GLBTQDVP
GLBTQ Domestic Violence Project

TRAUMA-INFORMED APPROACHES FOR LGBQT* SURVIVORS OF INTIMATE PARTNER VIOLENCE

A Set of Practice Observations
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Authors:

Erin C. Miller, M.P.S., M.D.V.
Domestic Violence/ Sexual Assault Programs;
Newton-Wellesley Hospital

Lisa A. Goodman, Ph.D.
Boston College

Kristie A. Thomas, Ph.D.
Simmons College

Carole Warshaw, M.D.
National Center on Domestic Violence, Mental Health, and Trauma

Principal Investigator:

Curt Rogers, M.P.A.
GLBTQ Domestic Violence Project

GLBTQDVP

For more information on supporting LGBQT* survivors of intimate partner violence,
contact one of the organizations below:

The LGBTQ DV Capacity Building Learning Center
c/o The Northwest Network
A program focused on improving research, practice
and policy regarding domestic violence in LGBTQ communities.
1-206-568-777 | info@nwnetwork.org | www.nwnetwork.org

FORGE
A transgender anti-violence organization, specializing in technical assistance for victim service agencies,
with a focus on domestic violence, sexual assault, dating violence, stalking, and hate crimes.
1-414-559-2123 | AskFORGE@forge-forward.org | www.forge-forward.org

If you would like more information about accessible, culturally relevant
trauma-informed approaches for survivors, contact:

The National Center on Domestic Violence, Trauma & Mental Health
A program providing training, support, and consultation to advocates, clinicians, attorneys and policymakers as
they work to improve agency and systems-level responses to survivors and their children.
1-312-726-7020 | info@nationalcenterdvtraumamh.org | www.nationalcenterdvtraumamh.org

Introduction and Project Overview

This document contains a set of preliminary practice observations from the field, which are intended to inform the development of a trauma-informed transformative justice approach specific to lesbian, gay, bisexual, queer, and transgender (LGBQT*) survivors of intimate partner violence (IPV). These observations are the result of a research project that was led by the GLBTQ Domestic Violence Project (GLBTQ-DVP) and funded by the U.S. Administration for Children, Youth and Families, Family and Youth Services Bureau, US Department of Health and Human Services.

The goal of the project was to help develop a culturally-specific, trauma-informed approach to working with LGBQT* survivors with support and input from a range of stakeholders. To meet this goal, the following activities[1] were conducted over the course of two years (2013-2015):

- A substantive literature review on intimate partner violence in the LGBQT* communities, which is intended to be read in tandem with the observations
- Input from an advisory committee that included Queer Muslims of Boston, the Hispanic Black Gay Coalition, the Northeast Two Spirit Society, the Massachusetts Alliance of Portuguese Speakers, HarborCOV, Massachusetts Asian & Pacific Islanders for Health, and Fenway Health
- Two focus groups with survivors participating in one GLBTQ DVP program, the goal of which was to explore their experiences seeking help
- Three separate focus groups and multiple individual conversations with staff of one GLBTQ DVP program to assess their perceptions, experiences, and ideas about trauma-informed organizations and providing trauma-informed services
- Surveys of the program's staff as well as LGBQT* practitioners nationally to assess knowledge and experience of trauma-informed practices
- Informal conversations with staff and leadership of LGBQT* culturally-specific organizations across the country
- The authors' own collective experience working with LGBQT* organizations and communities over the past 30 years
- Considerable guidance from the National Center on Domestic Violence, Trauma, & Mental Health

From these multiple sources of data, a set of six observations emerged, which then were simplified and distilled in the hopes that they will be broadly applicable. They are listed here and explained in detail in the subsequent pages.

- Observation 1: The majority of LGBQT* survivors have experienced multiple forms of violence and abuse in their lives. Experiences of historical trauma and ongoing discrimination can compound these multiple experiences of victimization.

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[1] The Simmons College Institutional Review Board approved the research activities involving human subjects (i.e., interviews and focus groups with practitioners and program participants).

- Observation 2: Organizations that work with LGBQT* survivors must operate from a place of understanding that perceived "challenges" may actually be creative strengths.

- Observation 3: Organizations that work with LGBQT* survivors must operate from the premise that if LGBQT* communities, staff, board members, organizations, and individual survivors lend you their trust, they are often accepting you as a community member, and possibly even as their family of choice, not merely as a service provider or colleague.

- Observation 4: If practitioners are to truly be of service, a social justice and anti-oppression framework must become the cornerstone of their individual work, their organization's work, and their organization's interactions with the community.

- Observation 5: Staff self-care (and organizational support for self-care) is critical.

- Observation 6: There is a profound need for transformative justice[2] approaches to working with LGBQT* and other multiply oppressed communities.

It is important to note that the authors view these observations as dynamic and evolving, and we are hopeful that LGBQT*organizations, practitioners, activists, and researchers will expand upon them as part of their own trauma-informed, anti-oppression, transformative justice work. Some sections of this addendum tie directly to the literature review (e.g., observations 1 and 5), and others do not. Also, although these observations grew in tandem with the literature review – and should be read together – some of the ideas are not yet supported by a body of literature. Rather, they reflect the practice wisdom and lived experience of LGBQT* practitioners and LGBQT* survivors who contributed to this project.

The practice observations and companion literature review are intended primarily for staff in domestic and sexual violence organizations; however, they are applicable to practitioners in other anti-abuse disciplines, homelessness services, mental health and healthcare circles, criminal legal systems, youth services, and an array of other human services disciplines and social change endeavors that seek to serve and ensure the inclusion of LGBQT* communities.

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[2] The authors wish to thank Hales Burton at the Fenway Violence Recovery Program for first suggesting this conceptual shift.

A Note on Language[3]

Before describing the observations, the authors wish to acknowledge the deep complexities of language. In this document, IPV refers to the physical and/or emotional abuse of an individual by a current or former intimate partner. It includes the full range of tactics used to create and maintain power and control over another person, including financial abuse, verbal abuse and intimidation, and cultural abuse. In this document, the phrases *intimate partner violence* and *domestic violence* are used interchangeably to denote partner violence. However, it is important to note that domestic violence (DV) is sometimes defined more broadly to include violence and abuse perpetrated by relatives. Although many LGBQT* individuals experience abuse and/or rejection from family and relatives, the dynamics of partner violence versus family violence may differ dramatically. When we discuss the latter, we use the phrase *family violence* to distinguish it from violence by an intimate partner.

LGBQT* stands for lesbian, gay, bisexual, queer, and transgender. It is often used interchangeably with GLBTQ, LGBQT-TS, and similar acronyms to broadly refer to sexual and gender minorities. This document honors the current practice of including an asterisk after the "T" to signify the broad diversity of trans communities, including trans women – transgender individuals who identify as women, though assigned male at birth; trans men – transgender individuals who identify as men, though assigned female at birth; those transitioning from female to male (FTM); those transitioning from male to female (MTF); cross dressers; gender non-conforming individuals; and others who might self-identify as being members of trans communities. In this paper, transgender and trans are used interchangeably.

These definitions belie the complexity of the terms, however. The words *lesbian*, *gay*, *bisexual*, *transgender*, and *queer* all carry particular historical, political and cultural meanings. To a great extent, these words have been shaped in white, Western contexts. Words such as lesbian, gay, and bisexual, for example, are uniquely English. There are seldom translations into other languages that carry the same understanding of LGBQT* identity as being an identity rather than a set of behaviors. Literal translations, into Spanish or Haitian Creole as but two examples, carry few if any of the presumptions that are inherent in English. In many parts of the Latin and Spanish-speaking world, men who engage in sex with same sex partners are only considered "gay" in the English sense of the word if they are the receptive partner. It is not engaging in the acts that is the determinant of identity, so much as the role that an individual plays (traditionally read as *masculine* or *feminine*) in the conduct of that act. Similarly, men who marry women, but engage in same sex acts with other men, are frequently identified as heterosexual. In short, they are defined by their social role, rather than by their private, intimate acts. Hence the conception of *gay*, as defined in U.S. contexts, frequently fails to apply.

Precisely because identifiers such as LGBQT* were defined in white middle class and academic contexts, the limitations of LGBQT* labels and identifiers may be particularly acute in communities of

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[3] For those of you who are reading the literature and practice observations in tandem, please note that this "note on language" section is identical to the "note on language" section in the literature review.

color, Indigenous communities, and immigrant communities, among others. During the course of crafting this literature review, members of our Advisory Board taught us a tremendous amount. The Hispanic Black Gay Coalition (HBGC) suggested use of the term *same gender loving*, a community-specific phrase coined by Cleo Manago to distinguish African Americans, and in particular African American men, who do not self-identify as being part of the predominantly white gay movement in the U.S., but who nonetheless wish to affirm their same sex intimate relationships. Corey Yarbrough, one of the founding Executive Directors of HBGC, suggested that for some same gender loving people this language may be a form of racialized resistance to the racism of the mainstream LGBQT* movement in the U.S. In the alternative, Corey stated, some members of African American communities may be on the *down low*, engaging in same sex sexual activity, but rejecting LGBQT* identifiers as a result of internalized homo and biphobia.

The NorthEast Two-Spirit Society (NETSS) in part echoed Corey's thoughts about the racism of the mainstream LGBQT* movement. In addition, Harlan Pruden, one of co-founders of NETSS, spoke about an "internal muddiness" that some Native peoples may experience when seeking to find language for their experience. Speaking of his own Cree inheritance as a registered member of the Saddle Indian Reservation, Harlan said that when he asked something of an elder, he knew to offer them tobacco, but never understood the spiritual dimension of the ceremony. Having been separated from too much of their own history by colonialism, genocide and forced assimilation, Harlan stated, many Native people may use the words *Two-Spirit* when what they really mean is gay Indian.[4]

Harlan also spoke at length about the contextual nature of Native Two-Spirit identities. As Harlan put it, "When I am out on a Friday night in a gay club, I am a gay man. Yet when I am in rural Oklahoma at a Two-Spirit gathering, I am a proud Two-Spirit man." Alluding to the unique role and cultural responsibilities that Two-Spirit people often held (and may still hold) in the life of Native communities, Harlan pointed out the obvious differences in the spiritual role of Two-Spirit peoples, and the political and social function of people claiming LGBQT* identities in mainstream communities. Several members of the project's advisory board echoed this point, speaking about the complex layering of cultural and spiritual value systems that accompanied their choice to self-identify in, with, and outside of their own communities.

These same Advisory Board members also acknowledged the landscape in which such decisions are made, and stated that individuals in their communities may shift how they self identify as a means of preserving their safety. As the rest of this literature review discusses, LGB, transgender, same gender loving, Two-Spirit, and queer-identified peoples make choices about how, when, and if to "out" themselves in a complex social and political landscape that is too often unsafe, if not violent. Hence how

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[4] Two-Spirit is a contemporary term, adopted from the Northern Algonquin, and meant to signify the embodiment of both masculine and feminine within one person. Now embraced by many Native peoples as a pan-Indigenous umbrella term connoting both diverse gender expressions and sexual orientations, Two-Spirit generally speaks to the respect that Native peoples held for diversity, and the unique sacred and ceremonial roles that Two-Spirit people held (and may still hold) within their own communities. Herein the phrase Two Spirit speaks not simply to a third gender, or to same gender attraction, but more broadly to the history of compulsory Christianization that sought to erase Two-Spirit peoples within their own nations. Notably, there is no single consensus definition of Two-Spirit, and the term means different things to different Native peoples.

any individual self-identifies may shift depending on who is asking, why, and in what context. As one Advisory Board member stated, "identities have to be fluid in order to be protective."

Finally, the leadership of HarborCOV, an LGBQT*-affirming DV organization in Boston that specializes in serving communities facing cultural or linguistic barriers, has noted that some cultures may not have the variety or depth of language that words such as LGB, transgender, same gender loving, and Two-Spirit convey. Indeed, Kourou Pich, Co-Executive Director of HarborCOV has observed that people from some cultures and communities may have difficulty finding language for themselves in their own communities, and that that invisibility is intentional – a function both of denial of the existence of sexual minorities in those communities, but also perhaps protectiveness of gender queer and same gender attracted people.

Language is power. We authors, therefore, have put a great deal of thought into the words we use to name peoples' experiences. At the same time, we know that we can never be as inclusive or sensitive as we want to be. We have done our best to honor the range of experiences we are writing about in this document.

Notes from the Field: A Set of Practice-Base Observations

Observation 1: The majority of LGBQT survivors have experienced multiple forms of violence and abuse in their lives. Experiences of historical trauma and ongoing discrimination can compound these multiple experiences of victimization.*

A trauma-informed approach, at its core, asks that practitioners assume that everyone they serve has experienced some form of violence, abuse, or other trauma in their lives and to see these experiences as the norm, rather than the exception (Felitti et al., 1998; Harris & Fallot, 2001).

Given the prevalence and overlapping nature of violence and abuse in the lives of LGBQT* peoples, it might be more prudent to suggest that practitioners build practices and systems that presume *multiple* forms of victimization among the people they serve. It is not unusual for LGBQT* peoples to be targets of many different forms of violence and abuse at the hands of multiple individuals, at numerous points throughout the lifespan (Roberts, Austin, Corliss, Vandermorris, & Koenen, 2010; Grant, Mottet, & Tanis, 2011; Stotzer, 2009).[5] Indeed, traumatic experiences such as intimate partner

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[5] To date, the fragmented nature of the research into violence and abuse in the lives of LGBQT* individuals means that, although there is a broad practice consensus about the prevalence of "polyvictimization" in the lives of LGBQT* peoples, there is little peer-reviewed research examining the phenomenon. However, there is abundant evidence that LGBQT* people, and in particular LGBQT* people of color, are more likely to be targeted for multiple forms of violence and abuse, in multiple contexts (family, partnerships, community) over the course of their lifetime. For example, LGBQT* peoples are disproportionately subject to childhood sexual abuse, bullying by peers, sexual violence in adolescence and adulthood, intimate partner violence, hate crimes, and police brutality (Roberts et al., 2010; Grant et al., 2011; Stotzer, 2009). Again, the authors wish to encourage individuals to read these observations in tandem with the literature review to learn more about these siloed areas of research.

violence, family violence, and other types of trauma that occur over the course of the lifespan, including childhood sexual assault, bullying, hate crimes, or police brutality, may intersect and compound each other in the lives of LGBQT* survivors in ways that create unique challenges for survivors themselves, and unique opportunities for control by future perpetrators.

These interpersonal traumas are often further compounded by experiences of oppression and historical trauma in LGBQT* communities. LGBQT* peoples have historically experienced discrimination at the hands of helping professionals in a range of systems (e.g., healthcare, mental health, criminal-legal, child protection, public assistance, and sexual and domestic violence organizations) – if LGBQT* peoples have been visible in those systems at all.[6] In addition, many of these systems (in particular mental health and criminal-legal systems) have not only pathologized, labeled, isolated, and detained LGBQT* individuals, but also intentionally fractured LGBQT* partnerships, families, and communities. Such treatment is especially the case for multiply marginalized LGBQT* communities, such as communities of color, immigrants and refugees, Two Spirit communities, and people with disabilities.

It is important to understand, however, that these forms of oppression are not merely historical artifact in the lives of LGBQT* survivors, but ongoing and continuing realities, especially for those who are multiply marginalized. This ongoing oppression then exacerbates experiences of current and historical trauma.

A trauma-informed approach encourages practitioners, and indeed entire systems, to minimize the possibilities for retraumatization by creating an atmosphere that prioritizes survivor's need for safety, respect, and acceptance (Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005; Guarino, Soares, Konnath, Clervil, & Bassuk, 2009; Jennings, 2004; Substance Abuse and Mental Health Services Administration, 2014; Warshaw, 2014; Wilson, Fauci & Goodman, 2015). In short, a trauma-informed approach asks first and foremost that practitioners – as well as the systems in which they work – do no harm.

However, for LGBQT* survivors in particular, the mandate to do no harm requires that practitioners understand the concept of *sanctuary harm* – the idea that institutions and institutional gatekeepers can inflict enormous damage on the very people whose healing, empowerment, and safety they are supposed to nurture and protect (Bloom & Farragher, 2011; Smith & Freyd, 2014). Survivors who participated in the focus groups for this project spoke of blatant discrimination, noting, for example, institutions and practitioners who had at times openly refused services to male and LGBQT* survivors. And, in the staff focus groups, participants spoke about the challenges of advocating with organizations that had a funder mandate to be LGBQT* inclusive, but who were still actively resistant to accepting some members of this diverse community.

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[6] The authors are mindful that historical trauma means different things in different communities. Many members of First Nation communities frame historical trauma in terms of colonization, genocide, and boarding-school trauma. Members of Jewish communities may frame historical trauma in terms of the intergenerational impact of the Holocaust. And members of the African Diaspora may think of the Middle Passage and the enslavement of African peoples when referencing historical traumas. The specific nature of the historical influences the way it continues to affect the lives of individuals and entire communities.

Conversations with LGBQT* practitioners across the country, especially those from mainstream organizations, surfaced deep ethical tensions over their own roles as institutional actors in organizations and agencies that they believed too often inflicted sanctuary harm. Consciousness of the harm they were doing – and the good they were prevented from doing – was a significant source of mental, emotional, and ethical distress for many practitioners, especially when contrasted with their larger awareness of the needs of the communities and people they were serving.

Observation 2: Organizations that work with LGBQT* survivors must operate from a place of understanding that perceived "challenges" may actually be creative strengths.

Recognizing the potentially significant impact of violence and abuse on development and coping strategies, a trauma-informed approach aims to contextualize coping strategies such as substance use, cutting, eating disorders, "promiscuous" sex, and dissociation as adaptive responses to otherwise intolerable situations (Elliot et al, 2005; Guarino et al., 2009; Jennings, 2004; SAMHSA, 2014, Warshaw 2014). Because it is rooted in clinical frameworks, trauma-informed practice approaches often frame such strategies as necessary within the context of abuse, but no longer adaptive once relative safety had been achieved. Following the examples of Kate Bornstein and Sylvia Rivera, the LGBQT*-specific practitioners who participated in the survey and informal conversations spoke about celebrating survivors' coping strategies as not merely adaptive, but indeed creative, even when such strategies are not on the surface immediately conducive to health or perceived well-being. Given the multiple forms of victimization, ongoing discrimination, and historical trauma that shape the LGBQT* experience, it may be that there is no safety anywhere. In that context, any strategy that allows people to survive – internally or externally – is to be celebrated. As one practitioner put it, "It isn't about coping, it is about surviving. We celebrate survival, because it is so uncertain." Such a response should not preclude practitioners from expressing concern or helping survivors to develop alternative survival strategies in parallel; however, it does require that practitioners fully embrace survivors and honor and respect their own strategies.

Observation 3: Organizations that work with LGBQT* survivors must operate from the premise that if LGBQT* communities, staff, board members, organizations, and individual survivors lend you their trust, they are often accepting you as a community member, and possibly even as their family of choice, not merely as a service provider or colleague.

A trauma-informed approach asks that practitioners base everything they do in relational collaboration. In fact, one of the core principles of a trauma-informed approach is to ensure that goals and strategies are collaboratively defined, and that the partnership between survivor and practitioner is itself a place of healing (Elliot, et al, 2005; SAMHSA, 2014; Warshaw, 2014; Davies & Lyon, 2014; Wilson et al., 2015).

Just as with other historically oppressed communities, the complexities of the LGBQT* experience may be such that a traditional relationship between service provider and client is not sufficient to fully support the person's healing. Instead, a different and more porous set of boundaries may be required – or at least expected. As several LGBQT* practitioners put it, when LGBQT* communities, staff, co-workers, and individual survivors lend you their trust, they are often accepting you as a community member, and possibly even as their "family of choice," not merely as a service provider. Program participants supported this sentiment, describing how one of the most important and helpful aspects of the services they received was the staff's willingness to go "above and beyond their job descriptions." Providing the sort of attention that a friend might provide (e.g., calling to check in or going along to doctor's appointments) was important because, as one survivor expressed, "I had never been treated that way in my life, not even by my family." Although this can raise complex ethical issues for both survivors and practitioners in navigating this important but complicated terrain, recognizing it is critical in working with LGBQT* survivors and working within LGBQT* communities.

Observation 4: If practitioners are to truly be of service, a social justice and anti-oppression framework must become the cornerstone of their individual work, their organization's work, and their organization's interactions with the community.

Another principle of trauma-informed practice is to respond to all people in ways that are sensitive to their individual social locations and contexts (Wilson et al., 2015; see also Elliot, et al, 2005; Jennings, 2004; Guarino et al., 2009; SAMHSA, 2014; National Center on Domestic Violence, Trauma & Mental Health, in press). At a minimum, this principle sets forth an expectation of cultural sensitivity across multiple aspects of identity. Given the chronic and cascading traumas, ongoing oppression and historical trauma referenced above, cultural sensitivity is essential but not sufficient for responding to the experiences of LGBQT* survivors. Instead, attention to individual social locations and contexts must be situated within a broader anti-oppression framework.

LGBQT* practitioners from across the country observed that the broader movements against sexual and domestic violence sometimes minimized the ways in which violence and abuse intersect with other forms of oppression. They took note not simply of the ways in which this lack of proactive attention shaped direct services, but also how it shaped their organization's hiring practices, the tokenization of staff members from historically marginalized communities, the narrow makeup of their organization's governing board, the focus on quantity over holistic quality of services, and the lack of input particularly from transgender community members and community members of color in strategic planning and other organizational activities.

By contrast, they called on practitioners to build organizations that are integrated into and learn from the historically marginalized communities they serve (or should be serving) and that center the knowledge and experiences of those communities. Historically oppressed communities, including LGBQT* communities, are at the leading edge of anti-violence work, not a set of "minority communities" requiring special logistics or uniquely special care. What organizations learn from historically oppressed communities should serve as the foundation of their organizational philosophy, practices, and policies.

Observation 5: Staff self-care (and organizational support for self-care) is critical.

Empathic engagement and bearing witness to other people's pain can affect us deeply. To be effective, it is important for service providers and activists serving people in pain and crisis to be mindful of how they have been affected by their own experiences of trauma *and* how they are affected when they open themselves up to other people's experiences (Saakvitne, Gamble, Pearlman, & Lev, 2000; Hopper, Bassuk, & Olivet, 2010; Bloom & Farragher, 2013; SAMHSA, 2014). Hence, an understanding of vicarious trauma and encouragement to develop strong habits of self-care have become foundational principles in trauma-informed practice (Bloom & Farragher, 2011; Bloom & Farragher, 2013). Thus, to be truly trauma-informed, organizations need to institute programmatic supports for self-care at all levels of the organization (Bloom & Farragher, 2011; Bloom & Farragher, 2013, Warshaw 2014).

Conversations with LGBQT* practitioners across the country led to an additional observation: There is a particular weight that accompanies serving LGBQT* people experiencing violence, abuse, and discrimination while simultaneously identifying with those same communities. Trauma, vicarious trauma, organizational trauma, and historical trauma compounded one another in the lives of the LGBQT* practitioners who contributed to this project, just as they do for the survivors who participate in their programs. Moreover, the impact of compounding trauma was one each group articulated virtually unanimously. Their experiences underscore the need for self-care at the individual level. They also point to need for organizational policies that enable self-care, provide LGBQT*-affirming workspaces, and facilitate connection with the larger community of providers and activists that support and depend upon the work and health of that organization. Essentially, caring for each other individually and as a collective is a critical element of any trauma-informed approach.

Observation 6: There is a profound need for transformative justice[7] approaches to working with LGBQT* and other multiply oppressed communities.

Because the companion literature review focused largely on peer-reviewed, published literature, it did not consider the enormous array of activist literature and art that historically oppressed communities have often used to express their communal strategies for survival and resistance. The work of Incite!, Creative Interventions, Black & Pink, and Break Out, along with broader bodies of art, music, dance, autobiography, fiction, and oral history attest to this creative communal drive.

One innovation that has emerged from this kind of activist energy is the concept of *transformative justice* (Generation Five, 2007; Creative Interventions, 2012). Transformative justice recognizes the profound harm and trauma that mainstream approaches have inflicted on LGBQT* peoples, particularly those who face multiple forms of oppression. Its practitioners argue for an approach that understands these historical harms and seeks to create new and innovative responses that avoid replicating them. Rather than work within the framework of social services, it aims for the liberation of oppressed people as communities not just as individuals, under the fundamental

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[7] The authors wish to thank Hales Burton at the Fenway Violence Recovery Program for first suggesting this conceptual shift.

assumption that "individual justice and collective liberation are equally important, mutually supportive, and fundamentally intertwined" (Generation Five, 2007, p.1). In other words, transformative justice seeks to transform the political and cultural conditions that allow violence, abuse and oppression to exist in the first place. It is critical that trauma-informed practices include transformative justice as an additional lens in service delivery and system reform.

Conclusion

In summary, these six observations underscore the ways in which individual, interpersonal, and structural factors coalesce in the lives of LGBQT* survivors of domestic violence, creating a unique context, that affects their experiences and needs. Future trauma-informed approaches for LGBQT* survivors of domestic violence should consider the multi-layered context that surrounds LGBQT* survivors and use that knowledge to inform not only client-level practices, but also organizational-level policies.

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