

## **APPENDIX 1**

### **GLOSSARY**

**Ally:** Someone who works to recognize their gender, class, race, or heterosexual privilege, who works in solidarity with oppressed groups to end all forms of oppression, even those from which they themselves may benefit in concrete ways.

**Abuser:** One who engages in a pattern of coercive, exploitative and violent tactics against their intimate partner, in order to establish and maintain power, control and dominance over them. One who feels entitled to not treat their partner as equal human beings. (Used interchangeably with 'batterer' or 'perpetrator.' See '*Domestic Violence*.)

**Bisexual:** A person who forms primary affectional relationships with both men and women, either simultaneously or sequentially. Bisexual individuals may or may not see themselves as part of the LGBT community. Some people may be bisexual in their behavior, but identify as heterosexual, lesbian or gay. Others may identify as bisexual, but live in a monogamous relationship which is heterosexual, lesbian or gay. *Some bisexual people object to the shortened form 'bi.'*

**Closeted, In the Closet:** Hiding one's sexual orientation in some of all situations.

**Coming Out:** The process of recognizing and acknowledging a non-heterosexual orientation (or other stigmatized identity), first to oneself and then to others. Those who are open about their sexual orientation or gender identity in a given situation are 'out.'

**Domestic Violence:** A pattern of coercive, exploitative and violent tactics, used by one person against their intimate partner in order to establish and maintain power, control and dominance. Abusive tactics can be physical, sexual, economic, psychological and legal. Social norms often see this differential power and privilege as legitimate, and social institutions do not always intervene effectively to stop such abuse. (Used interchangeably with 'abuse.')

**Gay:** Describes men whose primary affectional orientation is toward with other men - men who partner with men. Individual men differ in whether they identify with this label. Some men may have sex with men and not self-identify as gay or bisexual. Others may identify as gay who have never had sex with another man. Some women also identify as gay rather than lesbian.

**Gender:** The different culturally specific *social* norms of behavior and appearance that are expected of males and females - in contrast to sex, which is *physiological* femaleness or maleness.

**Gender Identity:** The gender one feels oneself to be, which may or may not correspond with one's physiological sex. Aspects of behavior and appearance that affect, or are intended to affect, how others perceive one's gender are called *gender expression*.

**Heterosexism:** The belief that heterosexuality is inherently superior to any other sexual orientation; that everyone is, should be, or would rather be heterosexual; and that LGBT people are sinful, immoral, abnormal, or inferior to heterosexuals. Heterosexist beliefs and practices confer social superiority and unearned privilege on people presumed to be heterosexual.

**Personal:** Presuming that people are heterosexual unless they otherwise identify themselves. Individual behavior that discriminates against LGBT people for behavior, mannerisms, or relationships that don't fit heterosexual norms.

**Societal:** Institutional practices which discriminate against LGBT people while granting unearned privilege to heterosexuals. (See '*Oppression*.')

**Homophobia:** Fear, hatred, aversion, contempt, and prejudice toward lesbians and gay men. Fear and hatred of any feelings in oneself that one identifies as lesbian or gay,. Homophobia may lead to abusive behavior toward those one perceives to be lesbian or gay. Heterosexist and homophobic attitudes are often used, by individuals and by institutions, to justify subjecting LGBT people to bias, discrimination, incarceration, forced "treatment," abuse, violence, and even murder.

**Intersex:** People who, for genetic or hormonal reasons, are born with genitalia that appear ambiguous to their health care providers. The gender in which the individual is raised may or may not fit the gender they come to identify with. Intersex people may have any sexual orientation. Some identify as transgender; others do not.

**Label:** A term that identifies an individual as a member of a particular group. Individuals may use different labels to identify themselves than those applied to them by others. The same label can have different connotations when individuals use it to identify themselves than when others apply it to them (e.g. 'queer'). Specific cultural, economic, age, geographic or political groups may label themselves differently. What labels are considered acceptable may change over time. Some people prefer not to label themselves at all.

**Lesbian:** Describes women whose primary affectional orientation is toward with other women, or women who partner with women. Individual women differ in whether they identify with this label. One woman may have sex with women and not self-identify as lesbian. Another may identify as lesbian even though she has never had sex with another woman. Some women identify as 'gay' rather than 'lesbian.'

**LGBT, LGBTQ:** A shorthand way of referring inclusively to lesbian, gay, bisexual, transgender and queer people and communities. The letters are often used in different orders. Some people use the Q, some don't.

**Oppression:** Beliefs and practices that confer social dominance and unearned privilege on one group at the expense of another, usually based on the assumption that the dominant group is naturally superior. This concept is commonly used to describe the experiences of people who are LGBT (heterosexism), transgender (transphobia) people of color (racism), female (sexism), poor (classism), disabled (ableism) or old (ageism). Oppression has both several components.

**Personal:** Beliefs, attitudes, feelings, and assumptions, including fear, hatred, aversion, contempt and prejudice against the dominated group, which may lead to individual discriminatory behavior.

**Societal:** The ways in which social institutions (government, business, churches, health agencies, schools, etc.) discriminate against members of dominated groups and grant unearned power and privilege to dominants, by how they set policies, allocate resources, set behavioral norms, and define social roles. Individual members of dominant groups benefit from this unearned privilege whether or not they personally engage in discriminatory behavior or have negative attitudes and feelings.

**Internalized Oppression:** Shame, self-hatred, and low self-esteem that results when members of an oppressed group share negative societal attitudes, myths and stereotypes about themselves. It may include: holding members of one's own group to higher standards of behavior; not associating with one's own group; changing oneself in order to pass or assimilate; identifying with the dominant group; oppressing other members of one's own group; self-destructive behavior; and inability to be an ally to other oppressed people.

**Partner:** Inclusive term for anyone's primary relationship. Individuals may refer to their partner as their girlfriend, boyfriend, lover, roommate, life partner, wife, husband, spouse or significant other.

**Privilege:** Unearned ways in which members of dominant groups (in the US, those who are male, white, heterosexual, gender-conforming, affluent, young, non-disabled and/or Christian) benefit at the expense of others. Privilege can include economic resources, respect, freedom of behavior, and setting the standard of normality against which others are judged. Dominants are often unaware of their privilege or take it for granted, while those who are denied it are usually acutely aware of that fact.

**Queer:** An inclusive term sometimes used within the LGBT community to refer to everyone who is not heterosexual and gender-conforming. Not all LGBT people identify with this label, and many non-queer people still use it abusively.

**Sexual Orientation:** Who one is sexually attracted to – men, women, or both.

**Survivor:** One who is, or has been, the target of abusive, exploitative or violent behavior. Some people who have been abused dislike this term and feel that it does not adequately represent the extent to which they have been intentionally harmed. Others prefer it over 'victim' because it emphasizes their strength, active efforts to cope, and survival skills. (See *Victim*.)

**Transgender:** An adjective describing people who challenge, defy, play with, or do not buy into their culture's sex and gender categories, which limit acceptable gender expression to masculine behavior by biological males and feminine behavior by biological females. *Transgender* applies to both people's identity and their behavior, and describes several distinct but related groups of people, many of whom identify themselves with a variety of other terms, including: trans, transexual, transgenderist, genderqueer, butch, femme, cross-dresser, third-sex, two-spirit, and intersex. (See also *Guide to intersex & Trans Terminologies*, at <http://www.survivorproject.org/basic.html>.)

**Transphobia:** Fear, hatred, aversion, contempt, and prejudice toward people who challenge accepted norms of gender expression, and towards any of one's own feelings or desires that seem not to fit those norms. The belief that transgender people are abnormal, sinful, or immoral. Individual behavior and institutional practices that discriminate against people perceived to challenge heterosexist gender norms, while granting unearned privilege to those who adhere to them. Transphobic beliefs have been used to justify subjecting trans people to bias, discrimination, incarceration, forced psychiatric treatment, abuse, violence, and even murder. (Because it refers to both societal oppression and individual feelings, *transphobia* is the counterpart to both *heterosexism* and *homophobia*.)

**Victim:** One who is, or has been, the target of abusive, exploitative or violent behavior. Some people who have been abused find this term stigmatizing and feel that it does not adequately represent their strength, active efforts to cope, and survival skills. Others prefer it over *survivor*, because it emphasizes the extent to which they have been intentionally harmed. (See '*Survivor*.')



## **SEXUAL ORIENTATION AND GENDER IDENTITY TERMS AND DEFINITIONS**

**A Note on Definitions:** Please know that all definitions and labels do not mean the same to all people. Use the preferred terminology of the person/people with whom you are interacting. This list represents common usages and meanings of these terms within communities, but is not exhaustive nor universal.

- 1) **Gender:** The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender is not static and can shift over time. Gender has at least three parts:
  - a) **Physical Markers** – Aspects of the human body that are considered to determine sex and/or gender for a given culture or society, including genitalia, chromosomes, hormones, secondary sex characteristics, and internal reproductive organs.
  - b) **Role/Expression** – Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture or society, including clothing, body language, hairstyles, socialization, relationships, career choices, interests, and presence in gendered spaces (restrooms, places of worship, etc).
  - c) **Gender Identity** – An individual's internal view of their gender. One's own innermost sense of themselves as a gendered being and/or as masculine, feminine, androgynous, etc. This will often influence name and pronoun preference for an individual.
- 2) **Sexual Orientation:** The culturally-defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can shift over time. Sexual orientation has at least three parts:
  - a) **Attraction** – One's own feelings or self-perception about to which gender(s) one feels drawn. Can be sexual, emotional, spiritual, psychological, and/or political.
  - b) **Behavior** – What one does sexually and/or with whom
  - c) **Sexual Identity** – The language and terms one uses to refer to their sexual orientation. It may or may not be based on either of the above and can also be influenced by family, culture, and community.
- 3) **Transgender:** A term used broadly that refers primarily to individuals who identify differently from the sex assigned at birth or a term used by people for whom the sex they were assigned at birth is an incomplete or incorrect description of themselves. The term "genderqueer" has the same basic meaning but is used somewhat more loosely.

**Transman** – Typically refers to an individual assigned as female at birth who at some point, starts to identify in a more male-oriented way or as a man.

**Transwoman** – Typically refers to an individual assigned as male at birth who at some point, starts to identify in a more female-oriented way or as a woman.
- 4) **Intersex:** A term referring to people who have physical markers that differ from the medical definitions of male or female. Most commonly, it is used to speak about people whose genitalia is not easily classifiable as 'male' or 'female' at birth but it can be used to refer to any biological marker that falls outside medical norms for masculine and feminine.

- 5) **Gay:** Most frequently used by male-identified people who experience attraction primarily or exclusively for other male- identified people.
- 6) **Lesbian:** Most frequently used by female-identified people who experience attraction primarily or exclusively for other female-identified people.
- 7) **Bisexual:** A term used to indicate attraction or potential for attraction to more than one gender.
- 8) **Pansexual:** A term used to indicate attraction or potential for attraction to any gender, preferred by some over ‘bisexual’ because it does not imply the existence of only two genders.
- 9) **Heterosexual/Straight:** A term used to indicate attraction primarily or exclusively for people of the ‘opposite’ sex..
- 9) **Same Gender Loving:** A term created by African American communities and used by some people of color who may view labels such as ‘gay’ and ‘lesbian’ as terms referring to and/or representing white people.
- 11) **MSM:** Abbreviation for Men who have Sex with Men, a term used to describe men who engage in same-sex sexual behavior but who may choose not to label themselves as "gay/bisexual."
- 10) **Two Spirit:** An English translation of a concept present in some Indigenous cultures that refers to someone who is assigned one sex at birth but fulfills the roles of both sexes or of another sex.
- 12) **Femme:** An identity term most frequently used by people with a more feminine gender identity and/or gender presentation
- 13) **Butch or Stud:** An identity term most frequently used by people with a more masculine gender identity and/or gender presentation
- 14) **Queer:** A political and sometimes controversial term that some LGBT people have reclaimed, while others consider it derogatory. Used more frequently by activists, academics, and some younger LGBT people, the term can refer either to gender identity, sexual orientation, or both and can be used by any gender.
- 15) **Questioning:** A term that can refer to an identity, or a process of introspection whereby one learns about their own sexual orientation and/or gender identity. Can happen at any age in and multiple times throughout ones lifetime.
- 16) **Cross dresser:** One who dresses, either in public or private, in clothing that society assigns to the opposite sex. Cross-dressing is not an indication of one’s sexual orientation or gender identity.
- 17) **Drag:** Drag performers parody gender for an audience, usually for entertainment value. Drag performers do not necessarily identify as the gender they are parodying.
- 18) **Gender Nonconforming:** This term can refer to gender identity, or gender role and refers to someone who falls outside or transcends what is considered to be traditional gender-norms for their assigned sex.
- 19) **Androgynous:** Can refer to a person’s gender presentation or identity. An androgynous person may

identify and appear as both male and female, or as neither male nor female, or as in between male and female.

- 20) **Transphobia:** Societal, systemic, and interpersonal oppression against people of transgender experience. Also something experienced by some gender queer and gender nonconforming people.
- 21) **Homophobia:** Societal, systemic, and interpersonal oppression against LGBTIQ people and communities. Also can be experienced by those who are perceived to be LGBTIQ.
- 22) **Heterosexism:** Systemic belief that heterosexuality and the binary gender system are superior. Also, the overall creation of institutions that benefit heterosexual people exclusively and/or oppress LGBTIQ people.

***A note on gender pronouns:*** People tend to refer to someone as either ‘he’ or ‘she’ based on physical appearance. Like names, pronouns are identity terms that can be chosen or rejected. A person can identify as ‘he’, ‘she’ or both, or another pronoun altogether. When an individual voices a pronoun preference, it is considered basic respect to use the preferred gender-language consistently.

## **APPENDIX 3**

### **S/M AND DOMESTIC VIOLENCE**

When putting together an HIV harm-reduction plan, the client and provider may need to talk about S/M.

Individual providers may have particularly strong beliefs about S/M, ranging from “It is simply wrong, and abusive by its very nature,” to “It’s fun and loving and creates a bond of trust.” Regardless of their own attitudes, providers must:

- Understand that their *clients* may well distinguish between S/M and abuse, and see S/M as consensual sexual behavior with agreed-upon limits. No one consents to being abused.
- Work within the client’s framework to help them distinguish what is and is not abusive.
- Remember that S/M may take place in any relationship, regardless of the partners’ sexual orientation or gender identity.

When both S/M and domestic violence exist in the same relationship, the abused partner can’t freely and safely consent or decline to engage in S/M scenes.

- *If my lover’s going to set up...a rape scene for me for my birthday.... the rape scene would completely terrify me because I’m in a domestic violence relationship. I never said I wanted this scene. This is her fantasy, not mine. When she asked me about it, I said yes, because I knew if I said no, I was going to get the shit beat out of me.”* <sup>54</sup>

#### **Abusers’ Tactics**

- Refusing to contract what is and is not part of a scene.
- Changing the rules in the middle of a scene; pressuring or forcing partner to go beyond negotiated limits.
- Ignoring safewords; refusing to allow partner to end a scene.
- Restraining partner, locking partner up, or using weapons against partner’s will.
- Saying partner is not “real” for wanting to switch roles, or pressuring partner into switching roles.



- Accusing partner of violating their limits, even though they haven't used their safeword.
- Using scenes to express or cover up anger or hostility.
- Giving unclear signals about when a scene begins and ends.
- Bringing abuse from outside of scenes into a scene
  - *"He would say the next morning, "I can't believe I did these things to you. I'm so sorry. Now punish me for doing this to you." 49*
  - *"Looking back, I can see that there were no clear distinctions between play time and everything else. It was something we were living on a 24-hour basis." 50*

Providers should specifically ask about these tactics if they suspect or confirm that domestic violence is taking place in a relationship in which the partners engage in S/M.

Providers should also ask about the client's feelings.

- Do you feel that if you could just play better, be hotter or give/take more, everything would be OK?
- Do you feel that you cannot stop if you want to?
- Do you fear for your life or safety during a scene, because you aren't sure your partner will observe your agreed upon boundaries?
- Are you confused about when scenes begin and end?

Anti-violence activists often believe that S/M is abusive in and of itself. Whether this point is valid or not, it can get in the way of being able to meet the needs of victims who practice S/M. Victims may fear that providers will attribute the abuse to their sexual practices.

- *"[When I went to] a support group for battered lesbians...to get some kind of help, I was told that I would not be allowed in, because I was S/M, and because I would recruit the other women." 51*
- People who practice S/M are invisible in materials aimed at victims of abuse.

- It may be taboo to talk about domestic violence in the S/M community.
- *“This is what most people think S/M is to begin with. So we’re defensive about it. It’s a taboo topic within the S/M community....The attitude that was taken by my town’s S/M community was [that] this problem was a personal issue, ‘don’t trash an ex-lover.’”*<sup>52</sup>
- Service providers may be afraid that serving victims who practice S/M will make the space feel unsafe for other clients. (Similar to the fear that serving lesbians will make the space feel unsafe for heterosexual women.)
- *“The battered women’s shelters could not deal with lesbians...or they wanted me to leave [the relationship] right away....Then I tried going to a lesbian therapist. But the therapist already equated S/M with domestic violence. My partner and I were both very ‘out’ in the community as S/M. I didn’t feel like I could go to anyone lesbian and start talking about this stuff without playing into every stereotype that they had.”*<sup>53</sup>

As long ago as 1992, the National Leather Association developed a statement about domestic violence in order to confront the issue within the community and decrease the isolation of victims. That statement follows.

“The NLA calls on the S/M fetish leather community to take the lead in reducing domestic violence through education. No group is free of domestic battery and abuse. But fear, denial, and lack of knowledge have slowed public response to this serious social problem. The NLA is committed to reducing this violence by attempting:

1. To show that community action can reduce domestic violence;
2. To hold batterers accountable for choosing to be violent; to encourage victims to take legal action; to deny that drug or alcohol use excuses battering; to encourage the batterer to seek treatment and the victim to seek support;
3. To listen to and support those who have had the courage to tell us, to help them end their shame and isolation;
4. To educate the legal and social service system about the difference between consensual S/M and domestic violence, to encourage their appropriate intervention;
5. To take the responsibility for educating our community about the forms of domestic abuse and its extent and severity;
6. To promote information about where to get help.

....Nonconsensual manipulation, terror and assault are not part of S/M. The NLA advocates relationships and friendships based on personal responsibility, honesty and integrity, and in which power and pleasure derive from mutual respect.”<sup>55</sup>

## **APPENDIX 4**

### **CHILDREN**

In her study of lesbian battering, Renzetti (1992)<sup>56</sup>, found that when there were children in the family, 30% of the time the adult who abused her partner also abused the children, and that in 38% of families in which there were pets, she also abused the pets.

Abusive partners often also disrupt the children's attachment to their other parent.

Even when children are not directly abused, when one parent abuses the other children face the risk of many emotional and developmental problems, such as:

- School difficulties.
- Problems with peers.
- Divided loyalties.
- Lack of consistent nurturing and supervision if their primary caregiver's energy and attention go mostly into dealing with a violent partner.

#### **Abusers' Tactics**

Many abusive tactics are the same no matter which partner is the biological parent of the children:

- Physically or sexually abusing children.
- Using children as spies or go-betweens.
- Destroying partner's connection with children.
- Frightening children by injuring their other parent.
- Teaching children to abuse the other parent themselves.
- Teaching children violent and aggressive behavior.
- Blaming children for abuser's own violent behavior.
- Using children's acting out or emotional problems as an excuse to abuse partner.
- Threatening to kill or kidnap children.
- Making false CPS/ACS reports.

An abuser who is not the children's biological parent may threaten to out their partner to the children's other parent, or to other family members who might seek custody.

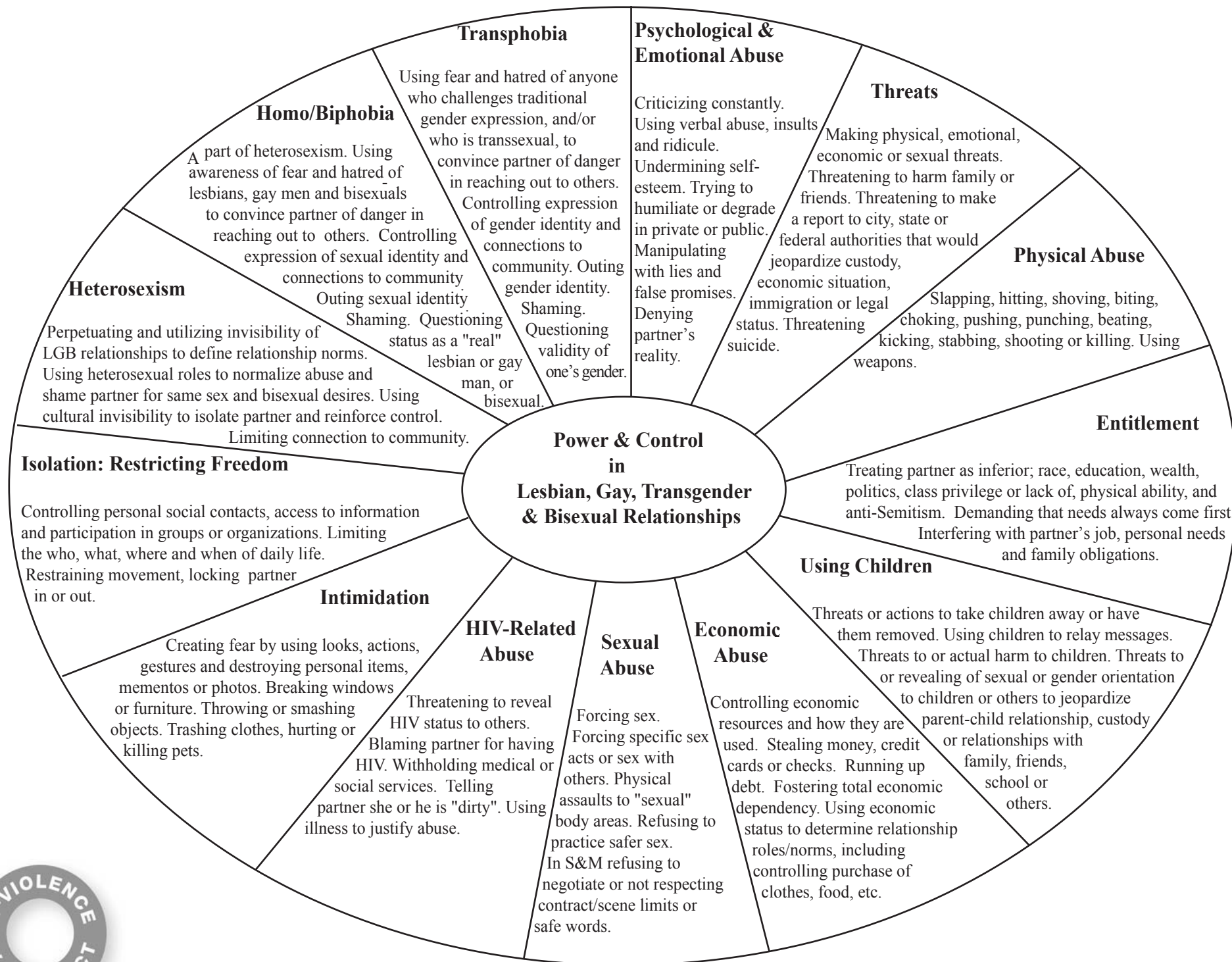
Abusers who are the biological parent may threaten to leave with the children and deny their partner access to them.

Abused parents who are reported to CPS/ACS may lose their children to foster care for "failure to protect" them from the violence. An ex-partner may kidnap

them or seek custody – and win it if the judge does not believe there was domestic violence, or thinks that one parent's sexual orientation or gender identity poses a greater risk to the children than the other parent's abusiveness.

There is also the risk of harm to children if authorities separate them from one or both parents.

Older children may run away or become delinquent in response to domestic violence, putting them at risk of violence and exploitation on the streets, and abuse by people they become involved with.



## **APPENDIX 6: TACTICS OF LGTB ABUSERS**

('V' = the abused partner)

<b>Trans Victim</b>	<b>Bisexual Victim</b>	<b>Teen Victim</b>	<b>HIV+ Victim</b>	<b>Bisexual Abuser</b>	<b>HIV+ Abuser</b>	<b>S&amp;M Abuser</b>	<b>Parent Abuser</b>
Assault post-op parts of body	Ridicule/discount V's bisexuality	Put down V's developing body	Withhold health care, help, meds, or \$ for care	Ridicule V's non-bisexuality	Falsely blame V for infection	Ignore safewords	Teach kids to abuse V
Withhold meds, hormones or \$ for transition	Threaten other partner(s)	Out V at school or to family	Threaten to abandon V without care	Pressure V to have sex with both genders	Assault V for wanting safer sex or drug works	Restrain V against their will	Use kids as spies or go-betweens.
Draw attention to scars or body parts that V is ashamed of	Label same-sex V's opposite-sex attraction as exploitative	Limit V's friends, activities, appearance	Threaten to out V as HIV+ to landlord, family, employer, INS	Transmit HIV/STD from other partners	Infect or reinfect V via unsafe sex, or dirty drug works	Give unclear signals about when scenes begin & end	Threaten to leave & deny partner access to kids.
Coercive medical tx to change V's body back	Exploit internalized biphobia: tell V to get off the fence	Turn friends against V	Use V's HIV status as excuse for abuse	Exploit value lesbian or gay partner puts on having a "straight partner"	Try to convince others that they can't be abusive b/c they're sick	Not use safewords, but accuse V of violating limits	Frighten kids by injuring other parent
Out V as trans	Out V as bisexual	Jealousy & possessiveness	Exploit internalized AIDS-phobia		Frequent sexual abuse; forced sex with others	Use scenes to express anger and frustration	Physically or sexually abuse children.
Refuse to use V's preferred pronouns		Exploit V's low self-esteem	Threaten to charge V with attempted murder		Force V to support them financially	Blame abuse on V's inadequacy at S&M	Destroy kids' connection with other parent
Sexually abuse parts of body that V disowns		Exploit V's lesser access to cars & alcohol, freedom, or experience.	Cruel remarks: You deserve to die. You're sick & disgusting.		Make V feel responsible for caretaking & guilty about wanting to leave	Pressure V into switching or not switching roles	Use kids' behavior or problems as an excuse for abuse
Harass V at work		Exploit V's feelings from past abuse	Use stress of caregiving to excuse abuse		Convince helpers to side with them	Force V to go beyond negotiated limits	Threaten to kill or kidnap kids.
Exploit V's internalized transphobia;		Demand sexual acts that V is not ready for	Isolate V from other potential caregivers			Refuse to contract	Threaten to out V to ex-spouse
Control V's gender expression		Define abuse as normal.					Teach kids to act aggressively



## FACT SHEET: LGBTQ PEOPLE & ORDERS OF PROTECTION IN NEW YORK STATE FAMILY COURT

### What is a Family Court Order of Protection?

An Order of Protection is a court order signed by a Judge that requires your partner or ex-partner (whether it's your boyfriend, girlfriend, husband, wife, partner, buddy or any other way you define your intimate relationships) to stop threatening, harassing, assaulting, stalking, repeatedly contacting, or menacing you.

### Who can get a Family Court Order of Protection?

As of July 22, 2008, Family Court is open to many more victims of domestic violence seeking Orders of Protection, including people who are in or have had an "intimate relationship," even if you have never had sex with your partner.

This includes people who are:

- dating or used to date
- living together or used to live together
- lesbian, gay, bisexual, transgender & queer (LGBTQ)
- youth

People who are married or divorced, related by blood or marriage or who have a child in common can also get an Order of Protection.

You do not have to live together to get an order of protection.

**I'm anti  
violence  
and pro  
community.**



### How will the Court decide if my relationship is an "intimate relationship"?

The court will consider several factors in deciding if your relationship is an "intimate relationship," including:

- The nature or type of relationship you have
- How often you saw or spoke to each other (including texting and email)
- The length of the relationship

You do not have to have had sex with your partner to be in an intimate relationship.

The court will NOT consider a "casual acquaintance" (for example, friends or people who work together who are not dating).

### What should I know about filing for a Family Court Order of Protection?

All people in an intimate relationship needing an Order of Protection can file in Family Court and ask a judge to decide if they are eligible for an Order.

You have the right to bring an advocate or friend to court with you. You do not need an attorney, although the court may provide you with one if you qualify.

You do not have to call the police or have your partner arrested to go to Family Court to get an order of protection. However, you can go to Family Court even if you have contacted the police and even if you have gone to Criminal Court.

**If you would like to talk more about your options or need to talk about your relationship, you can contact:**

**New York City Anti-Violence Project  
24-hour bilingual hotline: 212.714.1141**

## **APPENDIX 8**

### **INCLUSIVE LANGUAGE**

#### **Inclusive language is language that recognizes that:**

- People's experiences differ.
- Our shared language makes the experiences of dominant groups more visible than those of oppressed groups.
- People are empowered by having a language with which to express their experience.
- Language changes as cultural and social conditions change.
- Non-inclusive language choices can hurt others and damage relationships.
- Culturally appropriate and non-gender-specific language can help remove barriers that can keep members of excluded groups from accessing services and participating in social institutions.
- Culturally appropriate and non-gender-specific language should be used in professional documentation, clinic forms, educational materials and public health campaigns.

#### **General Principles**

##### **Choose inclusiveness over grammatical correctness or linguistic grace.**

- With a little thought, these need not conflict.

##### **Call people what they want to be called.**

- Individual and group preferences can change over time. Keep up to date.
- If you're not sure, ask.
- Contrary to the "sticks and stones" jingle, words *do* have the power to hurt. They also have the power to convey understanding and respect.

##### **Take correction with grace. Being willing to do so helps define you as an ally.**

DON'T SAY: "I didn't mean anything by it." or "That's just political correctness."

- Such statements convey that you weren't thinking about what you were saying, or didn't care enough to think about how your words would affect the other person.
- Our language says more about what we think than we are usually aware of – choose words that reflect what you really *do* mean.
- Those who are excluded by others' language choices are the experts from whom others can learn.
- If you're not sure why someone took exception to something you said, *ask*.

DO SAY: "Oops...sorry, I won't say that again" and follow through.



## **APPENDIX 9**

### **CREATING AN LGBT-FRIENDLY DV AGENCY**

#### ***Organizational policies and culture.***

- Is top management committed to making services anti-racist and LGBT-friendly for clients, employees and volunteers?
- Are sexual orientation and gender identity included in the agency's non-discrimination and sexual harassment policies?
- Does the agency have a zero-tolerance policy for homophobic and transphobic comments? (Hearing such comments in shelter reinforces the effects of homophobic and transphobic tactics by abusers.)
- Does the agency make it safe for staff to come out?
- Do you celebrate significant events in LGBT staff members' relationships?
- Do you have working relationships with LGBT service providers in your community, and specifically with organizations serving transgender people?

#### ***Let clients know that your agency is committed to working with all LGBT people.***

- Is LGBT DV included in all agency publications?
- Do agency forms and print materials for clients use inclusive language and explicitly include LGBT issues? Do your materials address the entire LGBT community, talk about gender identity as well as sexual orientation, and address LGBT people of color as well as white people?
- Have you developed specific materials for LGBT clients?
- Do you display multicultural posters featuring LGBT people?

#### ***Ensure that staff and volunteers have the attitudes, knowledge and abilities to serve LGBT clients.***

- Do all staff and volunteers receive training on combatting homophobia, transphobia and heterosexism?
- Are all staff and volunteers trained on LGBT DV? (Learning about lesbian DV is not sufficient. Educate staff on issues facing specific groups of LGBT people – one size does not fit all.)
- Are many different staff involved in LGBT programs? (Referring all LGBT clients to the one known LGBT staff person is a sure way to guarantee that they don't continue.)
- Do all staff have opportunities to attend LGBT-related conferences?
- Do LGBT staff, especially staff of color, have opportunities to present at conferences and to represent the agency publicly?
- Are staff well-informed about LGBT-affirmative resources in your community?
- Do LGBT community organizations know about your services?

***Ensure that staff and volunteers reflect the community you serve.***

- Do you recruit and promote LGBT staff, including LGBT people of color?
- Do you encourage LGBT people to take leadership roles – and not just for LGBT-specific programs?
- Do you have ongoing relationships with organizations serving the LGBT community?
- Do you have strategies for better serving LGBT victims of color? For instance...
  - Educating white staff on how racism keeps people of color from seeking services.
  - Involving LGBT people of color in *policy-making*, not just service-provision.
  - Providing LGBT-affirming interpreters and signers.
  - Providing culturally and linguistically sensitive support groups. (For instance, some Latinos/as have suggested that support groups for LGBT Latinos/as should be mixed gender, because there is less gender separation between among LGBT Latinos than among Anglos). <sup>41</sup>
  - Reaching out to LGBT people who do not identify with the LGBT community, through organizations of cultural groups in your area.

***Develop services for LGBT people.***

- Do you have strategies for preventing LGBT abusers from gaining admission to shelter?
- Do you offer support groups for LGBT victims?
- Are LGBT clients welcome in support groups for all residents?
- Does your shelter welcome LGBT residents?
- Do you have shelter options in place for male victims?
- Do you have private restrooms and showers available, for the safety and comfort of transgender victims?

“The disability movement’s ‘universal design’ principle applies to social and support services, as well. Designing a service that appropriately meets the needs of its “most different” clients results in a service that will automatically better meet the needs of a whole range of clients. For example, a transgender person who doesn’t identify as either male or female poses what might seem to be a unique problem for an agency that sponsors single-gender support groups. However, dig deeper, and it often turns out the agency doesn’t have groups for non-transgender men, either. When services are designed to accommodate crime victims who don’t fit neatly into the “female victim with a male perpetrator” box, we will automatically have improved accessibility for all victims.”<sup>1</sup>

For more ideas, see Mottet, L. & Ohle, J. (2003). *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*. NY: National Gay & Lesbian Task Force and National Coalition for the Homeless. Includes many ideas that are also applicable to domestic violence shelters.  
[http://www.thetaskforce.org/reports\\_and\\_research/trans\\_homeless](http://www.thetaskforce.org/reports_and_research/trans_homeless)

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<sup>1</sup>Munson, M. & Cook-Daniels, L. (2009). *Hope for Healing: A Guide for LGBT Victims of Crime*. Milwaukee: Forge. [http://www.lgbtsurvivorsguide.org/LGBTCrimeGuide\\_web.pdf](http://www.lgbtsurvivorsguide.org/LGBTCrimeGuide_web.pdf).

## **APPENDIX 10**

### **CREATING A VICTIM-FRIENDLY AGENCY**

***Solicit top management's commitment to making your work-place safe for clients, employees & volunteers.***

- Ask management to include a DV policy in the agency's employee handbook.
- Ask management to look at workplace security to see whether it is adequate to meet victims' needs.

***Let clients know that your agency is committed to working with all victims.***

- Include DV issues in all agency publications.
- Develop client materials that address LGBT DV.
- Put up posters about LGBT domestic violence.
- Educate all staff on LGBT DV; don't expect one known LGBT staff person to work with all abused LGBT clients.
- Use inclusive language, and *follow through*. Make sure brochures about DV address the entire LGBT community - people of color as well as white people, and talk about gender identity as well as sexual orientation.
- Direct outreach efforts toward:
  - people who don't identify as LGBT,
  - those whose primary identification is with a community of color,
  - those who do not identify with the language of "battering,"
  - gay and transgender men.

***Ensure that internal policies reflect commitment to victims.***

- Provide opportunities for staff, especially staff of color, to attend and present at DV conferences and to represent the agency publicly.
- Know who is available to assist immigrants who are LGBT and/or victims.
- Provide LGBT-affirming and victim-sensitive interpreters for clients who do not speak English.

***Ensure that staff have the attitudes, knowledge & abilities to serve victims of DV.***

- Train all staff and volunteers on LGBT DV.
- Ensure that DV services continue by having various staff involved in them.
- Educate staff on the complexities of immigration issues for LGBT people and for battered people generally.

***Ensure that staff & volunteers reflect the community you serve.***

- Recruit staff who are experienced DV advocates.
- Encourage survivors to take leadership roles.

***Evaluate the safety of the services you provide, & the barriers that can keep victims from freely accessing them.***

- Offer support groups for LGBT victims.
- Provide written information in a safe manner.

## **APPENDIX 11**

### **QUICK GUIDE: WORKING WITH A CLIENT WHO BATTERS**

While working directly on the domestic violence or making sure a client who abuses their partner gets help for their abusiveness is not your job, there may be decisions you need to make in the course of working with an abuser.

#### **What do I do if my client is a batterer?**

- Maintain a clear stance that the abuser is *responsible* for their behavior and is *capable* of acting in a non-abusive manner.
- Do not advocate for the abuser on issues relating to the abuse. For instance:
  - A gay client tells you that he has been attending therapy and is doing much better at keeping his temper. His ex-wife has an order of protection against him, and he wants the judge to drop it. He asks you to write a letter on his behalf to the judge. Don't do it – you don't know what is actually going on.
  - Two lesbian partners are both in your program. Your client, identified as the abuser, asks you to ask her partner's caseworker to try and get her partner to agree to go to couple counseling. Don't do it – never help an abuser put pressure on their partner, even for something that seems reasonable to you.
- Refer for mental health or substance abuse services if the client needs and wants them, but remember that treatment is unlikely to be effective at getting them to be non-abusive, but is likely to give their partner false hope.
- In making referrals, consider what the impact might be on the abused partner.
- Remember that *you can not tell whether an abuser has changed* and shouldn't take his or her word for it.

#### **What about safety planning with abusers?**

Most abusive people already know how to be safe – they may be safe for everyone except their partner. Be clear that you believe it is their responsibility to live without violence and that they already know how to do it.

### **Should I refer abusive clients to a batterer program?**

Usually not, unless the client specifically requests a referral.

- There is little evidence that such programs deter future abusive behavior or increase victims' safety, but they do give victims a false sense of hope.
- Most programs require a court mandate. Abusers who start going to a program voluntarily are likely to drop out fairly quickly.
- In any case, most batterer programs work only with heterosexual men.

### **What if both the victim and the abuser are on my caseload?**

This should be dealt with at the level of agency policy, so that you don't have to figure out what to do in each individual case. Agency guidelines should require:

- *A separate caseworker for each partner.* It is too confusing for one person to work with both people – and it may not be safe for the victim. If both people happen to have the same caseworker, the identified abuser should be given another worker, unless the victim asks to be the one who switches workers.
- *All staff to take clients who are known to be abusers when necessary.*
- *Protection of victim confidentiality.* If information about abuse comes only from the victim, do not tell their partner the real reason for changing their caseworker. Make something up – schedule changes, balancing caseloads, etc. It is not safe to let an abuser know that their partner has disclosed their abuse, and you cannot control how the abuser will respond.

### **What if the victim's caseworker tells me my client is an abuser?**

Discussing the case between you is a double-edged sword.

- On the one hand, you may learn things that help you see the abusive partner more clearly, and avoid getting sucked into their manipulation.
- On the other, you may learn – and unintentionally *say to the abuser* – things that the abuser will use against their partner. You can't talk about the information, because the abuser will know where it came from, and the victim will suffer for it.

## **APPENDIX 12**

### **DV SCREENING FOR HIV PARTNER NOTIFICATION**

- Appendix 5, Domestic Violence Screening Protocol

Living with DV can make it more difficult for clients to deal with the partner notification process, and vice versa. NYS law requires that people testing positive for HIV be screened for DV before any attempt is made to notify their partner(s) of their possible exposure to HIV. This must be done carefully, because the behavior of helpers can increase victims' risk, regardless of whether your client is being abused or is abusing their partner. While HIV case managers are not required to report names or notify partners, knowing whether the individual has an abusive partner, and how that affects them, is very relevant to helping meet their needs.

Partner notification is to be deferred when screening indicates that there is a likelihood that notifying a past or present partner of their possible exposure to HIV would lead to behavior which could have a severe negative effect on the physical health and safety of the HIV-infected person, their children, or someone else close to them. (This includes negative health effects of behavior that is not actually physically violent.) When the risk cannot be determined, or the client has not returned for test results or can't be located, notification should be deferred until further information is available.

Steps in the DV screening process.

1. Discuss DV before eliciting partner names.
2. Screen for risk separately for each partner.
3. Refer for DV services; discuss release of information form.
4. Make determinations about notification.
5. Discuss and implement partner notification options.
6. Collaborate with public health partner notification staff.
7. Revisit partner notification and DV throughout the continuum of care.

The 1-day training, "Implementing HIV Reporting and Partner Notification" and the 2-day training, "HIV Testing Procedures" give more information on using the DV screening protocol; there is also a half-day skills building training on implementing the protocol. Visit the NYS DOH website at [www.health.state.ny.us](http://www.health.state.ny.us) for additional information about HIV reporting and partner notification training opportunities.



When using the protocol with LGBT people, providers should:

- Pay attention to the possibility that the client is LGBT.
- Pay attention to *both* behavior and identity. The client's behaviors may not match what they say about their sexual orientation or gender identity.
- Not assume that the individual to be screened is the *victim*. Your client may be abusing their partner, who needs to receive PN. If you suspect or determine that this is so, make sure whoever is responsible for handling the partner notification is aware of it.

## **APPENDIX 13**

### **DESIGNATED FAMILY OFFENSES**

Criminal Procedure Law 530.11(1) and Family Court Act 812(1)

- Disorderly conduct
- Harassment 1<sup>st</sup>
- Harassment 2<sup>nd</sup>
- Aggravated harassment 2<sup>nd</sup>
- Stalking 1<sup>st</sup>
- Stalking 2<sup>nd</sup>
- Stalking 3<sup>rd</sup>
- Stalking 4<sup>th</sup>
- Criminal mischief 1<sup>st</sup>
- Criminal mischief 2<sup>nd</sup>
- Criminal mischief 3<sup>rd</sup>
- Criminal mischief 4<sup>th</sup>
- Menacing 2<sup>nd</sup>
- Menacing 3<sup>rd</sup>
- Reckless endangerment
- Assault in the 2<sup>nd</sup>
- Assault in the 3<sup>rd</sup>
- Attempted assault
- Sexual misconduct
- Forcible touching
- Sexual abuse 3<sup>rd</sup>
- Sexual abuse 2<sup>nd</sup>, subdivision one

## **APPENDIX 14**

### **QUICK GUIDE: HELPING LGBT VICTIMS OF DOMESTIC VIOLENCE**

- Express concern for your client's safety and empathize with their feelings. Let them know they are not alone.
- Believe what your client tells you. Don't become an investigator.
- Don't blame the victim, imply that they contributed to the violence, or make excuses for their partner. Be clear that their victimization is not their fault.
- Offer to help the client contact a local domestic violence program.
- Refer for mental health or substance abuse services if needed – but don't *assume* that the client needs counseling just because they are being abused.
- With LGBT adolescents who are abused, be sure to talk about *healthy* LGBT relationships as well.

### **Safety Planning**

- Work collaboratively with clients; don't come on like an expert.
- Don't jump in with quick solutions or think you know better than they do. *Most important, don't assume that the victim can, or should, "just leave."*
- Keep the victim and children's safety in mind when scheduling appointments, making treatment and discharge plans, and discussing how to contact them. If you suggest a certain course of action, ask about their partner's likely response to it. Make sure you don't do anything to add to their danger.
- Evaluate the safety of all potential referrals and interventions. Plan with clients how your own interventions can be handled most safely.
- Try to help clients:
  - Identify potential ways to avoid violence and reduce injury.
  - See individual incidents as part of a larger pattern of abusive behavior that abusers seldom stop just because they promise to.

- Identify high-risk situations and make specific plans for each one. . (For instance, ask whether their partner owns guns or other weapons and has shown themselves willing to use them against people, which greatly increases the risk.)
- Identify signals of impending danger. Try to specify the chain of cues as far ahead of the actual violence as possible, to increase their chances of escaping.
- Rehearse plans with the client, imagine how they could backfire (escalation of violence, increased danger, legal ramifications), and make contingency plans.
- Revisit safety plans periodically and help clients assess how well they are working. Be alert for any indication that a plan has backfired.

### **Especially important for LGBT victims.**

- Pay particular attention to the abuser's use of LGBT-specific tactics.
- Always consider children's safety when making safety plans. Children may not talk to anyone about their concerns, for fear of outing their parents or having others assume that they are also LGBT, or having whoever they talk to use their parents' sexual orientation or gender identity to break up their family.
- Identify helpful community resources and help clients assess the safety of using those resources.
- Don't assume that calling police, getting an Order of Protection, seeking shelter, or telling LGBT friends about the abuse is a good idea. Help clients assess the potential costs and benefits of contacting authorities, seeking help from DV service providers, or disclosing abuse in their LGBT community.

### **What do domestic violence services have to offer?**

- In New York State, domestic violence programs are required to provide services to *all* victims, not just women abused by men. Some programs offer specific services for LGBT victims, but not all do.
- Domestic violence agencies can help victims with:
  - Safety planning
  - Shelter, transitional housing
  - Advocacy with law enforcement courts, social services, etc.
  - Orders of protection and custody orders
  - Counseling
  - Support groups
  - Children's programs
  - Job readiness
  - Legal assistance – through attorneys in-house or in the community.

### **How can I tell whether a provider will welcome my LGBT clients?**

LGBT victims may not be warmly or competently received everywhere. Even if staff are knowledgeable and welcoming, the responses of other shelter residents or support group members are less predictable. Find out what your local domestic violence service provider has available for LGBT victims *before* you need the information for a specific client. (See Appendix 8, "Creating an LGBT-Friendly Agency.")

Questions to ask:

- What specific services do you have for LGBT clients?
- Have staff been trained on LGBT issues?
- Do you offer support groups for LGBT victims? Are LGBT clients welcome in support groups for all residents?
- What are your strategies for preventing LGBT abusers from gaining admission to shelter?
- Do you have private bedrooms, restrooms and showers available, for the safety and comfort of transgender and male victims? If not, what shelter options do you have in place for them?

- Ask for copies of their brochures. Look for whether LGBT people and people of color feature prominently in their materials.

### **Should I suggest couple counseling?**

No. Your goal should be safety for the client, not fixing the relationship.

- Couple counseling is an ineffective response to domestic violence, and it can be dangerous. Victims have been assaulted for what they say in sessions.
- Some couple counselors don't recognize that the abuser is trying to gain control, and may unintentionally reinforce the abuser's tactics or blame the victim for causing or provoking the abuse.
- Friends, family and other providers may be urging your client to try couple counseling. Don't add to that pressure. If the client is thinking about couple counseling, ask what they need to help make it safe for them.

### **What if a victim doesn't want services?**

- Respect your client's sense of timing, which may not be the same as yours. Victims decide to seek services or leave their abusive partner according to their own sense of what is safe and helpful at a given time.
  - In between acute violent episodes, some victims persuade themselves that it won't happen again, and minimize ongoing danger signals. Others focus on managing their partner day-to-day. Both of these safety strategies make long-term safety planning more difficult. Working with a domestic violence advocate can help make it easier. Talk about safety during periods of relative calm, not just during a crisis, and try to help clients focus on the long term.
  - Their partner may be trying to keep them from seeking help, by convincing them that shelters only serve heterosexual women, or that no one will believe them. These claims don't have to be true to be effective!
- Remain available as a source of support and referrals.
- Some clients may prefer to contact an LGBT organization for help. Such groups may not have adequate ability to help with domestic violence, but they may be able to offer crucial support.
- Remember that working with victims can take a toll on you, especially if you are afraid for their safety and worry that they are making bad choices. If you

feel frustrated, helpless or angry with a client, find support from a co-worker or supervisor. Don't expect your client to take care of you.

### **What about mandated reporting?**

- In NYS there is no mandatory reporting of adult domestic violence. Reporting domestic violence to anyone without the client's consent is a violation of confidentiality, and can be dangerous.
- Domestic violence can endanger children, and the issue of child abuse reporting may arise. Not all calls regarding domestic violence will be registered by the child abuse hotline, but many will.
- Talk with the victim before making a call to the child abuse hotline, so the victim can plan for his/her safety in the event an investigation begins.
- If the client chooses to make the call themselves, advise them to think out what they will say to the hotline worker before they make the call. The worker may ask questions that could implicate the victim, resulting in a report that includes them, as well as the person they were calling about.

### **How do the courts respond to LGBT victims?**

Until 2008, LGBT victims of domestic violence had access only to criminal courts, not to Family Court. Since 2008, LGBT victims have had access to Family Court as well, which gives them access to a number of benefits:

- Most important, access Family Court gives LGBT victims access to civil orders of protection, which can help protect them when:
- The violence has not escalated to a level that is *severe enough* to warrant arrest.
- The victim doesn't *want* to have their partner arrested, but wants the violence to stop.
- The victim is *afraid* to have their partner arrested, because of the risk of retaliation when the abuser is released from jail, or because arrest means the loss of the abuser's job and income. (See Appendix 6, AVP Order of Protection Fact Sheet.)
- The ability to drop a case, which they cannot do in criminal court.
- Confidentiality.

- Family Court proceedings are private and records can be sealed in certain situations, unlike criminal court records which are part of the public record.
- Criminal courtrooms are open to the public, while only the parties involved are usually present in Family Court.
- Access to restitution for damages, up to \$10,000, without need for a conviction. Put in an appendix of CVB information.
- Access to orders of custody or child support.
- Medical support executions, which prohibit the abuser from cancelling health insurance on the victim and children.

Not all judges, court clerks and other staff are aware of the change in the law that gives LGBT victims access to Family Court, or implement it as intended. Providers should coordinate with domestic violence advocates, who are likely to be aware of practices in their local community.

### **Other recent legal changes affecting domestic violence victims**

- Some low-level sex offenses are now designated Family Offenses, which means they can be heard in both Family Court and criminal courts.
- Undocumented immigrant victims are eligible for domestic violence services and shelters will be reimbursed for providing those services.
- All OASAS-credentialed substance abuse providers are now mandated child abuse reporters.
- Sex trafficking is now a felony.
- Victims of domestic violence are now a protected class under the employment provisions of NYS Human Rights Law. Employers may not fire or refuse to hire an individual based on their being a victim of domestic violence, or otherwise discriminate against them in employment.
- Housing discrimination against victims of domestic violence is prohibited.



## **APPENDIX 15**

### **SAFETY PLANNING GUIDE**

You can't control your partner's violence, but you can find ways to reduce the risk of harm to yourself and your children. This Safety Planning Guide will help you explore alternatives, and prepare for emergencies. Safety planning begins with admitting to yourself that you are in danger – and will be in danger again in the future.

If you work on your safety plan when you are not in immediate danger, you can think more clearly and make better decisions. No matter what you are trying to do (avoid incidents, minimize harm to yourself and your children, escape temporarily, or leave permanently), you'll be more successful if you *plan* ahead, *prepare* to carry out your plan, and *rehearse* the steps you need to take.

There is no one-size-fits-all safety plan. Use the pieces of this Guide that are relevant to your individual situation - no one knows better than you what you should or shouldn't do. Review your plan regularly and make changes as needed. Talk it over with people you trust.

The New York City Gay and Lesbian Anti-Violence Project (Hotline # 212-714-1141) can help with your safety plan. They will not try to get you to leave your partner. Whether or not you are planning to leave, they can help you feel stronger and see more options for yourself. The New York State Domestic Violence Hotline (English: 1-800-942-6906; Spanish: 1-800-942-6908) can also give you the number for a domestic violence program (phone # \_\_\_\_\_) in your community.

Don't try to complete your safety plan all at once. Like any big task, it is best to break it into manageable bits. Identify specific things you can accomplish, decide what you need to do first, and tackle one thing at a time.

This Safety Planning Guide is designed as a worksheet, with spaces to fill in needed information, and check off what you have already done. Keep it where your partner won't find it, or ask someone you trust to keep it for you. Even if it's not safe to write down your plan, it's still important to make one. Any thinking you do now will increase your ability to keep yourself and your children safe when you need to.

Local domestic violence service 24-hour hotline # \_\_\_\_\_

## **PART 1. Preparing to be safe: Strategies for increasing your safety and your options for the future.**

Follow your intuition about how to protect yourself until you are out of danger. You can always decide to do what your partner wants, temporarily, in order to avoid violence.

When you think your partner is becoming violent, try to avoid parts of your home where there is no outside exit, or there are many things he/she could use as a weapon – including the bathroom, garage, kitchen.

Practice how to get out of your house or apartment safely.

- Decide which doors, windows, elevators, stairwells or fire escapes you would use to escape in a hurry.

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- Walk through each route, or go over it in your mind. Identify possible obstacles, such as darkness, things to trip over, locked exits, or weapons too close at hand. Correct the problem if you can, or look for another way out.

Keep money and car keys where you can grab them quickly.

Keep your cell phone with you at all times. Put 911 on speed dial.

Put money aside – even small amounts – that your partner doesn't know about. Open a bank account at a different bank from the one your partner uses. Have statements sent to a friend's address.

Apply for additional credit cards, even if the limit they will give you is low. Have bills sent to a friend's address so your partner won't know about the cards. (Don't give up if your first applications are denied; different credit card companies have different criteria.)

Take classes to increase your job skills, or look for a better-paying job to improve your financial situation.

Read one of the many books written to help victims survive and change their situation. There are several books specifically about LTBT domestic violence. Keep books at work or at a friend's house if necessary.

Learn what you can and can't expect from the police, the courts, social services, etc. Your local domestic violence program can give you information.

## PART 2. Mobilizing your support system.

*Your support system includes family and friends who know what is happening to you and agree to help in some way. In order to fill in this page, you may need to ask various people for specific kinds of help. This will help you see that people will support you. Add a back-up person for very important items.*

List individual people who agree to:

- Call the police if they hear noises coming from your house (near-by neighbors).  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Store your emergency escape bag and let you get it any time of day or night.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Let you and your children stay with them in an emergency, any time of day or night.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Take phone messages for you.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Lend you money.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Let you borrow their car.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Come and pick you up *if they can do so safely*.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Pick your children up. *Make sure the school or daycare center knows who is, and is NOT, authorized to pick them up. Give them pictures of those people.*  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Walk you to and from your car at work, or accompany you to work.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Receive mail for you at their address (especially bank and credit card statements).  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Take in your animals.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Listen to you if you are feeling lonely or confused, or if you have left your partner and are considering returning.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PART 3. Teaching your children safety skills

*Talk to your children how to get out of the house and where to go in an emergency. The strategies you teach them will be different depending on the age of the child. Practice these skills with them, especially with younger children; don't just tell them what to do. Break the skills down into steps, put the steps in the right order, and teach them one step at a time. (For instance, first they should learn their address, then learn how to call 911, then memorize a code word that tells them to call 911 immediately.) Review the steps periodically.*

*Children often repeat what they are told – don't give explanations that you don't want repeated to your partner. Some skills, such as knowing their address or being able to dial 911, can be presented as things every kid needs to know. For others, think out ahead of time what to say – and what NOT to say – to your children, and what to tell them to say if your partner asks them what they're doing. (For instance, instead of saying that you are practicing what to do when your partner gets angry, you can tell the children that you are practicing fire drills.)*

*Limit how many people younger children call for help; they may get confused if they have to go to different people.*

Check off each skill or piece of information as your children have learned it:

- \_\_\_ How to get out in an emergency (practice fire drills and escape plans)
- \_\_\_ Your home address
- \_\_\_ phone numbers: \_\_\_ home, \_\_\_ your work number, \_\_\_ a supportive relative or friend (Who? \_\_\_\_\_)
- \_\_\_ How to \_\_\_ dial 911, \_\_\_ use speed-dial
- \_\_\_ A code word (a word you would not often say) or signal (something moved out of its normal place, a light turned on unnecessarily, etc.) that tells them to call for help or leave the house and go to a specific place:
  - Code word or signal: \_\_\_\_\_
  - Where they should go for help: \_\_\_\_\_
  - (Also give the code word to family or friends so you can use it to let them know that you are coming, or that you need help.)
- \_\_\_ A code word to tell them you're OK if you had to leave home. \_\_\_\_\_
- \_\_\_ Who is allowed to pick them up at school or day care, and that they are not allowed to go with *anyone* else, no matter who. (Give a copy of the custody or protective orders and emergency numbers, to the caregiver or school.)

## **PART 4. Preparing to leave (temporarily or permanently)**

Find a safe place to keep an emergency bag.

Check off each item as you put it in the emergency bag:

Extra keys: \_\_\_ car, \_\_\_ house, \_\_\_ office, \_\_\_ safety deposit box

Money: \_\_\_ cash, \_\_\_ checkbook, \_\_\_ credit cards, \_\_\_ ATM cards,  
\_\_\_ bank account and credit card numbers

Clothing: \_\_\_ yours, \_\_\_ children's

\_\_\_ Comfort toys for children, security blankets, stuffed animals

\_\_\_ Sentimental items, photos

\_\_\_ Medications: \_\_\_ yours, \_\_\_ children's

### Copies of records and documents

\_\_\_ Order of Protection

\_\_\_ Divorce/separation papers

\_\_\_ Custody order

\_\_\_ Driver's license

\_\_\_ Your birth certificate

\_\_\_ Children's birth certificates

\_\_\_ Your passport

\_\_\_ Green cards

\_\_\_ Work permits

\_\_\_ Children's passports

\_\_\_ Health insurance or Medicaid ID cards

\_\_\_ Title to car (or lease contract)

\_\_\_ Car registration

\_\_\_ Insurance policies:

\_\_\_ Lease or deed

\_\_\_ Address book with phone numbers for: domestic violence hotline,

support people, doctors, dentists, child care providers, lawyer, insurance agent, pharmacy, etc.

\_\_\_ Your safety plan

\_\_\_ Social Security cards

\_\_\_ Social Services ID

\_\_\_ Your will

\_\_\_ Your partner's will

\_\_\_ Health care proxies

\_\_\_ Power of attorney

\_\_\_ Children's school records

\_\_\_ Children's vaccination records

\_\_\_ Prescriptions

\_\_\_ Insurance information

\_\_\_ life \_\_\_ homeowners \_\_\_ health

\_\_\_ mortgage payment coupons

If you can't get your partner to leave, check local laws governing how you must go about it.

\_\_\_ If your partner's name is on the lease or deed, you cannot simply lock them out or change the locks without getting an *exclusionary* Order of Protection or providing a legal notice of eviction.

\_\_\_ Even if the lease or deed is only in your name, if your partner has lived with you for a substantial period of time, they may have residency rights and it may be illegal for you to simply lock them out.

## **PART 5. If you and your partner have separated**

If your partner has moved out, or you have, make your home as secure as possible. If money is a problem, do the ones that you think are most important first.

### Free or low-cost security strategies:

- Tell supportive neighbors that your partner no longer lives with you, and ask them to call the police if they see your partner around your house.
- Keep all mail your partner sends to you – not just harassing or threatening letters, but friendly, loving, or begging ones as well.
- Let all calls go to voicemail. Do not delete any voicemail messages from your partner.
- Keep friendly messages as well as harassing ones.
- Get an unlisted phone number. Don't share it with anyone, even your credit card company or your bank.
- Put heavy screws into the side of window sashes so the window can only be opened a few inches.
- Check all doors and windows for security – including those in the basement, attic and garage.
- Ask your local police if they perform security checks for community residents.

### Somewhat more expensive strategies:

- Change the locks on doors and windows if your partner has keys to your home.
- Install deadbolts, chains, window bars, or poles to wedge against doors.
- Buy rope ladders to use for escaping from second floor windows.

### If money is not a problem, consider these ideas:

- Replace wooden doors with metal doors.
- Install outside lights, motion detectors, or an electronic security system.

## **PART 6.      At work**

- If you think you can do so without repercussions, tell your boss, security supervisor, or Employee Assistance Program about your situation.
- Give a photograph of your partner and a copy of your Order of Protection, if you have one, to security or the receptionist if there is one. Make sure they understand whether your partner is allowed to contact you, and if so, how.
- If you work near an open area or unmonitored entrance, ask to be moved to an area where you would be less accessible.
- Let all calls go to voicemail.
- Arrange to walk in and out of your workplace with other people.
- Ask for a parking place close to the entrance of your workplace.

## **Part 7.      In public**

- If your partner follows you around, some alternatives are:
- Go to a very public place (e.g., a convenience store, mall, or supermarket).
- Identify other places you can go for safety:
- Stay in the car and lean on the horn.
- Change your habits: avoid stores, banks, laundromats, recreational areas and other places where your partner would think to look for you. Find new places to do business.
- Make doctor, dentist or other appointments at times when you know your partner has to be somewhere else. If needed, consider changing to a different provider.

## **PART 8. Orders of Protection**

*You can get a civil Order of Protection from Family Court, or a criminal court Order of Protection if your partner has been arrested. Always keep it with you. If it gets lost or destroyed, ask the court that issued it to give you another copy.*

Consider giving a copy of your Order of Protection to:

- ☐ Police departments in communities where you live, work, or visit friends and family.
  - ☐ Your employer
  - ☐ Your or your children's therapist, if any
  - ☐ Your children's school or day care center
  - ☐ Your attorney
  - ☐ Your domestic violence advocate
  - ☐ Other relevant people:
- 

If your partner violates the order, you can:

- ☐ Call the police and report the violation
- ☐ Call your attorney for advice
- ☐ Call your domestic violence advocate if you have problems getting it enforced.
- ☐ Report the violation to the court.

## **Part 9. Making progress.**

Join a support group at the DV program or LGBT agency in order to build a support system, learn skills or get information. List other sources of this kind of help:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Work with a counselor or therapist who understands domestic violence and LGBT issues. A DV program or LGBT agency can recommend someone. If money is a problem, ask about sliding fee scales.

Name: _____	Phone: _____
Name: _____	Phone: _____

List other things you can do to help yourself and your children feel stronger (ways to take good care of your body, nurture yourself emotionally, learn new skills, or have fun):

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**You don't have to figure it all out on your own.**

**Domestic violence and LGBT service providers can help.**



## **APPENDIX 16**

### **SAFETY PLANNING HINTS FOR HUMAN SERVICE PROVIDERS**

#### **Important for all victims.**

- Work collaboratively with clients on safety planning; don't come on like an expert.
- Work on safety plans during periods of relative calm, not just when there is a crisis.
- Evaluate all referrals and interventions you contemplate making for safety.
- Help clients assess the safety implications of interventions by others (e.g., the court imposes a mutual order of protection; their therapist suggests couple counseling).
- Plan with clients how your own interventions can be handled most safely.
- Try to help clients:
  - See individual incidents as part of a larger pattern of abusive behavior that abusers seldom stop just because they promise to.
  - Focus on the long term, not just the current crisis.
  - Identify high-risk situations and make specific plans for each one. . (For instance, ask whether their partner owns guns or other weapons and has shown themselves willing to use them against people, which greatly increases the risk.)
  - Identify signals of impending danger. Try to specify the chain of cues as far ahead of the actual violence as possible, to increase their chances of escaping.
  - Identify behaviors that can help them avoid violence and reduce injury.
- Rehearse plans with the client, imagine how they could backfire (escalation of violence, increased danger, legal ramifications), and make contingency plans.
- Revisit safety plans periodically and help clients assess how well they are working. Be alert for any indication that a plan has backfired.

#### **Especially important for LGTB victims.**

- Pay particular attention to the abuser's use of LGTB-specific tactics.
- Ask about children's safety whenever domestic violence is identified, and always consider the children's safety when making safety plans!
- Remember that the children themselves may not talk to anyone about their concerns, for fear of outing their parents or having others assume they themselves are also LGTB, or for fear that whoever they talk to will misunderstand the situation, or use their parents' sexual orientation or gender identity to break up the family.
- Identify community resources that can help, and help clients assess the safety of using those resources.
- Help clients assess the potential costs (their partner's likely response) and benefits (ability to help them be safe) of contacting authorities.
  - Don't assume that calling police or getting an Order of Protection is a good idea.
- Help clients assess the potential costs (homophobia/transphobia) and benefits (many services) of seeking help from DV service providers.
  - Don't assume that LGTB victims *should* seek shelter, or will be welcome there.
- Help clients assess the potential costs (silencing and victim-blaming) and benefits (potential support) of disclosing abuse in their LGTB community.
  - Don't assume that telling LGTB friends about the abuse is a good idea.
- Maintain a clear stance that their victimization is not their fault.

Many of these ideas are from Davies, Safety Planning with Battered Women.<sup>32</sup>

## **APPENDIX 17**

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