

LGBTQ Domestic Violence
Technical Assistance & Training Project

Effective Case Management with LGBTQ DV Victims/Survivors



Part I: Opening



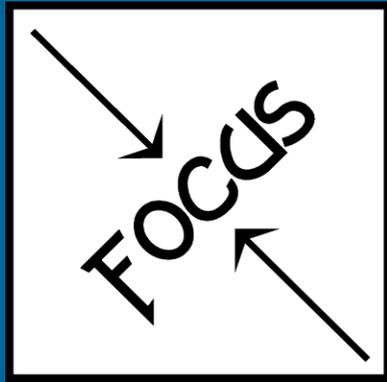
Teleconference Call Objectives

By the end of the call participants will:

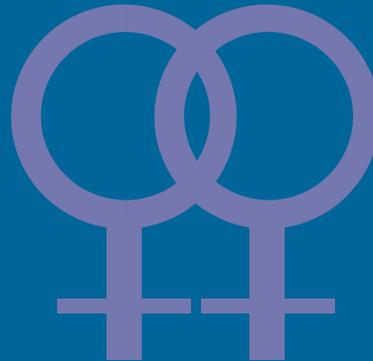
1. Have a greater understanding of critical issues to consider in providing case management services to LGBTQ-clients.
 2. Have a greater understanding of issues to consider when mobilizing support and advocating for resources and services for LGBTQ clients.
 3. Have specific ideas of how to assess if a potential referral agency is welcoming to LGBTQ clients and sensitive in its services.
-

Agenda

- I. Opening **[DISCUSSION]**
 - II. Foundations of Effective Case Management with LGBTQ DV Victims/Survivors
 - III. Critical Issues:
 - A. The Impact of Oppression
 - B. The Costs and Benefits of Coming Out in Help-Seeking **[DISCUSSION]**
 - IV. Considerations in Mobilizing Support and Advocating for Needed Resources and Services
 - A. Informal Support from Non-DV Resources
 - B. LGBTQ-Sensitive and LGBTQ Specific Services
 - C. Assessing a Potential Referral Agency **[DISCUSSION]**
 - V. Additional Resources and Next Steps **[DISCUSSION]**
 - VI. Evaluation and Raffle
-



We will focus on working directly with a client who has disclosed that they are lesbian, gay, bisexual, transgender and/or questioning.



Discussion

Getting Started...

Please tell us:

- Something about your agency related to serving LGBTQ victims/survivors.

-- OR --

- Something you'd like to learn today.



What is Case Management?

“The process of case management can be summarized as: linking clients with appropriate care from health and human service providers and resources, based on the needs and values of the client and in collaboration with service providers, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable.”

Commission for Case Manager Certification. (n.d.) *Case Management Practice*. Retrieved from:
<http://www.ccmcertification.org/pages/136body.html>.

What is Case Management?

Case management with DV victim/survivors can be understood as the process of:

1. Assessing a survivor's needs;
2. Prioritizing needs with the survivor;
3. Developing a plan of care together by identifying resources to meet those needs;
4. Assisting the survivor in mobilizing formal and informal resources; and,
5. Advocating on behalf of the survivor for needed resources and services.

We will address 1-3 in a future teleconference call on "Intake Interviewing and Screening."

We will address 4 and 5 today.

We Will Not Cover...

- Fostering a welcoming environment
 - Safety Planning
 - Legal assistance, court accompaniment and TROs
 - Counseling practices
-

Part II: Foundations of Effective Case Management with LGBTQ DV Victims/Survivors



Gay Affirmative Practice

- Gay affirmative practice models provide guidelines for treating gay and lesbian individuals.
- The models emerged from the psychotherapy field and were and broadened to be applicable across a variety of social work settings in the late 1990s.
- Gay affirmative practice, “...*affirms a lesbian, gay or bisexual identity as an equally positive human experience and expression heterosexual identity* (Davies, 1996) [1].”

[1] As cited in Crisp, C. (2006.) The gay affirmative practice scale: A new measure for assessing cultural competence with gay and lesbian clients. *Social Work*, 51(2): 115-126.

Gay Affirmative Practice

Gay affirmative practitioners...

“...Celebrate and advocate the validity of lesbian, gay and bisexual persons and their relationships...[and go] beyond a neutral or null environment to counteract the life-long messages of homophobia and heterosexism that lesbian, gay and bisexual individuals have experienced and often internalized (Tozer and McClandahan, 1999) [2].”

[2] As cited in Crisp, C. (2006.)The gay affirmative practice scale: A new measure for assessing cultural competence with gay and lesbian clients. *Social Work*, 51(2): 115-126.

Gay Affirmative Practice Scale

- A 30-item scale designed to assess practitioners' beliefs and behaviors in practice with gay and lesbian individuals.
- Can be quickly and easily administered and scored in a brief amount of time.
- Can be used as a self-assessment instrument.
- See p 125-126 of the handout: Crisp, C. (2006.) The gay affirmative practice scale: A new measure for assessing cultural competence with gay and lesbian clients. *Social Work*, 51(2): 115-126.

Equal treatment does not always mean *“We treat everyone the same...”*

- Sometimes ‘equality’ means treating people the same despite their differences and sometimes it means treating people as equals by *accommodating* their differences [3].
- Although it may come from a place of genuine acceptance, the *“We treat everyone the same”* approach can lead to a denial of differences and a failure to acknowledge the context of an LGBTQ person’s life. It is the equivalent of the “color blind” approach to racism [4].

[3] Saskatchewan Ad Hoc Committee on Abuse in Lesbian Relationships. (n.d.) Abuse in Lesbian Relationships and Lesbian Friendly Service: A Saskatchewan Survey (2001-2002). Retrieved from <http://www.hotpeachpages.net/ALR>.

[4] Langley, L. (2001.) Developing anti-oppressive empowering social work practice with older lesbian women and gay men. *British Journal of Social Work*, 31: 917-932.

Part III: Critical Issues:

A. The Impact of Oppression



The Impact of Oppression

“*The issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on mental health and personal safety* [5].”

- Research on the negative results of homophobia on gays, lesbians and bisexuals (GLB) showed that GLBs had a shorter life expectancy and faced health risks and social problems at a greater rate than the heterosexual population [6].

[5] US. Department of Health and Human Services. [Health People 2010. 2nd ed. With Understanding and Improving Health, and Objectives for Improving Health.](#) 2 Vols. Washington, DC: U.S. Government Printing Office, November 2000.

[6] Banks, C. (2003). [The cost of homophobia: literature review on the human impact on homophobia in Canada.](#) Gay and Lesbian Health Services of Saskatoon: Saskatoon, SK, Canada.

The Impact of Oppression

- In general, the **chronic stress** of coping with social stigmatization and societal hatred is the primary reason for the negative effects of homophobia. More specifically, the reasons for the harmful effects of homophobia are:
 - Lack of support and helping resources
 - Distress from internalized homophobia
 - Stress from self-concealment of sexual orientation
 - Stress from altering behavior
 - Coming out stress
 - Harmful coping behaviors [7]

[7] Banks, C. (2003). The cost of homophobia: literature review on the human impact on homophobia in Canada. Gay and Lesbian Health Services of Saskatoon: Saskatoon, SK, Canada.

Oppression is the Problem, Not Sexual Orientation or Gender Identity

“*Being GLB is not genetically or biologically hazardous to one’s physical or psychological health* (O’Hanlan, 1995; Remafedi, French, Story, Resnick & Blum, 1998; Ross Paulsen & Stalstrom, 1988; Wayment & Peplau, 1995) [8].”

- A client’s sexual orientation or gender identity is never to blame for violence from a partner.
- Homophobia, biphobia, transphobia and heterosexism in society and in the abusive relationship are the problems, not the sexual orientation or gender identity of the survivor.

[8] As cited in Banks, C. (2003). The cost of homophobia: literature review on the human impact on homophobia in Canada. Gay and Lesbian Health Services of Saskatoon: Saskatoon, SK, Canada.

Acknowledge and Address Oppression

- “Part of what establishes trust between gay clients and straight therapists is being able to tolerate clients' rage about homophobic oppression without pathologizing their anger or responding defensively [10].”
- “The... therapist needs to be able to bear witness to clients' rage, fear, and shame, confirming that these are, indeed, injustices, and they must also resist clients' projections of their own internalized homophobia, refusing to validate self-blame [10].”

[10] Bernstein, A.C. (2000) Straight therapists working with lesbians and gays in family therapy. *Journal of Marital and Family Therapy* 26 (4), 443–454.

Acknowledge and Address Oppression

- It's important to "...consistently attend to... clients' diversity of backgrounds, including their communities' experiences of oppression and privilege, as a fundamental part of the healing endeavor [9]."
- Acknowledge and offer support if a client discloses to you any prior experiences of discrimination, bias or harassment with family, law enforcement, other service providers, etc.
- Also, be aware of your own attitudes, and take care that every step of the case management process is client-centered, affirmative, and based on the needs and values of the client.

[9] Pilarhernal, N., Almeida, R. and K. Dolan-Delvecchio. (2005.) Critical consciousness, accountability, and empowerment: Key processes for helping families heal. *Family Practice*, 44:105–119.

“To be out, or not to be out, that is the question...”

Part III: Critical Issues: B. The Costs and Benefits of Coming Out in Help-Seeking



Foster an Environment Where it is Safe to Self-Identify as LGBTQ

- In the Regional Training and the “*Fostering a Welcoming Environment*” teleconference call we recommend that agencies encourage self-disclosure of sexual orientation and gender identity and foster an environment where it is safe to do so.
 - If a client discloses to you that they are L, G, B, T and/or Q, it is likely that somewhere in the process of finding you, they have gotten some indication(s) that it is safe to do so. Yet, they have still taken a risk. Thank them for trusting you and acknowledge their courage.
-

And, Respect a Client's Self-Determination to Be “Out” or Not...

- Many LGBTQ people will prefer to “**pass**” or “**be closeted**” with others, unless or until a relationship of trust has been established.
 - **Passing**”: Behavior used to avoid being identified as LGBTQ
 - “**Being closeted**”: When an LGBTQ person does not reveal their sexual orientation and/or gender identity to others [11]

[11] Langley, L. (2001.) Developing anti-oppressive empowering social work practice with older lesbian women and gay men. *British Journal of Social Work*, 31: 917-932.

And, Respect Self-Determination to Be “Out” or Not...

- “Passing” and being “closeted” are both protective measures to preserve dignity and prevent harassment and violence.

“‘Passing’ or being ‘closeted’ [also] means denying the essence of oneself and denying or disowning partners [12].”

[12] Langley, L. (2001.) Developing anti-oppressive empowering social work practice with older lesbian women and gay men. *British Journal of Social Work*, 31: 917-932.

Coming Out

- What is “**Coming out?**”: The process of telling others about your sexuality and/or gender identity; a complex, difficult and life-long series of events.

“*One of the most difficult aspects of coming out is that it is a never-ending process, each new situation requires another telling. In the main, as sexual orientation isn't visually obvious and the assumption is often made that people are all heterosexual, this is a fairly constant and exhausting process* [13].”

[13] Brown, H.C. (1998.) *Social work and sexuality: Working with lesbians and gay men.* Basingstoke, BASW/Macmillian.

Respect the Client's Choices

- Pay attention to the degree to which the survivor discloses her/his identity.
- Respect her/his choice to define her/his identity and who s/he wants to share it with. Maintain confidentiality.
- Ask and confirm if you are not certain.
- Respect anxieties about disclosure of sexual orientation and/or gender identity that a client might have. This anxiety is usually based on realistic fears of discrimination and its effects on child custody, family support, job security, etc.
- At the same time, respect a client's choice if they DO want to be out. Don't discourage a client from coming out – it's their choice.



Cost Benefit Analysis of Coming Out

- Help clients assess the costs and benefits of disclosing their sexual orientation, gender identity and/or experience of abuse to other clients and staff and to other service providers. Some questions a client might consider are:
 - Does the environment appear open to my disclosure?
 - How safe is it for me to come out?
 - What might be the benefits of coming out? (e.g., potential support, etc.)
 - What might be the risks or costs of coming out? (e.g., potential bias, victim-blaming, etc.) [14]



Discussion

- Have you had a client disclose to you but not want to be “out” to other staff or clients?
- Have you had a client disclose to you a previous experience of discrimination or harassment with another service provider or government agency?
- How have you provided service and support in these situations?



Part IV: Considerations in Mobilizing Support and Advocating for Needed Resources and Services:

A. Informal Support from Non-DV Resources



Seeking Support from Family, Friends and LGBTQ Community Resources

- Help clients assess the costs and benefits of seeking support from family, friends and LGBTQ community resources/networks.
 - Encourage clients to use safe and supportive networks within their community when appropriate.
 - LGBTQ communities can be very tight-knit, and the survivor may share many friends with her/his abuser. S/he may not want to disrupt those friendships for either party.
 - Focus on how s/he can stay safe, not on whether or not to continue any particular relationship.
-

Potential Costs and Benefits of Seeking Support from within the LGBTQ Community

Potential Benefits

- Support from meaningful and trusted relationships and resources
- Less likelihood of homo/bi/trans-phobic and heterosexist bias

Potential Costs

- Potential denial of the abuse.
 - Mutual friends may be reluctant to “take sides” against the abuser.
 - LGBTQ community resources may underestimate importance of safety considerations in victims’ decision-making.
-

Potential Costs and Benefits of Seeking Support from Family and Others

Potential Benefits

- More places to turn for support
- More comprehensive safety planning

Potential Costs

- The client may not be able to avoid coming out in order to seek support.
 - Potential rejection by family, employer, etc. may rob them of whatever support they might have gotten as a victim of abuse.
-

Part IV: Considerations in Mobilizing Support and Advocating for Needed Resources and Services:

B. LGBTQ-Specific and LGBTQ-Sensitive Services



Referring to LGBTQ-Specific Services

- If an LGBTQ client is seeking services from a DV agency, it is appropriate for the agency to refer the client out to an LGBTQ-specific agency such as CUA AV, LAGLC or Asian Women Shelter's Queer Asian Women's Services Program if requested by the client or if the DV agencies does not feel equipped to adequately serve the client.
- ⇒ It is **ALWAYS** appropriate for an agency to provide services to the client while seeking consultation from a TAT provider from the LGBTQ DV TAT Project (i.e., LAGLC, CUA AV and CPEDV)!

Referring to LGBTQ-Specific Services

- It is NOT appropriate for the DV agency to refer the client out to an LGBTQ-specific agency in the following circumstances:
 - If the provider is making the assumption about the client's sexual orientation without confirmation from the client
 - If the client is frightened because they are not "out"
 - If the agency is capable of providing services to the client and the LGBTQ-specific agency is so far away that it would cause hardship to the client
 - If the agency does not want to serve the client because of their bias against the client
 - If the agency does not want to serve the client based on their primary concern that other clients might be uncomfortable

Referring to LGBTQ-Sensitive Services

- Assist in identifying options for LGBTQ *sensitive* services and refer the client to them when appropriate.
- LGBTQ-*sensitive* services are provided by staff who have been trained and are knowledgeable and sensitive to LGBTQ client needs within an organization with demonstrated commitment to and experience with serving LGBTQ communities
 - Sensitive social service providers
 - Sensitive therapists, psychiatrists and psychologists in your area or in a nearby area
 - Sensitive doctors, health clinics and other medical providers
 - Sensitive legal resources

Part IV: Considerations in Mobilizing Support and Advocating for Needed Resources and Services:

C. Assessing a Potential Referral Agency



Assessing a Potential Referral Agency

- Take care to identify resources that are safe for the survivor, including whether homo/bi/trans-phobia on the part of the provider may re-victimize the client.
 - Determine if a referral source is welcoming to LGBTQ clients without violating the confidentiality of a prospective client.
-

Assessing Referral Agencies: Case Example

You are working with a male-to-female transgender client who is in need of X services. You want to help her access these services, but you are concerned that she will not be welcomed at the local X service provider.

1. What do you need to know to assess the provider's ability to effectively serve transgender clients?
2. If you contact the prospective provider directly, what questions can you ask to determine their willingness and ability to serve diverse clients?
3. How can you ensure that you do not disclose your client's gender identity when you are determining if this organization welcomes transgender clients?

Be Familiar Ahead of Time

- Spend some time so that you are generally knowledgeable about LGBTQ-friendly referral sources in your area.
- Think about the level of bias, support, etc. a client might encounter at a particular agency by asking the following questions:
 - Does the agency have a reputation for being an LGBTQ-welcoming organization?
 - Does the agency have a non-discrimination statement on its website or other materials or other indicators that they have a commitment to being accessible and welcoming to LGBTQ communities?
 - Speak to staff of LGBTQ organizations to determine if they have had experience with a referral source.
 - Ask other staff in your agency if they have had experiences, positive or negative, with this agency.

Call the Agency and Ask About Their Services, Policies and Protocols

1. Start by asking general questions about their services.
2. Probe for more information on LGBTQ issues.
3. Ask questions about the staff's cultural competency on LGBTQ issues and if staff are required to have basic LGBTQ cultural competency training
4. Ask if there have been any incidents where LGBTQ clients have had difficulty accessing services
5. Ask questions about how homo/bi/trans-phobic comments and behaviors are handled.
6. Also ask about their confidentiality policies and practices with regard to sexual orientation and gender identity.

Call the Agency and Ask About Their Services, Policies and Protocols

7. Ask if transgender clients are served based on their gender identity or based on their hormonal and/or genital status.
 8. Ask how the agency would determine eligibility for services for transgender clients -- based on a conversation with the individual or based on checking the client's identification and/or genitals.
 9. If the agency provides any kind of shelter or housing, it may be helpful to learn about the set-up so clients know what to expect. For example, some shelters may come up with case-by-case housing accommodations for transgender clients, and this information could help you plan with a client ahead of time.
-

Discussion

- If you have provided referrals for LGBTQ clients in the past, what have you learned from that experience?
- What do you think is most important to consider in deciding if and how to refer an LGBTQ client to another provider?



Part V: Additional Resources and Next Steps



Additional Resources and Next Steps

- See attachments provided as teleconference call supplemental materials for additional information on LGBTQ DV, gay affirmative practices, inclusive language and recommendations for providing effective shelter services to transgender clients.
- We can conduct this training for your staff at your agency at no charge.
- Future TAT teleconference calls will address, intake interviewing and screening, safety planning, effective services for transgender clients, legal advocacy and more.

Additional Resources and Next Steps

- How can your agency implement some or all of the recommended practices?
 - What practices are already in place?
 - What practices are not in place?
 - What can be implemented in the short term?
 - What can be implemented in the long term?
 - What training, technical assistance and support would be helpful?
-

Discussion

- Share one next step you are considering:
 - Share this presentation with your team?
 - Work toward more consistency in existing practices?
 - Implement some new practices in the short term?
 - Plan for what can be done in the future?
 - Schedule this training for the rest of the staff?



Part VI: Evaluation



Evaluation and Raffle

- Please go to:

http://www.surveymonkey.com/s.aspx?sm=ajjcc_2bLb8D3wKyFasw2Hzg_3d_3d and complete brief survey!

- Your feedback will help us improve our work!
-

Thank you for your participation!

Lisa Fujie Parks, LGBTQ DV TAT Project Manager
California Partnership to End Domestic Violence
lisa@cpedv.org
510-967-0369 (direct line)
