to define all of the terms!]* • There are many people who do not identify with the terms lesbian, gay, bisexual and transgender. Some people may feel that these terms are 'old school,' and antiquated. What we can say for sure is that identities are being formed right now, and in two years there will be more terms to add, and some to eventually phase out. • People may not feel safe identifying as LGBTQ or feel that another term better represents their identity and may choose to identify differently. • Some of these words are very loaded, and may feel offensive to some people. Context is crucial. It may mean something very different for a woman who has sex with women to call herself a dyke than it does for a man walking by that same woman at night on the street to call her a dyke. • Again, we ask that you are familiar and comfortable using the five terms: lesbian, gay, bisexual, transgender and questioning. • What's most important is to allow people to feel comfortable enough to self-identify; to describe how they identify themselves authentically, without fear of judgment or rejection.
Slide 15:	• There are often generational, regional and cultural differences in the terms people use to describe their identities. What kind of terms to LGBTQ

Discussion Question • What kind of terms do LGBTQ people in your community use to describe their identities?	people in your community use to describe their identities? • *[Ask people to raise their hands and share a few examples. If no one answers, ask a few follow up questions, like "To the best of your knowledge, what do women in the community identify more with the term 'lesbian' or 'gay.'" or "Are you familiar with some of the terms young people use in this community?" or "Are you familiar with some of the terms communities of color use in this community?" Take a few responses and restate the importance of diversity within LGBTQ communities and the need to respect how people self-identify.]*

Module 3: The impact of bias and oppression on LGBTQ DV victims/survivors (30 min)

Slide 16: Module 3: The impact of bias and oppression on LGBTQ domestic violence victims/survivors (30 minutes)	• Let's move to Module 3 where we will explore the impact of bias and oppression on LGBTQ domestic violence victims/survivors.
Slide 17: Heterosexism & Heterocentrism ⇛**Heterosexism** is a belief that male/female sexuality is the only natural or moral mode of sexual behavior. ⇛**Heterocentrism** is an assumption (often subconscious) that everyone is heterosexual, and the attitudes associated with assumption. ⇛Heterocentrism often shows up in less intentional ways in every day life. For instance, when a woman says she is going on a date, many people will ask, "What's his name?" or "Is he cute?" assuming it is a heterosexual date. Nevertheless, these people may not have anything against same-sex dating.	• *[Read the definitions on the slide.]* • An example of heterosexism in a dv program: Shelter staff telling a lesbian, "We'll still accept you into our program but you better not hit on any of the residents! We don't tolerate that kind of behavior here." • An example heterocentrism in a dv program: During an intake, the hotline worker asks the caller, "What did your boyfriend or husband do to you? What's his name?" • Heterocentrism is an assumption. It has less to do with bias and everything to do with the culture that we live in which presumes that everyone is heterosexual.

Slide 18:
 	
--- Card Exercise ---
	• Now we have an interactive exercise for you that will illustrate the impact of bias and oppression on a lesbian DV victim/survivor.
	• *[Follow the steps below:}*
	   1. Ask for 11 volunteers to do the card exercise
	   2. Invite them to an open space and form a circle. Invite additional attendees to stand around the circle.
	   3. Ask for volunteers to be the victim and the batterer.
	   4. Distribute the cards to the remaining 9 volunteers. (no need to ask if people want a particular card, distribute randomly).
	   5. Instruct the victim to go to each cardholder and read the back of their card.
	   6. Victim does not go up to the batterer until the very end.
	   7. Cardholders, when the victim asks you their question, read the back of your card.
	   8. FACILITATOR: Cut the string connecting the victim to that cardholder
	   9. Victim moves around the circle until she/he reaches the batterer.
	   *10. *Victim does not read their card* Batterer reads the back of their card.*
	• *[After the exercise is over, ask the victim how they felt.]*
	• *[Then ask the audience and participants their thoughts about this exercise. Let them know that these are all responses that victims/survivors have heard and reported to CUAV and LAGALC. Ask them specifically what struck them in terms of the responses the victim/survivor received from the family member, therapist, health care provider, etc. In debriefing the health care provider role clarify that in this role play the health care provider reported the abuse as a mandated reporter. However, in many cases, health care providers may not take precautions or file reports if the victim/survivor indicates that the abuse was at the hands of their same sex partner.]*
	• *[If participants do not raise this point on their own, point out that the survivor faced additional barriers and isolation because of homophobia and heterosexism. Ask for examples.]*

Break (10 min)

Slide 19:	• Let's take a 10 minute break. Please be back by…
Break (10 minutes)	

Module 4: Issues and challenges that LGBTQ DV victims/survivors may face (15 min)

Slide 20: Module 4: Issues and challenges that LGBTQ domestic violence victims/survivors may face (15 minutes)	• Now let's move to Module 4 where we will describe issues and challenges that LGBTQ domestic violence victims/survivors may face.
Slide 21: True or False? **Battering in LGBTQ communities isn't as serious an issue as in non-LGBTQ heterosexual communities.** Current research confirms that battering is just as prevalent (occurring in 25-33% of relationships) and just as dangerous among LGBT folks as among heterosexuals. LGBT batterers subject their partner to physical, emotional, sexual and economic abuse ranging from manipulation to murder. While many LGBT folks believe that they don't know anyone who is being battered, that has more to do with a lack of awareness of battering in our communities that it has to do with actual frequency and severity LGBT domestic violence NCAVP, 2002 National Domestic Violence Report	• Let's start by taking a look at the reality that LGBTQ domestic violence victims/survivors generally face a climate of myths and misunderstanding about domestic violence within relationships among LGBTQ people. • *[Read the slide.]* • The point is that abuse within LGBTQ relationships is happening at a comparable rate and is just as serious an issue to be concerned with as DV within heterosexual relationships. • **(Trainer Tip: If someone challenges these statistics, do not get into a debate about them. Acknowledge that rates of DV are difficult to measure in any community and more so within communities that face barriers to disclosure like LGBTQ communities. Reinforce the point that it happens frequently and is just as serious an issue to be concerned with as DV within heterosexual relationships.)**

Slide 22:
 	
"You fight like a girl!"
• These incidences were reported by female, male and transgender survivors to staff at Domestic Violence Legal Advocacy Project (DVLAP) at the L.A. Gay and Lesbian Center during a one-year period:
   - Feet hammered while asleep.
   - Arm wrenched out of socket.
   - Hit in the head by a brick
   - Eardrum ruptured by blows to the head with a shovel.
   - Gunshot wound to shoulder - not allowed to seek medical assistance for hours.
   - Ribs broken and then gun held to head for 2 hours
   - Forced to kneel on broken glass.
	• *[Ask the audience if they have heard this phrase: You fight like a girl. You do not need to call on anyone – just acknowledge that this is a common phrase.]*
	• You fight like a girl is a phrase that suggests that women are less violent or less capable of being violent than men. It is also a term that can be used against gay men to suggest that gay men are not real men and therefore also not as capable of being violent as heterosexual men. This kind of phrase is reflective of commonly held beliefs that minimize violence within same sex relationships.
	• *[Read the top part of the slide and a few of the examples and explain that these real examples are shown to highlight the seriousness of LGBTQ abuse.]*

Slide 23: Cycle of violence • See handout *"LGBT Cycle of Violence"* • The LGBTQ cycle of violence is exacerbated by internalized and institutionalized homophobia and heterosexism. These present additional challenges to safety and help seeking.	• *[Pass out 'Cycle of Violence' handout.]* • The LGBTQ cycle of violence looks like the heterosexual cycle of violence. However, the LGBTQ cycle of violence is exacerbated by internalized and institutionalized homophobia and heterosexism. These present additional challenges to safety and help seeking. • Internalized homophobia is the fear and shame of one's own sexuality that occurs for many LGBTQ individuals who were taught negative and oppressive ideas about the LGBTQ community throughout their lives. • Externalized/Institutionalized Homophobia is the arrangements of a society used to benefit one group (the heterosexual community) at the expense of others (the LGBTQ community) through the use of language, media, law, education, religion, economics, etc… • In LGBTQ DV, while the cycle of violence is occurring, at the same time, the survivor is struggling with their own internalized homophobia,

	perhaps believing that the abuse is a result of their sexual orientation which furthers isolates the survivor because they may believe that they are being abused because they are gay. • Institutional homophobia also surrounds the victim/survivor, which means, among many things, that many community resources are not willing, prepared nor capable of helping an LGBTQ victim/survivor. • Further, if the victim/survivor is not out to their family and friends they will not be able to seek support from them about the abuse they are experiencing in their relationship.
Slide 24: **Power and Control Wheel** • See handout *"LGBT Power and Control Wheel"* • The LGBTQ power and control wheel is also exacerbated by internalized and institutionalized homophobia and heterosexism that also present additional challenges to safety and help seeking.	• *[Pass out 'LGBTQ Power and Control Wheel' handout.]* • The LGBTQ Power and Control Wheel also looks like the heterosexual cycle of violence but is also exacerbated by internalized and institutionalized homophobia and heterosexism that also present additional challenges to safety and help seeking. • *[Read a few of the examples from the handout, such as under 'Coercion and Threats' a tactic is to threatening to 'out' someone and under 'Emotional Abuse" a tactic is to tell someone that they are defective because of their gender identity.]*
Slide 25: **Issues and challenges that LGBTQ domestic violence victims/survivors may face** ➤ Fear that the abuse will not be taken seriously because it is occurring within an LGBT relationship. ➤ Fear of re-victimization by law enforcement, criminal justice, and social service workers based on one's sexual orientation and/or gender identity. ➤ Fear of being outed to friends, family, employers / employees. ➤ Fear that the abuser will convince people that they are the victim. ➤ Lack of acknowledgement and support from other LGBTQ individuals who may not be aware of the fact that DV in LGBTQ relationships occurs and is dangerous.	• So now let's summarize some of the issues and challenges that LGBTQ DV victim/survivors may face. • *[Read the slide and elaborate or clarify as you feel will be beneficial to the group. If you feel that the point has already been made sufficiently, just read the point and move to the next one. Ask people if they would any thing to the list based on what they've heard today during the presentation or card exercise.]*
Slide 26: **Discussion Question** • What issues and challenges to LGBTQ DV victim/survivors in your community face?	• *[Read the discussion question and facilitate a brief discussion based on participants' knowledge and experiences.]*

LGBT Cycle of Violence

The outer ring reads: Externalized Homophobia & Heterosexism ... Institutional & Organizational Homophobia & Heterosexism

The inner cycle shows: Tension → Explosion → Remorse, with the center labeled: Internalized Homophobia & Heterosexism

While LGBT persons experience the cycle of violence similarly to heterosexual persons, the LGBT Cycle of Violence is exacerbated by internalized and institutionalized homophobia, biphobia, transphobia and heterosexism. These present additional challenges to safety and help seeking.

© L.A. Gay and Lesbian Center's STOP Partner Abuse/Domestic Violence Program

LGBT Power and Control Wheel

Externalized Homophobia & Heterosexism

Internalized Homophobia — Victim — Abuser

POWER AND CONTROL

Institutional & Organizational Homophobia

Coercion & Threats

using coercion & punishments to gain compliant behavior~ making and/or carrying out threats to harm ~ threatening to leave or commit suicide~ threatening to "out" ~ stalking

Intimidation

using looks, gestures or actions that are frightening & intimidating~reinforcing homophobic control ~abusing service animals or pets~ displaying weapons~

Economic Abuse

stealing~ preventing you from getting or keeping a job~making you ask for money ~ interfering with work or education ~using your credit cards without permission~ not working & requiring you to support her/him~ not paying her/his fair share

Emotional Abuse

Put downs ~making you feel bad about yourself~ questioning if you are a "real" lesbian or gay man which reinforces internalized homophobia~ telling you that you are defective because of your gender identity

Status Control

treating you like a servant~making all the "big" decisions~being the one to define each person's role & duties in the relationship~using class, race, age, etc. to hurt and control you

Isolation

controlling what you do, who you see or talk to~ limiting your outside activities~ using jealousy to control you~ making you account for your whereabouts~ saying no one will believe you~ restricting medical care and social services

Using Children and/or Pets

accusing you of being an unfit parent because of HIV status~ threatening to take the children or pets~ threatening to "out" you to authorities or spouse so they will take the children away~ threats to harm children or pets

Minimizing, Denying & Blaming

making light of the abuse~ saying it didn't happen~ shifting responsibility for abusive behavior~ saying it's your fault or "you deserved it"~ accusing you of "mutual abuse"~ saying women can't abuse women & that men are supposed to fight

Anti-LGBT bias: Conscious or unconscious feelings and/or beliefs that inhibit a person's capacity for impartial judgment. An unfair act or policy which results in a prejudicial mindset against LGBT people. Anti-LGBT bias includes homophobia, biphobia and transphobia.
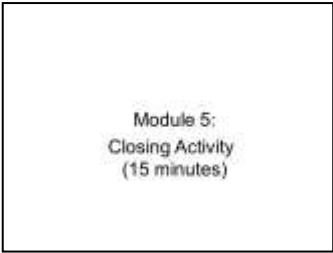
Heterosexism: The belief that heterosexuality is superior to homosexuality.

Homophobia: The irrational fear of, aversion to, or discrimination against homosexuality or homosexuals, bisexuals (biphobia) and transgender persons (transphobia). Recent research indicates that homophobia is not an actual phobia because it is caused by disgust rather than fear or anxiety. The findings suggest that social conditions and attitudes, rather than p sychological factors, create homophobia.

External Homophobia and/or Institutionalized Homophobia: Heterosexism and anti-LGBT bias that are entrenched within society's institutions (schools, government, religion, etc.)

Internal Homophobia and/or Intern alized Homophobia: Internalization of myths and stereotypes about LGBT people.

Module 5: Closing Activity (15 min)

Slide 27:	
Module 5: Closing Activity (15 minutes)	• Now we have one last closing activity to reinforce and wrap-up the material that we've covered together. • *[Let people know that the activity will be done in pairs. Give one paper-clipped set of questions to each pair. Let people know how much time they will have for the activity (approximately 5-7 minutes. Let them know it is okay if they don't get a chance to answer all of the questions.]* • The pair should split up the questions and take turns asking and answering the questions on the slips of paper. If anyone has a question, feel free to ask the trainer(s). • [*After the allotted time has elapsed, bring people's attention back to the full group. Ask people to share one or two of the questions they discussed in their pair and the responses their partner provided. After someone reports back, offer your feedback on their responses, always starting with acknowledging the positive/strengths about how they responded and adding additional comments only if necessary. Thank everyone who reports back.]*
Slide 28:	
For more information, please contact: Capacity Building Team capacitybuilding@cpedv.org California Partnership To End Domestic Violence (916) 444-7163	• [*Pass out LGBTQ DV Resource list handout.*] • This concludes the training on improving Domestic Violence program access for Lesbian, Gay, Bisexual, Transgender and Questioning domestic violence victims/Survivors • *[Thank everyone for their participation. Make some genuine comments about what you thought about the training, highlighting what was especially positive about it. Let people know you will be available for discussion after the training.]*

LGBTQ Domestic Violence Resource List

Reading Material

Men Who Beat the Men Who Love Them
  David Island, Patrick Letellier. Haworth (1991)
  ISBN: 0-918393-97-3

Same-Sex Domestic Violence: Strategies for Change
  Beth Leventhal & Sandra Lundy (Eds.) Corwin Press, Thousand Oaks, CA
  ISBN: 0-761903-23-2

Violence in Gay and Lesbian Domestic Partnerships
  by Claire M. Renzetti (Editor), Charles Harvey Miley (Editor). Harrington Park Press
  ISBN: 1560247533

Intimate Betrayal: Domestic Violence in Lesbian Relationships
  by Ellyn Kaschak (Editor) Haworth Press (March 2002)
  ISBN: 0789016621

Domestic Violence at the Margins: Readings on Race, Class, Gender, and Culture
  by Beth E. Richie (Author), Natalie J. Sokoloff (Editor), Christina Pratt (Editor)
  Rutgers University Press (April 15, 2005).
  ISBN: 0813535700

No More Secrets: Violence in Lesbian Relationships
  by Janice Ristock (Author) Routledge; (February 1, 2002)
  ISBN: 0415929466

Violent Betrayal Partner Abuse in Lesbian Relationships
  By Claire Renzetti & Charles Harvey Miley. Sage Publications, Inc
  ISBN: 0803938896

Woman-to Woman Sexual Violence: Does She Call it Rape?
  by Lori B. Girshick (Author) Northeastern University Press (February 28, 2002)
  ISBN: 1555535275

Naming the Violence: Speaking Out About Lesbian Battering
  by Kerry Lobel (Editor). Seal Press (CA)
  ISBN: 093118842

A Professional Guide to Understanding Gay and Lesbian Domestic Violence:
Understanding Practice Interventions
  Edited by Joan C. McClennen, Ph.D. & John Gunther, Ph.D.
  Edwin Mellon Press
  ISBN: 0773478922

"California Report on Lesbian, Gay, Bisexual & Transgender Domestic Violence in 2000"
  December 2001
  Published by the L.A. Gay & Lesbian Center

Authors: Susan Holt and Patrick Letellier

2002 National Domestic Violence Report (2003 Update)
10/14/2004
Published by National Coalition of Anti-Violence Programs

2002 National Domestic Violence Report
1/1/2003
Published by National Coalition of Anti-Violence Programs

Shelter/Housing Needs for GLBT Victims of Domestic Violence
February 21, 2005
Published by the LGBT Domestic Violence Coalition and Jane Doe Inc., with collaboration and support from the Housing and Homelessness Subcommittee of the Massachusetts Governor's Commission on Sexual and Domestic Violence, MA Senator Jarrett Barrios's Office, and MA Representative Liz Malia's Office.

Partner Abuse/Domestic Violence Resource Guide for Los Angeles County
Published by the LA Gay & Lesbian Center, 2002
Authors: Susan Holt and Delena Couchman

LGBT Domestic Violence Videos/DVDs

My Girlfriend Did It
Dir. Dawn West
1995, 68 min. video/dvd
This video defines the dynamics of women's same sex abusive relationships and examines the impact of oppression when addressing women-to-women battering.

Voices Heard Sisters Unseen
Dir. Grace Poore
1995, 75 minutes, Color, VHS
A powerful and inspirational videotape showing how survivors of domestic violence are working to change the way the system treats battered women in search of justice and safety. Interviews, poetry, dance and music combine to present a feminist analysis about how courts, police and social services 're-victimize' battered women who are deaf, disabled, lesbians, prostitutes, HIV-Positive and undocumented.

Nuestra Salud: Lesbianas Latina Rompiendo Barreras – Violencia Doméstica
National Latina/o LGBT Organization
Produced by: Nuestra Salud, 1999

LGBT DV Programs – California

LA Gay & Lesbian Center, STOP Partner Abuse/Domestic Violence Program
> 1625 N. Schrader Blvd
> Los Angeles, CA 90028
> (323) 860-5806
> domesticviolence@laglc.org web: http://www.laglc.org

LA Gay & Lesbian Center, Domestic Violence Legal Advocacy Project
> 1625 N. Schrader Blvd
> Los Angeles, CA 90028
> (323) 993-7649
> dvlap@laglc.org web: http://www.laglc.org

Community United Against Violence
> 170-A Capp Street
> San Francisco, CA 94110
> (415) 777-5500
> info@cuav.org web: http://www.cuav.org

LGBT DV Programs – National

National Coalition of Anti-Violence Programs
> 240 West 35th Street
> Suite 200
> New York, NY 10001
> Phone: (212) 714-1184
> info@ncavp.org web: http://www.ncavp.org

LGBT DV Programs – Regional / Outside California

The Network/La Red: *Ending abuse in lesbian, bisexual, and transgender communities*
> PO Box 6011
> Boston, MA 02114
> (617) 695-0877
> info@thenetworklared.org web: http://www.thenetworklared.org

Gay Men's Domestic Violence Project
> PMB 131, 955 Mass Ave
> Cambridge, MA 02139
> (617) 354 6056
> support@gmdvp.org web: http://www.gmdvp.org

The Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse
> PO Box 20398
> Seattle, WA 98102
> (206) 568.7777
> info@nwnetwork.org web: http://www.nwnetwork.org

Additional Resources

Removing the Barriers: Providing Culturally Competent Care to Lesbians and Women Who Partner with Women
Intended audience: Healthcare professionals with direct and indirect patient contact including nurses, clinical specialists, physicians, physician assistants and social workers.
http://www.corexcel.com/rtb/body_index.htm

The Gay Affirmative Practice Scale: A New Measure for Assessing Cultural Competence with Gay and Lesbian Clients.
Crisp, C. (2006). *Social Work, 51*(2): 115-126.
http://www.safeguards.org/wordpress/wp-content/uploads/GAP%20Article.pdf

Gay Men and Health Care: Building Essential Bridges
Keeling, R. (2002). *Social Work Today*
http://www.safeguards.org/wordpress/wp-content/uploads/Gaymenhealthcare.pdf

Bisexual health: An introduction and model practices for HIV/STI prevention programming
Miller, André, Ebin and Bessonova, (2007). NGLTF Report.
http://www.thetaskforce.org/downloads/reports/reports/BisexualHealth.pdf

Lesbians are women too: A set of fact sheets from the National Gay and Lesbian Task Force Policy Institute (2005). Lesbian, bisexual and transgender women of color are minorities within a minority and are significantly disadvantaged when compared to heterosexual women. The full report includes fact sheets on black, Hispanic/Latina and Asian Pacific American lesbian, bisexual and transgender women.
http://www.thetaskforce.org/downloads/reports/fact_sheets/LesbiansAreWomenToo.pdf

Lesbian and Gay Aging Issues Network / American Society on Aging (web site)
http://www.asaging.org/networks/index.cfm?cg=LGAIN

Four Steps to Providing Health Care to Transgendered People
Samuel Lurie, 2002. New England AETC
http://www.aidsetc.org/ppt/p02-et/et-01-00/ne_4steps2care_tg.ppt

NASW Standards for Social Work Case Management
http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp

APPENDIX A

ADVOCATE FOR THE LGBT COMMUNITY

I am an advocate for the LGBT community and our rights. Domestic violence…what are you talking about?
Women aren't violent. That's something straight people do to one another.

SHELTER WORKER

I work in a shelter. I'm sorry but we can't take you in. Women with children need our beds and the other residents just wouldn't feel comfortable having you around them or their children.

POLICE OFFICER

I am a police officer. I see this kind of thing all the time with you people. You need to learn how to play nice or I'll just have to haul you both down to the station.

EX-HUSBAND

I am your ex-husband. I knew that your lifestyle would mess up my kids. I'm suing for full custody.

CLERGY

I am a member of the clergy. I told you that your sinful lifestyle would only bring pain upon you and your family. Perhaps you should consider asking for the forgiveness of God.

PARENT

I am your parent. If you hadn't decided to become gay, none of this would have happened.

PHYSICIAN

I am your doctor. It looks like your husband or boyfriend gave you some pretty nasty bruises. Since I'm a mandated reporter, I need to notify the authorities about this.

HOTLINE VOLUNTEER

I am a hotline volunteer. Tell me in detail what your husband or boyfriend did to you so we can help.

THERAPIST

I am your therapist. It sounds as if your relationship is mutually abusive and that you often provoke your partner to anger. Before we do couple counseling, I'd like to suggest that you explore the origins of your homosexuality so that you can change it and enjoy a traditional marriage.

BATTERER

I told you no one would help you. Now you'll never get away.

VICTIM

My partner abuses me.
Can you help me?

APPENDIX B

What is the difference between 'transgender' and 'transsexual'?

What is the difference between sexual orientation and gender identity?

What does 'transgender' mean?

What is an example of a barrier an LGBTQ person might face in seeking domestic violence services?

Is LGBTQ DV a serious issue for a DV agency to address?

What is an example of internalized homophobia?

What is an example of externalized homophobia?

SUPPLEMENTAL READING

Improving Domestic Violence Program Access for Lesbian, Gay, Bisexual, Transgender and Questioning Domestic Violence Victims/Survivors:

Recommended Practices

LGBTQ Domestic Violence
Training and Technical Assistance Project

Training Objectives

By the end of the training, participants will be able to:

- Describe recommended practices for improving access to services among LGBTQ DV victim/survivors.

Training Agenda

Activity	Time
I: Tracking LGBTQ identity	10 minutes
II: Fostering an LGBTQ-welcoming environment	5 minutes
III. Intake interviewing	10 minutes
IV. Case management	10 minutes
V. Community outreach and partnership building	5 minutes
VI: Organizational policies and protocols	5 minutes
VII. Closing	5 minutes
Total	50 minutes

I. Tracking LGBTQ identity (10 min)

Tracking LGBTQ Identity

- Foster a welcoming and respectful environment where it is safe for a client to *"bring their whole person"* and disclose information about their life and needs, including sexual orientation and gender identity.

- Foster an environment where LGBTQ identity is acknowledged, but not judged and not '*spot-lighted*.'

Tracking LGBTQ Identity

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

Tracking LGBTQ Identity

- It's okay to ask! It's important to ask! It's not offensive to ask!

- Collect information about sexual orientation and gender identity can as a routine practice during hotline calls (<u>as appropriate</u>) and during intake interviews.

- Also, protect the rights of clients to decline to self-identify as LGBT.

Tracking LGBTQ Identity

- "What is your sexual orientation?" Responses can include:

  – Bisexual, gay, heterosexual, lesbian, questioning/unsure, or decline to answer.

- "What is your gender identity?" Responses can include:

  – Female, male, transgender (female-to-male), transgender (male-to-female), or decline to answer.

Tracking LGBTQ Identity

- Just as you wouldn't disclose personal or sensitive information about clients to other clients, do not disclose a person's gender identity or sexual orientation to other clients.

- Let clients self-disclose their gender identity and/or sexual orientation to other clients if they chose to.

II: Fostering an LGBTQ-welcoming environment (5 min)

Fostering a Welcoming Environment

- Use gender neutral language in intake forms, brochures and other written materials.

- Help decrease the invisibility of LGBTQ people and LGBTQ domestic violence by including stories, images, facts about LGBTQ domestic violence in your agency brochures, reports and website.

Fostering a Welcoming Environment

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

Anyone who is gay, lesbian, bisexual, transgendered, two-spirited or questioning is welcome here.

Ignorance, intolerance, bigotry, and harassment are not acceptable.

Courage   Joy   Spirit   Celebrate!   Community   Equality   Diversity

III. Intake Interviewing (10 min)

Intake Interviewing

- Differentiating LGBTQ victims from abusers is crucial for both the client and the service organization as a whole.

- When working with LGBTQ victims/survivors, it is unwise to rely exclusively on the same precautions and screening procedures that have been used to protect non-LGBTQ victims/survivors.

Intake Interviewing

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

Intake Interviewing

- Don't make assumptions about sexual orientation or gender identity.

- Use gender neutral language.

- An additional amount of education about the dynamics of abuse and its prevalence in the LGBTQ community may need to be provided.

- Communicate that her/his sexual orientation or gender identity is also not to blame for the abuse.

Intake Interviewing

- Be cautious when referring LGBTQ clients to domestic violence services before you have conducted a thorough screening/intake and have accurately determined whether victim/survivor or abuser services are most appropriate.

- LGBTQ domestic violence is never mutual. If you believe that the abuse is mutual after conducting screening/intake, more assessment is necessary.

IV. Case Management (10 min)

Case Management

- Homophobia/transphobia in society and in the abusive relationship is the problem, not the sexual orientation or gender identity of the survivor. This may be a factor in the survivor's isolation, and may be a barrier to accessing resources that others find easy to access.

Case Management

- Be aware of your own attitudes, and take care that every step of the case management process is client-centered, based on the needs and values of the client.

- Pay attention to the degree to which the survivor discloses her/his identity. Please respect her/his choice to define her/his identity and who s/he wants to share it with. Be discrete if the survivor is not out all of the time.

Case Management

- Note the language the survivor is using to refer to her or himself regarding identity, pronouns, relationship, and her/his abuser.

- Use that language yourself, even when you are not in the survivor's presence.

- If you are not sure about the meaning, ask.

- If you are not sure if it's ok to use a particular word, ask.

- Remember to keep the focus on care rather than indulging in questions out of curiosity.

Case Management

- LGBT communities can be very tight-knit, and the survivor may share many friends with her/his abuser.

- S/he may not want to disrupt those friendships for either party.

- Focus on how s/he can stay safe, not on whether or not to continue any particular relationship.

Case Management

- Assist in identifying options for LGBTQ *specific* or *sensitive/friendly* services and refer the client to them when appropriate.

- Encourage LGBTQ clients to use safe and supportive networks within the community when appropriate.

- Referrals should including therapists, psychiatrists and psychologists who work with LGBTQ populations in your area or in a nearby area.

Case Management

- Be realistic about services and referrals. For example, when providing shelter services, be honest with the client about the possibility that other residents may be homo/bi/transphobic.

- Explain to the client your organization's commitment to creating a safe environment for LGBTQ victims/survivors and the steps staff will take to address any homo/bi/transphobia.

V. Community outreach and partnership building (5 min)

Community Outreach and Partnership Building

- Written materials about domestic violence should use language that is inclusive of LGBTQ persons.

- Materials designed for high visibility in strategic places should also include LGBTQ persons.

Community Outreach and Partnership Building

- If your area has a vibrant LGBTQ community
  - Work collaboratively with whatever entity has high importance to the local LGBTQ population.

Community Outreach and Partnership Building

- For areas that don't have visible LGBTQ communities:

  - Work with sexual assault agencies, women's clinics, hospitals.

  - Start thinking about where a survivor would go if they are considering taking steps away from the relationship.

  - Email list-serves and the web are excellent sources of information.

  - Collaborate with other agencies on a regional outreach strategy.

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VI: Organizational policies and protocols (5 min)

Policies and Protocols

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

Policies and Protocols

- Organizational policies and practices are the standards of the organization that define expectations for service delivery.

- Adopt an organizational policy to ensure a safe and welcoming environment for LGBTQ DV survivors and cultural competency in program and service delivery.

Policies and Protocols

- Policies must be written and approved by the Board of Directors to ensure organizational consistency, buy-in and effective governance.

- Protocols and procedures also must be written to ensure clarity of expectations, roles and responsibilities.

VII. Closing (5 min)

Additional information about LGBTQ Domestic Violence can be access through the LGBTQ DV TAT Project. The project will make available training and technical assistance and toolkit materials. Please contact:

LGBTQ DV TAT Project
Lisa Fujie Parks, Project Manager
California Partnership To End Domestic Violence

lisa@cpedv.org

510-967-0369 (direct line)

'Gay Male and Lesbian Index' for California Communities

According to the 2000 US Census, an average of 1 out of 100 coupled households (1%) identified as "unmarried partner households with same-sex partners" (594,391 households out of a total of 59,969,000 coupled households). In California, 8 out of 100 coupled households (nearly 1 out of every 10 households) identified as "unmarried partner households with same-sex partners."

Log Cabin California assembled the gay male and lesbian index for each community in Republican Assembly Districts. The gay male and lesbian index, assembled from ePodunk.com, "is a comparative score, based on the percentage of people reporting in the 2000 U.S. Census that they lived in a same-sex partnership." This statistic is not an absolute measure of gay and lesbian households. Not everyone who lives in such a relationship is gay or lesbian; not everyone who is gay or lesbian lives in such a relationship; and some who do may feel uncomfortable saying so on a census return. However, responses to the question, asked of all U.S. households, provide one indicator of gay and lesbian relationships in a community. (Note: Log Cabin California only focused on Republican Assembly Districts. Therefore information is not available for all districts in California.)

Index Score:
- *100:* Indicates that the local proportion of same-sex unmarried households is the same as the national average of 1 out of 100 coupled households.
- *Above 100:* Indicates that the local proportion of same-sex unmarried households is higher than the national average. For example, 140 would mean that the proportion was 40 percent higher than the national average.
- *Below 100:* Indicates that the local proportion of same-sex unmarried households is lower than the national average. For example, a score of 60 would mean that the proportion was 40 percent higher than the national average.
- *0:* Indicates there were less than 50 same sex households in that community.
- *NA:* Indicates that the area listed is unincorporated or a neighborhood community part of a larger city and therefore there is no gay/lesbian index for that listing.

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Northern Region Communities

Name of Community	Index	Meaning of Index Score
Amador City	0	Less than 50 same sex households in the community
Anderson	0	Less than 50 same sex households in the community
Antelope	NA	There is no gay/lesbian index for this area
Auburn	0	Less than 50 same sex households in the community
Cameron Park	NA	There is no gay/lesbian index for this area
Carmichael	94	6% lower than national average
Chico	97	3% lower than national average
Citrus Heights	86	14% lower than national average
Colfax	0	Less than 50 same sex households in the community
Corning	0	Less than 50 same sex households in the community
Elk Grove	117	17% higher than national average
Fair Oaks	NA	There is no gay/lesbian index for this area
Folsom	92	8% lower than national average
Galt	0	Less than 50 same sex households in the community
Georgetown	NA	There is no gay/lesbian index for this area
Granite Bay	NA	There is no gay/lesbian index for this area
Grass Valley	0	Less than 50 same sex households in the community
Gridley	0	Less than 50 same sex households in the community
Ione	0	Less than 50 same sex households in the community
Jackson	0	Less than 50 same sex households in the community
Lincoln	0	Less than 50 same sex households in the community
Live Oak	208	108% higher than national average
Loomis	0	Less than 50 same sex households in the community
Loyalton	0	Less than 50 same sex households in the community
Markleeville	NA	There is no gay/lesbian index for this area
Marysville	0	Less than 50 same sex households in the community
Natomas	NA	There is no gay/lesbian index for this area
Nevada City	0	Less than 50 same sex households in the community
North Highlands	NA	There is no gay/lesbian index for this area
Orangevale	NA	There is no gay/lesbian index for this area
Orland	0	Less than 50 same sex households in the community
Oroville	0	Less than 50 same sex households in the community
Paradise	0	Less than 50 same sex households in the community
Placerville	0	Less than 50 same sex households in the community
Plymouth	0	Less than 50 same sex households in the community
Portola	0	Less than 50 same sex households in the community
Quincy	NA	There is no gay/lesbian index for this area
Rancho Cordova	109	9% higher than national average
Red Bluff	0	Less than 50 same sex households in the community
Redding	74	26% lower than national average
Rio Linda	NA	There is no gay/lesbian index for this area
Rocklin	82	18% lower than national average
Roseville	89	11% lower than national average
Sacramento	196	96% higher than national average
Shasta Lake	0	Less than 50 same sex households in the community

Name of Community	Index	Meaning of Index Score
Shingle Springs	NA	There is no gay/lesbian index for this area
South Lake Tahoe	115	15% higher than national average
Susanville	0	Less than 50 same sex households in the community
Sutter Creek	0	Less than 50 same sex households in the community
Truckee	0	Less than 50 same sex households in the community
Wheatland	0	Less than 50 same sex households in the community
Willows	0	Less than 50 same sex households in the community
Yreka	0	Less than 50 same sex households in the community
Yuba City	93	3% lower than national average

Bay Area Region Communities

Name of Community	Index	Meaning of Index Score
Brentwood	0	Less than 50 same sex households in the community
Danville	98	2% lower than national average
Livermore	87	13% lower than national average
Oakley	118	18% higher than national average
Pleasanton	69	31% lower than national average
San Ramon	106	6% higher than national average
Walnut Creek	127	27% higher than national average

Central Region Communities

Name of Community	Index	Meaning of Index Score
Angels Camp	0	Less than 50 same sex households in the community
Apple Valley	86	14% lower than national average
Arroyo Grande	0	Less than 50 same sex households in the community
Atascadero	119	19 % higher than national average
Bakersfield	101	1 % higher than national average
Bishop	0	Less than 50 same sex households in the community
California City	0	Less than 50 same sex households in the community
Camarillo	65	35 % lower than national average
Ceres	114	14 % higher than national average
Clovis	90	10 % lower than national average
Escalon	0	Less than 50 same sex households in the community
Exeter	0	Less than 50 same sex households in the community
Farmersville	0	Less than 50 same sex households in the communiry
Fillmore	0	Less than 50 same sex households in the community
Frazier Mountain Communities	NA	There is no gay/lesbian index for this area
Fresno	124	24% higher than national average
Grover Beach	0	Less than 50 same sex households in the community
Guadalupe	NA	There is no gay/lesbian index for this area
Hughson	0	Less than 50 same sex households in the community
Independence	0	Less than 50 same sex households in the community
Kern River Valley	NA	There is no gay/lesbian index for this area
Lindsay	0	Less than 50 same sex households in the community
Lodi	82	18% lower than national average
Lompoc	77	23% lower than national average
Lone Pine	0	Less than 50 same sex households in the community
Madera	124	24% higher than national average
Mammoth Lakes	0	Less than 50 same sex households in the community
Manteca	121	21% higher than national average
Modesto	106	6% higher than national average
Moorpark	0	Less than 50 same sex households in the community
Morro Bay	0	Less than 50 same sex households in the community
Oakdale	0	Less than 50 same sex households in the community
Ojai	0	Less than 50 same sex households in the community
Paso Robles	0	Less than 50 same sex households in the community
Patterson	0	Less than 50 same sex households in the community
Pismo Beach	0	Less than 50 same sex households in the community
Porterville	109	9% higher than national average
Ridgecrest	0	Less than 50 same sex households in the community
Ripon	0	Less than 50 same sex households in the community
Riverbank	0	Less than 50 same sex households in the community
San Luis Obispo	66	34% lower than national average
Santa Maria	106	6% higher than national average
Santa Paula	131	31% higher than national average
Simi Valley	81	19% lower than national average
Sonora	0	Less than 50 same sex households in the community

Name of Community	Index	Meaning of Index Score
Stockton	115	15% higher than national average
Taft	0	Less than 50 same sex households in the community
Tehachapi	0	Less than 50 same sex households in the community
Thousand Oaks	68	32% lower than national average
Tulare	117	17% higher than national average
Turlock	90	10% lower than national average
Visalia	98	2% lower than national average
Waterford	0	Less than 50 same sex households in the community
Woodlake	0	Less than 50 same sex households in the community

Los Angeles Region Communities

Name of Community	Index	Meaning of Index Score
Arcadia	48	51% lower than national average
Bradbury	0	Less than 50 same sex households in the community
Claremont	129	29% higher than national average
Diamond Bar	57	43% lower than national average
Gelndora	78	22% lower than national average
Glendale	103	3% higher than national average
Industry	NA	There is no gay/lesbian index for this area
LA (The northern Valley)	NA	There is no gay/lesbian index for this area
LA Mirada	71	29% lower than the national average
La Verne	0	Less than 50 same sex households in the community
Lancaster	86	14% lower than national average
Los Angeles	168	68% higher than national average
Monrovia	114	14% higher than national average
Palmdale	119	19% higher than national average
San Dimas	85	15% lower than national average
Santa Clarita	95	5% lower than national average
Sierra Madre	0	Less than 50 same sex households in the community
Walnut	0	Less than 50 same sex households in the community
Whittier	114	14% higher than national average

Southern Region

Name of Community	Index	Meaning of Index Score
Adelanto	0	Less than 50 same sex households in the community
Aliso Viejo	181	81% higher than national average
Anaheim	110	10 % higher than national average
Banning	103	3 % Higher than national average
Barstow	0	Less than 50 same sex households in the community
Beaumont	0	Less than 50 same sex households in the community
Big Bear Lake	0	Less than 50 same sex households in the community
Bonita	NA	There is no gay/lesbian index for this area
Brea	0	Less than 50 same sex households in the community
Calexico	NA	There is no gay/lesbian index for this area
Calimesa	0	Less than 50 same sex households in the community
Canyon Lake	NA	There is no gay/lesbian index for this area
Carlsbad	89	11 % lower than national average
Cathedral City	411	311 % higher than national average
Chino Hills	98	2% lower than national average
Chowchilla	0	Less than 50 same sex households in the community
Chula Vista	101	1% higher than national average
Corona	107	7% higher than national average
Costa Mesa	123	23% higher than national average
Cypress	68	32% lower than national average
Dana Point	131	31% higher than national average
Del Mar	0	Less than 50 same sex households in the community
El Cajon	77	23% lower than national average
El Centro	0	Less than 50 same sex households in the community
Encinitas	96	4% lower than national average
Esconidido	86	14% lower than national average
Fairbanks Ranch	NA	There is no gay/lesbian index for this area
Fontana	105	5% higher than national average
Fountain Valley	71	29% lower than national average
Fullerton	87	13% lower than national average
Garden Grove	103	3% higher than national average
Grand Terrace	0	Less than 50 same sex households in the community
Hemet	82	18% lower than national average
Hesperia	81	19% lower than national average
Highland	104	4% higher than national average
Huntington Beach	86	14% lower than national average
Indian Wells	0	Less than 50 same sex households in the community
Indio	125	25% higher than national average
Irvine	80	20% lower than national average
La Habra	81	19% lower than national average
La Habra Heights	0	Less than 50 same sex households in the community
La Jolla	NA	There is no gay/lesbian index for this area
La Mesa	109	9% higher than national average
La Palma	0	Less than 50 same sex households in the community
Laguna Beach	478	378% higher than national average

Name of Community	Index	Meaning of Index Score
Laguna Hills	90	10% lower than national average
Laguna Niguel	142	42% higher than national average
Laguna Woods	0	Less than 50 same sex households in the community
Lake Elsinore	125	25% higher than national average
Lake Forest	101	1% higher than national average
Lemon Grove	119	19% higher than national average
Loma Linda	0	Less than 50 same sex households in the community
Los Alamitos	0	Less than 50 same sex households in the community
Menifee	0	Less than 50 same sex households in the community
Mira Mesa	NA	There is no gay/lesbian index for this area
Mission Viejo	0	Less than 50 same sex households in the community
Moreno Valley	117	17% higher than national average
Murrieta	71	29% lower than national average
Needles	0	Less than 50 same sex households in the community
Newport Beach	76	24% lower than national average
Norco	0	Less than 50 same sex households in the community
Oceanside	106	6% higher than national average
Orange	119	19% higher than national average
Orange Cove	0	Less than 50 same sex households in the community
Palm Desert	208	108% higher than national average
Palm Springs	720	620% higher than national average
Perris	0	Less than 50 same sex households in the community
Placentia	79	21% lower than national average
Poway	70	30% lower than national average
Rancho Bernardo	NA	There is no gay/lesbian index for this area
Rancho Cucamonga	76	24% lower than national average
Rancho Mirage	409	309% higher than national average
Rancho Santa Margarita	97	3% lower than national average
Ranco Santa Fe	NA	There is no gay/lesbian index for this area
Redlands	75	25% lower than national average
Riverside	109	9% higher than national average
San Bernadino	104	4% higher than national average
San Clemente	83	17% lower than national average
San Diego	186	86% higher than national average
San Jacinto	137	37% higher than national average
San Juan Capistrano	120	20% higher than national average
San Marcos	97	3% lower than national average
Santa Ana	140	40% higher than national average
Santee	82	18% lower than national average
Scripps Ranch	NA	There is no gay/lesbian index for this area
Seal Beach	0	Less than 50 same sex households in the community
Solano Beach	NA	There is no gay/lesbian index for this area
Spring Valley	NA	There is no gay/lesbian index for this area
Stanton	86	14% lower than national average
Temecula	98	2% lower than national average
Tustin	104	4% higher than national average
Twentynine Palms	0	Less than 50 same sex households in the community

Name of Community	Index	Meaning of Index Score
Upland	90	10% lower than national average
Victorville	70	30% lower than national average
Villa Park	0	Less than 50 same sex households in the community
Vista	101	1% higher than national average
Westminster	115	15% higher than national average
Yorba Linda	58	42% lower than national average
Yucaipa	61	39% lower than national average

RACE AND ETHNICITY OF
SAME-SEX COUPLES IN CALIFORNIA

DATA FROM CENSUS 2000

February 2006

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The Williams Project
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Using data from Census 2000, this report compares demographic and socio-economic characteristics of Asians and Pacific Islanders (APIs), blacks, Latino and Latinas (Latino/as), and whites (defined as white non-Latino/a) in same-sex couples in California. This report builds on previously released studies in which the Williams Project provided separate analyses of APIs, blacks, and Latino/as respectively.

Key Findings:

- California's same-sex couples reflect California's racial and ethnic diversity; among Californians in same-sex couples, approximately 40% are racial/ethnic minorities.
- In California, the geographic distribution of minority (i.e., non-white) same-sex couples tends to mirror the respective distribution of minorities generally.
- Disparity in the income, employment, education attainment, and home ownership of persons in same-sex couples is strongly associated with race and ethnicity.
- Out of same-sex parents' own children, over two-thirds belong to minority racial/ethnic groups.
- Across categories of race and ethnicity, same-sex couples raising children tend to have fewer economic resources than their different-sex counterparts.
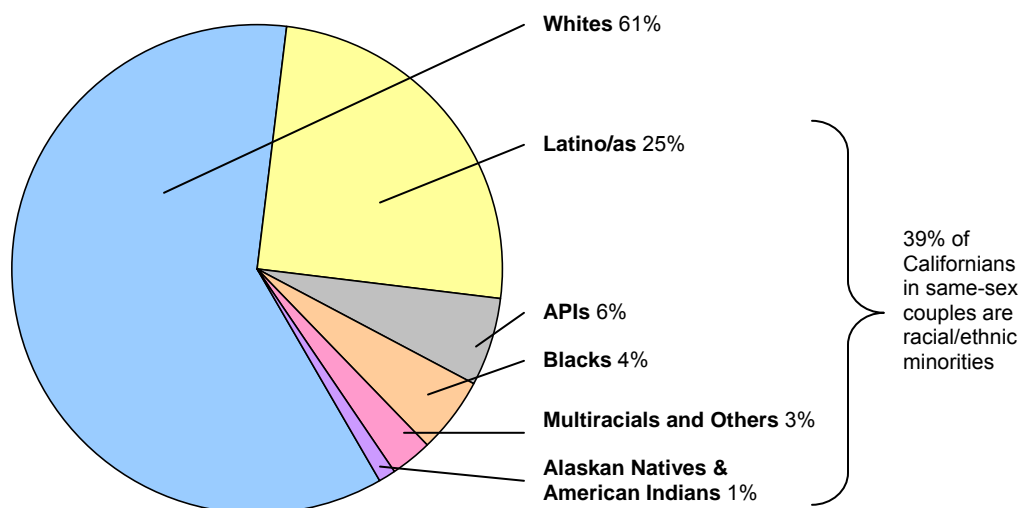

California's same-sex couples reflect California's racial and ethnic diversity.

Among Californians in same-sex couples, approximately four out of every ten are racial/ethnic minorities.[1]

1(a). Race/Ethnicity of Californians in Same-sex Couples

Whites 61%

Latino/as 25%

APIs 6%

Blacks 4%

Multiracials and Others 3%

Alaskan Natives & American Indians 1%

39% of Californians in same-sex couples are racial/ethnic minorities

California ranks first in the number of APIs, Latino/as, and whites in same-sex couples. California ranks third in the number of blacks who belong to same-sex couples.

1(b). States with the Largest Numbers of
Unmarried (Cohabiting) Same-sex Partners, by Race/Ethnicity

Rank	APIs	Blacks	Latino/as	Whites
1	California 13,288	New York 13,091	California 44,821	California 116,786
2	New York 4,775	Georgia 9,980	Texas 23,626	New York 62,258
3	Hawaii 2,186	California 9,590	New York 13,322	Florida 59,413
4	Texas 1,989	Texas 9,553	Florida 12,376	Texas 49,913
5	New Jersey 1,498	Florida 8,725	Illinois 6,651	Pennsylvania 36,091

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[1] Racial/ethnic minorities include (1) all persons who did not identify themselves as "White" when completing their census forms, and (2) all persons who identified themselves as "White," but also as "Spanish/Hispanic/Latino."
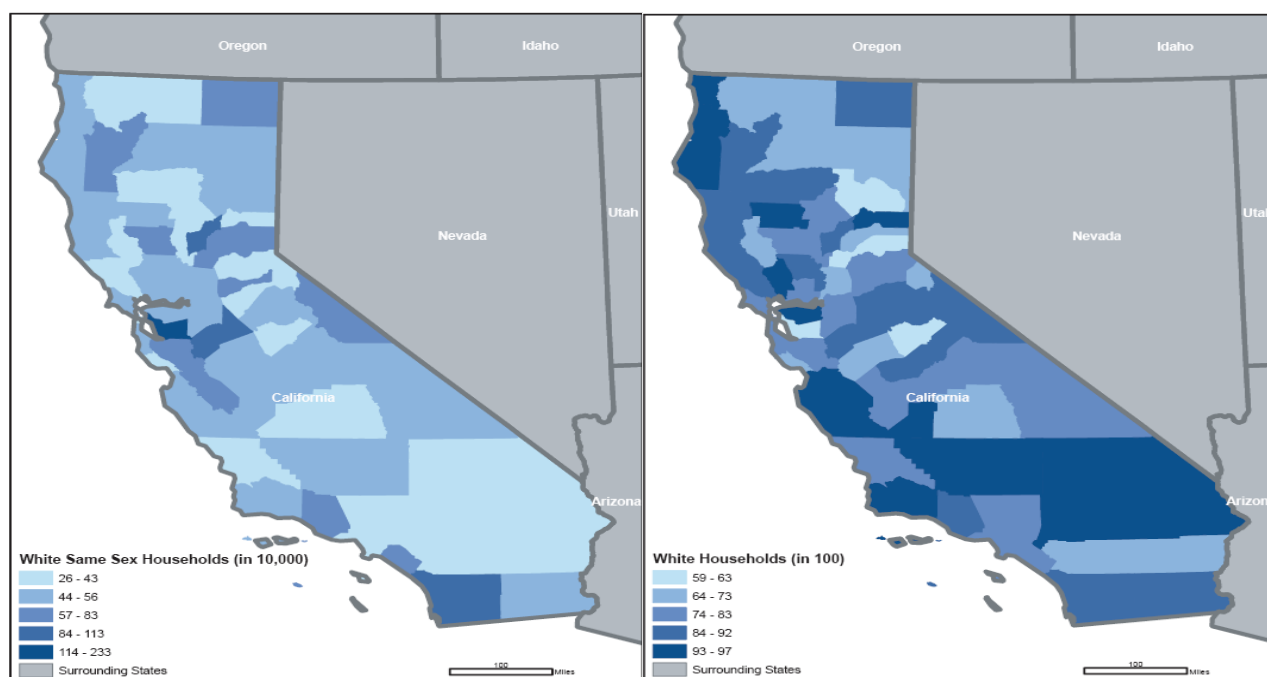
2

In California, the geographic distribution of minority (i.e., non-white) same-sex couples tends to mirror the respective distribution of minorities generally.

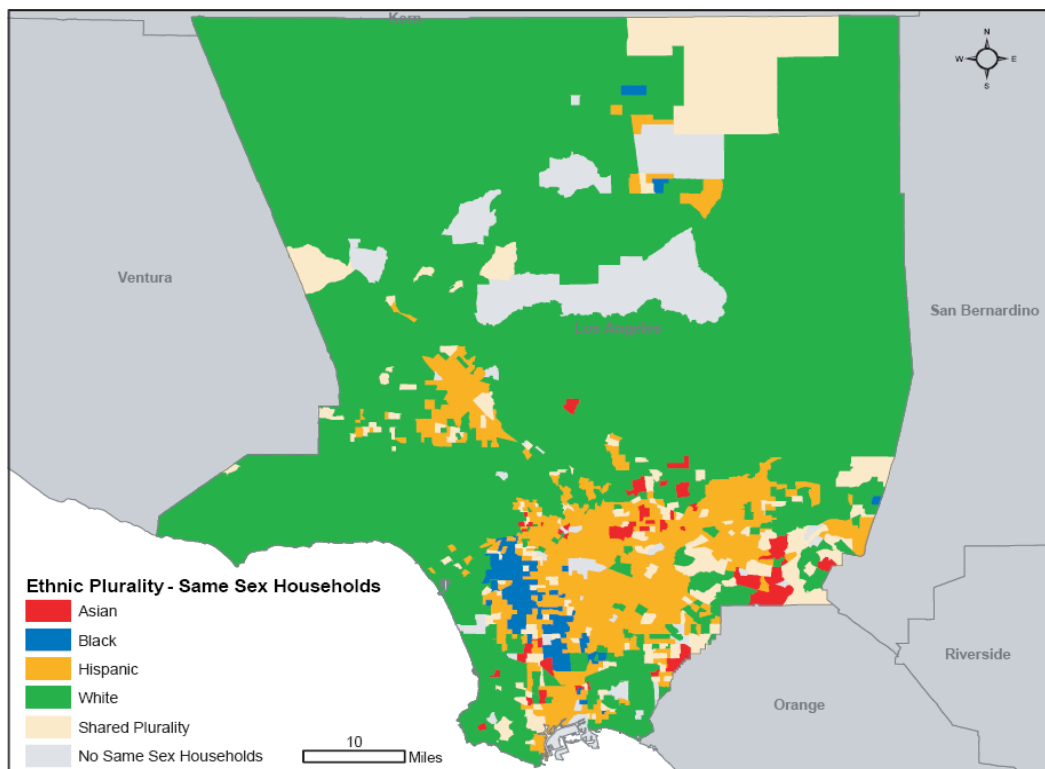2(a). Geographic Distribution of Non-whites, Same-sex Households v. All Households
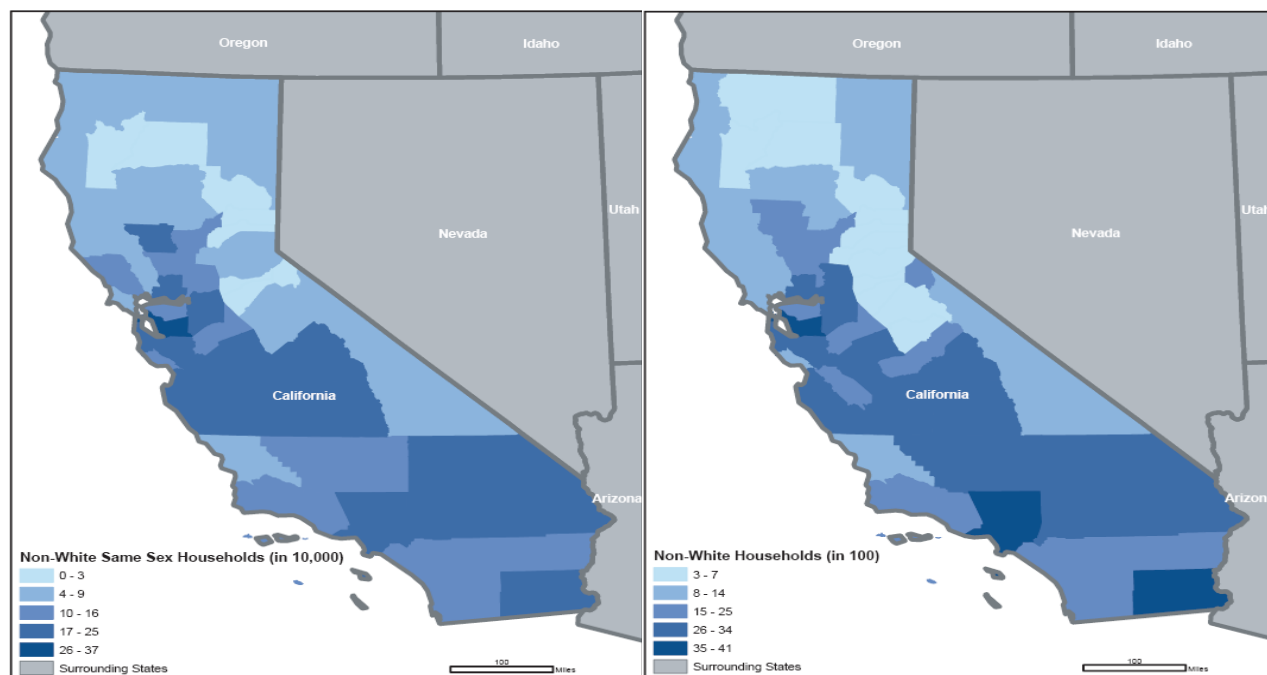
In contrast, white same-sex couples' geographic distribution is not as closely tied to the broader distribution of the white population.

2(b). Geographic Distribution of Whites, Same-sex Households v. All Households

3

Within counties, the geographic distribution of minority same-sex couples also tends to mirror the general distribution of minorities. For example, in Los Angeles County, same-sex couples tend to live where there are high concentrations of the couples' respective race/ethnicity.

2(c). Locations of Ethnic Pluralities, All Household v. Same-sex Households
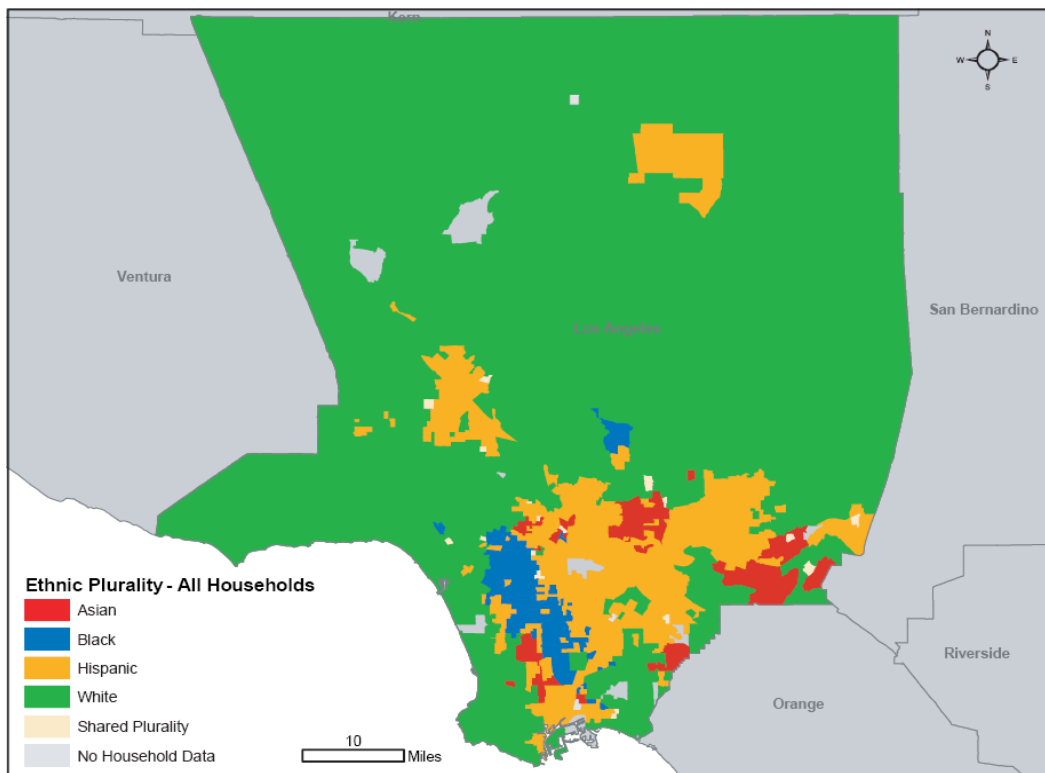
Disparity in the income, employment, educational attainment, and home ownership of persons in same-sex couples is strongly associated with race and ethnicity.

3(a-d). Socio-economic Characteristics, by Race/Ethnicity and Couple Type
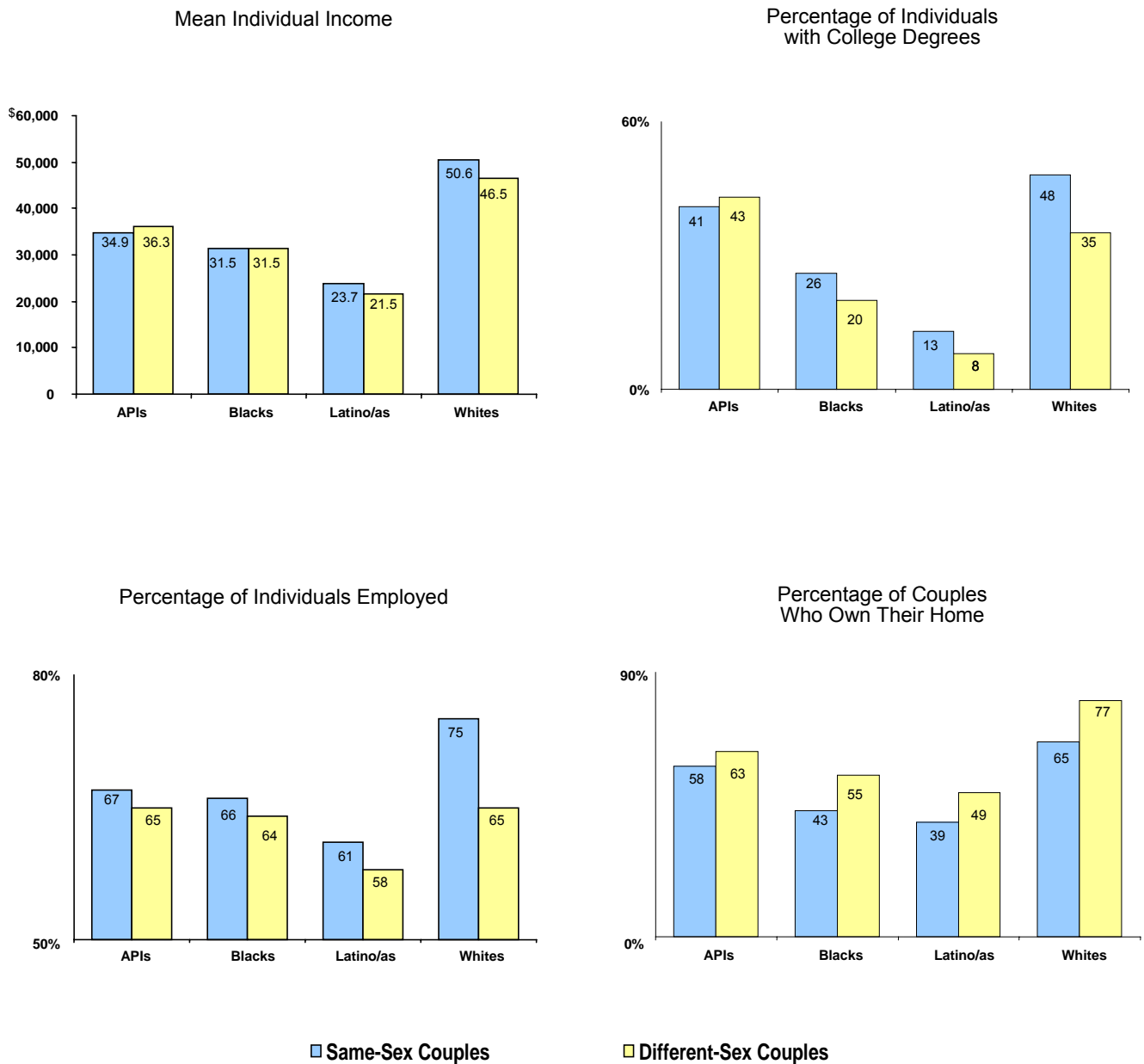
Mean Individual Income

Percentage of Individuals with College Degrees

Percentage of Individuals Employed

Percentage of Couples Who Own Their Home

☐ Same-Sex Couples   ☐ Different-Sex Couples

Out of same-sex parents' own children, over two-thirds belong to minority racial/ethnic groups.

Over 70,500 Californian children are being raised by same-sex parents. Among them, roughly 58,600 are the same-sex parents' "own" children (Sears and Badgett).[2]
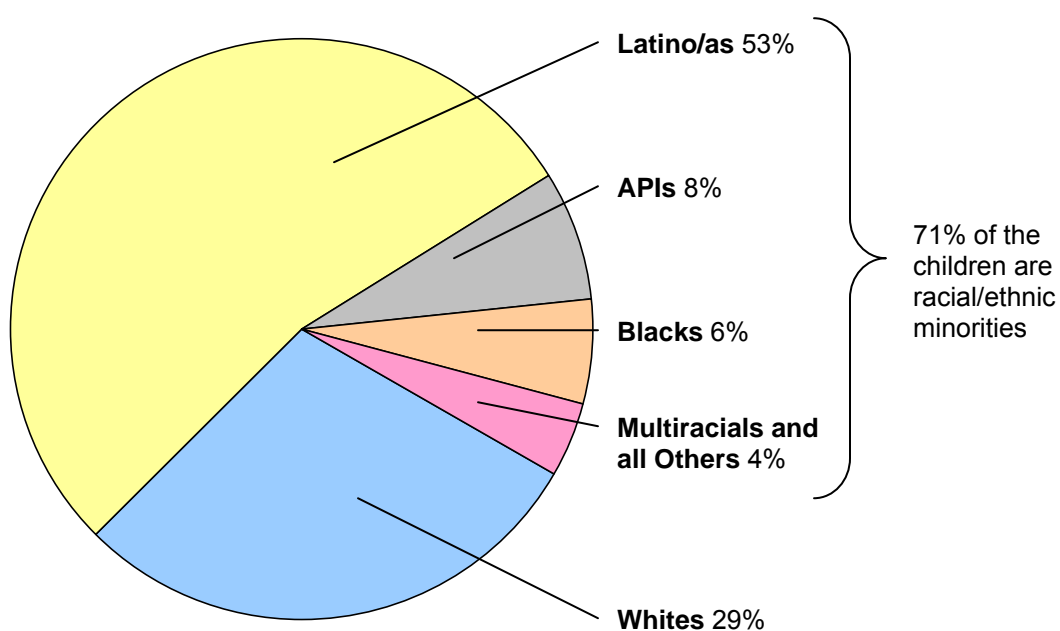
4. Race/Ethnicity of Same-sex Couples' Own Children

Latino/as 53%

APIs 8%

Blacks 6%

Multiracials and all Others 4%

71% of the children are racial/ethnic minorities

Whites 29%

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[2] The Census category of "own" children refers to children who are biologically-related to, adopted by, or step-children of the householder. Children who live with same-sex couples, but are not those couples' "own children," include foster children and other children who are not related to the couple.

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Across categories of race and ethnicity, same-sex couples raising children tend to have fewer resources than their different-sex counterparts.

5(a). Mean Household Income of Couples[3] Raising Their Own Children,
by Race/Ethnicity and Couple Type
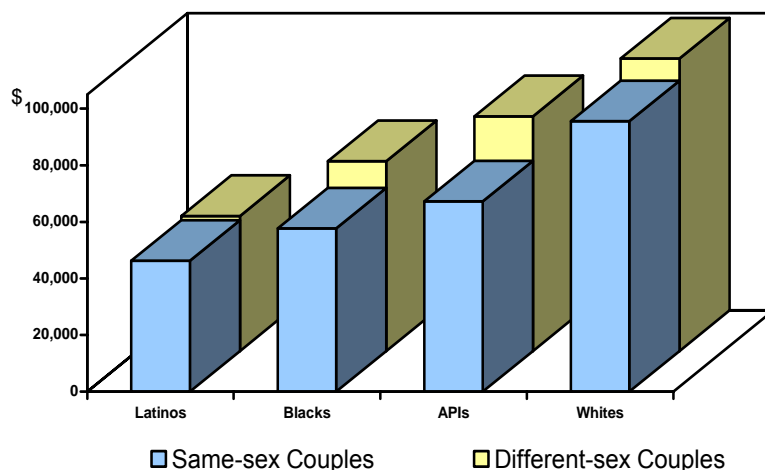
Same-sex couples that are racial/ethnic minorities are much more likely than their white counterparts to be raising their own children. These same-sex racial/ethnic-minority parents tend to be poorer than their white counterparts.

5(b). Prevalence and Income of Same-sex Couples[3]
Raising Their Own Children, by Race/Ethnicity

Mean household income of same-sex parents

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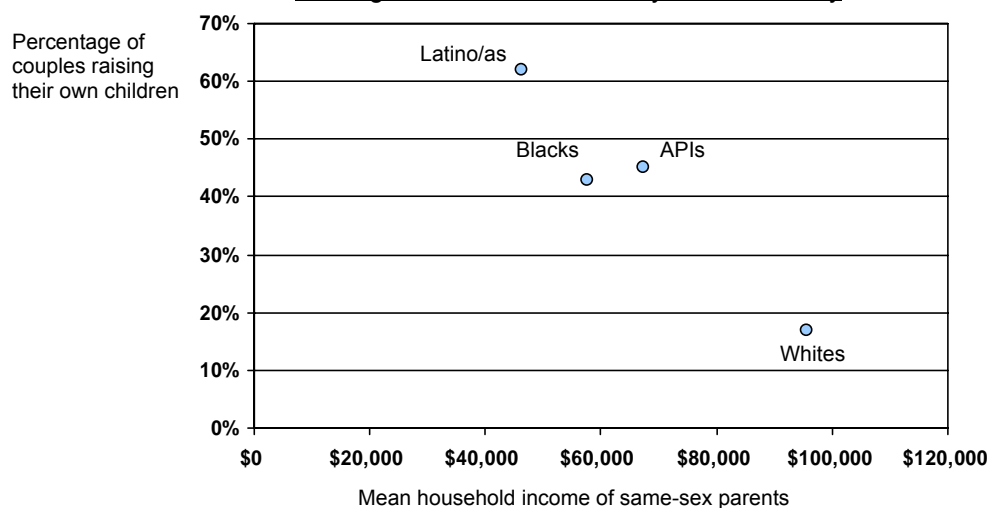
[3] For this graph, we controlled for age by including only couples in which both partners are between the ages of 25-55.

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Data

Data for this report come from several Census 2000 public data releases. Geographic data are drawn from Summary File-2, a set of tables describing characteristics of households based on the race/ethnicity of the "householder," the person who filled out the census form.

Estimates of other demographic characteristics are made using the Census 2000 Public Use Microdata Samples (PUMS). The 5% PUMS represents a one in four sample of the approximately 26% of American households that filled out a census long-form. The 1% PUMS represents a one in sixteen sample of the same households. The census long-form contains detailed information about all members of the household, including citizenship, country of origin, and a variety of demographic and economic characteristics.

Terminology

In this report, the term "black" refers to all persons who identified their race as "Black, African Am., or Negro" when completing the census forms. Similarly, "Asians and Pacific Islanders" ("APIs") refers to all persons who identified their race as one of eleven API categories listed in the census forms.[4] "Latinos and Latinas" ("Latino/as") are defined as those who identified their ethnicity as "Spanish/Hispanic/Latino" when filling out the census forms. All persons who identified as such, regardless of how they identified themselves racially, are designated as Latino/a in this report. The term "white" refers to all persons who (1) identified their race as "White" when completing the census forms, and (2) did not identify as Latino/a.

It should be noted that, as a result of these definitions, the black, API, and Latino/a groups generally are not mutually exclusive because some individuals in the Latino/as category are also included in the black and/or API categories. Charts 1(a) and 4 are exceptions to this rule. To ensure that the figures in those charts summed to 100 percent, Latino/as who identified themselves as black or API were included in the Latino/a category, but excluded from the black and API categories.

In this report, the term "black couples" refers to couples in which both partners are black; "white couples" refers to couples in which both partners are white; etc. Although a significant portion of same-sex couples in California are inter-racial, they were excluded from this report in order to facilitate comparisons across racial/ethnic categories. For data pertaining specifically to inter-racial couples, see the studies by Gates and Sears listed in the Reference section of this report.

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[4] Those census categories included Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, and Other Pacific Islander.

Methodology

Characteristics of same-sex couples and their families are estimated using a sample of those families drawn from both the 5% and 1% PUMS files for the State of California. The California sample includes 6,037 same-sex couples.

Characteristics of different-sex couples and their families are estimated using the 1% PUMS sample only. This sample includes 65,669 different-sex couples in California.

Same-sex couples are identified from the roster that the householder uses to describe how every person in the house is related to him or her. These same-sex couples are commonly understood to be primarily gay and lesbian couples even though the Census does not ask any questions about sexual orientation, sexual behavior, or sexual attraction (three common ways used to identify gay men and lesbians in surveys). Rather, census forms include a number of relationship categories to define how individuals in a household are related to the householder. These fall into two broad categories: related persons (including husband/wife, son/daughter, brother/sister, etc.) and unrelated persons (including unmarried partner, housemate/roommate, roomer/border, other non-relative, etc.).

Since 1990, the Census Bureau has included an "unmarried partner" category to describe an unrelated household member's relationship to the householder. If the householder describes another adult of the same sex as his or her "unmarried partner" or "husband/wife," the household counts as a same-sex unmarried partner household (see Gates and Ost 2004 for a detailed explanation of counting same-sex couples).

The Census data regarding same-sex couples do not capture all gay men and lesbians in the United States for at least two important reasons. First, the Census only captures data about same-sex couples of which one person in the couple is the partner of the householder. The Census does not identify single gay men and lesbians. Limited data make it difficult to assess exactly how coupled gay men and lesbians might differ from their single counterparts, but in the general population, single people tend to be younger, less educated, and have lower incomes than their coupled counterparts.

In addition, the Census most likely undercounts even the population of same-sex couples. There are several potential reasons for suspecting an undercount. Concerns about revealing their sexual orientation (even indirectly) to the federal government may have led many gay and lesbian couples to indicate a status that would not indicate the true nature of their relationship. Other couples may have felt that "unmarried partner" or "husband/wife" does not accurately describe their relationship. A study of the undercount of same-sex unmarried partners in Census 2000 indicates that these were the two most common reasons that gay and lesbian couples chose not to designate themselves as unmarried partners (Badgett and Rogers 2003). Census tabulations also would not capture couples who do not live together and couples living in a household with someone else who filled out the census form. While determining the size of this undercount is challenging, estimates suggest that the true counts are 10 to 50 percent higher than the Census figures (Gates and Ost 2004).

In addition to undercounting the number of same-sex couples in the population, the Census may erroneously include some different-sex couples in the same-sex couple population. Gates and Ost (2004) describe a measurement error resulting from different-sex married couples

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inadvertently checking the incorrect sex of one of the partners. This error, although thought to be small, may impact some of the characteristics of same-sex couples. For example, estimates of child-rearing among same-sex couples could be overstated due to this sample error because different-sex couples are more likely to have children. The magnitude of this error is not easily ascertained, but Gates and Ost suggest that while national unadjusted figures show that 28.2% of same-sex couples are raising children, a more accurate estimate that attempts to adjust for the presence of different-sex couples is 27.5%. The estimates of child-rearing in this report do not adjust for this form of error and thus may somewhat overstate this characteristic.

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Lesbians are Women Too: A Set of Fact Sheets from the National Gay and Lesbian Task Force Policy Institute In Observation of Women's History Month, March 2005

Introduction

"As women and as lesbian, bisexual, and transgender people, we must continue our work to break down the barriers that render our lives invisible—invisible to public policy, to health services, to military service, to our neighbors, and in the lesbian, gay, bisexual, and transgender movement. The information about women in these fact sheets is testament to the routine struggle for equality that is our daily lives." —Rea Carey, Deputy Executive Director, National Gay and Lesbian Task Force.

During the last century, women in America have struggled for basic rights in voting, employment, marriage, and reproductive freedom. Although many victories have been won, women continue to be underrepresented in social and scientific research and in government policy. When researchers and politicians consider the lives of women, they often leave out lesbian, bisexual and transgender (LBT) women entirely. Further marginalized, LBT women of color find themselves as minorities within a minority, rendered virtually invisible in comparison to other women. For this reason, the National Gay and Lesbian Task Force has chosen to observe Women's History Month by releasing a set of fact sheets with a focus on black, Hispanic/Latina, and Asian Pacific American (APA) lesbian, bisexual, and transgender women. The research findings about these women reveal remarkable similarities with heterosexual women and households, but they also show significant instances of inequality.

The data for the following fact sheets comes from three studies the National Gay and Lesbian Task Force Policy Institute published during the last year: *Black Same-Sex Households in the United States: A Report from the 2000 Census*; *Hispanic and Latino Same-Sex Households in Florida: A Report from the 2000 Census;* and *Asian Pacific American Lesbian, Gay, Bisexual and Transgender People: A Community Portrait.* The Black and Hispanic/Latino fact sheets are based on analysis of data from the 2000 U.S. Census, the largest random-sample dataset available on same-sex couples. The Asian Pacific American women's fact sheet is based on an innovative study of attendees at New York's Queer Asian Pacific Legacy Conference (2004).

Critical findings from the studies include the following:

- The Census reveals that **black women** in same-sex households and black married opposite-sex households parent at similar rates (61% vs. 69%). In contrast, black women in same-sex households earn substantially less annually (21%) and are less likely to own their own homes (50% vs. 68%).

- The Census reveals that **Hispanic/Latina** female same-sex households and Hispanic/Latino married opposite-sex households in Florida have comparable rates of living in the same residence for the previous five years (41% vs. 46%), and almost equal rates of home ownership (66% vs. 65%), which are key indicators of family stability.

- The **Asian Pacific American** report reveals that a majority (52%) of APA LBT women report that hate violence and/or harassment is the most important issue facing their community.

"These three studies profile women who are consistently overlooked by other research and are a significant contribution to the shamefully small body of research on these vital segments of our broader lesbian, gay, bisexual and transgender community," said Ms. Carey. "Nonetheless, these data only begin to scratch the surface. Further research is critical to understand fully the issues facing lesbian, bisexual and transgender women, with particular emphasis on women of color. With a greater body of research, data, and stories revealing the lives of LBT women generally, and LBT women of color specifically, we will all be able to better advocate for policy changes that break down the barriers to full participation in society."

- END -

WOMEN'S HISTORY MONTH FACT SHEET
BLACK WOMEN IN SAME-SEX HOUSEHOLDS

Parenting
- Black female same-sex households are parenting children (61%) at rates comparable with black married opposite-sex households (69%) and black cohabiting opposite-sex households (51%).
- Black female same-sex households include children at rates higher than black male same-sex households (61% vs. 46%) and white female same-sex households (61% vs. 38%).
- Black female same-sex households include non-biological children (14%) at rates comparable with black married opposite-sex households (13%) and black male same-sex households (10%).
- Black female same-sex households include non-biological children (14%) at more than twice the rate of white female same-sex households (6%).

Income
- Black female same-sex households earn an annual median household income of $42,000.
- Black married opposite-sex households report an annual median household income of $51,000 or 21% greater than black female same-sex households.

Residency Patterns and Home Ownership
- Black female same-sex households (45%) report living in the same residence for the previous five years at rates comparable with black married opposite-sex households (58%), a key indicator of relationship stability.
- Black female same-sex households are significantly less likely to own their own homes than black married opposite-sex couples (50% vs. 68%).
- Black female same-sex households own homes at rates comparable to black male same-sex households (50% vs. 54%).

Military Service
- Black women with same-sex partners are eleven times more likely to serve in the military (11%) than all women generally (1%), and almost four times more likely to serve in the military than black women living with a husband (3%), almost three times more likely than black women cohabiting with a male partner (4%), and slightly more likely than white women with same-sex partners (9%).
- Black women make up less than 1% of all servicemembers, yet they are discharged at three times the rate at which they serve in the military (3.3%) under the "Don't Ask, Don't Tell" policy.

Public Sector Employment
- Black women in same-sex households report working in the public sector (17%) at rates comparable to black men and women in married opposite-sex households (20%).
- Black women in same-sex households report working in the public sector (17%) at rates higher than white men in same-sex households (11%) and white women in same-sex households (15%).

This is the first study to analyze the demographics captured by the 2000 U.S. Census about black same-sex households. (Data provided by Lopez and Cheung, Inc.) The 2000 U.S. Census is the largest random-sample dataset available on same-sex households.

WOMEN'S HISTORY MONTH FACT SHEET
HISPANIC/LATINA SAME-SEX HOUSEHOLDS IN FLORIDA

Parenting
- Hispanic/Latina female same-sex households are parenting non-biological (foster or adopted) children (3%) at rates almost equal with Hispanic/Latino married opposite-sex households (4%)

Income
- Hispanic/Latina female same-sex households report an annual median household income of $40,000.
- Hispanic/Latino married opposite-sex households report an annual median annual household income that is $44,420, which is 11% greater than Hispanic/Latina female same-sex households.

Residency Patterns and Home Ownership
- Hispanic/Latina female same-sex households (41%) report living in the same residence for the previous five years at rates comparable with Hispanic/Latina married opposite-sex households (46%), a key indicator of relationship stability.
- Hispanic/Latina women in same-sex households (66%) own homes at rates almost equal to Hispanic/Latino married opposite-sex households (65%).
- Hispanic/Latina women in same-sex households are less likely to own their own homes (66%) than white non-Hispanic/Latina women in same-sex households (75%).

Military
- Hispanic/Latina women in same-sex households in Florida serve in the military at six times the rate of women in Florida (6% vs. 1%), six times the rate of all women nationally (6% vs. 1%), and six times the rate of Hispanic/Latina women living with a husband or cohabiting with a male partner (6% vs. 1%).
- Hispanic/Latina women make up just 0.31% of service members, yet they are discharged at twice the rate at which they serve in the military (0.60%) under the "Don't Ask, Don't Tell" policy.

Immigration
- Almost three-quarters of Hispanic/Latina female same-sex households report that at least one household member was born outside of the U.S. (70%). This is comparable with Hispanic/Latino married opposite-sex households (75%) and Hispanic/Latino cohabiting opposite-sex households (60%).
- More than one-quarter of Hispanic/Latina female same-sex households report at least one household member who is not a U.S. citizen (28%). This is comparable with Hispanic/Latino married opposite-sex (31%) and Hispanic/Latino cohabiting opposite-sex households (33%).

Language
- The overwhelming majority of Hispanic/Latino same-sex households report Spanish as their primary personal language (84%), which is almost equal to Hispanic/Latino married opposite-sex households (88%).
- Hispanic/Latina women in same-sex households who are non-native English speakers report equal or comparable rates of English language ability to individuals in Hispanic/Latino married opposite-sex households who are non-native English speakers: very well (37% vs. 37% respectively), not well (18% vs. 17% respectively), or not at all (7% vs. 9%) respectively.

Data for this fact sheet is taken from Cianciotto, J. & Lopez, L. (2005). Hispanic and Latino same-sex households in Florida: A report from the 2000 Census. New York: National Gay and Lesbian Task Force Policy Institute. Available online at http://www.thetaskforce.org/downloads/LatinoSSHHinFlorida3-03-05.pdf.

This is the first study to analyze the demographics captured by the 2000 U.S. Census about Hispanic/Latino same-sex households. (Data provided by Lopez and Cheung, Inc.) The 2000 U.S. Census is the largest random sample dataset available on same-sex households. The originality of the study and this fact sheet provides insight into a community that little has been known about and suggests patterns that may have significance beyond the state of Florida. A similar national study based on Census data is expected in the summer of 2005.

WOMEN'S HISTORY MONTH FACT SHEET
LESBIAN, BISEXUAL, & TRANSGENDER
ASIAN PACIFIC AMERICAN WOMEN

Most Important Issues Facing Asian Pacific American (APA) Lesbian, Gay, Bisexual and Transgender (LGBT) People

According to APA Lesbian, Bisexual & Transgender (LBT) Women
1. Hate Violence/Harassment (52%)
2. Immigration (38%)
3. Marriage/Domestic Partnership (30%)

According to APA Gay, Bisexual & Transgender (GBT) Men
1. Media Representation (48%)
2. HIV/AIDS (45%)
3. Immigration (43%)

Assessment of Personal Experiences in LGBT Communities
- Some 40% of the women surveyed said that their experience with non-APA LGBT people in non-APA LGBT organizations was mostly positive, with 35% of the women saying that their experience was equally positive and negative.
- Similarly, 34% said that their experience with non-APA LGBT people in bars and clubs was mostly positive.
- A far greater percentage (57%) said that their experience with non-APA LGBT people at LGBT community events was mostly positive.

Assessment of Race and Gender in LGBT Organizations
- More than half (60%) of the women surveyed said that LGBT organizations inadequately address issues of race, with only one-third (34%) saying that this issues was addressed at least "somewhat" adequately.
- In contrast, three-quarters (75%) said that LGBT organizations address gender at least "somewhat" adequately.

Assessment of Racism and Ethnocentrism in LGBT Communities
- Three-quarters (76%) of the women surveyed agreed with the statement, "LGBT APA experience racism within the white LGBT community," with 34% saying that they strongly agreed.
- Two-thirds (66%) agreed that LGBT APA people experience racism when dealing with other LGBT people of color.
- Just over half (52%) said that LGBT APA people experience racism or ethnocentrism with other LGBT APA people.

Assessment of LGBT Issues and Rights in APA Communities
- Almost all (94%) of the women surveyed agreed that homophobia and/or transphobia is a problem within the APA community, with 58% strongly agreeing.
- Over four-fifths (83%) said that mainstream and national APA organizations address LGBT rights less than adequately, with 35% saying that they addressed LGBT rights not at all.
- 67% said their experience with non-LGBT APA people influenced their willingness to participate in non-LGBT APA organizations.

The demographics of women survey respondents by native language were: English (58%), Mandarin (22%), Hindi (6%), and Tagalog (6%). The demographics of women survey respondents by citizenship status were: U.S. born citizen (60%), naturalized U.S. citizen (20%), and non-U.S. citizen (20%).

Data for this fact sheet is taken from Dang, A., & Hu, M. (2005). *Asian Pacific American Lesbian, Gay, Bisexual and Transgender people: A community portrait. A report from New York's Queer Asian Pacific Legacy Conference, 2004*. New York: National Gay and Lesbian Task Force Policy Institute. Available online at http://www.thetaskforce.org/downloads/APAstudy.pdf.

This study reveals the perceptions and experiences of APA LGBT people in both APA and LGBT communities.

Avoiding Heterosexual Bias in Language

Committee on Lesbian and Gay Concerns
American Psychological Association

This article presents suggestions for avoiding heterosexual bias in language concerning lesbians, gay men, and bisexual persons. Problems in language occur when terminology is unclear or when terminology has been associated with negative stereotypes. The article suggests preferred terminology and also presents ways of increasing the visibility of lesbians, gay men, and bisexual persons in language.

The Committee on Lesbian and Gay Concerns (CLGC) has considered issues of heterosexual bias in language since it was founded in 1980. A first draft of the "CLGC Nomenclature Guidelines for Psychologists" was approved at the September 1985 meeting. Comments were solicited from the American Psychological Associations (APA's) Division 44 and from the Association of Lesbian and Gay Psychologists. A revised document was approved by CLGC in October 1985 and by the Board of Social and Ethical Responsibility in Psychology in spring 1987.

Meanwhile, in an independent effort, a corresponding document entitled "Guidelines for Avoiding Racial/Ethnic Bias" was developed by the Board of Ethnic Minority Affairs and by an ad hoc committee of the Publications and Communications Board (P&C). Over several revisions by the authors and several reviews by P&C, the racial/ethnic bias guidelines became the model for the several working papers that are being prepared for P&C to be included in an expanded section on language bias in the next edition of the *Publication Manual of the American Psychological Association.*

CLGC has continued to revise the "CLGC Nomenclature Guidelines for Psychologists" in accordance with the format used in the "Guidelines for Avoiding Racial/Ethnic Bias." The revisions include a change in the title to "Avoiding Heterosexual Bias in Language." The guidelines were submitted to P&C in October 1989, and this article includes revisions suggested by P&C.

Because no universal agreement exists on terminology, and because language and culture continually change, the ideas in this article should be considered helpful suggestions rather than rigid rules. Writers should try to understand the rationale for the suggestions offered here, and should be sensitive to social changes that might dictate the use of language not specifically discussed in this article.

Problems of Terminology

Problems occur in language concerning lesbians, gay men, and bisexual persons when the language is too vague or the concepts are poorly defined. There are two major problems of designation. Language may be ambiguous in reference, so that the reader is uncertain about its meaning or its inclusion and exclusion criteria; and the term *homosexuality* has been associated in the past with deviance, mental illness, and criminal behavior, and these negative stereotypes may be perpetuated by biased language.

1. The term sexual orientation is preferred to *sexual preference* for psychological writing and refers to sexual and affectional relationships of lesbian, gay, bisexual, and heterosexual people. The word *preference* suggests a degree of voluntary choice that is not necessarily reported by lesbians and gay men and that has not been demonstrated in psychological research.

    The terms *lesbian sexual orientation, heterosexual sexual orientation, gay male sexual orientation,* and *bisexual sexual orientation* are preferable to *lesbianism*, *heterosexuality*, *homosexuality*, and *bisexuality*. The former terms focus on people, and some of the latter terms have in the past been associated with pathology.

2. *Lesbian* and *gay male* are preferred to the word *homosexual* when used as an adjective referring to specific persons or groups, and the terms *lesbians* and *gay men* are preferred to *homosexuals* used as nouns when referring to specific persons or groups. The word *homosexual* has several problems of designation. First, it may perpetuate negative stereotypes because of its historical associations with pathology and criminal behavior. Second, it is ambiguous in reference because it is often assumed to refer exclusively to men and thus renders lesbians invisible. Third, it is often unclear.

    The terms *gay male* and *lesbian* refer primarily to identities and to the modern culture and communities that have developed among people who share those identities. They should be distinguished from sexual behavior. Some men and women have sex with others of their own gender but do not consider themselves to be gay or lesbian. In contrast, the terms *heterosexual* and *bisexual* currently are used to describe both identity and behavior.

    The terms *gay* as an adjective and *gay persons* as a noun have been used to refer to both males and females. However, these terms may be ambiguous in reference because readers who are used to the term *lesbian* and *gay* may assume that *gay* refers to men only. Thus, it is preferable to use *gay* or *gay persons* only when prior reference has specified the gender composition of this term.

    Terms such as *gay male* are preferable to *homosexuality* or *male homosexuality,* as are grammatical reconstructions (e.g., "his colleagues knew he was gay" rather than "his colleagues knew about his homosexuality"). The same is true for *lesbian* in place of *female homosexual, female homosexuality*, or *lesbianism*.

3. *Same-gender sexual behavior*, *male-male sexual behavior*, and *female-female sexual behavior* are appropriate terms for specific instances of same-gender sexual behavior that people engage in regardless of their sexual orientation (e.g., a married heterosexual man who once had a same-gender sexual encounter). Likewise, it is useful that women and men not be considered "opposites" (as in "opposite sex") to avoid polarization, and that heterosexual women and men not be viewed as opposite to lesbians and gay men. Thus, *male-female behavior* is preferred to the term *opposite-sex behavior* in referring to specific instances of other-gender sexual behavior that people engage in regardless of their sexual orientation.

   When referring to sexual behavior that cannot be described as heterosexual, gay, lesbian, or bisexual, special care needs to be taken. For example, descriptions of sexual behavior among animal species should be termed *male-male sexual behavior* or *male-female sexual behavior* rather than *homosexual behavior* or *heterosexual behavior*.

4. *Bisexual women and men, bisexual persons,* or *bisexual* as an adjective refer to people who relate sexually and affectionately to women and men. These terms are often omitted in discussions of sexual orientation and thus give the erroneous impression that all people relate exclusively to one gender. Omission of the term *bisexual* also contributes to the invisibility of bisexual women and men. Although it may seem cumbersome at first, it is clearest to use the term *lesbians, gay men*, and *bisexual women or men* when referring inclusively to members of these groups.

5. *Heterosexual* as an adjective is acceptable for people who have male-female affectional and sexual relationships and who do not engage in sexual relationships with people of the same gender.

6. The terms *sex* and *gender* are often used interchangeably. Nevertheless, the term *sex* is often confused with sexual behavior, and this is particularly troublesome when differentiating between sexual orientation and gender. For example, the phrase "it was sexual orientation, rather than gender, that accounted for most of the variance" is clearer than "it was sexual orientation, rather than sex, that accounted for most of the variance." In the latter phrase, *sex* may be misinterpreted as referring to sexual activity. It is generally more precise to use the term *gender*.

Goals for Reducing Heterosexual Bias in Language

1. *Reducing heterosexual bias and increasing visibility of lesbians, gay men, and bisexual persons.* Lesbians, gay men, and bisexual men and women often feel ignored by the general media, which take the heterosexual orientation of their readers for granted. Unless an author is referring specifically to heterosexual people, writing should be free of heterosexual bias. Ways to increase the visibility of lesbians, gay men, and bisexual persons include the following:
   a. Using examples of lesbians, gay men, and bisexual persons when referring to activities (e.g., parenting, athletic ability) that are erroneously associated only with heterosexual people by many readers.
   b. Referring to lesbians, gay men, and bisexual persons in situations other than sexual relationships. Historically, the term *homosexuality* has connoted sexual activity rather than a general way of relating and living.

c. Omitting discussion of marital status unless legal marital relationships are the subject of the writing. Marital status per se is not a good indicator of cohabitation (married couples may be separated, unmarried couples may live together), sexual activity, or sexual orientation (a person who is married may be in a gay or lesbian relationship with a partner). Furthermore, describing people as either married or single renders lesbians, gay men, and bisexual persons as well as heterosexual people in cohabiting relationships invisible.

d. Referring to sexual and intimate emotional partners with both male and female terms (e.g., "the adolescent males were asked about the age at which they first had a male or female sexual partner").

e. Using sexual terminology that is relevant to lesbians and gay men as well as bisexual and heterosexual people (e.g., "when did you first engage in sexual activity" rather than "when did you first have sexual intercourse").

f. Avoiding the assumption that pregnancy may result from sexual activity (e.g., "it is recommended that women attending the clinic who currently are engaging in sexual activity with men be given oral contraceptives," instead of "it is recommended that women who attend the clinic be given oral contraceptives").

2. *Clarity of expression and avoidance of inaccurate stereotypes about lesbians, gay men, and bisexual persons.* Stigmatizing or pathologizing language regarding gay men, lesbians, and bisexual persons should be avoided (e.g., "sexual deviate", "sexual invert"). Authors should take care that examples do not further stigmatize lesbians, gay men, or bisexual persons. An example such as "Psychologists need training in working with special populations such as lesbians, drug abusers, and alcoholics" is stigmatizing in that it lists a status designation (lesbians) with designations of people being treated.

3. *Comparisons of lesbians or gay men with parallel groups.* When comparing a group of gay men or lesbians to others, parallel terms have not always been used. For example, contrasting lesbians with "the general public" or "normal women" portrays lesbians as marginal to society. More appropriate comparison groups might be "heterosexual women," "heterosexual men and women," or "gay men and heterosexual women and men.'

The following people contributed substantially to the development of this document: Clinton Anderson, Anthony D'Augelli, Linda Garnets, Gregory Herek, Douglas Kimmel, Letitia Anne Peplau, and Esther Rothblum. This document reflects many discussions and written drafts. Not all people necessarily agree with all suggestions in this document.

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Abused women and/or men in same-gender relationships face unique barriers to asserting their rights to be free from domestic violence including homophobia and misconceptions about domestic violence in same-gender relationships. Consider the following:

- *Research indicates that the rate of domestic violence in the lesbian, gay, bisexual, and transgender community is similar to the rate among heterosexuals.*
- *Many lesbian, gay, bisexual, and transgender individuals do not identify themselves as victims of domestic violence because of the myth that battering does not occur in the lesbian, gay, bisexual, and transgender community, or the myth that same-gender violence is "mutual battering."*
- *Many cases of domestic violence go unreported because of fear of homophobia, biphobia, and transphobia by friends and family, as well as by the police and judicial system. Others don't come forward because of their fear of being "outed."*

If you are lesbian, gay, bisexual, or transgender, you may face the possibility of double discrimination based on your sexual orientation or gender identity and your status as a domestic violence survivor when you seek assistance from the police, the judicial system, a service provider, or your employer.

This is especially true in the workplace, where homophobia and stereotyping about domestic violence survivors often prevent abused women and/or men in same-gender relationships from asserting their employment rights. For example, a lesbian may be fearful of talking to her employer to develop a safety plan or to ask for job-protected medical leave for injuries from abuse. Victims of sexual assault by persons of the same sex may face similar challenges.

EMPLOYMENT RIGHTS OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER SURVIVORS OF DOMESTIC VIOLENCE

If you are a lesbian, gay, bisexual, or transgender survivor of domestic violence, it may affect your job or your ability to keep your job. For example:

- You may need to miss days of work to address medical or legal needs arising from the domestic violence
- An abuser may be calling you repeatedly or stalking you at work, which may affect your job performance and may make you fearful of losing your job

As a survivor of domestic violence, there are steps you can take to help protect yourself and your job. Some of these steps may not require you to disclose your sexual orientation or gender identity. However, if you choose to disclose your sexual orientation in your workplace, or you are already "out" at your job, and you believe your employer has treated you differently because of your sexual orientation or gender identity, you may be entitled to protections under anti-discrimination laws in some cities and states (see "Employment Discrimination" section on the next page).

Employment and Housing Rights for Survivors of Abuse is a project of Legal Momentum. See the last page of this guide for further information.

SAFETY PLANNING AT YOUR JOB

A key to your ability to keep your job may be to prevent the abuser from harassing you or placing you in danger at your workplace. There are steps you can take to increase your safety at work so that you can better keep your focus on your job. If you are not "out" at work, it may not be necessary for you to disclose your sexual orientation or gender identity to your employer to protect yourself from the abuser at your job. Only you can be the judge of how best to protect your safety. The following is a partial list of steps to consider taking at work. See the **Employment and Housing Rights for Survivors of Abuse** guide, *"Safety Planning in the Workplace: Protecting Yourself and Your Job"* for more information about this issue.

Consider telling someone at your job about the domestic violence: If you haven't already informed someone at your job, try to find someone you trust and ask them to keep the information confidential. This may be especially difficult if you are not "out" at work, but a coworker may be able to help you by keeping a look out for the abuser or providing you with support. You may ask the person you have confided in to call the police if the abuser threatens or harasses you at work.

Security: The abuser may know where you work and may stalk you at your job. Even if the abuser has never come to your job before and you don't think he or she will, it is important to take steps to ensure your safety at work. If the abuser has threatened to come to your job, you may choose to tell building security and provide them with a copy of any restraining order you have, as well as a photo of the abuser. You can ask security to call the police if they see the abuser. Have someone escort you to your car or to public transportation, try to leave your office during daylight hours, or see if you can change your work hours. Consider car pooling or informing a security guard in the parking lot about your need for safety from the abuser.

Workplace Restraining Order: If the abuser has already threatened you at work – in person or over the phone – you may want to approach your employer about getting a temporary restraining/protective order and injunction on your behalf. In some states, including California, New York, and New Jersey, a workplace can obtain a restraining order against the abuser for the safety of the workplace.

EMPLOYMENT DISCRIMINATION BASED ON
SEXUAL ORIENTATION OR GENDER IDENTITY

Sexual orientation discrimination in employment occurs when an employer harasses or treats an employee unfairly or differently because of his or her real or perceived sexual orientation. Many states (including California, Connecticut, Hawaii, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, Rhode Island, Vermont, and Wisconsin) and many cities (including New York City, San Francisco, and Washington, D.C.) prohibit such discrimination, making it illegal for an employer to fire or otherwise penalize you because of your sexual orientation.

California's Fair Employment and Housing Act, for example, prohibits discrimination or different treatment in any aspect of employment or opportunity for employment based on actual or perceived sexual orientation. Similarly, several cities including San Francisco and New York City have passed ordinances prohibiting employment discrimination based on sexual orientation. San Francisco's ordinance also prohibits employment discrimination based on gender identification.

If you believe you have been discriminated against because of your sexual orientation or gender identity, you may have a cause of action against your employer. It is important to contact the agency in your state or city that enforces employment discrimination laws to find out if sexual orientation or gender identity discrimination in employment is prohibited where you live. You may want to contact organizations such as the Lambda Legal Defense and Education Fund (212-809-8585), the ACLU Lesbian and Gay Rights Project (212-549-2627), or the National Center for Lesbian Rights in San Francisco (415-392-6257) for information about anti-discrimination laws in your area. In certain circumstances, other anti-discrimination laws such as sex discrimination laws may apply. Contact **Legal Momentum** for more information about whether you may have other claims against your employer.

DOMESTIC VIOLENCE RESTRAINING/PROTECTIVE ORDERS

Domestic violence restraining/protective orders prohibit someone from abusing you, and can also order him or her to stay away from your place of employment. In some states, victims of domestic violence in same-gender relationships may be unable to obtain a restraining/protective order against the abuser. As of 2001, relevant state laws include:

- In 40 states and the District of Columbia, a domestic violence victim in a same-gender relationship can get a civil restraining/protective order against an abuser.
- In 7 states, civil domestic violence restraining/protective orders (obtained in civil or family court) are available for victims of abuse by an opposite-gender partner, but are more limited or unavailable for victims of same-gender abuse (Arizona, Delaware, Louisiana, Montana, New York, South Carolina, and Virginia). In some of these states, you may be able to get a protective order in criminal court. Contact your local domestic violence service provider, lesbian/gay/bisexual/transgender rights advocacy organization, or anti-violence project for information about how to get protection in your state.
- In 3 states – Florida, Maryland, and Mississippi – the law is unclear as to whether victims of same-gender domestic violence can get civil restraining/protection orders.

In addition to domestic violence restraining/protective orders, some state laws provide other civil protection orders which apply to specific crimes such as battery, harassment, and stalking. You may also be able to obtain a criminal restraining/protective order if there are criminal charges against the abuser. Ask a local domestic violence program or lesbian anti-violence project about the options in your state. Contact the Lambda Legal Defense and Education Fund (212-809-8585), the New York City Gay and Lesbian Anti-violence Project (212-714-1141; 24 hours), or your local lesbian/gay/bisexual/transgender rights advocacy or anti-violence project for additional information about these laws.

CONSULT THE APPROPRIATE AGENCY OR ATTORNEY ABOUT YOUR RIGHTS

This guide is intended to provide accurate, general information regarding legal rights relating to employment. Yet, because laws and legal procedures are subject to frequent change and differing interpretations, Legal Momentum cannot ensure the information in this guide is current nor be responsible for any use to which it is put. Do not rely on this information without consulting an attorney or the appropriate agency about your legal rights in your particular situation. If you need

assistance in finding a lawyer, contact Legal Momentum, the bar association in your state, or your local legal services office, domestic violence coalition, sexual assault coalition, or service provider.

For more information or assistance, please contact 212-925-6635 or ehrsa@legalmomentum.org.

This guide is available for downloading at www.legalmomentum.org.

ADVOCATING FOR OUR COMMUNITIES

10 Tips for Working
with Transgender Individuals

A guide for health care providers

Overview

As a health care provider, you likely encounter and serve a population that is diverse with regards to race, nationality, immigration status, socioeconomic status, sexual orientation, gender identity, HIV status, medical condition, and disability, among other issues. At the Transgender Law Center, we recognize that many health care providers are eager to provide a safe, welcoming treatment environment for members of the transgender community, yet may not have had the opportunity to access information about the needs and experiences of this marginalized population. With this barrier in mind, we have created this pamphlet so that we may work in partnership with providers to improve quality of care and provider-patient outcomes.

Introduction to the transgender community

Gender identity, a characteristic that we all possess, is our internal understanding of our own gender. The term "transgender" is used to describe people whose gender identity does not correspond to their birth-assigned sex and/or the stereotypes associated with that sex. A male-to-female transgender individual is a transgender woman and a female-to-male transgender individual is a transgender man. There are also gender non-conforming people who do not identify as transgender and some individuals in the transgender community who do not identify as male or female.

For many transgender individuals, the lack of congruity between their gender identity and their birth sex creates stress and anxiety that can lead to severe depression, suicidal tendencies, anti-social behavior, and/or increased risk for alcohol and drug dependency. Transitioning, the process that many transgender people undergo to bring their outward gender expression into alignment with their gender identity, is a medically necessary treatment strategy that effectively relieves this stress and anxiety.

Transgender people are medically underserved

Access to affordable and appropriate health care is central to avoiding negative health consequences, yet most insurance companies exclude gender identity-related care and services, including mental health therapy, hormonal therapy, and surgeries. In addition, many transgender people have had multiple negative experiences in health care settings in the care of providers and office staff who have lacked the information necessary to provide sensitive services.

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Discrimination in the provision of services causes transgender people to delay or avoid necessary health care services, including health care that is not transition-related, often to the point of putting their overall health at severe risk.

The 10 Tips

The following are ten suggestions for improving services for transgender people:

1. Welcome transgender people by getting the word out about your services and displaying transgender-positive cues in your office. You can utilize LGBT community centers, services, newspapers, and Internet resources to advertise your services. Posters, buttons, stickers, and literature about transgender people can demonstrate that you are transgender-friendly. You can rewrite your intake form to include "chosen name" in addition to "legal name," as well as a third, blank option for "sex/gender" where someone can more accurately describe their gender. And single-use restrooms are a welcome addition for many, including transgender people.

2. Treat transgender individuals as you would want to be treated. You can show respect by being relaxed and courteous, avoiding negative facial reactions, and by speaking to transgender clients as you would any other patient or client.

3. Remember to always refer to transgender persons by the name and pronoun that corresponds with their gender identity. Use "she" for transgender women and "he" for transgender men, even if you are not in the patient's presence.

4. If you are unsure about a person's gender identity, or how they wish to be addressed, ask politely for clarification. It can be uncomfortable to be confused about someone's gender. It can also feel awkward to ask someone what their gender is. However, if you let the person know that you are only trying to be respectful; your question will usually be appreciated. For instance, you can ask, "How would you like to be addressed?" "What name would you like to be called?" "Which pronoun is appropriate?" In order to facilitate a good provider-patient relationship, it is important not to make assumptions about the identity, beliefs, concerns, or sexual orientation of transgender and gender non-conforming patients.

5. Establish an effective policy for addressing discriminatory comments and behavior in your office or organization. Ensure that all staff in your office or organization receives transgender cultural competency training and that there is a system for addressing inappropriate conduct.

6. Remember to keep the focus on care rather than indulging in questions out of curiosity. In some health care situations, information about biological sex and/or hormone levels is important for assessing risk and/or drug interactions. But in many health care situations, gender identity is irrelevant. Asking questions about one's transgender status, if the motivation for the question is only your own curiosity and is unrelated to care, is inappropriate and can quickly create a discriminatory environment.

7. Keep in mind that the presence of a transgender person in your treatment room is not always a "training opportunity" for other health care providers. Many transgender people have had providers call in others to observe their bodies and the interactions between a patient and health care provider, often out of an impulse to train residents or interns. However, like in

other situations where a patient has a rare or unusual finding, asking a patient's permission is a necessary first step before inviting in a colleague or trainee. For transgender patients, in particular, it is often important to maintain control over who sees you unclothed. Therefore, when patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful, competent health care.

8. It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care. A person's genital status—whether one has had surgery or not—does not determine that person's gender for the purposes of social behavior, service provision, or legal status.

9. Never disclose a person's transgender status to anyone who does not explicitly need the information for care. Just as you would not needlessly disclose a person's HIV status, a person's gender identity is not an item for gossip. Having it known that one is transgender can result in ridicule and possible violence towards that individual. If disclosure is relevant to care, use discretion and inform the patient whenever possible.

10. Become knowledgeable about transgender health care issues. Get training, stay up to date on transgender issues, and know where to access resources.

Resources

For medical and mental health protocols, you can learn about the Harry Benjamin International Gender Dysphoria Association's Standards of Care for the treatment of gender identity disorders by visiting www.hbigda.org. These internationally recognized protocols are intended as flexible guidelines. Clinical departures may be warranted based on patient characteristics, the provider's evolving sensibilities, or research protocol.

You can view the Tom Waddell Health Care Clinic treatment protocols at www.dph.sf.ca.us/chn/HlthCtrs/transgender.htm. These comprehensive guidelines reflect the expertise of this San Francisco community clinic, which has been providing transition-related hormone therapy and primary care for low-income transgender individuals since 1993.

With attention to these guidelines, you can provide a vital service to a medically underserved population. By enhancing your knowledge and skills and demonstrating culturally competent behavior with transgender people, you will be on your way to building trust with individuals in the community by providing the respectful care that they need and deserve.

Thank you for doing your part to ensure health care access for all!