



National Family Justice Center Alliance
Webinar Training
CEU Accreditation
Provider # PCE 5095
MCLE Accreditation
Provider # 15493

Webinar Course Description

Title: Working with LGBTQ and/or HIV-Affected Survivors of Intimate Partner Violence at Family Justice Centers: Obstacles and Opportunities

December 17, 2014

10:00-11:30 am PT (12:00-1:30 pm CT, 1:00-2:30 pm ET)

LGBTQ and/or HIV-affected people experience IPV at least as often as anyone else, but they face significant barriers to accessing safety, support, and services. This workshop will illustrate how first responders and mainstream service providers can best to identify, serve, and support all survivors, across the spectrum of sexual orientation and gender identity. Specific attention will be given to how to create safe spaces at Family Justice Centers that welcome and affirm LGBTQ survivors of IPV.

This session is approved for .5 California Minimum Continuing Education (CEU) credit and .5 Minimum Continuing Legal Education (MCLE) credit. The Family Justice Center Alliance is a California approved provider of CEU for MFT, LCSW, LEP, LPCC (Provider # PCE 5095) and MCLE for attorneys (Provider #15493). Professionals in states outside of California should check with their own state board to determine whether these credits are approved in their jurisdiction. Information on how to obtain credit will be provided during the webinar and within the course materials.

Presenters:

Ursula Campos-Johnson, MSW, Coordinator of the Hate Violence Program, New York City Anti-Violence Project



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- The presentation will begin promptly at 10:00 a.m. Pacific Time
- If you are experiencing technical difficulties, email natalia@nfjca.org
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- Attendees will be muted throughout the presentation
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 - Click on “Questions” in the toolbar (top right corner)
 - Type your comments & send to presenter
- There will be a Q & A session at the end of the presentation.
- The presentation will be recorded & posted on www.familyjusticecenter.com
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Your host today:



Casey Gwinn, JD
President,
Family Justice Center Alliance



Family Justice Center Alliance



Casey Gwinn, JD



Gael Strack, JD



Jennifer Anderson



Natalia Aguirre



Chris Burlaka, CPA



Sara Wee, MPH

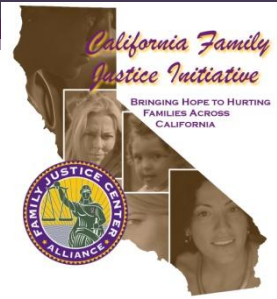


Yemi Akilo



Michela Farnsworth,
MSW





Thank You to Our Sponsor

Thank you to the US Department of Justice, Office
on Violence Against Women
for making this training possible!

This project is supported all or in part by Grant No. 2012-TA-AX-K017 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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ABOUT

The *National Training Institute on Strangulation Prevention* is excited to offer a 4-day Advanced Strangulation Course on Domestic Violence and Sexual Assault Cases in partnership with the One Safe Place Family Justice Center in Fort Worth, Texas. This course – the only course of its kind – is especially designed for police, prosecutors, medical professionals, advocates, trainers, policy makers and experts. The Institute welcomes individuals and multi-disciplinary teams working on domestic violence and sexual assault cases to attend.

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COURSE TOPICS

- Best practices and recent research
- An in-depth examination of the anatomy, physiology and forensic pathology of strangulation cases for surviving and non-surviving victims
- Classification of near-fatal strangulation cases
- Lethality of Strangulation Crimes
- On-scene Investigations and Follow-up Investigations
- Identification of the Predominant Aggressor, Offensive and Defensive Injuries
- The Law and Legal Defenses
- Trauma-informed interviewing techniques and Advocacy
- Prosecution of Strangulation Cases
- Use of Experts in Domestic Violence and Sexual Assault Cases
- Tips for developing, and qualifying Experts
- Effective training techniques and developing training curriculum
- Review of Case Scenarios
- Mock examination of Experts
- Group exercises, role play, discussions, and brainstorming will be allotted throughout the entire training



2015 International Family Justice Conference

San Diego April 21-23, 2015





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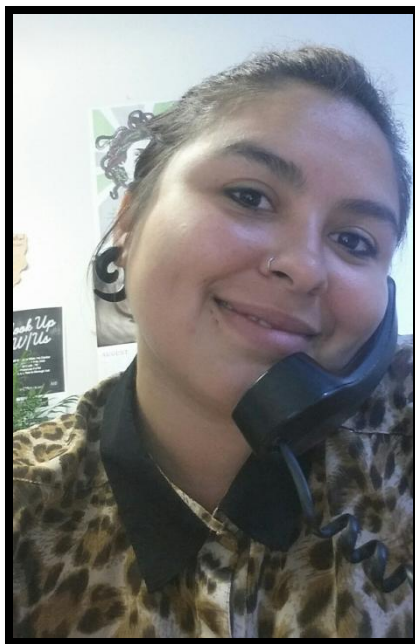


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- A checklist detailing how to obtain the credit will be included in the course materials and available for download.
- The checklist will also be emailed after the webinar training.



Today's Presenter:



Ursula Campos-Johnson, MSW
Coordinator of the Hate Violence Program,
New York City Anti-Violence Program



Working with LGBTQ and/or HIV-Affected Survivors of Intimate Partner Violence at Family Justice Centers: Obstacles & Opportunities



240 West 35th St, Suite 200, NY, NY 10001

212-714-1184 | www.avp.org

24-Hour, Bilingual Hotline 212-714-1141

Your Trainer

Ursula Campos-Johnson, MSW

Coordinator of the

Hate Violence Program

Office number: 212.714.1184

The New York City Anti-Violence Project (AVP)

- AVP envisions a world in which all lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) people are safe, respected, and live free from violence.
- AVP's mission is to empower LGBTQH communities and allies to end all forms of violence through organizing and education, and support survivors through counseling and advocacy.
- We are nationally recognized as experts on best practices when working with LGBTQH survivors of violence.



The New York City Anti-Violence Project

Client Services	Legal Services	Community Organizing
<ul style="list-style-type: none">- 24-hour hotline- Short-term individual supportive counseling- DV Shelter Advocacy- Support Groups<ul style="list-style-type: none">- HV, SV, IPV- Advocacy, Referrals- Hospital, precinct, and court accompaniments- CVB/OVS assistance	<ul style="list-style-type: none">- Referrals- Representation specifically for IPV/SV- Individual consultation- Advocacy	<ul style="list-style-type: none">- Education and Training Institute- Rapid Incidence Response- NCAVP<ul style="list-style-type: none">- National Report publication<ul style="list-style-type: none">- HV, IPV- Public Advocacy

AVP is City-Wide!

- Manhattan Office
- Manhattan FJC
- Brooklyn FJC
- Queens FJC
- Staten Island LGBT Community Center
- Bronx:
 - Adolescent AIDS Program- Umbrella Project
 - BooMHealth!

Call us 212-714-1141 or visit www.avp.org for more information on where and when to find us.

Training Objectives

- To develop basic language and skills to effectively work with LGBTQ and HIV affected individuals
- To understand the unique experiences of LGBTQ and HIV affected individuals survivors of intimate partner violence
- To identify roadblocks to accessing mainstream safety, services, & support for LGBTQ survivors of violence
- To identify ways to overcome barriers to service, and create welcoming, affirming FJC environments, where LGBTQ and HIV affected survivors can access culturally competent safety, support, and services.



Language & Terminology

A Review

What is “LGBTQH”?

A standard acronym:

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- HIV-affected

*These terms are fluid and **DO NOT** represent all sexual orientations/gender identities. It is always best to respect individuals' self-determination and honor the terms they use to identify themselves

Let's talk about Gender

Why is this important?

Why is this Important?

- There are limited traditional ideas about sex and gender
- High levels of violence and discrimination happen to LGBTQ individuals who do not follow traditional gender roles
- Most homophobic/transphobic attitudes stem from assumptions around gender and sex. Knowing this will increase your ability to assist LGBTQ survivors of violence.

Sex

- **SEX –**
 - How is sex defined?
 - the biological and physiological characteristics that define men and women. (*World Health Organization*).
- **What makes up our sex?**
 - **Primary sex characteristics**
 - penis, testes, vagina, uterus, and ovaries.
 - Chromosomes most influence primary sex characteristics.
 - Hormones
- We often rely on **secondary sex characteristics** to help us ‘figure out’ if someone is male or female
 - Facial hair
 - Height
 - Body mass
 - Vocal range

Gender

- **GENDER –**

- What is gender?

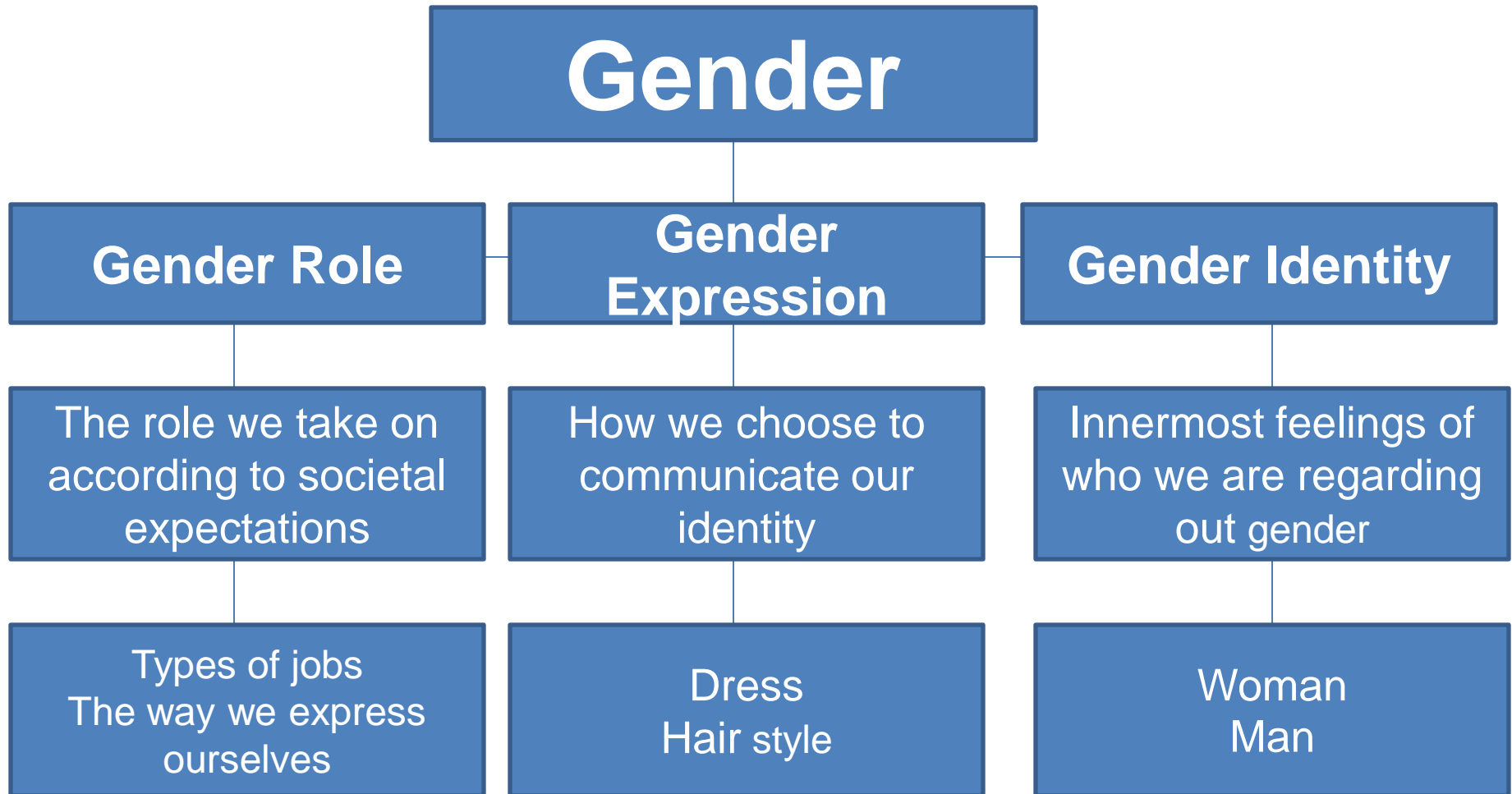
- Refers to the socially constructed roles, behaviors, activities, and characteristics that society considers appropriate for men and women (*World Health Organization*).

- **“Masculine” and “feminine” are gender categories.**

Gender Identity

- This is unique to every individual
- A person's gender identity may **not** always match the sex they were assigned at birth
- The term that is used when assigned sex **does not** match a person's gender identity is ***Transgender***.

Deconstructing Gender



Gender Socialization

“It’s beautiful,” I exclaim. It is, in fact, a particularly fine watch my father has just bought for my seventh birthday, the jeweled face throwing back at me the summer’s sunlight. ‘It’s... it’s...,’ I hesitate, searching for just the right word, ‘it’s divine.’ I breathe happily. My father’s face comes up sharply, his pupils narrowing. ‘Boys don’t say divine.’ And he watches me, his head cocked slightly to one side. I open my mouth to question this unfathomable statement . . . **but there is something hard in his voice and his eyes.** Suddenly, my pleasure evaporates and **is replaced entirely by fear.** I know if I question him I’ll probably get the palm of his hand.”
(Riki Anne Wilchins, 1997, p. 1)

Sexual Orientation and Gender Identity

- **Sexual Orientation** is about who you are romantically, sexually and/or spiritually attracted to.
- **Gender Identity** is about how you understand your own gender and how you express that.

Transgender: An Umbrella Term

- The term transgender is an umbrella term
 - used to describe people whose way of understanding and expressing their own gender, is different from what society expects
 - Many people *do not* embrace this term
- GI is fluid: People who identify as transgender may use different pronouns at certain times in their lives, change their name, or change the way they dress

Transgender Individuals

- **Transitioning** means moving into the life of one's gender identity. This can, but may not include making physical changes through hormone therapy or sex reassignment surgery
- Every person's transitioning process is unique to that individual
- Transgender expression of their identity may take many forms depending on personal preference, culture, sexual orientation, and class, among other considerations (i.e. safety)
- Some steps taken by a person who identifies as transgender or gender non-conforming can include:
 - **Hormone therapy**
 - **Name change**
 - **Pronoun change**
 - **Change in gender expression (clothing, make-up, hair style, etc.)**
 - **Sex/Gender Reassignment Surgery**

Gender Non-Conforming (GNC)

- This term is also an umbrella term
 - used to describe people whose way of expressing their gender is different from what society expects
- Can be combined with Transgender as “TGNC”, but these are different gender identities and should be treated as such



Discrimination & LGBTQ Communities

Discrimination and LGBTQ Communities

- LGBTQ communities experience different types of discrimination at different levels. These include:
 - Types:
 - Homophobia
 - Transphobia
 - Heterosexism
 - Levels:
 - Interpersonal
 - Institutional
 - Internalized

Examples of Discrimination

INTERPERSONAL

- Using Anti-LGBTQ Slurs/Harassment
- Family rejection
- “Outing” someone

INSTITUTIONAL/Systemic Discrimination

- Unequal access to employment – transgender people can be fired in NYS just for being transgender
- Profiling of transgender women as sex workers
- Gay & bisexual men, and transgender people have limited or no access to domestic violence shelters

Examples of Discrimination

INSTITUTIONAL/Systemic Discrimination (continued)

- Re-victimization by Service Providers
 - Having to educate providers on LGBTQH sensitivity
 - Not knowing if services are open to LGBTQH people
 - Invisibility in agency settings
 - Facing biased or unwelcoming intake forms
 - Fear of coming out/being outed
 - Experiencing ridicule, mistreatment, *and violence* by service providers
 - Fear of losing services/receiving substandard care

Examples of Discrimination

- Unequal access to safe restroom facilities
- Lack of access to safe spaces like FJCs that may require identification, which may be at odds with survivors' chosen names or gender expression
- Higher rates of misarrest
- Lower rates of successfully obtaining orders of protection

How to ask questions about identity: Helpful tips

- **To start:**
 - “I like to make sure that I have all the information correct. On the intake, I have your name as _____” Is this the name you would like me use?”
 - “Is there a different name you’d prefer I use?”
- **Gender Identity and Sexual Orientation**
 - “Do you mind sharing with me how you identify?”
 - “Do you mind sharing with me how you identify your sexual orientation?”

Additional guidelines for respectful conversation

adapted from “*Trans Inclusion Policy Manual For Women’s Organizations*”

- **Use pronouns** that are consistent with a person’s stated preference; if you don’t know their preference, ask
- **Use the name given** to you by the person
- Do not go ‘sightseeing’ into a person’s life by asking questions regarding their transition

Intimate Partner Violence and LGBTQ Communities

How often does it happen?

In January 2013, CDC found that L, G, and B people experienced IPV and SV at the same or higher rates as heterosexual people; 44% of lesbians and 26% of gay men have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime

LGBTQH IPV in US in 2013

- NCAVP documented **21 IPV homicides in 2013**, the **highest** recorded level for **two years** in a row. NCAVP documented 21 IPV homicides in 2012 as well, up from 19 in 2011 and more than three times the six documented homicides in 2010 and the highest ever documented by NCAVP.
- LGBTQ youth, LGBTQ young adults, people of color, gay men, bisexual survivors and transgender women were the most impacted by IPV in 2013.
- Transgender survivors were more likely to face physical violence and discrimination due to IPV, and more likely to experience IPV in public spaces.
- The majority, 36.8%, of survivors of IPV that reported to NCAVP in 2013 were between the ages of 19 and 29.
- Gay identified survivors remained the majority of those reporting to NCAVP member programs. In 2013 42.8% of total survivors identified as gay, similar to 2012 when 41.7% of those reporting identified as gay.

Examples of Power & Control Tactics in LGBTQ Relationships

INTERPERSONAL

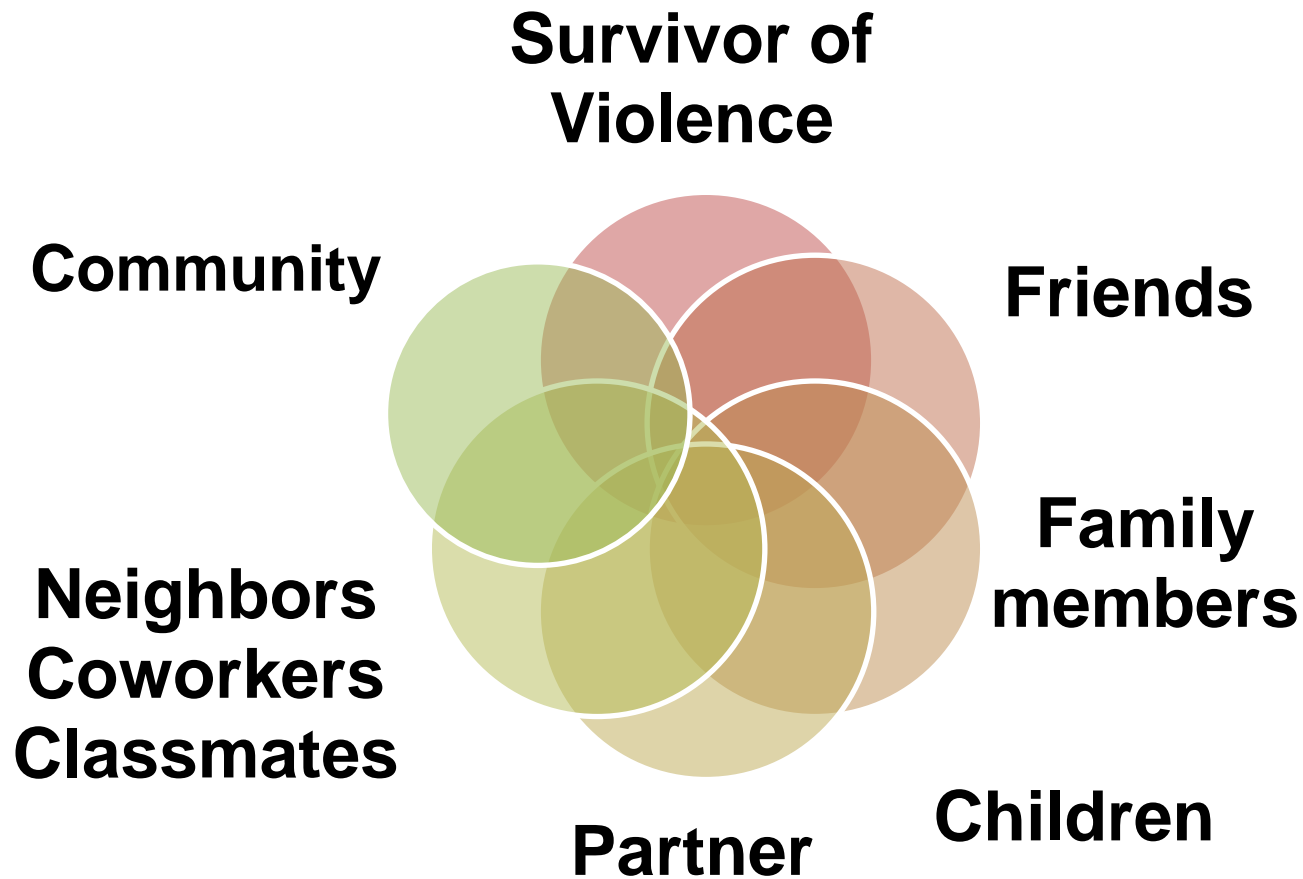
- Using of homophobic/transphobic/biphobic slurs
- Hiding or throwing away hormones, clothes, etc
- Controlling partner's gender expression (*through clothes, makeup, hair, etc*)
- Negating personal decisions about medical care, clothes, make-up, etc.
- Telling partner they deserve the abuse
- Touching body parts partner doesn't want touched or calling body parts by names offensive to the partner

Examples of Power & Control Tactics in LGBTQ Relationships

Use of INSTITUTIONS by Abuser

- Calling the police first *to pretend to be the victim*
- Filing false child abuse charges
- “Coopting” limited services available to LGBTQ people
- Threatening to “out” the partner if they report the abuse – to family, work, landlord, school, etc.
- Threatening to reveal HIV/AIDS status of a partner
- Threatening to jeopardize custody of children
- Threatening to jeopardize immigration status

Impact of Violence



How Intimate Partner Violence Puts Survivors at Risk of Contracting HIV

adapted from: Office for Prevention of Domestic Violence

- Survivors are often unable to negotiate the use of safer sex practices with abusive partners.
- Abusers may rape or sexually assault their partner as part of their pattern of control, making it unlikely that the abuser will use a condom (male or female condom).
- Some abusers may intentionally attempt to infect their partners to keep the victim from leaving.

Examples of HIV + Status Used as a Means of Power & Control

adapted from: Office for Prevention of Domestic Violence

- Threats to reveal HIV+ status to children, family, friends, employer
- Abusers may use victim's HIV+ status as an excuse for their violence.
- Threatening to use survivor HIV+ status as grounds for custody.
- Telling the victim s/he is "dirty" or undesirable
- Threatening or refusing to assist the survivor when s/he is sick.
Abusers who are HIV+ may fake illness in order to convince victims not to leave or to woo them back if they have left.
- Abusers who are HIV+ and who require care giving may be successful at manipulating victims into providing care

‘Why’ Do They Stay?

adapted from: Office for Prevention of Domestic Violence

- The abuser often controls access to financial resources, medical care, and support systems. LGBTQ people have higher rates of poverty than non-LGBTQ people, and TGNC people have rates at about double the national average, while TGNC people of color, particularly if they identify as Black/African American or Latin@, have nearly four times the national rates of poverty.
- For HIV-affected survivors, leaving may raise an array of concerns about care giving, failing health, and the stigma of having HIV/AIDS.
- LGBTQH Survivors may have even less of a support network of family and friends if they’ve been ostracized because of their sexual orientation, gender identity and/or HIV status.
- LGBTQH Survivors may fear their identity (e.g. sexual orientation, gender identity, HIV or immigration status) may be more likely to be disclosed if they reach out for safety-related assistance.
- Survivors who are HIV+ may fear that if they seek services related to their HIV+ status, partner notification practices will put them at risk of further violence.

Safety planning: Unique Considerations

Safety Planning with LGBTQ Survivors: Unique Considerations

- Respect preferences around identity (SO, GI, HIV, etc) & disclosure of IPV
- Respect confidentiality
- Consider social location & context
 - Race, class, religion, education, ability, etc.
- Discuss the potential benefits and risks of disclosures and interactions with police, medical system, criminal justice system, service providers
- Plan for routinely running into offenders
- Include resilience/strengths
 - What has worked for you in the past?
 - What are the tools you use to cope/survive?



Action Steps When Responding To LGBTQ Survivors

**Making your FJC Welcoming and Safe for
LGBTQ and HIV affected Survivors of IPV**

Individual Action Steps

- Assess your own values/beliefs regarding sexual orientation & gender identity
- Address your internal biases
- Educate yourself - don't tokenize/objectify individuals

Interpersonal Action Steps

- Use inclusive language (such as “partner”)
- Don’t assume anyone’s sexual orientation or gender identity-ASK
- Respect people’s gender identity and gender expression
- Be cautious of stereotypes
- If you make a mistake, do not over-apologize

Institutional Action Steps

- Create inclusive intake forms and safety plans
- Create all-gender, non-segregated restrooms
- Post “safe space” symbols in spaces
- Train ALL staff, including civilians on LGBTQ cultural competency
- Actively recruit organizational partners, preferably AVPs, who provide culturally specific and competent services designed for the unique needs of LGBTQH survivors.
- Have a listing of LGBTQ resources available, and use the NCAVP TTA Center as needed.

NCAVP Training and Technical Assistance Center

Toll-free warmline:

1-855-AVP-LGBT

(1-855-287-5428)

Mon-Fri, 10 a.m. to 6 p.m. EST

Deaf/Hard of hearing accessible instant messaging AIM:

AVPlgbt

E-mail: info@ncavp.org

Web: www.ncavp.org

Reach out!

Ursula Campos-Johnson, MSW

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Thank you!

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San Diego April 21-23, 2015



“Health Matters, Hope Heals: What Every Professional Needs to Know About Trauma”



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Some Do's and Don'ts for working with LGBTQ/T Folks

DON'T...

Make assumptions about someone's gender identity, or sexuality

DO...

Use gender neutral language and inclusive language to open the door to all survivors.

Inclusive language:

- *Use the term "partner" or "significant other" instead of "boyfriend/girlfriend", or "husband/wife"*
- *Ask "are you seeing someone?" or "are you in a committed relationship?" instead of "do you have a girlfriend/boyfriend?" or "are you married?"*

Gender Neutral language:

- *Instead of "She is going to go to the doctor tomorrow" say "They are going to go to the doctor tomorrow" or "Sarah is going to go to the doctor tomorrow".*
- *Instead of "He has to pick up his clothing voucher by the end of the week" say "They have to pick up the clothing voucher by the end of the week" or "Sam has to pick up the clothing voucher by the end of the week"*

DON'T...

Ask invasive questions about someone's body

DO...

Respect people's identity.

If a survivor identifies themselves as woman, then they are a woman. If a survivor identifies as a man, then they are a man. To ask someone how far they have transitioned or questions about their body is sexual harassment. To be open to all transgender survivors you must be willing to accept and respect the individual's identity. Not everyone chooses to undergo medical transition or has access to the resources needed to undergo medical transition. To require someone to undergo medical procedures to conform to a certain body type is not empowering and is not inclusive of the diversity of people that are a part of the transgender community.

DON'T...

Out someone's sexual orientation or transgender status

DO...

Talk to the person before advocating on their behalf.

Outing a survivor to other staff, shelter residents, or other service providers is not empowering. When we take away a person's choices and make decisions for them we are perpetuating the same use of power that the abuser used against them. Instead have a conversation with the survivor ask them if they want you to tell people they are lesbian, gay, bisexual, queer and/or transgender (LGBQ and/or T). If the person does not feel safe in letting people know that they are LGBQ and/or T then do not tell anyone. If the individual is coming into shelter do not out them. Instead think ahead and in your shelter guidelines let everyone know that you work with all survivors regardless of sexual orientation and gender and that shelter residents may be heterosexual, gay, lesbian, bisexual, queer men, women, and/or transgender.

DON'T...

Ignore the importance of using the right pronouns

DO...

Use the pronoun that someone asks you to use. When you mess up a pronoun- correct yourself, apologize and move on.

Accept that you may mess up. That is part of being a good ally. When you mess up don't make a huge deal, don't apologize profusely. Just correct yourself, apologize, and move on. To put a lot of energy into apologizing only puts more focus on the other person. Your focus should instead be on figuring out for yourself how not to make the same mistake again.

DON'T...

Ignore when others use incorrect pronouns

DO...

Model the correct pronoun usage

When someone uses the wrong pronoun just continue the conversation and slip in a sentence that uses the correct pronoun.

i.e. Jo uses feminine pronouns (she, her).

A DTA worker says to you "Jo needs to pick up his medication at the local pharmacy before the appointment".

You respond "ok, I can make sure that she gets to the pharmacy before the appointment".

Note: It is always a good idea to make sure that the person you are working with is out about their gender before correcting someone's pronoun. There may be instances when an individual may choose not to be out. Someone may make this decision for safety reasons, because they are afraid they will not have access to the service, or because they simply don't want to deal with explaining their gender identity to yet one more person.

DON'T...

Use language like, "I am working with a woman, who is really a man", "She says she's a man but she is obviously a woman", or "He is not a 'real woman'".

DO...

Respect an individual's identity and use the terms that someone uses for themselves.

Mirror a person's language.

If you are trying to create a safe and welcoming environment for transgender folks then you need to remove language like "real woman" and "real man" from your vocabulary. Respecting someone's identity quite simply means using the language that a person uses for themselves without judgment and mirroring their language back to them. If an individual identifies themselves as woman, then they are a woman, period. If an individual identifies as a man, then they are a man, period.

DO...

- **Speak up when someone makes homo/bi/transphobic or heterosexist remarks**
- **Be aware of your own biases**
- **Remember: If you know one LGBTQ/T person, you know one LGBTQ/T person – Treat people as individuals and don't expect a single person to represent an entire community.**



National Family Justice Center Alliance
Webinar Training
CEU Provider #5095
MCLE Provider #15493

Activity Evaluation Form

Please complete and return this form to Natalia Aguirre (Natalia@nfjca.org)

Providers: National Family Justice Center Alliance
Provider No: CEU: #5095; MCLE #15496
Subject Matter/Title: Working with LGBTQ and/or HIV-Affected Survivors of Intimate Partner Violence at Family Justice Centers: Obstacles and Opportunities
Date and Time of Activity: December 17, 2014 at 10:00 am PST
Location: San Diego, CA - Webinar
Length of Presentation: 1.5 hours; .5 CEU and .5 MCLE

Directions: Please circle "Yes" or "No" to indicate your evaluation of this course.		
	Yes	No
1. Did this program meet your educational objectives?		
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Please rate the faculty on a scale of 1 to 5 (1 being the lowest and 5 being the highest)	
Faculty:	Ursula Campos-Johnson, MSW
Overall Teaching Effectiveness	1 2 3 4 5
Effectiveness of Teaching Methods	1 2 3 4 5
Significant Current Knowledge of the Subject	1 2 3 4 5

Comments:

Name of Participant: _____ (optional)

CREATING AN LGBTQ-FRIENDLY AGENCY: WORKSHEET

List two or three strategies for accomplishing each of the following goals in your own agency. Sample strategies are given to get you started.

A. Solicit top management's commitment to making your services anti-racist and LGBTQ-friendly for clients, employees, and volunteers.

- Include sexual orientation and gender identity in your agency's non-discrimination and sexual harassment policies.

- _____

- _____

- _____

B. Let Clients know that your agency is committed to working with LGBTQ people.

- Include LGBTQ perspective related to DV/SA in all agency publications, and make sure all print materials for clients explicitly include LGBTQ issues.

- _____

- _____

- _____

C. Ensure that staff and volunteers have opportunities to learn about LGBTQ issues, and the attitudes, knowledge and abilities to serve LGBTQ clients.

- Provide anti-homophobia/transphobia and heterosexism training for all staff and volunteers.

- _____

- _____

- _____

D. Ensure that staff and volunteers reflect the community the agency serves.

- Recruit LGBTQ staff and volunteers, including LGBTQ people of color.

- ---

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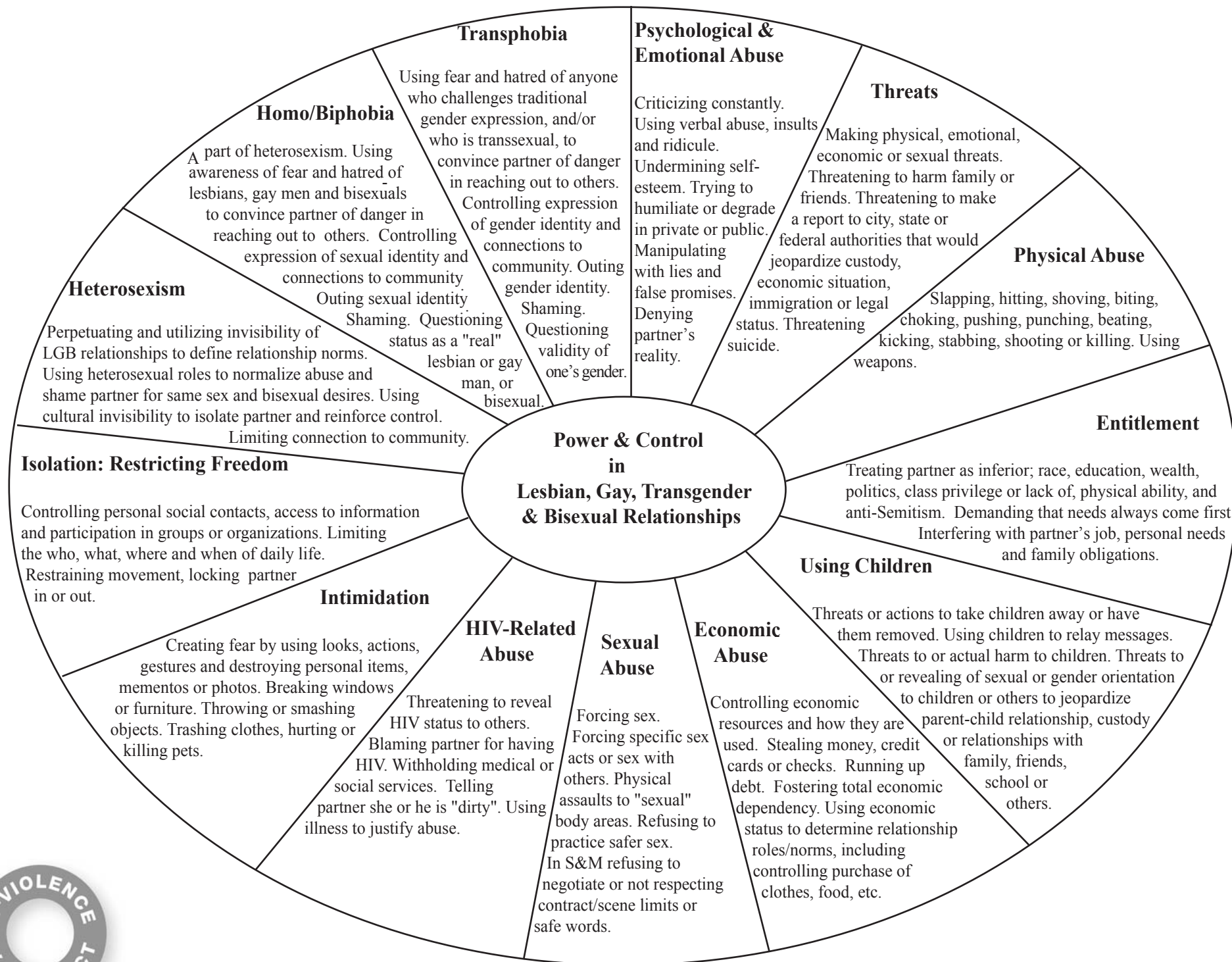
E. Provide culturally appropriate services to LGBTQ people.

- Organize support groups for LGBTQ victims.

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National Family Justice Center Alliance
Webinar Training

CEU & MCLE Accreditation

CEU Provider #5095 | MCLE Provider #15493

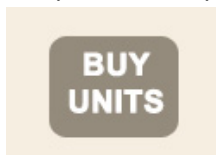
California Minimum Continuing Education Checklist

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1. Attend/listen to the entire webinar training.
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 - a. Course Materials include: The Course Description, PowerPoint Presentation, any accompanying handouts, the presenter's Bio, and the Evaluation form.
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Please direct questions or concerns to:

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Director of TA
National Family Justice Center Alliance
619-236-9551
Natalia@nfjca.org

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Ursula Campos-Johnson, MSW
Coordinator of the Hate Violence Program,
New York City Anti-Violence Project

Ursula Campos-Johnson is a lifetime Brooklynite, Pansexual, mixed race Latina, and survivor of Intimate Partner Violence (IPV), her Preferred Gender Pronouns are: she, her, and hers. Ursula has worked with LGBTQ survivors of violence for over six years. Ursula is dedicated to promoting social justice within and outside of systems for many marginalized communities, especially Lesbian, Gay, Bisexual, Transgender, Gender non-conforming, Queer, and or HIV-affected (LGBTGNCQH) survivors of violence, and youth impacted by violence. Ursula has done this through program development, direct services, and training and education.

An Intimate Partner Violence Counselor Advocate at the New York City Anti-Violence Project (AVP) for over 5 years, and currently the Coordinator of the Hate Violence Program at AVP, Ursula created a unique support group model for LGBTGNCQH survivors and victims of IPV and has lead an initiative at AVP to create a culturally competent IPV assessment model, inclusive of intersecting identities and free of assumptions around a binary understanding of gender identity.

Ursula has provided workshops and trainings on intimate partner violence, sexual violence, creating inclusive spaces for LGBTGNCQ and or HIV affected communities, hate violence and gender-based violence and their intersection with other forms of oppression, including poverty, sexism, heteronormativity, heteropatriarchy, and racism for service providers and community members. Ursula recognizes that while she may be providing training and education, there is an already existing expertise in the space and that she can learn so much from each audiences expertise and experiences.

Ursula has presented at the Columbia School of Social Work, Columbia School of Nursing, Child Protective Services, the New York State Coalition Against Domestic Violence, the Manhattan Family Justice Center, Silberman School of Social Work at Hunter and has provided trainings to youth service providers at The Door, the Adolescent AIDS Program, BOOM!Health, and Ali Forney Center.



National Family Justice Center Alliance
Webinar Training

**Working with LGBTQ and/or HIV-Affected Survivors of Intimate Partner
Violence at Family Justice Centers: Obstacles and Opportunities**

Presented by Ursula Campos-Johnson, MSW

December 17, 2014

Certificate of Attendance

1.5 Hours

Gael Strack, JD
Co-Founder and CEO
Family Justice Center Alliance

Natalia Aguirre
Director of Technical Assistance
Family Justice Center Alliance

Date of Issue: December 18, 2014