Building a Support Group for LGBTQ+ Survivors

National LGBTQ Institute on Intimate Partner Violence

A PROJECT OF THE LOS ANGELES LGBT CENTER

In partnership with the National Coalition of Anti-Violence Programs and In Our Own Voices, Inc.

This project is supported by Grant Number 90EV0535-01-01 from the Office of Family Violence Prevention and Services from within the Administration for Children and Families, a division of the U.S. Department of Health and Human Services. Neither the Administration for Children and Families nor any of its components operate, control, are responsible for, or necessarily endorse this website (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided). The opinions, findings, conclusions, and recommendations expressed are those of the authors and do not necessarily reflect the views of the Administration for Children and Families and the Office of Family Violence Prevention and Services.

Introduction and Background

Support groups can be a healing and transformative space for survivors of domestic violence. Yet many support groups are only available for women survivors or use gendered dynamics exclusively to talk about domestic violence (DV). This means that LGBTQ+ survivors are unable to equitably access this resource; either there is no group matching their gender identity or the support group they are in does not fully reflect or include their lived experiences. Support groups are so important for LGBTQ+ survivors' safety and healing, since they provide community and belonging. Isolation is used as a tool of abuse in many abusive relationships, but for LGBTQ+ survivors who may be disconnected from their family or origin and/or have small communities and chosen families that they are a part of, isolation poses a serious risk to safety and emotional wellness. Therefore, support groups become that much more of a critical component of healing and belonging for LGBTQ+ survivors. The National LGBTQ Institute on Intimate Partner Violence (Institute) has received numerous technical assistance (TA) requests from the field asking for support in starting and implementing LGBTQ+ survivor support groups to address this gap in services.

Fortunately, thanks to the Family Violence Prevention and Services Act (FVPSA), the Institute was able to provide a sub-grant to Better Tomorrow, located northwest Colorado, in order to develop and implement The Rest and Resistance Support Group for LGBTQIA2S+ Survivors of Intimate Partner Violence. This group was co-facilitated by staff from two sub-programs of Better Tomorrow, Queer Futures and Advocates of Routt County, and aimed to provide a safe space for LGBTQ+ survivors, where they can feel understood without needing to educate others about their experiences. Queer Futures is an organization in Steamboat Springs, Colorado with a focus on creating joy, connection, health equity, and leadership within the local LGBTQ community. Advocates of Routt County is an organization that supports and empowers all people impacted by sexual violence and abusive relationships, while disrupting all systems that tolerate and perpetuate such violence. This case study aims to capture the development, launch, and implementation of The Rest and Resistance Support Group to provide guidance, lessons learned, and support to organizations looking to start an LGBTQ+ survivor support group in their own community.

Case Study: The Rest and Resistance Support Group for LGBTQIA2S+ Survivors of Intimate Partner Violence

The Importance of LGBTQ+ Survivor Support Groups

Chelsie Holmes, the Program Director of Queer Futures, and Hannah Kauffman, the Program Director of Advocates of Routt County, started this support group with the mission to enhance culturally responsive services for LGBTQ+ survivors, seeing a clear need in their community. Something that they both had observed and experienced in their careers is that LGBTQ+ survivors often feel like survivor spaces are not *for* them. They shared that there is a level of labor that gets put on LGBTQ+ survivors to educate the survivor advocates and staff whom they interact with. There is also often a feeling of not being entirely safe and comfortable. Many LGBTQ+ survivors that they worked with have had negative experiences with anti-LGBTQ+ bias from staff at domestic violence agencies, other members of support groups, and other residents at shelter spaces. They found that having a space that is just for LGBTQ+ survivors has been a real haven for the community, where they can go and know that they are understood and do not have to explain themselves. The development of this support group revealed a strong community desire for safe, affirming spaces for LGBTQ+ survivors, highlighting both the challenges faced and the need for targeted resources.

Organization Positionality

This support group was designed, developed, and facilitated in partnership between a domestic and sexual violence service provider and an LGBTQ+ social service provider. Chelsie highlighted the need for service providers to engage in deep internal work before launching an LGBTQ+ support group to ensure they are truly safe and welcoming for LGBTQ+ individuals. A theme that they had noted in the field was that sometimes traditional domestic violence support services will be advertised as LGBTQ+-specific, but with no specialized training, which can be harmful to LGBTQ+ survivors who are expecting to receive LGBTQ+ inclusive services. The collaboration and co-facilitation between these two organizations allowed for meaningful partnership and brought in shared content expertise in order to enhance this service.

It is also important to note that the identities that the facilitators held and shared impacted the comfortability of the support group members. Chelsie identified that by sharing their identity as a survivor and as bisexual in their outreach efforts, they found that more bisexual survivors felt confident joining the group. Additionally, Chelsie spoke Spanish, which meant that group members who primarily spoke Spanish felt more at ease.

Funding Challenges

Queer Futures and Advocates of Routt County had historically encountered pushback from funders regarding inclusive practices for survivors of all genders in DV shelters. It continues to be a challenge to navigate fighting for funding when stakeholders may hold anti-LGBTQ+ beliefs. They also pointed to a broader issue of funding disparities for rural LGBTQ+ organizations compared to urban ones. They noted that larger urban organizations often receive grants meant for rural initiatives, limiting support for grassroots organizations that operate and provide services in rural communities and hold lived experience and community-specific expertise that could better serve survivors living in rural communities.

Impact of COVID-19

The pandemic shifted health and wellness priorities, emphasizing remote services and health precautions. However, the facilitators found that their past experiences with virtual support groups highlighted the risks of confidentiality and safety, leading to a preference for in-person meetings. Because privacy cannot be guaranteed for all participants, virtual support groups can run the risk of abusive partners overhearing or interfering with the group if they share residence with or have access to the survivor's home. Additionally, since this group took place in such a rural community, privacy was of the utmost importance because the local LGBTQ+ community was very small. The facilitators opted instead to do this group in person and provided COVID-19 precautions including referrals to vaccines, COVID-19 testing kits, masks, and cleaning supplies.

Meeting the Needs of Survivors With Intersecting Identities

This group served a varied demographic, including Latine, immigrant, transgender, bisexual, and disabled individuals, moving away from the predominantly white, cisgender, female makeup of many traditional domestic violence support groups in the area. The group aimed for inclusivity across all genders and identities and centered the belief that LGBTQ+ support groups should intentionally embrace everyone and center disproportionately marginalized survivors. They also made efforts to reach out to underrepresented communities in their location, particularly the Latine and Afro-Caribbean populations. The facilitators noted that for Black LGBTQ+ survivors, being the only Black survivor in the space could be an isolating experience and could make them feel tokenized and like there were not people in the group who could understand their full lived experience. Having more than one Black person in the group was critical to building community, specificity, and accessibility for Black survivors in the space.



Accessibility was also identified as a priority in the development of the group, with wheelchair-accessible facilities and consideration of language needs. They initially did have a Spanish interpreter present in the group for the beginning months and had participants who were primary Spanish speakers. At a certain point, the group members who spoke Spanish shared that they wanted to eliminate the interpreters both to be able to improve their English language skills and because they had a strong desire to be able to speak for themselves in the group. Additionally, one of the support group facilitators spoke Spanish. So having someone there who could assist when participants could not think of a word or phrase in English made the group feel more language accessible.

Chelsie also emphasized the importance of explicitly affirming bisexual identities in the group. At first, the group had low attendance. The facilitators discovered that multiple bisexual survivors had expressed a desire to join the group but had concerns that it was not a space that would welcome them or where they would belong. The facilitators implemented a proactive outreach plan and established community-building efforts. The group utilized social media, particularly Instagram reels, to communicate inclusivity. The facilitators also shared their own experiences as bisexual and as survivors to create a welcoming environment for bisexual participants.

Support Group Format

The group utilized circle practice in structuring the support group. They recommend learning from Indigenous people directly about this approach because it is an Indigenous practice. They were able to learn these skills from Strong Oak Lefebvre, the Executive Director and co-founder of the Visioning B.E.A.R. Circle Intertribal Coalition, Inc, an organization that teaches restorative justice practices to domestic and sexual violence organizations. The group also implemented a model where they started with communal meals to foster connection and community between members. Providing meals also increased turnout for the support groups. After sharing a meal, the facilitators led a discussion utilizing prepared questions and creating a supportive environment for sharing. The group used a drop-in format that was open to newcomers each week instead of being closed to a set group of people, which allowed for new members to join as the group went on. This allowed for time and space for advertising the group, and for survivors to join if and when they were ready. So, while the group followed a curriculum, there was a degree of flexibility designed for an open format. This allowed participants to join at any time at different levels and moments in their healing process. Therefore, the sessions aimed to be standalone, focusing on various topics relevant to survivors' experiences.

Cultivating a Supportive Environment

The group emphasized the importance of creating a safe and empowering space, incorporating collective activism into the group's focus. To cultivate a safe space, they developed group agreements to foster respect and security, including guidelines on sharing personal stories without graphic details to avoid triggering a trauma response in other participants. Regular reassessment of group norms and participant needs was crucial for maintaining a supportive atmosphere, especially for those in crisis. Therefore, these group guidelines and norms were flexible and shifted across the timeline of the group.

The group was entitled the "rest and resistance support group" and as a part of the resistance piece, they brought to the group the idea of collectively forming some sort of action together. The facilitators empowered the participants to come up with their own idea of what that action could look like. The participants brainstormed and discussed over a period of weeks and decided that they wanted to organize a drag makeup workshop as a fundraiser for the domestic violence program.

Challenges in Group Dynamics

One barrier that came up was that participants faced challenges related to dynamics unique to being in a rural community. Additionally, because the community was small—and the local LGBTQ+ community even more so—there was a high likelihood that participants knew each other or knew of each other. This prevented participants from joining the group because they were concerned about confidentiality. Participants often had connections to one another outside of the group, or even connections with one another's abusive partners. This led to hesitance to join the group or fears around sharing in the group because of fear that their words would be shared outside of the group. To remedy these challenges, the facilitators implemented more conversations about confidentiality with participants and met with participants one-on-one outside of the group to create individualized safety plans with participants around their privacy and safety in the group. Additionally, the facilitators adjusted the meeting time and began providing dinner, which boosted turnout.

An additional challenge was navigating support group members who were in different moments in their healing process; some were still currently with an abusive partner, some were experiencing the impacts of trauma heavily, and some had more time and distance from when they had last experienced the trauma. The group worked through balancing the need for community guidelines and the need to hold space and adapt to the needs of all members. For example, for those in acute crisis, substance use may be used to emotionally numb and survive the psychological pain of domestic violence. Additionally, for those who are in acute crisis, sharing explicit details of violence that they had recently experienced was understandable, but could trigger a trauma response in other members of the group. The group guidelines

grew and adapted to the needs of the group, and the facilitators provided additional support to participants outside of the group in order to navigate these challenges. They added new guidelines to the group including avoiding sharing graphic details of their stories to avoid triggering other participants and not using substances when you are coming to group.

Another barrier that came up was that some survivors hesitated to attend the group due to concerns about their abuser also needing services, and not wanting to prevent their abusive partner from being able to access support around their own mental health struggles. This highlighted the need for nuanced support for survivors without strict punitive measures that prevent people from accessing holistic support.

A dynamic that the facilitators identified as more common in LGBTQ+ relationships than in heterosexual, cisgender, relationships is that in some cases, both partners seek services at the same time. The standard assessment in the domestic violence field is often to employ a "first come, first served" model or identify the abusive partner based on gendered assumptions. However, these approaches may result in an organization unintentionally serving the abusive partners instead of survivors. This led the facilitators to develop a policy where two different advocates will meet with each of the partners requesting services, and screen each person using questions about power and control dynamics present in the relationship. The advocates who conducted the screening would then have a joint meeting, along with advocates and supervisors who had not participated in the screening, to share what was learned and assess which partner exerts power and control in the relationship.

Guidance for Starting Your Own LGBTQ+ Survivor Support Group

1 Explore if your organization is ready to start an LGBTQ+ survivor support group.

- For mainstream domestic violence providers, this must include evaluating your organization's capacity to provide specialized services to LGBTQ+ people. This may involve seeking out additional staff training and technical assistance from local and national experts, such as the National LGBTQ Institute on Intimate Partner Violence. This training should go beyond a foundational one-hour training on a basic understanding of sexual orientation and gender identity and include specialized IPV-specific training on the needs of LGBTQ+ survivors. This also may include partnering with a local LGBTQ+ center either to co-facilitate, consult, collaborate, or support with outreach. Check out our Domestic Violence Service Provider Rubric for Responsiveness to LGBTQ Survivors of Intimate Partner Violence as a tool for self-evaluating your organizational capacity.

- For LGBTQ+ centers, this should include evaluating your organization's capacity to provide trauma-informed and domestic violence-specialized services and provide support to survivors in crisis. This should involve, at minimum, staff training on the dynamics of domestic violence and safety planning and ideally a 40-hour certification course for staff as Domestic Violence Advocates. It could also look like partnering with LGBTQ+-inclusive or LGBTQ+-specific 24/7 crisis lines for additional support after hours and building relationships with local domestic violence service providers. Check out our LGBTQ+ Social Service Provider Rubric for Responsiveness to LGBTQ Survivors of Intimate Partner Violence as a tool for self-evaluating your organizational capacity.

- Evaluate if your organization is culturally specific or culturally responsive, and how that impacts the ability of LGBTQ+ Black, Indigenous, and People of Color (BIPOC) survivors to access the group. Culturally specific services are those that target, engage, and deliver programming and advocacy that meet the needs of specific issues of people of color and are led by and from the cultural context of that community.[1] Meanwhile culturally relevant services are those that are delivered by providers who may not be part of the community that they are serving, but receive appropriate and ongoing training and understand cultural relevance as a core part of their work. Culturally specific resources often do not get the financial backing and support that mainstream organizations do.[2] So future funding opportunities should consider how to uplift culturally specific services that can operate BIPOC-specific LGBTQ+ support groups for survivors. Check out "Shades of Change: A Guide for Domestic Violence and Sexual Assaults Service Providers Working with LGBT People of Color" by our partner, In Our Own Voices, Inc., as a tool for evaluating your organizational capacity to support BIPOC LGBTQ+ survivors.

This guidance should not deter organizations from starting an LGBTQ+ survivor support group. These services are essential and critical towards cultivating community for LGBTQ+ survivors, combating isolation and disconnection that LGBTQ+ survivors often feel, and providing opportunities for LGBTQ+ survivors to have visibility and give voice to their unique and specific experiences.

2 Plan for and continuously evaluate if you are meeting the needs of multiple marginalized and disproportionately impacted subpopulations of LGBTQ+ survivors.

It is essential that support groups actively strive to ensure access and cultural responsiveness of survivors who are BIPOC, transgender, bisexual, disabled, and those with limited English proficiency, as well as folks who exist at the intersections of these identities. The identities that the support group facilitators hold may have a large impact on who accesses the group. ***Potential and current support group members who share the facilitators' identities whether it be sexual orientation, gender identity, race, and other identity factors will likely change the dynamic, culturally specificity, feelings of safety, and ability of group members to fully express themselves.*** This speaks to a need for organizations to consider the ways in which they are ensuring that BIPOC and LGBTQ+ advocates and staff members are supported, compensated fairly, and have safe work environments in ways that foster the hiring and retaining of staff. Ensuring that staff and leadership share the identities of the communities they are serving is a core strategy for building responsive and specialized services.

Historical and societal trauma is inextricably linked with the domestic violence that BIPOC people experience, with Black communities being disproportionately impacted. According to the National Coalition Against Domestic Violence, "by intentionally denying Black people access to economic opportunities, the ability to build intergenerational wealth, healthcare, education, and a sense of safety from governmental systems, racist policies increase the prevalence of risk factors for domestic violence."[3] For Black survivors in particular, there is a lack of trust in service providers, who often dismiss and treat Black survivors differently.[4] ***For mainstream organizations, cultural relevancy needs to look like an on-going commitment of the organization to maintain training and knowledge of beliefs and conventions of the LGBTQ+ BIPOC communities they work in, institutionalize policies and skills that are intentional and inclusive of LGBTQ+ BIPOC survivors, and develop accountability mechanisms for continuous improvement.***

The transgender community faces disproportionate discrimination, stigma, and barriers, including access to financial and housing security, leading to high risk factors for experiencing domestic violence. 54% of transgender people will experience intimate partner violence (IPV) in their lifetime, according to the U.S. Transgender Study, yet only 1% will attempt to utilize domestic violence support services.[5] Transgender women of color are even further disproportionately impacted, with this same study finding that 56% of transgender women of color and 62% of transgender men of color experiencing IPV .[6] There is therefore clearly a need for domestic violence support groups to prioritize the accessibility, cultural responsiveness, and outreach plans to ensure that they are meeting the needs of transgender survivors.

Survivors who are bisexual women experience disproportionately high rates of intimate partner violence and have heightened barriers to community safety, support, and social determinants of health. Nearly 70% of bisexual women experience IPV compared to 56% of lesbian women and 46% of heterosexual women according to the Centers for Disease Control (CDC).[7] More data is needed on the intersections of sexual orientation, race, and intimate partner violence. However, the existing research collected by the CDC showed that racial and ethnic minority groups experienced a heavy burden of violence. Latina bisexual women experience disproportionately high rates, with the CDC finding that nearly 80% have experienced IPV.[8] Additionally, bisexual people are at increased risk of depression and anxiety compared to heterosexual, gay, or lesbian people.[9] Bisexual people are also less likely to be out about their identity to people in their lives and less likely to feel that LGBTQ+ spaces are designed for them. Only 28% of bisexual people report that most of the people who are important to them know about their identity compared to 77% of gay men and 71% of lesbian women.[10] ***Examining this social isolation, barriers to accessing community spaces, and lack of belonging for bisexual survivors, it is clear how critical it is for support groups to be explicitly and proactively mindful of bisexual inclusion efforts, particularly for BIPOC bisexual people.***

It is also essential to ensure that you are providing meaningful access to services for your community, including arranging the provision of interpretation support ahead of time.. ***Doing an analysis of the most common languages spoken in your community will give you a strong sense of where to prioritize advertisement efforts and proactively plan for interpretation and accessibility.*** Spanish is the primary language spoken by 13% of people in the U.S.[11], and considering the high rates of IPV among bisexual Latine women in particular, it is a best practice to consider your capacity to provide groups in Spanish, bilingual groups, or interpretation services for your members. The Asian Pacific Institute on Gender Based Violence created a "Resource Guide for Advocates & Attorneys on Interpretation Services for Domestic Violence, Sexual Assault, and Trafficking Victims" that can be an excellent place to draw from in increasing your organizational capacity to provide accessible services.

3 Consider the platform of your group.

Virtual groups can be a huge benefit to accessibility for survivors, which may lead to higher turnout for groups. There is no need for survivors to find transportation or add extra time out of their schedules getting to and from the group. It can ensure higher confidence for survivors who rely on others to get places, since they do not need to inform family, friends, roommates, or partners about where they are going. For survivors who are parents, this may alleviate the need to pay for or find childcare.

However, virtual groups present higher risk to survivors. There are risks of cyber stalking or digital abuse from an abusive partner. Survivors may not have access to a physical location that would allow them to participate virtually without being overheard by their abusive partner, roommates, or family members. Survivors who are housing insecure may also not have a place to consistently and privately attend. There also is a risk of third-party interruptions from abusive partners, children, family members, or others in the space where the survivor is joining the virtual group. This lack of privacy can be stressful for group participants and runs the risk of inadvertently outing participants or sharing personally identifying information with people outside of the group.

In-person groups benefit the facilitators' ability to establish rapport and connection and build a safe space with participants. Facilitators are able to read body language and create a container of safety in a physical space. Additionally, in-person groups allow participants to more easily build connections and network with one another, which can foster friendships and community connections that extend outside of the group. On the flip side, in-person groups may limit accessibility for survivors due to barriers in transportation. It involves time and costs to get to and from the group. In-person groups may also limit the geographical scope of the group, especially for survivors living in rural communities. Survivors may have to justify and explain the reason they need transportation to friends, family, or partners whom they rely on for transportation. On the facilitator's side, this also may require renting out physical space which can be an added cost.

4 Consider the benefits of an open, drop-in structure to the group.

While closed groups may have the benefit of fostering safety, security, and shared understanding for group members, drop-in support groups can also be beneficial for LGBTQ+ survivors. Open, drop-in structures allow for members to continuously attend group sessions without the pressure to join at a certain time. It also allows for the group to be available to survivors whether or not they maintain consistent attendance, which more realistically meets the needs of survivors' whose lives may be impacted by the complications associated with navigating their safety and healing process. Because LGBTQ+ support groups often require more advertisement and outreach, having an open structure can also support having a more robust and full group. Many LGBTQ+ people rely on word-of-mouth advertising to identify resources that are safe and supportive. Additionally, LGBTQ+ survivors are less likely to seek out traditional domestic violence support services, so they may miss opportunities to learn that the group exists.

5 Proactively hold conversations about confidentiality and privacy.

Many LGBTQ+ communities are small and tight-knit, and there is a high likelihood that group members may know each other or have third party connections to one another. This is especially likely in rural communities and small towns. Facilitators should make every effort to have proactive conversations during orientation to the support group that emphasize privacy and reinforce these priorities as group norms and guidelines during each session. Violations of privacy and confidentiality policies may occur, despite best efforts, in which case the facilitators should directly address each situation in a way that maximizes safety and agency for the support group member who was impacted.

6 Implement a screening process to assess and ensure that the group is not unintentionally admitting the partner who is abusive.

"First come, first served" models and assumptions about who an abusive partner is in a relationship are built off a scarcity of resources, time, and assessment skills. The intention behind this is rooted in the core belief and understanding of the domestic violence field that survivors deserve to be believed. This philosophy *is* important; often survivors have their experiences not believed by systems of support which can lead to sanctuary trauma and harm, which is when someone goes somewhere they expect to be supportive and safe, only to be treated poorly and encounter severe stressors.[12] These assessment models - -or lack thereof --may have predominantly worked well in serving survivors who are heterosexual and cisgender women experiencing domestic violence. However, these approaches can be limited and still contribute to harm. For example, in some instances an abusive partner may reach out to a DV organization first in an attempt to create a conflict so the organization cannot serve the survivor, since they will already be serving their partner, or to obtain documentation or "proof" that they are the survivor to use as a tool of isolation or litigation abuse. Screening processes to distinguish between a survivor and an abusive partner need to be applied to *all* survivors, otherwise assessments are still following a "first come, first served" model. Additionally, ensuring that this is consistently implemented reduces the chance of bias on the behalf of the staff member, including assumptions based on race, gender expression, language access, or other stereotypes or biased beliefs. Screening processes should assess for power and control dynamics in the relationship in multi-dimensional ways. Bringing in multiple staff members and the support of team case reviews can also ensure that multiple expert opinions are brought into the assessment process, and increase standardization across the program. There is not a one-size-fits-all approach to differentiation screening, and organizations must balance crisis intervention needs with appropriate screening. Additionally, trauma-informed practices should still be prioritized and implemented to ensure that survivors do not feel overly questioned, not believed, or unsupported and that the organization is not perpetrating sanctuary trauma or harm on the survivors, particularly for transgender and BIPOC LGBTQ+ survivors who are often not taken seriously by systemic responses.

This project described was supported by Grant Number 90EV0535-01-01 from the Office of Family Violence Prevention and Services within the Administration for Children and Families at the U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.

Endnotes

1 LaGrone, Tandra; Ramlall, Roxanne; Santos, Gabby; Marte, Dayanara; Burse, Phillip. "Shades of Change: A Guide for Domestic Violence and Sexual Assault Service Providers Working with LGBT People of Color". In Our Own Voices. 2011

2 LaGrone, Tandra; Ramlall, Roxanne; Santos, Gabby; Marte, Dayanara; Burse, Phillip. "Shades of Change: A Guide for Domestic Violence and Sexual Assault Service Providers Working with LGBT People of Color". In Our Own Voices. 2011

3 "A Layered Look at Domestic Violence in the Black Community". Coburn Place. https://coburnplace.org/stories/a-layered-look-at-domestic-violence-in-the-black-community/

4 "A Layered Look at Domestic Violence in the Black Community". Coburn Place. https://coburnplace.org/stories/a-layered-look-at-domestic-violence-in-the-black-community/

5 United States Transgender Survey. "Report on the Experiences of Black Respondents." National Center for Transgender Equality. 2015. https://www.transequality.org/sites/default/files/docs/usts/USTS-Black-Respondents-Report.pdf

6 United States Transgender Survey. "Report on the Experiences of Black Respondents." National Center for Transgender Equality. 2015. https://www.transequality.org/sites/default/files/docs/usts/USTS-Black-Respondents-Report.pdf

7 Jieru Chen, Srijana Khatiwada, May S. Chen, Sharon G. Smith, Ruth W. Leemis, Norah W. Friar, Kathleen C. Basile, and Marcie-jo Kresnow "The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Victimization by Sexual Identity". Center for Disease Control. 2023. https://www.cdc.gov/nisvs/documentation/nisvsreportonsexualidentity.pdf?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualIdentity.pdf

8 Jieru Chen, Srijana Khatiwada, May S. Chen, Sharon G. Smith, Ruth W. Leemis, Norah W. Friar, Kathleen C. Basile, and Marcie-jo Kresnow. "The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Victimization by Sexual Identity". The Center for Disease Control. https://www.cdc.gov/nisvs/documentation/nisvsreportonsexualidentity.pdf?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualIdentity.pdf

9 Feinstein, B. A., Xavier Hall, C. D., Dyar, C., & Davila, J. (2020). Motivations for Sexual Identity Concealment and Their Associations with Mental Health among Bisexual, Pansexual, Queer, and Fluid (Bi+) Individuals. Journal of Bisexuality, 20(3), 324–341. https://doi.org/10.1080/15299716.2020.1743402

10 "A Survey of LGBT Americans". Pew Research Center. https://www.pewresearch.org/social-trends/2013/06/13/a-survey-of-lgbt-americans/

11 "Languages Spoken at Home". United States Census Bureau. data.census.gov/table/ACSST1Y2023.S1601?q=Language%20Spoken%20at%20Home

12 Rose, S. (2021). What is sanctuary trauma? Steve Rose, PhD. Retrieved January 9, 2023, from https://steverosephd.com/sanctuary-trauma-and-the-sacred/