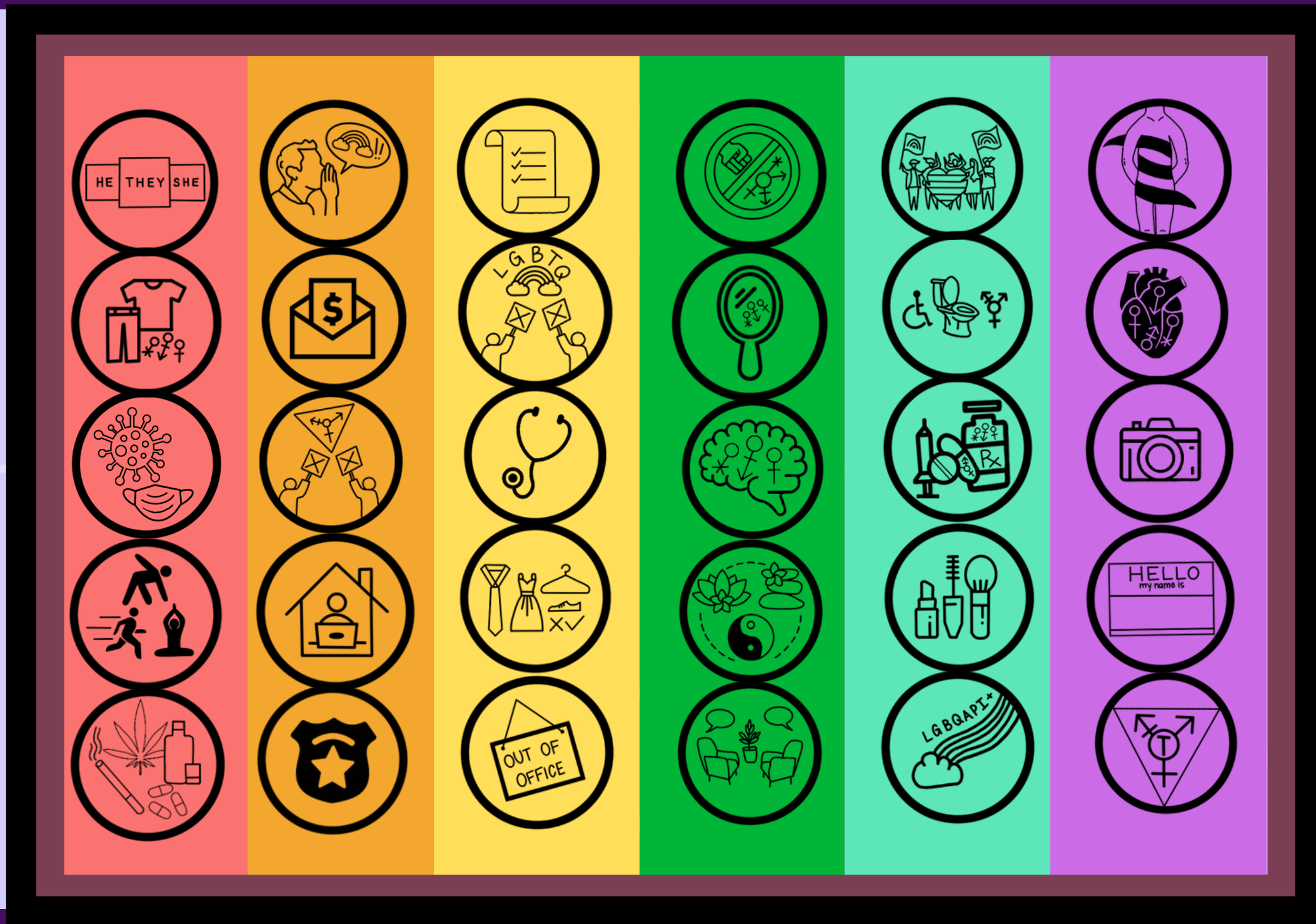


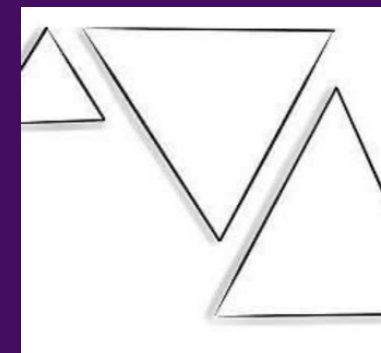
QUEERING SAFETY:

A TOOLKIT FOR SAFER SERVICE PROVISION TO QUEER AND TRANS SURVIVORS OF INTIMATE PARTNER VIOLENCE



MOLLY MARCOTTE, NC COALITION AGAINST DOMESTIC VIOLENCE

JACLYN GILSTRAP, A VISUAL APPROACH

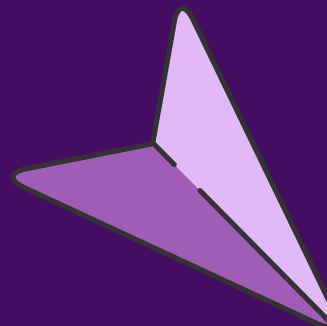


This toolkit is dedicated to queer and trans survivors everywhere. Existing as queer and trans is a form of survival and an act of resistance. You are creative, resilient, strategic, and beautiful. This toolkit was created by folks of queer and trans experience. We see you. We love you. You are family.

This toolkit is designed to be a launchpad for domestic violence service providers to consider the ways they can enhance, modify, and re-imagine their services to be culturally relevant for queer and transgender survivors of domestic violence.

Some of these tools are relevant to direct service providers, while others may be more geared toward decision makers.

Throughout the kit, look for the pink/purple Delta symbol (right) for decision-maker tools, and the purple/lavender arrow symbol (right) for tools for direct service providers.



















This toolkit was designed to echo themes of zines, a common art-based communication/ education tool in queer and trans community. The tools in here are by no means exhaustive. Furthermore; their application is by no means limited to domestic violence service providers. Throughout the kit, look for the white G symbol (left), for tools that could be applicable in general to non-domestic violence agencies.





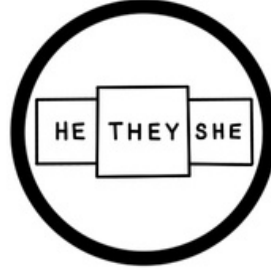











Consider this toolkit as an inventory of reflection on areas for capacity building within your agencies. As questions and ideas come up, we encourage you to reach out to NCCADV for training and technical assistance.

Throughout this toolkit, you will see icons relating to the practices and considerations for queer and trans survivors. Here's a key if you need to refer back.



<p>1. OUTING</p> 	<p>2. SUBSTANCES</p> 	<p>3. LEAVE</p> 	<p>4. GENDER EXPRESSION</p> 
<p>5. SEXUAL ORIENTATION</p> 	<p>6. GENDER AFFIRMING APPAREL</p> 	<p>7. HORMONE THERAPY</p> 	<p>8. GENDER IDENTITY</p> 
<p>9. BODY MOVEMENT</p> 	<p>10. TALK THERAPY</p> 	<p>11. SAFE BATHROOMS</p> 	<p>12. GENDER DYSPHORIA</p> 
<p>13. ALTERNATIVE HEALING</p> 	<p>14. QUEER</p> 	<p>15. TRANS</p> 	<p>16. COVID-19</p> 

Here is the second page of the icons key.

1. LGBTQ COMMUNITY 	2. CRIMINAL LEGAL SYSTEM 	3. CHOSEN NAME 	4. HARM DOER 
5. PRONOUNS 	6. HOMOPHOBIA 	7. TRANSPHOBIA 	8. POLICE 
9. CAMERAS 	10. POLICIES AND PROCEDURES 	11. COMPENSATION 	12. DRESS CODE 
13. MAKEUP 	14. FLEXIBLE WORK ENVIRONMENT 	15. ACCESSIBILITY 	16. PHYSICAL HEALTH 

We want to draw your attention to one particular icon: you will see is the COVID-19 icon. Its presence on a page indicates that there are tips or pieces of information in that section related specifically to COVID-19. Service provision during a pandemic is difficult, so we hope to share as many tips as possible. For technical assistance on COVID-19 service provision, you can always reach out to immediateresponse@nccadv.org



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Let's dive in!

AFFIRMING STARTS INTERNALLY: CREATING SAFER ENVIRONMENTS FOR QUEER AND TRANS EMPLOYEES.

The next few pages contain areas of consideration for agencies in their hiring, onboarding, and policies that can create safer workplaces for queer and trans employees. Queer and trans survivors deserve to see service providers that share their lived experiences. This becomes possible when you create safe and affirming hiring practices, and employment policies that allow queer and trans employees to thrive and want to continue to work at your agency.





JOB POSTING



> Non-discrimination statement

> Qualifications

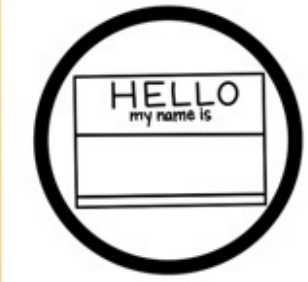


> Degree requirements

> Compensation transparency



INTERVIEW



> Candidate names and pronouns

> Bathroom options



> Your name and pronouns

> Parking and accessibility



ONBOARDING



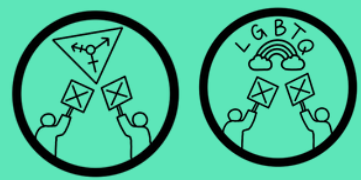
> Open-minded accommodations

> Flexible work hours



> Leave and holidays

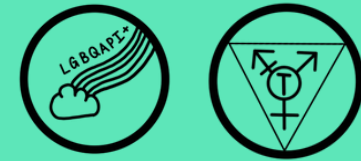
> Remote work options



ENSURE THAT THE JOB POSTING HAS A NON DISCRIMINATION STATEMENT ON IT THAT INCLUDES A COMMITMENT TO NO DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION/GENDER IDENTITY/GENDER EXPRESSION



TO SET THE EXPECTATION TO BE PART OF AN AGENCY CULTURE THAT IS INCLUSIVE, AFFIRMING, AND NON-DISCRIMINATORY TOWARD QUEER AND TRANS EMPLOYEES AND CLIENTS, CONSIDER INCLUDING QUALIFICATIONS REQUIREMENTS FOR AN INTERSECTIONAL EQUITY LENS. YOU CAN BE AS SPECIFIC AS POSSIBLE - E.G. 'ANTI RACIST, DISABILITY JUSTICE, QUEER AND TRANS LIBERATION' ETC



ACCESSING HIGHER EDUCATION HAS OFTEN BEEN A BARRIER FOR MARGINALIZED COMMUNITIES, INCLUDING QUEER AND TRANS FOLKS. THESE INSTITUTIONS MAY ALSO NOT BE SAFE AND AFFIRMING FOR MARGINALIZED STUDENTS, IN ADDITION TO BEING COST PROHIBITIVE. SO MUCH RICH EXPERTISE CAN COME FROM LIVED EXPERIENCE, NOT JUST INSTITUTIONS OF EDUCATION. CONSIDER REMOVING DEGREE REQUIREMENTS FOR POSITIONS (UNLESS IT'S ONE THAT REQUIRES A SPECIFIC LICENSURE, LIKE A COUNSELOR), TO BROADEN THE POSSIBILITIES FOR WHERE A CANDIDATE MAY HAVE ACQUIRED THEIR EXPERTISE AND QUALIFICATIONS.



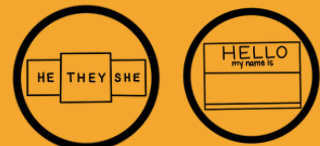
QUEER AND TRANS COMMUNITIES HAVE SIGNIFICANTLY LOWER EARNING POTENTIAL THAN THEIR STRAIGHT AND CISGENDER COUNTERPARTS. IT CAN BE DIFFICULT TO FINANCIALLY PLAN FOR THEMSELVES AND THEIR FAMILIES WITH THE SMALLER FINANCIAL SAFETY NET THEY MAY HAVE. THIS IS NOT AN ISOLATED ISSUE TO QUEER AND TRANS COMMUNITIES. BLACK COMMUNITIES IN AMERICA HAVE BEEN SYSTEMICALLY ROBBED OF SAFETY NETS AND EARNING POTENTIAL. CONSIDER POSTING THE SALARY RANGE ON ALL JOB POSTINGS, SO THAT MARGINALIZED CANDIDATES, AND ALL CANDIDATES, CAN DECIDE IF THE AMOUNT THEY WOULD EARN IN THE JOB ALIGNS WITH THEIR FINANCIAL NEEDS.



ASK WHAT PRONOUNS AND NAME A CANDIDATE WANTS TO BE REFERRED TO IN THEIR INTERVIEW. THESE MAY BE DIFFERENT THAN WHAT IS ON THEIR RESUME OR ON THEIR LINKEDIN, DEPENDING ON THEIR DEGREE OF 'OUTNESS'.



LET A CANDIDATE KNOW WHAT BATHROOM OPTIONS ARE AVAILABLE FOR THEM IN THE BUILDING AT THE INTERVIEW.



WHEN INTRODUCING YOURSELF TO OFFER SOMEONE BEFORE OR DURING AN INTERVIEW, SHARE YOUR OWN PRONOUNS. MAKE SURE EVERYONE ELSE INVOLVED IN THE INTERVIEW DOES THE SAME.



LET A CANDIDATE KNOW WHAT PARKING AND ACCESSIBILITY WILL BE LIKE AT THE BUILDING WHERE THE INTERVIEW IS HELD. TRANS AND GENDER NON-CONFORMING FOLKS HAVE HISTORICALLY AND PRESENTLY BEEN VULNERABLE TO VIOLENCE, SCRUTINY, AND DISCRIMINATION IN PUBLIC SPACES,. THEY DESERVE TO HAVE AS MUCH INFORMATION AS POSSIBLE ABOUT ANY PUBLIC SPACE THEY ENTER, SO THEY CAN PLAN WAYS TO MAKE THEMSELVES FEEL AS SAFE AND COMFORTABLE AS POSSIBLE.



IF AN EMPLOYEE WANTS TO WORK REMOTE MORE, TRUST THEM. REMOTE WORK ALLOWS FOR LESS BATHROOM ANXIETY AND POTENTIALLY LESS TIME BINDING/GAFFING WHICH CAN HAVE LONG TERM HEALTH DETRIMENTS IF UNABLE TO AFFORD COST PROHIBITIVE SAFE VERSIONS.



BE FLEXIBLE WITH NOTIFICATION FOR LEAVE - MOST COMPANIES HAVE A STRICT TWO WEEK NOTICE POLICY. IT'S POSSIBLE THAT A TRANS EMPLOYEE MAY HAVE BEEN WAITING FOR A LONG TIME FOR GENDER CONFIRMATION SURGERY, AND GOT OFF THE WAITING LIST OR WAS CALLED DUE TO A LAST MINUTE CANCELLATION. MANY FOLKS GO OUT OF STATE TO GET THIS DONE - NC DOES NOT HAVE MANY, IF ANY, OPTIONS FOR SURGERY. IT MIGHT MEAN EXTENDED TIME OFF FOR TRAVEL, OR CHANGE BASED ON THE AVAILABILITY OF THEIR DESIGNATED SAFE PERSON WHO DRIVES THEM TO THE PROCEDURE.

North Carolina has gone through various phases of social distancing measures. It's possible these may continue to change through flu season, holidays, and the development of a vaccine.

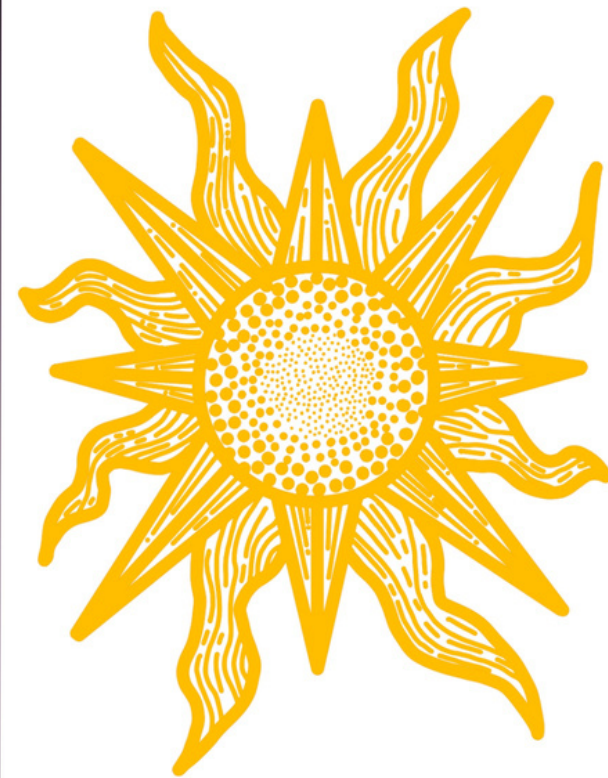
The trauma this pandemic has inflicted on our collective psyche is immense, especially for marginalized communities. Queer and trans communities have experienced this trauma before when they were systemically failed by our country and healthcare system during the AIDS epidemic.

It's very possible that folks, marginalized communities in particular, may continue to feel unsafe or uncomfortable, for a variety of reasons, being in congregate or indoor spaces, for long after we get community transmission under control and have a vaccine widely available.

Consider making Zoom/video interviews a common practice even if your agency starts primarily in person operations. It can be helpful to list this flexibility on a job posting, so folks can feel comfortable that their risk tolerance will be accommodated.



Personnel Policies



DOES YOUR
SICK LEAVE
ENCOURAGE
MENTAL
HEALTH
LEAVE?



WHO IS COVERED
BY YOUR PARENTAL
LEAVE? BIOLOGICAL
PARENTS?
ADOPTIVE
PARENTS? THE
UNMARRIED LONG
TERM PARTNER OF
SOMEONE WHO IS
HAVING OR
ADOPTING A BABY?

FEDERAL HOLIDAYS SUCH
AS JULY 4TH OR COLUMBUS
DAY IN PARTICULAR MAY
BRING UP HISTORICAL
TRAUMA FOR MARGINALIZED
EMPLOYEES, PARTICULARLY
BIPOC EMPLOYEES.
CONSIDER ALLOWING
EMPLOYEES TO TAKE A DAY
THAT IS MORE MEANINGFUL
TO THEM. FOR QUEER AND
TRANS EMPLOYEES, THIS
MAY INCLUDE TRANS DAY OF
REMEMBRANCE, NATIONAL
COMING OUT DAY,
STONEWALL ANNIVERSARY,
OR ANY OTHER DAY, FOR
ANY REASON.



Personnel Policies

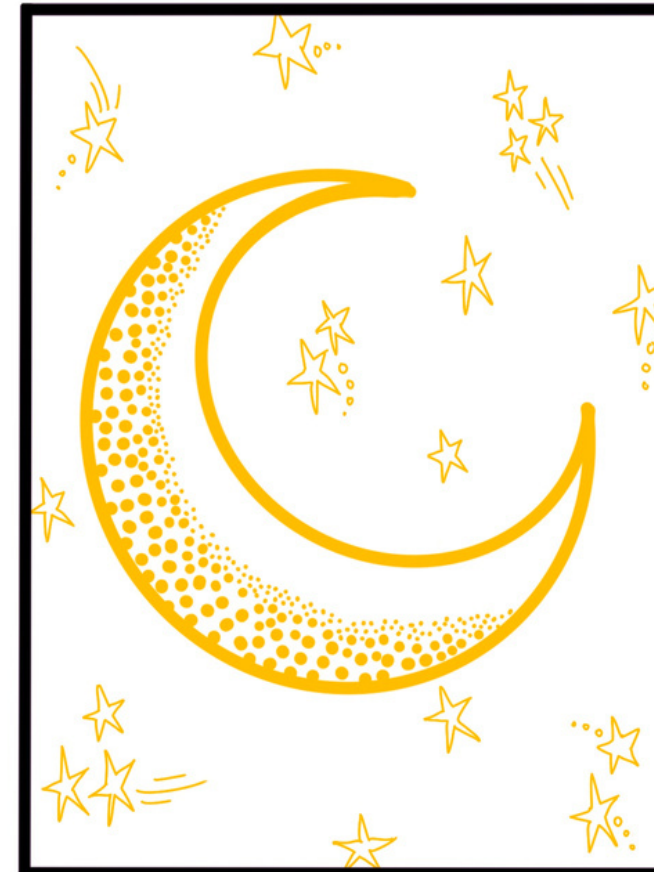


WHAT GRIEVANCE PROCEDURES DOES YOUR AGENCY HAVE IN PLACE TO ADDRESS INSTANCES OF HOMOPHOBIA AND TRANSPHOBIA?

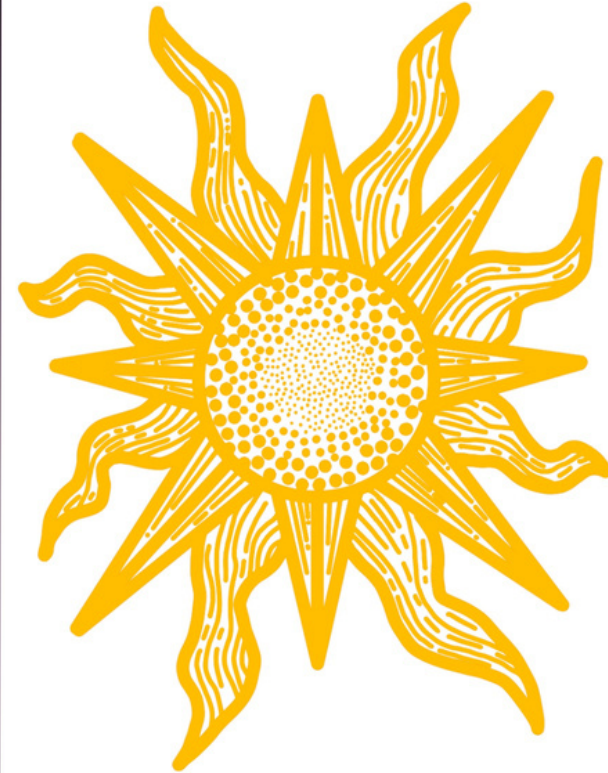
DOES YOUR AGENCY HAVE CAUCUSES FOR MARGINALIZED GROUPS, AND FOR THE PRIVILEGED GROUPS, ON HOW TO BE ALLIES?



DO YOUR ANTI HARASSMENT AND ANTI DISCRIMINATION POLICIES EXPLICITLY PROHIBIT HARM ON THE BASIS OF GENDER IDENTITY, GENDER EXPRESSION, AND SEXUAL ORIENTATION?



Personnel Policies



HOW FLEXIBLE IS YOUR REMOTE WORK POLICY WHEN NOT IN A PANDEMIC? FOR EXAMPLE, IF A TRANS EMPLOYEE DIDN'T FEEL SAFE WORKING IN YOUR BUILDING DUE TO THE GENDER BATHROOM SET UP, HOW WILLING WOULD YOU BE TO ALLOW SOMEONE TO WORK REMOTE TO HAVE ACCESS TO A WORK SPACE THAT FEELS SAFE FOR THEM?

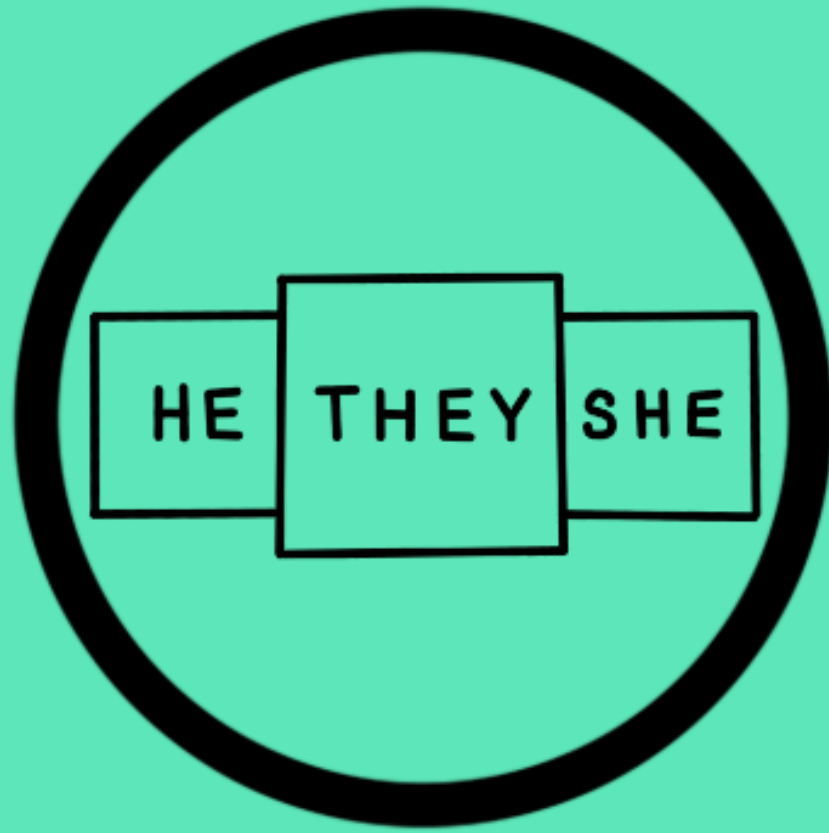


DOES YOUR INSURANCE COVER GENDER AFFIRMING SURGERY? WHAT ABOUT HORMONES OR OTHER GENDER-AFFIRMING MEDICATIONS? DO YOU HAVE FLEXIBLE SPENDING OPTIONS FOR NON-SYSTEMS BASED HEALTH AND WELLNESS MODALITIES?

CONSIDER OFFERING STAFF A MONTHLY SELF CARE STIPEND (OR ANNUAL). EXTRA PTO EACH MONTH FOR SELF CARE (E.G. ONE FRIDAY OFF A MONTH)



Personnel Policies

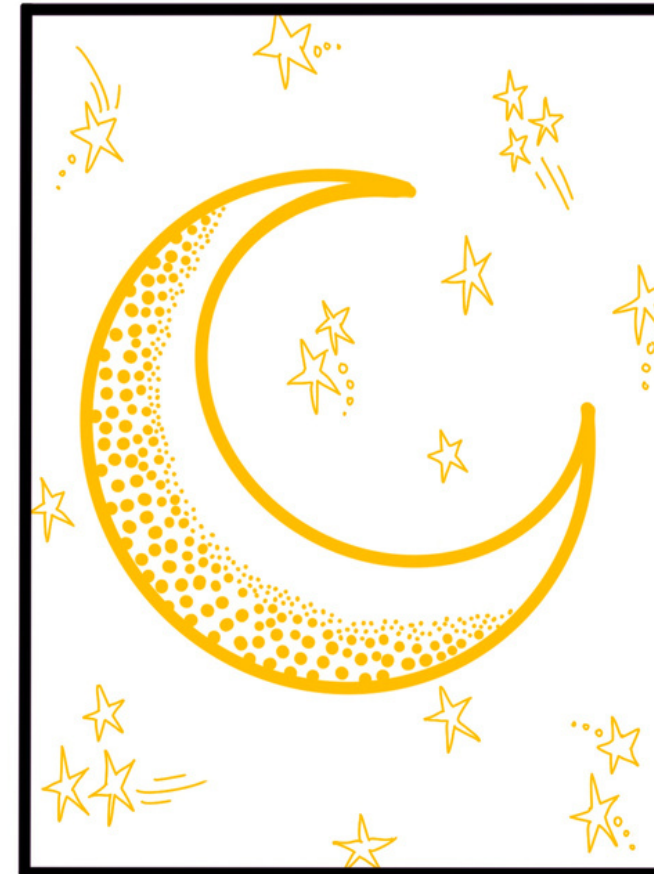


ARE THERE ANY PRONOUNS OR GENDERED LANGUAGE IN YOUR PERSONNEL POLICIES? CONSIDER DOING A REVIEW TO ENSURE ALL LANGUAGE IN YOUR MANUALS IS GENDER NEUTRAL

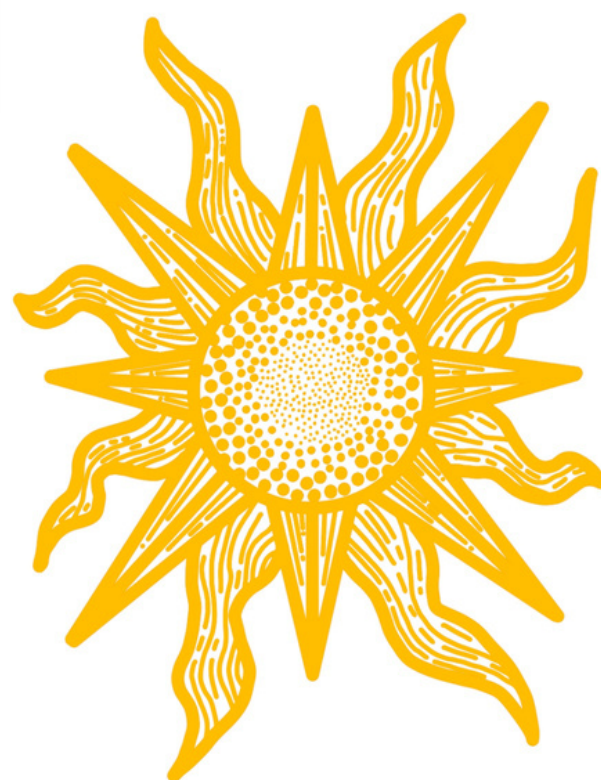
QUEER AND TRANS FOLKS ARE HISTORICALLY AND CURRENTLY UNDERPAID. PROVIDING A WORKPLACE THAT IS COMPETITIVE AND TRANSPARENT ABOUT THEIR PAY CAN BE VERY HELPFUL TO RECRUITING AND RETAINING QUEER AND TRANS EMPLOYEES. CONSIDER COMPARING YOUR SALARY RANGES TO THE LOCAL LIVING WAGE CALCULATOR, APPLYING FOR ADDITIONAL GRANTS TO INCREASE SALARIES, SEEKING FEEDBACK FROM STAFF, AND NORMALIZING COMMUNICATION ABOUT PAY.



CONSIDER WHO HAS RESIGNED FROM YOUR AGENCY IN THE PAST FEW YEARS. WHAT IDENTITIES DID THESE PEOPLE HOLD? DID THEY EXPRESS CHALLENGES WORKING AT THE AGENCY THAT WERE RELATED TO THEIR MARGINALIZED IDENTITIES? HOW CAN EMPLOYERS CREATE A SAFER ENVIRONMENT IN THE EXIT INTERVIEW FOR AUTHENTIC FEEDBACK ON AGENCY CULTURE?



Personnel Policies



WHAT IS YOUR DRESS CODE FOR IN THE OFFICE? DOES IT PERPETUATE GENDER STEREOTYPES OR THE GENDER BINARY? DOES IT REINFORCE LOOKING PROFESSIONAL OVER EMPLOYEES BEING COMFORTABLE?

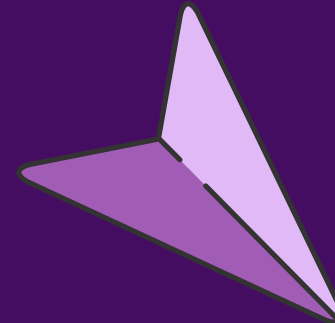


EVALUATE YOUR REMOTE WORK POLICY - SET UP, ACCESS TO TECHNOLOGY, OFFICE STIPEND, ETC. - IF THE PANDEMIC CONTINUES TO REQUIRE SOCIAL DISTANCING FOR ANOTHER YEAR OR TWO, DO YOUR EMPLOYEES HAVE WHAT THEY NEED?

HOW ARE YOU CREATING SPACE FOR EMPLOYEES IN SUPERVISION TO EXPRESS THEIR NEEDS FOR AN AFFIRMING WORK ENVIRONMENT? FOR EXAMPLE, IF AN EMPLOYEE IS EXPERIENCING GENDER DYSPHORIA, AND IT MAKES IT HARDER FOR THEM TO GET DRESSED IN THE MORNING, COULD YOU SUPPORT AN EMPLOYEE IN SCHEDULING MEETINGS FOR THE AFTERNOON SO THEY HAVE TIME TO GET TO THE OFFICE?



GENERAL TERMINOLOGY



L

LESBIAN

G

GAY

B

BISEXUAL
(Bi)

Q

QUEER

QUESTIONING

A

ASEXUAL
(ACE)

P

PANSEXUAL
(PAN)

SEXUAL ORIENTATION -

A PERSON'S INNERMOST SENSE OF WHO THEY ARE ATTRACTED TO, SEXUALLY AND/OR ROMANTICALLY

GENDER IDENTITY -

A PERSON'S INNERMOST SENSE OF THEIR GENDER, WHICH DOES NOT NECESSARILY MATCH THEIR ASSIGNED SEX AT BIRTH

GENDER EXPRESSION -

HOW A PERSON COMMUNICATES THEIR GENDER EXTERNALLY, THROUGH CLOTHING, MANNERISMS, MAKEUP, HAIRSTYLE, AND MORE

ASSIGNED SEX AT BIRTH -

A DETERMINATION MADE BY DOCTORS OF A PERSON'S GENDER, BASED ON THE GENITALIA A CHILD IS BORN WITH. THIS ASSIGNMENT IS WHAT GOES ON SOMEONE'S BIRTH CERTIFICATE, AND DOES NOT NECESSARILY ALIGN WITH WHAT THAT PERON'S GENDER IDENTITY WILL BE.

GENDER DYSPHORIA -

DISTRESS THAT IS RELATED TO THE CONFLICT BETWEEN A PERSON'S ASSIGNED SEX AT BIRTH AND THEIR GENDER IDENTITY. THERE ARE MANY WAYS THAT DYSPHORIA CAN SHOW UP. FOR EXAMPLE, SOMEONE MAY FEEL DYSPHORIC WHEN ADDRESSED BY THE NAME THEY WERE ASSIGNED AT BIRTH INSTEAD OF THEIR CHOSEN NAME. SOMEONE ELSE MAY FEEL DYSPHORIC BECAUSE THEIR BODY SHAPE DOES NOT ALLOW THEM TO FEEL AT HOME AND AUTHENTIC IN THEIR GENDER IDENTITY.

TRANSGENDER -

SOMEONE WHOSE GENDER IDENTITY DOES NOT ALIGN WITH THEIR ASSIGNED SEX AT BIRTH

CISGENDER -

SOMEONE WHOSE GENDER IDENTITY ALIGNS WITH THEIR ASSIGNED SEX AT BIRTH (E.G. SOMEONE BORN WITH A VAGINA WHO CONTINUES TO IDENTIFY AS A WOMAN THROUGHOUT THEIR LIFESPAN WOULD BE A CISGENDER WOMAN)

COVID-19 TERMINOLOGY: MUTUAL AID

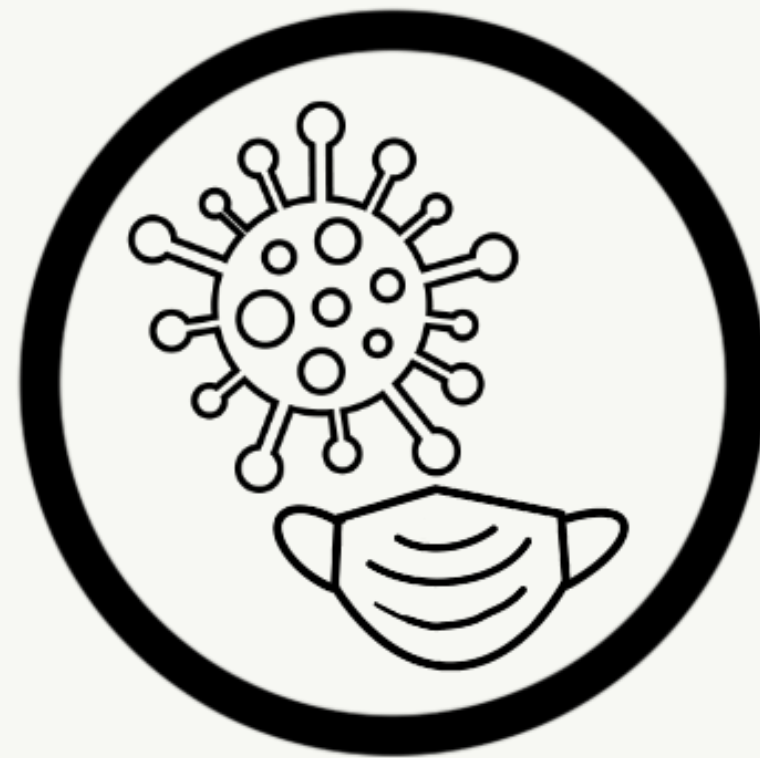
"IN SYSTEMS OF MUTUAL AID, COMMUNITIES TAKE ON THE RESPONSIBILITY FOR CARING FOR ONE ANOTHER, RATHER THAN FORCING INDIVIDUALS TO FEND FOR THEMSELVES.


MUTUAL AID IS ALSO NOT CHARITY: RATHER THAN CREATING A CENTRALIZED ORGANIZATION WHERE ONE PERSON IS GIVING TO SOMEONE ELSE, FORCING THEM TO BECOME DEPENDENT ON YET ANOTHER RELATIONSHIP NEGOTIATING THEIR ACCESS TO MATERIAL RESOURCES, MUTUAL AID CREATES A SYMBIOTIC RELATIONSHIP, WHERE ALL PEOPLE OFFER MATERIAL GOODS OR ASSISTANCE TO ONE ANOTHER. MUTUAL AID ORGANIZING IS VOLUNTEER-RUN, TRANSPARENT, AND DRIVEN BY THE NEEDS ARTICULATED BY COMMUNITY MEMBERS."

(DEFINITION FROM [HTTPS://WWW.VICE.COM/EN/ARTICLE/Y3MKJV/WHAT-IS-MUTUAL-AID-AND-HOW-CAN-IT-HELP-WITH-CORONAVIRUS](https://www.vice.com/en/article/y3mkjv/what-is-mutual-aid-and-how-can-it-help-with-coronavirus))

BUT HOW DOES THIS RELATE TO QUEER AND TRANS COMMUNITIES, AND HOW DOES THIS RELATE TO COVID-19?

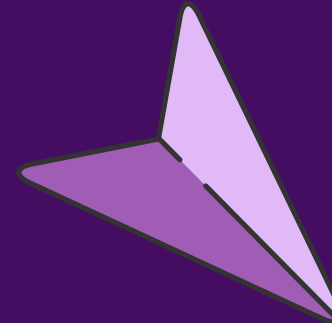
MUTUAL AID HAS BEEN A CRITICAL TOOL OF RESISTANCE FOR MARGINALIZED COMMUNITIES TO TAKE CARE OF EACH OTHER WITHOUT DEPENDING ON SYSTEMS. QUEER AND TRANS-LED MUTUAL AID GROUPS FOR OTHER COMMUNITY MEMBERS HAVE BEEN INTEGRAL PARTS OF RESOURCE PROVISION FOR MANY QUEER AND TRANS FOLKS DURING THIS PANDEMIC.





THE TERMS QUEER AND TRANS AS UMBRELLA TERMS, AND USE INTERCHANGEABLY WITH “LGBTQ+” THROUGHOUT THIS DOCUMENT. ADDITIONALLY, THE TERM QUEER HAS BEEN RECLAIMED BY THE COMMUNITY TO BE AN EMPOWERING AND INCLUSIVE TERM. HOWEVER, WE RECOGNIZE THAT IT WAS USED IN THE PAST IN A DEROGATORY WAY AND MAY NOT BE EMBRACED BY ALL LGBTQ+ PEOPLE. IF YOU DO NOT IDENTIFY AS LGBTQ+, YOU SHOULD NOT USE THE TERM QUEER TO DESCRIBE SOMEONE UNLESS YOU HAVE THEIR PERMISSION.

LOCAL EDUCATIONAL RESOURCES



THERE IS SO MUCH TO LEARN ABOUT THE VIBRANT CULTURE OF QUEER AND TRANS COMMUNITY, AND THE NUANCED LIVED EXPERIENCES THAT OUR COMMUNITY MEMBERS HOLD. WHILE WE CANNOT POSSIBLY CAPTURE THAT IN A SINGLE TOOLKIT, HERE ARE SOME OTHER ORGANIZATIONS IN NORTH CAROLINA THAT PROVIDE EXCEPTIONAL EDUCATION ON THE QUEER AND TRANS EXPERIENCE ACROSS THE LIFESPAN WITH AN INTERSECTIONAL LENS.

EQUALITY
NORTH
CAROLINA

SAGE NC
CHAPTERS

NC AIDS ACTION
NETWORK

SAFE SCHOOLS
NC

IGNITE NC

PFLAG NC
CHAPTERS

LGBTQ POP UP
CENTER OF
CARRBORO

TRANZMISSION

INSIDEOUT 180

SOUTHERNERS
ON NEW
GROUND

SOUTHERN
VISION
ALLIANCE

CAMPAIGN FOR
SOUTHERN
EQUALITY

LGBT CENTER OF
RALEIGH

LGBTQ CENTER
OF DURHAM

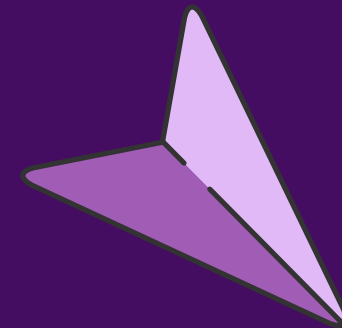
GUILFORD GREEN
FOUNDATION

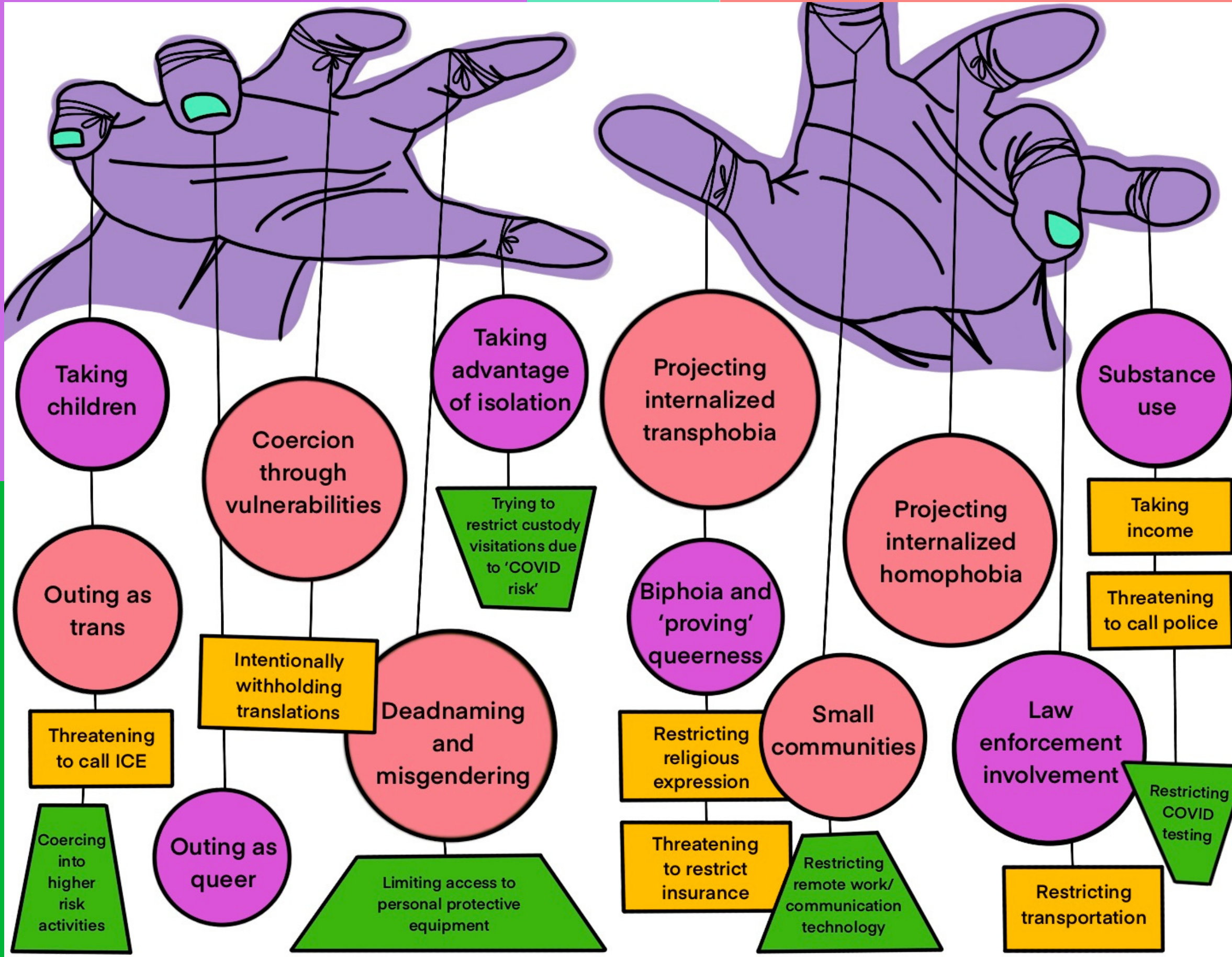
NORTH STAR
LGBTQ
COMMUNITY
CENTER

BLUE RIDGE
PRIDE

TIME OUT YOUTH

QUEER AND TRANS TACTICS OF ABUSE







Queer/Trans Specific Abuse Tactics- Expanded



THREATENING TO OUT A SURVIVOR IF THEY LEAVE THE RELATIONSHIP

TAKING ADVANTAGE OF A SURVIVOR BEING ISOLATED BECAUSE THEY WERE REJECTED BY FAMILY/ FRIENDS/ EMPLOYERS WHEN THEY CAME OUT



GAY OR LESBIAN HARM DOERS MAY EXHIBIT ABUSE AGAINST SURVIVORS IF THEY ARE BISEXUAL, AS BIPHOBIA IS RAMPANT IN LGBTQ COMMUNITY. (E.G. PRESSURE THEM INTO SEXUAL ACTS TO 'PROVE' THEY ARE 'QUEER ENOUGH



TRANS HARM DOERS MAY PROJECT INTERNALIZED TRANSPHOBIA BY REINFORCING CISSEXISM/GENDER NORMS IN THE RELATIONSHIP.

EXAMPLE: YOU'RE ONLY A MAN IF YOUR CHEST IS FLAT. YOU'RE ONLY A WOMAN IF YOU HAVE CURVES AND DON'T HAVE A BEARD



TRANS HARM DOERS MAY USE THEIR EXPERIENCES OF DYSPHORIA AS AN EXCUSE FOR LASHING OUT AT A SURVIVOR



INTENTIONALLY REFERRING TO A SURVIVOR BY THEIR DEADNAME OR THE WRONG PRONOUNS TO CAUSE THEM DYSPHORIA



RESTRICTING ACCESS TO GENDER-AFFIRMING APPAREL AND/OR HORMONES TO INTENTIONALLY CAUSE A SURVIVOR DYSPHORIA



QUEER HARM DOERS MAY PROJECT INTERNALIZED HOMOPHOBIA BY REINFORCING HETEROSEXISM THROUGH FORCING SURVIVOR INTO OUTDATED HETEROSEXUAL ROLES/ IDEOLOGIES IN THE RELATIONSHIP.

EXAMPLE: YOU'RE THE "WOMAN" OF THIS RELATIONSHIP, SO YOU HAVE TO DO DISHES, AND YOU CAN'T MAKE MORE MONEY THAN ME



THREATENING TO TRASH TALKING A SURVIVOR TO THE OFTEN SMALL, OVERLAPPING LGBTQ COMMUNITY, SO THAT THE SURVIVOR DOES NOT HAVE ACCESS TO A LOCAL SUPPORT SYSTEM WITHIN FOLKS WHO HOLD THEIR IDENTITY



THREATENING TO CALL LAW ENFORCEMENT ON A SURVIVOR, WHEN LAW ENFORCEMENT ARE UNDERTRAINED ON QUEER AND TRANS RELATIONSHIP DYNAMICS AND COULD BE LIKELY TO WRONGFULLY IDENTIFY THE SURVIVOR AS THE PRIMARY AGGRESSOR



TELLING A SURVIVOR THAT IF THEY LEAVE, THEY COULD HAVE THEIR CHILDREN TAKEN AWAY, WHEN IT IS ALREADY HARD ENOUGH FOR LGBTQ PARENTS TO BE VALIDATED/ SUPPORTED IN NC



Intersectional Marginalization Abuse Tactics -Expanded

THREATENING TO GET A SURVIVOR IN TROUBLE FOR ALCOHOL AND DRUG USE, KNOWING THAT LGBTQ COMMUNITIES HAVE BEEN HISTORICALLY OVER CRIMINALIZED FOR SUBSTANCE USE



HARM DOER KEEPING SURVIVOR FROM ATTENDING MAJOR RELIGIOUS HOLIDAY CELEBRATIONS, OSTRACIZING THEM FROM THEIR FAITH COMMUNITY AS A RESULT

HARM DOER USES THEIR VULNERABILITIES (E.G. ILLNESS, DISABILITY, NEEDING CHILDCARE SUPPORT, FINANCES) TO COERCE A SURVIVOR INTO STAYING

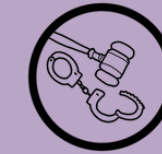


SURVIVOR IS UNEMPLOYED AND HARM DOER TAKES ADVANTAGE OF THE FACT THAT THEY ARE FINANCIALLY DEPENDENT ON THEM

SURVIVOR HAS A HEALTH CONDITION, AND HARM DOER THREATENS TO TAKE THEM OFF THEIR INSURANCE



SURVIVOR HAS A DISABILITY AND DEPENDS ON HARM DOER FOR TRANSPORTATION. HARM DOER RESTRICTS WHERE SURVIVOR CAN GO



DOCUMENTED HARM DOER THREATENING TO CALL ICE ON UNDOCUMENTED SURVIVOR - FEAR OF DEPORTATION

HARM DOER WRONGLY TRANSLATING THINGS FOR A SURVIVOR WITH LIMITED ENGLISH PROFICIENCY SO THEY CANNOT ACCESS JOBS/RESOURCES



WHITE HARM DOER THREATENING TO CALL POLICE ON BLACK SURVIVOR, KNOWING THE THREAT OF POLICE VIOLENCE TOWARD BLACK COMMUNITIES



COVID-19 Specific Abuse Tactics -Expanded

HARM DOER COERCES SURVIVOR INTO ATTENDING HIGH RISK GATHERINGS



HARM DOER RESTRICTS SURVIVOR FROM GETTING TESTED FOR COVID WHEN THEY NEED IT



HARM DOER RESTRICTS WIFI AND TECHNOLOGY ACCESS TO SURVIVOR CANNOT ADEQUATELY WORK FROM HOME

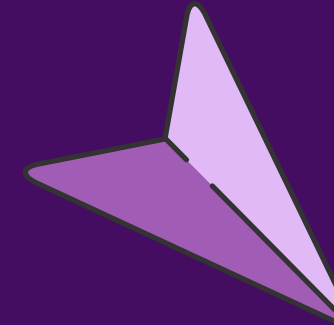
HARM DOER LIMITS SURVIVOR'S PPE

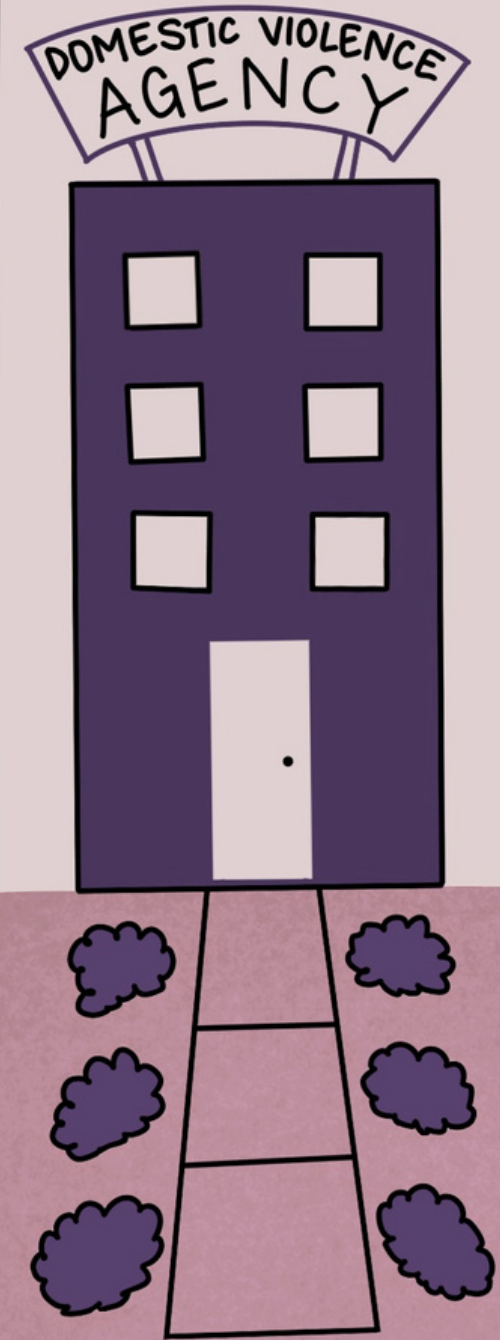
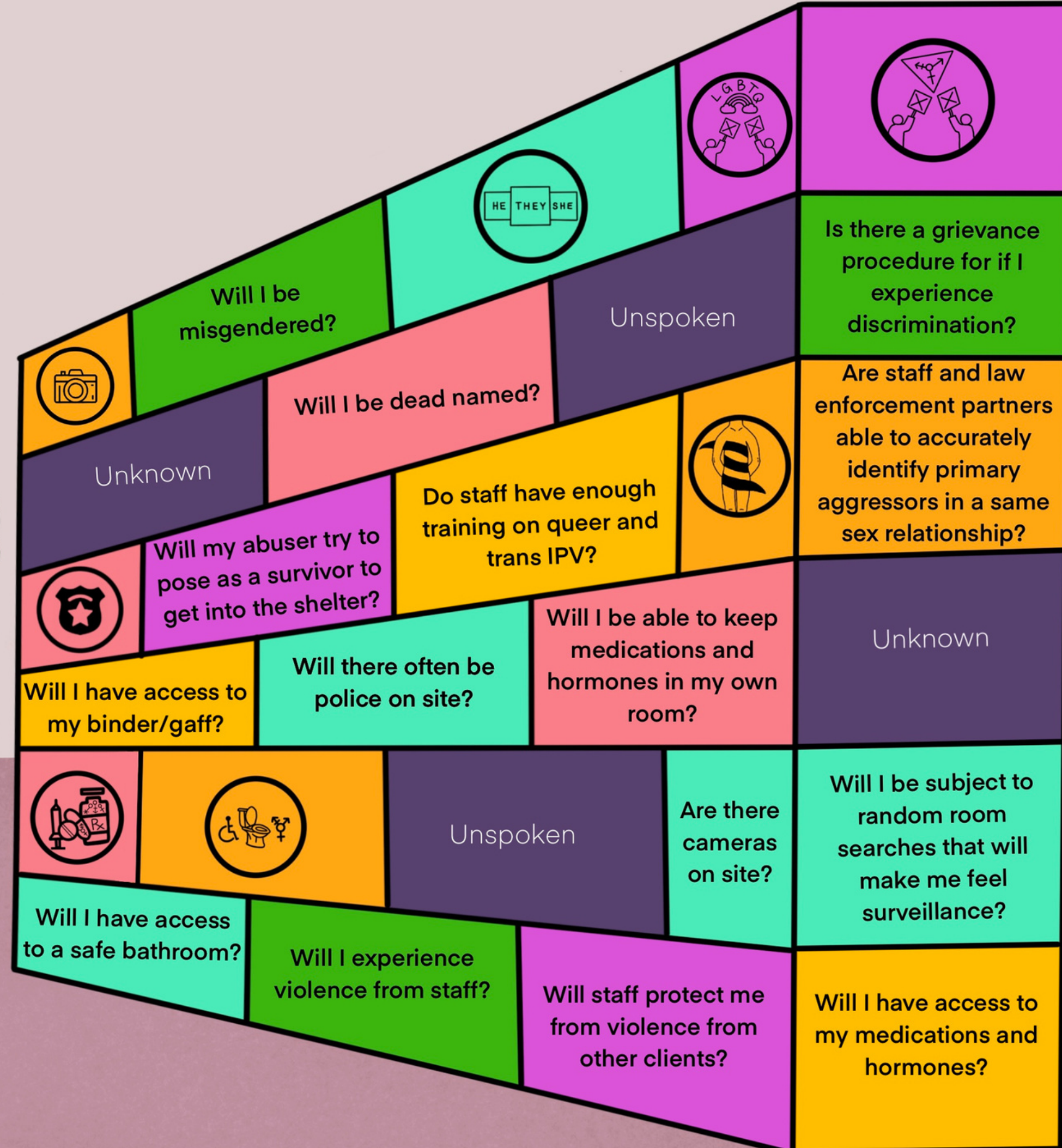
HARM DOER TRIES TO LIMIT CUSTODY VISITATIONS DURING COVID, CITING 'RISK OF TRANSMISSION' AS A RATIONALE

HARM DOER EXPANDS AND ADDS PEOPLE TO THEIR POD WITHOUT SURVIVOR'S CONSENT



BARRIERS TO SEEKING SERVICE





This graphic is meant to depict some of those considerations, and barriers that a survivor may be worried about when making the decision to seek services.

There are so many considerations running through a queer or trans survivor's head when deciding whether or not to seek services at their local domestic violence service agency.

This list is not exhaustive. The purple bricks are meant to represent that many other barriers and unknowns that we cannot hope to fully depict in one graphic. Think back to the previous section on - there are other barriers related to other identities a survivor holds that may be running through their head during their consideration process.

It is easy to ask, "If they're experiencing domestic violence, why don't they come get help? That's what we're here for!" without considering the ways that systems have failed queer and trans communities in the past, and have made them weary of social services.

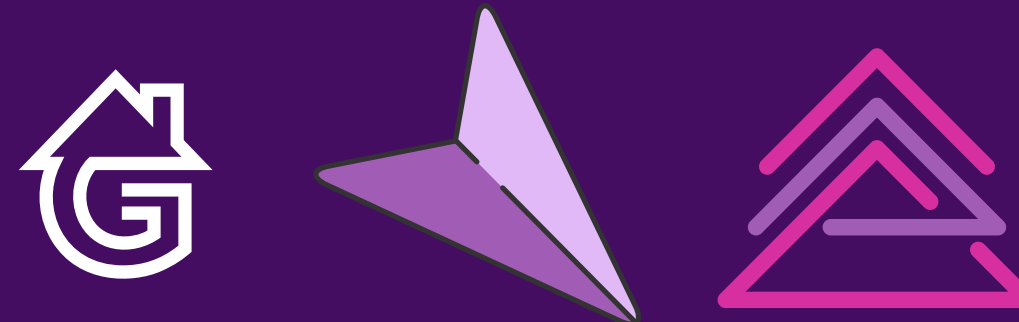
This graphic may have brought up questions, or brought to light new areas for training for your staff on reducing barriers for queer and trans survivors. We welcome you to reach out to the Training Program at NCCADV for further knowledge and skill building.

Knowing some of these considerations and barriers can help service providers to create proactive dialogue with survivors during an intake process, to assure them of the measures the agency is taking to ensure these harms do not occur.

Survivors of all identities may be extra worried, given the pandemic, that seeking services and/or shelter will increase their risk of contracting COVID-19. Some survivors may consult your website and/or social media when considering whether to seek services. It could be helpful to have clear communication on these platforms about the social distancing measures your agency is taking to keep clients and staff safe.



CREATING AFFIRMING PHYSICAL PROVISION SPACES



BATHROOMS

Instead of gendered bathroom signs, try signs that let folks know what they can expect to find inside. From there, they can make the most informed decisions about which bathroom will be the safest option for them.

GENDERING

Normalize asking pronouns when clients enter the office or call the hotline. Consider having pronoun buttons at the front desk. These posters can be one way to normalize the use and discussion of pronouns in all clients, employees, and community partners.

AFFIRMATIONS

Due to lack of culturally relevant relationship education and lack of visible examples of , it can be difficult for queer and trans survivors to even recognize what they are experiencing as abuse. As we discussed in the barriers section, there are so many barriers that run through a survivor's head before seeking services at an agency, if they ever even seek services in the first place. It's taken a lot for them to show up at the door, or to call the hotline. These posters can be one way to affirm that anyone, including queer and trans survivors, can experience abuse, and they deserve for their trauma to be validated.

This bathroom has:



Toilet(s):



Urinal(s):



Wheelchair
Accessibility:



Changing Table(s):



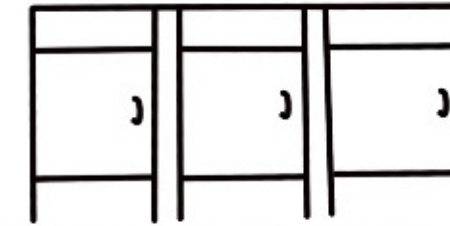
Menstruation
Supplies:



Trash Can for
Menstruation
Supplies:



Sink(s):



Stall(s):

What are YOUR pronouns?

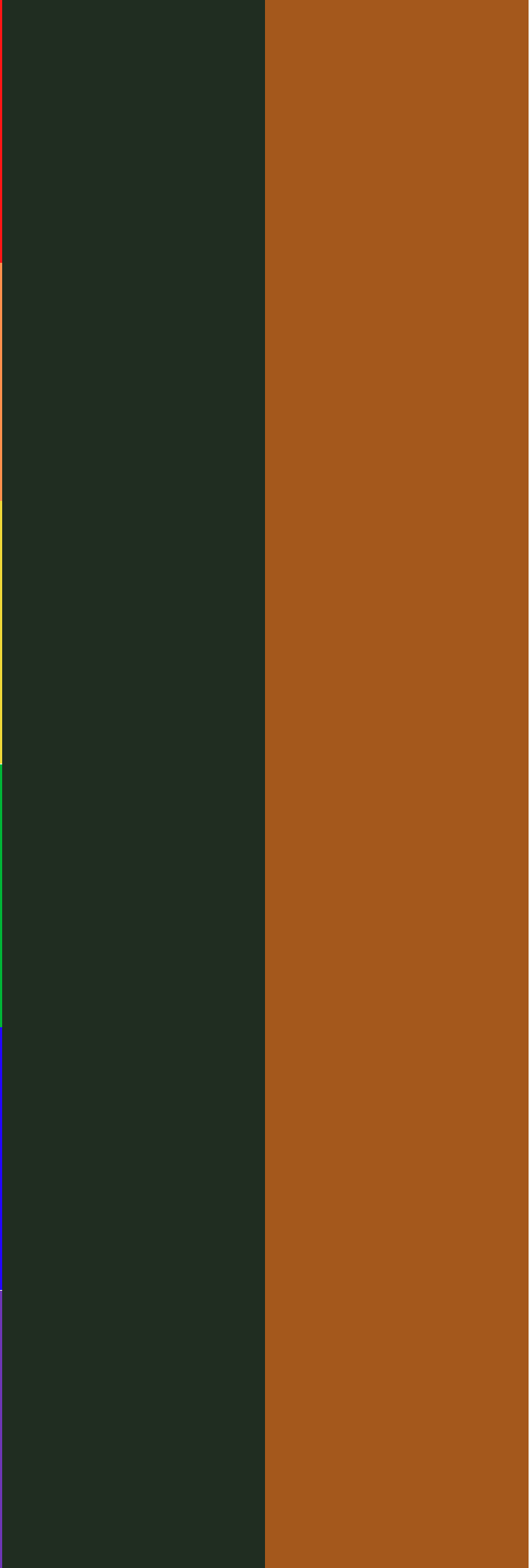
SHE
HER

ask
me!

THEY
THEM

all of
THEM

He
Him



anyone
can
experience
partner
violence



anyone

can

experience

partner

violence





anyone

can

experience

partner

violence





anyone

can

experience

partner

violence





anyone

can

experience

partner

violence



Translating the Pronouns Poster to Virtual Service Provision:

Not every survivor is going to come in the door of your agency to seek services. Now more than ever, hotlines are a tool for virtual service provision. These tips for affirming physical spaces can be translated into virtual service provision! Consider training hotline responders to answer the phone and immediately share their name and pronouns. Here's an example:

"This is the (insert agency name here), my name is _____ and my pronouns are _____. What is your name, and what are your pronouns?"

Translating the Affirming Posters to Virtual Service Provision:

It's possible queer and trans survivors, or any survivors, may struggle to validate what they are experiencing as harmful. A queer or trans survivor on the hotline may express that their harm doer told them that it isn't abuse, because abuse only happens in heterosexual relationships, and this is just how queer and/or trans relationships are.

A hotline responder could respond by repeating the poster aloud, "anyone can experience partner violence", or "partner violence can happen in any relationship". If that survivor is not describing their experiences as 'partner violence', a hotline responder can mirror the language they are using. For example, "anyone of any identity can be (hurt/manipulated/threatened) by their partner"

Translating the Bathroom Poster to Virtual Service Provision:

A hotline call may lead to a survivor deciding to come into your agency for additional services. This could cause additional anxiety for trans/gender non-conforming survivors, as public bathrooms have been a place of contention, discrimination, and violence for their community for so long.

A survivor may not even come out as trans on the hotline, and any survivor may have bathroom-related anxiety for a number of reasons. It can be a good practice to offer information about bathroom options to survivors before coming in. It can also be helpful to keep bathroom information up to date on your website, for survivors who look up your agency before ever calling the hotline or before coming in.

Here is an example of how to offer that information:

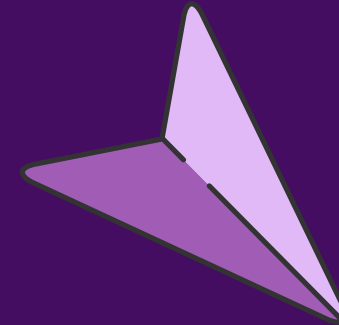
"Would it be helpful to you to have more information about our bathrooms before coming in?"

(If survivor says yes): "We have ___ single occupancy all-gender bathrooms, and two gender-specific, multiple-occupancy bathrooms. All bathrooms are equipped with menstrual hygiene disposal baskets, and the ____ bathrooms have changing tables for children. We have a urinal in one of the single-occupancy bathrooms, and two urinals in the gender-specific, multiple occupancy bathrooms. All stalls are equipped with locks. All of this information is available on our website if you'd like to read more, under the 'about our building' tab."

This same model could be used for sharing information about other accessibility measures at your building, such as ramps, elevators, automatic doors, or lighting.



INTAKE

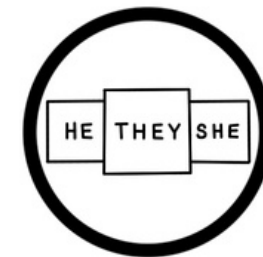




The caveat at the top of the intake form assures survivors that they can write down their chosen name instead of their dead name.



Open-ended demographic collection about gender relieves survivors of all gender identities from the pressure to fit in a box, or to check their assigned sex at birth instead of their gender identity.



Ask pronouns to ensure that you are gendering all clients correctly from the moment they come in the door or call the hotline.

Your Information		
(This can be any name you go by or want to be addressed as - this does not have to be the name you were assigned at birth)		
Name		
Date of Birth		
Gender		
Pronouns		
Phone Number(s)		Is it safe to contact you at this number?
Safe Contact Person	Name:	Phone Number
Race/Ethnicity		
Address		
City		
State		
Zip Code		
Employer		
Primary Language		



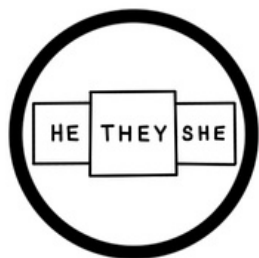
Not everyone refers to the person who harmed them as their abuser. Keeping this language behaviour focused instead of term-focused can be a helpful tool during intake.



Some intake forms ask survivors to list their harmdoer's name and any alias names they may have, a common term used in court documentation systems. The criminal legal system holds trauma for many marginalized communities, including queer and trans communities. Keeping this open ended takes the emphasis off a criminal-legal response.



Open-ended demographic collection about gender relieves survivors of all gender identities from the pressure to fit in a box, or to check their assigned sex at birth instead of their gender identity.



Ask pronouns to ensure that you are gendering their harmdoer correctly.



Asking about protective orders at the very bottom can help to challenge the assumption of criminal-legal response as the first/most normal response to domestic violence, when it may not feel like the safest option for queer and trans survivors.

The Information of the Person Who Harmed You (This can be the name they go by, which is not necessarily the name they were assigned at birth)	
Name	
Date of Birth	
Gender	
Pronouns	
Phone Number(s)	
Race/Ethnicity	
Address	
City	
State	
Zip Code	
Employer	
Primary Language	

Identifying Characteristics of Person Who Harmed You			
Height		Vehicle Make	
Weight		Vehicle Model	
Hair		License Plate	
Eyes		Weapons	
Tattoos		Prior Protective Order?	

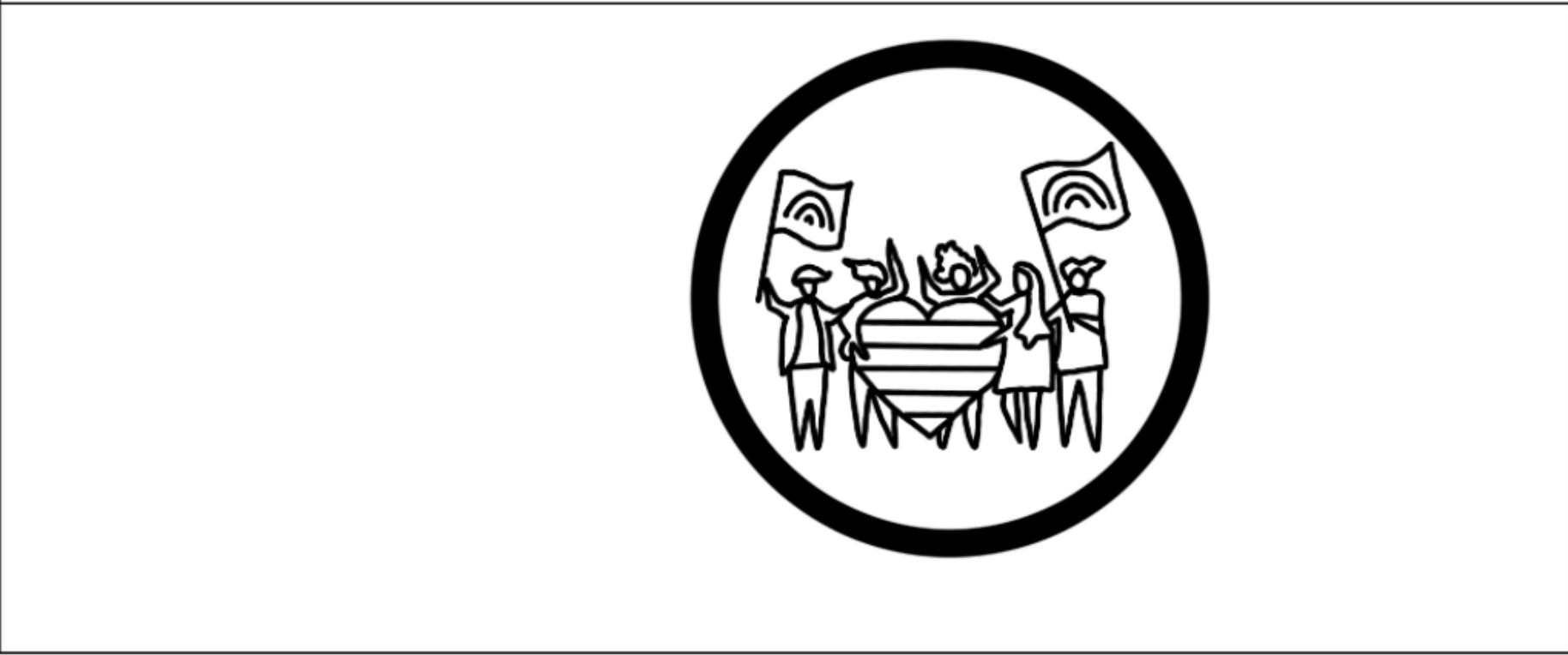
FAMILIES IN QUEER AND TRANS COMMUNITY MAY BE CREATIVE AND NON-TRADITIONAL. CHOSEN FAMILY HAS BEEN A CRITICAL TOOL FOR QUEER AND TRANS FOLKS WHO WERE REJECTED BY THEIR BIRTH FAMILIES. CONSIDER ASKING ABOUT SURVIVORS' CHILDREN AT INTAKE IN A WAY THAT AFFIRMS ALL TYPES OF FAMILY FORMATIONS.



Are you the parent or caregiver of any children? These children could be biological, adopted, fostered, stepchildren, or another chosen family formation.

Name of Child	Child Pronouns	Date of Birth





Are you concerned about the health, wellbeing, or safety of any of these children? This could be related to the situation with the person who harmed you, or could be general concern for things like food, shelter, and clothing for your children. Feel free to elaborate below on anything you feel comfortable sharing about your children.



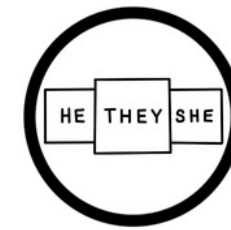


Trans and gender non-conforming survivors may have had to leave behind, or have had taken from them, gender-affirming apparel that is critical to their survival and can mitigate their experiences of dysphoria. This form can help you assess which items might be helpful to your client.

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			

This form was adapted from a form created by Max McMurphy, LGBTQ Specialist at Helpmate, Inc.








Queer and trans folks may be out in some spaces and not in others. It is possible they may only be comfortable being out to you. This form can help you to check in about if they would feel safer with a different name or pronouns being used, depending on who they are interacting with in their service seeking journey.

WHAT SHOULD I CALL YOU?	What name do you want to use with....	What pronouns do you want to use with...	What gender identity do you want to use with....
Other agency staff			
Community referral:			
Your emergency contact			
Any other people in your support network who are involved in your journey			
Medical professionals involved in your journey			
Your employer			
Criminal/legal actors (e.g. police, judge)			

Consider including COVID-19 specific abuse tactics on your intake form.

Note the icons that indicate queer and trans specific abuse tactics. These can be helpful to add to an intake assessment as well, to affirm queer and trans survivors' unique abuse experiences as real and valid.



Have you experienced any of the following behaviors from the person who harmed you? Please mark as many as you feel comfortable in the boxes provided to the left.		
<input type="checkbox"/>	Has been physically violent towards you or your children	<input type="checkbox"/> Has threatened suicide
<input type="checkbox"/>	Has physically intimidated you	<input type="checkbox"/> Has threatened to kill you
<input type="checkbox"/>	Has stalked, followed or harassed you	<input checked="" type="checkbox"/>  Has threatened to out you to your employer
<input type="checkbox"/>	Forces/ pressures you to have sex or into sexual acts you do not want to do	<input checked="" type="checkbox"/>  Has restricted access to necessary medications, including hormones
<input type="checkbox"/>	Destroys your property or threatens to hurt your pets	<input checked="" type="checkbox"/>  Has restricted access to clothing or other necessary apparel, including gender-affirming items
<input type="checkbox"/>	Has the physical violence increased in frequency over the past year?	<input checked="" type="checkbox"/>  Has restricted access to personal protective equipment, or other COVID-19 safety measures
<input type="checkbox"/>	Has choked you	<input checked="" type="checkbox"/>  Has pressured you into environments where you are at a higher risk for COVID-19
<input type="checkbox"/>	Takes your money or refuses to give you money for necessary expenses	<input type="checkbox"/> Has threatened to call ICE/have you deported
<input type="checkbox"/>	Has intimidated you with guns, knives or other weapons	<input type="checkbox"/> Has threatened to cut off your health insurance or other necessary services for whom they are the account holder
<input type="checkbox"/>	Has guns or other weapons	<input type="checkbox"/> Has made you feel like you can't leave them because they live with a disability or chronic illness and you are their primary caretaker
Other Behaviors not Listed:		
<input type="checkbox"/>		
<input type="checkbox"/>		



Storytelling has historically served as a powerful narrative communication tool in many marginalized communities. Consider providing a large open-ended section for survivors to share their stories in any way that may feel affirming for them.

This space is for you to tell as much as you feel comfortable sharing about what has been happening that brought you to seek services.

A large, empty rectangular box with a thin black border, intended for users to write their stories or share their experiences.

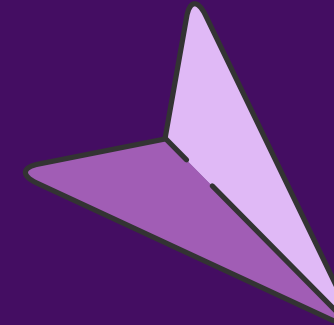
Some survivors may feel more comfortable speaking aloud in more of an interview setting for intake, and some may just want a quiet space to fill out a form. There are a multitude of concerns and barriers that queer and trans survivors may have experienced to make it to your agency to seek services. Being flexible and adaptive on how intake is conducted can be a helpful tool to making them as comfortable and empowered as possible.

Notes from advocate conducting intake (allow client option to fill out form on their own or to offer information in an interview):



A large, empty rectangular box intended for notes from an advocate conducting intake.

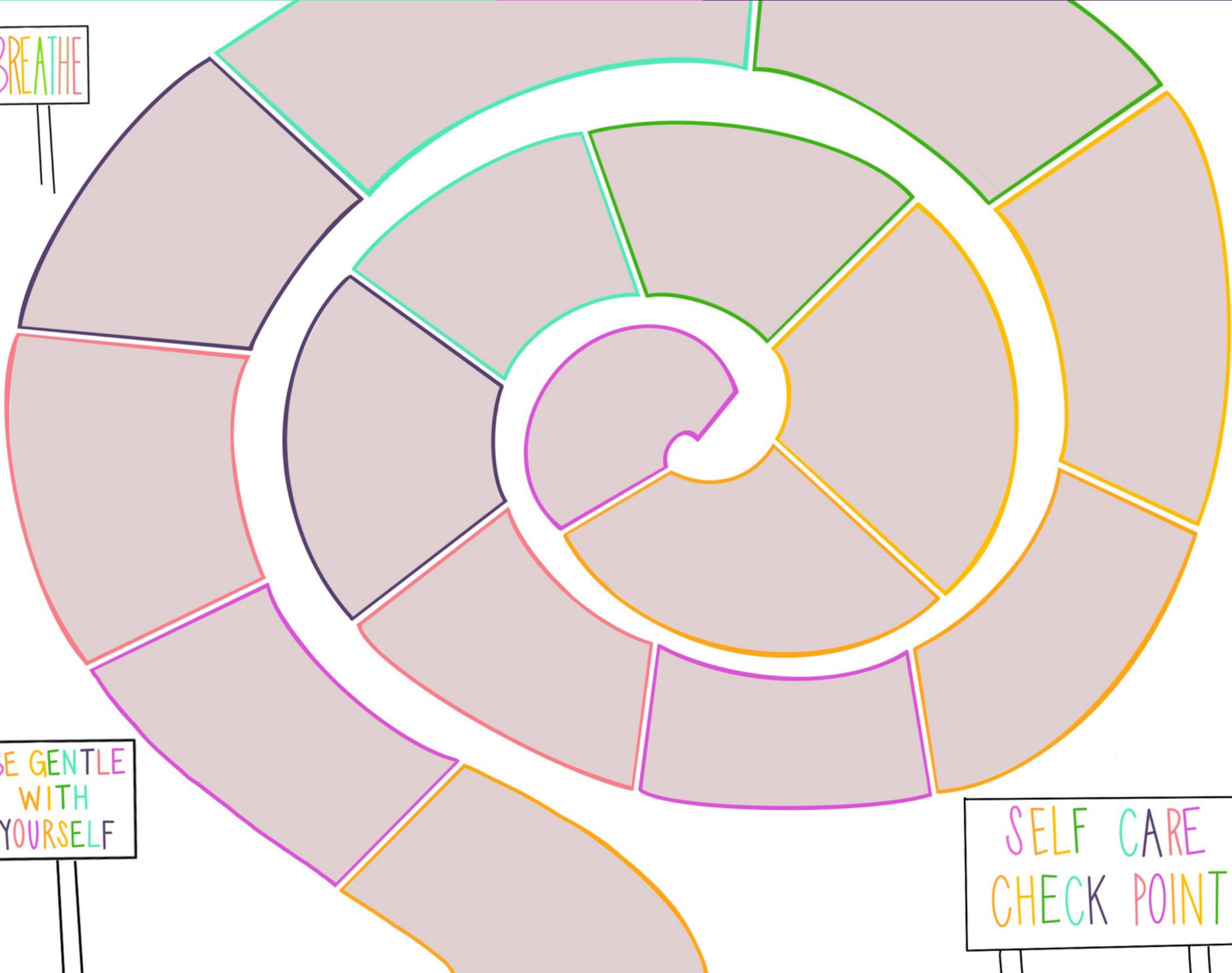
SAFETY PLANNING



BREATHE

BE GENTLE
WITH
YOURSELF

SELF CARE
CHECK POINT



Safety is not linear, and there is no one definition. It means something different to each survivor.

In keeping with the cyclic shape of this graphic, though, safety from IPV tends to mean being able to safely escape the cycle of abuse.

Safety plans are multifaceted. For queer and trans survivors, there are new variables to consider, given the unique queer/trans-related abuse tactics that a harm doer employs or escalates if a survivor tries to leave.

This graphic is designed to leave the definition of - and pathway to get to - safety as open ended and culturally affirming as possible. The labyrinth/tile motif is meant to symbolize the non-linear nature of pursuing safety, and the often necessary re-navigation and re-directing during a safety plan.

This document is a starting point. Many safety plans can be long and overwhelming. The survivor may not feel ready to engage in a comprehensive safety planning process, but they may be ready to start defining 'tiles' in their personal pathway to safety.

Survivors can write on the tiles, or draw if that feels better to them. The margins and the back of the sheet could be helpful places to write notes during more comprehensive safety planning sessions.

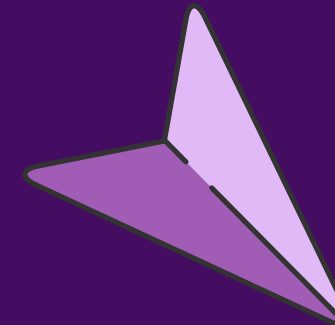
Some of those 'tiles' may include access to hormones and gender-affirming apparel, contact info for key folks in their chosen family support network, ways to respond if a harm doer outs a queer or trans survivor to their family, supplementary methods of income, access to gender-affirming court documents and IDs, and countless more.

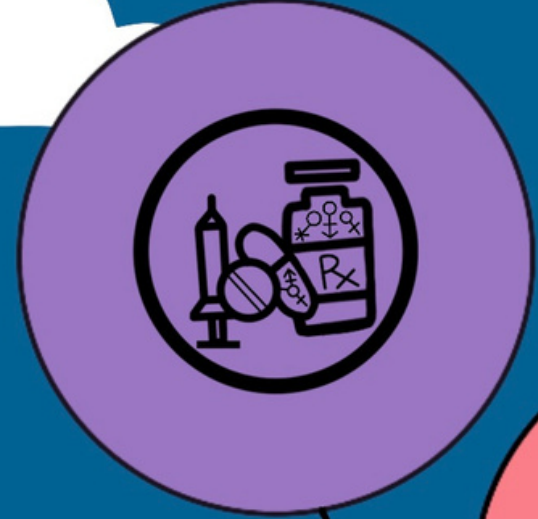
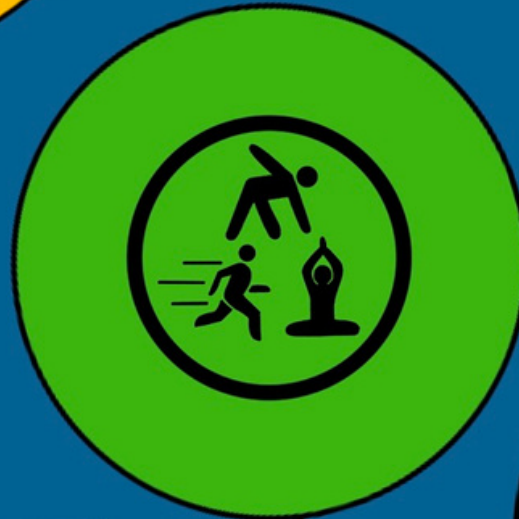
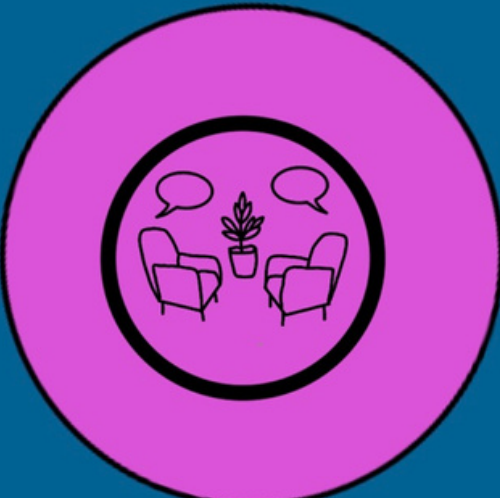
If a survivor needs a place to stay with in their social support network/chosen family and has multiple options, a question they might ask to determine their final decision is if those folks share similar risk tolerance in their social distancing practices.

Additionally, if a survivor is essential worker, how can they ensure they stay as safe as possible from exposure at work, or how can advocates support survivors in searching for safer job opportunities ?



COMMUNITY RESOURCES





MENTAL HEALTH

GENDER affirming APPAREL

PHYSICAL HEALTH

body MOVEMENT!

LGBTQ Center


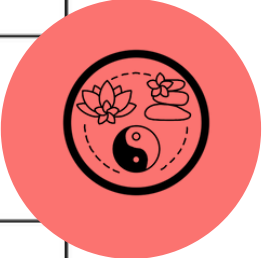


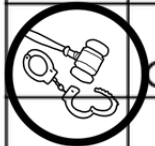
HORMONES

Alternative HEALING

Here are some examples of some community resources that could be helpful to add to the list when asking clients about what they need. Refer back to the list of local organizations at the beginning of this toolkit. These could be good places to ask about where to find these materials/services in your community.

Continually seek feedback from queer and trans clients on providers that they find affirming. The anecdotal experiences of queer and trans folks can be informative as to who your agency should include in your referral guides.

Here are some of the resources and services we offer here, or can connect you to in the community. Please feel free to mark any that you are interested in learning more about or that you think may be helpful to you.

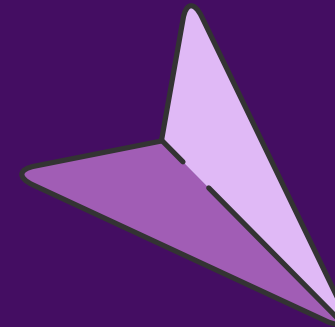
	Another services not listed:
 Counseling/Talk Therapy	
Support Group	
Crisis Line Services	
Shelter	
Safety Planning	
Local healing modality and wellness providers (e.g. acupuncture, aromatherapy)	
Local movement self care establishments (e.g. gym, yoga studio, dance studio)	
Social support networks (e.g. parent groups, hobby-based clubs, local LGBTQ centers, etc.)	
Medical care	
Hormone replacement therapy	
Gender affirming apparel	
Contact Info for Family Attorneys	
Protective Orders	
 Court Advocacy/Filing Criminal Charges	
Accompaniment to Sexual Assault Exam	

Consider including local community testing sites (free or low cost, no insurance required) in your community resource referral lists.

Ask if clients have had a flu vaccine. While it is entirely within their choice to get a flu vaccine, it can be helpful to include free or low cost flu vaccine locations on community resource lists as well.

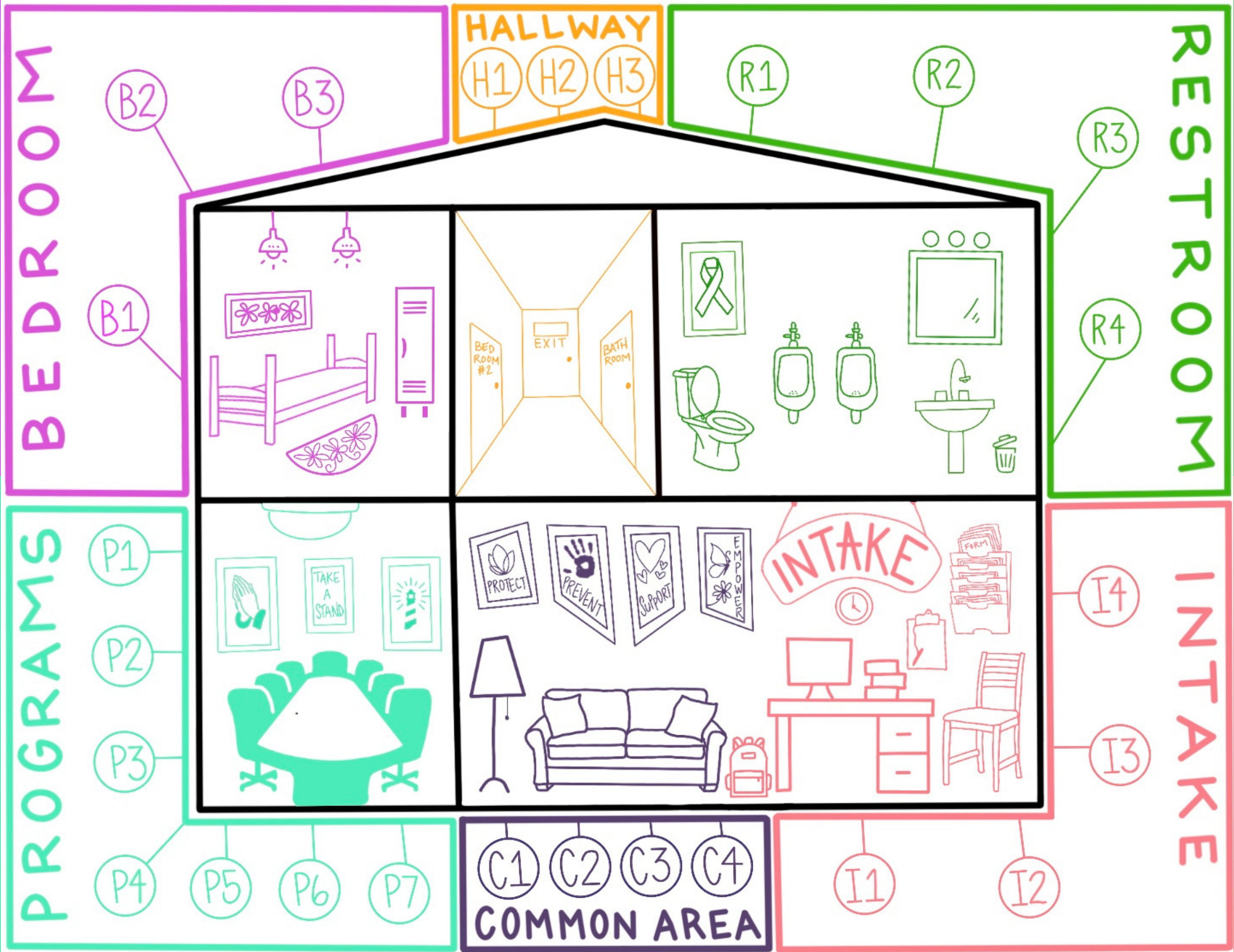


SHELTER



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.

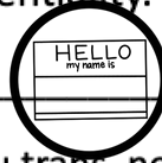


ADDITIONALLY, SOME PARTS OF GENDER EXPRESSION FOR SOME T/GNC FOLKS MAY INVOLVE BINDING, GAFF, PACKING, ETC., WHICH CAN BE INCREDIBLY VULNERABLE. A SINGLE OCCUPANCY WILL ALLOW CLIENTS PRIVACY TO DO THESE THINGS, AND ALSO OFFER THEM MORE AUTONOMY ON HOW 'OUT' THEY CHOOSE TO BE IN SHELTER.

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?

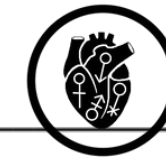


If the answer is no, stop here and give the form back to the staff member conducting your intake. If yes, please continue.

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?

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.


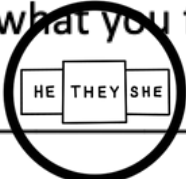
H3




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.

FOR STAFF REFERENCE ONLY. DO NOT PUT IN DATABASE.

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Name  _____ Pronouns  _____


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R1



R2



R3





R4

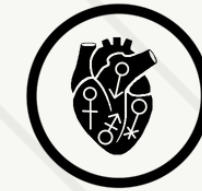
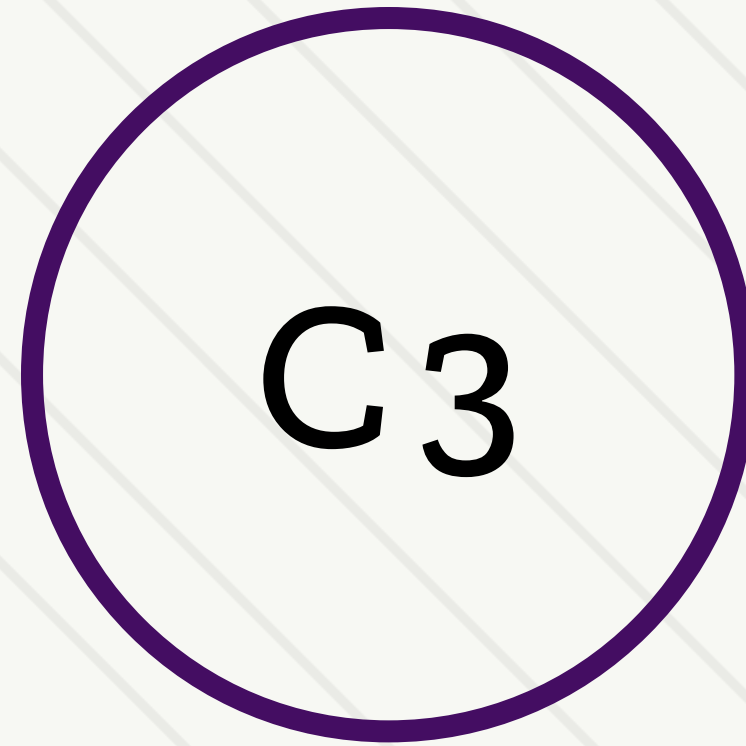
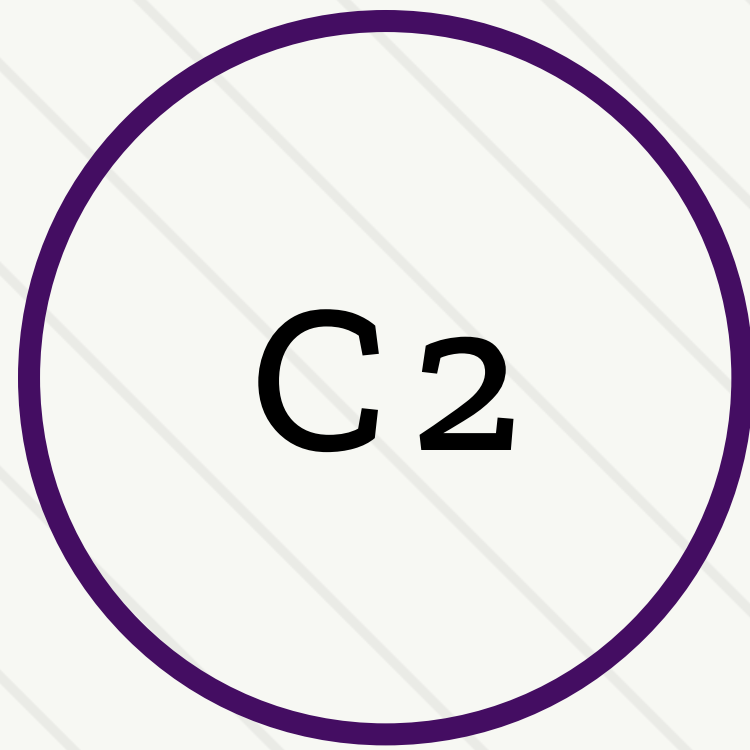
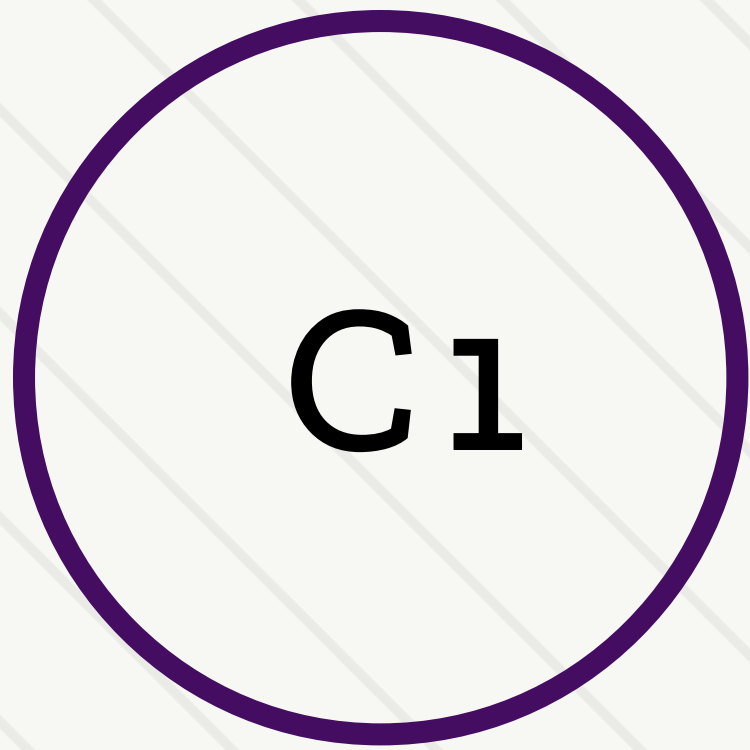


DO YOU HAVE GENDER INCLUSIVE RESTROOM SIGNS? (SEE THE AFFIRMING PHYSICAL SPACE SECTION FOR AN EXAMPLE!)

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?



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?

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.

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

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



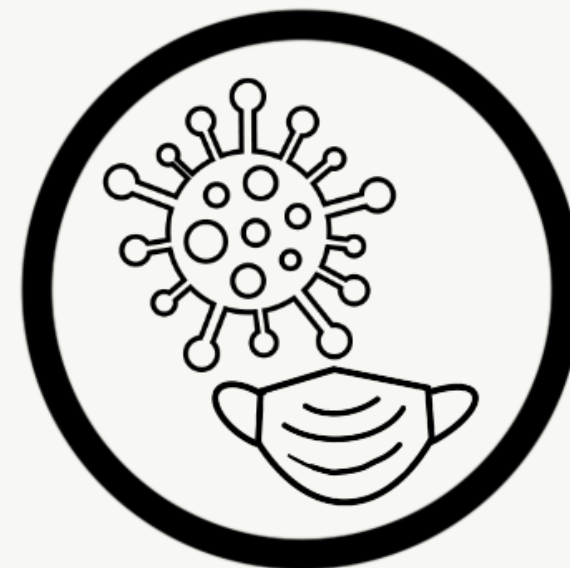
DOES YOUR SHELTER HAVE COMMUNITY PARTNERSHIPS WITH LGBTQ-SERVING ORGANIZATIONS AND COLLECTIVES, SO AS TO CONNECT QUEER AND TRANS SURVIVORS WHO MAY BE FEELING ISOLATED TO OTHER COMMUNITY MEMBERS WHO SHARE ELEMENTS OF THEIR LIVED EXPERIENCES?

Keep PPE readily available in all rooms in the shelter.

Consider having a disinfecting schedule for surfaces.

Hang signs reminding residents of social distancing guidelines.

Reach out to NCCADV for technical assistance on finding funding for non-congregate shelter options.



WE MADE IT!

We have just shared a lot of information and considerations with you. We are continually grateful to folks who want to increase their capacity to serve queer and trans survivors.

FORGE

THE NORTHWEST
NETWORK

THE NETWORK LA
RED

NATIONAL LGBTQ
TASK FORCE

IN OUR OWN
VOICES

NATIONAL
NETWORK TO END
DOMESTIC
VIOLENCE

TO SUPPLEMENT THE LIST FROM OUR EARLIER SECTION, HERE ARE SOME NATIONAL ANTI-VIOLENCE AND LGBTQ ORGANIZATIONS.

THIS IS BY NO MEANS AN EXHAUSTIVE LIST. YOU ARE CONTINUALLY WELCOME TO REACH OUT TO NCCADV WITH INFORMATION ABOUT LGBTQ RESOURCES IN YOUR COMMUNITIES.

WE ARE A COMMUNITY, LEANING ON EACH OTHER AND LIFTING EACH OTHER UP TO END INTERPERSONAL VIOLENCE IN OUR COMMUNITIES. WE KEEP US SAFE.

