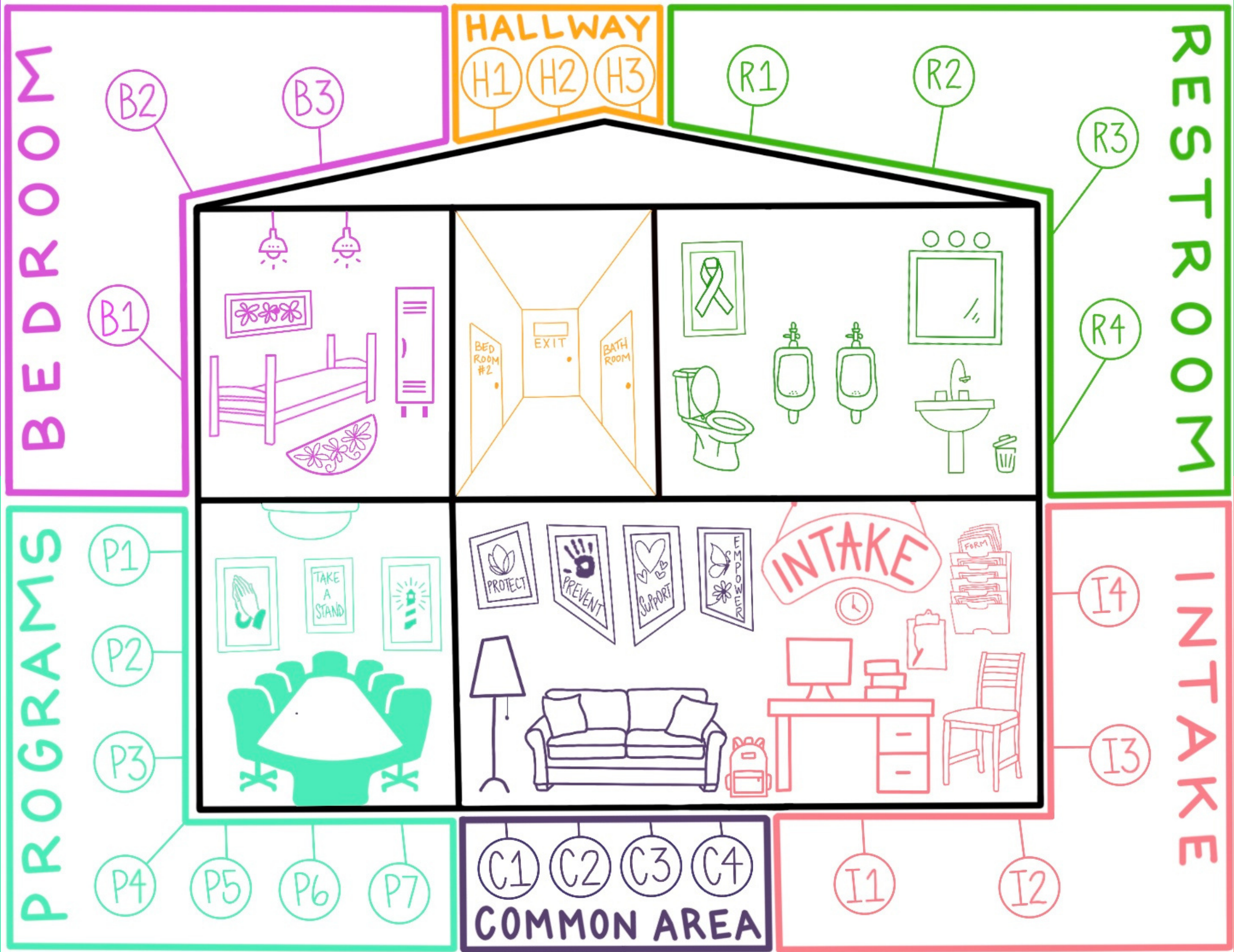


THROUGHOUT THE NEXT FEW PAGES, YOU WILL SEE TIPS, TOOLS, QUESTIONS, AND CONSIDERATIONS THAT CORRESPOND TO EACH OF THE SHELTER ROOMS DEPICTED IN THIS GRAPHIC. SOME OF THESE MAY BE MORE TANGIBLE POINTERS, WHILE OTHERS MAY BE THE START OF A CONVERSATION WITH YOURSELF OR YOUR AGENCY ON ADDITIONAL THINGS TO CONSIDER WHEN CREATING QUEER AND TRANS AFFIRMING SHELTERS. THERE IS NO ONE WAY TO EVALUATE THE AFFIRMING NATURE OF YOUR SERVICES.

NCCADV IS CONTINUALLY HERE FOR YOUR SHELTER TRAINING AND TECHNICAL ASSISTANCE NEEDS, AND CONTINUE TO LISTEN TO THE FEEDBACK OF QUEER AND TRANS SURVIVORS WHO STAY AT YOUR SHELTER, AS WELL AS THE TO THE VOICES OF QUEER AND TRANS SURVIVORS IN YOUR COMMUNITY WHO CHOOSE NOT TO STAY IN YOUR SHELTER. THERE WILL ALWAYS BE BARRIERS TO KEEP DISMANTLING, AND SURVIVORS WILL KNOW WHAT THEY NEED BEST.



I1



QUEER AND TRANS COMMUNITIES HAVE BEEN HISTORICALLY TARGETED FOR ADDICTIVE SUBSTANCE DISTRIBUTION, AND EXPERIENCE A LACK OF ACCESS TO AFFIRMING TREATMENT.

ONE-SIZE-FITS-ALL DRUG AND ALCOHOL POLICIES COULD DISCOURAGE QUEER AND TRANS SURVIVORS FROM ACCESSING THE SAFE SHELTER THEY DESERVE AND NEED.

DO YOU HAVE QUEER- AND TRANS-AFFIRMING SUBSTANCE USE SUPPORT SERVICES IN YOUR AREA? IF NOT, DO YOU KNOW OF ONES FURTHER AWAY THAT OFFER VIRTUAL SERVICES?

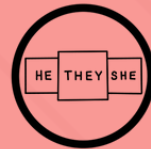
CONSIDER WAYS TO ENSURE THAT EVEN SURVIVORS LIVING WITH SUBSTANCE ABUSE CAN GET THE HELP THEY FEEL READY FOR, AND THE SHELTER THEY NEED.

I2



MANY SHELTERS HAVE A BED BUG POLICY, IN WHICH ANY APPAREL A SURVIVOR BRINGS WITH THEM TO THE SHELTER HAS TO BE RUN THROUGH A BED BUG MACHINE AT VERY HIGH TEMPERATURES. MANY ITEMS OF GENDER AFFIRMING APPAREL, WHICH CAN BE CRITICAL LIFESAVING ITEMS FOR TRANS/GENDER NON-CONFORMING FOLKS, ARE TOO DELICATE FOR A MACHINE SUCH AS THAT. CONSIDER FINDING ALTERNATE WAYS TO CHECK AND SANITIZE APPAREL FOR INCOMING SURVIVORS IF SOME OF THEIR ITEMS ARE CRITICAL TO THEIR MENTAL HEALTH AND SURVIVAL BUT ARE TOO DELICATE FOR A BED BUG MACHINE.

I3



NORMALIZE ASKING NAMES AND PRONOUNS OF ALL CLIENTS AT INTAKE. INCLUDING A FORM THAT IS SPECIFIC TO THE NEEDS OF TRANS AND GENDER NON-CONFORMING SURVIVORS CAN SET AN IMMEDIATE TONE OF CULTURAL RESPONSIVENESS.

FOR STAFF REFERENCE ONLY. DO NOT PUT IN DATABASE.

This information is being gathered to help us better serve the needs of all residents. It is not kept in client files to maintain strict confidentiality. None of this is mandatory; please only answer what you feel comfortable answering.

Name  _____ Pronouns  _____

Are you trans, nonbinary or gender nonconforming, or have you had lived trans experience?

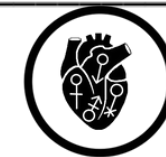


If the answer is no, stop here and give the form back to the staff member conducting your intake. If yes, please continue.

What is your gender and what are some terms and pronouns you use to refer to yourself? (ie sibling, partner, parent, they/them, she/her)

If a situation arises in shelter regarding your gender or orientation, how would you like staff to respond?

Would you like your identity/orientation to be kept confidential from other residents?



If it comes up, would you like staff to correct other residents about your pronouns/identity?



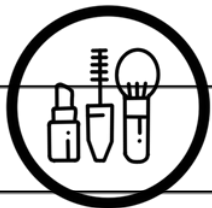
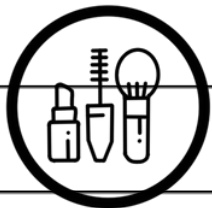




Would you prefer to room with other residents or have access to a more private room?

I4



A CRITICAL PART OF INTAKE FOR TRANS AND GENDER NON-CONFORMING SURVIVORS IS THE SAME AS IT WOULD BE FOR A WALK-IN OR CALL-IN CLIENT WHO IS NOT SEEKING SHELTER SERVICES. YOU MAY RECOGNIZE THIS FORM FROM THE INTAKE SECTION EARLIER. IT CAN BE A HELPFUL TOOL IN SHELTER AS WELL TO ENSURE THAT SURVIVORS ARE SUPPORTED IN ACCESSING WHAT THEY NEED.

What are some things you need from staff, or need assistance in obtaining? Please check all that apply, and feel free to write more details about items needed on the back of this sheet. _____

Item	I would like this	I need this	My safety is compromised without this
Razor 			
Makeup 			
Wig/wig glue			
Binder			
STP device 			
Clothing/Shoes 			
Medications/Hormones/ Medical Supplies 			
Dilators			
Court papers/documents 			
Packer			
Gaff			
Breastforms			
Other			

B1



CONSIDER ALLOWING CLIENTS TO HAVE MEDICATIONS LOCKERS IN THEIR ROOMS INSTEAD OF IN A COMMUNAL AREA. TRANS FOLKS ON HORMONES MAY NOT FEEL COMFORTABLE ADMINISTERING THEIR MEDICATIONS IN A PUBLIC SPACE AND FEAR BEING OUTED. EVEN IF OUT ABOUT BEING TRANS, IT STILL CAN BE AN INTENSELY VULNERABLE EXPERIENCE TO ADMINISTER ONE'S HORMONES, AND SOME FOLKS MAY PREFER TO DO THIS PRIVATELY.

MARGINALIZED SURVIVORS IN GENERAL MAY HAVE EXPERIENCED MEDICAL TRAUMA (SYSTEMIC AND/OR INTERPERSONAL) AT SOME POINT IN THEIR LIVES, IF NOT MULTIPLE TIMES. ALLOWING SURVIVORS SPACE TO CHOOSE WHERE THEY KEEP AND TAKE THEIR MEDICATIONS CAN RETURN SOME AMOUNT OF CONTROL AND EMPOWERMENT TO THEIR MEDICAL-RELATED EXPERIENCES..

B2

MANY SHELTERS HAVE STRICT CURFEWS FOR CHILDREN TO GO TO BED, WHICH COULD BE DISEMPOWERING TO PARENTS WHO HAVE HAD A BEDTIME ROUTINE WITH A DIFFERENT BEDTIME PRIOR TO SEEKING SHELTER. CONSIDER IF YOUR SHELTER'S BEDTIME CURFEW POLICIES ARE NECESSARY, AND IF SO, IF THEY ARE ADAPTIVE AND WRITTEN WITH EMPOWERING LANGUAGE.

B3

SHELTERS HAVE OFTEN BEEN EXCLUSIONARY AND HOSTILE SPACES OF VIOLENCE FOR TRANS AND GNC FOLKS. OFFERING CLIENTS THEIR OWN BEDROOM WHEN POSSIBLE COULD BE A WAY TO SUPPORT A TRANS/GNC CLIENT IN FEELING LIKE THEY HAVE A SAFE SPACE WHILE THEY SLEEP.

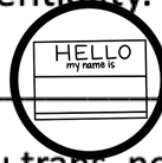


ADDITIONALLY, SOME PARTS OF GENDER EXPRESSION FOR SOME T/GNC FOLKS MAY INVOLVE BINDING, GAFF, PACKING, ETC., WHICH CAN BE INCREDIBLY VULNERABLE. A SINGLE OCCUPANCY WILL ALLOW CLIENTS PRIVACY TO DO THESE THINGS, AND ALSO OFFER THEM MORE AUTONOMY ON HOW 'OUT' THEY CHOOSE TO BE IN SHELTER.

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Name



Pronouns



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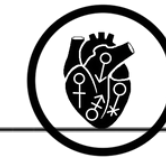


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If a situation arises in shelter regarding your gender or orientation, how would you like staff to respond?

Would you like your identity/orientation to be kept confidential from other residents?



If it comes up, would you like staff to correct other residents about your pronouns/identity?



Would you prefer to room with other residents or have access to a more private room?

H1



QUEER AND TRANS COMMUNITIES, AND INDEED ALL MARGINALIZED COMMUNITIES, HAVE OFTEN BEEN DISPROPORTIONATELY SURVEILLED AND SCRUTINIZED IN SOCIETY. THE PRESENCE OF SECURITY CAMERAS COULD BRING UP TRAUMA FOR QUEER AND TRANS SURVIVORS. CONSIDER DISCUSSING THIS WITH SURVIVORS DURING INTAKE TO FIGURE OUT HOW TO MAKE THEM FEEL AS COMFORTABLE AS POSSIBLE.

H2



DOES YOUR AGENCY HAVE POLICIES AND PROCEDURES IN PLACE FOR RESPONDING TO INSTANCES OF HOMOPHOBIA AND TRANSPHOBIA, AND ALL FORMS OF IDENTITY-BASED DISCRIMINATION, BETWEEN RESIDENTS? WHAT ABOUT IF A RESIDENT EXPERIENCES THESE FORMS OF HARM FROM A STAFF MEMBER?

IF YOU NEED SUPPORT DEVELOPING POLICIES AND PROCEDURES, CONSIDER REACHING OUT TO NCCADV FOR TECHNICAL ASSISTANCE. IF YOU HAVE POLICIES AND PROCEDURES IN PLACE, CONSIDER POSTING THEM PUBLICLY IN HALLWAYS TO INCREASE THE SENSE OF SECURITY FOR SURVIVORS WHO COULD EXPERIENCE THIS, AND INCREASE A CULTURE OF ACCOUNTABILITY AND INTOLERANCE OF THESE BEHAVIOURS FOR SURVIVORS WHO COULD EXHIBIT THIS.



H3




INTERACTIONS BETWEEN RESIDENTS COULD BE A PLACE WHERE A QUEER OR TRANS CLIENT COULD EXPERIENCE TRANSPHOBIA AND HOMOPHOBIA. IT IS IMPORTANT TO ASK HOW YOU COULD RESPOND TO THESE INTERACTIONS IN INFORMAL WAYS (BEYOND THE POLICIES AND PROCEDURES DISCUSSED IN THE PREVIOUS PAGE), OR IF THEY WOULD EVEN WANT SUPPORT AT ALL.

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Would you like your identity/orientation to be kept confidential from other residents?  _____

If it comes up, would you like staff to correct other residents about your pronouns/identity?  _____

Would you prefer to room with other residents or have access to a more private room?

R1



R2



R3





R4



DO YOU HAVE GENDER INCLUSIVE RESTROOM SIGNS? (SEE THE AFFIRMING PHYSICAL SPACE SECTION FOR AN EXAMPLE!)

DO YOU HAVE MENSTRUAL HYGIENE DISPOSAL AVAILABLE IN ALL RESTROOMS?

HOW MANY RESTROOMS IN YOUR SHELTER ARE SINGLE OCCUPANCY VS MULTIPLE OCCUPANCY?

  HAVE YOU ASKED YOUR TRANS/GNC CLIENTS WHAT WOULD MAKE THEM FEEL SAFER IN THE SHELTER BATHROOMS? HAVE YOU BEEN ABLE TO IMPLEMENT THOSE RECOMMENDATIONS?

C1

WHAT ARE THE RULES FOR YOUR COMMON AREA REGARDING VOLUME? CONSIDER THAT MARGINALIZED GROUPS ARE OFTEN TONE POLICED DISPROPORTIONATELY. WHOSE VOLUME ARE YOU NOTICING THE MOST?

C2



WHAT ARE THE RULES FOR YOUR COMMON AREA REGARDING PHONE USE? ARE FOLKS ALLOWED TO USE PHONES AS LONG AS THEY DON'T HAVE VIDEO ON? WHAT ABOUT SOCIAL MEDIA USE?

SOCIAL MEDIA AND DIGITAL COMMUNICATION HAVE LONG BEEN LIFE SAVING SOURCES OF COMMUNITY FOR QUEER AND TRANS FOLKS WHO ARE ISOLATED FROM IN PERSON COMMUNITY. THIS IS CONTINUALLY TRUE DURING A PANDEMIC WITH SOCIAL DISTANCING MEASURES.

TAKE NOTE THAT A SURVIVOR WHO APPEARS TO BE 'GLUED' TO THEIR PHONE MAY JUST BE TRYING TO STAY CONNECTED WITH OTHER FOLKS WHO SHARE THEIR LIVED EXPERIENCES IN A SHELTER ENVIRONMENT WHERE THEY MAY NOT BE AS MANY QUEER AND TRANS FOLKS AROUND.

C3



WHAT TRAINING DO YOUR SHELTER STAFF RECEIVE ON BEING QUEER AND TRANS INCLUSIVE?

C4



DO SURVIVORS WHO ARE STAYING IN SHELTER RECEIVE RESOURCES ON HOW TO BE INCLUSIVE AND AFFIRMING TO SURVIVORS OF ALL IDENTITIES AND LIVED EXPERIENCES?

P1

IS ATTENDANCE REQUIRED AT SHELTER PROGRAMMING?



P2

ARE SURVIVORS PUNISHED IF THEY DO NOT SHOW UP AT PROGRAMS?

P3

COULD SURVIVORS BE DISMISSED FROM THE SHELTER IF THEY DO NOT ATTEND PROGRAMMING?

P4

DO YOU HAVE QUEER AND TRANS SPECIFIC PROGRAMMING AT YOUR SHELTER, AND/OR AT YOUR AGENCY OVERALL?

P5



IF NOT, HOW OFTEN ARE YOU TALKING ABOUT QUEER AND TRANS DV IN YOUR NON QUEER AND TRANS SPECIFIC PROGRAMS?

P6

DO QUEER AND TRANS CLIENTS HAVE THE OPTION TO ATTEND ALTERNATE PROGRAMS OR ENGAGE IN ALTERNATE ACTIVITIES IF THE PROGRAMMING IS NOT QUEER AND TRANS SPECIFIC?



P7



DOES YOUR SHELTER HAVE COMMUNITY PARTNERSHIPS WITH LGBTQ-SERVING ORGANIZATIONS AND COLLECTIVES, SO AS TO CONNECT QUEER AND TRANS SURVIVORS WHO MAY BE FEELING ISOLATED TO OTHER COMMUNITY MEMBERS WHO SHARE ELEMENTS OF THEIR LIVED EXPERIENCES?