

LGBQ/T INCLUSION IN FVPSA-FUNDED PROGRAMS IN MASSACHUSETTS

A REPORT ON THE LGBQ/T DOMESTIC AND
SEXUAL VIOLENCE ACCESSIBILITY AND
INCLUSIVITY SURVEY

THE NETWORK/LA RED
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INTRODUCTION

This report reviews the data of the LGBQ/T Domestic and Sexual Violence Accessibility and Inclusivity Survey administered by The Network/La Red staff in May 2018. The survey was sent to all programs receiving Family Violence Prevention Services Act (FVPSA) funding through the Massachusetts Department of Public Health (MDPH) and was administered on SurveyMonkey. The purpose of this report is to assess the current state of domestic and sexual violence programs in Massachusetts in regards to lesbian, gay, bisexual, queer, and/or transgender (LGBQ/T) inclusion. This report will use the language of LGBQ/T communities, as we describe in our manual *Power With, Power For*,

as an umbrella term to describe the many communities that we serve. We could not possibly list every single sexuality or gender identity term, and the words that people use to describe themselves vary by region, location, culture, and ethnicity. Therefore, we use “LGBQ/T” to represent the broad spectrum of identities rather than trying to name each individual identity label. Because some of the terms used in “LGBQ/T” refer to sexuality and gender we use “/T” to describe our communities. While “lesbian,” “gay,” “bisexual,” and “queer” are terms that describe someone’s sexuality, “transgender” is a term that describes gender. We recognize that, while transgender individuals are a part of the larger LGBQ/T communities, some transgender folks may identify as gay, lesbian, or bisexual and others may identify as heterosexual. By using “LGBQ/T,” we seek to highlight the distinction between sexuality and gender and make space for transgender folks regardless of how they identify their sexuality (The Network/La Red, 2016, p. 14).

Partner abuse occurs in approximately 25-33 percent of relationships where one or more partner identifies as LGBQ/T.¹ Although this rate is comparable to that of heterosexual and cisgender people, LGBQ/T individuals are often not able to access inclusive or culturally competent services at mainstream service providers for a number of reasons. According to the manual *Open Minds Open Doors: Transforming Domestic Violence Programs to Include LGBTQ² Survivors*,

most domestic violence programs formed an analysis of partner abuse based exclusively on straight cisgender women’s experiences. While male violence against women, sexism, male supremacy, etc. are worldwide problems with multiple manifestations, “male violence against women” and “domestic violence and sexual assault” are not interchangeable terms. By using them as such, the domestic violence movement has, whether intentionally or not, overlooked [LGBQ/T] partner abuse and sexual assault. The resulting lack of [LGBQ/T] -specific outreach strategies, materials, and services have only further silenced [LGBQ/T] survivors. In addition, domestic violence programs are a part of the culture we live in and they are not

¹ This statistic is derived from a compilation of many studies. Please see *Open Minds Open Doors*, p. 25, for a full list of citations.

² This publication uses “LGBTQ” rather than “LGBQ/T,” though this will be updated in the next printing. We have changed it in the quote for consistency with the rest of this report.

immune to homophobia, biphobia and transphobia (The Network/La Red, 2011, p. 7-8)

Although all domestic violence organizations in Massachusetts are prohibited from discriminating against people based on sexual orientation or gender identity, and most organizations do strive to serve LGBTQ/T survivors, “many have not received the training needed to provide equal services and may inadvertently discriminate against them. Others lack policies and procedures to handle homophobia, biphobia, and transphobia from other program participants” (The Network/La Red, 2011, p. 9). Therefore, it is vital to assess not only the willingness of an organization to be inclusive and affirming of LGBTQ/T survivors, but also the current cultural and structural status in providing culturally competent and effective services to LGBTQ/T survivors and communities.

This survey set out to assess exactly these issues in order to provide a snapshot of the current situation for LGBTQ/T survivors who may attempt to access domestic violence services in Massachusetts. By understanding both the barriers organizations face in providing the most inclusive and affirming services as well as the ways in which they are succeeding, we will be better able to strategically address the gaps and create best practices for working with these communities.

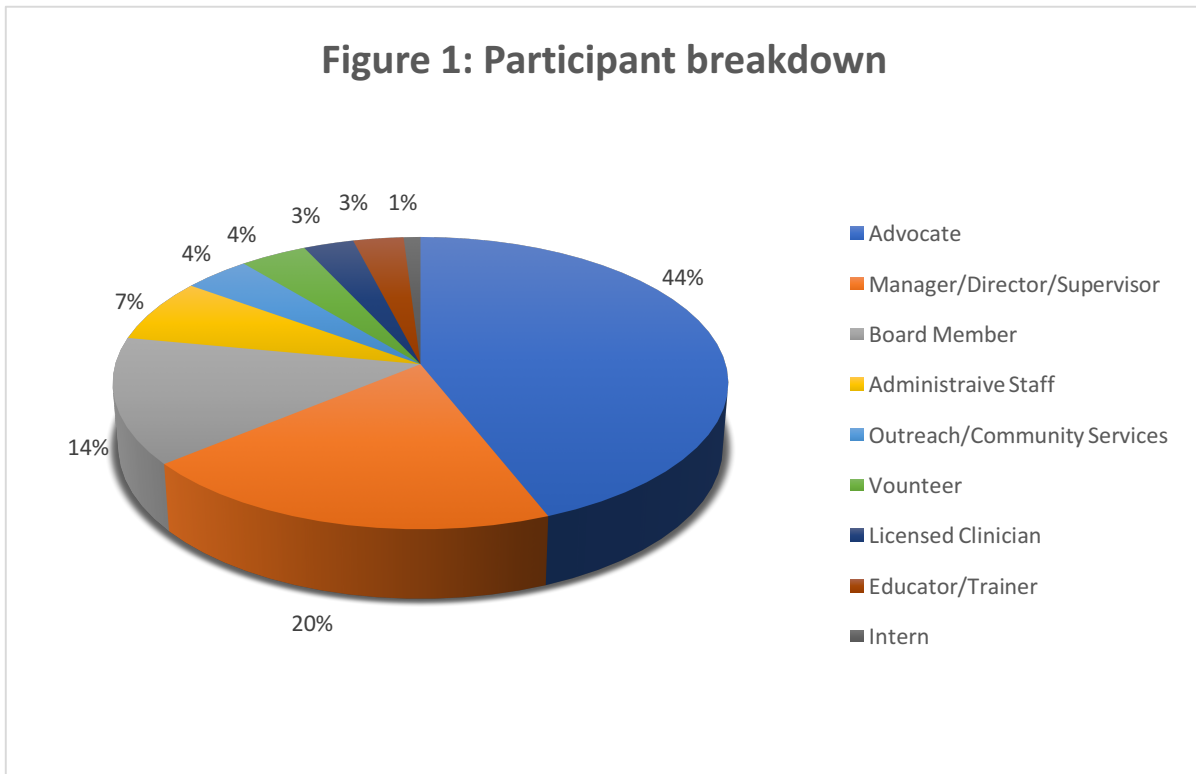
SUMMARY

Response Rate

The survey included a total of 364 responses from all 16 programs surveyed³. There were at least 2 responses from each organization, with all but three organizations having at least 15 responses. This appears to be a good response rate; however, one-third of respondents did not complete the survey. Moreover, we do not have total numbers for each organization, so it is not possible to discern the relative response rate for each. Full participation from all levels of each organization would give the most comprehensive and accurate representation, and it is unfortunate that we do not know how representative this sample is overall. See “Recommendations” for more on how to address this issue.

Of the 364 responses, the overwhelming majority of responses were from Advocates at 44%, followed by Managers, Directors, and Supervisors at 20%. A higher than expected percentage of Board Members responded, at 14%. Including other non-advocate positions, front-line staff make up 61% of respondents. See Figure 1 for participant breakdown.

Respondents were also given a write-in option in case the drop-down options did not cover their specific role. Five respondents filled in Staff Attorney and another five wrote Relief Staff, indicating that it may be worthwhile to include these roles in future assessments.



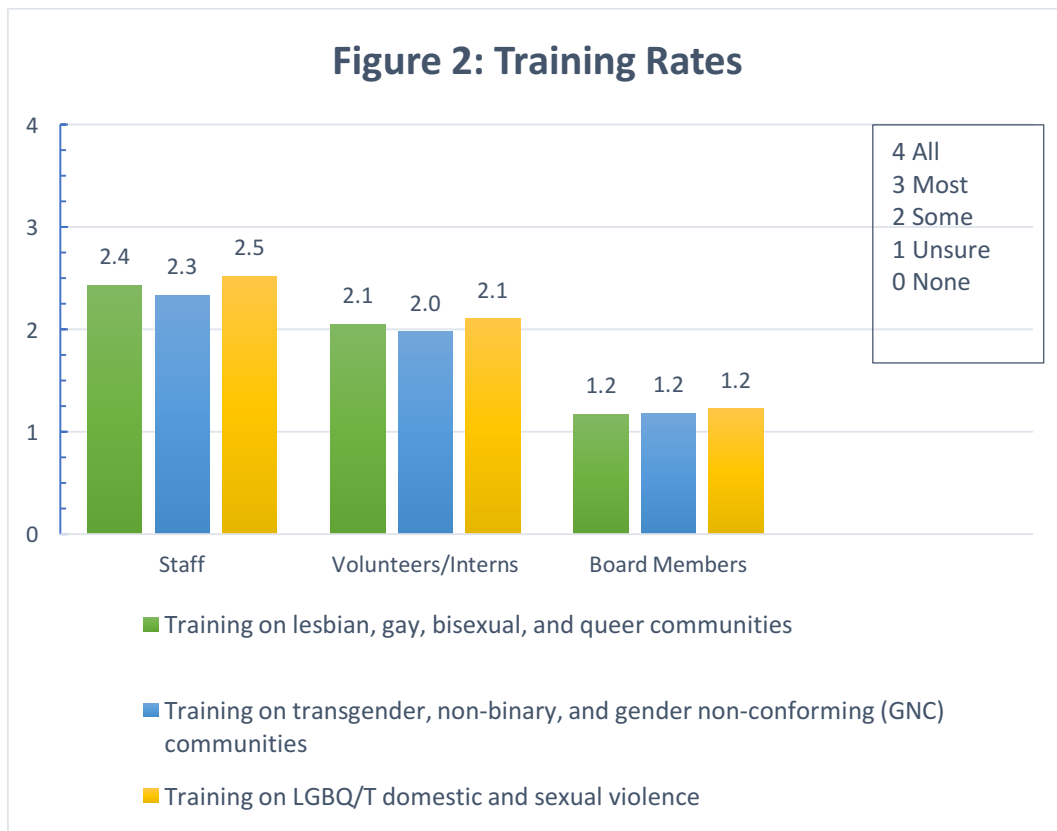
³ Although it receives FVPSA funding through MDMH, The Network/La Red did not participate in this survey, as this organization designed and administered and reported on the survey and would not be able to participate without bias.

Training

Overall, training does seem to be happening at promising rates. When asked how many staff/volunteers and interns/board members have received training in LGBTQ communities, trans and non-binary communities, and LGBTQ/T partner abuse, approximately half stated that *most* or *all* staff are being trained in all three areas.

Lower rates of respondents stated *most* or *all* volunteers and interns have been trained, with 37% being trained on LGBTQ communities, 35% being trained on transgender and non-binary communities, and 39% being trained on LGBTQ/T domestic violence. Board members are receiving significantly less training with only 7-8% of respondents stating that *most* or *all* of board members are receiving training. On the other end, 7-8% of board members are receiving *no* training in these issues compared to 3% of volunteers and 0-1% of staff receiving *no* training on these issues. See Figure 2 for a comparison of the rates of training happening for staff, volunteers and interns, and board members.

Many respondents, however, are unsure about how many staff, volunteers/interns, and board members have been trained. Approximately 30% of respondents were *unsure* about staff, approximately 45% *unsure* about volunteers and interns, and approximately 75% *unsure* about board members.



Policies, Procedures, and Practices

Much like with training, there are promising trends of policies, procedures, and practices related to creating inclusive and accessible spaces. Of the ten policies, procedures, and practices asked about, all are considered “fully in place or practice” by 24-51% of participants. The three that are considered “fully in place or practice” by an average of approximately 50% of participants are as follows:

- Written and officially adopted organizational policies and practices to ensure accessibility, inclusivity and affirmation of LGBTQ/T people and communities. (51%)
- Mechanisms to track the number of LGBTQ/T individuals served. (49%)
- Ongoing LGBTQ/T domestic violence/sexual violence education for staff, interns, volunteers, and board members. (51%)

Six of the ten policies, procedures, and practices listed were seen as “not in place or in practice” by 9% or fewer respondents. The three that were on average most frequently “not in place or in practice” are as follows

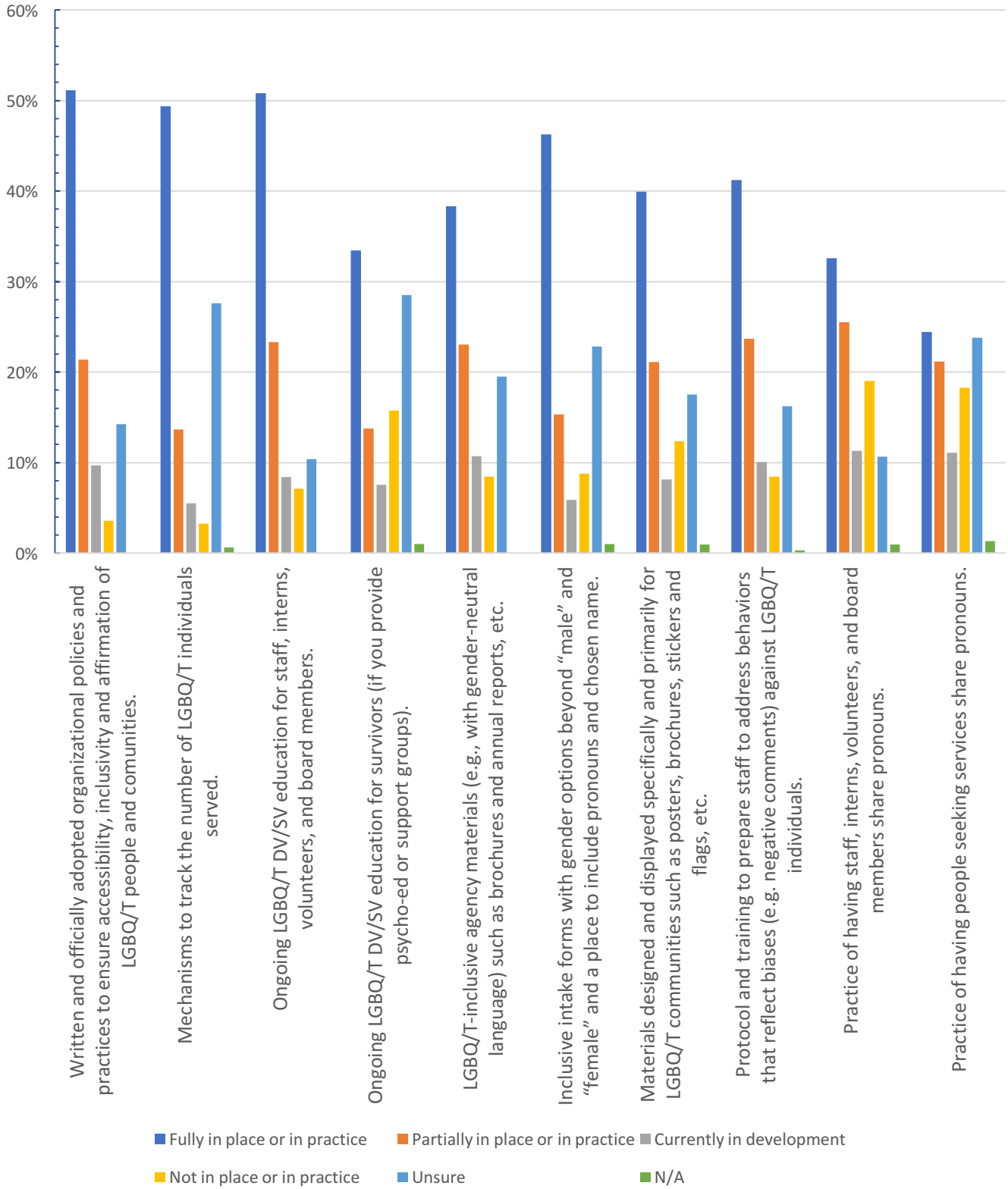
- Ongoing LGBTQ/T DV/SV education for survivors (if you provide psycho-ed or support groups).
- Practice of having people seeking services share pronouns.
- Practice of having staff, interns, volunteers, and board members share pronouns.

Unfortunately, only 24% of respondents believe their organization consistently asks people seeking services to share their pronouns. Interestingly, 33% believe the practice of asking people seeking services to share their pronouns is fully in place amongst staff, interns, volunteers and board members.

It should also be noted that 14-29% of respondents were unsure about the degree to which all of the policies, procedures, and practices are in place. This is concerning, even when compared with the higher rates of “fully in place or in practice.” Even if organizations *do* have these efforts and systems in place, they can only be useful if everyone is aware.

See Figure 3 for a breakdown of how much policies, procedures, and practices are in place or practice.

Figure 3: Policies, Practices, and Procedures



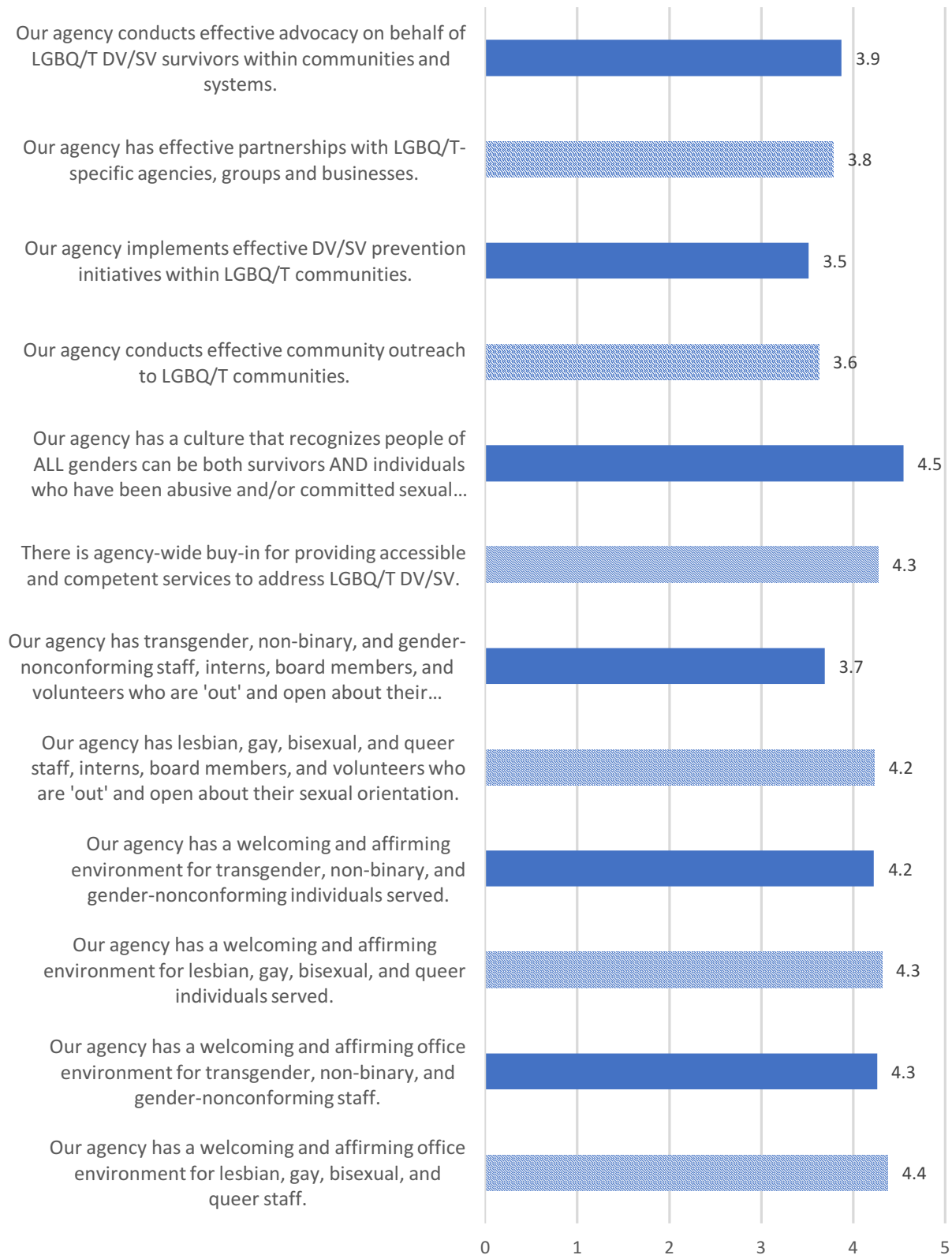
Culture and Environment

Participants were asked to rate the inclusiveness and effectiveness of services for LGBTQ/T communities in regards to culture, environment and organizational norms. They were asked “On a scale of 1 to 5 (1 meaning ‘disagree completely’ and 5 meaning ‘agree completely’) rate the degree to which you agree with the following statements.” Seven of the twelve statements had an average rating of above 4. The following five statements received a rating below a 4:

- Our agency has transgender, non-binary, and gender-nonconforming staff, interns, board members, and volunteers who are 'out' and open about their gender identity.
- Our agency conducts effective community outreach to LGBTQ/T communities.
- Our agency implements effective DV/SV prevention initiatives within LGBTQ/T communities.
- Our agency has effective partnerships with LGBTQ/T-specific agencies, groups and businesses.
- Our agency conducts effective advocacy on behalf of LGBTQ/T DV/SV survivors within communities and systems.

While none of the statements received an average rating below a 3, 106 participants rated at least one category a 1 or 2. Not including the 69 participants who skipped this section, this means that 36% of participants see at least one area in need of significant improvement. See Figure 4 for a breakdown of the ratings.

Figure 4: Agency Culture and Environment



Technical Assistance Needs

The survey asked participants to rate their organization's technical assistance (TA) needs on a scale of 1 to 5 (1 meaning "area of very low-level need" and 5 meaning "area of very high-level need"). Of the 23 topics, all averaged a rating below a 3, meaning that overall, participants feel that they are not in urgent need of TA in most areas. However, nine topics were rated a 4 by 20% or more of participants, which are as follows:

- Developing official organizational policies and practices related to LGBQ/T accessibility and inclusivity.
- Conducting ongoing LGBQ/T DV/SV training for staff, volunteers, interns, and board members.
- Conducting effective community outreach to LGBQ/T communities.
- Conducting effective community education within LGBQ/T communities.
- Conducting effective community organizing within LGBQ/T communities.
- Implementing effective DV/SV prevention initiatives within LGBQ/T communities.
- Conducting effective advocacy on behalf of LGBQ/T DV/SV survivors within communities and systems.
- Designing, implementing and sustaining programs and services specifically for LGBQ/T individuals (such as LGBQ/T-specific support groups, outreach/education programs, etc.).
- Forming or strengthening partnerships with local and/or state LGBQ/T-specific agencies, community groups and businesses.

This indicates that much of the TA support programs need is related to providing *LGBQ/T-specific* services, rather than increasing accessibility in their general services. Additionally, it shows a need for support around further developing policies and practices, as well as forming partnerships with others doing similar work. See Figure 5 for a breakdown of all 23 TA topics.

The need for TA in forming or strengthening partnerships is further illustrated by the answers we received to the question, "Is there a taskforce or coalition specifically addressing domestic and sexual violence in the LGBQ/T community in the agencies' geographic area?" One third of participants affirmed the existence of a task force or coalition and stated they participate in it, compared to 6% who stated there is no taskforce or coalition. Another 2.5% stated that while there is a taskforce or coalition in their area, they do not participate. While on the surface this may seem promising, 58% of participants were not sure if there is a taskforce or coalition in their area. This indicates a great need for better partnership and communication between organizations, with more awareness of the shared work that is already happening.

See Figure 5 for a breakdown of Technical Assistance needs.

Figure 5: Technical Assistance Needs



SCENARIOS

Participants were asked 17 multiple choice questions about hypothetical scenarios based on experiences of LGBQ/T survivors accessing domestic and sexual violence services. Of the 364 survey participants, 131 skipped all or most of the scenario questions. Ten participants skipped between five and nine questions, leaving 221 respondents who answered all of the 17 questions, for a 61% response rate in this section.

Each answer was weighted as 0 points, 1 point, or 2 points. The 2-point answers were considered best practice. There are, of course, limitations to having multiple choice answers to a scenario-based question. First, it does not allow for the possibility that some best-practice responses may not always be feasible or may depend on the structure or policies of a particular organization. Second, participants have other appropriate, or even best-practice, responses that are not included in the options. Additionally, some of the 0-point or 1-point answers may be acceptable when done in tandem with the 2-point answer(s). Therefore, all respondents were required to fill out a follow-up long-form question “Why did you choose this answer? What factors were you considering in choosing? You may include alternate answers or a combination of answers here, as well.”

The highest score possible was 34 points. Participants had a relatively close range of average scores across roles. However, two groups did stand out: Outreach and Community Services staff scored highest on average at 20.5, while Board Members scored significantly lowest at 14.6. It is not surprising that Board Members might score lower than other groups as they are the least likely to encounter these scenarios in their day-to-day work for these organizations. It is interesting that Outreach and Community Services staff might score higher than other groups, as they are also possibly less likely to encounter the direct service scenarios in their day-to-day work than other front-line workers such as Advocates and Educators/Trainers. See Figure 7 for a breakdown of average scores by role.

Of those participants who completed the scenario section, the average score was 82% with 53 respondents scoring 90% or above. This is a promising indicator that these respondents overall have a strong understanding of how to put LGBQ/T inclusion into practice. However, due to the fact that 36% of participants did not complete this section, it is difficult to draw too many conclusions about organizations or the overarching state of LGBQ/T inclusion across Massachusetts.

Nine of the 17 scenarios had fewer than 50% of respondents choosing the 2-point best practice answer. Five of the scenarios received over 10% for 0-point answers. Those five questions will be examined in this report on pages 13-17 in order to review the concerns about the 0-point answers. In the following charts, 0-point answers are colored red, 1-point answers are colored yellow, and 2-point best practice answers are colored green.

See Figures 7 for a breakdown of average Scenario scores in total and Figure 8 for a breakdown of average Scenario scores by role.

Figure 7: Average Scenario Score

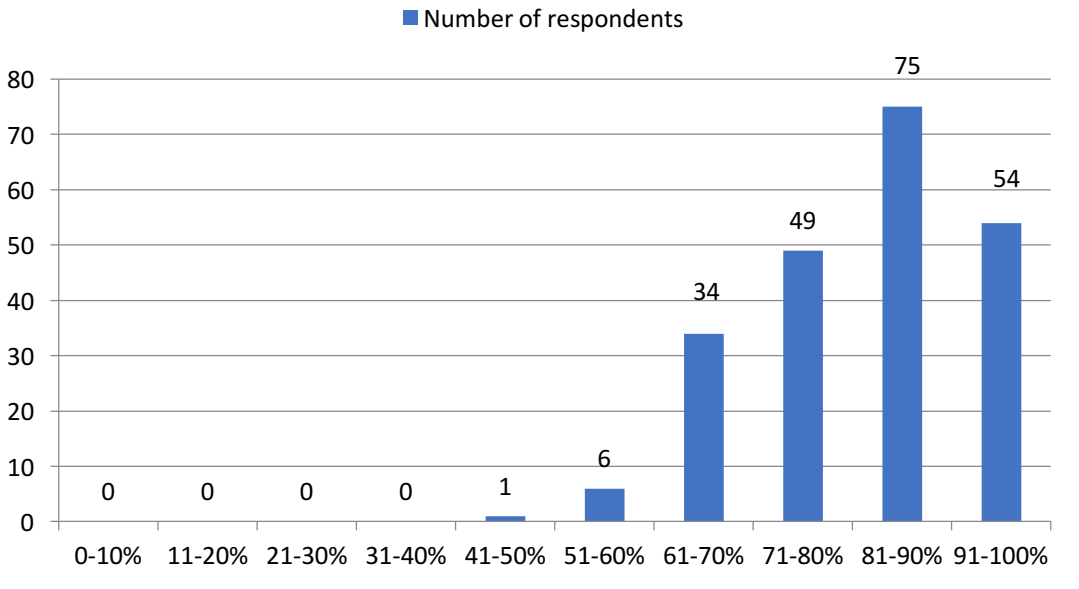
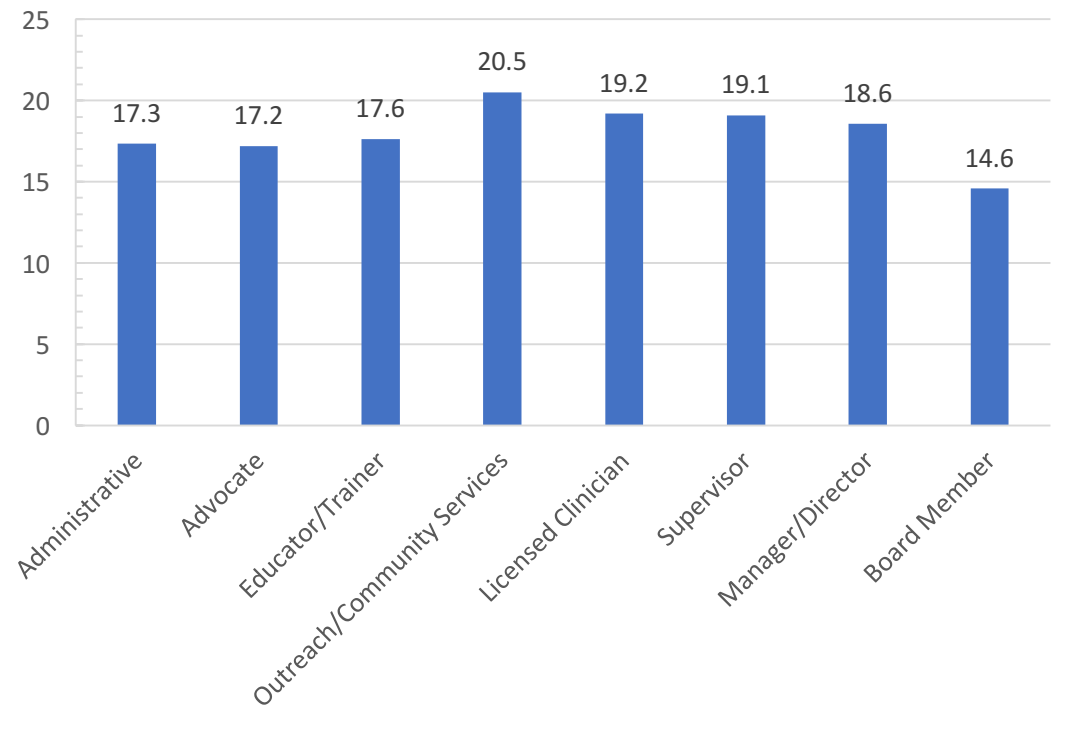
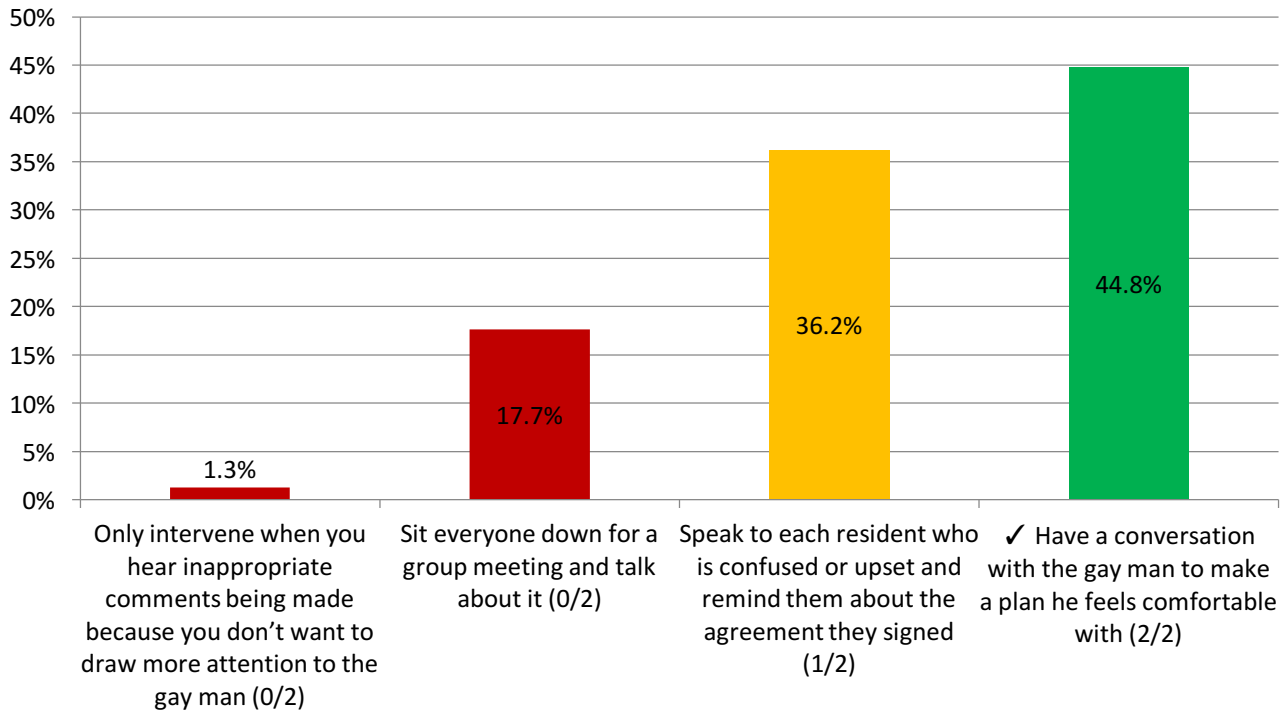


Figure 8: Average Scenario Scores by Role



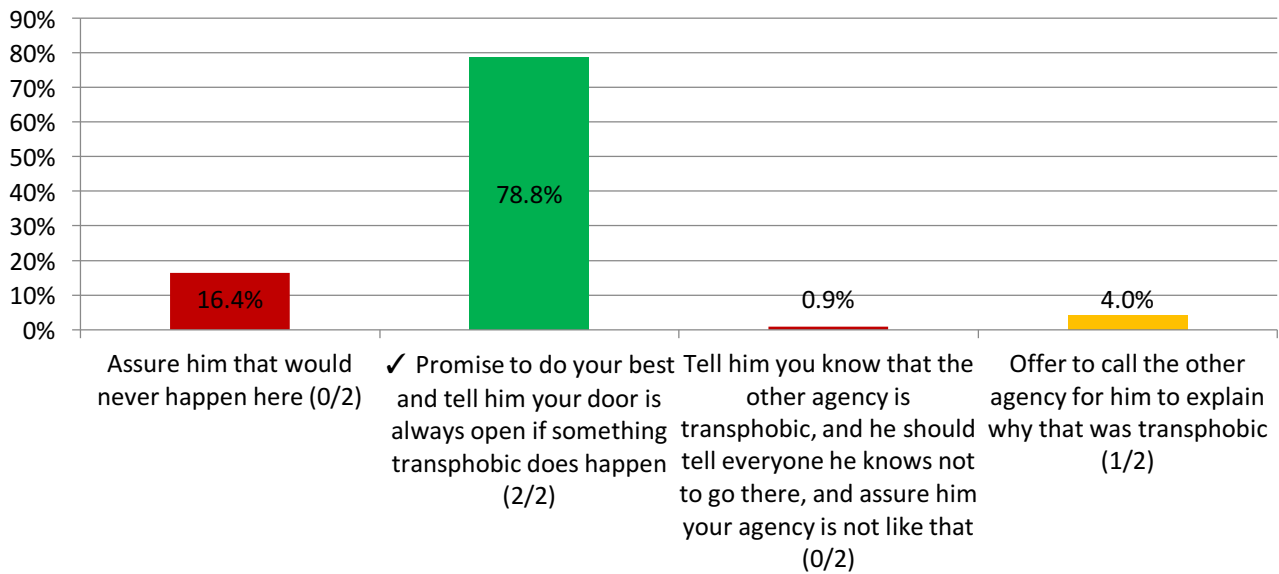
Question 22: You have accepted a gay man into your shelter. When he arrives, the other shelter residents are confused about a man being there even though they all signed a resident agreement informing them that the organization works with survivors regardless of gender identity and sexual orientation. Some residents are upset and one resident is openly hostile to the man.



In this scenario, the best practice would be to allow the survivor to decide how to proceed. The concern with the response “sit everyone down for a group meeting and talk about it” is that we don’t know if this would feel, or *be*, safe for this survivor. This also puts the survivor in a vulnerable position, outing his sexuality to other residents without his consent and potentially forcing him to have to explain or defend himself.

A number of themes were evident in the open-ended explanations. Many respondents cited the importance of educating the other residents. While this is a valid and necessary practice, doing so in a group with the gay man present puts the onus on a person with a marginalized identity to educate others about his own humanity. Other respondents mentioned the importance of everyone feeling that their opinion mattered. Again, while it is true that we want to affirm and validate everyone’s feeling and experience, putting this particular survivor in a position where his experience of oppression is held to the same standard as everyone else’s discomfort is problematic.

Question 30: You are meeting with Aiden, a trans man, for intake. He says the previous agency he reached out to was transphobic and told him that as a man, he's part of the problem now. He is very uncertain about whether or not he actually wants services from your organization because he is nervous about what might happen. How do you handle this situation?

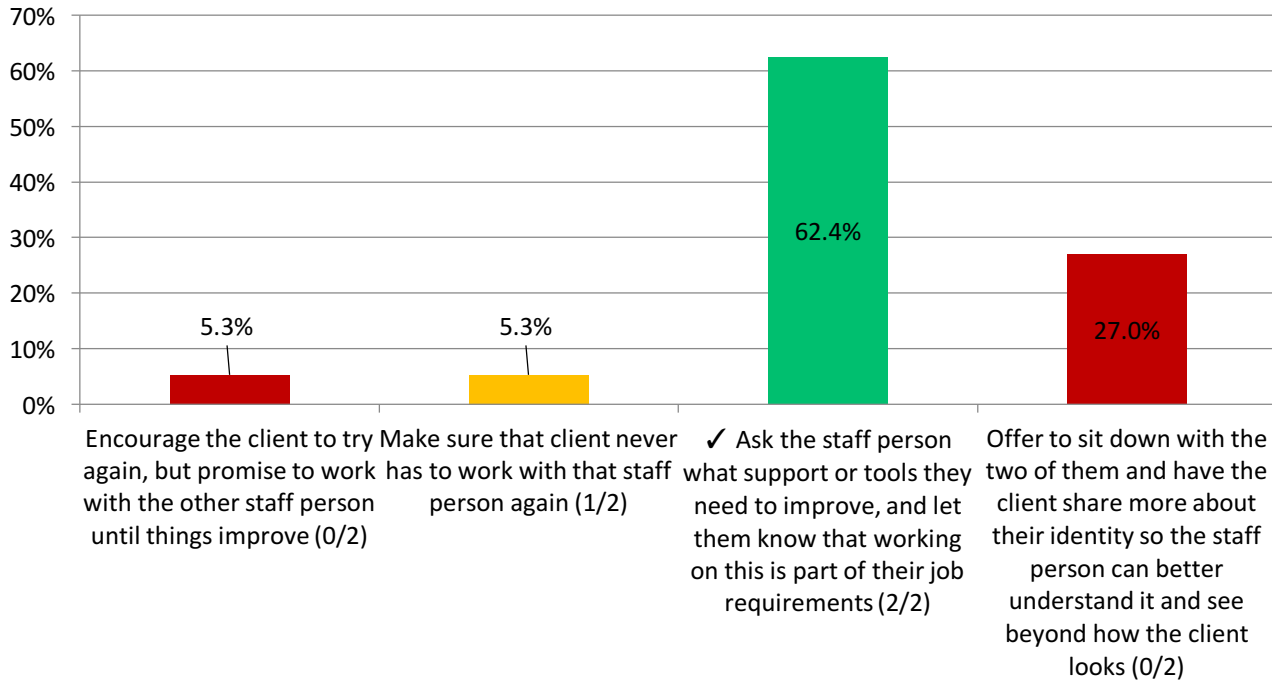


In this scenario, it is understandable that respondents would want to reassure the survivor that they will treat him with respect. However, making promises about what will or will not happen, especially when this may also depend on others' behavior, is unwise. Even the most inclusive and LGBTQ/T-competent organization may have individual staff members who have not fully bought in to being LGBTQ/T-inclusive, and even those staff who are fully bought in will make mistakes.

Some respondents explained that they chose this answer because they are trying to alleviate his fears and build trust. However, if a transphobic incident does occur after having been promised that it wouldn't, this survivor is *more* likely to feel distrustful and feel that they were right to fear seeking services.

A number of respondents also referenced their organizations' policies and practices. While a non-discrimination policy might encourage a more welcoming culture and provide guidance for how to handle discrimination when it does occur, it cannot actually *prevent* all instances of discrimination or offensive behavior from occurring. Rather, acknowledging that when discrimination happens it will be handled appropriately is a much more truthful and transparent promise to make.

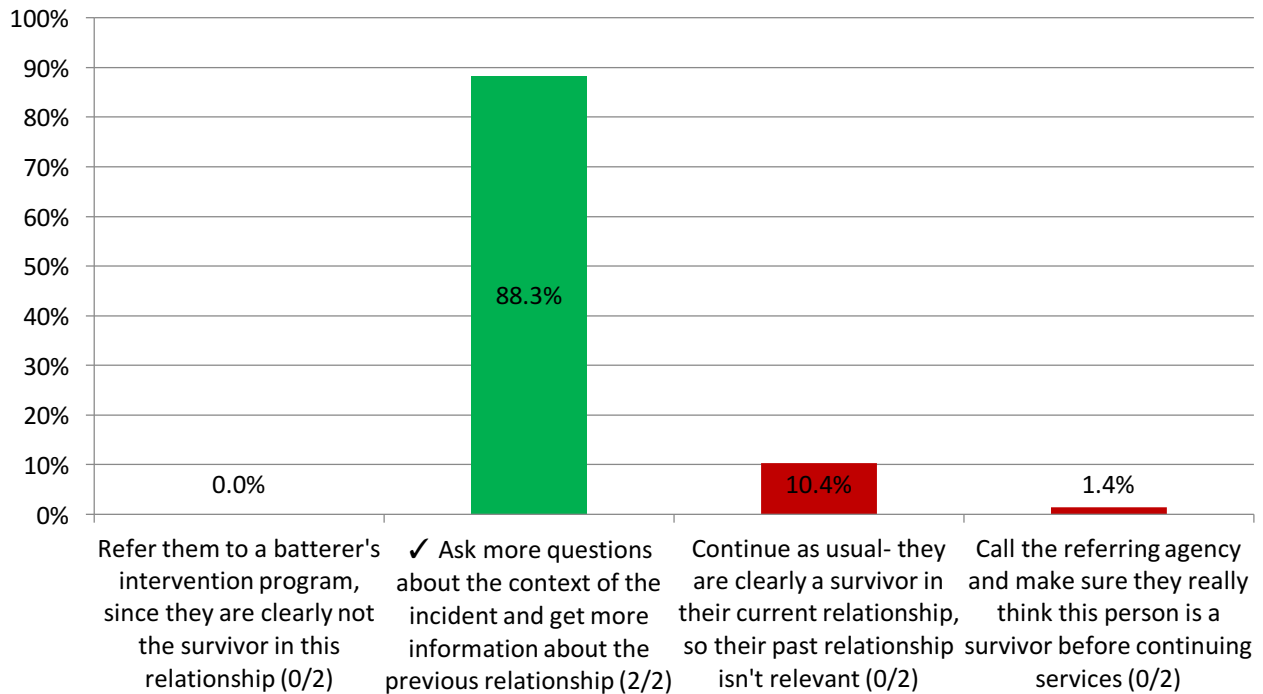
Question 34: A staff person is struggling to remember the pronouns of a new client. They admit that they really want to get it right, but it's hard because of how the client looks. This client has stated they no longer feel comfortable working with that staff person, and the staff person is hurt.



Much like the first scenario of the gay man being asked to educate others on his identity, the response of having the survivor and staff person sit down together falls into a situation in which someone with a marginalized identity is held responsible for the education of those in the dominant group. Someone who does not use the pronouns others might expect of them should not have to prove their identity is real or valid, or share any personal information that they don't want to.

Many of those who chose this answer did so because they believed in the staff person's best intentions. Still, impact matters more for this survivor than intent. In this situation, a staff person with good intentions is likely willing to learn and improve, but the onus should not be on the survivor to do the teaching.

Question 44: Another agency refers someone to you as a survivor of abuse in their current relationship. During intake, they inform you that they punched a previous partner during a fight.



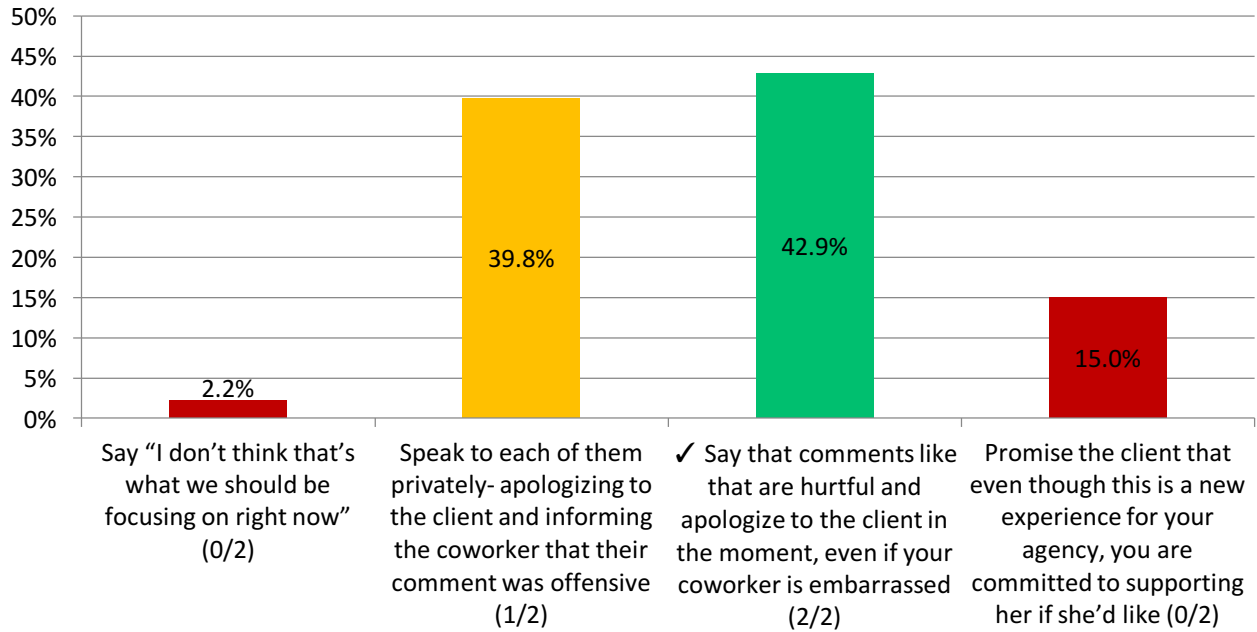
The crux of this scenario revolves around screening, which, as defined by the *Open Minds Open Doors* manual, “refers to the process that domestic violence providers use to determine which partner is the abuser and which partner is the survivor in a relationship where abuse exists” (The Network/le Red, 2010, p. 48). Screening is necessary for a number of reasons. First, it ensures providers are giving the appropriate services to an individual, even if that means referring someone out. Second, it prevents abusers from claiming survivor status in order to gain access to the survivor or information about the survivor, whether to validate their own perception that they are being victimized, or to convince the survivor that they are actually abusive.

The Network/La Red recommends that organizations do not provide survivor services to those who have previously been abusive, both because of the aforementioned reasons abusers may try to access survivor services, as well as to protect survivors from being in the same space as their abusers. However, we know that some organizations do this as part of their practice and it may be necessary based on the variety of services a particular organization provides. However, even an organization who will serve someone as a current survivor who was previously abusive still needs to be screening all (potential) service participants. The two-point best practice answer implies that screening is always part of the process, even if someone identifies themselves as a survivor, or another provider identifies them as such.

It is understandable that someone would want to trust another provider's assessment. However, doing so without continuing screening runs the risk of providing the wrong services to the wrong person. We know that many organizations do not screen consistently, and even when screening is implemented, information may be missed.

Many respondents additionally stated that if someone calls themselves a survivor, they should be believed. While this is an understandable sentiment in a society that so often disbelieves and trivializes survivors, this also opens the door for abusers to claim survivorship as a tactic of abuse. For example, in this scenario, an abuser may have punched their partner in order to harm their partner or instill fear as a way of controlling their partner. On the other hand, a survivor may punch their partner in an attempt to escape or in self-defense, attempting to regain control of themselves. So, the comment about punching a previous partner does not give us enough information one way or the other without further context. Again, regardless of this statement, it is best practice to screen all potential service participants.

Question 36: A woman in hijab comes in and says her girlfriend hit her.
A coworker says "wow! I had no idea Muslims could be gay!"



Promising a survivor that you are committed to working with them, even after a misstep, can be important. However, making this promise without apologizing or being accountable to an offensive or oppressive incident does not *show* that commitment. A number of respondents who chose this option did explain that they would only do so after responding to their coworker's comment in some way. Many respondents, on the other hand, felt that it was inappropriate to embarrass a coworker, and thus chose this option. The concern here is that these individuals are choosing the comfort of a staff member over the safety of a survivor seeking services. A truly inclusive and affirming environment includes the buy-in from all staff to hold each other accountable when they make mistakes. Those who would not want to call out their coworker are inadvertently letting their coworker down by not helping them improve, and are letting the survivor down in the same vein.

ANALYSIS

Survey Limitations

Because this survey was a self-assessment and we do not have information from people served, we cannot fully address the experiences of survivors. At The Network/La Red, our direct service staff often hear about survivor's experiences working with other service providers. Unfortunately, survivors have shared a number of incidents when accessing services at FVPSA funded organizations that were likely related to their LGBTQ/T identities. These incidents include assumptions that were made about the survivor and their identity, being given inappropriate or no resources and referrals, policies that did not recognize the unique experiences of LGBTQ/T communities and other marginalized communities, and even feeling that staff did not know how to talk to them in a culturally competent way and therefore just ignored them. When we compare the self-assessment data and the realities of survivor experiences with programs it becomes clear that an interest in creating change for marginalized communities, and even having answers about what that might look like, does not automatically or immediately translate into change. Change is incremental, and seeing examples of what is going well is useful, but may not present a full picture.

**“When we were fully staffed, we had enough queer folx working on this.
I'm the only one here now and I need help.”**

-Survey Respondent

Many survey participants informed us that they hold an identity within LGBTQ/T communities. This called attention to the fact that this was not a question asked in the survey. Self-identification as a member of the communities being assessed was not asked in an attempt to allow for more privacy and confidentiality for participants. However, this also means we missed the opportunity to collect information about whether or not LGBTQ/T [survey](#) participants are or feel able to be out at their organizations, what their experiences are like, and how well they feel their organizations are doing in regards to LGBTQ/T inclusion. Since we know that communities are the best experts on their own needs, it is important to intentionally create opportunities for LGBTQ/T providers to share their experiences and provide assessment.

Another subject this survey did not assess at length was the practice of screening. The responses to the scenario question about screening indicated that we need much more information about the degree to which this practice is in place, how comfortable or competent individual providers feel engaging in this practice, and how the practice is being utilized to foster LGBTQ/T inclusion, if at all. Screening as a policy across the board allows domestic violence work to be centered in the experiences of LGBTQ/T survivors, and therefore may allow for a deeper understanding of how LGBTQ/T inclusion is not only being implemented, but is actually woven into the fabric of the work.

As discussed earlier, one-third of respondents did not complete the survey, and we don't know what percentage of all staff, volunteers, interns, and board members overall responded at all. Not knowing how representative the sample is makes it difficult to draw any definite conclusions. It is possible that the individuals who prioritized taking and completing the

survey did so because they are more invested in LGBTQ/T inclusion. Many respondents commented at the end of the survey that completing it was difficult because it had to be completed in one sitting and could not be saved and returned to. The survey was purposefully structured this way in order to discourage participants from accessing outside support to answer questions. Additionally, allowing a save and return feature may have limited multiple people from taking the survey at the same computer/I.P. address, a likely concern at organizations where multiple staff may share a computer. However, it is likely that the lack of a save function prevented many people from participating or completing the survey.

See “Moving Forward” in this section, and “Recommendations” for further thoughts on how to address these limitations.

Themes

A number of themes appeared in respondent’s comments which were mirrored in the quantitative results. The first was a sense of uncertainty. Many respondents expressed that they found some questions difficult to answer due to their role, because their organization is in a process of which they do not know the status, or because they are new. In fact, many respondents who chose to add comments used the word “unsure” to indicate an ambivalence about the answer they had chosen. This is striking, as between 10-29% of respondents chose “unsure” for each of the policy, procedures, and practices questions, 27-76% were “unsure” about trainings, and 58% were “not sure” if there is a taskforce or coalition that specifically addresses LGBTQ/T DV/SV in their area.

“I assume there is official policy in place but not actually sure.”

“We may have [policies in place] but they have not been explicitly stated in training...”

“Our organization has been proactively working on this but I am unsure as to the final status.”

“I am very new to... the organization so am not up to speed on this as of yet.”

“As relief staff this question is hard to answer.”

-Various Survey Respondents

What is clear from both the qualitative and quantitative data is there is not a strong shared understanding as to how LGBTQ/T inclusion is being implemented in practice, if it is at all. The above quotes also indicate a lack of clear communication and an institutionalized practice of how this information is shared. So, even when organizations are implementing

inclusive policies, providing trainings, and creating inclusive practices the staff are not receiving consistent messages or information. To create consistent and lasting change that will impact the experiences of LGBTQ/T survivors accessing services there needs to be a clear implementation of these policies and practices across all levels of the organization. Only then will everyone in the organization know exactly what is expected.

“For some reason we have multiple intake forms ... some of which are more inclusive than others.”

“[A]ll language has been changed in our training to be gender neutral. However, I still notice things being posted on social media regularly that are not. Seems like a bit of a disconnect between our Direct Service Team and Admin/Marketing and feels like we are not always practicing what we preach.”

“I ask my own clients [about pronouns] but I believe it is not common practice.”

-Various Survey Participants

This lack of shared understanding and clear communication of expectations is possibly one of the causes of the second theme that came out in respondent’s write-in comments-- inconsistency. Many respondents indicated that while certain aspects of LGBTQ/T inclusion are in place, they are not consistent in all areas. Some participants mentioned inconsistency among various forms, materials, communication modes, and practices. Moreover, multiple respondents reported that certain practices, such as sharing and asking for pronouns, may depend on the person. Inconsistency can send the message that some practices are more important than others. Which can lead to a lack of shared practice and responsibility.

There may also be inconsistency in how individuals react and respond. For example, in question #25, participants are posed the following question: “A coworker tells you that a caller, Jo, wants to join the sexual assault support group. Your coworker tells you that Jo is a lesbian woman who was a victim of a sexual hate crime. When you start intake for support group, Jo explains that they identify as genderqueer and do not identify as a lesbian. Jo uses “they/them” pronouns, and is adamant that “she/her” should not be used. How do you respond?” In explaining the answers they chose, five respondents referred to Jo as “she;” three of these respondents chose the two-point answer, and two respondents chose the one-point answer. Drawing this out is not meant to shame these individuals, but rather to show that even when the best practices are understood, people may still not dependably integrate them into practice. And while that is to be expected it makes consistency, clarity and commitment all the more important in creating a fully integrated practice of LGBTQ/T inclusion.

Sticking with the example of sharing pronouns, even if every staff person at an organization right now asks everyone for pronouns, if it is not a written policy and one that is clearly communicated to all new staff, it won’t take long for the practice to be lost. LGBTQ/T

individuals should not have to hope they get the right advocate, look at the right pamphlets, or see the right thing on social media to feel that they will be accepted.

“When individuals attend specific training, information will be brought back to the team. However, we are in charge of finding our own trainings.”

“Why do I need to do that?” has been asked”

-Various Survey Participants

This inconsistency also leads to the final theme of lack of institutionalization. Many organizations do seem to be moving towards systemizing and normalizing this work. These programs are likely further along in their work towards LGBQ/T inclusion, whether because they have done TA or are currently accessing TA, or because they have independently prioritized this work. Still, many respondents indicated that this work happens in a piecemeal fashion, relying on individuals to take the initiative to make it happen. Additionally, there is a sense that not all staff, volunteers, interns, and board members are committed or fully understand why changes may need to occur. This coupled with an inconsistency in communicating the importance of this work to new staff, volunteers, interns and board members will prevent the organization from progressing from a baseline level of LGBQ/T inclusion to a fully integrated practice and cultural shift in the organization.

When this work relies on individuals to do their own learning and create their own change without systemic support, the advances those individuals gain will likely not be shared across the organization, or may not become established enough to last beyond their tenure at the organization. Again, the high number of “unsure” responses throughout the survey indicate that without this work being institutionalized, people involved will not be aware and will not be able to make use of it.

Moving Forward

Overall, the results of the survey paint a promising picture of individuals and organizations who are committed and working hard to improve access and inclusion for LGBQ/T communities in domestic violence and sexual assault services. This data shows that providers and programs really are incrementally and increasingly making progress.

“We are further along with this than we were a month ago. We are a work in progress.”

-Survey Respondent

Much of this positive progress is a shift from what The Network/La Red has seen in Technical Assistance (TA) processes in the last decade. Until recently, much of the work has focused on helping organizations understand how LGBQ/T communities were not being served, why

this mattered, and who these communities are. TA was largely focused on gaining buy-in and getting programs to a baseline of striving towards inclusion. Based on the responses, there does seem to be a strong commitment to improving LGBQ/T access and inclusion, and a deeper understanding of what that may look like in practice.

One of the biggest takeaways from this assessment is how TA needs seem to have moved and changed. Specifically, the survey indicates that organizations are vastly improved as far as policies, practices, and procedures, as well as basic understanding of LGBQ/T communities. What seems to be missing is a larger cultural shift in which LGBQ/T inclusion is not enacted as an add-on, but rather woven into the fabric of the work and centered as best practices for all individuals and communities served. For instance, do providers know that Pride may be an important holiday for LGBQ/T survivors, *and* know to safety plan around Pride similar to how they help survivors safety plan around other holidays? Organizations that have engaged in a recent TA process with The Network/La are validating this observation; conversations are no longer focused on *why* LGBQ/T inclusion matters, but *how* to shift the overall framework of the work to center these experiences and needs.

Unfortunately, this observation was not evident prior to the writing of the survey, and therefore, much of what was measured did not speak to cultural shift. This indicates a strong need for a next step, in which organizations are assessed not just on the content of inclusion, but in deeper conversations about what that looks like in practice and how to reframe and reground DV/SA work with a lens of inclusion. We believe that this type of cultural shift in organizations will result in better reputations in LGBQ/T communities, more connections between organizations and their local LGBQ/T communities, as well as better experiences for LGBQ/T survivors.

RECOMMENDATIONS

- Individualized assessment and reports for each organization so they can take tailored action. As stated earlier, three programs had five or fewer responses. Even the organizations that had high response rates may not have had full participation. Moreover, because the capacity does not exist to evaluate and analyze the data for each individual organization, these programs will not be able to move forward with a plan specific to their needs. Three FVPSA-funded organizations are currently or will be engaging in an on-going TA process with The Network/La Red, and therefore will be able to implement tailored individual changes. The remaining organizations should all be given the opportunity to access the same level of focused and individual analysis, support, and guidance.
- Organizations should survey past/current program participants as well as community members who identify as LGBQ/T to assess whether or not they would feel safe or able to access services, how they felt accessing services if they have or are, and what they have heard about the organization in the community.
- Assessment of screening practices and degree to which they are institutionalized, as well as staff buy-in and comfort in engaging in screening practices. Based on this assessment, a likely next step would be more screening training and support for organizations.
- Surveying LGBQ/T community members involved with these organizations as staff, volunteers, interns, and board members to assess how programs are doing both for LGBQ/T providers and for LGBQ/T people seeking services. This would need to be designed and implemented carefully, and reported only in aggregate for the safety and confidentiality of participants.
- All future surveys should have an option to save and return to complete at a later time in order to encourage more participation and completion.
- Further research on the difference between front-line roles and what kinds of scenarios they encounter. Because Outreach and Community Services staff scored more highly on average than other front-line workers, there may be useful insight that can be gained from examining what is different about their training, expectations, and practices from other front-line workers.
- Shared understanding within and between organizations. There were high rates of “unsure” responses and comments about not knowing what procedure, policy, or best practice would be. This indicated that not everyone is on the same page or aware of what is expected regarding LGBQ/T inclusion. Better communication, both from funders about expectations, and amongst staff within organizations, may help get everyone on the same page.
- More opportunities for board members to receive training, perhaps with shared trainings offered across the state. While board members are not necessarily providing much of the direct service, they are often the face of an organization, help set policies and

expectations, and hire the executive directors who will set the tone for this work. Ensuring board members are also on the same page and up to date can help ensure those on the front lines are also on board and up to date.

- Build awareness of various coalitions that organizations may participate in, and support to create new coalitions in areas that are not currently served by one.
- Shared commitment to ongoing education that does not put the onus on LGBTQ/T survivors or staff to ensure it happens. While trainings are happening at encouraging rates across the board, many respondents had questions and areas of less knowledge that they otherwise may not learn about until a situation arises. Ensuring that education is happening *prior* to an incident occurring creates safer and more inclusive spaces.
- More services and initiatives specifically aimed at LGBTQ/T communities, including, but not limited to:
 - Ongoing LGBTQ/T DV/SV education for survivors, effective DV/SV prevention initiatives within LGBTQ/T communities.
 - Effective partnerships with LGBTQ/T-specific agencies, groups and businesses.
 - Effective advocacy on behalf of LGBTQ/T DV/SV survivors within communities and systems.
 - Effective community outreach to LGBTQ/T communities.
- Support and encouragement for organizations to be able to recruit, support, and retain trans and non-binary staff, interns, board members, and volunteers
- Developing a culture that recognizes that people of ALL genders can be both survivors and individuals who are/have been abusive and/or committed sexual violence. Mainstream DV/SA programs can work towards this by fully integrating LGBTQ/T partner abuse and the experience of LGBTQ/T survivors into their domestic violence outreach and trainings and not as a separate LGBTQ/T section.
- Normalizing a practice of asking gender pronouns, in particular with people seeking services, and also with staff, volunteers, interns, volunteers, and board members.

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**APPENDIX:
SUMMARY DATA REPORT FROM SURVEYMONKEY**