

Santa Clara County 30th Annual **Domestic Violence Conference**

Queer'ing Prevention

Modernizing LGBTQ+ Inclusion in IPV Work

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About Justin!

Justin Ortiz (he/him) Program Coordinator, H.E.A.R.T.

- SFSU: Health Education & Sexuality Studies
- Experience in youth spaces, education programs, clinical settings, pride events, and various IPV programs
- Building HEART from the ground up!
 - **Working towards safe and healthy relationships for all through educational workshops and resource referrals**
- Health educator by day, artist by night!

About Megan!



Megan Schnabel (they/them) Youth Coordinator, Next Door Solutions MFT Trainee, FCS Caminar

- SCU: Counseling Psychology with LGBTQ+ emphasis
- Experience in youth case management, DV/SA counseling and intervention, education and prevention, clinical settings
- Assisted multiple prevention programs create more LGBTQ+ inclusive curriculum



Norms

01

Come as you are. Speak to what you are comfortable with in your safe zone, but don't be afraid to enter your brave zone!

02

Take care of your needs and responsibilities.*


03

Ask questions as they arise. We might challenge ideas that you are used to, and it is okay to take the time to process.

04

This is a safe space for conversation and learning!

*We will discuss forms of abuse. We encourage you to do whatever you must to prioritize yourself during any point of this workshop.



Why Does it Matter?

The LGBTQ+ community faces an **increased risk** of experiencing intimate partner violence, yet research on prevention methods for this population is virtually nonexistent, non-specific, or often misunderstood. With an intersectional lens and community-engaged approach, the purpose of this workshop is to **inform violence and abuse prevention efforts among the LGBTQ+ community and their allies in advocacy, medical, and legal roles.**

Today, we will address **modern prevention methods which uplift, support, and include the LGBTQ+ community.** This course will address the past and current LGBTQ+ experiences in IPV prevention and care services, existing barriers to seeking preventative resources and support, and suggested methods to address such barriers which prevent LGBTQ+ survivors from seeking help. **We have the power to create a more inclusive environment which reduces overall societal stigma and protects our LGBTQ+ peers!**

Learning Objectives

After completing this course, you will be able to:

01

Identify **8 IPV terms** that can be used in practice to be inclusive of LGBTQ+ clientele.

02

Identify **6 major barriers** to prevention services for LGBTQ+ folk and 6 matching methods to affirm inclusivity.

03

Apply **6 practical methods** to make IPV services more inclusive for LGBTQ+ clients.





Overview

01 **Introductions**

02 **Norms & Objectives**

03 **Scenario**

04 **Theoretical Framework**

05 **Current Experiences**

06 **Barriers**

07 **Methods**

08 **Do's and Don'ts**

09 **Parting Words**

10 **Resources**

11 **Closing Surveys**

12 **Thank You**

Starting the **Conversation**

Scenario

LGBTQ+ Equity **is** prevention work. How can we address the necessity of this challenge?
How would you support them? What are your initial reactions and responses?

You are facilitating a workshop on healthy relationships for a group of high schoolers. You share a scenario about a teenage girl and her boyfriend, and some of the “red flags” and “green flags” of their relationship. The students engage in a discussion about consent and “how boys are”. You notice that when referring to abusive partners, the students always say “he” or “boyfriend”. A few different students are particularly quiet during the discussion, so you decide to gently ask them for their opinion. One student shares that they “don’t see the point in participating when it doesn’t relate” to them. Another adds that “girls can be abusive too, and what about nonbinary people?”. A different student asks “if it’s two guys dating, how do you know which one is abusive?”

Something to Think About..

- What are you currently doing to support, uplift, or prevent violence against LGBTQ+ communities? There are no wrong answers!
- Why do you think conversations about LGBTQ+ safety and violence prevention are often avoided or ignored?



Section 1:

LEBTO₊ Experiences with IPV & Preventative Care



Understanding Identity

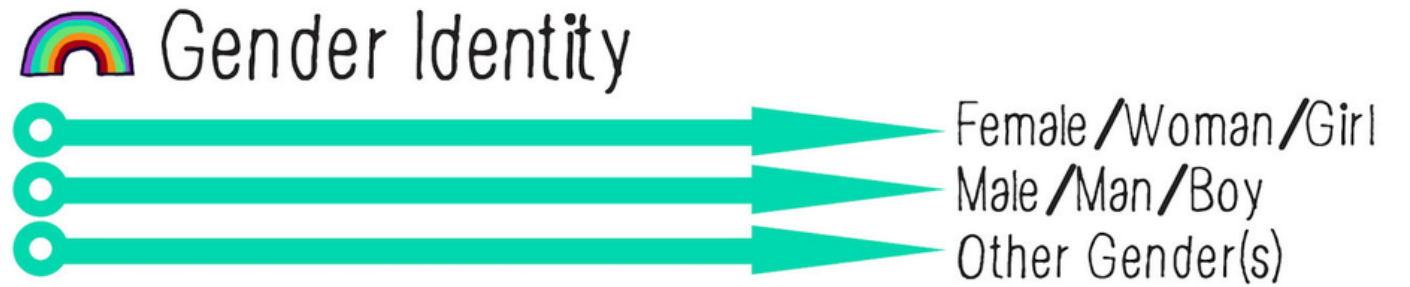
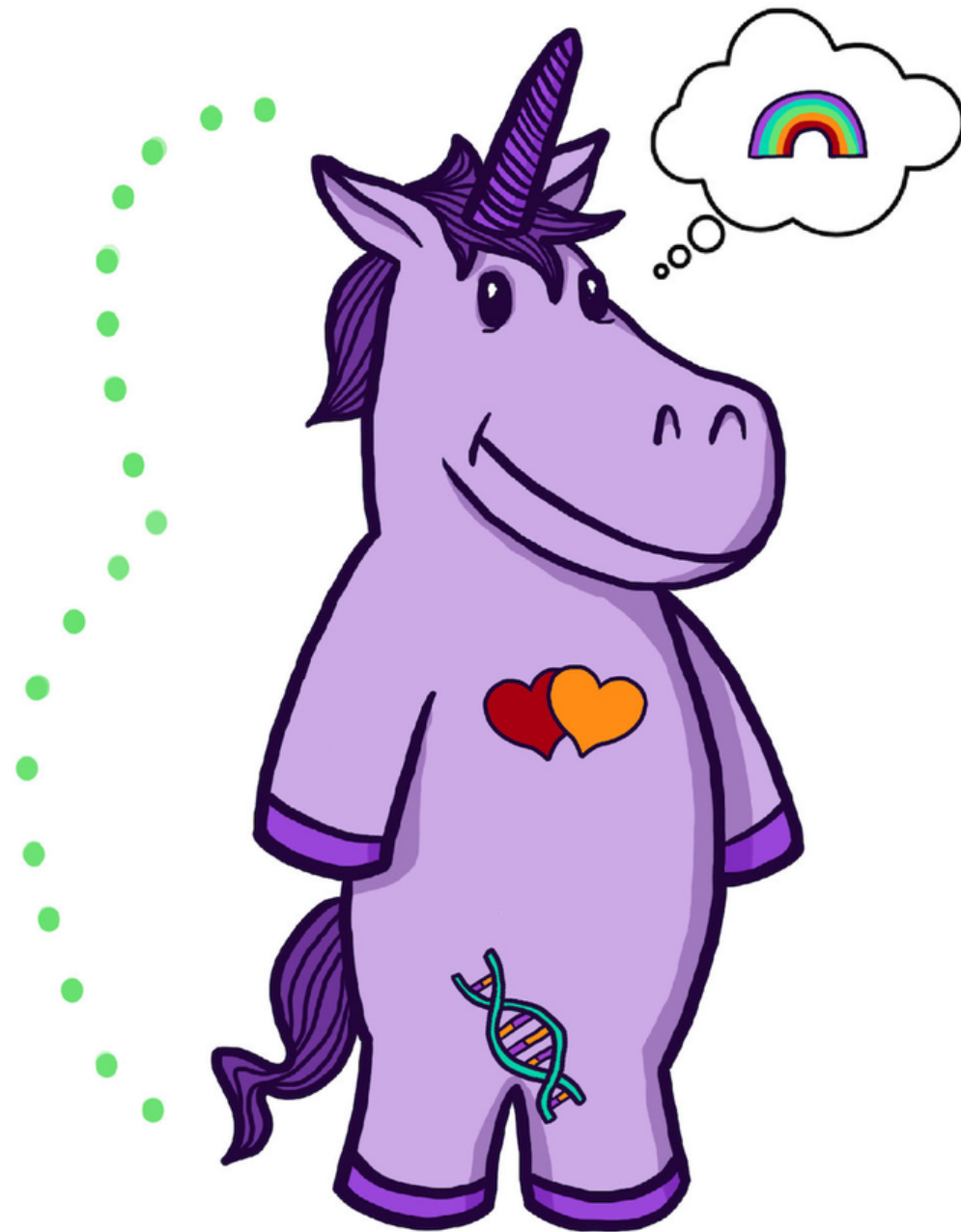
LGBTQ+ folk experience unique vulnerabilities and increased risk to IPV compared to their cisgender and straight counterparts, yet there are often *limited* examples to model what a healthy relationship looks like.

- Identities are often misunderstood or underrepresented.
- Most prevention methods/programs have focused on heterosexual “domestic” dynamics, and primarily view cis straight women as the survivors of violence.
- A lack of understanding and representation directly impact physical and mental health



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Acknowledging Intersectionality

By Definition:

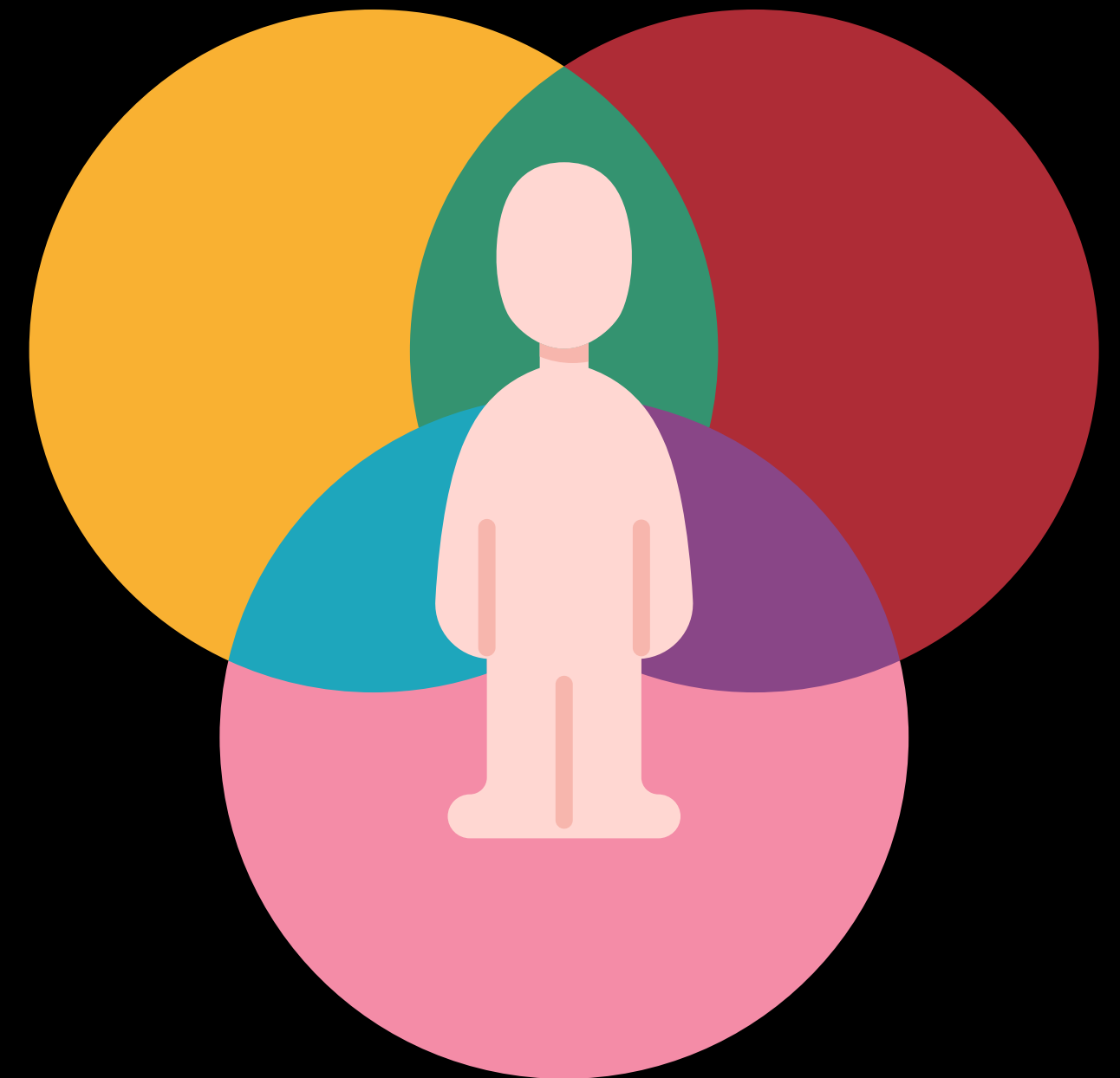
- A lens for understanding how individuals experience the social environment and are shaped by their intertwined social identities.
- Each identity has different levels of power and privilege in our society, which in return directly shapes our human experience.
- Our identities interact with systems/structures of power which create and perpetuate the oppression of marginalized groups.
- Structural factors like age, poverty, and other forms of stigma, can further intersect with LGBTQ+ identities to place some groups at higher risk than others.



Acknowledging Intersectionality

What it Can Look Like:

- Ex. Black transgender women face a heightened risk due to the effects of racism, transphobia, as well as higher rate of IPV risk factors such as poverty and lack of institutional support.
- Ex. Age related determinants of IPV that impact younger adults, such as power imbalances from older partners
- Fewer social and economic resources
- LGBTQ+ young people who may lack affirming and accepting parents, care, teachers, or mentors





As providers, allies, and support systems, we are in a unique position to detect IPV and provide resources for LGBTQ+ survivors, but our efforts might be hindered by inaccurate and harmful stereotypes or assumptions about relationships.

- Expectations about the “typical” IPV scenario may lead perpetrators to gaslight their LGBTQ+ survivors into thinking they cannot be abused due to their relationship not conforming to these stereotypes. This same ideology can translate into societal myths.
 - Stereotypes around LGBTQ+ people can also be weaponized
 - Ex. Bisexual folk (significantly more likely than their lesbian/gay peers to experience IPV) might face the stereotype that they are hypersexual, which perpetrators may exploit to pressure them into unwanted sexual contact.

So, What Can We Do?

- Of course, these are not the only experiences faced by queer folk who undergo violence or seek preventative care.
- However, providers should screen for IPV regardless of a patient's sexual orientation and gender identity.
- We can actively work to understand the intersectionality and diversity within the LGBTQ+ community, while fighting the impact of discrimination on their experiences.
- More on that later!



Section 2:

Barriers to Seeking Support





The negative effects of IPV faced by LGBTQ+ people are exacerbated by the barriers they face to seeking help. Barriers include:

01

Low awareness, knowledge, access, or availability of affirming services, which may lead folk to delay or avoid reporting, out of a feeling they have nowhere to go

- The need for safe spaces & safe adults

02

Difficulty accessing LGBTQ+ specific or inclusive/affirming agencies and services

- Ex. Transgender, non-binary, and gender non-conforming survivors who are at risk of being turned away, mistreated, deadnamed, misgendered in shelters that are segregated by sex assigned at birth

Barriers to Seeking Support



03

Hesitation to report out of fear of encountering anti-LGBTQ+ stigma, Homophobia, etc.

- Often driven by prior negative and discriminatory experiences
- Negative experiences when reporting, including being turned away, discriminated against, or having their complaint dismissed, downplayed, or ignored because perpetrator was a same-sex partner and/or survivor was LGBTQ+.
- ***How can we make spaces more inclusive, welcoming, and safe?***

Barriers to Seeking Support



04

Historical systemic biases against LGBTQ+ people/same-sex relationships

- Stigmatizing homophobic, transphobic, and misogynistic attitudes held by providers and peers, which further perpetuates distrust and hesitation

05

Fear that seeking help will force them to out themselves before they feel safe or ready, or might put them in danger

- Survivors (ex. bisexual and trans women) may experience violence & discrimination in shelters
- Cisgender men and trans folk may have difficulty finding shelters that accommodate their gender identity.



Barriers **to Seeking Support**

06

Stereotypes about typical gendered IPV scenarios

- Leads survivors to feel shame about seeking help, or to feel stressed about disclosing violence to friends and family or fear that they will not be believed or sided with.
- LGBTQ+ people who do report may be ignored or not believed when they do seek help, as their demographic background does not match a stereotypical survivor narrative.

Section 3:

Methods to Practice Inclusivity

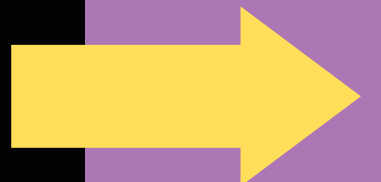


Where Do You Come In?

01

IPV research, educational materials, and clinical intakes should use inclusive language that does not assume cisgender or heterosexual identities in IPV situations.

- Creating an LGBTQ+ inclusive workplace includes ensuring your own language is inclusive, apologizing for mistakes, and correcting others. This transforms it into a *Safe Space*.



Instead of that, try this!

X



He/Him, She/Her	They/Them, Ze/Zir
Ladies & Gentleman	Folks, People
Girlfriend, Boyfriend	Partner
Sexual Preference	Sexual Orientation
Sexual Identity	Gender Identity/Expression
Ms., Mr., Mrs.	First Names
Asking for Sex Assigned at Birth (if necessary)	Also Ask for Gender Identity
"What are your preferred pronouns?"	"What pronouns do you use?"

- Incorporating the use of inclusive and neutral language into your every day life can make all the difference!
- Model and supporting pronoun use is free! Affirming and validating someone's identity is a basic human need and a powerful first step in prevention.
- Practice it yourself to increase engagement. Include your pronouns on nametags, email signatures, etc.
 - Think: *Do you introduce yourself with pronouns?*

02

Young People need trusted adults.

- Safety is the bare minimum. We need to offer *healing, advocacy, education, intentionality, collaboration, knowledge, proactive work, & awareness of intersectionality.*
- Having a positive relationship with a trusted adult (home, school, etc.) is a protective factor against IPV
 - LGBTQ+ youth often face family rejection, and chosen family is an important concept in the community.
- Willingness to call things out, even if it isn't always easy.
 - Be a voice and advocate.
- The power of being able to apologize for a misstep, and acknowledging what we need to do to move forward



Methods **to Practice Inclusivity**



03

Professionals should educate themselves on the unique issues faced by LGBTQ+ IPV survivors when treating and assessing them.

- We need to go beyond allyship, and lead into advocacy and accomplice.

04

Shelters and community IPV programs should commit to LGBTQ+ inclusivity to create a welcoming and safe spaces for all survivors.

Methods **to Practice Inclusivity**



05

Requiring SOGIE trainings and better understanding for all staff and participants to better support underserved populations including transgender and bisexual people.

- Available for free with organizations like LGBTQ Wellness!

06

Build All-Inclusive & Gender Expansive Policies.

- Examples of this include implementing all gender restrooms, enforcing comprehensive sexual and interpersonal relationship education, and enforcing the use of names and pronouns.

Methods **to Practice Inclusivity**

We have the power to make great change.

Together, we must work to reduce the overall societal stigma against LGBTQ+ people that prevents such survivors from seeking help. LGBTQ+ IPV survivors deserve to be heard and supported by their peers and in professional settings without the fear of stigmatization.



Conclusion: Putting it into Action

Do's & Don'ts



Each of the following prompts will be asked of the group one by one. Together, we will categorize each method as a “do” or a “don’t”. Share your reasoning, ideas, and questions!

Do or **Don't?**

**Assume the gender of a
patient or their partner.**



Do or **Don't?**

Use gender-inclusive language to refer to people and their partners until you learn otherwise or ask them (ex. "your partner" or "they/them").



Do or **Don't?**

Collect demographic information on sexual orientation and gender identity for all patients at registration, and continue to follow-up with them, as appropriate.



Do or **Don't?**

**Assume an LGBTQ+ person is
"out" to everyone.**



Do or **Don't?**

**Assume someone's LGBTQ+
identity was the reason for an
assault.**



Do or **Don't?**

Mirror the terms someone uses to describe their partner, identity, anatomy, etc. If you are unsure of the meaning of a term, ask them for a definition.



Do or **Don't?**

**Tell survivors they must leave
their partner.**



Do or **Don't?**

**Ensure your environment is a safe
LGBTQ+ affirming and inclusive
space.**



Do or **Don't?**

**Ask someone what they did to
provoke the abuse.**



Do or **Don't?**

**Respond to a survivor's story
with doubts or let them know
when you're not so sure if you
believe it.**



Do or **Don't?**

**Be aware of your own areas of
discomfort and implicit biases.**



Do or **Don't?**

Access and require more information and training on IPV, LGBTQ+ culturally affirming communication and clinical environments, and LGBTQ+ competent clinical care.



Do or **Don't?**

**Encourage your colleagues to expand their
knowledge and support for the safety of
LGBTQ+ folk.**



You Did It!

What's Next?

When it comes to prevention and education efforts, it is crucial that we stay informed, relevant and inclusive. As new needs, new research, social trends, and cultural phenomena emerge — we must update the information we share and how we share it. But we must also balance this knowledge with what came before, and acknowledge the roots of the systems we work in. This is especially true when working with specific and diverse populations, like LGBTQ+ folks.

The tools and knowledge we have shared here will continue to evolve — and we hope the folks who want to pursue this work will follow suit.

Queer'ing Prevention ✦ Modernizing LGBTQ+ Inclusion in IPV Work

PARTING WORDS

You deserve to feel safe, loved, and respected in all of the relationships you build with your family, friends, and partners!

Learning how to navigate positive relationships is key to a healthy lifestyle. You can build secure, safe relationships at any time in your life. It's never too late to begin.

Please take some time to fill out a short demographic and feedback survey! Your answers will be anonymous, and this information will help us to ensure that we are reaching as many communities as possible – and that our work remains as meaningful as possible. Your feedback is greatly appreciated!

SCAN ME!



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♥ **THANK YOU!** ♥