San Francisco Lesbian, Gay, Bisexual, Transgender, Queer & Intersex Violence Prevention Needs Assessment

THE SF LGBT CENTER

LEARNING for ACTION

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Acknowledgements

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We would also like to extend special thanks to the many organizations and individuals who shared their experiences and expertise over the course of the needs assessment as members of the Community Stakeholder Group. Their engagement and contributions strengthened this study and its findings and recommendations tremendously. Participating organizations are listed below.

Community Stakeholder Group

- UCSF's Alliance Health Project
- Asian & Pacific Islander Wellness Center
- Community United Against Violence
- El/La Para TransLatinas
- Larkin Street Youth Services
- Lavender Youth Recreation and Information Center (LYRIC)
- Openhouse
- San Francisco AIDS Foundation
- San Francisco Department of Aging and Adult Services
- San Francisco District Attorney's Office
- San Francisco Human Rights Commission
- San Francisco LGBT Center
- San Francisco Women Against Rape (SF WAR)
- Transgender Law Center

About Learning for Action

Established in 2000 and based in San Francisco, Learning for Action provides highly customized research, strategy, capacity building, and evaluation services that enhance the impact and sustainability of social sector organizations across the U.S. and beyond. LFA's technical expertise and community-based experience ensure that the insights and information we deliver to nonprofits, foundations, and public agencies can be put directly into action. In the consulting process, we build organizational capacity, not dependence. We engage deeply with organizations as partners, facilitating processes to draw on strengths, while also providing expert guidance. LFA's high quality services are accessible to the full spectrum of social sector organizations, from grassroots community-based efforts to large-scale national and international foundations and initiatives.

About the San Francisco LGBT Community Center

The mission of the San Francisco Lesbian Gay Bisexual Transgender (LGBT) Community Center is to connect our diverse community to opportunities, resources and each other to achieve our vision of a stronger, healthier, and more equitable world for LGBTQ people and our allies. The Center's strategies inspire and strengthen our community by: fostering greater opportunities for people to thrive; organizing for our future; celebrating our history and culture; and building resources to create a legacy for future generations.

Foreword

The following report emerges in a context of well publicized cases of violence involving LGBTQI residents of San Francisco and surrounding Bay Area communities, including the recent stabbing of a transgender woman on a MUNI bus and the murder of a gay man near Duboce Park. These two most recent events, though vastly different, speak to community members' exposure to violence blocks away from what is seen to be the geographic heart of the American LGBTQI movement.

The movement for LGBTQI legal rights and protections continues to gain momentum with local, state and national efforts to create access to marriage, legal protections against discrimination in employment and housing, equity in health care and efforts to address hate violence continuing across the country. In addition, there is increased visibility for the community as more and more cultural and business leaders and elected officials come out publicly. We have seen a significant shift in public opinion and acceptance for the broad LGBTQI community and LGBT advocates achieving results in almost every state in the country. While these successes are improving the well-being of our community, we know that many LGBT people continue to be deeply impacted by homophobia, transphobia and other forms of discrimination.

Historically, we have had little data about the LGBT community. We have not been counted in the census and most research has not tracked sexual orientation and/or gender identity. This lack of data is particularly challenging given both the complexities of how sexual orientation and/or gender identity impact people's lives and the incredible diversity of the community, with LGBT people represented in every race, class, age, religion, country of origin, neighborhood and other demographics. Given the rapidly changing climate we face, it is particularly important that we understand more about the experiences of the diverse members of the LGBTQI community. This understanding is critical to our ability to ensure that every member of our community is able to benefit from the advancements that we are achieving, and we leave no one behind in our march to equality.

Many approaches to violence within the LGBTQ population address only hate violence. This report includes experiences that fall within the relatively narrow definition of hate violence, but it also looks at the wide variety of other ways in which violence impacts LGBTQ people living in San Francisco. The data and analysis in this report provide many important insights, including an opportunity to take a deeper look at how our community experiences violence than the traditional hate crimes lens has provided, and extensive insight into how violence impacts the diverse members of our community in very different ways. Sexual and gender identity are considered in the ways in which they intersect with experiences of racism, poverty, ageism and other factors. The resulting analysis sheds significant insight into how race, class and other forms of discrimination serve as compounding factors in how homophobia and/or transphobia impact the experiences of LGBT people.

This report would not have been possible without the incredible vision of the Human Rights Commission and in particular the support of Theresa Sparks and Sneh Rao. The experience and commitment of Learning for Action has ensured the excellence in research required to grapple with

the complexity of the information and topic contained herein. We would also like to acknowledge and thank the work of our stakeholder members as well as the community members that contributed their experiences and insight. In doing so, they have helped to create a robust report which provides critical data and recommendations for policy makers and community members to employ in ending violence against all city residents.

This report is dedicated to the LGBT community as we honor the strength and courage of our community in addressing the violence that we face today and our commitment to work together to create a violence free future for the next generations.

In community,

Rebecca Rolfe,
Executive Director

Evan Knopf,
Executive Assistant/Special Projects

THE SF LGBT CENTER

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LGBTQI Violence Prevention Needs Assessment: Executive Summary

About the LGBTQI Violence Prevention Needs Assessment

The San Francisco Human Rights Commission (SF HRC) provides leadership and advocacy in securing, protecting and promoting human rights for all people. In 2014, SF HRC commissioned an assessment of the violence prevention and safety needs of San Francisco's lesbian, gay, bisexual, transgender, queer and intersex communities. The San Francisco LGBT Community Center (the Center) and Learning for Action (LFA) partnered to conduct this needs assessment, supported by a Community Stakeholder Group.

The purpose of the needs assessment is to gather information about experiences with violence among community members, and to inform strategies to prevent and address violence against LGBTQI people in San Francisco. Because it was necessary to focus the scope of the inquiry within the larger topic of violence, the experiences addressed by this study are limited to physical and sexual interpersonal violence and harassment. Approaching the study of violence with an LGBTQI lens often invokes thoughts of hate violence. This report details a broad range of community members' experiences with interpersonal violence, which may include but go far beyond incidents motivated by hate.

The needs assessment was designed to address the following research questions, developed by SF HRC:

1. What types of violence affect LGBT[1] people in San Francisco?
2. Where do victims and survivors of violence seek support?
3. How do experiences of violence compare across gender, race/ethnicity, sex, age, income-level, language, and other key demographics?
4. What are existing violence prevention services for LGBT people in San Francisco? To what degree are these services able to meet the need of LGBT people experiencing violence?
5. How does service utilization compare across LGBT subgroups and demographics?
6. What are examples of effective violence prevention models that address service gaps at the local level? What are best practices across the country?
7. To what degree are "safe spaces" effective as a violence prevention model? Where have they been employed and with what level of success?

To answer these questions, the needs assessment team employed a combination of surveys, interviews, focus groups, and literature review between July and October 2014. Over 400 community members completed the "LGBTQI Community Safety Survey;" twenty-six surveys were completed in Spanish, and the rest in English. Fourteen in-depth interviews were conducted with community members representing particularly underserved segments of the LGBTQI population—people who speak primarily Spanish, youth, and transgender individuals.

[1] SF HRC's original research questions used the term "LGBT." The project leads and Community Stakeholder Group intentionally broadened the inquiry, and term, to include queer and intersex-identified community members. The term "LGBTQI" is used throughout this report to refer to the full focal population for this study.

Executive Summary

Findings from the needs assessment address four areas:

- Perceptions of community safety and connectedness among San Francisco LGBTQI community members
- Experiences of violence among San Francisco LGBTQI community members
- Services for survivors of violence in San Francisco LGBTQI communities
- Violence prevention for San Francisco LGBTQI communities

The study culminates in preliminary recommendations for advancing violence prevention in San Francisco for LGBTQI communities. This executive summary includes key findings in each area of inquiry as well as the overall conclusions drawn from the findings; readers interested in additional information can find greater detail in the full report.

Overall Conclusions

- San Francisco's LGBTQI population has experienced high rates of violence. Despite these findings, many LGBTQI-focused organizations lack funding for violence prevention activities, and violence prevention initiatives rarely include an LGBTQI lens that goes beyond hate violence. Building the capacity of CBOs, public agencies and services, and law enforcement to operate as a culturally competent, coordinated, and trauma-informed system will improve services and experiences for all.

- Violence patterns and disparities within the LGBTQI population suggest that the root causes underlying experiences with violence include racism, sexism, homophobia, transphobia, and other forms of discrimination. A coordinated community approach to tackling racism, sexism, homophobia, and transphobia should be prioritized as a violence prevention strategy.

- The perception of San Francisco as a progressive, LGBTQI-friendly environment is not enough to keep our communities safe. In fact, this perception can itself be a barrier to the system's willingness to identify deficiencies and prioritize system transformation to address discrimination. Support services are overtaxed, and violence continues to be a prevalent issue facing LGBTQI community members.

- The San Francisco real estate crisis affects LGBTQI safety in many ways. Lack of affordable rents make both community members and the community-based organizations who serve them more vulnerable to displacement. In addition, homelessness disproportionately affects LGBTQI communities.

- There is a clear need to define and prioritize community-based responses to violence in the LGBTQI community. Improving police response to violence against LGBTQI community members through training and increased accountability is important, but only part of the solution. The call emerging from these data is a need to build stronger alternatives, providing community-based programs with resources to support their work in preventing and responding to violence.

Executive Summary

Key Findings

Perceptions of Community Safety and Connectedness

To understand more about the context within which LGBTQI community members live and make decisions about their lives, the survey explored how safe, and how limited by safety concerns, respondents feel in the different aspects of their daily lives.

Key Findings: Community Safety and Connectedness

- Transgender community members—particularly transgender people of color—are more likely than cisgender community members to feel unsafe in most settings—up to 7 times more likely in some settings—and to feel limited by safety concerns about where to live, work, socialize, and get healthcare and other services.
- The lack of affordable housing in San Francisco exacerbates safety concerns for many community members, prompting many to remain in housing or neighborhoods where they don't feel safe.
- There are high levels of mistrust among LGBTQI community members that police will help them if needed—36% overall don't believe the police would help. Transgender community members, people of color, and those with lower incomes or who have experienced homelessness are *least likely* to believe that police will come to their aid.

> The stakes can feel very high for reporting or ruffling any feathers because of the housing crisis here; obviously no one wants to lose their housing.
>
> *LGBTQI Service Provider*

60% of transgender Latinas feel unsafe walking around during the day—a time when only 12% of LGBTQI respondents overall do.

Experiences of Violence

All three types of violence explored by the community safety survey—physical violence, sexual violence, and harassment—are all-too-common experiences among LGBTQI respondents.

Key Findings: Experiences of Violence

- High proportions of LGBTQI community members have experienced physical violence (68%), sexual violence (48%), and harassment (81%); more than one-third has experienced all three. Even higher proportions of transgender community members, especially transgender people of color, are violence survivors.
- Factors increasing an LGBTQI person's risk for interpersonal violence include: being transgender; being a person of color; having a disability; earning a lower income; having ever been homeless; having lived in foster care; and having ever been incarcerated. Intersections of these identities and characteristics compound the risk of violence.
- Transgender survivors and LGBTQI people of color are more likely to have experienced physical violence multiple times, in the past year, and before the age of 16.

Transgender respondents are statistically more likely than cisgender respondents to have experienced physical violence (79% vs. 66%*), sexual violence (65% vs. 41%*), and harassment (88% vs. 78%*).**

* p = <.05, **p = <.01, *** = p <.001

Executive Summary

- Transgender survivors of physical violence and those who experienced physical violence before the age of 16 are more likely than others to have been hurt by a family member.
- A substantial proportion of LGBTQI respondents did not report the violence they experienced to anyone: 44% did not report physical violence, 47% did not report sexual violence, and 62% did not report harassment.

> I didn't think the police would believe me because I was gay. I worried they would laugh at me or be abusive somehow.
>
> *Community Survey Respondent*

Services for Survivors of Violence

Following experiences of violence, survivors seek many different types of support. The needs assessment explores the supports and services sought by LGBTQI survivors in San Francisco, differences in service utilization by diverse segments of San Francisco's LGBTQI population, and how well existing services meet the needs of LGBTQI community members.

Key Findings: Services for Survivors

- LGBTQI survivors of violence are more likely to reach out to friends, family and informal support networks than to utilize formalized services.
- Support services for survivors aren't always well equipped to address intersectionality of needs and identities.
- Lack of awareness of available services is the greatest barrier for most service types to help survivors cope with their experiences of violence and trauma

> I am a mixed race gender nonconforming person. I feel that people in my own friend/chosen family circles are more likely to be able to support me than outside providers or resources. It's tough to find professionals or external sources set up to help people like me.
>
> *Community Survey Respondent*

Violence Prevention for San Francisco LGBTQI Communities

> Violence prevention is beginning to shape ones awareness of what is violence, and undoing normalizing violence as a part of their lives.
>
> *Community Survey Respondent*

How do we reach the end goal of a violence-free community? Literature suggests that effective violence prevention happens not through any single strategy, but through the coordinated implementation of numerous strategies that work together[2]. Violence prevention strategies indicated by service providers, community members, and the literature are discussed within the "Spectrum of Prevention" framework developed by the National Sexual Violence Resource Center. The framework includes the following six levels of violence prevention[3]: (1) Strengthening individual knowledge and skills; (2) Promoting community education; (3) Educating providers; (4) Fostering coalitions and networks; (5) Changing organizational practices; and (6) Influencing policies and legislation. Service providers in San Francisco discussed violence prevention strategies at each of these levels, as well as strategies supporting three additional violence prevention factors: (1) Facilitating access to resources; (2) Promoting community dialogue and peer support; and (3) Responding to violence.

[2] NSVRC, Sexual Violence and the Spectrum of Prevention; Whitlock, K. (2012). Reconsidering Hate: Policy and politics at the intersection, a Political Research Associates Discussion Paper. Political Research Associates: Somerville, MA

[3] Adapted from NSVRC, Sexual Violence and the Spectrum of Prevention

Executive Summary

Key Findings: Violence Prevention

- The landscape of violence prevention services available to LGBTQI community members is difficult to define for several reasons:
  - There is no consistent definition of what constitutes "violence prevention services" among stakeholders;
  - Community organizations serving LGBTQI communities often do not receive funding for violence prevention work; and
  - There is currently no task force or coordinated effort to support collaboration between agencies (public and community based) providing violence prevention services to the LGBTQI community. Without this collaboration, the bigger picture of violence prevention is unclear, and any single provider or agency can't know how LGBTQI violence prevention is being addressed, and by whom.
- Violence prevention strategies are most effective when they involve the direct participation of members of the communities they aim to serve.
- Because so many members of the LGBTQI community have experienced violence, it is important that violence prevention strategies be implemented in a way that is trauma-informed, recognizing the impact of violence and trauma on survivors.

Chapter I: LGBTQI Violence Prevention Needs Assessment Introduction and Overview

IN THIS CHAPTER:

- Background about the LGBTQI violence prevention needs assessment commissioned by the San Francisco Human Rights Commission
- Data collection and analysis methods, strengths, and limitations
- Information about the LGBTQI community members who participated in the survey and interviews

Chapter I: Introduction and Overview

About the LGBTQI Violence Prevention Needs Assessment

The San Francisco Human Rights Commission (SF HRC) provides leadership and advocacy in securing, protecting and promoting human rights for all people. For nearly 50 years, SF HRC has grown in response to San Francisco's mandate to address the causes of and problems resulting from prejudice, intolerance, bigotry and discrimination. In 2014, SF HRC commissioned an assessment of the violence prevention and safety needs of San Francisco's lesbian, gay, bisexual, transgender, queer and intersex communities. The San Francisco LGBT Community Center (the Center) and Learning for Action (LFA) partnered to conduct this needs assessment, supported by a Community Stakeholder Group. More information about the Center, LFA, and the Community Stakeholder Group is provided starting on page 3.

The purpose of the needs assessment is to gather information about experiences with violence among community members, and to inform strategies to prevent and address violence against LGBTQI people in San Francisco.

The needs assessment was designed to address the following research questions, developed by SF HRC:

1. What types of violence affect LGBT[5] people in San Francisco?
2. Where do victims and survivors of violence seek support?
3. How do experiences of violence compare across gender, race/ethnicity, sex, age, income-level, language, and other key demographics?
4. What are existing violence prevention services for LGBT people in San Francisco? To what degree are these services able to meet the need of LGBT people experiencing violence?
5. How does service utilization compare across LGBT subgroups and demographics?
6. What are examples of effective violence prevention models that address service gaps at the local level? What are best practices across the country?

Definition of terms used in this report[4]

Cisgender: A term used to describe an individual whose self-perception of their gender matches the sex they were assigned at birth.

Gay: A term that is sometimes used as an umbrella term to describe LGBTQ communities. While people with any gender identity may use the term 'gay' to identify their sexual orientation, gay is often used to describe a male-identified person who is primarily or exclusively attracted to other male-identified people.

Gender Identity: A term that describes how a person identifies their gender. A person's gender identity may be different than social norms and/or stereotypes of the sex they were assigned at birth. There are a wide range of gender identities and expressions, including identifying as a man, woman, transgender, genderqueer, and/or identifying as gender non-conforming.

Gender Non-Conforming: A term that describes a person whose gender expression is different from the societal expectations based on their assigned sex at birth. This term can refer to a person's 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.

Intersex: a term that refers to a person who is born with reproductive or sexual anatomy that has developed in ways that may not adhere to standard definitions of male or female. Intersex people are typically assigned a male or female sex at birth.

Lesbian: A term that describes a person who identifies as a woman who is primarily or exclusively attracted to other people who identify as women.

[4] Includes definitions excerpted or adapted from the National Coalition of Anti-Violence Programs 2013 Hate Violence Report and the Intersex Society of North America

[5] SF HRC's original research questions used the term "LGBT." The project leads and Community Stakeholder Group intentionally broadened the inquiry, and term, to include queer and intersex-identified community members. The term "LGBTQI" is used throughout this report to refer to the full focal population for this study.

7. To what degree are "safe spaces" effective as a violence prevention model? Where have they been employed and with what level of success?

To answer these questions and develop actionable recommendations to advance violence prevention in San Francisco, the needs assessment team employed a combination of surveys, interviews, focus groups, and literature review. Data were collected between July and October of 2014. More information about the needs assessment design and methods appears in the next section.

Definition of terms used in this report[6] (continued)

Queer: A political and sometimes controversial term that some LGBTQI people have reclaimed. Used frequently by younger LGBTQI people, activists, and academics, the term is broadly inclusive, and can refer either to gender identity, sexual orientation or both. It is also sometimes used as an umbrella term to describe LGBTQI communities.

Sexual Orientation: A term that describes a person's physical or emotional attraction to people of a specific gender or multiple genders. It is the culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can change over time.

Transgender: An umbrella term that can be used to describe people whose gender expression is non-conforming and/or whose gender identity is different from their assigned gender at birth.

Because the topic of violence and violence prevention is expansive and multifaceted, the needs assessment team and SF HRC intentionally bound the areas of inquiry undertaken by this effort. Experiences of violence, as addressed by this needs assessment, are limited to physical and sexual interpersonal violence and harassment. This includes family and intimate partner violence, as well as violence perpetrated by strangers, acquaintances, caregivers, and authority figures. Not included in this needs assessment's purview are types of self- harm, including suicide and suicide ideation; psychological abuse; and collective forms of violence committed by societies and institutions, such as political and economic violence. It should also be noted that this study compares experiences of violence within the larger LGBTQI community, and not between the broader population and the LGBTQI community. It is already understood that LGBTQI communities experience higher rates of violence than the cisgender, heterosexual population[7]; this needs assessment aims to illuminate the range and differences of experience within our LGBTQI communities.

San Francisco LGBT Community Center

The mission of the San Francisco Lesbian Gay Bisexual Transgender (LGBT) Community Center is to connect our diverse community to opportunities, resources and each other to achieve our vision of a stronger, healthier, and more equitable world for LGBTQ people and our allies. The Center's strategies inspire and strengthen our community by: fostering greater opportunities for people to thrive; organizing for our future; celebrating our history and culture; and building resources to create a legacy for future generations.

The Center served as the lead on the project and assembled the Community Stakeholder Group, and organized and led stakeholder group convenings throughout the project. Additionally, the Center played a key role in distributing surveys to community members, and provided staff from its

[6] Includes definitions excerpted or adapted from the National Coalition of Anti-Violence Programs 2013 Hate Violence Report
[7] National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2013.;Friedman et al, 2011; The Human Rights Campaign Foundation, 2009; Saewyc, et al, 2006

transitional age youth program and transgender employment services to conduct interviews with community members. Center staff also worked with LFA to conduct the literature review.

Learning for Action

Learning for Action is a San Francisco-based consulting firm that exclusively serves the nonprofit, philanthropic, and public sectors. LFA's mission is to enhance the impact and sustainability of social sector organizations through highly customized research, strategy development, evaluation, and capacity-building services. LFA provides consulting services that are based on rigorous data collection while grounded in a community perspective to catalyze social change.

LFA's role in the needs assessment was to lead the design and implementation of the research components of the project, including all data collection and analysis, and to prepare the report of findings.

Community Stakeholder Group

In order to produce a needs assessment that is reflective of the experiences and needs of San Francisco's incredibly diverse LGBTQI community and to build community ownership of recommendations resulting from the needs assessment, the project leads convened a Community Stakeholder Group as an integral part of the project. The stakeholder group:

- Offered feedback on project design and tools at the beginning of the project;
- Mobilized their networks to ensure broad and diverse participation in the needs assessment's community survey and interviews;
- Contributed critical perspectives on the violence-related experiences and needs of the LGBTQI community; and
- Provided review of the findings and prioritization of the recommendations for action.

Fourteen agencies participated in the Community Stakeholder Group, representing a significant and essential share of organizations serving San Francisco's LGBTQI communities and those addressing issues of violence and safety. Their expertise and their collective perspective on these communities' experiences and needs strengthened the needs assessment process, and this report, at every step along the way. The following organizations served as members of the Community Stakeholder Group:

- UCSF's Alliance Health Project
- Asian & Pacific Islander Wellness Center
- Community United Against Violence (CUAV)
- El/La Para TransLatinas
- Larkin Street Youth Services
- Lavender Youth Recreation and Information Center (LYRIC)
- Openhouse
- San Francisco AIDS Foundation
- San Francisco Department of Aging and Adult Services
- San Francisco District Attorney's Office
- San Francisco Human Rights Commission
- San Francisco LGBT Center
- San Francisco Women Against Rape (SF WAR)
- Transgender Law Center

Please see Appendix A for descriptions of these participating organizations.

Methods

Data Collection and Analysis

The needs assessment employed a mixed-methods approach, drawing on four primary data sources: 1) the LGBTQI Community Safety Survey[8]; 2) in-depth interviews with fourteen community members; 3) key informant interviews with local service providers and officials; and 4) a focus group with the Community Stakeholder Group. The assessment also included a review of published literature and secondary data sources related to violence and safety in LGBTQI communities. See Appendix B for a complete bibliography of materials referenced. These sources provide a mix of quantitative and qualitative data that, together, describe San Francisco LGBTQI community members' experiences with violence and with seeking support to cope with that violence.

LFA programmed the LGBTQI Community Safety Survey in English and Spanish into an online survey platform, and made hard copy versions available in both languages. LFA also conducted the key informant interviews with providers, as well as the focus group with the Community Stakeholder Group.

The organizations participating in the Community Stakeholder Group were instrumental in achieving our robust and diverse survey sample of over 400 LGBTQI community members. The organizations publicized the survey on their websites and in newsletters, email blasts, and other communications with their constituencies. Some hosted survey completion events, providing community members with computers, time and space to complete the survey onsite at the agencies.

Two community stakeholder agencies who work directly with segments of the LGBTQI population that we wanted to ensure were represented in the study—people who speak primarily Spanish, youth, and transgender individuals—conducted the community member interviews. CUAV staff conducted five in person interviews; youth program staff from the San Francisco LGBT Community Center conducted six; and Center staff working with the transgender economic development program conducted three.

Survey data were cleaned, managed, and analyzed in SPSS, a statistical analysis software package. The research team conducted content analysis on all qualitative data from the focus group and interviews to systematically identify common themes and unique perspectives on the experiences and needs of LGBTQI communities.

Strengths and Limitations

This needs assessment design has several strengths contributing to robust and meaningful findings. One significant strength is the survey sample of 400. By collecting survey data from such a large number of people, there were sufficient numbers of smaller subgroups within the sample (e.g. transgender people of color or people who have ever been homeless) to enable statistically significant comparative analyses, which provided great insight into differences in experiences with violence among various segments of the LGBTQI population. Another aspect of the survey design was, in a calculated trade-off, both a strength and limitation: when collecting demographic information, the survey included a broad range of sexual orientation and gender identity options, and

[8] The English version of the LGBTQI Community Safety Survey instrument is attached in Appendix C.

allowed participants to check all terms and identities that applied to them. This was a strength in that it allowed the survey to capture the nuance in how LGBTQI individuals in San Francisco self-identify, and it also increased the chances that individual respondents would feel seen and acknowledged, rather than alienated by the absence of language they identified with. However, this also created a limitation in the needs assessment's ability to conduct analysis of results by specific sexual orientations and gender identities, since they were not mutually exclusive. In particular, the study was unable to tease apart the experiences of gay men, lesbians, and bisexuals because the possible combinations of sexual orientations and gender identities were too complex for meaningful analysis. Additionally, while the sample did include intersex community members, they were not represented in great enough numbers to enable meaningful analysis of their distinct experience.

The mixed-method design of the needs assessment is also a strength: rich qualitative data from interviews with community members and providers and information from the literature review complement the survey data, enable deeper insights, and help to put the survey data in context. By design, community interviews were conducted with members of specific subpopulations that we thought may be underrepresented in the survey data—people of color, people who are homeless, people who speak primarily Spanish, youth, and transgender individuals. The needs assessment was also strengthened by the participation of the Community Stakeholder Group through their input throughout the study and their role in disseminating the survey.

Resource constraints dictated several sampling limitations. We relied on stakeholder agencies to disseminate and generate interest in the survey; thus survey participants were likely to be already connected to services. We lacked the necessary resources to outreach to more disconnected segments of the LGBTQI population in San Francisco. This may have contributed to the underrepresentation of certain subpopulations in the survey sample, most notably homeless and marginally housed people, African Americans and Asians, and youth. We were also unable to make the community survey and interviews available in languages other than English and Spanish, limiting our understanding about the experiences and needs of other linguistic groups in San Francisco.

Chapter I: Introduction and Overview

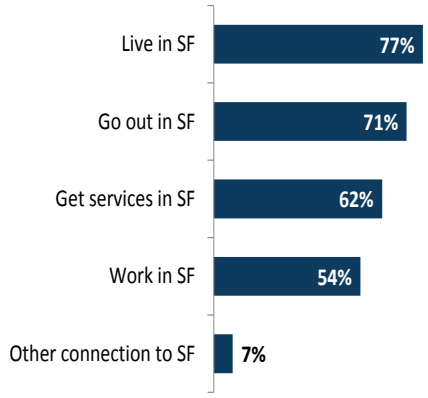
About the Participants

Community Survey Respondents

Over 400[9] community members completed the "LGBTQI Community Safety Survey," most of them online. Twelve respondents completed paper copies of the survey. Twenty-six surveys were completed in Spanish, and the rest in English.

As Exhibit 1 shows, respondents have deep connections to the city and county of San Francisco. The majority live, work, socialize, and get healthcare and other services in San Francisco; 67% are connected to San Francisco in at least two of these ways, and 39% are connected in all four ways. Nearly two-thirds—64%—have been connected to San Francisco for more than ten years. Only 3% were new to San Francisco in the past year.

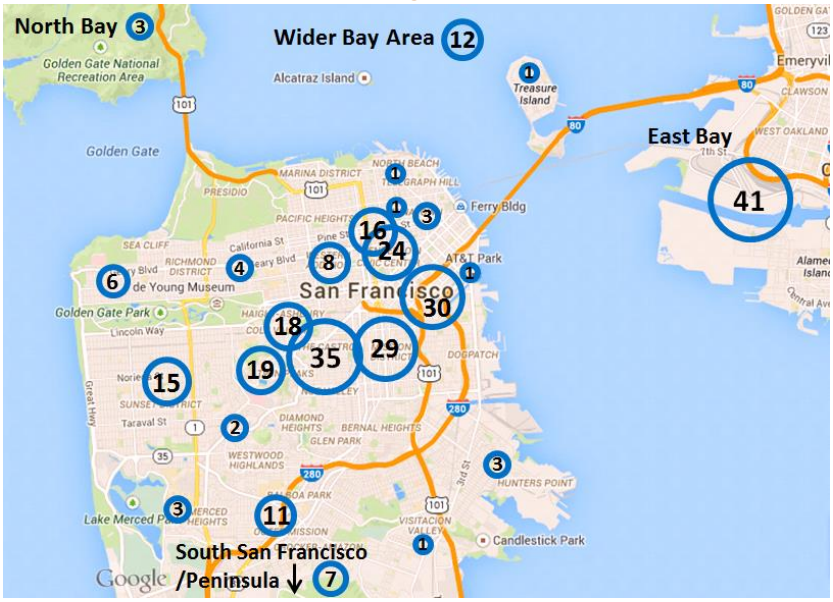
Exhibit 1.
Respondents are heavily connected to San Francisco



n = 399

Most respondents living outside San Francisco are Easy Bay residents, especially Oakland. Several more live in South San Francisco, Daly City, and on the Peninsula, and a few live in Marin County. Exhibit 2 maps survey respondents' areas of residence.

Exhibit 2.
Respondents are concentrated in the SF's Castro, Mission, SoMa, Civic Center/Tenderloin neighborhoods, as well as Oakland



[9] Of the 405 surveys completed, six were completed by individuals who identified as heterosexual/straight, and did not indicate they were transgender or gender nonconforming in any way, nor were they intersex. To ensure the findings were entirely informed by data from LGBTQI community members, these six cases were eliminated from all analyses, for a total n of 399.

Chapter I: Introduction and Overview

Survey respondents represent a diverse sample of the LGBTQI population in San Francisco. Exhibits 3 and 4 show how respondents identified their sexual orientation and gender identity. Sexual orientation and gender identity categories were intentionally broad, and allowed respondents to select all options that applied to them. Additional sexual orientation terms shared by respondents include: celibate, dyke, heteroflexible, homosexual, radical faerie, trans-amorous. Additional gender identity terms shared by respondents include: butch queen, femme, gender-fluid, hood femme, intersex, intersex androgyne, longhaired male, non-patriarchal semi-masculine man, passive male, radical faerie, trans*, trans guy, and TG stone butch. Notably, 43% of respondents used more than one term to describe their gender identity, and 19% selected multiple terms for their sexual orientation. Additionally, some respondents listed terms such as transsexual and transgender as part of their sexual orientations. These data highlight the wide variety of terms that San Francisco LGBTQI community members use to describe their sexual orientation and gender identity, and suggest a high level of fluidity and nuance in these aspects of community member identities.

Exhibit 3.
'Gay' and 'Queer' are most common terms to describe respondents' sexual orientation

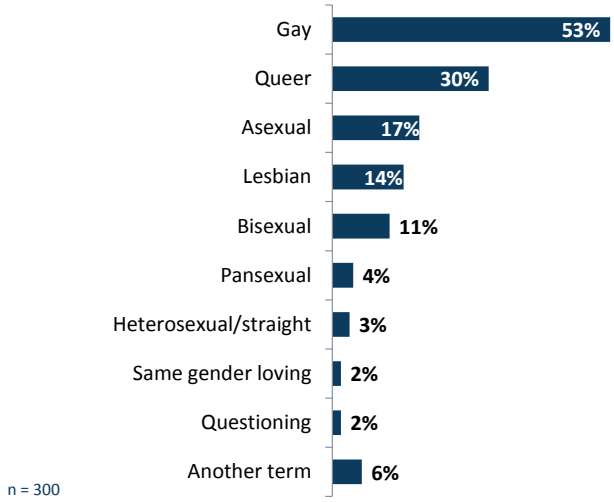
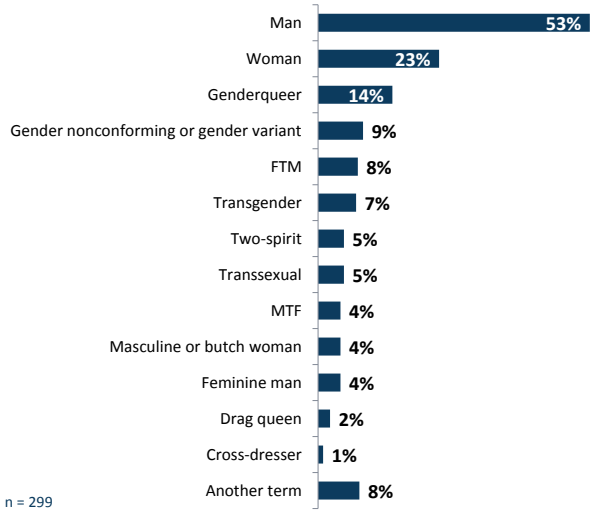


Exhibit 4.
Respondents use a multitude of terms other than "man' and 'woman' to describe their gender identity; 43% use more than one term

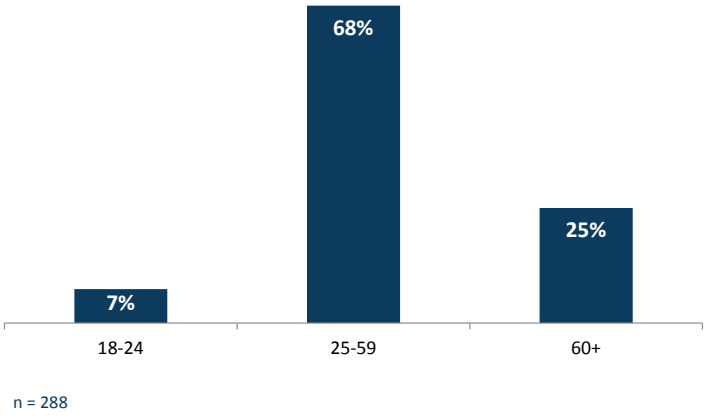


23% of respondents consider themselves transgender, and 5% are questioning their gender identity

Respondents were also asked whether they considered themselves to be transgender in any way, regardless of the term or terms they use to describe their gender identity. Nearly one quarter said yes, and an additional 5% said they didn't know or were questioning their gender identity.

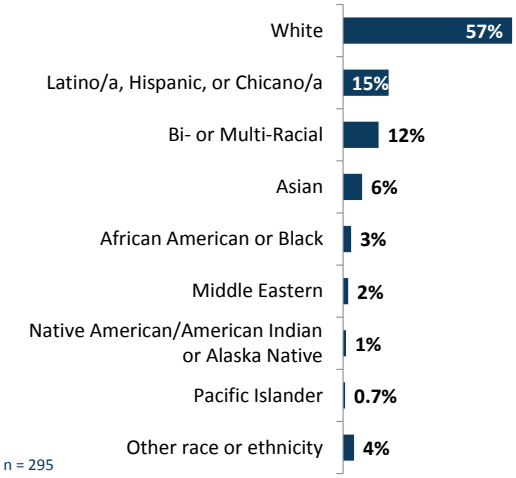
Adults of all ages completed the survey, from age 20 to age 87. Despite attempts to publicize the survey to more youth community members, only 7% of respondents are transitional age youth, and no one under age 20 completed the survey. Older adults are well-represented among survey respondents, however (see Exhibit 5).

Exhibit 5.
One-quarter of survey respondents are over the age of 60; youth are underrepresented



Survey respondents are racially diverse, although African Americans and Asians are underrepresented in the survey sample based on overall San Francisco demographics (see Exhibit 6). African Americans represent 6% of San Francisco residents but only 3% of the survey sample; Asians comprise 33% of San Franciscans but only 6% of the survey sample. Given the heavy reliance of the sample on connection to LGBTQI and violence prevention-oriented agencies, this may suggest that these two groups are less connected to these service providers and organizations.

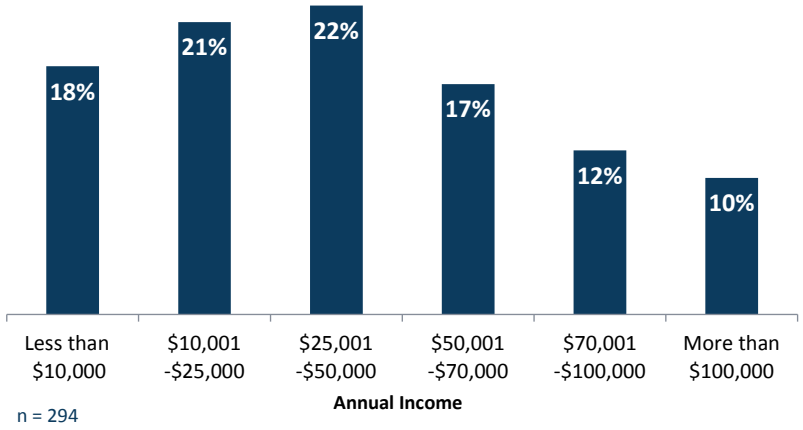
Exhibit 6.
African American and Asian community members are underrepresented in survey sample; whites are overrepresented



Survey respondents are also economically diverse, with community members earning low incomes being well represented (see Exhibit 7). Respondents' incomes—relatively low in the context of San Francisco's high cost of living, and high housing costs in particular—suggest high levels of un- and underemployment, a well-documented phenomenon within the LGBTQI communities, especially among transgender community members[10]. Respondents' income appears particularly low in light of these same respondents' high levels of education: 65% have attained at least a bachelor's degree, and 35% also have a master's degree. Only 4% of respondents have not attained a high school diploma or GED.

[10] Hartzell, E., Frazer, M. S., Wertz, K. and Davis, M. (2009). The State of Transgender California: Results from the 2008 California Transgender Economic Health Survey. Transgender Law Center: San Francisco, CA; Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011

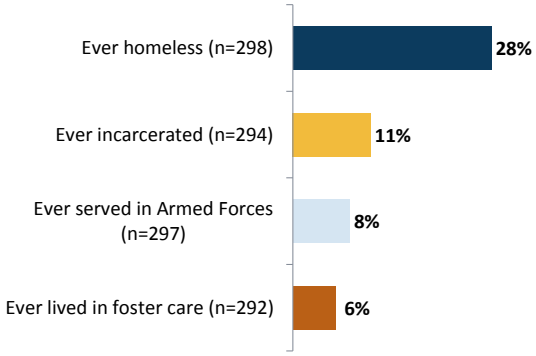
Exhibit 7.
Well over one-third of respondents—39%—make less than $25,000 per year



To provide additional context about their lives, survey respondents shared their histories of homelessness, incarceration, military service, and being in foster care (see Exhibit 8).

32% of respondents identify as a person with a disability

Exhibit 8.
Additional context: More than one-quarter of respondents have been homeless at some point in their lives



A significant majority (83%) of respondents own or rent the houses or apartments they live in, but small percentages of the survey sample are more marginally housed: 2-3% each live in shelters, transition housing units, single room occupancy hotels (SROs), or are homeless or living on the street or in a vehicle. An additional 1% lives in public housing, and 2% reside in assisted living housing. Finally, 4% of the sample report staying with friends as their primary housing.

Interviews

Community Members

As previously noted, a group of community members participated in interviews to provide a more in-depth perspective of their experiences of violence and strategies for violence prevention in San Francisco. Two of the fourteen interviews were conducted in Spanish and the rest in English. Demographically, interview participants were diverse:

- Age: Interview participants ranged in age from 19 to 48 years old[11]. 46% were under 25.
- Gender identity: More than half of interview participants identify as transgender (57%).
- Participants used the following terms regarding gender identity: woman (43%) transgender (29%); man (21%); two spirit (21%); MTF (14%); FTM (14%) and genderqueer, gender variant or gender-nonconforming (14%).
- Sexual orientation: Participants also identified sexual orientation in multiple ways, including: queer (57%); gay (14%); lesbian (14%); bisexual (14%); heterosexual (14%); pansexual (7%); asexual (7%); and questioning (7%). Participants also listed additional sexual orientation terms including celibate, trysexual, and trans female who likes boys.
- Race/ethnicity: Participants identified their race or ethnicities in the following ways[12]: White (43%); Multi-racial (21%); Latin@ or Chican@ (21%); African American (14%); Native American (14%); Asian (7%); and Pacific Islander (7%). Other identities shared included Arab, Jewish, and Scandinavian.
- Homelessness: Nearly two thirds had experienced homelessness (64%).

Service Providers

The needs assessment also explored experiences of violence against LGBTQI communities in San Francisco, service utilization, and strategies for violence prevention from the perspective of those providing services to these communities. Individual phone interviews were conducted in order to gain insight from providers serving specific populations, including: transgender Latinas (El/La Para TransLatinas); LGBTQI older adults (Openhouse); and survivors of intimate partner violence and sexual violence (San Francisco Women Against Rape). In order to capture the perspective of law enforcement, an interview was also conducted with a representative from the San Francisco District Attorney's Office.

Additional provider perspectives were captured through a focus group, which included fifteen participants from the following Community Stakeholder Group organizations:

- Asian & Pacific Islander Wellness Center
- Community United Against Violence (CUAV)
- El/La Para TransLatinas
- Larkin Street Youth Services
- Lavender Youth Recreation and Information Center (LYRIC)
- Openhouse
- San Francisco Department of Aging and Adult Services
- San Francisco District Attorney's Office
- San Francisco Human Rights Commission
- San Francisco LGBT Center
- San Francisco Women Against Rape (SFW

[11] One community member interviewee did not disclose age
[12] Percentages do not sum to 100% because participants were able to select more than one option

Chapter II: Perceptions of Safety and Connectedness among San Francisco LGBTQI Community Members

IN THIS CHAPTER:

- LGBTQI community members' perceptions of personal safety in various settings of daily life
- LGBTQI community members' level of social and community connectedness
- Community perspectives on strategies for increasing safety

Chapter II: Perceptions of Safety and Connectedness

Key Findings: Perceptions of Safety and Connectedness

- Transgender community members—particularly transgender people of color—are more likely than cisgender community members to feel unsafe in most settings—up to 7 times more likely in some settings—and to feel limited by safety concerns about where to live, work, socialize, and get healthcare and other services.
- The lack of affordable housing in San Francisco exacerbates safety concerns for many community members, prompting many to remain in housing or neighborhoods where they don't feel safe.
- There are high levels of mistrust among LGBTQI community members that police will help them if needed—36% overall don't believe the police would help. Transgender community members, people of color, and those with lower incomes or who have experienced homelessness are least likely to believe that police will come to their aid.

Perceptions of Community Safety

To understand more about the context within which LGBTQI community members live and make decisions about their lives, the survey explored how safe respondents feel in the different aspects of their daily lives. People of all ages continue to seek out San Francisco as a place they perceive to be safer for LGBTQI individuals than other parts of the state or country. However, many respondents report that they still feel at risk in San Francisco for targeted violence based on their sexual orientation and/or gender identity, among other factors.

> It's sometimes really sad, because this is supposed to be the town or city where we're free to be ourselves. And sometimes it isn't.
>
> *LGBTQI Community Member*

> San Francisco is becoming less accepting of people of color and non-masculine conforming men. I've received aggressions and micro aggressions on an everyday basis.
>
> *LGBTQI Community Member*

For many community members, being in a heightened state of awareness or vigilance is an expected part of their day-to-day reality. While this vigilance may be a typical stance for any community member to take in any urban environment, many respondents comment about the ways San Francisco is specifically unsafe for LGBTQI community members. Additionally, some acknowledge that the means to feel safe requires resources—such as owning a car and being able to afford stable housing in a safe neighborhood—and other privilege—such as being white or cisgender—that not all community members have.

> I'm aware of recent crimes on my street and elsewhere in my Duboce Triangle neighborhood, so live with some mix of fear and vigilance.
>
> *LGBTQI Community Member*

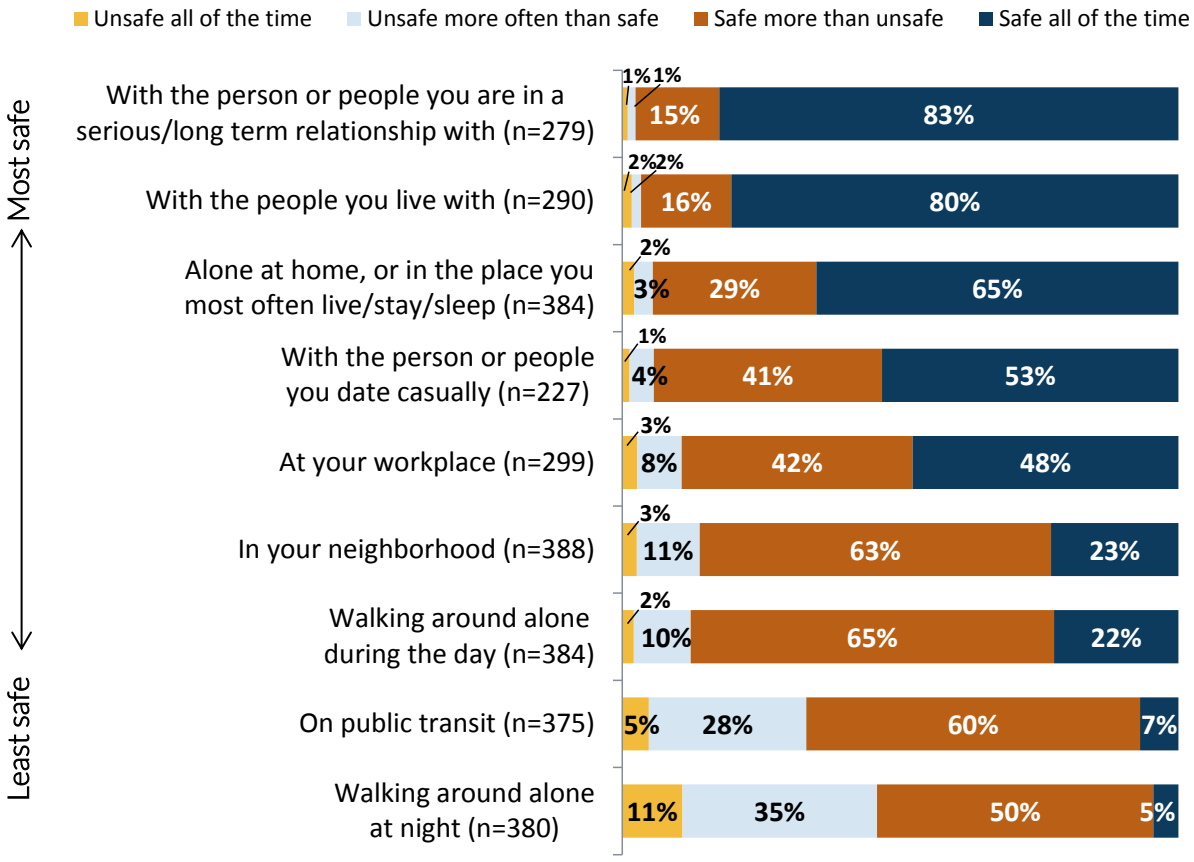
Community members also expressed that their feelings of safety related to their own witnessing or personal experiences of violence, such as those who cited violence in their neighborhood or public housing complexes, and those who referenced the relationship between their safety concerns and PTSD and/or anxiety resulting from their own experiences of violence and crime.

> I just feel more unsafe in San Francisco these days. Not sure if it's a function of me getting older or getting gay-bashed … but I feel more vulnerable.
>
> *LGBTQI Community Member*

Chapter II: Perceptions of Safety and Connectedness

Overall, LGBTQI respondents feel safest with their partners and the people they live with; only 2% to 4% feel unsafe more often than safe with those individuals, though this is not meant to suggest that intimate partner violence is not prevalent in the LGBTQI population. Respondents feel the least safe on public transit, where one-third feels unsafe more often than safe, and walking around alone at night, where nearly half feel unsafe more often than safe. Many survey respondents listed avoiding walking alone at night and avoiding public transit among the top three strategies that made them feel safer in San Francisco. Exhibit 9 below shows how respondents answered questions about how safe they feel in their daily lives.

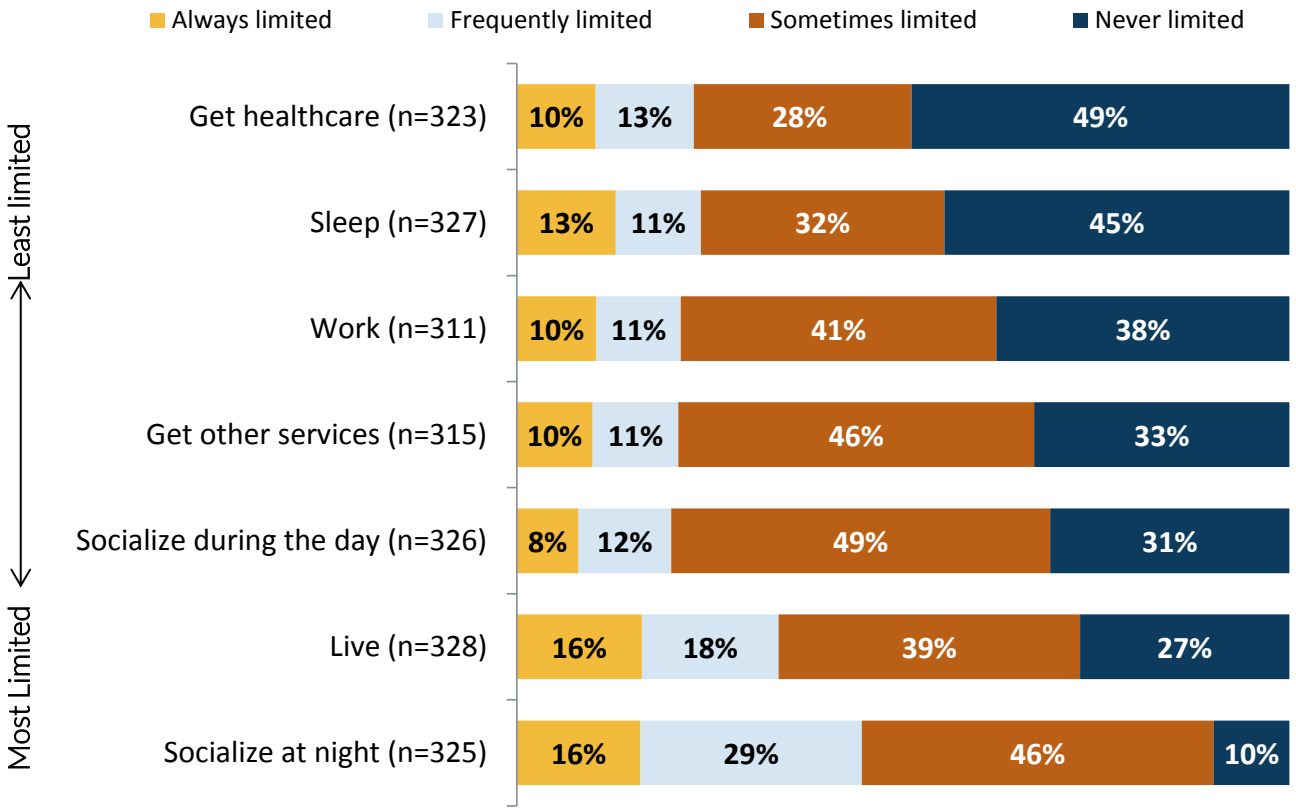
Exhibit 9.
How often do you feel safe or unsafe in these settings of your daily life?
*Respondents feel **least safe** on transit and walking around alone at night*



Chapter II: Perceptions of Safety and Connectedness

LGBTQI community members also answered questions about how often they feel limited by safety concerns in choosing where to live, work, socialize, and get services. Exhibit 10 shows overall responses to these questions.

Exhibit 10.
How often do you feel limited in where you can live, play, work, and get services?
*Respondents feel **most limited** by safety concerns in choosing where to live and where to go out at night*



When looking at proportions of LGBTQI community members who feel unsafe more than safe in the settings of their daily lives, and who feel the most limited in their choices because of safety concerns, striking differences emerge based on gender identity, race or ethnicity, age, housing situation, and primary language. As might be expected, characteristics that make people more vulnerable in general to discrimination, harassment, and violence are associated with feeling less safe and most restricted across all settings. Qualitative data from interviews and written comments in the survey corroborate these data, indicating that community members' sense of safety is affected by factors such as their race and ethnicity, gender conformity, physical stature, disability status, and involvement with sex work. Elderly community members also share concerns such as fear of falling or getting knocked down, particularly on public transportation and in areas without adequate lighting.

The sections below provide a more detailed look at data about the most vulnerable groups in each setting. In each of the charts about feelings of safety, proportions shown as feeling "unsafe" are those who indicated they felt "unsafe more often than safe" or "unsafe all the time" in the setting in question. In the charts about feeling limited in certain life choices, proportions shown are the percentage of respondents who feel "frequently" or "always" limited by safety concerns.

Chapter II: Perceptions of Safety and Connectedness

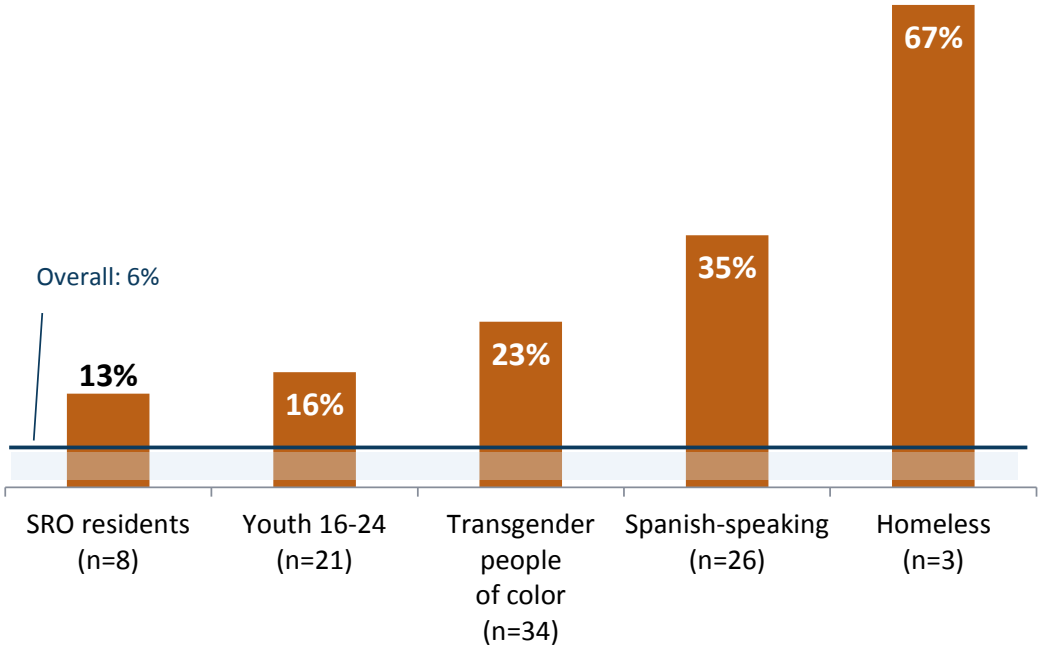
Safety in our homes and neighborhoods

When asked how safe they feel alone at home or in the place where they most often live, stay, or sleep, 94% of respondents felt safe more often than not. Many residents listed staying at home as a strategy they used to feel safe, though some expressed safety concerns related to living alone and feeling isolated.

Interview data from service providers suggested that older adults may be more dependent on partners and other live-in caregivers, and thus more vulnerable to abuse from the people in those roles. However, older adults (age 60 and older) in the survey sample had the lowest rates of feeling unsafe more than safe at home (3%) and with the people they live with (0%). It is possible that those who feel unsafe with their caregivers are also more likely to be isolated from services, and may not be represented among respondents in this study.

Though respondents overall feel safest at home, certain segments of the LGBTQI population surveyed were notably less likely to feel safe (see Exhibit 11).

Exhibit 11.
Those who are homeless, speak primarily Spanish, or identify as a transgender person of color feel **2 to 11 times more unsafe alone at home** than LGBTQI respondents overall



Homeless respondents felt the least safe alone where they live, stay or sleep – 67% feel *unsafe* more often than not. While the survey captured a low number of LGBTQI community members who are currently homeless, qualitative data collected from providers and community members support this finding of high vulnerability for homeless populations. Furthermore, there is evidence that LGBTQ community members are disproportionately homeless. The 2013 San Francisco Homeless Count and

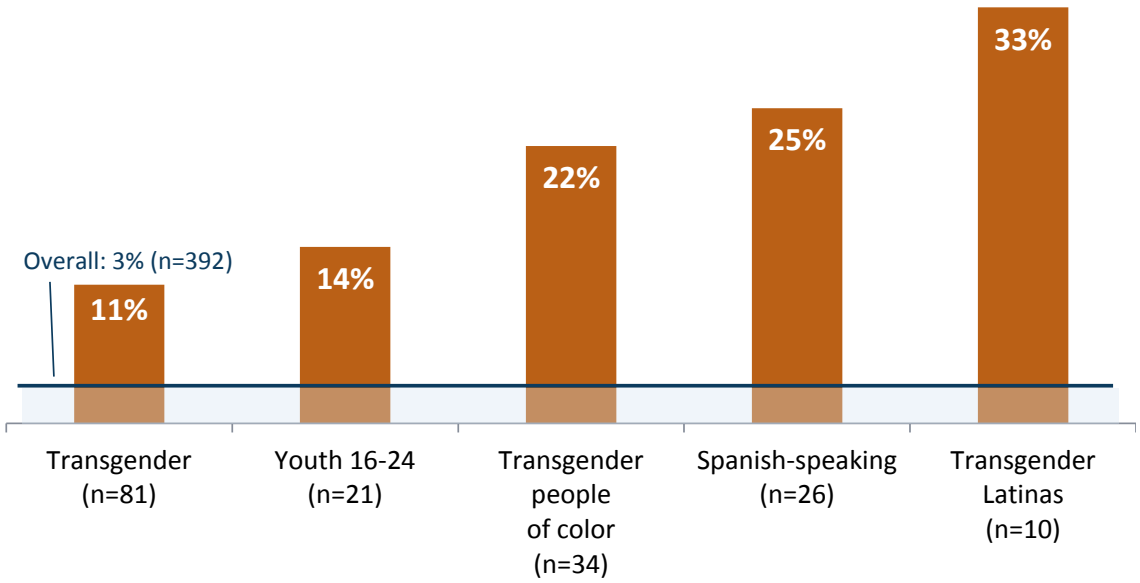
Chapter II: Perceptions of Safety and Connectedness

Survey[13] found that 29% of San Francisco's 6,436 homeless residents identified their sexual orientation as "lesbian, gay, bisexual, or 'other' (LGBQ), and that 3% identified as transgender. The Homeless Count and Survey also found that LGBTQ[14] respondents were more likely than cisgender, heterosexual respondents to be living with HIV/AIDS (16% compared to 5%) and more likely to have substance abuse disorders (49% compared to 41%) , further adding to the vulnerability of LGBTQ individuals that are homeless.

Service providers note that the scarcity of affordable housing in San Francisco creates significant challenges for the LGBTQI clients they serve. If residents have fewer affordable housing options, they may feel the need to stay in living situations where they feel unsafe at home alone and/or with people they live with. These residents may also be reluctant to report unsafe situations for fear of losing their housing. Several community members who live in transitional housing shared that they felt unsafe due to harassment or violence perpetrated by others living in their shared environment. Those who reported the harassment or violence often found that staff were unwilling or unable to address their concerns due to program policies. Most (but not all) of these residents chose to remain in housing programs that felt unsafe over homelessness.

> **The stakes can feel very high for reporting or ruffling any feathers because of the housing crisis here, obviously no one wants to lose their housing.**
>
> *LGBTQI Service Provider*

Exhibit 12.
Youth, those who speak primarily Spanish, and those who identify as transgender—especially transgender people of color, and transgender Latinas in particular—feel **3 to 11 times more unsafe with the people they live with** than LGBTQI respondents overall



[13] Applied Survey Research. (2013). San Francisco Homeless Survey. http://www.sfgov3.org/modules/showdocument.aspx?documentid=4819
[14] The "I" is intentionally absent from LGBTQ here as intersex individuals were not accounted for in the homeless count and survey.

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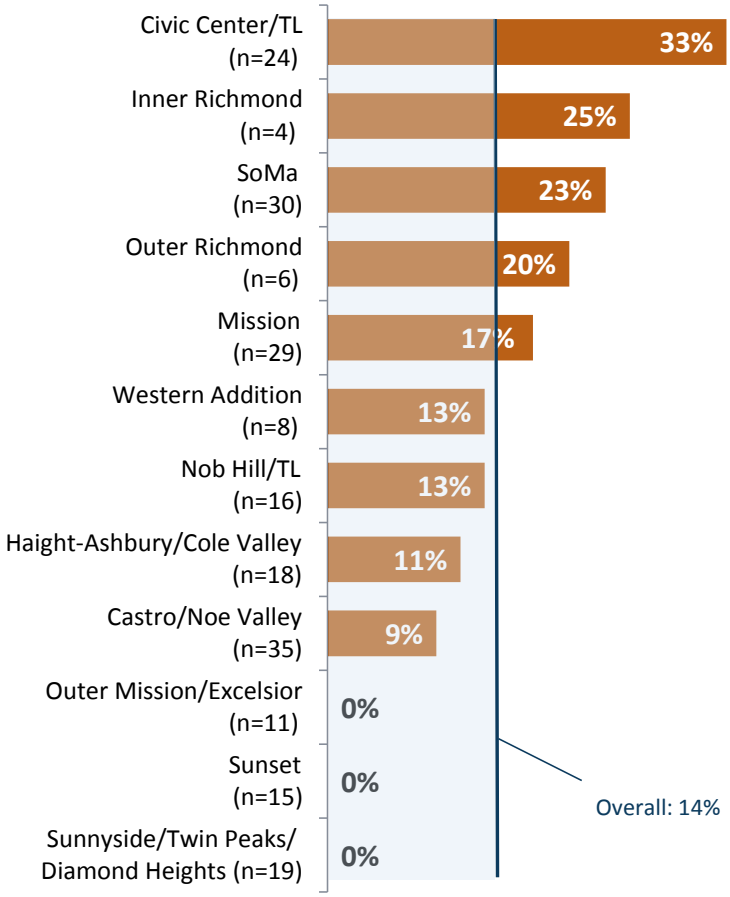
Exhibit 13.
14% of respondents overall feel unsafe more than safe in their own neighborhoods; this proportion is even higher for those living in Civic Center, South of Market (SoMa), Richmond, and Mission neighborhoods, where 32% of respondents live



> I stay at home a lot since I don't feel safe in my neighborhood.
>
> *LGBTQI Community Member*

Perceptions of safety vary by neighborhood or even street. In survey responses and interviews, community members frequently called out the Tenderloin neighborhood, and sometimes parts of the Castro, as a place where they feel particularly unsafe. For some this is related to drug use, vandalism, and other criminal activity that occurs. Others expressed a perception that in predominantly low income areas such as the Tenderloin, police seem to respond more slowly to emergency calls. Some respondents feel uncomfortable or unsafe in areas where they are approached by homeless people asking for money while others expressed safety concerns related to being homeless.

> I don't feel safe anywhere but San Francisco, preferably my neighborhood. I need a subsidized SRO or subsidized studio apartment in a GBLT friendly, mixed ethnic/race neighborhood that's liberal-progressive and artistic. Tenderloin *is* that.
>
> *Community Survey Respondent*

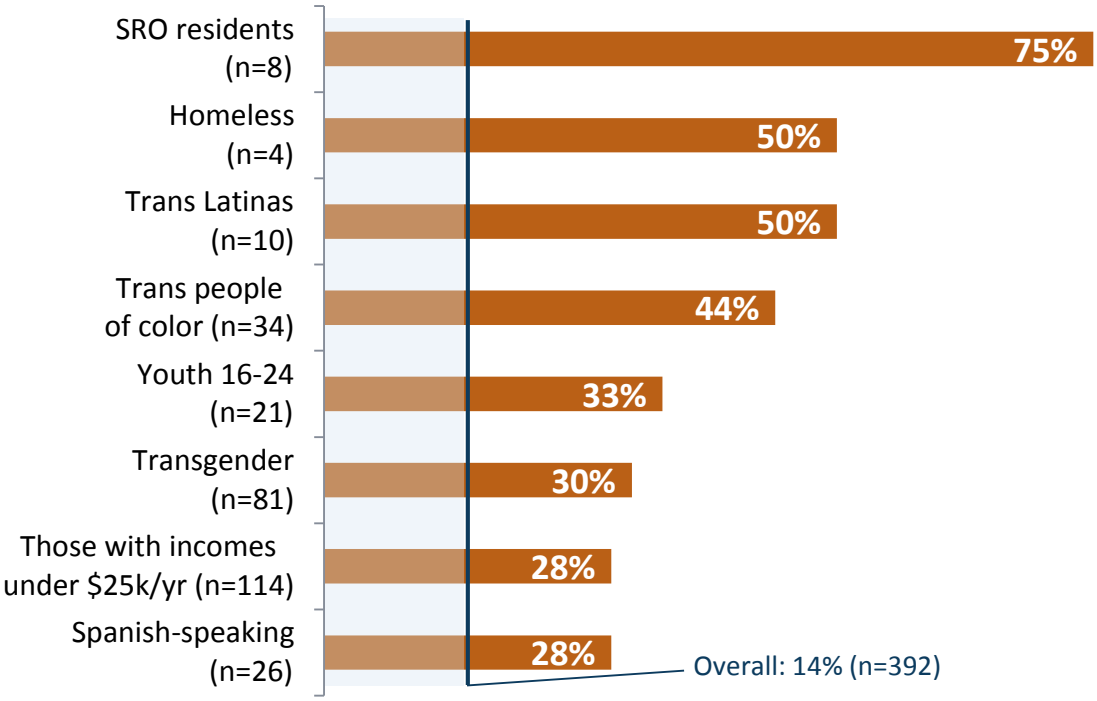
Still others name the Tenderloin neighborhood as the part of San Francisco where they feel most safe. One service provider working predominantly in the Tenderloin shared the perception that the community is extremely "tight-knit" and looks out for one another. This provider also identified the Tenderloin as an area where many social services are concentrated, and noted that economic shifts have

brought increasing numbers of people to the area to access these services, including those who may have avoided the neighborhood in the past.

Survey respondents also named the shifting demographics of other San Francisco neighborhoods as a factor diminishing their feelings of safety. For some, this relates to age, mobility, and a perceived increase in the pace of life in San Francisco. These tensions highlight the complexity of addressing safety and violence, as concepts that may have starkly different connotations for members of LGBTQI communities based on their heterogeneous daily lived experiences[15].

> Everyone is rushing around, nobody takes the time to actually talk or listen to someone. In my neighborhood, I worry a lot about whether there will be an explosion of forces between the techie world of new residents, and the long-time residents, like me.
>
> *Community Survey Respondent*

Exhibit 14.
SRO residents, those living on the street/outdoors or in cars, youth, transgender people—especially transgender people of color, and transgender Latinas in particular—and those who speak primarily Spanish feel **2 to 5 times more unsafe in their own neighborhoods** than LGBTQI respondents overall



Transgender people of color, and transgender Latinas in particular, are consistently more likely to feel unsafe at home, with the people they live with, and in their neighborhoods, in contrast to their cisgender and/or white counterparts. Similarly, transgender people of color are more likely than cisgender and white respondents to say that they feel "frequently" or "always" limited in where they can live because of safety concerns (42% vs. 31%). These differences are statistically significant when comparing all transgender and cisgender respondents, regardless of race (46% vs. 27%, $p<.05$).

[15] For a deep and thoughtful analysis of these concepts and the history of violence prevention efforts in LGBTQ communities, see Hanhardt, Christina B. Safe Space: Gay Neighborhood History and the Politics of Violence. Durham: Duke University Press. 2013

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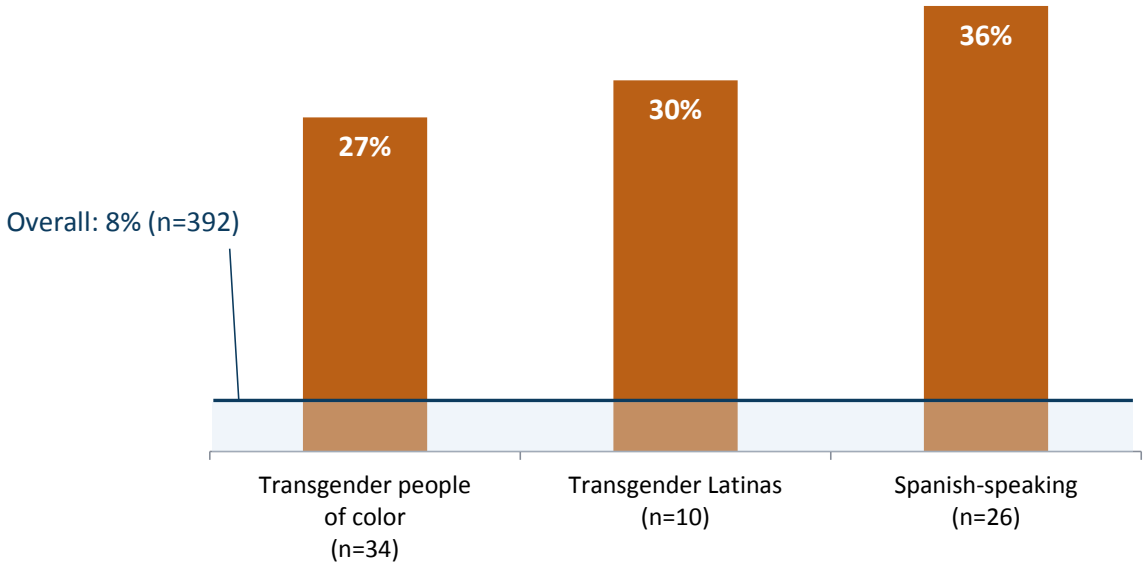
Safety at work

Workplace discrimination against transgender individuals is well documented: a recent study by the Transgender Law Center[16] found that up to 70% of transgender respondents had experienced discrimination at work. In exploring feelings of safety at work, the current study found that transgender people of color, and transgender Latinas in particular, as well as LGBTQI respondents who speak primarily Spanish, are the most likely to feel unsafe at work; another setting where relatively few LGBTQI community members overall felt unsafe more than safe (see Exhibit 15).

Exhibit 15.
Transgender people of color, and transgender Latinas in particular, as well as LGBTQI respondents who speak primarily Spanish, feel **3 to 4 times more unsafe in their workplaces** than LGBTQI respondents overall



Likewise, transgender people of color and primary Spanish-speakers report feeling the most limited by safety concerns in where they can work. More than half of respondents who speak primarily Spanish (51%) and nearly half of transgender people of color (45%) say that they "frequently" or "always" feel limited by safety concerns regarding their choice of work, compared to 21% of respondents overall. Only 11% of cisgender white men in the sample feel that way.

Safety around town

Survey respondents responded to questions about their perceptions of safety during the day, night, and on transit around San Francisco. In comments, respondents expanded their feedback to include their perceived lack of safety in other public spaces and facilities, such as gyms and public bathrooms. They also note that economic and demographic shifts in the city have meant the loss of queer safe spaces.

> I feel unsafe as a transgender person almost anywhere where there is a bathroom.
>
> *LGBTQI Community Member*

[16] Hartzell, E., Frazer, M. S., Wertz, K. and Davis, M. (2009). The State of Transgender California: Results from the 2008 California Transgender Economic Health Survey. Transgender Law Center: San Francisco, CA.

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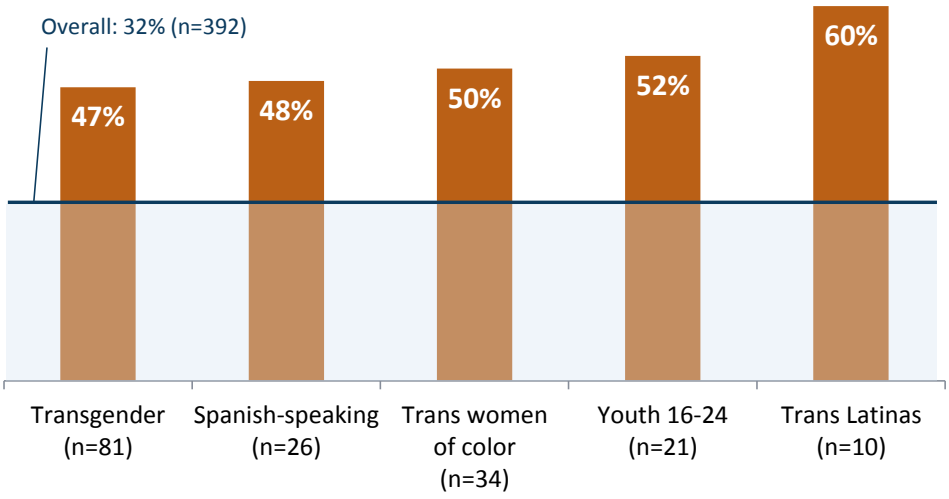
Nearly one-third of all respondents report feeling unsafe more than safe on public transit. In comments, some respondents expressed that their feelings of safety were related to having a car and being able to drive themselves.

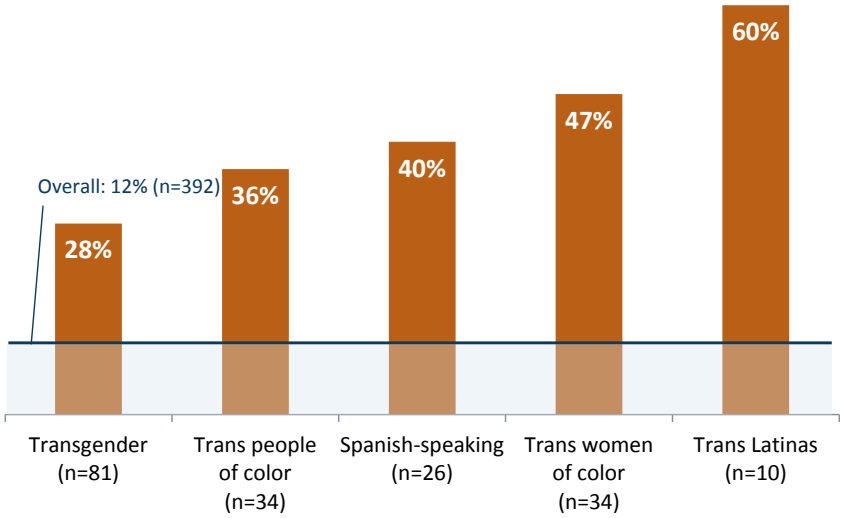
Several segments of the transgender population—including transgender people of color, women of color, and Latinas—as well as youth and those speaking primarily Spanish, have high rates of feeling unsafe more than safe on transit (see Exhibit 16).

Exhibit 16.
Transgender respondents—transgender women of color, and Latinas in particular—as well as LGBTQI respondents who speak primarily Spanish and youth are the **most likely to feel unsafe on public transit** among LGBTQI respondents



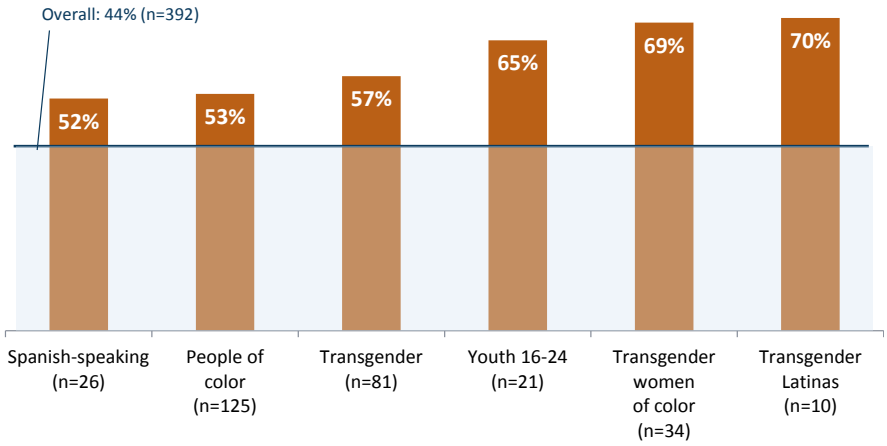
These same groups also report feeling unsafe more than safe in high proportions when walking around during the day, a time when most (88%) LGBTQI respondents feel safe more often than unsafe (see Exhibit 17). Accordingly, transgender people of color report feeling particularly limited in choosing where to socialize during the day; nearly one half (47%) are "frequently" or "always" limited by safety concerns.

Exhibit 17.
Transgender respondents—transgender people of color, women of color, and Latinas in particular—as well as LGBTQI respondents who speak primarily Spanish feel **2 to 5 times more unsafe walking around during the daytime** than LGBTQI respondents overall



Many respondents noted feeling less safe on the streets at night, and took extra precautions after dark in terms of the neighborhoods they would travel to, and their mode of transportation. When it comes to walking around alone at night, the proportions of the most vulnerable groups of LGBTQI community members feeling unsafe rise steeply (see Exhibit 18). Youth and transgender women of color report feeling unsafe more than safe at the highest rates among all LGBTQI respondents. As a group, youth feel highly limited by safety concerns regarding where they can socialize at night: 74% feel "frequently" or "always" limited, compared to 38% to 43% of older age groups (p<.1).Additionally, 58% transgender people report feeling "frequently" or "always" limited by safety concerns in choosing where to socialize at night, compared to 39% of cisgender respondents (p<.01).

Exhibit 18.
Youth and transgender women of color, and transgender Latinas in particular, are the **most likely to feel unsafe walking around alone at night** among LGBTQI respondents



Chapter II: Perceptions of Safety and Connectedness

Safety in seeking health care and other services

Some respondents need to spend time in or pass through neighborhoods that feel unsafe in order to access health care or other services, or to go to work, while others indicated that they did not access services they needed solely because the services were located in areas that they felt were unsafe.

> I am never sure where I can get judgment-free health care. Even in San Francisco, I feel unsafe being completely open with medical and mental health providers.
>
> *LGBTQI Community Member*

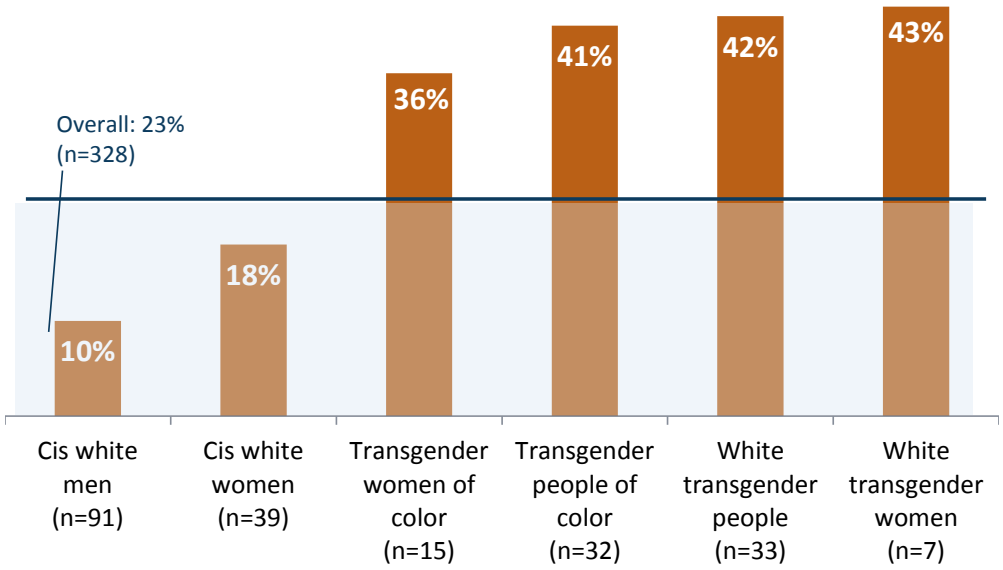
> Locating competent medical providers as an intersex person is arduous at best. Adversarial and combative at worst.
>
> *LGBTQI Community Member*

Several respondents noted that they had difficulty identifying LGBTQI-competent healthcare providers—particularly calling out the need for providers that serve transgender and intersex community members well—while others noted that the location of services and/or others accessing the services felt unsafe to them. Multiple community members mentioned Lyon-Martin as a place where they do feel safe, such as this community member: "I only feel safe receiving health care at Lyon-Martin Health Services. I don't fear being physically harmed in other settings, but my other choices are either environments that are so chaotic they trigger my PTSD, or environments that will 'other' me and provide me with inferior care due to aspects of my identity and lifestyle. I feel especially unsafe at San Francisco General Hospital and do my best to avoid it."

> As someone whose gender presentation doesn't match my assigned gender at birth, when I have to use my legal name, such as at a doctor's office, I sometimes feel discriminated against and an object of contempt.
>
> *LGBTQI Community Member*

Transgender community members feel significantly more limited by safety concerns in getting health care services than do their cisgender peers (see Exhibit 19). Similar rates of limitations apply to other services as well.

Exhibit 19.
Transgender community members feel the most limited by safety concerns in where to seek health care services



Chapter II: Perceptions of Safety and Connectedness

Safety in relationships

Transgender people of color, and transgender Latinas in particular, as well as LGBTQI respondents who speak primarily Spanish, report feeling significantly more unsafe in their relationships, including both with their casual dates and with serious long term partners (see Exhibits 20 and 21). Overall, in dating relationships and partnerships is where survey respondents feel the safest, with only 3% overall feeling more unsafe than safe with casual dates and 2% in their long term relationships. This suggests that transgender people of color and those who primarily speak Spanish may be at significantly higher risk for intimate partner violence—and in fact, Spanish-speaking community members in the survey sample are more likely to have experienced physical and sexual violence by a partner.

Exhibit 20.
Transgender people of color, and transgender Latinas in particular, as well as LGBTQI respondents who speak primarily Spanish, feel **5 to 11 times more unsafe in casual dating relationships** than LGBTQI respondents overall

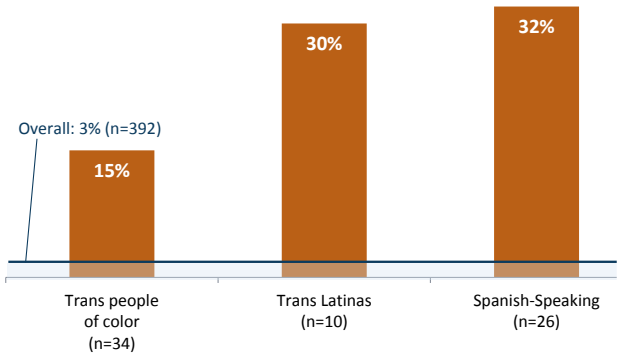
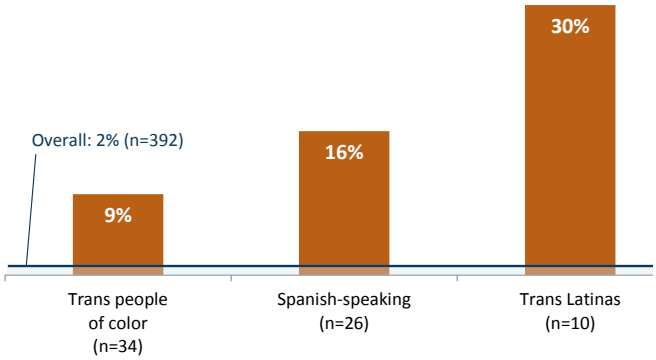


Exhibit 21.
Transgender people of color, and transgender Latinas in particular, as well as LGBTQI respondents who speak primarily Spanish, feel **5 to 15 times more unsafe in serious long term relationships** than LGBTQI respondents overall

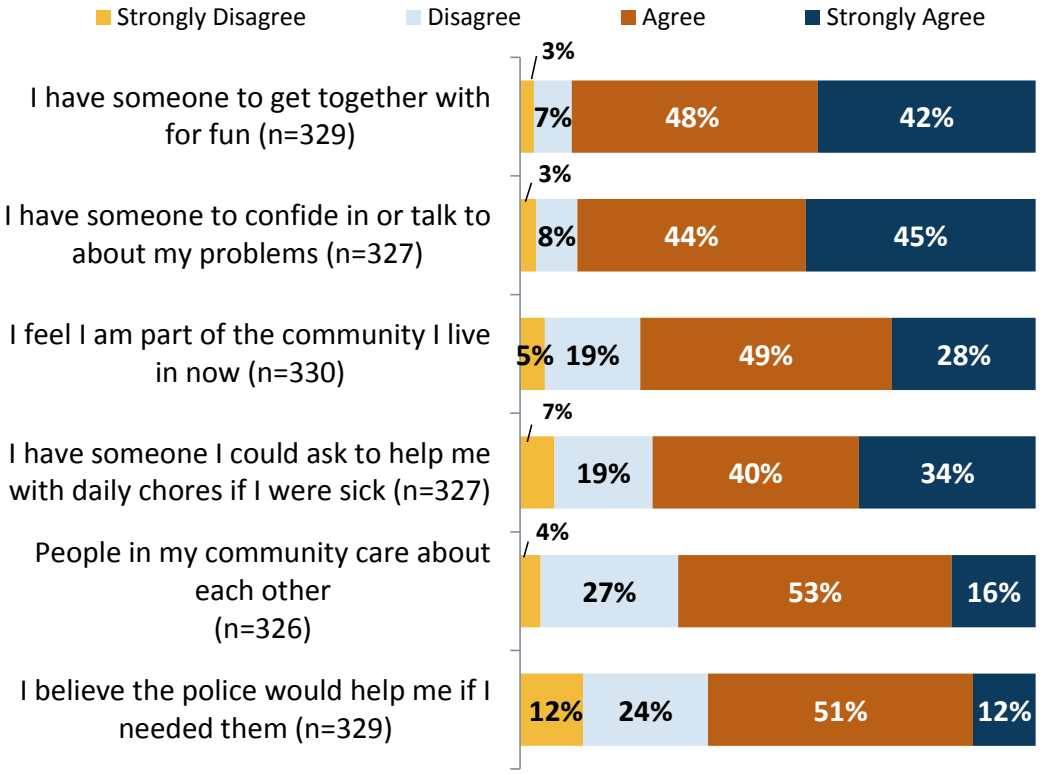


Chapter II: Perceptions of Safety and Connectedness

Community Connection

For additional context, the community survey asked respondents to answer questions assessing their level of social and community connectedness. Most respondents indicate they have strong social networks and feel connected to their community. However, one-quarter to one-third show some signs of isolation and mistrust that may decrease their safety (see Exhibit 22).

Exhibit 22.
Most respondents have strong social networks and community connectedness, though up to 36% show signs of isolation and mistrust that may decrease their safety



Respondents who are transgender—particularly transgender people of color—are statistically less likely to agree with every single one of the above indicators of social capital and community connectedness, which can be protective factors related to safety. For example, 43% of transgender respondents disagree that they have someone they could ask for help with daily chores if they were sick, 40% disagree that people in their community care about each other, and 37% disagree that they feel a part of the community they live in. An even larger proportion of transgender people of color (45%) disagree that people in their community care about each other.

Respondents indicated the greatest disagreement with the statement that police would help them if needed—overall, 37% disagreed or strongly disagreed that this is true. Furthermore, this apprehension varies significantly within the LGBTQI population surveyed, depending on respondents' race and ethnicity, gender identity, income, and housing status.

While 64% of survey respondents overall believe the police would help them if needed, only 50% of LGBTQI people of color, 46% of transgender respondents, and 40% of transgender people of color

shared that belief. Respondents identifying as Native American (33%) or Middle Eastern (40%) are least likely to believe the police would help them if needed; white (72%) and Asian (74%) respondents are most likely to believe police would help.

People living in public housing, shelters, SROs, or transitional housing, and those who are currently homeless, are less likely than those in more stable forms of housing to believe police would help them if needed. For example, 66% of those who rent or own their own housing believe the police would help them, while only 25% of SRO residents feel the same way. When it comes to trusting police, past homelessness matters too. Respondents who were never homeless at any point in their lives are significantly more likely than those who have been homeless to believe police would help them (69% vs 43%, p<.001). Trust in police declines steadily with income level as well: fewer than half (48%) of those earning under $10,000 per year believe the police would help, while 86% of the highest-earning respondents (over $100,000/year) trust police to help.

> There's a joke in my building - you can get pizza delivered to you faster than the police respond.
>
> *LGBTQI Community Member*

> [The police] didn't see me as a person. ...I feel like when you live in a poor neighborhood and they know you don't have a lot of money, you totally get treated differently. And they assume you're a drug addict, they assume you're a dope fiend ... they generalize because you live in an SRO, you're trash, you're nothing.
>
> *LGBTQI Community Member*

This mistrust in police has significant implications for how to address and prevent violence against LGBTQI communities. Recommendations specific to police and law enforcement will be further discussed in the final two chapters of this report.

Increasing Safety: Community Perspectives

In reflecting on community safety, survey respondents were asked to name three strategies that they used personally to feel safer in San Francisco as well as three recommendations for what the City of San Francisco[17] can do to increase safety for the LGBTQI community. Respondents shared a broad range of strategies that reflect their varied perceptions of community safety.

Individual Safety Strategies

The most frequent response was that respondents stay alert and aware of their surroundings avoiding looking at cell phones or listening to headphones. Respondents also avoid unfamiliar places (particularly at night) and identify local businesses and community spaces that are accessible to them when they feel threatened. Another frequent theme was connection to others - many participants feel safer when walking with others, particularly at night. Some also feel safer through their general connection to a community of LGBTQ-identified people. When traveling alone, some make sure that a friend or family member knows where they are going and when they expect to arrive. Another theme was transportation – many respondents avoided public transportation, especially at night. When travelling, respondents mapped out routes ahead of time, and made sure they knew where bus stops were. Some respondents felt more safe through participation in trainings on street safety and other forms of self-defense. Others were aware of what they brought with them, carrying minimal valuables and keeping them out of sight. Some participants also felt safer carrying flashlights or whistles. Others felt more safe through various forms of self-care activities including exercise, counseling, meditation, and breathing exercises. For a few survey respondents, increasing safety

[17] Throughout this report, when "City" is capitalized, it refers to the government of the City and County of San Francisco

meant altering their behaviors or appearance to avoid visibility as LGBTQI. This included wearing more gender-normative clothes and avoiding public displays of affection with same-sex partners. Unfortunately, for some respondents the safest thing to do was to stay at home.

Recommendations for the City

Many community members focused their recommendations on social services, with an emphasis on better meeting the needs of the homeless, substance users, and individuals with chronic and severe mental health conditions. This includes increasing funding to existing programs, as well as creating additional resources such as LGBTQI-specific homeless and domestic violence shelters, transgender community spaces, and free, anonymous clinics. Recommendations also included increasing the cultural competency and sensitivity of staff and providers, both of community-based organizations and public agencies, to better serve LGBTQI community members. Some suggested extending additional support to other settings outside agency sites, including services such as: violence prevention programs in schools; escorts or trained assistants for those needing assistance getting around the city; and community-based mobile crisis services. Finally, some respondents offered ideas for specific programming they'd like to see offered, including: basic public safety workshops; intergenerational programming; and services to help people de-escalate conflict, recognize triggers from traumatic events, and cope with trauma.

Community members also recognized the preventive effects of community building and community education. Some mentioned the importance of connection with the city and larger community around them: for example, of City leadership positions and officials being more reflective of the LGBTQI communities they serve, and of the presence of neighborhood watch groups and community meetings. Also noted was the need for public awareness campaigns addressing safety and violence prevention topics such as: anti-bullying; anti-hate; anti-harassment; sexual violence awareness; intersex awareness; transgender rights and dating safety; and compassion and understanding differences.

Many recommendations involve municipal improvements that affect public safety and quality of life, such as: making sidewalks wider, cleaner, and better lit; increasing the presence of street cameras, street cleaning, stop lights, speed bumps and cross walks, including in smaller alleys; filling vacant buildings; and making public restrooms, including gender-neutral single staff facilities, and benches on streets more widely available. In addition, several suggested municipal improvements focused on public transit, including: increased frequency of service after dark; adding safety kiosks and guards to stations; providing free transit passes to homeless individuals; building drivers' capacity to intervene in unsafe situations; and opposite recommendations to increase and decrease enforcement of payment. City-wide free wireless internet was also named as an improvement that would support public safety.

Strategies involving police and other law enforcement efforts were a substantial focus of community member recommendations. Some relate to officer training and support, in areas such as: de-escalation and peace-keeping techniques; working with vulnerable populations including youth and sex workers; mental health crisis intervention; interacting with people reporting crimes in a way that makes victims and survivors feel more comfortable; ensuring fair and equitable policing that doesn't involve racial profiling or differential treatment of suspects based on race. Other recommendations encouraged improved connection and relationships with the communities officers are serving: greater police presence in neighborhoods, transit stations, and shopping areas; increase representation of LGBTQI communities and people of color among police ranks; and increase

opportunities for police to reach out to and hear from community members. Some called for greater police presence at Pride and other high-profile LGBTQI community events such as drag shows. A few respondents offered specific ideas for changes in police practices that would increase police accountability and community safety: publicize SFPD officers' names, photos and badge numbers along with record of disciplinary actions, involvement in shootings or excessive force incidents, and public complaints; and establish an emergency hotline for LGBTQI callers that would ensure they are being connected to an LGBTQI-competent police officer.

Finally, some community members suggested changes in policy and legislation that they believed would enhance the safety of LGBTQI communities in San Francisco. Many of these recommendations focused on addressing income and housing inequities: provide affordable housing for middle class, low-income, and homeless community members; further limit Ellis Act evictions; establish reasonable rent limits, and other strategies to help community members and social services stay in San Francisco; and address social tensions created by gentrification. Others advocated for changing laws governing individual behavior, in both directions: some recommended decriminalizing prostitution, drug use, sleeping in vehicles, using parks at night, and street vending, and called for the repeal of the sit-lie law, and other community members believed measures that mandate a curfew for youth, ban sleeping on streets, end pan handling, and close parks at dark would improve safety.

Conflicting Community Views: Policy and Law Enforcement Recommendations

In interviews, service providers and community members stressed the importance of de-criminalization and increased access to resources in preventing violence against the most vulnerable members of LGBTQI communities. While some survey respondents echoed these recommendations, others offered conflicting strategies to prevent violence and increase community safety. Both perspectives are included here.

Recommendations informed by the report findings and in depth-interviews with community members and providers are discussed further in Chapters V (Violence Prevention for San Francisco's LGBTQI Communities) and VI (Preliminary Recommendations and Next Steps for Violence Prevention in San Francisco LGBTQI Communities).

Chapter III: Experiences of Violence among San Francisco LGBTQI Community Members

IN THIS CHAPTER:

- Data on violence experienced by LGBTQI community members in San Francisco
- Differences in experiences of violence across diverse segments of San Francisco's LGBTQI communities
- Whether and how LGBTQI community members reported violence, and factors that influence their reporting

Chapter III: Experiences of Violence

Key Findings: Violence Prevention for San Francisco LGBTQI Communities

- High proportions of LGBTQI community members have experienced physical violence (68%), sexual violence (48%), and harassment (81%); more than one-third has experienced all three. Even higher proportions of transgender community members, especially transgender people of color, are violence survivors.
- Factors increasing an LGBTQI person's risk for interpersonal violence include: being transgender; being a person of color; having a disability; earning a lower income; having ever been homeless; having lived in foster care; and having ever been incarcerated. Intersections of these identities and characteristics compound the risk of violence.
- Transgender survivors and LGBTQI people of color are more likely to have experienced physical violence multiple times, in the past year, and before the age of 16.
- Transgender survivors of physical violence and those who experienced physical violence before the age of 16 are more likely than others to have been hurt by a family member.
- A substantial proportion of LGBTQI respondents did not report the violence they experienced to anyone: 44% did not report physical violence, 47% did not report sexual violence, and 62% did not report harassment.

This chapter addresses two related research questions: "What types of violence affect LGBTQI people in San Francisco?" and "How do experiences of violence differ across gender, race, ethnicity, sex, age, income level, language, and other key demographics?"

It is important to note that these are exceedingly complex questions that cannot fully be answered within the scope of the present study (nor in any single study). However, the needs assessment explored these questions through the community safety survey as well as interviews with community members and service providers, and through a review of relevant research literature. Findings from each of these sources confirm that there are many ways to define and categorize violence, and many facets to the ways in which survivors experience violence. The World Report on Violence and Health defines violence as follows:

- Self-directed violence refers to violence in which the perpetrator and victim are the same individual and is subdivided into self-abuse and suicide.
- Interpersonal violence refers to violence between individuals, and is subdivided into family and intimate partner violence and community violence. The former category includes child maltreatment; intimate partner violence; and elder abuse, while the latter is broken down into acquaintance and stranger violence and includes youth violence, assault by strangers; violence related to property crimes; and violence in workplaces and other institutions.
- Collective violence refers to violence committed by larger groups of individuals and can be subdivided into social, political, and economic violence[18].

Across organizations and studies addressing violence against LGBTQI communities, there are many variations of these definitions. Numerous studies have focused on bias or hate-motivated violence, where victims or survivors are targeted based on their real or perceived identities. Others have increasingly explored intimate partner violence (IPV) in the LGBTQI communities, challenging traditional constructions that confine IPV to heterosexual relationships. Still others explore institutional or state violence, defined similarly to the "collective violence" but with greater emphasis on systematic discrimination against or dehumanization of marginalized groups through the policies

[18] http://www.who.int/violenceprevention/approach/definition/en/

and actions of powerful institutions. Experiences of violence can fall into one or more of these categories and can cause various types of harm to victims or survivors, including but not limited to physical and/or sexual harm and intimidation. As previously discussed, limited time and resources required that the needs assessment focus on interpersonal violence.

Within interpersonal violence, the community survey asked respondents to share experiences of physical violence, sexual violence, and harassment. The survey provided the following definitions—adapted from the Centers for Disease Control and Prevention[19]— to ensure that all respondents would classify their experiences of interpersonal violence similarly.

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size, or strength against another person.

Sexual violence is any sexual act that is perpetrated against someone's will. Sexual violence includes but is not limited to rape, attempted rape, abusive sexual contact (e.g., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, unwanted sexual exposure, verbal sexual harassment). All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.

Harassment is unwanted, aggressive attention that directly or indirectly communicates a threat to one's safety or pressure to do something.

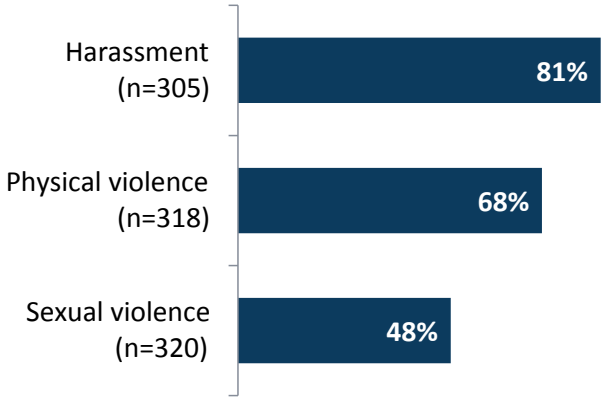
[19] CDC, http://www.cdc.gov/ncipc/pub-res/ipv_surveillance/Intimate%20Partner%20Violence.pdf; http://www.cdc.gov/violenceprevention/sexualviolence/definitions.html

Chapter III: Experiences of Violence

Experiences of Violence among Respondents

All three types of violence explored by the community safety survey—physical violence, sexual violence, and harassment—are all-too-common experiences among LGBTQI respondents. Fewer than 9% of respondents could say they had not experienced *any* physical violence, sexual violence, or harassment. Nearly one in four—39%—have experienced *both* physical and sexual violence. More than one-third (36%) have experienced *all three* forms of violence. Exhibit 23 shows the proportions of survey respondents reporting personal experiences with these types of violence.

Exhibit 23.
Considerable proportions of LGBTQI respondents have experienced interpersonal violence



Among survey respondents, where rates of violence are already high overall, the survey data show that some segments of San Francisco's LGBTQI population experience even higher rates of violence. Factors increasing an LGBTQI person's risk for interpersonal violence include: being transgender; being a person of color; having a disability; earning a lower income; having ever been homeless; having lived in foster care; and having ever been incarcerated. Intersections of these identities and characteristics compound the risk of violence: for example, transgender people of color experience violence at higher rates than people of color overall or transgender people overall. As a service provider noted in an interview, experiencing oppression of any kind not only makes people more vulnerable to violence "in their interpersonal lives, in the community in terms of how the community interacts with them, [and] with institutions of the State," but also creates barriers to seeking and receiving needed support to cope with and heal from the violence.

> The more types of oppression that an individual experiences, the more vulnerable to violence [they are], and it often makes it more challenging for them to get the support that they need and deserve.
>
> *Service Provider*

Transgender respondents are statistically more likely than cisgender respondents to have experienced physical violence (79% vs. 66%*), sexual violence (65% vs. 41%*), and harassment (88% vs. 78%*).**

*** p = <.05, **p = <.01, *** = p <.001**

Exhibits 24-27examine the effect of various identities and risk factors on rates of violence.

Exhibit 24.
Two-thirds of respondents overall experienced **physical violence**, but some segments of the LGBTQI population experience even higher rates: race, gender identity, disability, and history of homelessness, foster care placement, and incarceration all affect risk

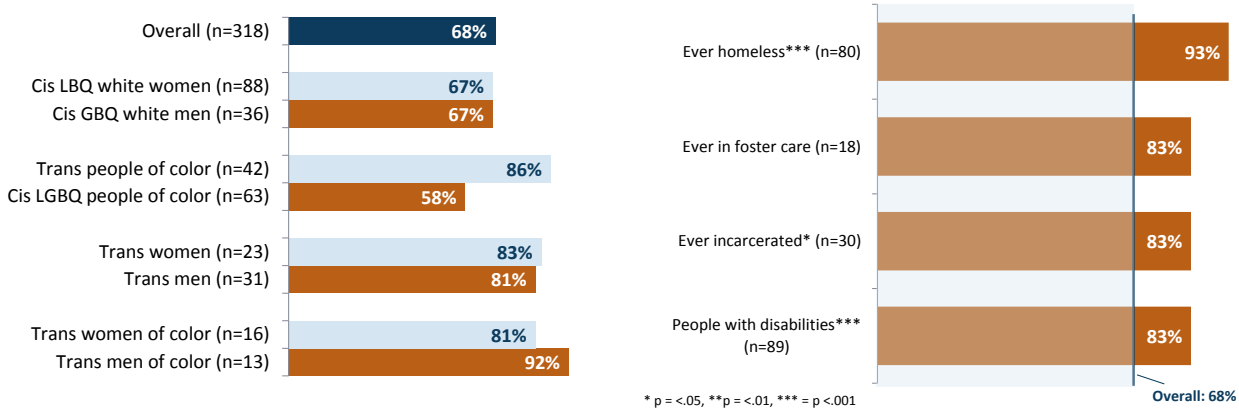
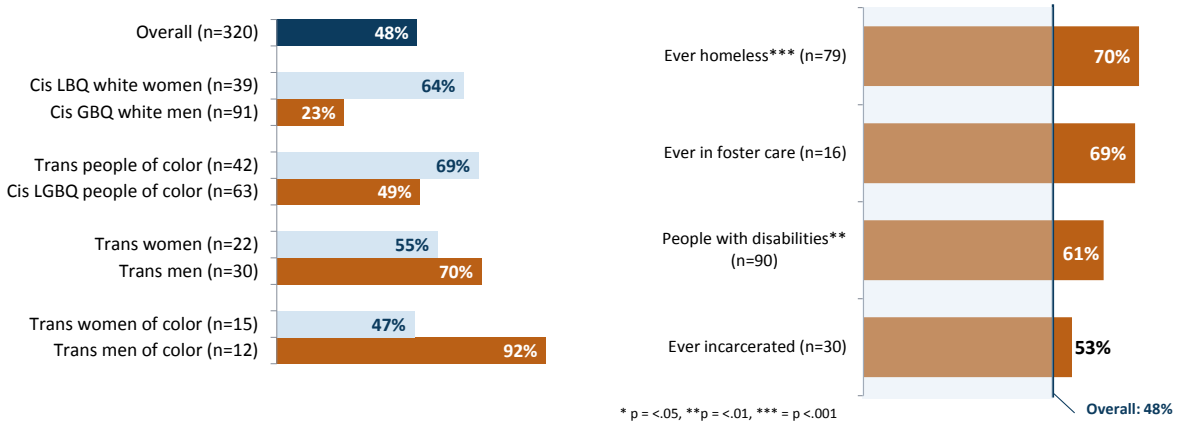


Exhibit 25.
Nearly half of respondents overall experienced **sexual violence**, but some segments of the LGBTQI population experience even higher rates: race, gender identity, disability, and history of homelessness, foster care placement, and incarceration all affect risk



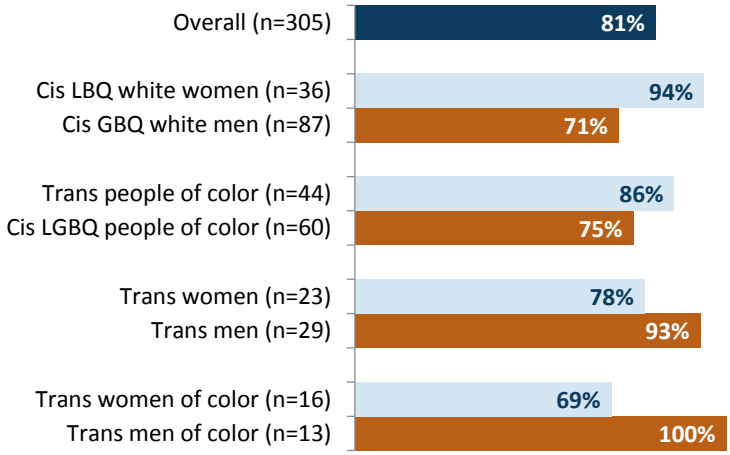
The finding that cisgender white women experience higher rates of sexual violence and harassment than do transgender women of color is surprising, and could reflect sampling error and/or differences in how these individuals perceive their experiences. Other studies, including recent research from the National Coalition of Anti-Violence Programs[20], found that transgender women are *more* likely to experience harassment and sexual violence.

[20] Hate Violence Against Lesbian, Gay, Bisexual, Transgender, Queer and HIV-affected Communities in the U.S. in 2011. National Coalition of Anti-Violence Programs. http://www.avp.org/storage/documents/Reports/2012_NCAVP_2011_HV_Report.pdf

Chapter III: Experiences of Violence

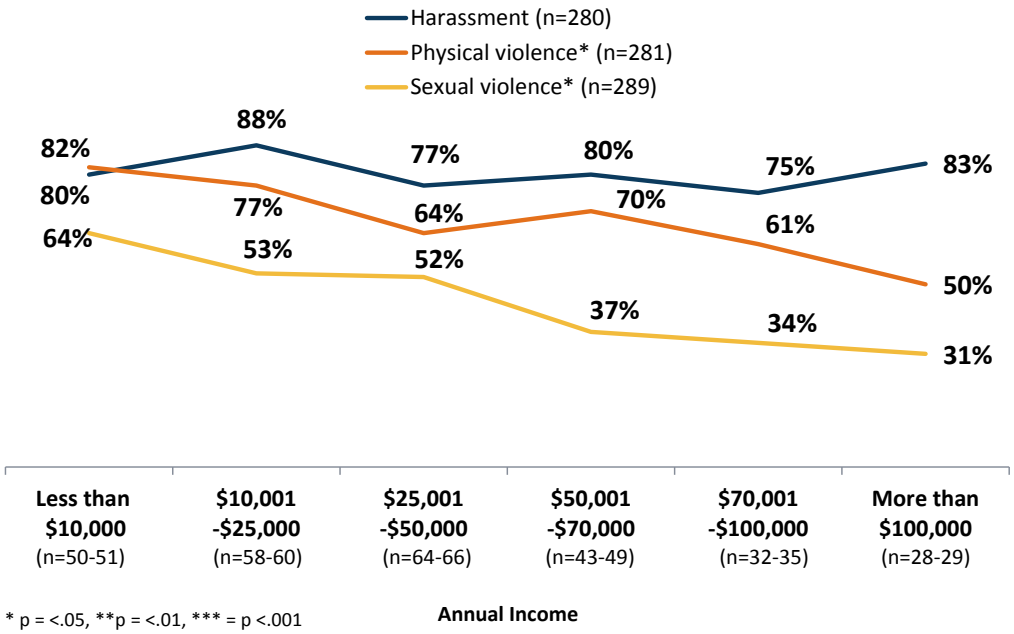
Harassment is the most common experience reported by survey respondents. Past experience with homelessness, foster care, and incarceration did not increase reports of harassment, as they did physical and sexual violence. Respondents with disabilities, however, were significantly more likely to have experienced harassment than those without (87% vs. 77%, p<.05).

Exhibit 26.
More than 8 out of every 10 LGBTQI community members experience harassment; transgender men, especially transgender men of color, and cisgender LBQ women report being harassed the most.



Income level also matters when it comes to predicting rates of violence. As shown in Exhibit 27, rates of harassment remain high across income levels, but rates of experience with physical and sexual violence drop as income rises. Those in the lowest income bracket (making less than $10,000 per year) are *twice as likely* as those in the highest income bracket (making more than $100,000 per year) to have experienced sexual violence, and 64% more likely to be a sexual violence survivor.

Exhibit 27.
Experiences of violence increase as income decreases

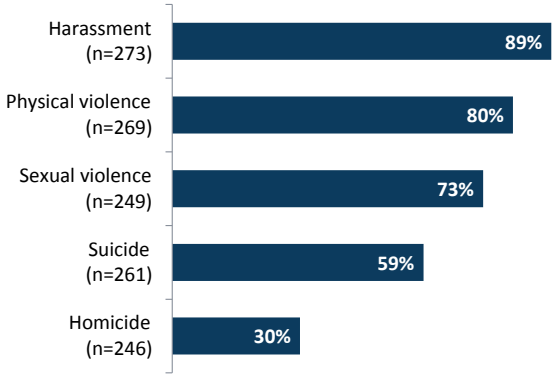


Chapter III: Experiences of Violence

Experiences of Violence against LGBTQI Loved Ones

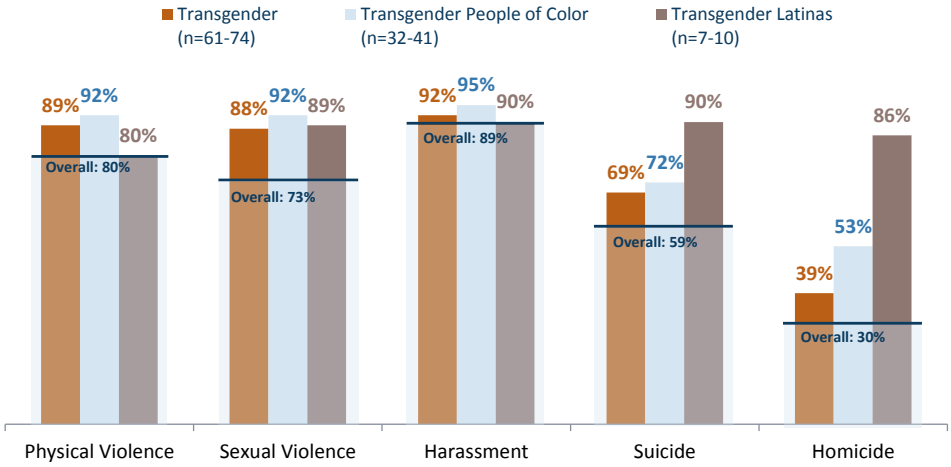
In addition to asking LGBTQI community members about their own experiences of violence, the survey also asked about violence—including homicide and suicide—experienced by LGBTQI-identified people close to them. The results, shown in Exhibit 28 below, suggest a prevalence of violence in LGBTQI communities that may contribute to community-level trauma.

Exhibit 28.
A significant proportion of respondents have had an LGBTQI-identified person close to them experience violence



Transgender respondents are significantly more likely than cisgender respondents to know an LGBTQI-identified person who has experienced every type of violence with the exception of harassment, which is extremely high for all groups. Nearly 40% of transgender people were close to someone who has been killed, and 69% were close to someone who has committed suicide. Transgender people of color are even more likely to be close to someone who experienced violence, especially homicide. Transgender Latinas are at highest risk of knowing a suicide or homicide victim. Exhibit 29 displays the details of these findings.

Exhibit 29.
Transgender respondents, especially people of color, are significantly more likely to have someone close to them experience most types of violence



Chapter III: Experiences of Violence

Respondents who are close to another LGBTQI community member who experienced sexual violence or physical violence—including homicide—are significantly more likely to have experienced physical or sexual violence themselves. Among those community members who say an LGBTQI person close to them has experienced physical or sexual violence or been murdered, 81% are themselves survivors of physical or sexual violence, compared to 45% of those who do not report violence among their LGBTQI loved ones (p<.001).

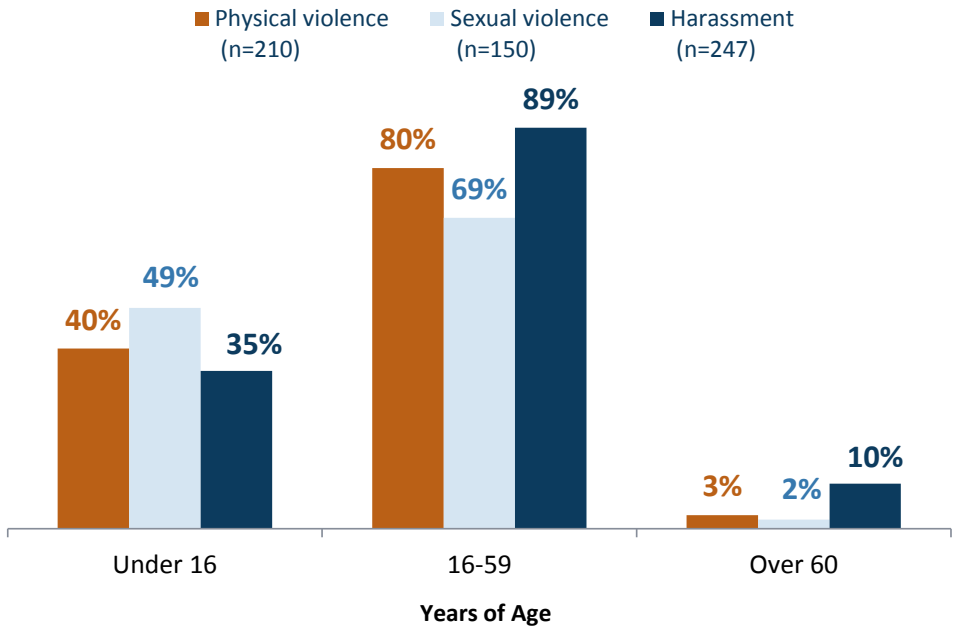
Experiences with Violence: Context, Perpetrators, and Targeting

In exploring LGBTQI respondents' experiences with physical violence, sexual violence, and harassment, the survey also asked questions about the context of the episodes, including individuals' age(s) at the time(s) of the violence, whether the violence happened multiple times or was a one-time event, whether any of the experiences with violence had happened within the past year, and whether individuals were homeless at the time of the violence. Respondents also provided information about their relationship to the perpetrators of the violence they experienced, and what factors, if any, they felt may have prompted their perpetrators to target them.

Context of Violent Experiences

While respondents affected by violence most commonly experienced it as adults, substantial portions of respondents became survivors before the age of sixteen. Sexual violence was the most common type of harm suffered by respondents before the age of 16: nearly half (49%) of those experiencing sexual violence did so when younger than 16. See Exhibit 30 for more details.

Exhibit 30.
Nearly half of those who experienced sexual violence did so before the age of 16; more than one-third of respondents experiencing physical violence were hurt before turning 16 as well.



Overall, respondents who have experienced violence are quite likely to have experienced it multiple times rather than in just one incident. Nearly seven in ten respondents report surviving multiple,

separate instances of physical violence, and more than seven in ten sexual violence survivors experienced multiple violent events. Nine out of ten respondents who experienced harassment did so multiple times.

Transgender respondents, in addition to being statistically more likely to have experienced physical violence than cisgender respondents, are also statistically more likely to have experienced it multiple times, in the past year, and before the age of 16 (Exhibit 31). When it comes to experiencing sexual violence, transgender people, and even transgender people of color, have similar or only slightly higher rates of experiencing it multiple times, in the past year, and before the age of 16 (Exhibit 32). None of these differences in the survey sample is statistically significant.

Exhibit 31.
Transgender people are more likely than LGBQ cisgender people to have experienced **physical violence** multiple times, in the past year, and before the age of 16.

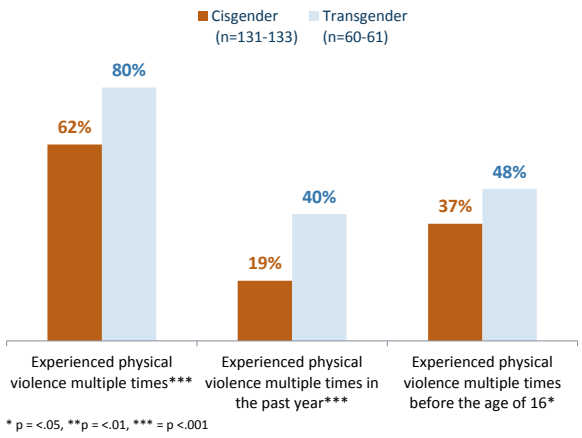
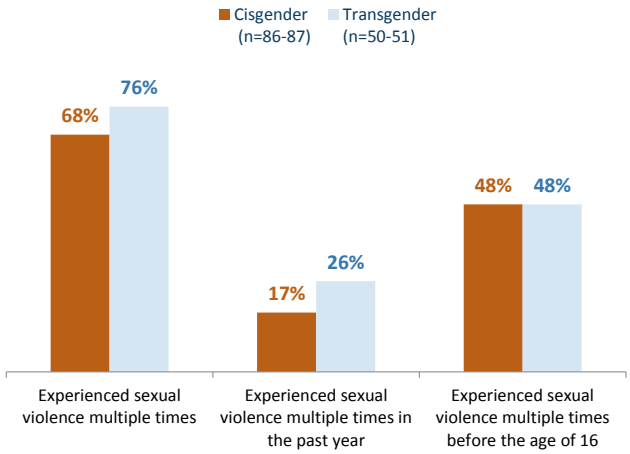


Exhibit 32.
Transgender people are only slightly more likely than LGBQ cisgender people to have experienced **sexual violence** multiple times, in the past year, and before the age of 16.



Among LGBTQI survey respondents, people of color are no more likely than white respondents to have experienced physical violence, but among those who have, people of color are more likely to have experienced it multiple times, in the past year, and before the age of 16 (Exhibit 33). Additionally, people of color are statistically more likely than white respondents to have both experienced sexual violence and to have experienced it before the age of 16 (Exhibit 34).

Exhibit 33.
People of color are more likely than white respondents to have experienced **physical violence** multiple times, in the past year, and before the age of 16.

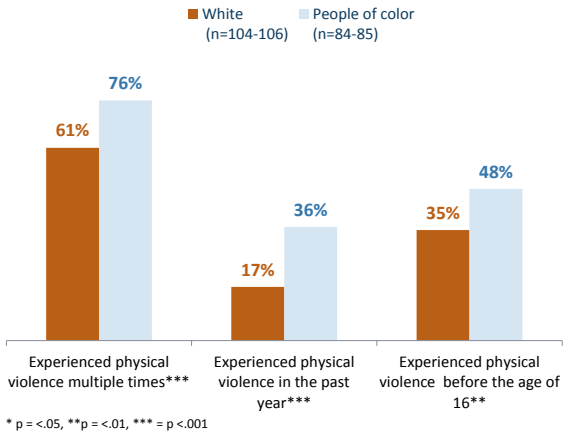
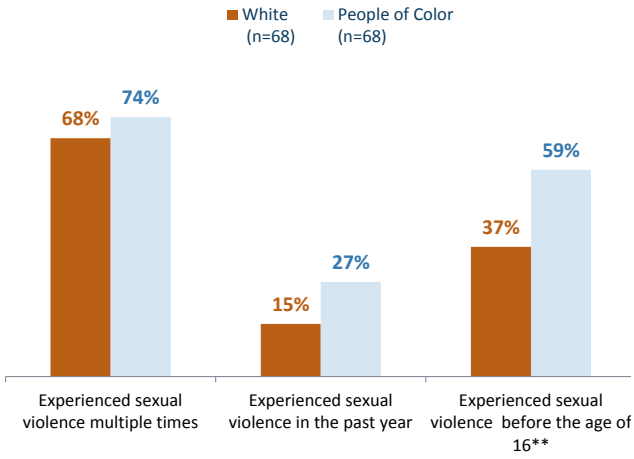


Exhibit 34.
People of color are more likely than white respondents to have experienced **sexual violence** multiple times, in the past year, and before the age of 16.

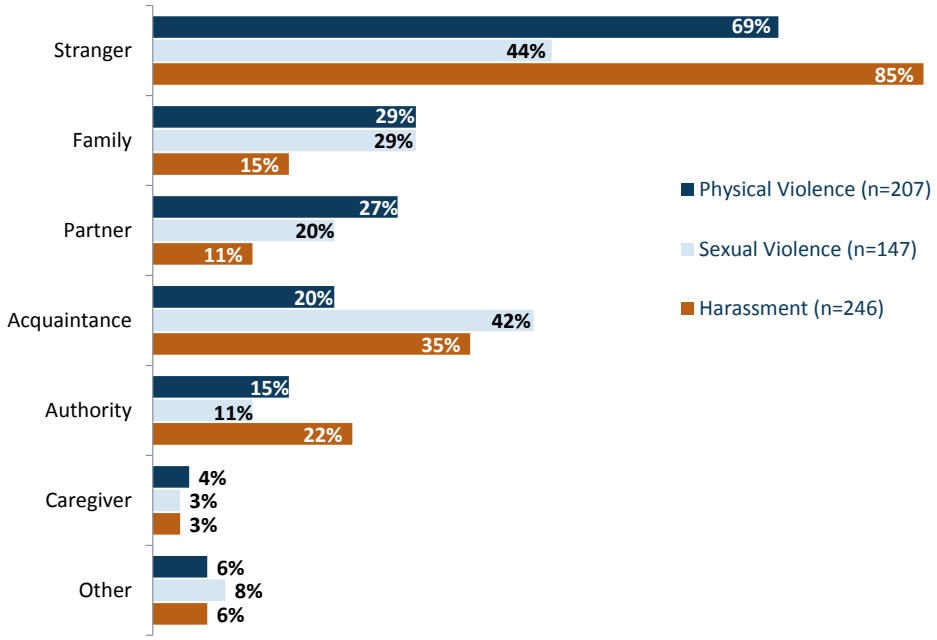


We saw in the previous section that a history of homelessness is associated with greatly increased risk for having experienced physical and sexual violence. Given that association, relatively small—but still substantial—proportions of respondents who have ever been homeless report that the violence they experienced occurred *while* they were homeless. Of those who have ever been homeless and experienced physical violence, 30% reported that they were homeless at the time they experienced physical violence. These proportions are even smaller for sexual violence (24%) and harassment (26%).

Relationship to Perpetrator

Among survey respondents who experienced violence, most had been attacked by a stranger. However, substantial portions of those experiencing physical and sexual violence were harmed by family members, partners, or acquaintances (see Exhibit 35).

Exhibit 35.
The greatest proportion of respondents experiencing any type of interpersonal violence have been harmed by a stranger



Comments shared by survey respondents provided some additional context about the violence they experienced.

Physical violence:

- Some noted that their experiences of violence happened as part of an ongoing pattern in a violent relationship with an intimate partner.
- Multiple people report attacks by strangers, which in some cases seemed to the survivors to be motivated by severe mental illness and/or substance use.

Sexual violence:

- For several respondents, sexual violence was perpetrated by someone they knew, and/or in a familiar place where they had previously felt safe.

Harassment:

- Many respondents noted that harassment happens constantly.
- Many report harassment in their neighborhoods – some by homeless people, others by newer residents who they associate with the gentrification of their neighborhoods.

Some notable differences in perpetrator patterns appear when examining the experiences of certain groups. Transgender community members who experienced physical violence are statistically more likely than cisgender community members to have been hurt by a family member (40% vs. 24%, $p<.1$) and by an authority figure (23% vs. 12%, $p<.1$). Transgender community members are also more likely to report harassment by authority figures than are their cisgender peers (31% vs. 20%, $p<.1$).

Chapter III: Experiences of Violence

When it comes to experiences of sexual violence, transgender people of color are significantly more likely to be harmed by a stranger (59% vs. 41%, p<.1).

Similarly, LGBTQI people of color are statistically more likely than LGBTQI white community members to have suffered physical violence at the hands of an authority figure (21% vs. 9%, p<.1). Though not statistically significant, this number is even higher among transgender people of color (22%) and those who spoke primarily Spanish (25%) in the survey sample.

Of those respondents whose experiences with physical violence occurred only before the age of sixteen, 57% had been hurt by a family member—nearly twice the overall rate of violence perpetrated by family members. The finding is similar for respondents whose experiences of sexual violence were all before the age of sixteen: 56% of those community members experienced sexual violence from family members. Of those only reporting harassment that occurred before the age of sixteen, 39% came from family members, compared to 15% overall reporting harassment from family. These findings suggest that LGBTQI youth are particularly vulnerable in their family homes.

> I'm actually getting away from a domestic violence situation with my mother. She thought—she still thinks—that because she's my mother and the age I am she can still hit me to correct me for who I am. So that's the main reason I wanted to get out of my house and come to San Francisco.
>
> *LGBTQI Community Member*

Intimate Partner Violence

Examining differences in experiences of intimate partner violence based on race and gender identity shows that in this sample, white cisgender LBQ women and transgender men, both white and men of color, experience the highest rates of violence committed by their partners (see Exhibits 36 and 37).

Exhibit 36.
LBQ women and transgender men are most likely to have experienced **physical violence** by their sexual/romantic partners

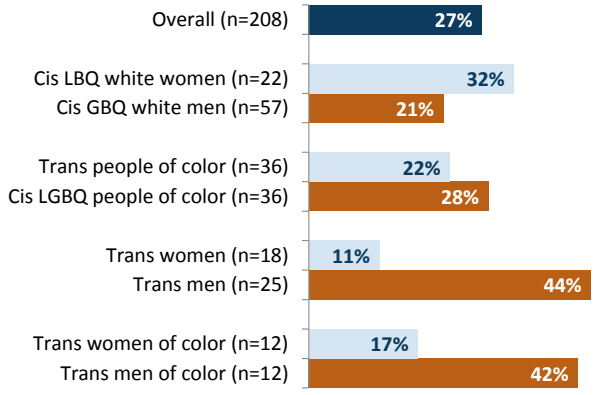
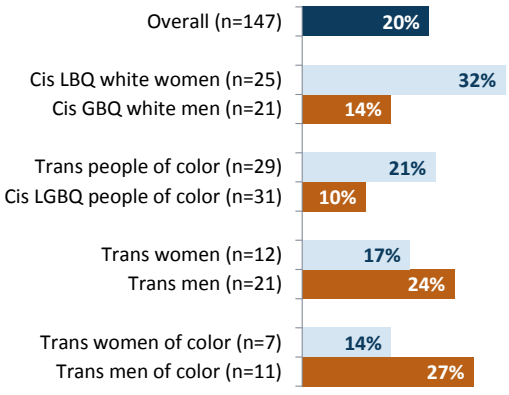


Exhibit 37.
LBQ women and transgender men are most likely to have experienced **sexual violence** by their sexual/romantic partners



LGBTQI respondents who speak primarily Spanish are also more likely to have faced intimate partner violence: 44% of Spanish speakers who experienced physical violence were hurt by their partners, as were 27% of sexual violence survivors.

Violence Experienced in the Context of Services

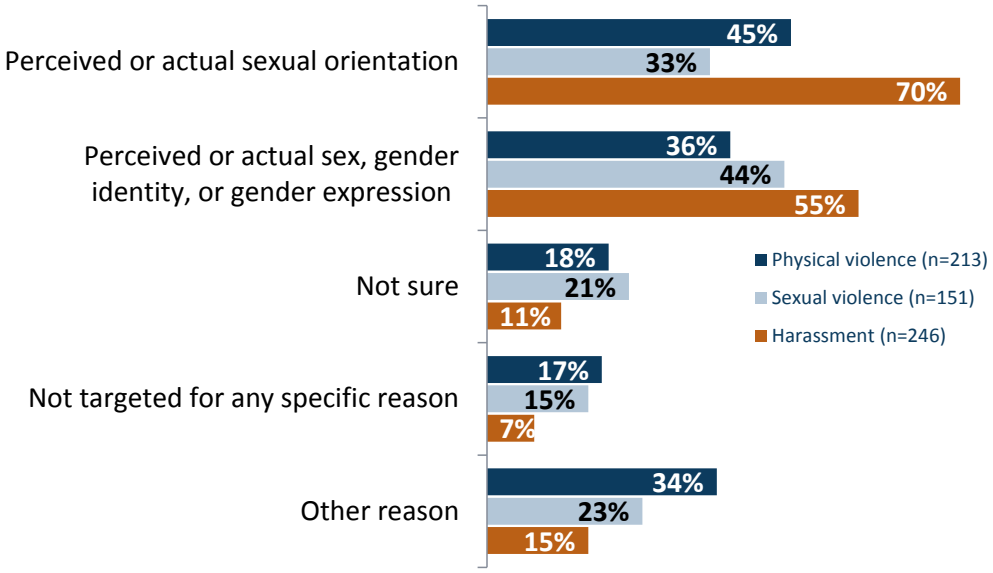
Some community members reported physical violence, sexual violence, and harassment in the context of accessing social services. In some cases violence was perpetrated by service providers. In others, participants were attacked by others accessing services. In several of these cases, service providers did not or could not respond in a way that met participant needs.

Service providers also discussed the violence or harassment that sometimes occurred between clients accessing services. Providers attributed this to clients internalizing the violence and discrimination they had experienced, and acting it out in their own communities. In order to address this violence, providers worked to create an intentional space for clients to reflect on the origins of this violence, and to learn and practice alternative ways to interact. (These safe space strategies are discussed further in the chapter on Violence Prevention.)

Perceptions of Being Targeted

The survey asked whether participants felt targeted based on gender identity or expression, sexual orientation, or other factors. As shown in Exhibit 38, survivors were most likely to believe they had been targeted based on perceived or actual sexual orientation or gender identity in cases of harassment. Still, one-third to nearly one-half of physical and sexual violence survivors believe their actual or perceived sexual orientation, sex, gender identity, or gender expression played a role.

Exhibit 38.
Survivors were most likely to believe they had been targeted based on perceived or actual sexual orientation or gender identity in cases of harassment



The "other" reasons people believed factored into their being targeted for physical violence include: race; disability; age (youth); involvement in sex work; mental health conditions; and immigration status. Other reasons respondents believed they may have been targeted for sexual violence include: intersection of sexual orientation, gender, and race; involvement in sex work; age (youth); and disability. Other reasons respondents believed they may have been targeted for harassment include:

race; intersection of sexual orientation, gender, and race; age; perceived class status; disability; religion; political beliefs; and body size.

Respondents who consider themselves transgender in any way are significantly more likely than cisgender respondents to believe they were targeted for the violence they experienced based on perceived or actual gender identity or expression (Exhibit 39). Transgender respondents are also more likely to believe they were targeted based on actual or perceived sexual orientation than were their cisgender LGBQ peers (Exhibit 40).

Exhibit 39.
Transgender survivors are more likely than cisgender survivors to believe they were targeted because of their gender identity or expression

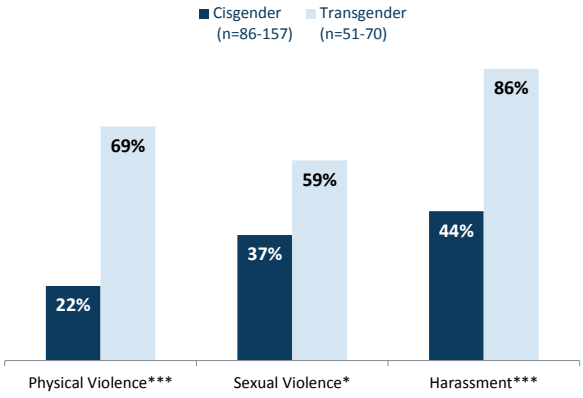
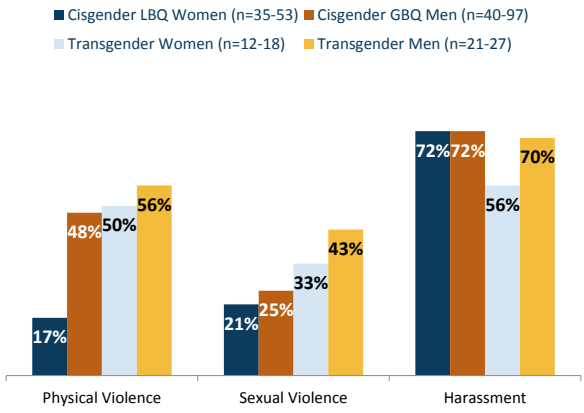


Exhibit 40.
Transgender men are most likely to believe they were targeted for physical and sexual violence because of their sexual orientation

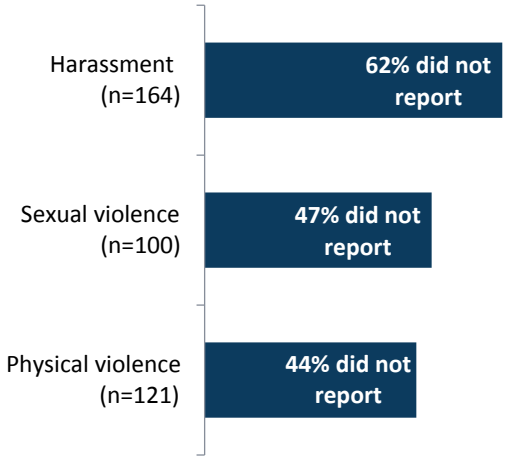


* p = <.05, **p = <.01, *** = p <.001

Reporting Violence

Survey respondents shared information about whether, and how, they reported their experiences with violence to police, community organizations, medical providers, or others. The literature on violence survivors in general, supported by common knowledge among service providers working with violence survivors, is that violence is significantly underreported, especially by vulnerable or marginalized populations[21]. The LGBTQI community safety survey found that a substantial amount of the violence experienced by this population goes unreported (see Exhibit 41).

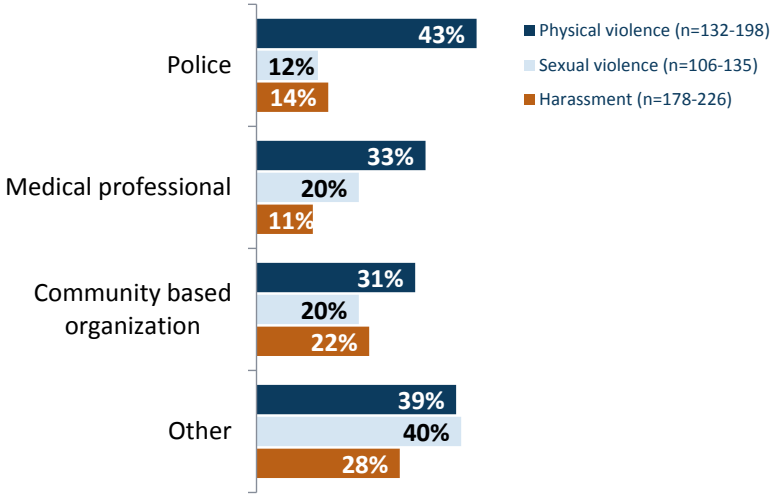
Exhibit 41.
A substantial proportion of LGBTQI respondents **did not report** the violence they experienced



Interestingly, being transgender, a person of color, or primarily Spanish-speaking did not affect whether a survivor was likely to have reported the violence they experienced.

Rates of reporting varied by type of violence (see Exhibit 42), and were also influenced by other factors discussed later in this section.

Exhibit 42.
LGBTQI community members most often formally reported experiences of violence when the violence was physical



[21] Marzullo, M.A.& Libman, A.J. (2009). Hate Crimes and Violence Against Lesbian, Bisexual and Transgender People. Human Rights Campaign Foundation, Washington D.C.

Respondents sharing details about "other" ways they reported violence they experienced largely indicated that they told friends, family, partners, and other informal contacts about the violence. Some indicated that they told trusted parties such as teachers, therapists, clergy or other faith leaders. Finally, some reported violence and harassment to supervisors, school officials, employers, business management, and like officials related to the establishment where the violence took place.

Factors that influenced reporting

Qualitative data from survey respondents and from community member interviews provide additional insight into factors that influence reporting tendencies.

Community members and service providers found that survivors were less likely to report violence perpetrated by a partner. One reason for this was that individuals did not want to "tarnish" an already stigmatized community reputation. These types of concerns suggest that LGBTQI community members may carry a heavy burden of needing to prove the health and validity of queer relationships, which can serve as a barrier to people in unhealthy relationships getting the help they need. For respondents who were not "out" to others in their lives, reporting the violence also carried the risk of making their gender identity or sexual orientation known.

Survivors of IPV also share that they have had trouble getting authorities and others to believe them or take their violent experience seriously when attacked by someone perceived as smaller and/or more feminine. Because IPV is often understood in gender-specific terms, some LGBTQI survivors feel reluctant to report or talk about their experiences, as others may not recognize what happened to them as IPV.

Survivors also rarely report violence perpetrated by family members. Survivors may feel personally motivated to protect family members, or in some cases may be convinced by others in their family not to report.

> My mom had told me she was afraid of my dad and what he would do if I made a report, so she asked me to drop the matter.
>
> *LGBTQI Community Member*

Several respondents discussed mistrust of police and mistreatment by police, including some who were attacked by police officers. Additionally, multiple people reported difficulty filing reports with the police. One respondent was told by police that harassment (in the form of slurs and sexual gestures) are not illegal. Another reported that police were unwilling to help them file a report about harassment from a police officer. In some cases police blamed the survivor for what had happened.

> I didn't think the police would believe me because I was gay. I worried they would laugh at me or be abusive somehow.
>
> *Community Survey Respondent*

Providers and community members share that the reporting process itself can be traumatizing, and may not feel beneficial considering the small likelihood that it will lead to conviction.

Language accessibility (or lack thereof) can also be a barrier to reporting. One provider shared a recent experience in which a participant waited over two

> I refuse to report rapes because nothing is done. They don't care. They victimize the victim more than the perpetrator. I just don't feel like going through that, I mean I've already been traumatized, why should I be re-traumatized?
>
> *LGBTQI Community Member*

hours at the Mission District police station because there were no available Spanish-speaking officers on site. Eventually, the participant needed to leave and was unable to file a police report.

Another barrier to reporting was noted by community members involved in sex work who worry about not being able to report rape and other sexual violence without incriminating themselves.

A final barrier is one of internalized blame and shame: in some cases, survivors didn't report because they blamed themselves for what had happened.

Chapter IV: Services for LGBTQI Survivors of Violence

IN THIS CHAPTER:

- Types of services and support sought by LGBTQI violence survivors
- Differences in service utilization by diverse segments of San Francisco's LGBTQI population
- How well existing services meet LGBTQI survivors' needs

Chapter IV: Services for LGBTQI Survivors of Violence

Key Findings: Services for LGBTQI Survivors of Violence

- LGBTQI survivors of violence are more likely to reach out to friends, family and informal support networks than to utilize formalized services.
- Support services for survivors aren't always well equipped to address intersectionality of needs and identities.
- Lack of awareness of available services is the greatest barrier for most service types to help survivors cope with their experiences of violence and trauma.

Following experiences of violence, survivors seek many different types of support. This section explores the supports and services utilized by LGBTQI survivors in San Francisco, answering the following research questions:

- Where do victims and survivors of violence seek support?
- How does service utilization compare across LGBTQI subgroups and demographics?
- How well do services meet LGBTQI community members' needs[22]?

First, we provide an overview of the community survey findings, looking at utilization across service types, and respondents' ratings of how well services met their need following experiences of violence. Discrimination against LGBTQI individuals in many types of social services is well documented[23]. As such, the community survey also explored the degree to which respondents found providers to be sensitive to their needs as queer/LGB-identified, transgender, and/or people of color. These findings will be discussed as well. Next, we provide a more in-depth look at findings by service type, including perspectives shared through interviews with service providers and community members.

Overview of Services and Supports

In developing the community survey, the Community Stakeholder Group generated a list of resources that make up the landscape of available supports to violence survivors, including:

- Friends, family, and informal networks (friend support);
- Long-term counseling or therapy;
- Short-term counseling or crisis intervention;
- Medical care;
- Support groups;
- Legal assistance;
- Drop-in spaces;
- Crisis lines;
- Housing support services; and
- Faith-based counseling.

Survey respondents assessed the degree to which these services met their needs at the time when they experienced violence, as well as barriers that kept them from accessing services when needed.

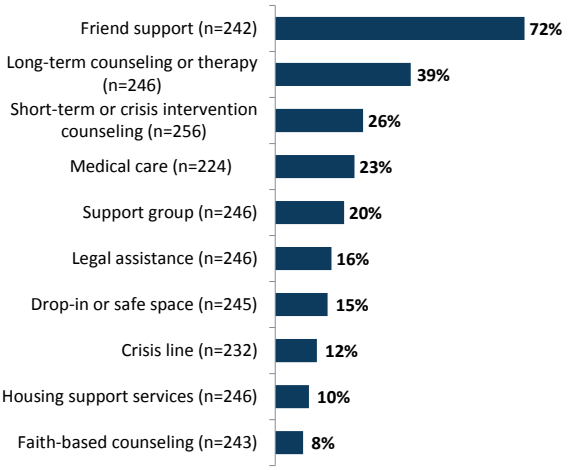
[22] While the original research question focused on whether violence prevention programs were meeting community members' needs, stakeholders agreed early in the needs assessment process that it should also address the adequacy of existing survivor services, especially since there is often a blurred line between survivor services and violence prevention.

[23] Turell, S.C. & Herrmann, M.M. "Family" Support for Family Violence: Exploring Community Support Systems for Lesbian and Bisexual Women who have Experienced Abuse. Journal of Lesbian Studies, vol12 (2-3), 2008; Whitlock, K. (2012). Reconsidering Hate: Policy and politics at the intersection, a Political Research Associates Discussion Paper. Political Research Associates: Somerville, MA

Chapter IV: Services for LGBTQI Survivors of Violence

Looking across all services and resources, friends and informal networks were by far the most commonly utilized support. In contrast, fewer respondents sought support through formalized services (see Exhibit 43). Still, nearly two-thirds (64%) of all respondents accessed at least one formalized service. Among those, the most commonly utilized were long term counseling or therapy (39%) and short-term or crisis intervention counseling (26%). Less than a quarter of respondents accessed medical care, support groups, legal assistance, drop-in spaces, crisis hotlines, or housing support following experiences of violence. Faith-based counseling was the least commonly accessed resource, utilized by only 8% of respondents.

Exhibit 43.
Following experiences of violence, respondents most commonly reached out to friends or sought long-term therapy



> Getting in touch with my indigenous roots really helped my healing process.
>
> *Community Survey Respondent*

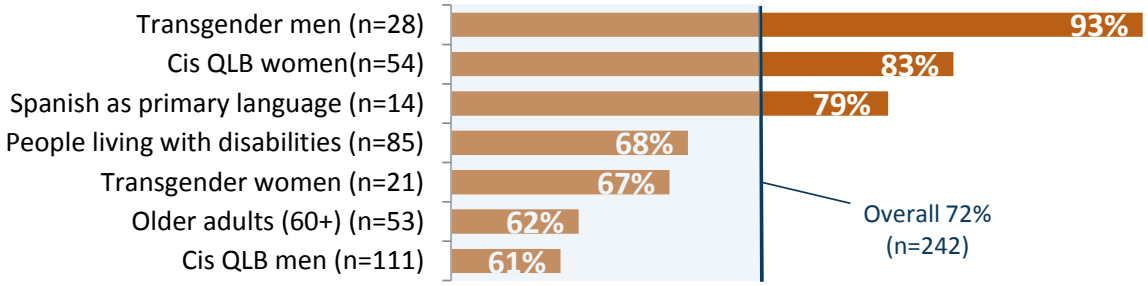
Respondents also shared several types of resources outside of this list that they accessed following experiences of violence and/or harassment. These included Curanderas (spiritual healers), indigenous ceremonies and drum circles, journaling, meditation, qi gong, and several online resources that focused on the intersex and genderqueer communities[24]. Respondents also referenced specific organizations including Alcoholics Anonymous, CUAV, Dimensions Youth Clinic, the Episcopalian Church, Instituto Familiar de la Raza, Kaiser Permanente (talking circle), Openhouse, the Restraining Order Clinic, the San Francisco Gay Men's Community Initiative (SFGMCI), the San Francisco Superior Court, Transthrive, the Unitarian Universalist Church, and Victims Services.

[24] These included websites for the Intersex Society of North America (www.isna.org), the Intersex and Genderqueer Recognition Project (www.intersexrecognition.org) and Advocates for Informed Choice (www.aic.org).

Service utilization across LGBTQI sub-groups

One goal of the needs assessment was to explore differences in the types of services and supports accessed by different sub-groups within LGBTQI communities. When comparing service usage across race, gender, age, primary language, and other key demographics, several similarities and differences emerged.

Exhibit 44.
Transgender men, cisgender queer/lesbian-identified women, and Spanish-speaking respondents relied on informal support most frequently



Support from friends and informal networks, or "friend support," was the single most commonly utilized resource in aggregate and when taking into account differences in age, race, gender, sexual orientation, income, language, and disability. In fact, for nearly all groups, the percentage of respondents who used informal support was greater than the percentage that had accessed any of the formalized services combined[25]. Friend support was most prevalent among transgender men, cisgender queer/lesbian/bisexual women, and those who speak Spanish as their primary language[26]. In contrast, smaller proportions of other respondents reached out to informal networks. These include people living with disabilities, transgender women, cisgender queer/gay/bisexual men[27], and older adults.

Looking across formalized support (all other service types) there were several notable differences in service utilization:

- Usage of formalized support decreased with age – 74% of respondents under 25 had accessed one or more service types, compared to 69% of respondents ages 25-59 and 40% of respondents ages 60 or older. One explanation for this finding is that older adults face more logistical challenges getting to and from service sites. Further, as service providers retire, older adults may see fewer peers in service provider roles. For some, it can be difficult to feel as though younger providers fully understand their needs.
- Respondents who speak primarily Spanish reported higher rates of service usage than any other group for most service types – 91% of respondents who completed the community survey in Spanish accessed one or more types of formalized service compared to 62% of respondents who completed the survey in English. However, this finding likely relates to the sampling bias

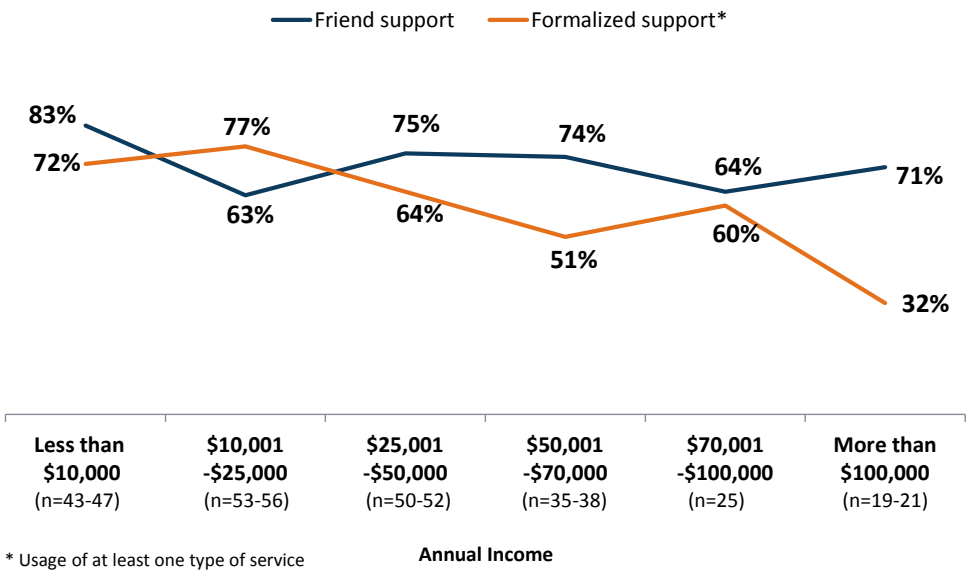
> I don't believe anyone cares for elders. Community services are usually run by young people. They don't know what it's like to suffer.
>
> *Community Survey Respondent*

[25] Four exceptions were transgender women, respondents ages 16-24, those who completed the survey in Spanish, and those whose annual income was between $10K and 25K. A greater percentage of respondents in these groups accessed one or more types of formalized service, although usage of each individual service was still lower than informal support.
[26] This includes respondents who completed the community survey in Spanish. It does not include Spanish-speakers who completed the community survey in English.
[27] Includes male-identified respondent who selected gay, queer, and/or same-gender-loving as their sexual orientation

previously discussed – a relatively small number of respondents completed the survey in Spanish, and these may be more engaged in services than the general population of LGBTQI San Franciscans who primarily speak Spanish.

- People living with disabilities were more likely to access formalized services and less likely to access informal support when compared to those without disabilities – 70% of respondents living with disabilities used one or more type of formalized services, just slightly more than the percentage who accessed friend support (68%). In contrast, fewer people without disabilities accessed formalized care (60%) and more relied on friend support (74%). Here again, sampling bias may have influenced this finding, as survey respondents may be more connected to services than the general population of LGBTQI people living with disabilities.
- Respondents of color accessed services more frequently than white respondents - A greater percentage of respondents of color accessed each service type in comparison to white respondents. However this finding must be taken in the context of the survey sample, which was predominantly white. While a greater proportion of white respondents did not access any services, white people still made up the greatest proportion of those who accessed most service types[28].
- Across income groups, usage of formal support varied more than friend support– As illustrated in Exhibit 45 (below), those with incomes under $10,000 per year were the most likely to rely on informal support(83%). While these proportions decreased somewhat in higher income groups, more than half of respondents in each group accessed friend support. Respondents had greater variation in their usage of formalized services; those earning $25,000 or less per year were two times as likely to access services as those with annual incomes over $100,000.

Exhibit 45.
Usage of friend support and formalized services varied across income groups



Few notable trends stood out in comparing demographic differences in service usage for specific service types. Where notable, these differences will be addressed further in the discussion of service-specific findings.

[28] Exceptions include support groups, drop-in services, and faith-based counseling. A greater number of Latin@ respondents reported accessing each of these service types.

Participant experiences of services and supports

In general, most respondents reported that the services they accessed met their needs following experiences of violence. Exhibit 46(below) illustrates average participant ratings across service types, based on a four-point agreement scale. Participants also rated providers' sensitivity to their needs as queer/LGB-identified, transgender, and/or as people of color, also measured on a four-point scale (Exhibits 47-49). Throughout this section, these findings will be discussed in terms of providers' "cultural responsiveness." In most cases, ratings of how well services met respondent needs were closely aligned with ratings of providers' cultural responsiveness.

Exhibit 46.
How well did services meet respondents' needs following experiences of violence?

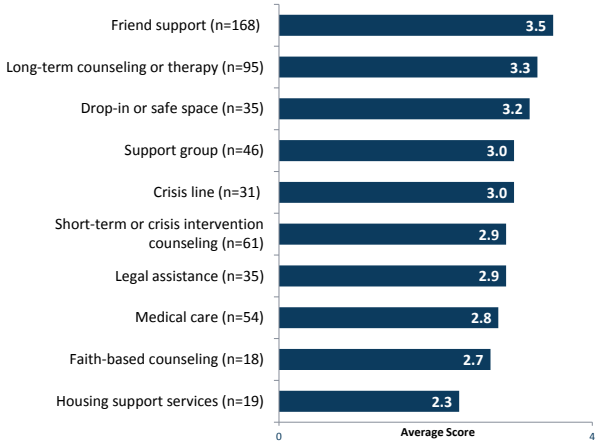


Exhibit 47.
How sensitive were providers to the needs of **queer/LGB-identified** people experiencing violence?

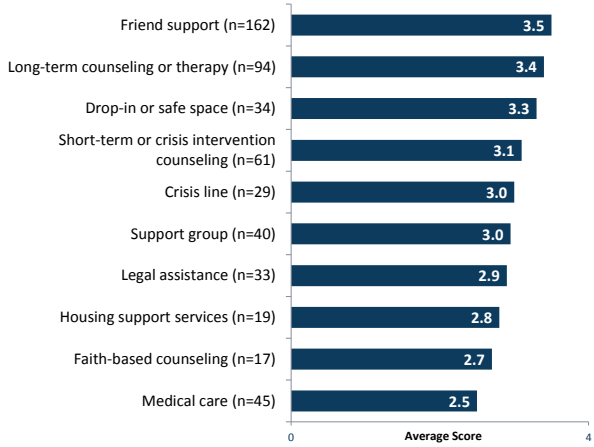


Exhibit 48.
How sensitive were providers to the needs of **transgender** people experiencing violence?

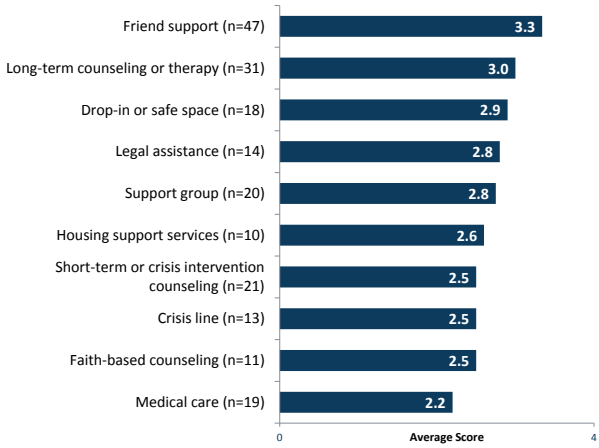
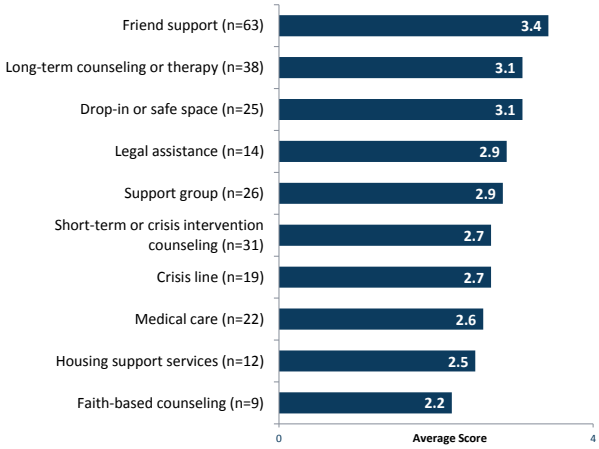


Exhibit 49.
How sensitive were providers to the needs of **people of color** experiencing violence?



Friend support was not only the most frequently accessed resource but also the highest rated, again followed by long-term therapy. Drop-in services, including those established as "safe spaces," were the next highest rated. These three resources were also the highest rated in terms of cultural responsiveness. Respondents found medical providers to be the

> I didn't believe service would help more than my regular social support of friends and family.
>
> *Community Survey Respondent*

least sensitive to their needs as queer/LGB-identified and/or transgender people, while faith-based counseling services were rated as the least sensitive to the needs of people of color.

According to survey and interview responses, many LGBTQI community members are satisfied with the support they have received and feel that they are better able to access the services they need in San Francisco than in other parts of the state or country. At the same time, several themes emerged regarding limitations and barriers to existing services. Organizations providing services were not always prepared to respond to experiences of violence for several reasons:

> Here, however slim, I do have all my needs met. That was NEVER true anywhere else.
>
> *Community Survey Respondent*

- Limited Spanish proficiency – Monolingual Spanish-speakers did not always feel that they received the same level of care as English-speaking participants, particularly when language barriers kept providers from fully understanding participants' circumstances or their feelings following experiences of violence.
- Challenges handling interpersonal violence between clients – Some participants reported victimization in the context of receiving housing or drop-in services. In these cases, providers were not always prepared to intervene in a way that ensured a safe space for those accessing services.
- Limited availability of services responsive to intersecting identities and needs – Some respondents found that LGBTQI services were not always culturally sensitive to people of color, while others found that immigration services often lacked understanding of transgender identity.

Barriers to Accessing Services

Respondents who did not seek support following experiences of violence shared information about the barriers that prevented them from doing so. Frequently cited barriers included:

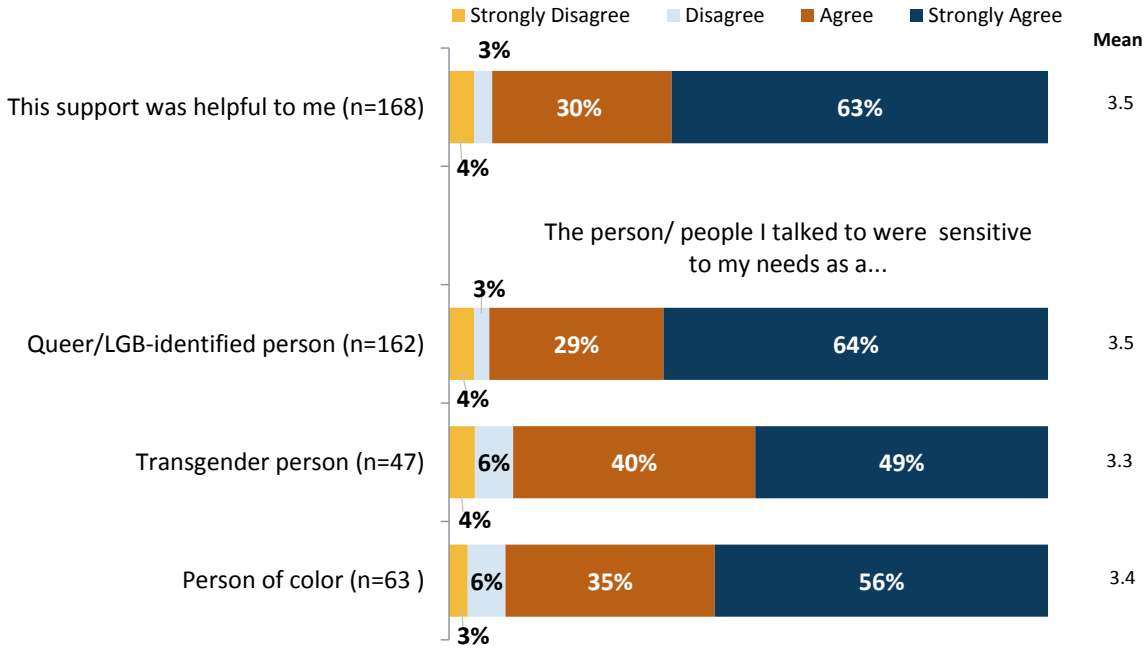
- Not wanting to talk to strangers
- Not believing that services would be beneficial
- Not believing that providers would meet or care about their needs
- Fear of repercussions for the perpetrator and/or family and friends
- Not recognizing the need for support
- Inability to access services based on timing or location
- Previous negative experiences

Digging Deeper: Service-specific Findings

This section will provide a closer look at findings related to each service type, in terms of how well the support met respondents' needs at the time, providers' cultural responsiveness, and the factors that served as barriers to accessing each resource. The most frequently accessed services are presented first. Where relevant, findings from interviews with community members and service providers are included here as well.

Support from friends and informal networks

Exhibit 50.
An overwhelming majority of respondents found friend support helpful and sensitive to their needs



*Note: percentages may add up to slightly more or less than 100 due to rounding.

Following experiences of violence, most survey respondents reached out to informal networks, including friends, family members, and/or partners (72%). Among these respondents, 93% agreed or strongly agreed that this support had been helpful to them. Respondents appreciated that friends and family were emotionally supportive, and in some cases had lived through similar experiences.

> I spoke to a very close and trusted friend who listened to me with **no judgment** and helped me problem solve and come to terms with what happened to me.
>
> *Community Survey Respondent*

When reaching out to informal networks, respondents found the support they received to be sensitive to their needs as queer/LGB-identified (93%), transgender (89%), and/or as people of color (91%), more so than any other type of support. These findings suggest that cultural responsiveness to the needs of specific groups within the LGBTQI communities plays a significant role in where survivors of violence seek support.

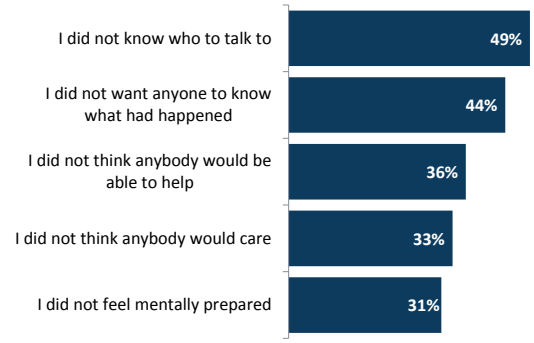
> I am a mixed race gender nonconforming person. I feel that **people in my own friend/chosen family circles are more likely to be able to support me** than outside providers or resources. It's tough to find professionals or external sources set up to help people like me.
>
> *Community Survey Respondent*

Respondents also identified limitations to informal support. Some respondents did not want to "burden" friends or families with their feelings, while others found that friends "didn't want to hear it" or even blamed them for what had happened. In some cases, friends were unable to provide support due to the challenges they were dealing with in their own lives. Others found that friends had limited ability to provide access to practical resources such as housing. Participants also found it difficult to reach out to family or friends about violence perpetrated by someone in their shared social circles.

Barriers

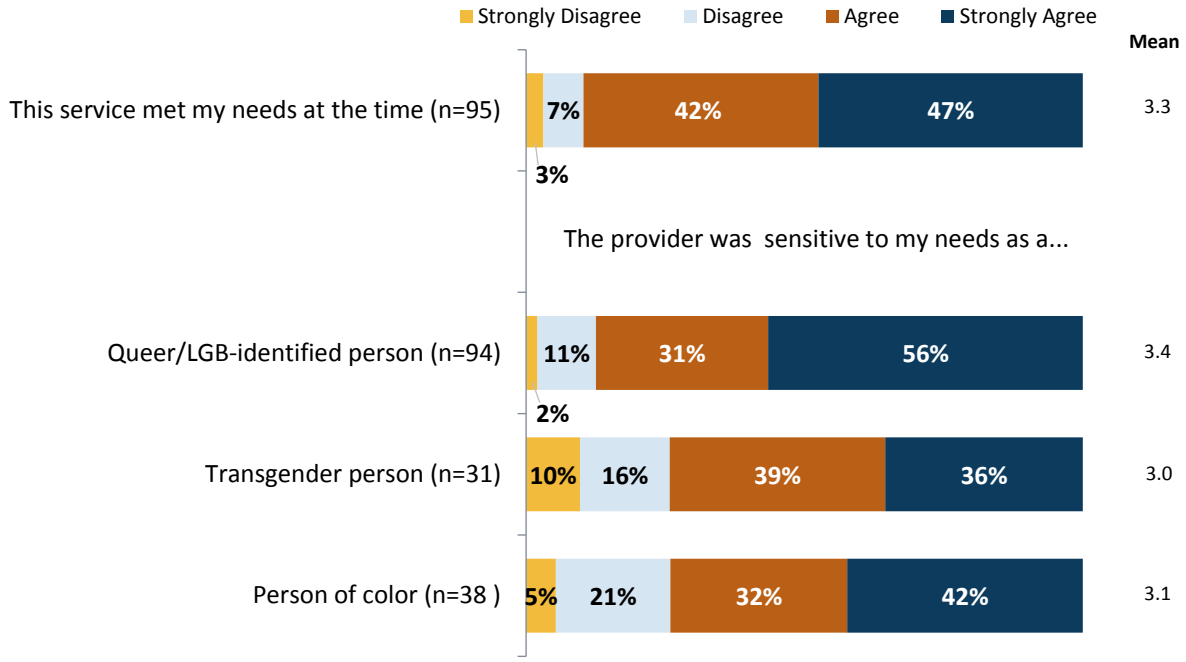
Approximately one quarter of respondents did not reach out to friends or informal networks following experiences of violence (28%). Many of these respondents did not feel that they needed this support at the time (42%). For those who may have wanted to reach out to informal networks, Exhibit 51 (right) illustrates the barriers that kept them from doing so. Nearly half reported that they did not know who to talk to (49%), and one third did not believe that anyone would care (33%). Over one third did not reach out because they did not believe it would be helpful to do so (36%).

Exhibit 51.
Not all LGBTQI survivors are able to rely on support from friends or family.



Long-term Counseling and Therapy

Exhibit 52.
The majority of respondents who accessed long-term counseling or therapy found that services met their immediate needs and were queer/LGB-sensitive



*Note: percentages may add up to slightly more or less than 100 due to rounding.

After informal support, long-term counseling or therapy was the second-most frequently accessed services among survey respondents (39%). For the most part, respondents found that these services met their needs following experiences of violence (89%).

> Talking with my therapist helps me to **diffuse** some of the **trauma** I experienced for so many years.
>
> *Community Survey Respondent*

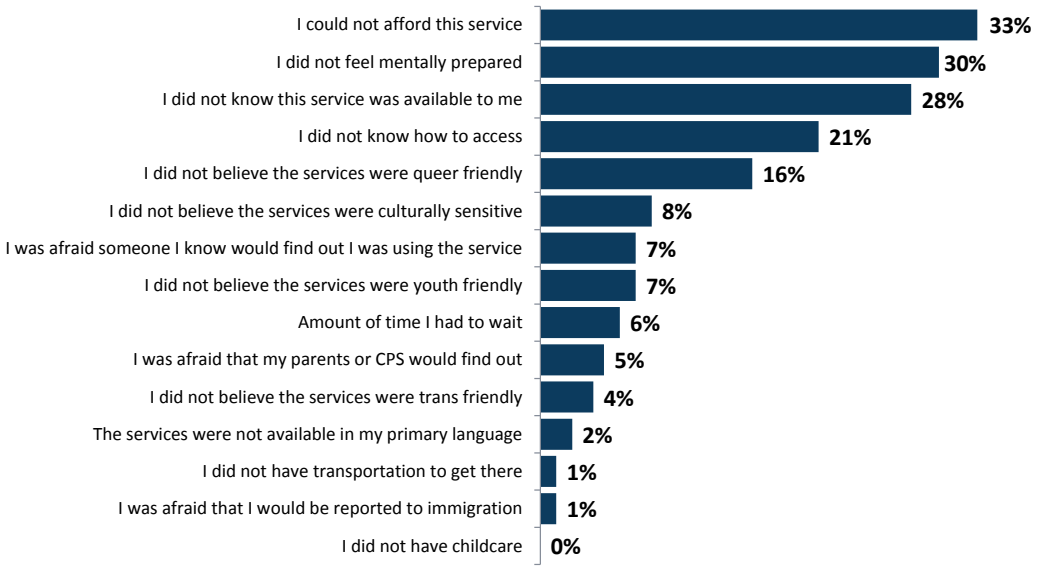
Most also agreed or strongly agreed that providers were sensitive to their needs as queer/LGB-identified people (88%), transgender people (75%) and people of color (74%). The difference in these ratings is notable, although not statistically significant. People of color and transgender people not only face higher rates of violence than their cis-gender and white counterparts, they also have a harder time finding culturally responsive therapists.

> As someone who is transgender and presents as Latina, **I feel at a disadvantage because of the color of my skin** when I need to get help or advice.
>
> *Community Survey Respondent*

Barriers

Most survey respondents who had experienced violence did not access long-term counseling or therapy (61%). Many of these respondents did not feel that they needed short-term counseling to address the violence they had experienced (45%). For those who may have needed long-term counseling but did not access it, barriers are illustrated below (Exhibit 53).

Exhibit 53.
Cost was the greatest barrier to accessing long-term counseling or therapy



n=83

In addition to the barriers listed, some respondents did not access therapy because they did not believe it would be helpful. Others blamed themselves for the violence they had experienced and felt too much shame to talk about it with a counselor or therapist. One respondent noted that the limited number of sessions authorized by their public health plan was not sufficient for addressing long-term trauma. Another noted that organizations that previously provided excellent and culturally responsive mental health care had since closed or that reduced service availability due to lack of funding.

> Cost [is a barrier] in terms of access to things like individual therapy, or trauma therapy. With sufficient funds people can pretty well find the services, there are a lot of providers in private practice. But it's for pay and it's **totally outside the scope of possibility for most of the people we work with**.
>
> *LGBTQI Service Provider*

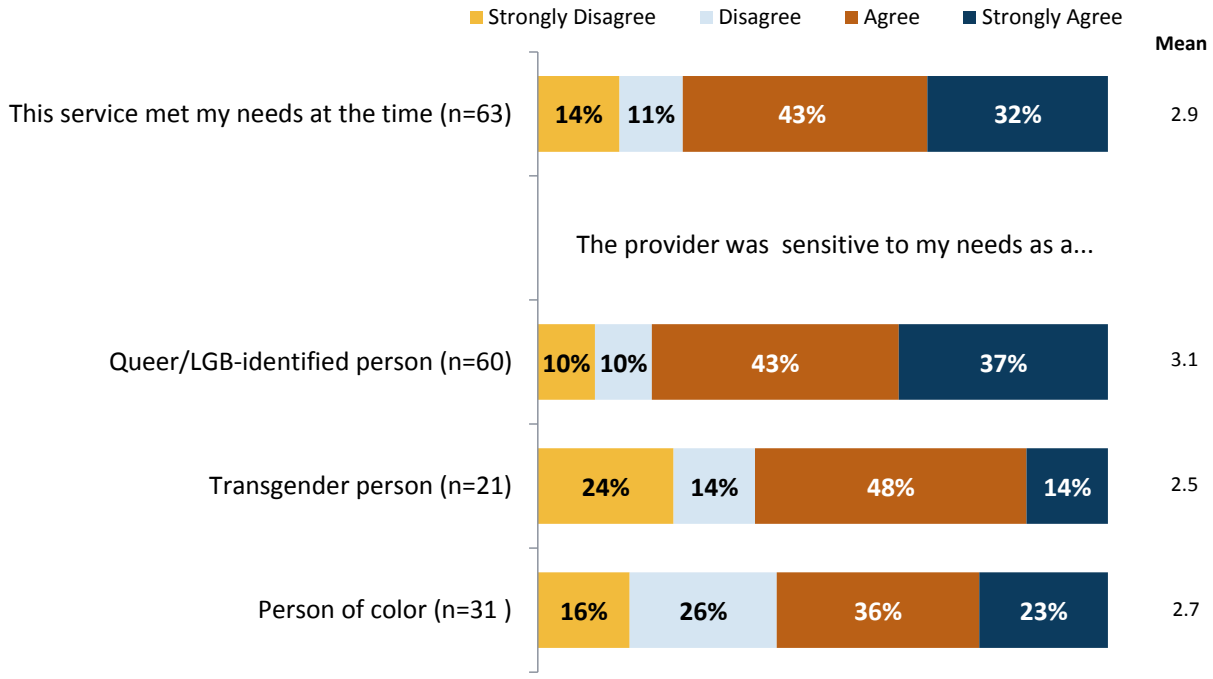
While cost was the most frequently cited barrier, respondents earning $25,000 or less annually accessed long-term counseling more frequently than those in higher income groups. One potential explanation for this finding is that lower income respondents may qualify for subsidized long-term counseling services. Those with slightly higher incomes may not qualify for these services, but may still be unable to afford to pay out of pocket. Service providers agree that LGBTQI survivors of violence could benefit from greater availability of low-cost or free therapy, including couple's counseling.

Short-term and Crisis Intervention Counseling

Following experiences of violence, 26% of survey respondents accessed short-term or crisis-intervention counseling services. Among these respondents, 75% agreed or strongly agreed that this support had been helpful to them.

> [Crisis intervention services] were very discreet and got me the information I needed. I was able to deal with coping with the stresses of what happened to me.
>
> *Community Survey Respondent*

Exhibit 54.
Most respondents found that short-term or crisis-intervention counseling met their needs following experiences of violence.



*Note: percentages may add up to slightly more or less than 100 due to rounding.

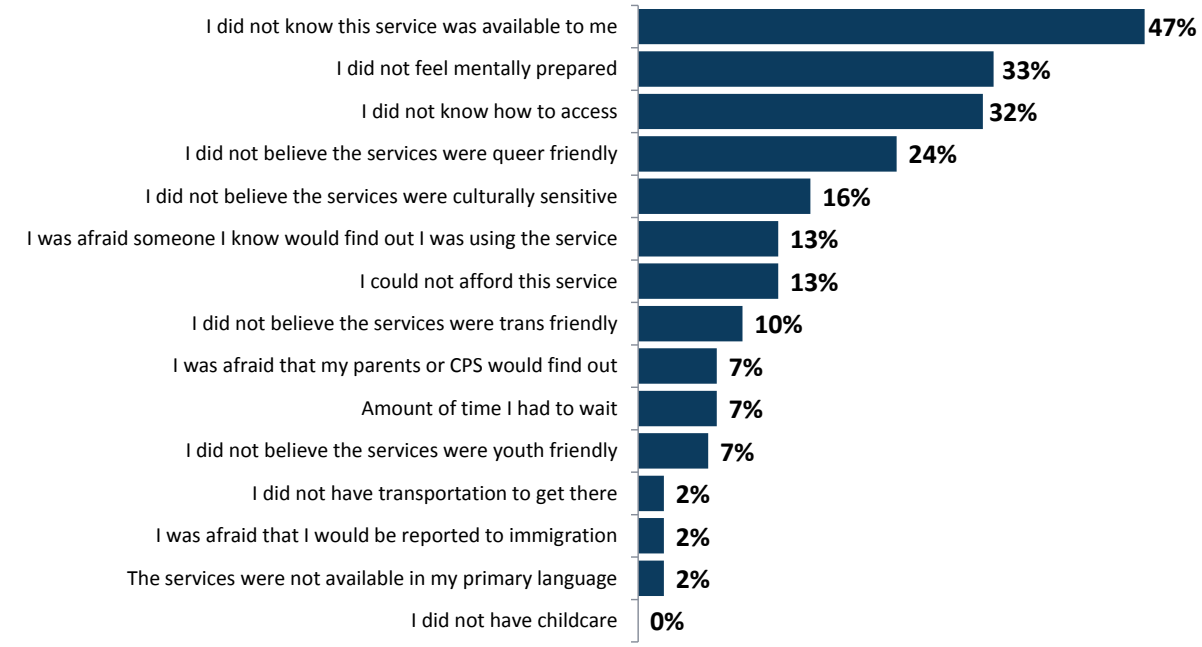
> I felt rejected because of my color … I felt that they understand whites better
>
> *Community Survey Respondent*

Survey respondents had mixed experiences regarding the cultural responsiveness of the services they received. Most respondents found providers to be sensitive to their needs. However, the proportion of respondents who felt this way varied when looking at needs related to sexual orientation, gender identity, and race; 80% felt that providers were sensitive to their needs as queer/LGB-identified people, while only 62% found providers sensitive to their needs as transgender, and even fewer felt that providers were sensitive to their needs as people of color (59%).

Barriers

Most survey respondents who had experienced violence did not access short-term counseling or crisis intervention services (74%). Again, many of these respondents did not feel that they needed short-term counseling to address the violence they had experienced (35%). Exhibit 55 (next page) illustrates the barriers that kept other respondents from accessing short-term counseling and crisis intervention services.

Exhibit 55.
Lack of awareness was the most frequent barrier to accessing short-term counseling and crisis intervention services.



n=124

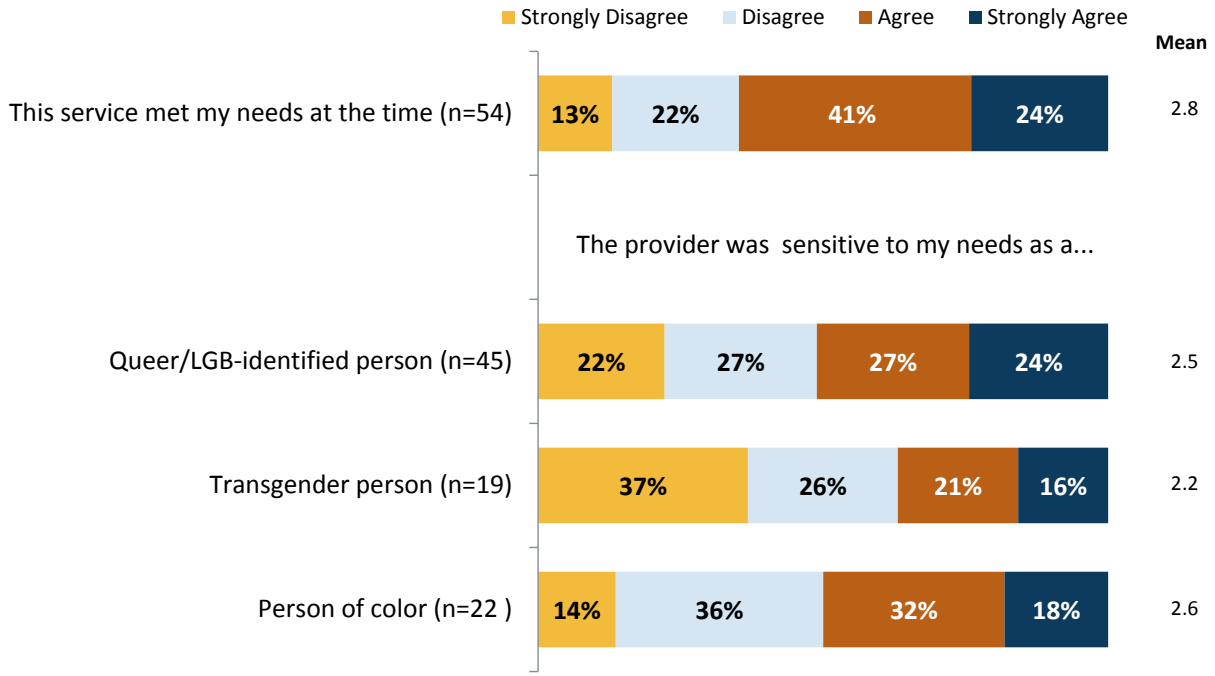
Here again many respondents discussed not wanting to talk to strangers about their experiences of violence. Many did not feel that short-term counseling would help them.

Chapter IV: Services for LGBTQI Survivors of Violence

Medical Care

Following experiences of violence, 23% of survey respondents accessed medical care to address physical injuries. Among these respondents, 65% agreed or strongly agreed that these services met their needs—far less than those accessing counseling or friend support.

Exhibit 56.
Less than half of transgender respondents accessing medical services felt that providers were sensitive to their needs



*Note: percentages may add up to slightly more or less than 100 due to rounding.

> I had a concussion one time as a result of violence from being beaten by my girlfriend. **The doctor laughed it off and said she could not have hurt me that bad**.
>
> *Community Survey Respondent*

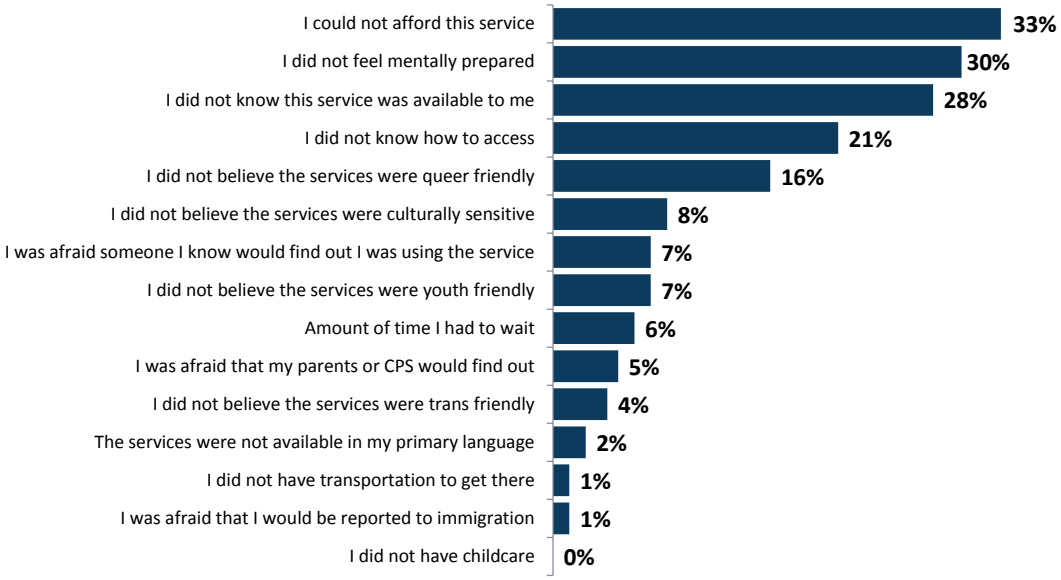
Respondents who were dissatisfied with medical services cited multiple reasons including cost, the amount of time they had to wait to be seen, and the little amount of attention they received from medical providers when seen. Respondents also noted that doctors did not always seem to take their physical injuries seriously, particularly when caused by a female partner. Some providers refused to prescribe pain medication, while others refused to approve procedures such as an MRI to assess the severity of injury.

Across service types, medical providers received the lowest ratings of sensitivity to LGBTQ needs. This was most notable among transgender respondents—only 37% agreed or strongly agreed that medical providers were sensitive to their needs. One respondent described urgent care doctors as "clueless about trans issues and offensive." Only slightly more than half of respondents felt that medical providers were sensitive to their needs as queer/LGB-identified people (51%) and exactly half felt that medical providers were sensitive to their needs as people of color (50%). Respondents did name two specific clinics as trusted providers of LGBTQI-competent medical care: Lyon-Martin Health Services and the Dimensions Youth Clinic.

Barriers

Most survey respondents who experienced violence did not access medical services (77%). Among these respondents, more than half did not feel that they needed medical treatment following their experiences of violence (62%). For those who may have needed medical care but did not access it, barriers are illustrated below (Exhibit 57).

Exhibit 57.
The most common barriers to receiving medical care are not feeling mentally prepared, cost, and the belief that medical services are not queer/LGB friendly



n=83

> I didn't want to be touched or looked at by any more strangers.
>
> *Community Survey Respondent*

Not feeling mentally prepared was a barrier to medical care for more participants than cost. In some cases, LGBTQI survivors' injuries did present as severe enough to warrant medical attention according to emergency responders or other medical providers. One respondent expressed fear that their non-conforming gender identity would be interpreted by medical providers as a mental health concern. Others discussed previous negative experiences with providers who they had found physically invasive. Considering the prevalence of trauma in LGBTQI communities, adopting a trauma-informed approach may be a key aspect of providing competent care. This includes sensitivity to clients' needs and preferences regarding physical contact[29].

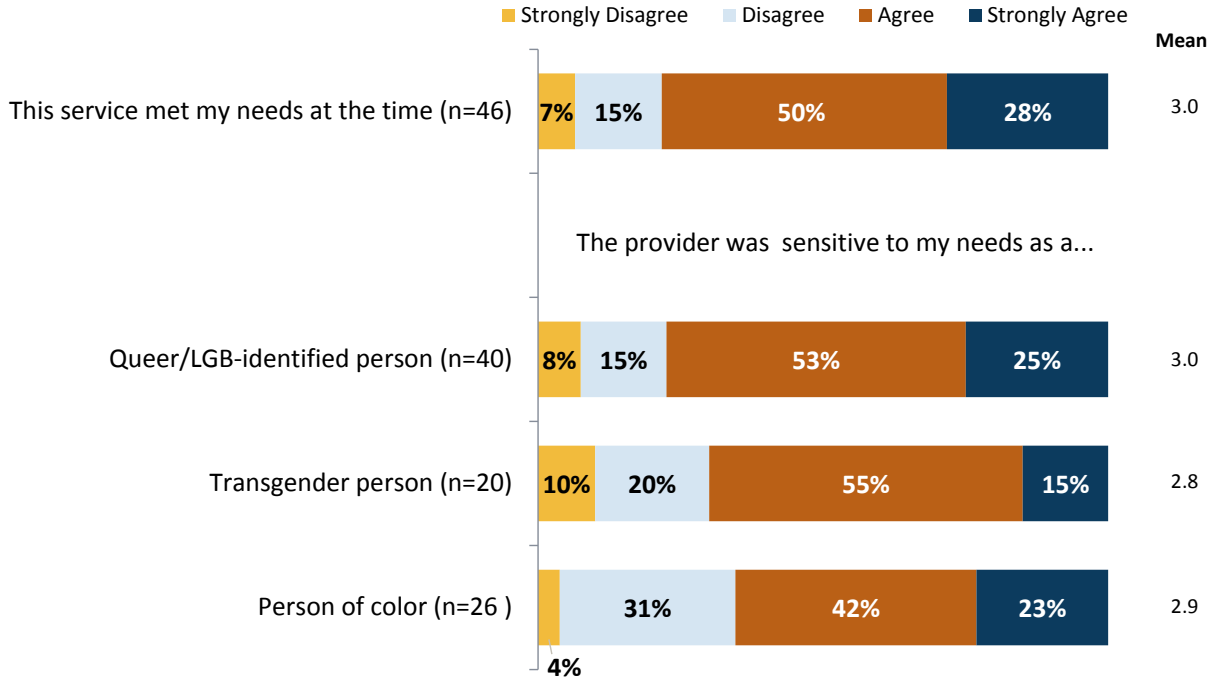
[29] Practice guidelines for the delivery of trauma-informed care can be found here: http://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20and%20GLBTQ%20Culturally%20Competent%20Care.pdf

Chapter IV: Services for LGBTQI Survivors of Violence

Support Group

For the community survey, a support group was defined as a regular group led by peers or a clinician where one meets with others with similar experiences to share coping strategies and build a sense of community. 20% of respondents accessed support groups following experiences of violence. Among these, most felt that the support groups met their needs at the time (78%).

Exhibit 58.
Most respondents felt that support groups met their needs following experiences of violence.



*Note: percentages may add up to slightly more or less than 100 due to rounding.

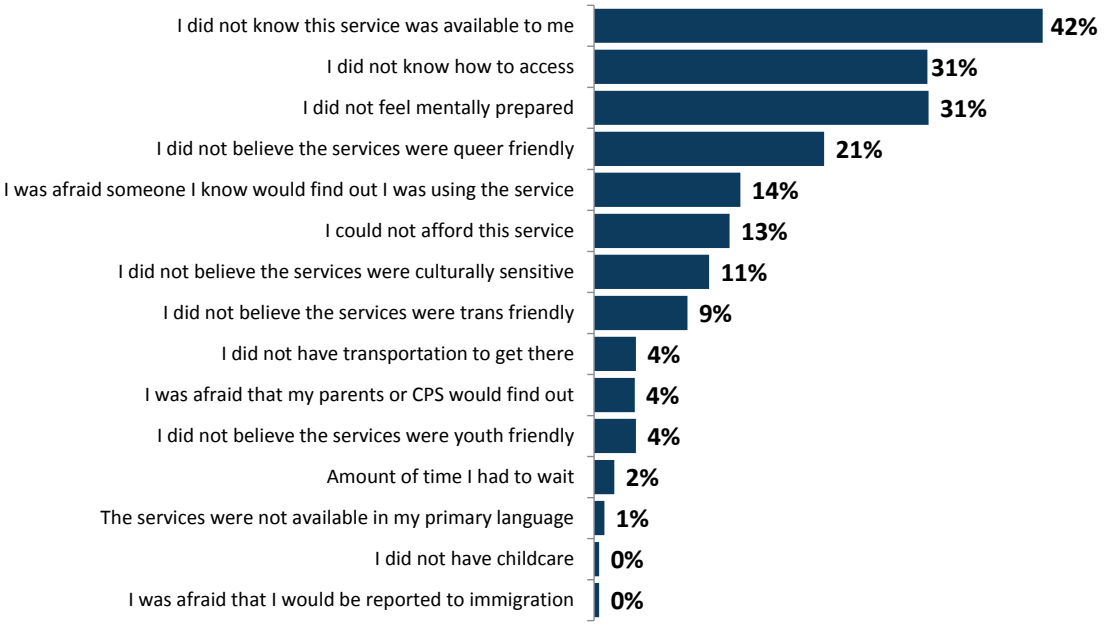
As indicated in the broad definition of support groups, these services can be offered in a variety of settings. Some respondents indicated that 12-step groups such as Alcoholics Anonymous had been helpful, while others referenced therapeutic groups offered by mental health providers as a valuable resource. However, these groups also had limitations. One participant found that groups were often targeted toward mental health and substance use concerns, which made them less valuable to her as someone who wanted to focus on mental health alone. Another participant enjoyed the group she attended at a community clinic, but was frustrated that the clinic would cancel the group when there were too few participants, based on MediCal billing policies. Most respondents found that providers were culturally responsive. Here again, this was true to a greater extent in relation to queer/LGB identity (78%) than for transgender participants (70%) or people of color (65%). Demographically, respondents who attended support groups were diverse; 37% were Latino/a or Chicano/a, 26% were white, and 22% identified as bi-racial or multi-racial. Participants who predominantly speak Spanish made up 18% of those who accessed support groups, even though they account for 7% of survey respondents as a whole.

Chapter IV: Services for LGBTQI Survivors of Violence

Barriers

Most respondents did not access support groups following experiences of violence (80%). Among these, nearly half did not feel that they needed a support group (48%). For respondents who may have needed a support group, barriers were as follows (Exhibit 59).

Exhibit 59.
The most common barriers for utilizing this service are lack of awareness, not knowing how to access, and not feeling mentally prepared to attend support groups



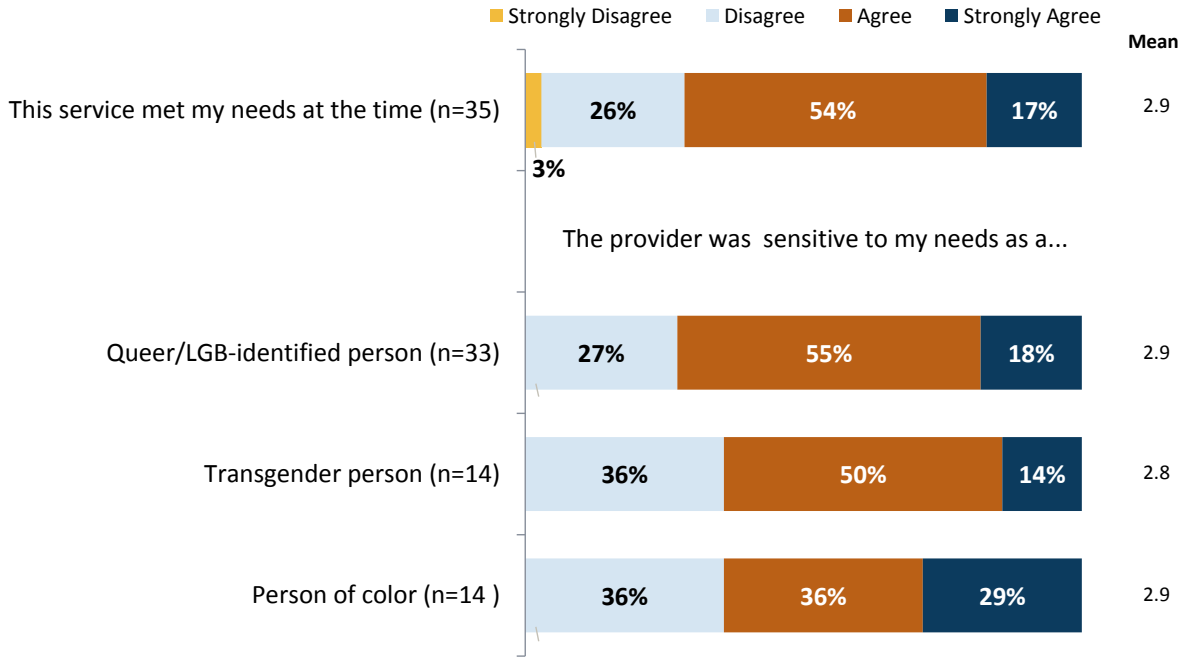
n=103

Similar to long- and short-term counseling, support groups may not be a good fit for participants who feel uncomfortable talking to strangers or do not believe that talking about their experiences with others will help. Respondents noted that some SF support groups are limited to SF residents only, making them inaccessible to LGBTQI folks from neighboring areas. As the housing shortage in San Francisco has required many LGBTQI residents to relocate to neighboring areas, these types of policies may be detrimental to the continuity of care and the ability of support groups to foster ongoing community. One survivor of intimate partner violence was unable to find a support group specific to women in abusive relationships with other women. A service provider noted that she had been unable to find an LGBTQ-specific support group for survivors of violence.

Legal Assistance

For the community survey, legal assistance was defined as "getting information about or assistance with legal issues related in any way to your experience with violence or abuse, including but not limited to, accompaniment, advocacy, restraining orders, family law, employment law, and immigration services." Only16% of respondents accessed legal services following experiences of violence. Of those who did, most felt that the services met their needs following experiences of violence (71%).

Exhibit 60.
Most respondents who accessed legal assistance felt that it met their needs following experiences of violence



*Note: percentages may add up to slightly more or less than 100 due to rounding.

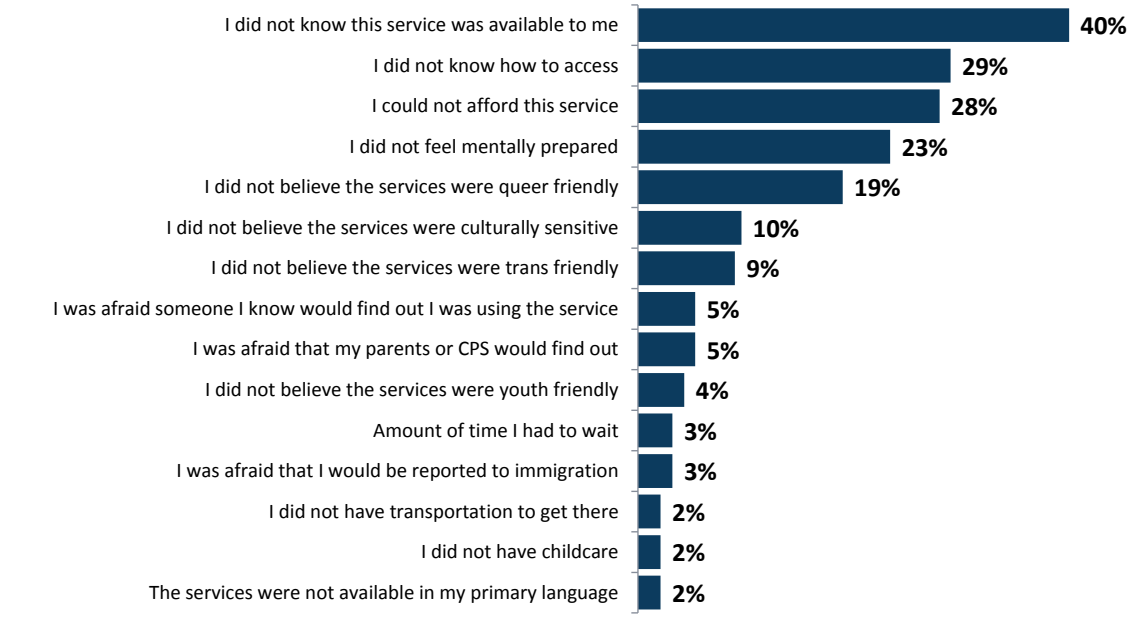
Respondents who received legal assistance found their legal advocates to be dedicated, and appreciated the information that they received. One person noted that it was difficult to pay for legal services up front. Others found that the limited capacity of providers created delays in access to service. Still others found that providers were better able to offer information than practical support in navigating the court system and immigration processes. Ratings of provider cultural responsiveness were similar in terms of sensitivity to respondents' needs as queer/LGBT-identified people and/or people of color. Interestingly, this is the only service type for which no one strongly disagreed that services had been sensitive to their needs.

> What a person who experiences violence really needs is practical help – an advocate when talking to the police, assistance to find an attorney or legal help, support while in court. These "practical" tasks to interact with providers who are often not LGBTQ-sensitive are really critical to healing and not exacerbating the trauma further.
>
> *Community Survey Respondent*

Barriers

The majority of respondents didn't use legal services (84%). Over half of these respondents didn't feel that they needed legal assistance following their experiences of violence (54%) For respondents who may have needed legal assistance, barriers were as follows (Exhibit 61).

Exhibit 61.
The most common barriers to receiving legal assistance are lack of awareness, not knowing how to access, and cost.



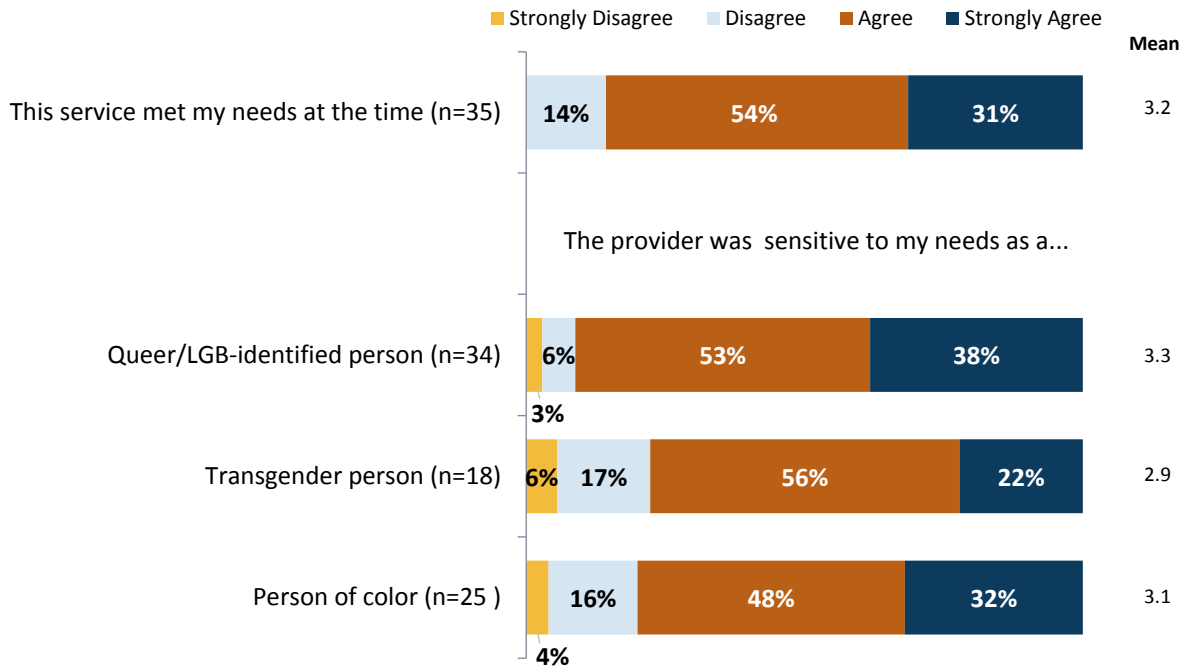
n=94

Some respondents avoided legal services following experiences of violence out of a fear that legal action may exacerbate a situation that already felt unsafe. Other respondents feared that there would not be any legal recourse, particularly when they could not identify their attackers.

Drop-in or "Safe Space" Services

Drop-in services were defined as "a place you can go to meet physical or social needs on a drop-in basis that is safe and welcoming[30]." 15% of respondents used drop-in services following experiences of violence.

Exhibit 62.
The majority of respondents who accessed drop-in services felt their needs were met following experiences of violence.



*Note: percentages may add up to slightly more or less than 100 due to rounding.

Most survey respondents who accessed drop-in spaces agreed or strongly agreed that these services met their needs (85%) and no respondents strongly disagreed. However, several community members shared experiences of violence or harassment that occurred inside drop-in spaces, perpetrated by fellow clients. During and after these incidents, drop-in service staff varied in their ability to ensure a "safe space" for participants. Drop-in spaces were predominantly used by respondents with incomes of $25,000 or less per year (70%). They were also more frequently used by younger respondents – 50% of respondents ages 16-24, compared to 15% of 25-59 year-olds and 2% of those ages 60 or older.

Drop-in spaces received among the highest ratings for sensitivity to queer/LGB needs (91%). To a lesser (but still impressive) degree, participants also found drop-in providers sensitive to their needs as transgender (78%) and as people of color (80%).

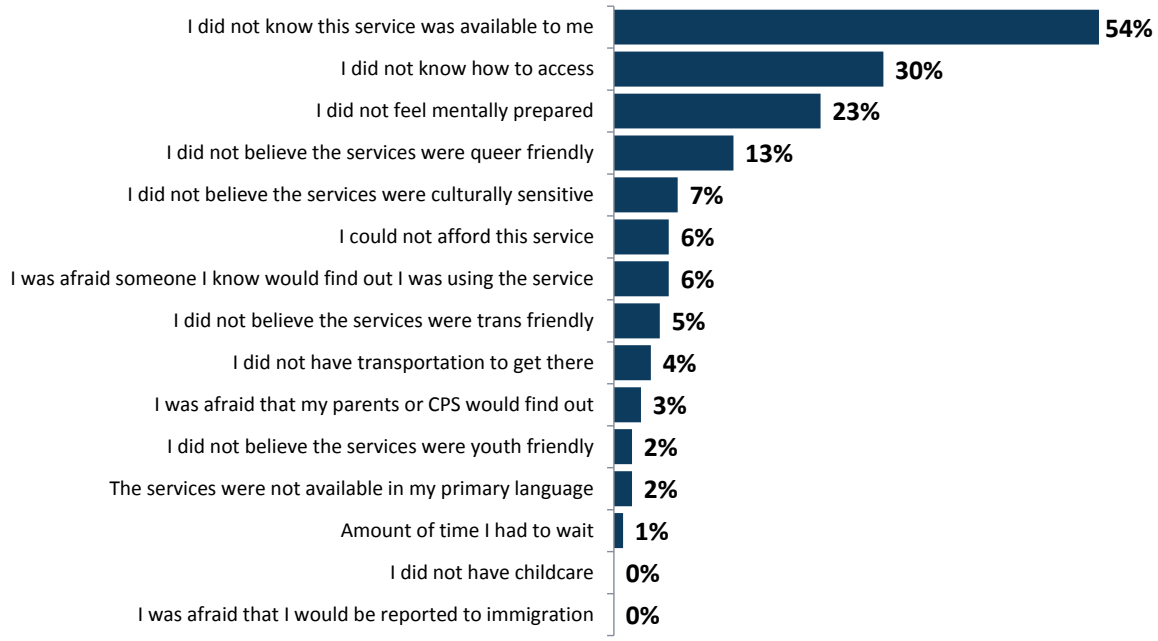
[30] Some (but not all) drop-in spaces have also been designed to serve as "safe spaces" – a term that will be further defined in the following section (Violence Prevention).

Chapter IV: Services for LGBTQI Survivors of Violence

Barriers

The majority of survey respondents did not access drop-in spaces (80%). Of those, 53% did not find these services necessary following experiences of violence. For respondents who may have needed drop-in services, barriers were as follows (Exhibit 63).

Exhibit 63.
The most common barriers to visiting a drop-in/safe space are lack of awareness, not knowing how to access, and not feeling mentally prepared



n=98

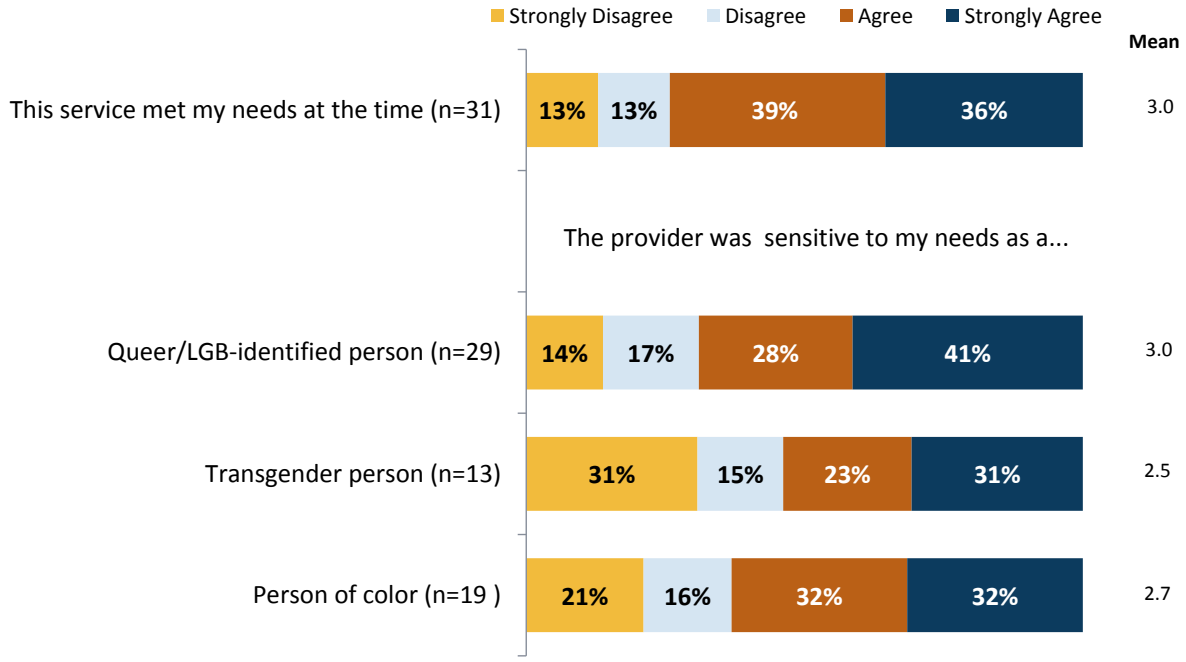
> I don't believe the safe space I needed exists.
>
> *Community Survey Respondent*

Here again, lack of awareness of services was the most frequently cited barrier. Besides the barriers listed above, some respondents shared that they felt too much shame about their experiences to want to talk about them with others in a drop-in environment. Other respondents were unsure of whether or not they would have enough in common with other participants.

Crisis Help Line

Only 12% of respondents accessed crisis help lines, defined as emergency telephone counseling available 24-hours a day.

Exhibit 64.
Most respondents who accessed crisis help lines felt that their needs were met



*Note: percentages may add up to slightly more or less than 100 due to rounding.

Three quarters of respondents who accessed crisis lines felt that these services met their needs following experiences of violence (75%). More than half of respondents felt that crisis line providers were sensitive to their needs as queer-LGB-identified, transgender and/or people of color. Some respondents shared information about the ways in which crisis lines had helped them. For one transgender participant, suicide hotlines in particular have been a vital resource for coping with gender-related harassment. This respondent had utilized many crisis help lines in San Francisco and found all of them beneficial with the exception of one that provided unsolicited religious guidance.

> It wasn't my identity, but the respect for my needs as a partner of a transgender person made those counseling services actually accessible to me.
>
> *Community Survey Respondent*

In general, respondent comments indicated that perceptions of crisis line workers' sensitivity was fundamental to whether or not they had found crisis line services to be beneficial. Some named Communities United Against Violence (CUAV)'s hotline specifically as particularly sensitive and effective. This included one respondent who was in a relationship with a transgender partner and had found that other providers' transphobic responses had kept services from being useful. CUAV's sensitivity was a key component of the support this respondent needed.

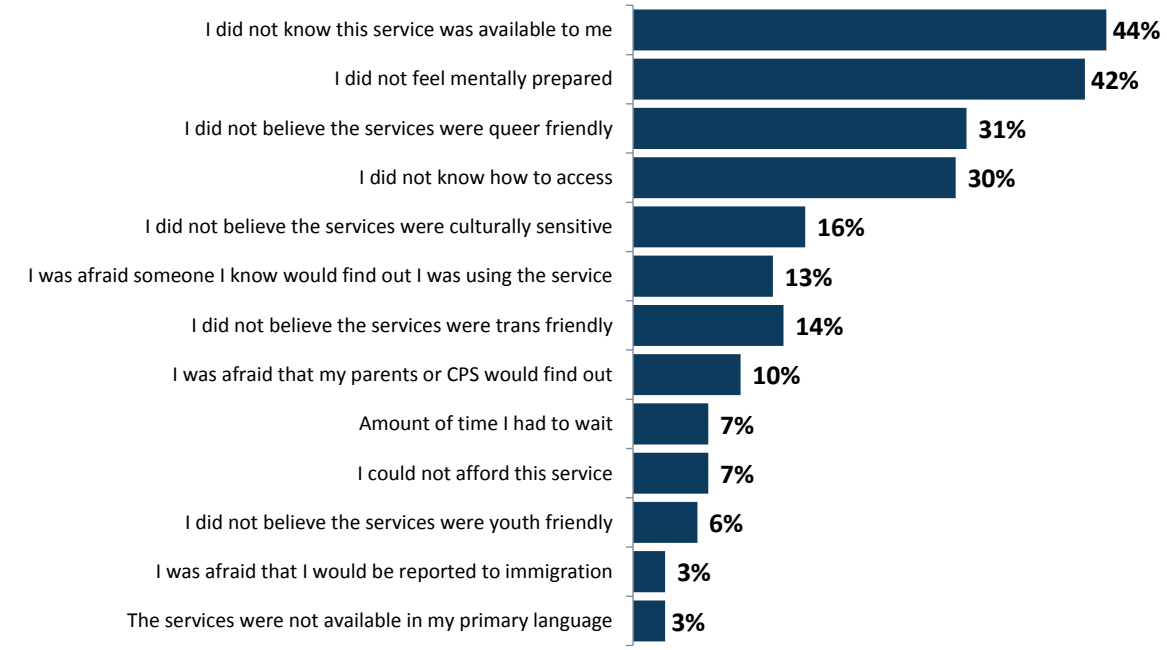
Not all respondents found their crisis line experiences helpful, or sensitive to their needs. Nearly half of transgender respondents who accessed a crisis line felt that providers had not been sensitive. Other respondents found that crisis lines were simply not equipped to provide the ongoing care and support that they needed following experiences of violence.

> While it was helpful to talk in the aftermath of the incident, I really needed in-person ongoing follow-up support to address feelings of violation, vulnerability, anger, fear, etc.
>
> *Community Survey Respondent*

Barriers

The majority of respondents did not access crisis help lines following experiences of violence (88%). One third of these felt that they did not need crisis line services. Exhibit 65 below illustrates the barriers that kept other respondents from calling crisis lines.

Exhibit 65.
The greatest barriers to accessing crisis help lines were lack of awareness and not feeling mentally prepared



n=148

> I didn't necessarily realize that the violence I was experiencing was unacceptable or that I could find support in dealing with it.
>
> *Community Survey Respondent*

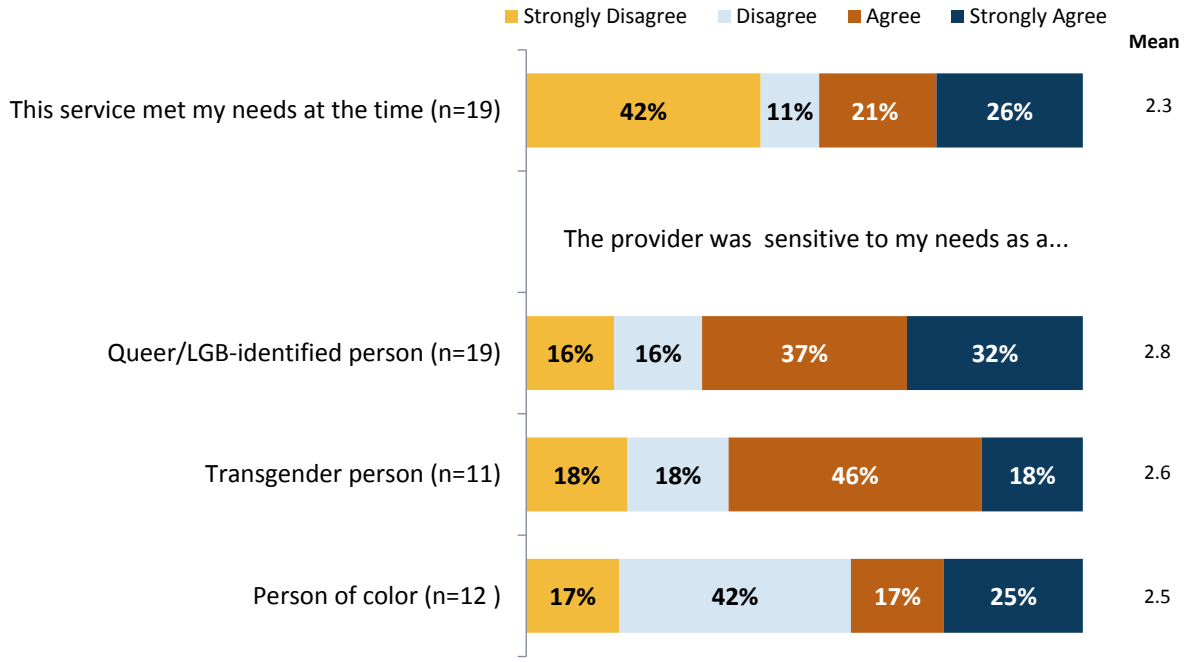
Many participants indicated that at the time when they experienced violence, they were unaware that crisis line support was available to them. Participants also shared other reasons for not accessing crisis lines. Some did not believe that it would be helpful to talk to a stranger, or preferred to rely on friends and family. Others believed that crisis lines would not support them as older adults, persons living with disabilities, or as survivors of state violence. In addition to the 42% of respondents who did not feel mentally prepared, some felt shame or did not realize that their circumstances warranted support. Still others were too afraid of their perpetrator, or did not want to get them in trouble.

Chapter IV: Services for LGBTQI Survivors of Violence

Housing Support Services

Housing support services were defined broadly as follows for purposes of the survey: "assistance with securing a place to stay or live or keeping your current housing. Includes but is not limited to getting tenant counseling and using emergency or domestic violence shelters." Only 10% of survey respondents accessed housing support services following experiences of violence.

Exhibit 66.
Less than half of respondents felt that housing support services met their needs



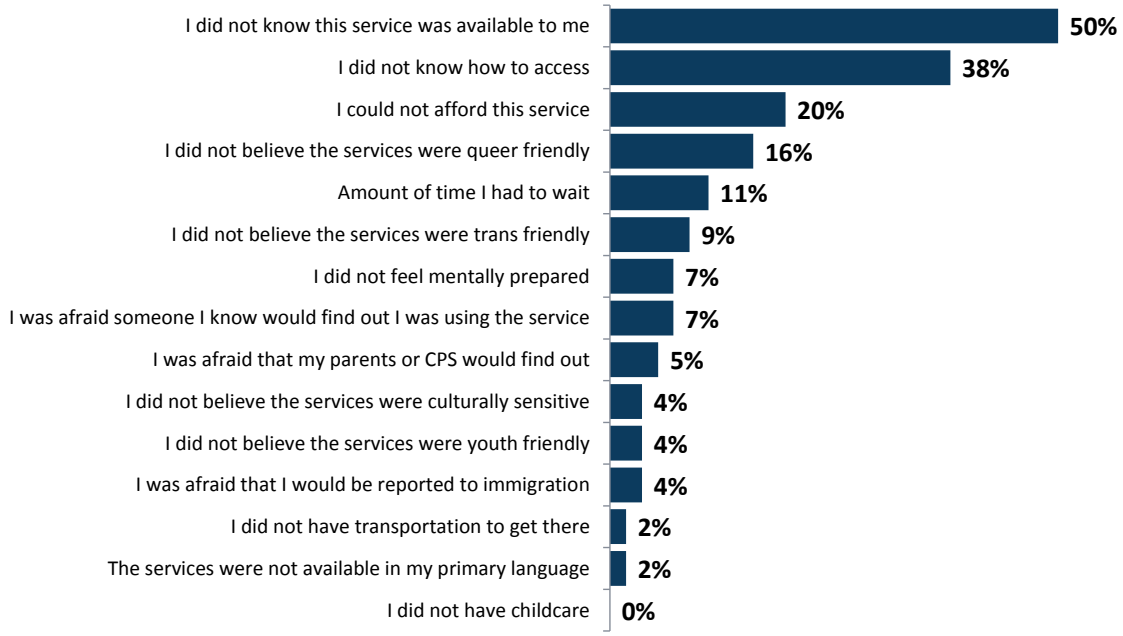
**Note: percentages may add up to slightly more or less than 100 due to rounding.*

Respondents were least satisfied with housing support – 42% of participants strongly disagreed that the services met their needs following experiences of violence. Most participants felt that services met their needs as LGBQ (69%) or transgender (64%) individuals, while less than half of respondents felt that providers were sensitive to their needs as people of color (42%). Respondents who identify as people living with disabilities and transgender respondents make up substantial portions of those accessing housing services: 58% and 48% respectively.

Barriers

The majority of survey respondents did not access housing support following experiences of violence (90%). For most respondents, this was because they did not feel that housing support was necessary (75%). Among those who may have needed housing support, barriers to accessing these services are illustrated below (Exhibit 67).

Exhibit 67.
The greatest barriers to accessing housing support were lack of awareness of services and not knowing how to access services



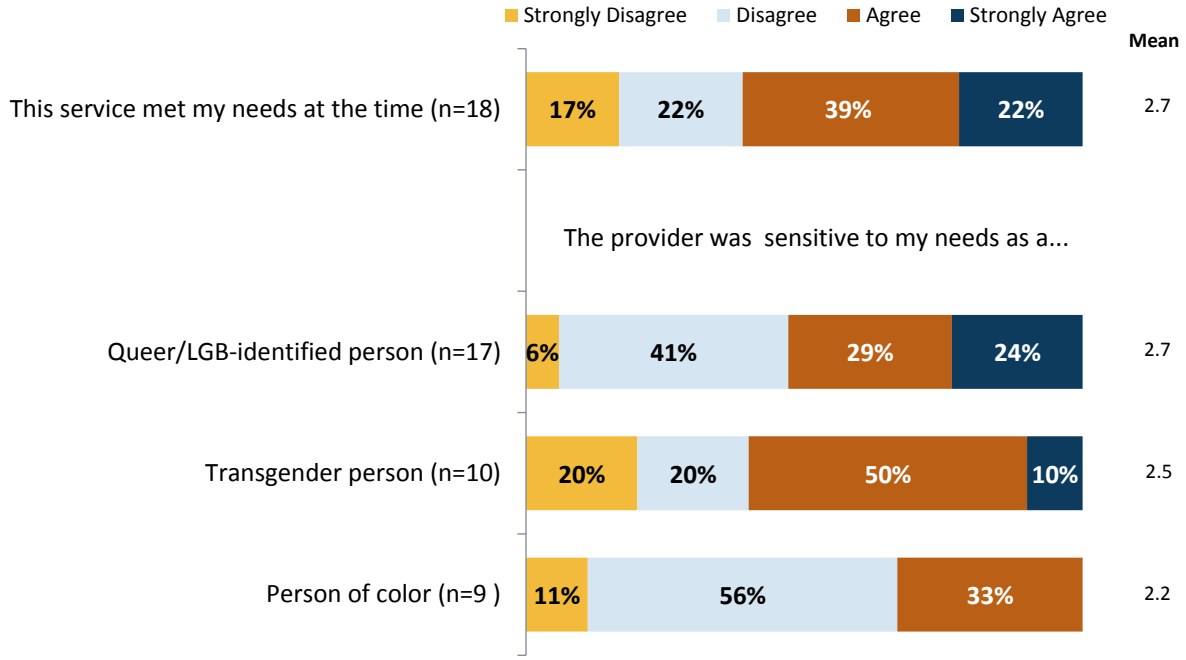
n=56

Respondents report that housing services in San Francisco are limited and require a long wait. One respondent found that providers were "culturally sensitive, but not proficient" noting that all providers were white and only spoke English.

Faith-based Counseling

Faith-based or spiritual counseling—emotional support or guidance from a faith or spiritual leader—was the least frequently used support among survey respondents, accessed by only 8%.

Exhibit 68.
Only one third of respondents felt that faith-based counseling was sensitive to their needs as people of color.



*Note: percentages may add up to slightly more or less than 100 due to rounding.

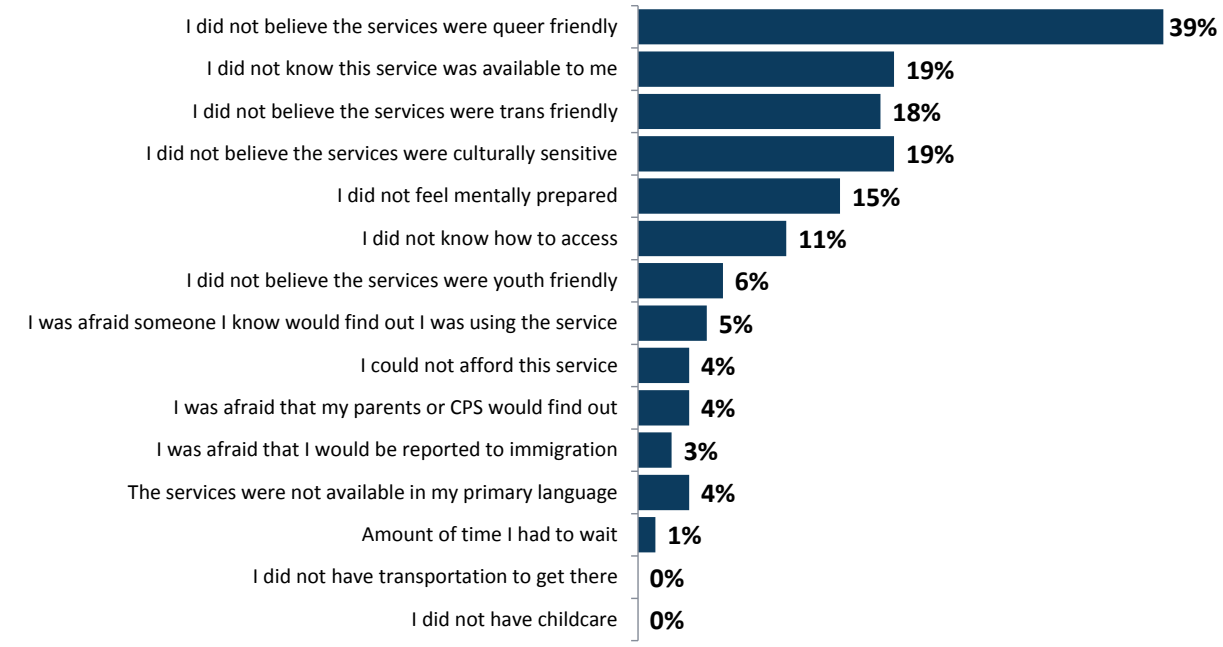
> MCC San Francisco has provided the safe space, an inclusive community, and a wide spectrum of individual and community social justice, crisis intervention and emotional support for 44 out of my 47 years in the city. I became empowered to "be the change" to the harassment, intolerance and bigotry I experienced over the past five decades.
>
> *Community Survey Respondent*

More than half of respondents who accessed faith-based counseling found that it met their needs following experiences of violence. Respondents living with disabilities accessed faith-based counseling nearly three times as frequently as their non-disabled counterparts (14% vs. 5%) and accounted for 60% of the respondents who used these services. Participants who used faith-based counseling were also racially diverse, identifying as Latino/a or Chicano/a (40%), white (25%), Asian (15%), multi-racial (10%), Middle Eastern (5%), and Pacific Islander (5%). One quarter of respondents who accessed these services was predominantly Spanish-speaking. This accounts for 37% of respondents who completed the survey in Spanish, compared to 5% of those who completed it in English. Only one third of respondents who used faith-based counseling felt that providers were sensitive to their needs as people of color (33%). Perhaps surprisingly, a greater proportion of respondents felt that providers were sensitive to their needs as queer/LGB-identified (53%) or as transgender (60%).

Barriers

The majority of survey respondents did not access faith-based counseling (92%). Of these, 65% felt that they did not need these services following experiences of violence. Many indicated that they were not religious, and thus did not feel that faith-based services would meet their needs. Other barriers illustrated below (Exhibit 69).

Exhibit 69.
The most common barrier to accessing faith-based counseling was the belief that it would not be queer/LGB-friendly



n=79

Many respondents explained that they did not access faith-based services because they identified as atheist or agnostic, and thus did not believe that these services would meet their needs. For some, the decision to not access faith-based services related to a perception that religious providers would be inherently unwelcoming to LGBTQI individuals. This was the only service type for which the most frequently cited barrier was the belief that services would not be queer friendly.

Chapter V: Violence Prevention for San Francisco's LGBTQI Communities

IN THIS CHAPTER:

- Discussion of violence prevention strategies within a spectrum from individual knowledge to policy change
- Review of strategies that have been implemented in San Francisco, including factors that facilitate success and barriers
- Exploration of strategies for responding to violence in ways that support prevention of future

Chapter V: Violence Prevention

Key Findings: Violence Prevention for San Francisco's LGBTQI Communities

- The landscape of violence prevention services available LGBTQI community members is difficult to define for several reasons:
  - There is no consistent definition of what constitutes "violence prevention services" among stakeholders;
  - Community organizations serving LGBTQI communities may be addressing issues of violence, but often do not receive funding for violence prevention work; and
  - There is currently no task force or coordinated effort to support collaboration between agencies (public and community based) providing violence prevention services to the LGBTQI community. Without this collaboration, the bigger picture of violence prevention is unclear, making it difficult for any single provider or agency to know how LGBTQI violence prevention is being addressed, and by whom.
- Violence prevention strategies are most effective when they involve the direct participation of members of the communities they aim to serve.
- Because so many members of the LGBTQI community have experienced violence, it is important that violence prevention strategies be implemented in a way that is trauma-informed, recognizing the impact of violence and trauma on survivors.

It is clear that there are many approaches to meeting the needs of LGBTQI community members who have experienced violence. But how do individuals and organizations prevent violence? The following pages explore strategies for the prevention of violence in San Francisco LGBTQI communities, in response to the following research questions:

- What are existing violence prevention services for LGBT people in San Francisco?
  - To what degree are these services able to meet the needs of LGBT people experiencing violence?
- What are examples of effective violence prevention models that address service gaps at the local level? What are best practices from around the country?[31]
- To what degree are "safe spaces" effective as a violence prevention model? Where have they been employed and with what level of success?

The first section provides a framework of violence prevention strategies, supported by community stakeholder perspectives as well as research literature. The next section uses this framework to review strategies that have been implemented in San Francisco, including factors that facilitate success, barriers or gaps in services, and related recommendations from local service providers and community members. Next, the concept of "safe spaces" as a violence prevention model will be explored, as prompted by SF HRC's research questions.

[31] Providers had few specific models to share from outside of San Francisco in response to this research question. The scope of this project did not allow for a comprehensive assessment of existing models, and the three models included in this chapter should not be interpreted as definitive recommendations for San Francisco.

Chapter V: Violence Prevention

What is Violence Prevention?

> The dream would be that we could raise a generation of people who truly believe and understand that they will not have violence in their lives, either directed at them or directed at people close to them. In the absence of that … it's about [building] some kind of sense of safety, and a sense of security.
>
> *LGBTQI Service Provider*

Service providers working with LGBTQI communities in San Francisco discussed violence prevention both in terms of immediate strategies and in terms of a long-term, overarching goal of culture change, moving away from a "culture of violence" in which violence is understood as an expected part of everyday life. Given that this needs assessment demonstrates that the vast majority of LGBTQI community members in San Francisco have experienced one or more types of violence, this culture shift is much needed. However, the culture of violence is self-perpetuating: the more violence is normalized, the harder it is for individuals and communities to recognize and respond to it as a problem. In working to end the culture of violence, providers seek to create conditions in which those who have frequently witnessed and/or experienced violence can envision and eventually experience a violence-free society.

How do we reach the end goal of a violence-free community? Service providers, community members and research literature offer many strategies. Literature suggests that effective violence prevention happens not through any single strategy, but through the coordinated implementation of numerous strategies that work together[32]. The National Sexual Violence Resource Center offers the "Spectrum of Prevention" as a tool to guide the systematic development of a comprehensive and community-based approach to violence prevention. The framework includes the following six levels of violence prevention[33]:

Spectrum of Prevention level	Definition
1 – Strengthening individual knowledge and skills	Enhancing an individual's capability of preventing violence and promoting safety
2 – Promoting community education	Reaching groups of people with information and resources to prevent violence and promote safety
3 – Educating providers	Informing providers who will transmit skills and knowledge to others and model positive norms
4 – Fostering coalitions and networks	Bringing together groups and individuals for broader goals and greater impact
5 – Changing organizational practices	Adopting regulations and shaping norms to prevent violence and improve safety
6 – Influencing policies and legislation	Enacting laws and policies that support healthy community norms and a violence-free society

[32] NSVRC, Sexual Violence and the Spectrum of Prevention; Whitlock, K. (2012). Reconsidering Hate: Policy and politics at the intersection, a Political Research Associates Discussion Paper. Political Research Associates: Somerville, MA

[33] Adapted from NSVRC, Sexual Violence and the Spectrum of Prevention

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Service providers in San Francisco discussed violence prevention strategies at each of these levels, as well as strategies supporting three additional violence prevention factors:

- Facilitating access to resources – for the most vulnerable community members, providing immediate access to resources such as housing, medical care, and legal support can be an important aspect of reducing their risk of exposure to further violence. While these resources were discussed in the previous chapter on supportive services, it is important to recognize that they also constitute an important violence prevention strategy at the individual level in addition to knowledge and skill-building. This strategy also relies on the availability of resources such as housing, medical care, and legal assistance, which means that this strategy spans levels one, five, and six of the Spectrum of Prevention Framework, and will be further discussed as part of level one.

> [Violence prevention] means helping **reduce the barriers** that folks experience in order to access wellness and safety in their lives. That can mean **accessing resources**, it can mean accessing education and employment, accessing better income, accessing housing. But also for me, violence prevention has a piece of brainstorming with folks how to set boundaries, how to **reduce the interpersonal and emotional violence** that happens in their lives, how to work through internalized oppression…and through that, really **empowering people to believe that they deserve to have a life that's safe** and free and stable and healthy in all the ways that are meaningful to them.
>
> *LGBTQI Service Provider*

- Promoting community dialogue and peer support – Creating "safe spaces" where community members, including those who have experienced violence, can share their experiences, learning from and supporting each other. These spaces span levels one and two of the above framework, providing opportunity for individual healing and skill-building as well as collective education. Recommendations related to promoting community dialogue and peer support will be included in the discussion of level two strategies.
- Responding to Violence – Many providers acknowledged that responding to violence that occurs plays a role in preventing future violence by minimizing the traumatic impact on survivors. While part of this response can take the form of services to increase individual knowledge and skills, providers also discussed more immediate strategies including police reports, legal action, and community-based alternatives to holding perpetrators accountable. Considerations for responding to violence will be further explored following the strategies included in the Spectrum of Prevention framework.

Violence, as experienced by LGBTQI communities is not a monolithic concept – as previously discussed, violence can take many forms and different strategies may be needed to prevent violence perpetrated by strangers, peers, intimate partners, or authority figures and institutions. However, these types of violence can also be understood as co-occurring, and may reinforce each other. As such, the strategies to prevent all forms of violence against LGBTQI communities are interrelated. Collectively, these strategies aim to promote healing among survivors of violence, increase individual knowledge and skills to reduce risk of future violence, build community awareness and support, and eliminate systemic inequities that place certain groups at higher risk of violence. The following section will use the Spectrum of Prevention framework to discuss violence prevention services and strategies in San Francisco, including strengths, barriers, and gaps in meeting community needs, as well as models that have been effective in other parts of country.

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A Spectrum of Violence Prevention Strategies for the San Francisco LGBTQI Communities

Providers serving the LGBTQI communities in San Francisco have a comprehensive sense of the services available to support survivors of violence. In contrast, many providers are unsure of the services available that aim to prevent violence against the LGBTQI population. Further, they are unsure how other organizations might define violence prevention. That said, providers named several approaches to violence prevention in San Francisco and discussed the degree to which these strategies and services meet the needs of community members[34].

Level One: Strengthening Individual Knowledge and Skills

Enhancing an individual's capability of preventing violence and promoting safety

> What we find often [in our work with LGBTQI youth] is that there already is a beginning of internalizing, normalizing violence. So … violence prevention is beginning to shape ones awareness of **what is violence**, and undoing normalizing violence as a part of their lives
>
> *LGBTQI Service Provider*

Within the context of the previously discussed culture of violence, service providers find that one of the most important aspects of violence prevention is to help community members recognize violence and its impact, both on them as individuals and on their communities as a whole. In several organizations, a key part of this work is political education – supporting survivors in understanding and thinking critically about the systemic and root causes of violence and ensuring that they have accurate information about their rights. Programs also focus on psycho-education – helping survivors and other community members to develop the skills to interact and resolve conflicts in non-violent ways. Again, while education can be understood as individual knowledge and skill-building, it often occurs in the context of a community space where participants can learn and practice new ways of engaging collectively. These spaces are sometimes designated as "safe spaces," a concept which will be discussed further later in this chapter. Providers also note that communication and anger management skills can be built in the context of individual, couples' and group therapy. Another provider shared that within the prison system, psycho-education is increasingly being offered through intensive group and individual work to help prevent violent behavior in the future. Providers and community members also mentioned self-defense workshops and trainings. Self-defense training teaches participants strategies to defend themselves physically against attacks, and can also increase participants' confidence, which may be their greatest strength in terms of violence prevention. One community member named Model Mugging as an organization that provides particularly effective self-defense training. Finally, providers recognized job training as a form of violence prevention, reducing participants' vulnerability to violence. The Transgender Economic Empowerment Initiative – a program of the San Francisco LGBT Community Center – was called out as particularly effective.

[34] A thorough inventory of violence prevention strategies and initiatives in San Francisco was beyond the scope of the current needs assessment. As such, this discussion reflects strategies named by LGBTQI providers and community members in interviews, rather than an exhaustive review of violence prevention strategies that serve the San Francisco LGBTQI community.

Factors Facilitating Success in Strengthening Individual Knowledge and Skills

- Knowledge and skill development programs that explicitly design their services to meet the needs of marginalized community members, such as queer women of color, or youth are frequently called out as successful by providers.
- Programs that offer political education and psycho-education help participants understand when they are replicating internalized violence, which plays an important role in reducing the risk of intercommunity violence. One provider notes that to the extent this knowledge and skill-building is provided in community-based settings, it can help strengthen the informal support networks that so many LGBTQI survivors rely on.

> We're looking at a section of the queer community that is particularly underserved, and **particularly vulnerable to violence**, and thinking about how we can support their mobilization, their education.
>
> *LGBTQI Service Provider*

Barriers or Gaps in Strengthening Individual Knowledge and Skills

- As discussed in the previous chapter, free or low-cost therapeutic services are scarce, and cost remains a barrier for many community members.
- Self-defense training is resource intensive. Some organizations have limited capacity to offer thorough and effective training at low or no cost.
- Community-based organizations that have offered free self-defense workshops have found that these events are not always well attended,
- Male-identified members of the LGBTQI community may not always feel welcome in traditional self-defense training settings.

Community Recommendations related to Strengthening Individual Knowledge and Skills[35]

- Increase funding for social services providing knowledge and skill-building to allow for:
  - Increased outreach to raise awareness of services, and
  - Increased ability to provide low or no cost services.
- Increase availability of free and low-cost individual and relationship therapy.
- Increase availability of free and low-cost self-defense training, particularly where community members find this to be an unmet need.
- Offer self-defense workshops that are explicitly welcoming to all members of LGBTQI communities.
- Increase access to services that help people de-escalate conflict, recognize triggers from traumatic events, and work through feeling triggered.

In addition to knowledge and skill-building, violence prevention at the individual level also includes facilitating access to resources. For the most vulnerable LGBTQI community members, lack of access to basic resources such as housing, employment, and healthcare can increase risk of exposure to violence. As such, facilitating access to these resources was a frequent theme among LGBTQI service providers. Community members agreed, overwhelmingly referring to the need for increased services to support community safety in San Francisco.

[35] These include recommendations shared in interviews with service providers and LGBTQI community members.

Community Recommendations related to Facilitating Access to Resources

- Increase publicity and outreach to promote greater awareness of existing services among community members.
- Increase funding to existing social services to allow programs to better meet community needs.
- Increase shelters and housing support services, including LGBTQI-specific homeless and domestic violence shelters.
- Ensure that shelters are prepared to serve all community members, including transgender community members and people with behavioral health needs.
- Expand services to better meet the needs of homeless, substance users and individuals with chronic/severe mental illness, including evidence-based, harm-reduction approaches.
- Increase the language accessibility of services, particularly for Spanish-speakers.
- Increase economic opportunities, housing security, and scholarship support for trans/queer community members.
- Provide trained escorts to assist those with mobility challenges in getting around the city.

Effective Models from Outside San Francisco: Wet Housing and Safe Injection Sites[36]

Stakeholders named wet housing and safe injection sites as two specific harm reduction approaches to address the chronic homelessness and substance use that contribute to community members' experiences of violence and detract from perceptions of community safety.

Wet Housing refers to residential facilities for homeless adults suffering from chronic alcoholism. These programs provide housing and access to on-site services without a requirement of abstinence from alcohol consumption. Seattle's 1811 Eastlake Housing First Program ("1811 Eastlake") is one example that has gained national attention for its effectiveness. In the first year of the program, participants reduced alcohol consumption by one third, and drastically reduced reliance on emergency services, saving the City of Seattle over $4 million.

Safe Injection Sites provide a designated space for injection drug users to inject drugs under the supervision of healthcare providers. Numerous studies of Insite, a safe injection site in Vancouver, B.C., have found that the site prevented deaths from overdose, connected drug users with detox and other healthcare services, and reduced public drug use in the surrounding area.

Level Two: Promoting Community Education

Reaching groups of people with information and resources to prevent violence and promote safety

In addition to the education discussed above, service providers in San Francisco also shared other forms of community education in the form of public education campaigns. These campaigns can be targeted to raise awareness about violence in several different ways. One provider shared an example of a public education campaign that raised awareness about series of attacks appearing to intentionally target LGBTQI community members that were occurring in the Castro neighborhood. The District Attorney's Office launched a campaign to raise residents' awareness of these activities, which they believe was integral in bringing an end to this series of attacks. Other providers recalled public campaigns to raise awareness about IPV through ads posted on buses and in other public areas. Youth participants

[36] More information about the 1811 Eastlake Project can be found here: http://www.seattle.gov/housing/homeless/1811.htm. More information about Insite can be found here: http://supervisedinjection.vch.ca/research/research; http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf

at LYRIC created a series of posters designed to prevent violence against the transgender community. These posters were displayed outside of the 16th and Mission St. BART station, a location that one provider described as "ground zero" for violent attacks against transgender community members[37].

> A lot of our community members can't go to the police because they've had bad experiences with police officers…so really listening to our participants and our members, their wisdom, because **they're surviving, they're living this**. So we take the time to provide a space where they're included.
>
> *LGBTQI Service Provider*

Community education can also be interactive, promoting community dialogue and building peer support. One provider discussed "Safety Labs," a two-day festival organized by CUAV including art, music, and theater, as well as opportunities for participants to learn from each other about strategies that they had been using to keep themselves safe. San Francisco Women Against Rape (SF WAR) partners with Mission Neighborhood Resource Center to provide prevention education through community outreach and organizing in Mission-district SROs. LYRIC's school-based initiative works to foster dialogue among students during the school day to create a safer and more inclusive school environment for LGBTQI youth. The initiative has many components, including a school-day course for students, professional development for teachers, parent and family educational activities, and student organized activities that integrate LGBTQI awareness into existing school events such as African American History and Women's History months.

> [Violence prevention] really comes around building network, building community, having **a sense of shared experience**, or coming together, where folks otherwise feel isolated and not connected to each other. And then through that process, helping to create some kind of voice or opportunity for people to **share what they've gone through and feel heard**, and have someone mirroring back that experience.
>
> *LGBTQI Service Provider*

[37] The Transgender and Gender Identity Respect Campaign conducted by the Washington DC Office of Human Rights is another strong example of a public education campaign. More information about this campaign can be found at: http://ohr.dc.gov/transrespect

Factors Facilitating Success in Promoting Community Education

- As with other forms of violence prevention services, it is important for community education to have a trauma-informed lens. This means that education is framed in a way that helps community members understand violence and trauma without re-traumatizing participants.
- Many organizations have found peer-based approaches effective in promoting community education. For example, SF WAR attributed the success of their community outreach work in large part to the fact that they explicitly include members of the communities they serve in leadership roles and in program design, particularly those who are traditionally underrepresented among service providers. In providing community education to LGBTQI youth, LYRIC engaged peers in multiple ways: through a co-facilitation model in which staff and program alumni partnered to provide workshops; and through the direct involvement of LGBTQI youth in developing content and design for public education campaigns.

Trauma-Informed Approach

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "a program, organization or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, and staff, and others involved in the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures and practices; and
- *Seeks* to actively resist *re-traumatization*[38]."

Barriers or Gaps in Promoting Community Education

- While one provider discussed a recent anti-violence public education campaign, others noted that they had not seen this strategy used recently or consistently in San Francisco, suggesting that the campaign had limited reach.
- Public education campaigns can be resource intensive, and many organizations lack the funding to launch these campaigns.
- Because San Francisco in general, and the LGBTQI community in particular, is so diverse, general public education campaigns can have limited impact.
- Survey data revealed great diversity in experience with violence across different segments of the LGBTQI population. One product of this

Effective Models from Outside San Francisco: Green Dot[39]

One service provider named **Green Dot** as an effective approach to violence prevention through community education. Green Dot defines their work as:

"…a comprehensive approach to violence prevention that capitalizes on the power of peer and cultural influence across all levels of the socio-ecological model. Informed by social change theory, the model targets all community members as potential bystanders, and seeks to engage them through awareness, education and skills-practice, in proactive behaviors that establish intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in the ultimate reduction of violence."

A recent CDC-funded study found a 50% reduction in sexual violence in high schools implementing Green Dot.

[38] Definition retrieved from http://www.samhsa.gov/nctic/trauma-interventions
[39] More information about this model can be found at: https://www.livethegreendot.com/.

diversity is that those who experience relatively lower levels of violence within the LGBTQI community may not have an awareness of the intensity and prevalence of violence affecting more marginalized LGBTQI community members.
- IPV-awareness campaigns to date typically include female survivors only, and rarely include older adults, which may contribute to the invisibility of IPV in certain parts of the LGBTQ community.
- With increasing requirements from funders for high-dosage, outcome-driven programming, organizations find it challenging to get support for more informal community spaces to create safety, community, and connection.

Community Recommendations related to Promoting Community Education

- Increase (and make more consistent) use of public education campaigns focused on safety and violence prevention, and designed to:
  - Reduce hatred, discrimination and violence toward LGBTQI communities;
  - Increase compassion, sensitivity, and understanding of differences;
  - Raise awareness of and promote strategies to respond to street harassment, IPV/dating violence, and bullying; and
  - Change broader attitudes and norms about the culture of violence.
- Include information about where community members can access resources in public education campaign messaging.
- While some messages may translate across communities, it is also important to develop campaigns that are targeted to address specific issues, subgroups, and potentially even neighborhoods.
  - Consider working with SF MTA to coordinate a campaign that includes broad messaging about the culture of violence as well as more targeted messages to specific geographic areas and communities.
  - When developing campaigns and messaging targeted toward specific communities, include members of those communities in the development of content and design.
- Identify ways to effectively educate more privileged LGBTQI community members about the severity and prevalence of violence against more vulnerable populations within the community.

Community Recommendations related to Promoting Community Dialogue and Peer Support

- Increase community meetings and other opportunities for: fostering community dialogue; building community empowerment; and helping people feel more connected to their neighbors and more comfortable relying on their neighbors.
- Increase intergenerational programming.
- Build opportunities for allyship through LGBTQI awareness and celebration, including community-based activities as well as school-based supports for LGBTQI students.
- Increase opportunities to build shared understanding of violence and trauma among community members to strengthen the effectiveness of peer support networks in responding to and preventing further violence.

Level Three: Educating Providers

Informing providers who will transmit skills and knowledge to others and model positive norms

For the purposes of this section, the term "provider" is used to include staff and volunteers who provide services through community-based and public agencies, including [but not limited to] social workers, counselors, medical professionals, educators, police officers, and other emergency responders. There is a great deal of training that is relevant to preventing violence against the LGBTQI population. Providers discussed **cultural sensitivity and competence**[40] **training** as well as training in **how to provide trauma-informed care** that reduces the re-traumatization of survivors of violence. Multiple service providers shared that through partnerships with other community-based organizations, they had received and provided trainings that improved responsiveness to the needs of survivors of violence in their own organizations as well as in other CBOs and public sector institutions. These include organizations such as CUAV, the San Francisco LGBT Community Center, LYRIC, El/La Para TransLatinas (El/La) and the Asian and Pacific Islander (API) Wellness Center. For example, LYRIC and El/La partnered to provide training for all staff and grantees of the Department on the Status of Women on providing culturally competent services for the LGBTQI community. Providers also noted that police officers and staff of the City's Victims' Services Department received training in LGBTQI sensitivity. Project HEALTH, a partnership between the Transgender Law Center (TLC) and Lyon-Martin Health Services (LMHS) increased medical providers' awareness of and competency in addressing the needs of transgender clients through workshops and lectures for medical providers, a clinical rotation for medical students, and the operation of Transline, a warmline that makes transgender healthcare information accessible to providers locally and nationally.

Factors Facilitating Success in Provider Education

- Service providers offering training to other organizations are well positioned to understand both the needs of program participants and the perspectives of other service providers.
- Project HEALTH staff found that building training into providers' education made it possible to reach providers at a time when they were particularly receptive to new information.

Barriers or Gaps in Provider Education

- Organizations with the expertise to provide training have little capacity to make these trainings available on top of the direct services they provide. This is particularly true for organizations that lack adequate resources that are specifically allocated for training.
- While the San Francisco police officers have received some LGBTQ[41] sensitivity training over the years, it is unclear how consistent or effective this training has been. LGBTQI community members continue to report frequent occurrences of harassment and/or violence from police[42]. Providers have had mixed experiences of police involvement with their clients; some officers are respectful and supportive, while others engage in ways that escalate conflict.

> How do you get the police to **own the change** that they need to make and the role they have in intervening in a situation of violence?
>
> *LGBTQI Service Provider*

[40] Providers used the terms cultural sensitivity, cultural competence, and cultural humility in regards to training designed to increase awareness of and responsiveness to the needs of various marginalized groups within the LGBTQI community. While each term has nuanced connotations, the goal of these trainings was to raise awareness *and* ability in a way that motivates behavioral change.
[41] The "I" is intentionally absent here, as the intersex community has not explicitly been named as part of the training the SFPD has received.
[42] This finding was shared by many providers serving the LGBTQI communities. However, comprehensive, quantitative data on the frequency of police harassment or violence against LGBTQI community members were not available.

- Trainings for police and other providers often lack accountability measures to monitor and assess the degree to which training participants are implementing what they have learned.
- High turnover in service organizations can undermine provider education efforts, requiring fairly constant training of new staff.
- Despite the important work of Project HEALTH, most medical training programs still do not include information about transgender healthcare needs, and community survey respondents were least likely to find that medical providers had been sensitive to their needs related to sexual orientation or gender identity.

Barrier to access: Lack of provider competency in addressing intersecting needs

Stakeholders noted that many providers are limited in their ability to provide competent services to transgender and Spanish-speaking community members. On a recent visit to San Francisco General Hospital, one Spanish-speaking community member was seen by four medical practitioners, none of whom spoke Spanish or were knowledgeable about her medical concern, which related to a gender-affirming procedure. Further, front desk staff were dismissive of requests to refer to the community member by her preferred (rather than assigned) name. According to providers, experiences like these are frequent among Spanish-speaking transgender community members. One provider notes that lack of access to medical care can also be understood as a form of administrative or institutional violence.

Community Recommendations related to Provider Education

- Increase and improve training for police, EMTs and emergency services personnel in:
  - LGBTQI sensitivity and competency;
  - Sensitivity toward youth, homeless, individuals with mental health challenges, and sex workers;
  - De-escalation and peace-keeping techniques; and
  - Mental health crisis intervention.
- Engage community members in the design of police training.
- In addition to providing LGBTQI-specific trainings for police and other providers, review broader training curricula and ensure that LGBTQI competency is incorporated into all components.
- Improve access to existing trainings – fund opportunities for providers to attend trainings and/or host trainings in their organizations.
- Define outcomes of training for police and other providers and monitor progress toward these outcomes.
- Create opportunities and mechanisms to allow providers to share knowledge across organizations, and retain institutional knowledge in the event of turnover.
- Provide increased and ongoing training for medical providers in LGBTQI healthcare needs as well as cultural sensitivity/competency.

Level Four: Fostering Coalitions and Networks

Bringing together groups and individuals for broader goals and greater impact

Providers named the California Coalition Against Sexual Assault (CALCASA), the Bay Area Transformative Justice Coalition, as coalitions doing important anti-violence work. However, providers were unsure of the extent to which this work included specific attention to violence against LGBTQI communities. The Domestic Violence Consortium provided support and advocacy to broaden the Department on the Status of Women's definition of "violence against women and girls"

to include the transgender population, resulting in increased funding for transgender-inclusive services. This group was also instrumental in advocating for the protection of undocumented survivors of intimate partner violence through the passage of San Francisco's Due Process Ordinance. Though not focused on violence prevention, the LGBT Aging Policy Task Force was also named as an effective collaborative group that worked together to identify needs and actionable recommendations for an underserved segment of the LGBTQI community. One provider noted that several of the Task Force's recommendations have already been implemented. Another provider named the Adult Sexual Assault Task Force (no longer meeting) as an effective model for promoting information sharing and improved coordination between organizations working toward a common goal. To build stronger relationships between community groups and law enforcement, the San Francisco police department has designated community liaisons – officers who work directly with specific populations and community organizations, and neighborhood prosecutors who are able to bring a more nuanced understanding of the community context to the cases that they work on.

Factors Facilitating Success in Fostering Coalitions and Networks

- Coalitions are particularly effective when they have a clearly defined goal that grounds their work and unites all participating members.
- Having a designated (and funded) coordinator position supports the continued momentum of and continuity of task force work.
- The LGBT Aging Policy Task Force met regularly for 15 months and included a diverse group of stakeholders.
- Coalitions benefit from intentionally including a broad array of community organizations that may not traditionally be categorized as serving a single cause or group, such as "LGBTQI." Partnerships across specializations can result build a broader support base, and can allow participants to share knowledge and build a more nuanced understanding of the issues they are working to address.

Barriers or Gaps in Fostering Coalitions and Networks

- Providers do not have consistent knowledge of the LGBTQI violence prevention activities or strategies of other organizations.
- Designated police liaisons have limited time to devote to their work with each community organization.
- While police liaisons have been culturally responsive, they do not replace the need for increased responsiveness across the full department: data collection with community members surfaced many negative interactions with officers who are not designated liaisons.
- Limited funding and staff capacity in community-based organizations create several barriers:
  - Organizations working toward similar goals often have to compete for the same resources.
  - Many organizations also provide direct, supportive services which may be better

> I think that **the idea of a liaison has to be redefined** because the rest of the community just [relies] on these few individuals to do the work of the entire community rather than seeing them as a bridge or a door. And this has been the challenge, that the training is very thin. So **one person is doing the deep work** and everybody else just gets this hour or two training. **It's just not enough**.
>
> *LGBTQI Service Provider*

> When there is a very small amount of resources available, **how do we work together to make sure that all of the community needs are met** versus fighting for that one resource?
>
> *LGBTQI Service Provider*

funded and more central to their missions. Limited capacity and funding restrictions can force prevention work to become a secondary priority.
    - Coordination of and participation in collaborative work also requires staff time and other resources that may be scarce.
- Collaborative groups are often made up of nonprofit and government staff and often are not demographically reflective of the most vulnerable members of the community. They may also be inaccessible to community members based on when and where they are held and the language spoken in meetings.
- While there are organized coalitions to address violence prevention and the needs of certain LGBTQI sub-groups, there is not an organized coalition with the explicit goal of reducing LGBTQI violence.

Community Recommendations related to Fostering Coalitions and Networks

- Create a task force to address violence prevention in the LGBTQI community with goals to increase awareness of existing strategies and develop a comprehensive plan for LGBTQI violence prevention. This task force should provide a structured opportunity for people who work with the San Francisco LGBTQI community to meet and collaborate in an ongoing way, and include both City and CBO leadership, as well as frontline providers.
    - Provide a designated coordinator position for this task force. This could be staffed by SF HRC or another City department, or funded as a position within a designated CBO.
    - Make coalition or task force work inclusive of marginalized community members – provide stipends to make participation financially viable.
- Integrate priorities related to LGBTQI violence prevention into the development, implementation, and evaluation of the City's Violence Prevention Plan.
- Establish shared agreements or ground rules for partnerships to help organizations ensure that they are working towards a commonly defined goal as effectively as possible.
- Offer more town halls and other similar group discussions with community members and community partners to hear shared experiences and mobilize around violence prevention.

Level Five: Changing Organizational Policies

Adopting regulations and shaping norms to prevent violence and improve safety

As previously discussed, this needs assessment focused on interpersonal violence. As such, in-depth exploration of institutional violence was beyond the scope of the study and this report. However, it is worth noting that as a violence prevention strategy, changes to organizational policies can play a role in both the interpersonal and institutional violence that LGBTQI community members experience. One major theme among providers was the need for organizations to adopt policies that are aligned with a trauma-informed approach to service provision. One service provider noted that their organization has started using restorative justice circles as an approach to addressing conflicts between clients. Another provider recognized that the amount of paperwork that clients are asked to complete can be a barrier for some in accessing services. In response, this provider works to address the immediate concerns of clients before asking them to complete intake forms and other paperwork. That said, it is important for service organizations to collect client data on gender identity and sexual orientation to better understand the needs of LGBTQI community members. It is important that programs collect these data in was that are consistent and inclusive of the ways in which participants self-identify. LYRIC and many other organizations have worked with City departments, updating their paperwork to use inclusive terminology and training providers to increase their comfort in addressing gender identity and sexual orientation with clients. As previously discussed, Spanish-

speaking community members have frequently faced challenges making reports to the police, and at times have even been arrested because the police involved were unable to understand that they had been victimized. CUAV has worked with the San Francisco Police Department regarding their policy to ensure that Spanish-speaking community members can request an officer who speaks Spanish when they call the police.

Factors Facilitating Success in Changing Organizational Policies

- Service providers working with vulnerable populations emphasize the importance of communicating awareness of and sensitivity to their clients' needs, such as being proactive in letting clients know that they will not be reported to immigration, CPS, or other authorities because they are accessing services.
- While intake forms and other data collection can improve services in the long run, providers find that it is beneficial to address the immediate expressed needs of clients before asking them for personal and potentially invasive information.

> Sometimes being able to really show up for them can mean going with them to an appointment. I think it may be a way of **trust-building** and that may be one of the reasons they may come back to a provider.
>
> *LGBTQI Service Provider*

Barriers or Gaps in Changing Organizational Policies

- Existing services disproportionately cater to the needs of less marginalized sub-groups. For example, providers note the limited availability of services specifically focused on the African American community, and the limited number of organizations prepared to serve monolingual Spanish-speakers and others who do not speak English.
- Despite the existing SFPD policy, many Spanish-speakers have been unable to access Spanish-speaking officers when they call the police.

> When I think about what's happened with queer folks of African descent in San Francisco, first **we're disappearing because we can't afford to be here**. But there are also very limited culturally specific and appropriate services for us.
>
> *LGBTQI Service Provider*

- Funding requirements often dictate that providers must in fact collect client data before services can be provided. This can serve as a barrier when providers want to build trust with clients before asking for potentially invasive or triggering personal information.
- Many service organizations do not collect client information on sexual orientation or gender identity, or do so in ways that are inconsistent, which makes it difficult to document the needs of LGBTQI clients and the degree to which existing services address these needs.
- Adopting a trauma-informed approach can represent a significant culture shift for some organizations, and can also require considerable resources. Many organizations lack dedicated and/or sufficient resources to implement this type of internal, culture-change work.
- In many organizations and systems, the providers who have the most direct contact with survivors of violence are not involved in the development of organizational policies.

One provider shared insight regarding the challenges faced by service providers and law enforcement when addressing interpersonal conflict.

> *"I managed a program in the Tenderloin, a residential program with lots of involvement with the cops. And something that struck me in those engagements, which were always tense because I or the staff were really trying to hold safety and trauma and protect our residents, and the cops were trying to protect the public, and thinking about crime, and we were just like this [butting heads] with our paradigms. Of course we all know that, but what really struck me was that the two individuals who meet at the door in that instance, usually they're your line worker staff, and your beat cop who's exhausted, who's been working in the Tenderloin for however long they've been assigned to that particular beat, and so* ***you have two particularly under-resourced people from these two huge institutions trying to have this incredibly important conversation in the moment for the most vulnerable populations. If we could figure out how to resource that moment, that would be a big part of the solution****. We can have a good conversation about this, but very frequently the people talking about it are not the people at the door, on either side. It's a different group of folks who are often marginalized in some way, and are exhausted, overworked, and under-resourced."*

Community Recommendations related to Changing Organizational Policies

- Design services to effectively meet the needs of the most vulnerable community members.
  - This includes adopting a trauma-informed approach, ensuring that organizations and providers have the skills to address participant conflicts without re-traumatizing participants.
  - Include constituents of the communities served on boards of service organizations and in other advisory roles.
  - Ensure that services competently address intersections of participants' identities, such as gender identity, language, immigration status, race, age, and sexual orientation.
- Involve people on the front lines of service provision work in the development of organizational policies.
- Increase publicity and outreach for existing services.
- Design organizational policies in social service agencies to reduce bureaucracy and allow providers to prioritize the immediate and expressed needs of participants.
- Provide technical assistance to all City departments and City-funded agencies to support the collection of sexual orientation and non-binary gender identity data from all program participants.
  - It is important that these data are collected in consistent ways, to provide the city with a more accurate and complete picture of the needs of LGBTQI community members[43].
  - In 2013 the San Francisco Department of Public Health developed a set of guidelines for collecting, coding, and interpreting sex and gender guidelines. These may serve as a valuable resource in creating consistency in the way organizations collect these data. At this time, sexual orientation guidelines are still in development.

[43] In 2013 the San Francisco Department of Public Health developed a set of guidelines for collecting, coding, and interpreting sex and gender data. These may serve as a useful resource to help create consistency in the way organizations are collecting these data.

Chapter V: Violence Prevention

Level Six: Influencing Policies and Legislation

Enacting laws and policies that support healthy community norms and a violence-free society

As previously discussed, providers found that facilitating access to resources was a critical component of violence prevention for their LGBTQI clients. Thus, one aspect of violence prevention is organizing in support of legislation that promotes and protects access to resources for LGBTQI people. Community organizations serving the LGBTQI communities have worked together to influence policy change in numerous areas, including immigration and homelessness, which affect some of the most vulnerable LGBTQI communities. Providers also recognized San Francisco as a place that is ahead of many other parts of the country in passing legislation that makes gender-affirming medical care available to the transgender community. Project HEALTH contributed to the passage of legislation to ensure coverage of transgender healthcare through private and public insurance plans, among other important policy wins.

Violence Prevention Policy: Thinking Outside the Box

In working to prevent violence through policy change, it is important to think broadly about the policies that may have violence prevention implications. As part of the San Francisco Immigrant Rights Defense Committee (SFIRDC) CUAV and other stakeholders worked to change a law that related to the towing and impounding of cars. When undocumented drivers were pulled over at standard check points or for minor infractions, their cars were immediately impounded. Unable to pay the resulting fees, many found themselves suddenly without a car. For survivors of domestic violence, this loss was particularly dangerous. Some survivors relied on cars to escape their attackers, while others lived out of their cars when their homes had become unsafe. The SFIRDC was able to change the law, and in doing so, increased protection for a vulnerable group of survivors.

The prosecution of hate crimes is a controversial issue in LGBTQI violence prevention. Some stakeholders believe that the enhanced sentencing that accompanies hate crime convictions effectively deters would-be perpetrators from committing hate-motivated crimes against LGBTQI individuals. Others oppose hate crime laws on the basis that longer incarceration does not address the root cause of hate-motivated crimes or deter future violent behavior; a recent study found a 71% recidivism rate among perpetrators of violent crimes who had been incarcerated[44]. Further, hate crime laws disproportionately have been applied to cases in which poor people and people of color were perpetrators[45]. San Francisco has two officials that attend to each side of this issue. The first is a Hate Crimes Prosecutor who specializes in hate crimes cases, and is thus better prepared to prove hate-motivated intent in such cases. The second position is the Alternative Sentencing Planner who reviews specific cases and can recommend an alternate sentence that is focused on rehabilitation rather than incarceration. While the Alternative Sentencing Planner is generally used for non-violent crimes, one provider noted this position as an important step in reducing incarceration and by extension, violence.

44 Durose, Matthew R., Alexia D. Cooper, and Howard N. Snyder, Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010 (pdf, 31 pages), Bureau of Justice Statistics Special Report, April 2014, NCJ 244205.

45 Whitlock, K. (2012). Reconsidering Hate: Policy and politics at the intersection, a Political Research Associates Discussion Paper. Political Research Associates: Somerville, MA; http://www.thenation.com/article/176437/hate-crime-laws-dont-prevent-violence-against-lgbt-people#

Factors Facilitating Success in Influencing Policies and Legislation

- Providers found that their policy advocacy efforts were more effective when they worked to build strong relationships with elected officials as well as a mix of other service providers, community organizing institutions, and legal organizations.
- Coalitions can have greater success in legislative advocacy work than individuals – policymakers appreciate hearing a united voice.
- One provider noted that advocacy work is most successful when an organization clearly identifies the ways in which specific policies create barriers to the successful accomplishment of their mission.
- Policy change has the greatest impact when accompanied by dedicated funds to support implementation. Those advocating for change can increase chances for successful implementation by being proactive about identifying possible funding sources. For example, the Domestic Violence Consortium has analyzed the City budget and made recommendations for how to re-allocate funding to support their proposed policies.

Barriers or Gaps in Influencing Policies and Legislation

- Lack of awareness on the part of policymakers and funders about the degree to which homophobia, transphobia and LGBTQI violence are pervasive issues in San Francisco impedes progress in policy and legislative change.
- Working for legislative change is a lengthy process, and it can be difficult for community-based organizations and community members to sustain participation for as long as it takes to win policy battles.
- While San Francisco offers more social services than many other cities—especially those geared toward LGBTQI communities, providers find that most agencies do not have the capacity to meet community member needs. Community survey respondents frequently noted the need for more housing services, as well as programs to address mental health and substance use.
- Providers find that changes in the rental market in San Francisco negatively affect both community members and the nonprofits that serve them.
- The policy issues that directly impact some of the most vulnerable LGBTQI community members are not always recognized as "LGBTQI issues." These include immigration, and the criminalization (or decriminalization) of homelessness and sex work.
- The perception of San Francisco as "better than everywhere else" for the LGBTQI community, makes it difficult to mobilize around policy and legislative change to ensure a safer environment. However, the level of resources and the scope of culture change necessary to truly eliminate violence against all community members will only happen with buy-in and support at all levels. As one service provider explained:

> *"There really has to be a city-wide commitment. I've seen so many initiatives around all kinds of issues in the city, and unless the Mayor is going to stand up there, and the Board of Supervisors is going to stand up there and every commission that has anything to do with it is going to stand up there, and everyone is going to say we're going to take this seriously, we're going to put some resources into it, we're going to spend some time, it's just never going to get enough, unless it's seen as a City initiative, that we're going to make this change, once and for all. We're going to do what's needed and we're going to keep working on it until the work is done. And* ***unless you've got the passion and commitment to see it through, stuff like this isn't going to change****."*

Community Recommendations related to Influencing Policies and Legislation

- Address the increasing income gap and its impact on housing and social services.
  - Create more low- income and low-rent housing and business options for LGBTQI community members and social services to allow them to stay in San Francisco.
- Focus LGBTQI violence prevention policy and legislation on the populations that are the most vulnerable. This includes efforts to prevent violence against LGBTQI members who are homeless, undocumented, and/or engaged in sex work.

Responding to Violence

Another strong theme of the needs assessment findings was that strategies for responding to violence had strong implications for the prevention of future violence. Parts of this discussion have been addressed in previous sections, as related to educating providers, changing organizational policies, and influencing policies and legislation (such as hate crime laws). Many stakeholders raised a concern that law enforcement and the criminal justice system are often positioned as the first-line of response when violence occurs. One provider explained that she often relied on the police in the event of violence because they were the only department that was required to respond to her call[46]. However, providers and community members expressed doubts as to whether or not violence against LGBTQI communities can effectively be solved through traditional avenues offered by law enforcement and the criminal legal system.

> I will be honest and say that **I think law enforcement is categorically not an effective intervention for most kinds of violence**, I just think it's the wrong tool for the wrong job.
>
> *LGBTQI Service Provider*

> There's this idea of '**call the police**,' that's the kind of basic response, that there needs to be a police or law enforcement response, and the courts need to then take action, but **sometimes that doesn't work for the survivors we're working with**, that's not what they want, or they're fearful about those locations, those sites of power because of things that have happened to them in relation to those sites of power in the past.
>
> *LGBTQI Service Provider*

Community Recommendations Related to Responding to Violence

Despite negative experiences with law enforcement, many community members still express a desire for an improved criminal legal system that better meets the needs of the LGBTQI community. In addition, there was a strong call from community members and providers to identify and build the capacity of more community-based resources for responding to violence.

Police-focused Recommendations:

- Increase presence of neighborhood police, particularly those on foot or on bikes, rather than in cars.
- Respond to 911 calls and altercations more quickly, particularly in low-income neighborhoods.
  - Have an emergency hotline for LGBTQI callers that allows community members to ensure that they're being connected to an LGBTQI-friendly and competent police officer.
- Increase accountability regarding racial profiling, excessive force, disciplinary actions, and public complaints.
- Improve interactions with community members reporting crimes.
- Hire more police who are demographically representative of the communities they serve.

[46] This is in contrast to other City resources such as the Homeless Outreach Team and other programs of the Department of Public Health.

- Increase collaboration between police and other public safety and health institutions in responding to violence, including the District Attorney's office, the Health Services Agency, and the Department of Public Health. Create shared responsibility and accountability among these departments to ensure that the most effective response can be deployed for any given community emergency.

Community-based Alternative Recommendations:

- Increase funding and support for more community-based alternatives to police and/or criminal justice system responses to violence against LGBTQI communities.
- Increase collaboration between police and community groups, including opportunities for police to listen to the experiences of community members.
- Train community members in mediation and peace-keeping practices.
- Increase community-based mobile crisis services.

> How do we then support survivors in more **community-based responses** to violence that aren't about vigilante justice, but are about **making sure that the survivor's safe** and making sure that there's some kind of **restoration** for the person, in terms of feeling like there's some **justice** done?
>
> *LGBTQI Service Provider*

Safe Spaces as an Approach to Violence Prevention

What constitutes safe space?

One of the SF HRC's original research questions focused specifically on the concept of "safe spaces" as an approach to violence prevention. SF HRC wanted to know where this approach has been used and to what extent it has been successful. SF HRC shared some of the criteria they have used to date to define this approach (see right). These activities span nearly all levels of the previously discussed Spectrum of Prevention framework, many of which providers have named as strategies implemented in San Francisco. Based on these criteria, the literature review, and provider interviews, one thing became clear: there is no consistent definition of "safe spaces" as a singular approach to violence prevention. Rather, there are a collection of practices that community-based organizations use to create spaces in which their participants are free from harm, and can gain knowledge and skills to increase safety in their own lives. Each of these practices must be understood in the context of an organization's mission and philosophy, as well as the population of participants they serve. To illustrate one powerful example, the following section will explore how the term "safe space" has been defined and implemented by El/La Para TransLatinas, a San Francisco community-based organization serving members of the LGBTQI community who are particularly vulnerable to violence.

Defining Safe Spaces

According to the SF HRC, the following activities are all aspects of creating safe spaces:

- Forming partnerships with community and faith-based organizations and asking them to host routine drop-in spaces for at-risk groups
- Engaging at-risk groups around violence prevention and intervention services
- Facilitating discrimination complaint intakes and linkage with health and social service providers
- Conducting "Know Your Rights" trainings on City laws and policies
- Offering a welcoming space for peer-to-peer support, community building, and education/advocacy

Chapter V: Violence Prevention

Safe Space Case Study: El/La Para TransLatinas

Since 2006, El/La Para TransLatinas has offered a safe space for transgender Latinas in San Francisco, many of whom are undocumented and seeking asylum. El/La describes their mission as follows:

> *"We work to build a world where we transLatinas feel we deserve to protect, love and develop ourselves. By building this base, we support transLatinas in protecting ourselves against violence, abuse and illness.*[47]*"*

In order to carry out this mission, El/La offers a space for transgender Latinas to come together and engage in many of the strategies previously discussed in this chapter: building individual skills and knowledge around violence prevention and healing trauma; facilitating access to resources, and fostering networks of peer support.

Factors Facilitating Success in Creating Safe Space at El/La:

- The drop-in space is open in the evening, at a time that is accessible to participants and when they may feel less safe out on the streets.
- All programming and services are provided in Spanish, which is critical to meaningfully engaging and supporting many of El/La's participants. In addition to providing Spanish services on-site, El/La staff often accompany participants to appointments with other organizations where Spanish services are unavailable, and provide translation assistance.
- Beyond language competency, staff are culturally responsive and competent in regards to all aspects of participants' identities, including gender identity and immigration status. While other services are available for transgender women and immigrants, few services have been designed (or are prepared) to address the intersections of these identities.
- Participants are assured right away that accessing services will not put them at risk of deportation – a key factor in establishing a safe space for undocumented participants.
- Activities are community-driven and geared toward community building. Participants do not just meet individually with providers – they work with each other engaging in a broad array of activities including art projects, meals, and political organizing. Participants increasingly lead groups at El/La, for which they receive stipends. This contributes to participants' professional development and economic stability. Further, this peer facilitation enhances the value and effectiveness of these groups for participants who often relate and engage more easily with a peer than an outside facilitator.
- Services at El/La are participant-centered; staff believe that participants hold the knowledge and power to decide what is best for them. As such, El/La offers many options for how case management, counseling, and other services are provided, and integrate participant feedback into their services wherever possible.
- El/La takes a harm reduction approach to addressing mental health concerns, sex work, substance use, HIV prevention and treatment, gender-affirming procedures, and other issues that have implications for violence prevention. This approach reduces stigma and honors the self-determination of participants.

[47] Retrieved from: http://ellaparatranslatinas.yolasite.com/mission.php

Barriers to Creating Safe Space at El/La:

- Currently, the biggest potential threat to El/La's safe space is the San Francisco rental market– sharply increasing rents force nonprofits as well as community members out of San Francisco. Few, if any, similar spaces exist elsewhere for this participant population, and as participants move further away, the community they have built is weakened.
- In order to maintain their community-driven approach, El/La must be selective in their funding sources: while many funding sources dictate the type of services that can be provided, El/La is committed to keeping their programming driven by their participants.

Additional Considerations for Safe Spaces

Needs assessment findings raised two additional considerations for the establishment of safe spaces as an approach to violence prevention:

- Establishing safe space agreements – Many organizations develop agreements that are designed to ensure a safe, violence-free environment. However, these agreements may vary across organizations, and staff may have differing levels of competency in addressing actions that break established agreements. One provider envisioned a broader community safe space that could be established if organizations worked together to develop shared agreements of how they would maintain safe, non-violent spaces. As previously discussed, it is important that the front line staff who immediately address interpersonal conflict are involved in the process of creating these and other organizational policies.

> I think some of us cherish the idea that within the work that we do, we need to establish community agreements. …How do we take the agreements that we use in our own organizations to help people be safe with one another and make that more global within our communities and really agree. …If we could start at the building blocks and work our way up to have some kind of agreement of how we're going to be in community with each other and create safe and non-violent spaces, that would be huge.
>
> *LGBTQI Service Provider*

- Drop-in vs. Safe space –Drop-in spaces are often understood as a component of creating a safe space. However, drop-in programs vary in the degree to which they successfully provide safe spaces for their participants. Providers find that interpersonal conflict between clients is an ongoing challenge in establishing safe spaces, particularly to the extent that so many participants have experienced and internalized violence. A key issue then, for establishing safe space is the way in which staff and participants address interpersonal violence. Multiple community members reported experiences of violence that happened in drop-in spaces, particularly those for youth. When participants experience harassment or violence from other program participants in a way that remains unresolved, the space is no longer safe. Drop-in spaces are most effective as safe spaces when: they provide the tools and support for community members to resolve their conflicts in nonviolent way; and when staff are able to intervene effectively and consistently when conflicts do occur.

Chapter VI: Preliminary Recommendations and Next Steps for Violence Prevention in LGBTQI

IN THIS CHAPTER:

- Overall conclusions about the implications of the needs assessment findings
- Preliminary recommendations to inform future work to advance violence prevention for LGBTQI communities in San Francisco

Chapter VI: Recommendations and Next Steps

The current needs assessment project focused on the collection of data that would: define the nature and prevalence of violence affecting the San Francisco LGBTQI community; and identify existing services and strategies to prevent violence and support survivors of violence. The report is meant to inform the next stages of this work, which will include further refining and implementing recommendations based on the needs assessment findings. This chapter includes the high-level themes from the needs assessment findings as well as preliminary recommendations.

Overall Conclusions

- San Francisco's LGBTQI population has experienced high rates of violence. Despite these findings, many LGBTQI-focused organizations lack funding for violence prevention activities, and violence prevention initiatives rarely include an LGBTQI lens that goes beyond hate violence. Building the capacity of CBOs, public agencies and services, and law enforcement to operate as a coordinated, trauma-informed system will improve services and experiences for all.
- Violence patterns and disparities within the LGBTQI population suggest that the root causes underlying experiences with violence include racism, sexism, homophobia, transphobia, and other forms of discrimination. A coordinated community approach to tackling racism, sexism, homophobia, and transphobia should be prioritized as a violence prevention strategy.
- The perception of San Francisco as a progressive, LGBTQI-friendly environment is not enough to keep our communities safe. In fact, this perception can itself be a barrier to the system's willingness to identify deficiencies and prioritize system transformation to address discrimination. Support services are overtaxed, and violence continues to be a prevalent issue facing LGBTQI community members.
- The San Francisco real estate crisis affects LGBTQI safety in many ways. Lack of affordable rents make both community members and the community-based organizations who serve them more vulnerable to displacement. In addition, homelessness disproportionately affects LGBTQI communities.
- There is a clear need to define and prioritize community-based responses to violence in the LGBTQI community. Improving police response to violence against LGBTQI community members through training and increased accountability is important, but only part of the solution. The call emerging from these data is a need to build stronger alternatives, providing community-based programs with resources to support their work in preventing and responding to violence. This includes increased collaboration to build shared language and understanding of violence prevention and response services across community-based organizations and public safety agencies.

Chapter VI: Recommendations and Next Steps

Violence Prevention Recommendations

Community stakeholders identified the following preliminary recommendations for the prevention of violence against LGBTQI community members. The table below organizes these recommendations according to the Spectrum of Prevention framework introduced in the previous chapter.

	Community Recommendations
	▪ Increase funding for social services providing knowledge and skill-building to allow for: ○ Increased outreach to raise awareness of services, and ○ Increased ability to provide low or no cost services.
Strengthening Individual Knowledge and Skills	▪ Increase availability of free and low-cost individual and relationship therapy.
	▪ Increase availability of free and low-cost self-defense training, particularly where community members find this to be an unmet need.
	▪ Offer self-defense workshops that are explicitly welcoming to all members of LGBTQI communities.
	▪ Increase access to services that help people de-escalate conflict, recognize triggers from traumatic events, and work through feeling triggered.
Facilitating Access to Resources	▪ Increase publicity and outreach to promote greater awareness of existing services among community members.
	▪ Increase funding to existing social services to allow programs to better meet community needs.
	▪ Increase shelters and housing support services, including LGBTQI-specific homeless and domestic violence shelters.
	▪ Ensure that shelters are prepared to serve all community members, including transgender community members and people with behavioral health needs.
	▪ Expand services to better meet the needs of homeless, substance users and individuals with chronic/severe mental illness, including evidence-based, harm-reduction approaches.
	▪ Increase the language accessibility of services, particularly for Spanish-speakers.
	▪ Increase economic opportunities, housing security, and scholarship support for trans/queer community members.
	▪ Provide trained escorts to assist those with mobility challenges in getting around the city.

Chapter VI: Recommendations and Next Steps

Community Recommendations	
Promoting Community Education	▪ Increase (and make more consistent) use of public education campaigns focused on safety and violence prevention, and designed to: ○ Reduce hatred, discrimination and violence toward LGBTQI communities; ○ Increase compassion, sensitivity, and understanding of differences; ○ Raise awareness of and promote strategies to respond to street harassment, IPV/dating violence, and bullying; and ○ Change broader attitudes and norms about the culture of violence.
	▪ Include information about where community members can access resources in public education campaign messaging.
	▪ While some messages may translate across communities, it is also important to develop campaigns that are targeted to address specific issues, subgroups, and potentially even neighborhoods. ○ Consider working with SF MTA to coordinate a campaign that includes broad messaging about the culture of violence as well as more targeted messages to specific geographic areas and communities. ○ When developing campaigns and messaging targeted toward specific communities, include members of those communities in the development of content and design.
	▪ Identify ways to effectively educate more privileged LGBTQI community members about the severity and prevalence of violence against more vulnerable populations within the community.
Promoting Community Dialogue and Peer Support	▪ Increase community meetings and other opportunities for: fostering community dialogue; building community empowerment; and helping people feel more connected to their neighbors and more comfortable relying on their neighbors.
	▪ Increase intergenerational programming.
	▪ Build opportunities for allyship through LGBTQI awareness and celebration, including community-based activities as well as school-based supports for LGBTQI students.
	▪ Increase opportunities to build shared understanding of violence and trauma among community members to strengthen the effectiveness of peer support networks in responding to and preventing further violence.
Provider Education	▪ Increase and improve training for police, EMTs and emergency services personnel in: ○ LGBTQI sensitivity and competency; ○ Sensitivity toward youth, homeless, individuals with mental health challenges, and sex workers; ○ De-escalation and peace-keeping techniques; and ○ Mental health crisis-intervention.
	▪ Engage community members in the design of police training.

	Community Recommendations
Provider education cont'd	▪ In addition to providing LGBTQI-specific trainings for police and other providers, review broader training curricula and ensure that LGBTQI competency is incorporated into all components.
	▪ Improve access to existing trainings – fund opportunities for providers to attend trainings and/or host trainings in their organizations.
	▪ Define outcomes of training for police and other providers and monitor progress toward these outcomes.
	▪ Create opportunities and mechanisms to allow providers to share knowledge across organizations, and retain institutional knowledge in the event of turnover.
	▪ Provide increased and ongoing training for medical providers in LGBTQI healthcare needs as well as cultural sensitivity/competency.
Fostering Coalitions and Networks	▪ Create a task force to address violence prevention in the LGBTQI community to increase awareness of existing strategies and coordinate to develop a comprehensive plan for LGBTQI violence prevention. This task force should provide a structured opportunity for people who work with the San Francisco LGBTQI community to meet and collaborate in an ongoing way, and include both City and CBO leadership, as well as frontline providers. ○ Provide a designated coordinator position for this task force. This could be staffed by SF HRC or another City department, or funded as a position within a designated CBO. ○ Make coalition or task force work inclusive of marginalized community members – provide stipends to make participation financially viable.
Changing Organizational Policies	▪ Integrate priorities related to LGBTQI violence prevention into the development, implementation, and evaluation of the City's Violence Prevention Plan.
	▪ Establishing shared agreements or ground rules for partnerships can help organizations ensure that they are working towards a commonly defined goal as effectively as possible.
	▪ Offer more town halls and other similar group discussions with community members and community partners to hear shared experiences and mobilize around violence prevention.

	Community Recommendations
Changing Organizational Policies, cont'd	▪ Design services to effectively meet the needs of the most vulnerable community members. ○ This includes adopting a trauma-informed approach, ensuring that organizations and providers have the skills to address participant conflicts without re-traumatizing participants. ○ Include constituents of the communities served on boards of service organizations and in other advisory roles. ○ Ensure that services competently address intersections of participants' identities, such as gender identity, language, immigration status, race, age, and sexual orientation.
	▪ Involve people on the front lines of service provision work in the development of organizational policies.
	▪ Increase publicity and outreach for existing services.
	▪ Design organizational policies in social service agencies to reduce bureaucracy and allow providers to prioritize the immediate and expressed needs of participants.
	▪ Provide technical assistance to all City departments and City-funded agencies to support the collection of sexual orientation and non-binary gender identity data from all program participants. ○ It is important that these data are collected in consistent ways, to provide the city with a more accurate and complete picture of the needs of LGBTQI community members[48]. ○ In 2013 the San Francisco Department of Public Health developed a set of guidelines for collecting, coding, and interpreting sex and gender guidelines. These may serve as a valuable resource in creating consistency in the way organizations collect these data. At this time, sexual orientation guidelines are still in development.
Influencing Policies and Legislation	▪ Address the increasing income gap and its impact on housing and social services. ○ Create more low- income and low-rent housing and business options for LGBTQI community members and social services to allow them to stay in San Francisco.
	▪ Focus LGBTQI violence prevention policy and legislation on the populations that are the most vulnerable. This includes efforts to prevent violence against LGBTQI members who are homeless, undocumented, and/or engaged in sex work.
Responding to Violence	▪ Increase funding and support for more community-based alternatives to police and/or criminal justice system responses to violence against LGBTQI communities.
	▪ Increase collaboration between police and community groups, including opportunities for police to listen to the experiences of community members.

[48] In 2013 the San Francisco Department of Public Health developed a set of guidelines for collecting, coding, and interpreting sex and gender data. These may serve as a useful resource to help create consistency in the way organizations are collecting these data.

	Community Recommendations
Responding to Violence, cont'd	▪ Train community members in mediation and peace-keeping practices.
	▪ Increase community-based mobile crisis services.
	▪ Increase presence of neighborhood police, particularly those on foot or on bikes, rather than in cars.
	▪ Respond to 911 calls and altercations more quickly, particularly in low-income neighborhoods. ○ Have an emergency hotline for LGBTQI callers that allows community members to ensure that they're being connected to an LGBTQI-friendly and competent police officer.
	▪ Increase accountability regarding racial profiling, excessive force, disciplinary actions, and public complaints.
	▪ Improve interactions with community members reporting crimes.
	▪ Hire more police who are demographically representative of the communities they serve.
	▪ Increase collaboration between police and other public safety and health institutions in responding to violence, including the District Attorney's office, the Health Services Agency, and the Department of Public Health. Create shared responsibility and accountability among these departments to ensure that the most effective response can be deployed for any given community emergency.

Next Steps

The following recommendations suggest a path forward for advancing violence prevention efforts for LGBTQI community members in San Francisco, using the recommendations at each level of prevention listed above as a starting place.

- Appoint a Task Force to take the needs assessment findings and recommendations and develop a shared agenda to move the work forward in a united and coordinated way.
- Strengthen partnerships between LGBTQI-focused services and existing violence prevention initiatives. Partnerships should capitalize on current strengths and efforts and build reciprocal capacity to serve various intersections of identities and needs.
- Make advisory positions available to the most vulnerable members of the community to ensure their input into coordinated violence prevention efforts. This means identifying meeting times and places that are accessible to them, and providing stipends to the extent possible.

Appendices

Appendix A: Community Stakeholder Organizations

UCSF's Alliance Health Project

Formerly the AIDS Health Project, UCSF's Alliance Health Project offers LGBTQ-affirming mental health services, substance use counseling, and peer support to individuals, couples, and groups. We also provide free HIV testing and STD screening at our services center and mobile test sites. Our support groups for the LGBTQ and HIV-affected communities include Living and Thriving with HIV, Queer Women's Disability & Chronic Illness Group, a Transgender Support Group, and a New Positives Support Group. Additionally, individual psychotherapy services and ongoing psychiatric clinical care, including medication evaluation and monitoring, are available.

Asian & Pacific Islander Wellness Center

The Asian & Pacific Islander (A&PI) Wellness Center is a multicultural health services, education, research, and policy organization. We transform lives, strengthen well-being, and lead under-served communities—of any race, ethnicity, gender identity, sexual orientation, or immigration status—toward justice and health. We continue to educate, support, empower, and advocate for the most marginalized and vulnerable in our communities, particularly A&PIs and people living with HIV. Programs: A&PI Wellness Center has a robust integration of health services, as well as a wide-reaching community development, capacity building and training division, which educate, advocate, and serve to strengthen our communities. We respond to diverse needs of clients, providers, and organizations on a local, national, and international level.

Community United Against Violence (CUAV)

Founded in 1979, Community United Against Violence (CUAV) works to build the power of LGBTQQ communities to transform violence and oppression. CUAV provides support to LGBTQ people experiencing hate violence, domestic violence, and police abuse. Through our wellness services, we work primarily with low- and no-income Black and Latina/o LGBTQ survivors. We develop the leadership of those survivors to change the conditions that increase risk of violence such as criminalization, immigration, and lack of affordable housing.

El/La Para TransLatinas

El/La Para TransLatinas is an organization for transLatinas that builds collective vision and action to promote our survival and improve our quality of life in the San Francisco Bay Area. Because we exist in a world that fears and hates transgender people, women and immigrants, we fight for justice. We respond to those who see us as shameful, disposable, or less than human. We are here to reflect the style and grace of our survival, and to make new paths for ourselves.

Larkin Street Youth Services

The mission of Larkin Street Youth Services is to create a continuum of services that inspires youth to move beyond the street. We will nurture potential, promote dignity, and support bold steps by all. Larkin Street Youth Services was founded in 1984 as a neighborhood effort to help San Francisco's most vulnerable youth — those who are homeless and runaway, ages 12–24 — in the Tenderloin and Polk Gulch areas of San Francisco. Larkin Street has served over 75,000 youth since we opened. Larkin Street's programs address the immediate needs youth have for housing, food, and safety, while also encouraging their participation in essential support services that offer the skills and resources needed to help them reach their full potential and keep them off the streets for good. Today, Larkin Street continues to expand an innovative and award-winning model of housing, education, employment, and health services spanning 25 programs across 14 sites.

Lavender Youth Recreation and Information Center (LYRIC)

LYRIC's mission is to build community and inspire positive social change through education enhancement, career trainings, health promotion, and leadership development with LGBTQQ youth, their families, and allies of all races, classes, genders, and abilities.

Openhouse

Openhouse enables San Francisco Bay Area LGBT seniors to overcome the unique challenges they face as they age by providing housing, direct services, and community programs. As a result, we have reduced isolation and empowered LGBT seniors to improve their overall health, well-being, and economic security. Openhouse directly serves over 1,000 LGBT older adults each year. We reach thousands more through our training and technical assistance program for service providers. In partnership with Mercy Housing California, Openhouse is building 110 units of LGBT-welcoming senior affordable housing. The development includes new Openhouse service offices and designated activity rooms where LGBT seniors from across the city can find resources, access services and participate in a wide range of community programs that support their health and well-being.

San Francisco AIDS Foundation

San Francisco AIDS Foundation works to end the HIV epidemic in the city where it began, and eventually everywhere. Established in 1982, our mission is the radical reduction of new infections in San Francisco because we refuse to accept HIV as inevitable. Through education, advocacy, and direct services for prevention and care, we are confronting HIV in communities most vulnerable to the disease. SF AIDS Foundation direct services include prevention, care, gay men's health, needle exchange, and substance use and mental health.

San Francisco Department of Aging and Adult Services

The mission of the San Francisco Department of Aging and Adult Services is to assist older adults and adults with disabilities and their families to maximize self-sufficiency, safety, health and independence. The services of the organization include In Home Support Services, Adult Protective and Conservatorship Services, Veterans' Services, Meals Programs, and a wide variety of other services that help individuals thrive in the community. Many of the City's estimated 20,000 LGBTQ seniors access these services. In addition, the organization supports an LGBT Partnership Group, has provided leadership staffing to a citywide LGBT Senior Policy Task Force and is working to implement the Task Force's recommendations.

San Francisco District Attorney's Office

The San Francisco District Attorney's Office helps to remove barriers to victims of crime, works to address neighborhood concerns, and provides services to our City's most vulnerable populations. An LGBT Advisory Group, comprised of neighborhood, non-profit, and corporate leaders, meets regularly to advise District Attorney Gascón of specific concerns. We have worked to provide sensitivity training for truancy providers, victim service advocates, and senior service providers on LGBT issues. Further, we have organized meetings to increase safety in the Castro. We continue to address the number of hate crimes, specifically involving the transgender community, and find ways to work with victims of these crimes. We welcome the opportunity to assist in this critical needs assessment of the LGBT community.

San Francisco Human Rights Commission

The San Francisco Human Rights Commission (SF HRC) provides leadership and advocacy in securing, protecting and promoting human rights for all people. For over 50 years, HRC has grown in response to San Francisco's mandate to address the causes of and problems resulting from prejudice, intolerance, bigotry and discrimination. HRC has the good-faith and commitment of San Francisco's leaders to be an independent voice of human rights protection for all people and, again and again, leads the way on groundbreaking initiatives in the realm of human and civil rights. The HRC advocates for human and civil rights; investigates and mediates discrimination complaints; resolves community disputes involving individual or systemic illegal discrimination; and provides information on human rights issues and social services to individuals, community groups, businesses and government agencies.

San Francisco LGBT Community Center

The mission of the San Francisco Lesbian Gay Bisexual Transgender (LGBT) Community Center is to connect our diverse community to opportunities, resources, and each other to achieve our vision of a stronger, healthier, and more equitable world for LGBT people and our allies. The Center's strategies inspire and strengthen our community by fostering greater opportunities for people to thrive, organizing for our future, celebrating our history and culture, building resources to create a legacy for future generations.

The Center's critical safety net programs serve the most vulnerable members of the community -- people of color, transgender, lesbian, and bisexual women, differently-abled people, youth, elders, immigrants, and low-income individuals -- who often experience additional, intersecting forms of discrimination. Today the Center is a nexus for the LGBT community and allies to gather, organize and celebrate. We host over 200 programs and welcome more than 9,000 individuals each month, in addition to providing affordable office space.

San Francisco Women Against Rape (SFWAR)

San Francisco Women Against Rape (SFWAR) is a community-based, anti-sexual assault, social justice organization. We provide rape crisis services (24/7 hotline, counseling, support groups, case management, legal/medical advocacy) and support to sexual assault survivors, their families, and communities, and use education and community organizing as tools of prevention. We believe that ending all forms of oppression is integral to ending sexual assault. We are a women of color-led organization and prioritize working with and for communities facing multiple forms of oppression.

Transgender Law Center

Transgender Law Center's mission is to change law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression. Since its founding, TLC has provided individualized legal information to more than 14,000 community members, and held more than 750 legal and advocacy workshops to support the rights of transgender people.

Appendix B: Bibliography

This needs assessment was informed by a great deal of research, including but not limited to the studies cited throughout the preceding report. These include the following.

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Appendix C: San Francisco LGBTQI Community Safety Survey

Introduction

Thank you for taking the time to complete this LGBTQI Community Safety Survey!

Although San Francisco is home to a diverse and vibrant Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) community, many individuals within our community continue to be affected by violence. The purpose of this survey is to gather information that will help the San Francisco Human Rights Commission (HRC) develop strategies to prevent and address violence against LGBTQI people in San Francisco.

We want to learn about what makes you feel safe in San Francisco and your experiences with violence and violence prevention. This survey will ask questions about:

- Types of violence you may have experienced
- Where you have gone for support following experiences of violence
- What types of things help you feel safe in San Francisco.

We realize that some of these questions may bring up difficult memories or feelings. It is ok to skip any question you do not feel comfortable answering, and you can stop completing the survey at any time if you need to. If you'd like to talk to someone or get other support, please refer to the resource page you received with this survey.

We anticipate that this survey will take you 20-40 minutes to complete. We greatly appreciate any information you can provide, as it will help inform strategies to make our community a safer place to be ourselves.

Confidentiality

This survey is completely confidential. A local research group - Learning for Action (LFA) - will be conducting this survey, and will summarize your responses along with those of everyone else who completes this survey. You will not be identified by name in this report, or in any materials related to this community survey.

Prize drawing

To thank you for your time and participation in this survey, we would like to enter you into a prize drawing. Prizes include a $500 gift certificate to Kenneth Cole and a $105 gift certificate to Pisco Latin Lounge. If you would like to be entered into the drawing, please share your name and contact information at the end of the survey. Your name and contact information will not be retained as part of your survey data. Please only complete the survey once – multiple entries for the same person will be eliminated from the drawing.

San Francisco LGBTQI Community Safety Survey

Community Safety in San Francisco

1. What is your connection to the city of San Francisco? (Please check all that apply)

- ☐ I live in San Francisco
- ☐ I work in San Francisco
- ☐ I go out/socialize with friends in San Francisco
- ☐ I get health care, counseling, or other services in San Francisco
- ☐ Other reason (please specify): _____

2. How long have you been connected to San Francisco for any of the above reasons?

- ☐ Less than one year
- ☐ 1-3 years
- ☐ 4-6 years
- ☐ 7-10 years
- ☐ More than 10 years

3. We are interested in knowing how safe you feel in various parts of your daily life.

How safe do you feel:	Unsafe all of the time	Unsafe more often than safe	Safe more often than unsafe	Safe all of the time	Not applicable
a. Alone at home, or in the place you most often live/stay/sleep?	☐	☐	☐	☐	☐
b. With the people you live with?	☐	☐	☐	☐	☐
c. With the person or people you date casually?	☐	☐	☐	☐	☐
d. With the person or people you are in a serious/long term relationship with?	☐	☐	☐	☐	☐
e. In your neighborhood?	☐	☐	☐	☐	☐
f. At your workplace?	☐	☐	☐	☐	☐
g. On public transit? (e.g., BART or MUNI)	☐	☐	☐	☐	☐
h. Walking around alone during the day?	☐	☐	☐	☐	☐
i. Walking around alone at night?	☐	☐	☐	☐	☐

4. How often do concerns about your own safety limit where you feel you can:	Never	Sometimes	Frequently	Always
a. Live?	☐	☐	☐	☐
b. Sleep?	☐	☐	☐	☐
c. Work?	☐	☐	☐	☐
d. Socialize during the day?	☐	☐	☐	☐
e. Socialize at night?	☐	☐	☐	☐
f. Get healthcare?	☐	☐	☐	☐
g. Get other services?	☐	☐	☐	☐

Please explain (optional):

San Francisco LGBTQI Community Safety Survey

Community Safety in San Francisco continued
5. Please list three things you do that make you feel safer in San Francisco:
1.
6. Please list three things that the City could do to make San Francisco safer:
1.
2.
3.

7. To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I feel I am a part of the community I live in now.	☐	☐	☐	☐
b. People in my community care about each other.	☐	☐	☐	☐
c. I believe the police would help me if I needed them.	☐	☐	☐	☐
d. I have someone to confide in or talk to about my problems.	☐	☐	☐	☐
e. I have someone to get together with for fun.	☐	☐	☐	☐
f. I have someone I could ask to help me with daily chores if I were sick.	☐	☐	☐	☐

San Francisco LGBTQI Community Safety Survey

Experiences of Violence

Physical Violence

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size, or strength against another person[49]. This does not include threats of violence or other forms of harassment (we will ask about that separately).

8. Have you ever experienced physical violence?

☐ Yes
☐ No → Please go to Question 17
☐ Not Sure → Please go to Question 17

If **YES**, please tell us more about your experience:

9. How many times have you been physically harmed?

☐ Once ☐ Multiple times (separate instances)

10. Have you been physically harmed in the past year?

☐ Yes ☐ No

11. How old were you when the physical violence occurred? (Check all that apply)

☐ Under 16 years old ☐ 16 to 59 years old ☐ 60 years or older

12. Were you homeless when the physical violence occurred?

☐ Yes ☐ No

13. Do you feel you were targeted for physical violence based on: (Check all that apply)

☐ Perceived or actual sex, gender identity, or gender expression
☐ Perceived or actual sexual orientation
☐ Other factor _____ (Please specify)
☐ Not sure
☐ No, I don't believe I was targeted for any specific reason

14. What was your relationship to the person or people who harmed you? (Check all that apply)

☐ Stranger – I did not know this person at all
☐ Acquaintance – I had met this person before (e.g., neighbor, co-worker, friend)
☐ Partner – I was romantically and/or sexually involved with this person
☐ Family member – I am related to this person, e.g., birth or adoptive parent, foster parent, aunt or uncle, grandparent, sibling, cousin
☐ Caregiver – This person was responsible for taking care of me in a group home, nursing home, hospital, or other setting
☐ Authority figure – A person in a position of power over me, e.g., teacher, coach, police officer, corrections officer, employer
☐ Other _____ (Please explain)

[49] CDC, http://www.cdc.gov/ncipc/pub-res/ipv_surveillance/08_section31.htm

San Francisco LGBTQI Community Safety Survey

Physical Violence continued

15. Did you ever report physical violence to any of the following people or organizations	Yes, I reported at least one incidence of physical violence to this type of person or organization	No, I have never reported physical violence to this type of person or organization
a. Police	☐	☐
b. Community organization	☐	☐
c. Medical provider (e.g. nurse or doctor)	☐	☐
d. Other_____ (please specify)	☐	☐

16. If there is anything about your response to the above questions on physical violence that you would like to explain further please share it here:

Sexual Violence

Sexual violence is any sexual act that is perpetrated against someone's will. Sexual violence includes but is not limited to rape, attempted rape, abusive sexual contact (e.g., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, unwanted sexual exposure, verbal sexual harassment). All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.

17. Have you ever experienced sexual violence?

☐ Yes
☐ No → Please go to Question 26
☐ Not Sure → Please go to Question 26

If **YES**, please tell us more about your experience:

18. How many times have you experienced sexual violence?

☐ Once ☐ Multiple times (separate instances)

19. Did you experience sexual violence in the past year?

☐ Yes ☐ No

20. How old were you when the sexual violence occurred? (Check all that apply)

☐ Under 16 years old ☐ 16 to 59 years old ☐ 60 years or older

21. Were you homeless when the sexual violence occurred?

☐ Yes ☐ No

San Francisco LGBTQI Community Safety Survey

Sexual Violence continued

22. Do you feel you were targeted for sexual violence based on: (Check all that apply)

- ☐ Perceived or actual sex, gender identity, or gender expression
- ☐ Perceived or actual sexual orientation
- ☐ Other factor _____ (Please specify)
- ☐ Not sure
- ☐ No, I don't believe I was targeted for any specific reason

23. What was your relationship to the person or people who harmed you? (Check all that apply)

- ☐ Stranger – I did not know this person at all
- ☐ Acquaintance – I had met this person before (e.g., neighbor, co-worker, friend)
- ☐ Partner – I was romantically and/or sexually involved with this person
- ☐ Family member – I am related to this person (e.g., birth or adoptive parent, foster parent, aunt or uncle, grandparent, sibling, cousin)
- ☐ Caregiver – This person was responsible for taking care of me in a group home, nursing home, hospital, or other setting
- ☐ Authority figure – A person in a position of power over me, (e.g., teacher, coach, police officer, corrections officer, employer)
- ☐ Other _____(Please explain)

24. Did you ever report sexual violence to any of the following people or organizations	Yes, I reported at least one incidence of sexual violence to this type of person or organization	No, I have never reported sexual violence to this type of person or organization
a. Police	☐	☐
b. Community organization	☐	☐
c. Medical provider (e.g. nurse or doctor)	☐	☐
d. Other_____ (please specify)	☐	☐

25. If there is anything about your response to the above questions on sexual violence that you would like to explain further, please share it here:

San Francisco LGBTQI Community Safety Survey

Harassment

Harassment is unwanted, aggressive attention that directly or indirectly communicates a threat to one's safety or pressure to do something.

26. Have you ever experienced harassment?

☐ Yes
☐ No → Please go to Question 35
☐ Not Sure → Please go to Question 35

If **YES**, please tell us more about your experience:

27. How many times have you been harassed?

☐ Once ☐ Multiple times (separate instances)

28. Have you been harassed in the past year?

☐ Yes ☐ No

29. How old were you when you were harassed? (Check all that apply)

☐ Under 16 years old ☐ 16 years to 59 years old ☐ 60 years or older

30. Were you homeless when the harassment occurred?

☐ Yes ☐ No

31. Do you feel you were targeted for harassment based on: (Check all that apply)

☐ Perceived or actual sex, gender identity, or gender expression
☐ Perceived or actual sexual orientation
☐ Other factor _____ (Please specify)
☐ Not sure
☐ No, I don't believe I was targeted for any specific reason

32. What was your relationship to the person or people who harassed you? (Check all that apply)

☐ Stranger – I did not know this person at all
☐ Acquaintance – I had met this person before (e.g., neighbor, co-worker, friend)
☐ Partner – I was romantically and/or sexually involved with this person
☐ Family member – I am related to this person (e.g., birth or adoptive parent, foster parent, aunt or uncle, grandparent, sibling, cousin)
☐ Caregiver – This person was responsible for taking care of me in a group home, nursing home, hospital, or other setting
☐ Authority figure – A person in a position of power over me, (e.g., teacher, coach, police officer, corrections officer, employer)
☐ Other _____(Please explain)

San Francisco LGBTQI Community Safety Survey

Harassment continued

33. Did you ever report harassment to any of the following people or organizations	Yes, I reported at least one incidence of harassment to this type of person or organization	No, I have never reported harassment to this type of person or organization
a. Police	☐	☐
b. Community organization	☐	☐
c. Medical provider (e.g. nurse or doctor)	☐	☐
d. Other_____ (please specify)	☐	☐

34. If there is anything about your response to the above questions on harassment that you would like to explain further, please share it here:

35. Has an LGBTQI-identified person who is close to you experienced any of the following types of violence?	Yes	No	Not sure
a. Physical violence	☐	☐	☐
b. Sexual violence	☐	☐	☐
c. Harassment	☐	☐	☐
d. Suicide	☐	☐	☐
e. Homicide	☐	☐	☐

San Francisco LGBTQI Community Safety Survey

Supportive Services for Survivors of Violence

Please complete the following questions if you experienced any of the types of violence listed above.

If you have not experienced any of the types of violence listed above, please go to Question 67 of the About You section on pg 19.

People who have experienced violence find support from many different types of services and resources. You will be asked about several types of services and your experience using them in San Francisco.

Crisis Help Line

A phone number you can call to get immediate emergency telephone counseling, 24 hours a day.

36. Did you call a crisis help line to help you cope with any kind of experience with violence?

☐ Yes →

37. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

38. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Short Term / Crisis Intervention Counseling

Emotional support to help you deal with a personal crisis, lasting only a few weeks or months.

39. Did you attend short term or crisis intervention counseling to help you cope with any kind of experience with violence?

☐ Yes →

40. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

41. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Long Term Counseling / Therapy

Ongoing, relatively regular sessions with a therapist to help you cope with and resolve the lasting emotional effects of experiencing trauma and violence.

42. Did you attend long-term counseling or therapy to help you cope with any kind of experience with violence?

☐ Yes →

43. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

44. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Medical Care

Visiting a hospital, doctor's office, or other healthcare provider to address and heal physical injuries from an assault or other violent event.

45. Did you visit a doctor or physician to help with physical injuries related to any kind of experience with violence?

☐ Yes →

46. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

47. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier _____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Support Group

A regular group, led by peers or a clinician, where you meet with others with similar experiences to share coping strategies and build a sense of community.

48. Did you attend a support group to help you cope with any kind of experience with violence?

☐ Yes →

49. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

50. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier _____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Drop-in Space / Safe Space

A place you can go to meet physical or social needs on a drop-in basis that is safe and welcoming.

51. Did you visit a drop-in or safe space to help you cope with any kind of experience with violence?

☐ Yes →

52. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

53. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Legal Services, Information, and Advocacy

Getting information about or assistance with legal issues related in any way to your experience with violence or abuse, including, but not limited to, accompaniment, advocacy, restraining orders, family law, employment law, and immigration services.

54. Did you get information about or assistance with legal issues related to any kind of experience with violence?

☐ Yes →

55. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

56. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Housing Support

Assistance with securing a place to stay or live or keeping your current housing. Includes, but is not limited to, getting tenant counseling and using emergency or domestic violence shelters.

57. Did you seek housing support services as a result of any kind of experience with violence?

☐ Yes →

58. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

59. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Faith-Based or Spiritual Counseling

Emotional support and guidance from a counselor through a faith or spiritual leader.

60. Did you attend faith-based counseling to help you cope with any kind of experience with violence?

☐ Yes →

61. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. This service met my needs at the time.	☐	☐	☐	☐	☐
b. The provider was sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The provider was sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The provider was sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Additional comments: is there anything else you'd like to share about your experience with this type of service? (Optional)

☐ No →

62. If **NO,** what (if anything) kept you from accessing this service? (Check all that apply**)**

- ☐ I did not know this service was available to me.
- ☐ I did not know how to access this service.
- ☐ The amount of time I had to wait to be helped was too long.
- ☐ I could not afford this service.
- ☐ I did not believe the services were queer/LGB-friendly.
- ☐ I did not believe the services were trans-friendly.
- ☐ The services were not available in my primary language.
- ☐ I did not feel mentally/emotionally ready to use this service.
- ☐ I was afraid someone I know would find out I was using this service.
- ☐ I was afraid that my parents or Child Protective Services would be notified.
- ☐ I was afraid that I would be reported to immigration or other authorities.
- ☐ I did not believe the services were culturally-sensitive.
- ☐ I did not believe the services were youth-friendly.
- ☐ I did not have transportation to get there.
- ☐ I did not have access to childcare.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need this service.

San Francisco LGBTQI Community Safety Survey

Support from Friends / Informal Network

Any kind of emotional or practical assistance or support you receive from friends, family, or others in your social network.

63. Did you receive support from your friends or an informal network to help you cope with any kind of experience with violence?

☐ Yes →

64. If **YES,** please tell us more about your experience:

To what extent do you agree/disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. Getting this support was helpful to me.	☐	☐	☐	☐	☐
b. The person/people I talked to were sensitive to my needs as a queer/LGB-identified person	☐	☐	☐	☐	☐
c. The person/people I talked to were sensitive to my needs as a transgender person	☐	☐	☐	☐	☐
d. The person/people I talked to were sensitive to my needs as a person of color	☐	☐	☐	☐	☐

Please share more about who you reached out to and how they helped you:

☐ No →

65. If **NO,** what (if anything) kept you from reaching out to friends or informal networks? (Check all that apply**)**

- ☐ I did not know who to talk to.
- ☐ I did not think anybody would care.
- ☐ I did not think anybody would be able to help.
- ☐ I did not want anyone to know what had happened.
- ☐ I did not feel mentally/emotionally ready to talk to anybody.
- ☐ Other barrier_____
- ☐ Not Applicable: I did not need to talk to anyone.

66. If you have used any other kinds of services or resources to get support related to the violence you have experienced, please list them here:

San Francisco LGBTQI Community Safety Survey

About You

The following section includes demographic questions to help us to better understand how experiences and concerns related to violence and safety may be different across different groups within the LGBTQI community. None of the information you provide will be used for any purpose other than this study. It will never be linked to you personally or shared with anyone other than the researchers. It is not meant to be invasive, and you may skip any question you are not comfortable answering. Please keep in mind that the questions you are able to answer will provide us with important information to fill a gap in research about experiences of LGBTQI community members.

67. What is your current age?

_____years

68. How do you currently describe your sexual orientation? Please check all that apply.

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual or straight
- ☐ Lesbian
- ☐ Pansexual
- ☐ Questioning
- ☐ Queer
- ☐ Same gender loving
- ☐ If the word you use to describe your sexual orientation is not listed here, please write it below:

  _____

69. What sex were you assigned at birth? Please check only one.

- ☐ Female
- ☐ Male
- ☐ Intersex

70. How do you currently describe your gender identity? Please check all that apply.

By "gender identity," we mean your internal understanding of your own gender, or the gender(s) with which you identify.

- ☐ Cross-dresser
- ☐ Drag queen/king
- ☐ Feminine man
- ☐ FTM / transgender man
- ☐ Gender nonconforming or gender variant
- ☐ Genderqueer
- ☐ Man
- ☐ Masculine or butch woman
- ☐ MTF / transgender woman
- ☐ Transgender
- ☐ Transsexual
- ☐ Two-spirit
- ☐ Woman
- ☐ If the term you use to describe your gender identity is not listed here, please write it below:

  _____

San Francisco LGBTQI Community Safety Survey

71. Do you consider yourself to be transgender in any way, even if you don't use that term to describe your current gender identity?

- ☐ Yes
- ☐ No
- ☐ I don't know/Questioning

72. How do you describe your race/ethnicity? (Please select one)

- ☐ African American or Black
- ☐ Native American/American Indian or Alaska Native (Please specify tribe or nation_____)
- ☐ Asian (please specify_____)
- ☐ Latino/a or Hispanic or Chicano/a
- ☐ Middle Eastern/ (Please specify_____)
- ☐ Pacific Islander (Please specify_____)
- ☐ White
- ☐ Bi- or Multi-Racial (Please specify_____)
- ☐ Other race or ethnicity (please specify _____)

73. Do you currently or have you ever served in the Armed Forces?

- ☐ Yes
- ☐ No

74. What is your current housing situation? *Please check only one. If your housing situation changes frequently, please check the one that describes where you have stayed most often in the past six months.*

- ☐ Your own house/apartment where you pay rent or mortgage
- ☐ Staying with a friend or extended family member (not including your own parents and/or children)
- ☐ Public housing
- ☐ Shelter
- ☐ Single Room Occupancy hotel (SRO)
- ☐ Transitional Housing
- ☐ On the street/ Outdoors/ In a vehicle
- ☐ Assisted living
- ☐ Nursing care
- ☐ Other housing situation (please describe):

  _____

75. What is the zip code where you currently live or stay most of the time?

___ ___ ___ ___ ___

If you do not know the zip code, please write the name of the neighborhood:

_____

76. In your childhood/youth, did you ever live in foster care (group home, foster family, etc.)?

☐ Yes ☐ No ☐ I don't know

77. Do you identify as a person with a disability?

☐ Yes ☐ No

San Francisco LGBTQI Community Safety Survey

78. Have you ever been homeless?	☐ Yes	☐ No
79. Have you ever been incarcerated?	☐ Yes	☐ No

80. What type of health insurance coverage do you currently have? Please check all that apply.

- ☐ No coverage
- ☐ Private medical insurance
- ☐ Private dental insurance
- ☐ Healthy San Francisco
- ☐ Medi-Cal
- ☐ Medicare
- ☐ Military/VA
- ☐ Indian Health Service
- ☐ Other: _____

81. What is your total annual income?

- ☐ Less than $10,000 a year
- ☐ $10,001 - $25,000 a year
- ☐ $25,001 - $50,000 a year
- ☐ $50,001 - $70,000 a year
- ☐ $70,001 - $100,000 a year
- ☐ More than $100,000 a year

82. What is your highest level of education completed? Please check only one.

- ☐ Elementary or middle school
- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college, but did not earn a certificate or degree
- ☐ Vocational certificate
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree or higher
- ☐ Do not know/remember
- ☐ Other: _____

Thank you very much for taking the time to share your experience with us.

San Francisco LGBTQI Community Safety Survey

Do you wish to be entered into the prize drawing as a thank you for taking this survey?

Prize drawing
To thank you for your time and participation in this survey, we would like to enter you into a prize drawing. Prizes include a $500 gift certificate to Kenneth Cole and a $105 gift certificate to Pisco Latin Lounge. If you would like to be entered into the drawing, please share your name and contact information below. Your name and contact information will not be retained as part of your survey data. Please only complete the survey once – multiple entries for the same person will be eliminated from the drawing.

Name: _____

Email address: _____

This page will be separated from your survey responses to keep your information confidential.

San Francisco LGBTQI Community Safety Survey

Please find below several organizations and hotlines providing support for issues addressed in the San Francisco LGBTQI Community Safety Survey. In addition to this list, please check out the Center's Resources page (http://www.sfcenter.org/resources) or call our Information and Referral desk at 415-865-5664 for even more information and resources available to you in San Francisco and surrounding communities.

Local Immediate Assistance:

San Francisco Suicide Prevention:
Emotional support, assistance and intervention to people in crisis.
415-781-0500

Dore Urgent Care Clinic:
Psychiatric crisis clinic and treatment center
415-553-3100

Mobile Crisis:
For 5150 or psychotic breakdowns
415-355-8300

Behavioral Access Center:
For mental health service referrals
415-255-3737

SF Homeless Outreach Team (HOT):
For visitors having trouble accessing the shelter system due to physical and mental limitations.
M-Tu: 415-401-2660
W-F: 415-554-8471

Communities United Against Violence Safety Line:
For domestic abuse, suicide calls and coming out
415-333-4357

SF Women Against Rape (SFWAR) Crisis Line:
Men and trans-inclusive; sexual assault and crisis situations.
415-647-7273

National Emergency Hotlines:

Trevor Project:
National 24 hour, toll free confidential suicide hotline for gay and questioning youth.
1-866-488-7386

National LGBT Help Center:
Free and confidential telephone and email peer-counseling for all ages, including coming-out issues, relationship concerns, HIV/AIDS anxiety and safer-sex information, information and local resources for cities and towns across the US.
1-888-843-4564
M-F: 1 PM – 9 PM PST
Sat: 9 AM – 2 PM PST

National LGBT Youth Talkline:
Free and confidential telephone and email peer-counseling for young adults up to 25 with volunteers in their teens and early twenties about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety and safer-sex information, information and local resources for cities and towns across the United States.
1-800-246-7743
M-F: 5 PM – 9 PM