



**DEMONSTRATE**  
LGBTQ ACCESS

**IMPACT REPORT KING COUNTY**  
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*The LGBTQ Access Project reduces barriers and increases access to services for **LGBTQ survivors and their families, friends, and communities** by inspiring meaningful changes to the way that services are delivered in King County.*

## The LGBTQ Access Project launched in 2012 as a three-year demonstration project in King County, Washington.

The LGBTQ Access Project engaged victim services organizations in King County in a collaborative effort to increase access for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people and communities. The project was created and led by the Coalition Ending Gender-Based Violence (formerly the King County Coalition Against Domestic Violence) in partnership with The Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse.

From 2012-2014, the LGBTQ Access Project created, tested, and evaluated a “regional response” model that brought together multiple organizations and thousands of providers in King County. The project articulated and advanced LGBTQ access as a valid, necessary, and pressing goal for victim services, and one that is deeply tied to broader movements for social justice. By placing the mandate for change across the region rather than on individual organizations, the project ultimately aimed to mobilize a critical mass of service providers to address structural barriers, shift the culture of service provision, and set new expectations in the field.

Twenty organizations in King County enlisted in the demonstration project and engaged in capacity building efforts. Project staff from the Coalition and The Northwest Network offered training and technical assistance to support organizations in setting and reaching new goals. Local LGBTQ leaders and stakeholder groups provided guidance, peer-to-peer learning opportunities, and feedback. The project fostered new relationships and strengthened existing networks among those committed to improving community responses to LGBTQ survivors.

The project was evaluated by an independent research team through in-depth interviews and focus groups with participating organizations, as well as an extensive survey of local providers. Lessons learned from the LGBTQ Access Project will help inform future efforts to reduce barriers and increase access for LGBTQ survivors locally and beyond.

## Letter from the Coalition and The Northwest Network

We are excited to celebrate the many successes of the LGBTQ Access Project while reflecting on the ongoing violence experienced by many LGBTQ people in King County and nationally. For more than three decades, our organizations have advocated for critical resources needed to fund LGBTQ-specific services and programs; fought to expand protections for LGBTQ survivors and their families; advanced innovative, community- entered responses to violence; and spearheaded local to national collaborations in order to improve our responses to harm within and against LGBTQ communities.

When the Office for Victims of Crime, a component of the Office of Justice Programs at the U.S Department of Justice, solicited applications for innovative approaches to increase access to services in 2011, we took up the charge and proposed a new model rooted in the strengths of our work in King County. We designed the LGBTQ Access Project as an opportunity to increase capacity at home, while testing strategies that could apply elsewhere. Our region's extensive networks of services and history of collaboration between organizations made King County an ideal context to test a "regional response" concept.

This project would not have been possible if not for the dozens of organizations and thousands of providers willing to join us in the pilot phase. We are grateful to our peers and colleagues for committing significant time and resources to testing theories, tools, and training, and making change at the individual and the organizational level. It has been an honor to work together.

At the conclusion of the demonstration, we have created new tools and strategies to support organizations and communities interested in increasing access for LGBTQ survivors, their families, and our broader communities. This work is far from complete. We are humbled by the magnitude of challenges ahead, yet are buoyed by the sustained commitment of individuals and organizations that advocate and strategize for equitable access to resources. Our organizations will build on lessons learned and relationships developed as part of this project to continue to champion LGBTQ access as necessary and critical work for the victim services field in King County and beyond.

Services and programs cannot alone create safe, loving, and equitable communities. The LGBTQ Access Project provided a platform for practitioners and organizations to reflect on the concept of victim services more broadly and engage in a conversation about root causes of violence. Creating strategies that address root causes of violence experienced by LGBTQ communities require us to rethink and restructure how we respond to those who have experienced harm. At the foundation of our work is a belief that a genuine transformations are needed. While such transformational changes were largely outside the scope of this project, we are inspired by the creative ideas generated by participating organizations and individual engagement in self-reflection, capacity building, and collaboration. We hope that service providers will continue to make critical changes to service delivery, while joining LGBTQ organizations and others invested in broad-based social change.

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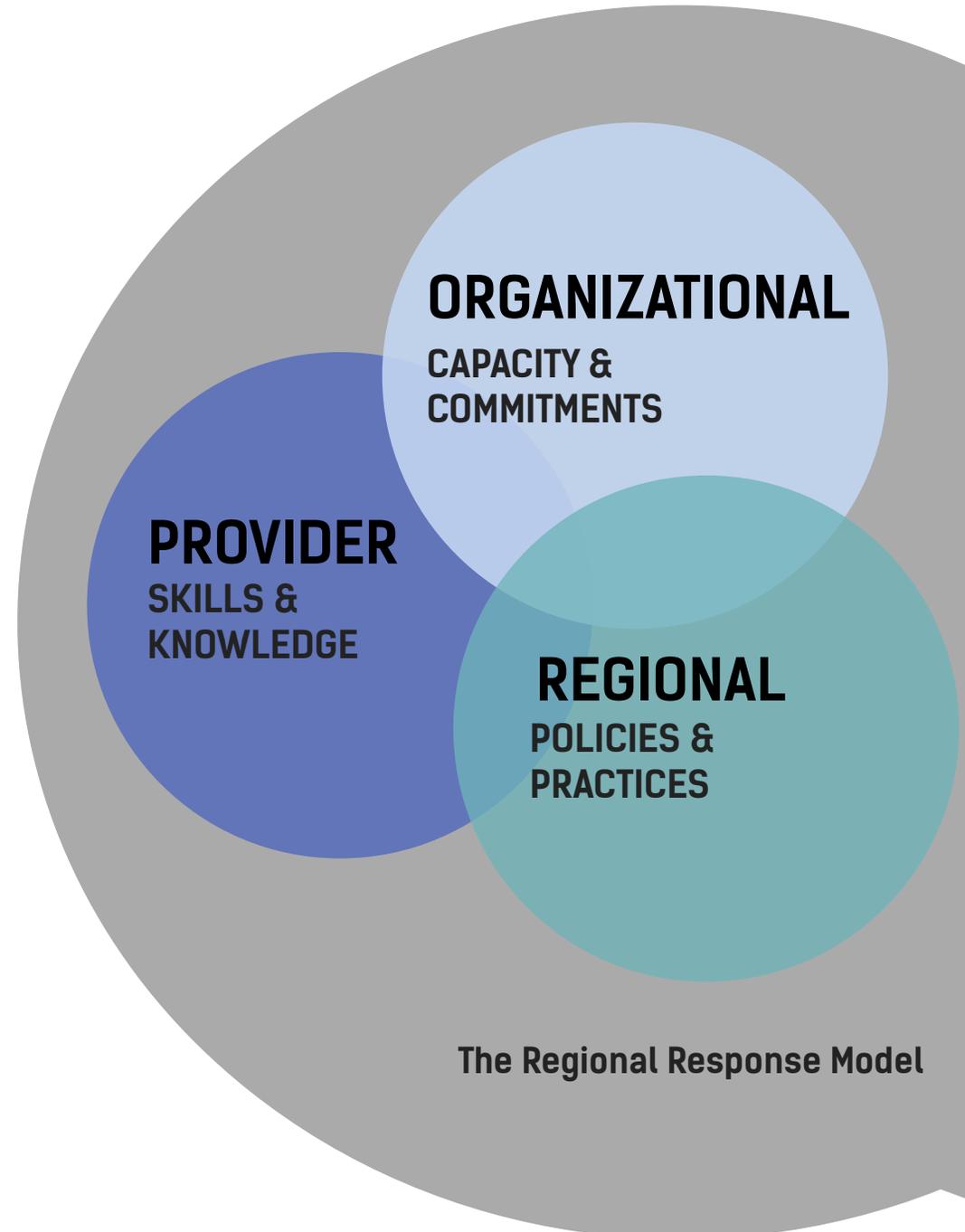
## Key Terms

LGBTQ (lesbian, gay, bisexual, trans, queer and questioning): an acronym used here to refer to those who self-identify with one or more of these terms, as well as to a broader set of individuals and communities who experience barriers resulting from heterosexism. There are a variety of terms and identities people may use to refer to their identity or experiences (pansexual, two-spirit, non-binary, femme, etc.). Terminology is regionally, culturally, and generationally specific and there is no universally accepted or comprehensive list of terms and definitions.

SURVIVOR is used here to refer to people have experienced abuse, exploitation, coercion, and other patterns of non-consensual harm. The term survivor was preferred over “crime victim” in order to convey the agency, resiliency, and creative responses of the person(s) experiencing harm. It was also used to include forms of harm that are not recognized within legal categories of “crime” and to divest from the language of criminal legal approaches to violence.

The combined capacity and commitments of a critical mass of organizations and providers in one community can set in motion a sea change to policies, practices, and norms across a field of practice.

The “regional response” model brought together dozens of organizations and hundreds of providers in one geographic area to mobilize change across the region’s victim services sector. Using a broad definition of “victim services,” the project appealed to a wide range of community-based service providers and programs in King County—from domestic and sexual violence advocacy organizations, community mental health services, homelessness assistance, recovery programs, youth and family services and more. The project also designed community collaborations aimed at shifting regional policies and practices.



## LGBTQ people live in all areas of King County and are incredibly diverse.

Over the course of the demonstration project, an estimated 2 million people resided in King County, with approximately 650,000 living in the urban core. The large geographic area is comprised of 39 municipalities, which includes the major metropolitan hub Seattle, diverse and sprawling suburbs, and farming and fishing communities. It is the ancestral land of Coast Salish peoples and is today home to their descendants and many people from other tribes.

Among major U.S. cities, Seattle is estimated to have one of the largest per capita LGBTQ populations. There are hundreds of active LGBTQ community organizations, cultural institutions, social clubs and groups and the region is considered a thriving epicenter for LGBTQ culture, art, and politics. Local and state laws have prohibit discrimination related to sexual orientation and gender identity and the City of Seattle maintains an active LGBT Commission. The region's socially progressive self-perception created an atmosphere of willingness and enthusiasm among agencies and providers to join the LGBTQ Access Project.

King County's victim services are distributed through an extensive and relatively decentralized network of government- and community-based agencies and programs. This context offered a strength for testing an organizational change model across differences such as agency type, size, scope of services, history, and mission.

## PROVIDER REFLECTION

*“The [regional] approach was great in providing credibility and accountability to the work, connecting with other agencies and learning from their experiences and providing a network of support.”*

## Locally made

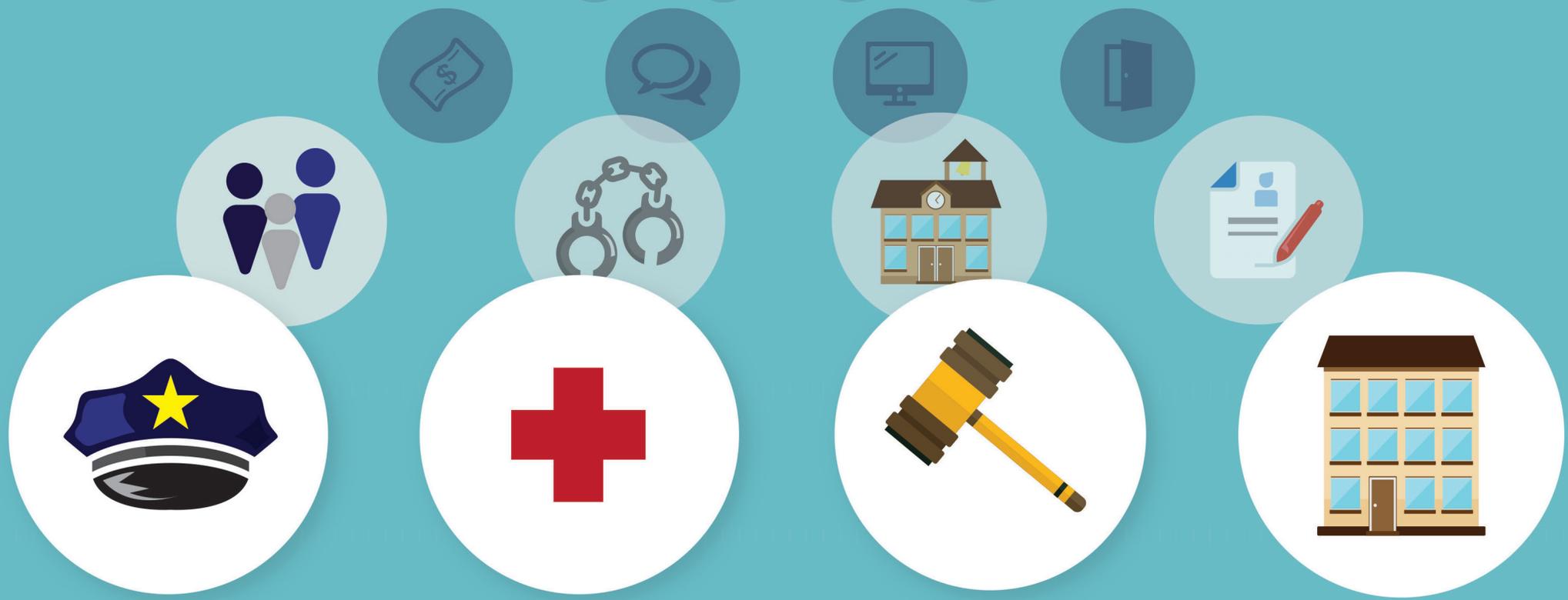
- **Draws on community organizing strategies** with roots in and accountability to local communities
- Led by a local coalition, in **partnership with a local LGBTQ anti-violence advocacy organization**
- **LGBTQ organizations and leaders** consulted and engaged as trainers and presenters
- **Encourages peer-to-peer** education between local agencies
- Works in **collaboration with existing local and statewide coalitions**

## Provider driven

- **Supports leadership** of providers within their own workplaces
- Goals and priorities are **determined by each organization**
- Program **activities are shaped** by provider feedback
- **Focuses on provider praxis:** an ongoing process of critical reflection, action, and evaluation

## Critical consciousness

- **Focuses on power and inequities** within service provision broadly
- Emphasizes **social justice and equity**, rather than diversity and inclusion
- Centers an intersectional approach to **understanding social conditions and organizational cultures**
- **Reflects an understanding** that there is no singular set of knowledge about LGBTQ communities
- **Strengthens organizational commitments** to ongoing learning, self-reflection, and engagement



LGBTQ survivors  
and interlocking  
**barriers** at

encounter imposing  
systems, with  
**every turn.**



## The historic and current bias, discrimination, and violence against LGBTQ individuals, families, and communities is well documented.

LGBTQ children and youth are vulnerable to higher rates of abuse or neglect by their families of origin, harassment and abuse at school, and dating violence and sexual coercion.<sup>1</sup> Family rejection of LGBTQ youth correlates with higher rates of depression and suicide, drug addiction, and serious health problems.<sup>2</sup> For these and other reasons, LGBTQ youth are overrepresented among homeless youth and in systems of state care or detention where risks of victimization become particularly acute.<sup>3</sup> Trauma in childhood and adolescence can contribute to vulnerabilities to intimate partner violence, sexual violence, and other forms of harm across the lifespan.<sup>4</sup>

Discrimination and inequities in education, healthcare, housing, and employment contribute to disproportionate rates of unemployment, homelessness, and poverty among LGBTQ people, particularly transgender people and LGBTQ people of color. For many survivors, a lack of resources and limited kinship networks compound vulnerabilities to harm and limit choices and mobility. LGBTQ survivors are more likely than non-LGBTQ survivors to be targets of police profiling or violence, face undue arrest, experience physical and sexual abuse in detention, and be subject to bias in criminal and civil legal decision making—factors which can also limit access to institutional remedies or relief.<sup>5</sup>

Barriers to access to services are multiple and interlocking. The political, social, economic and legal terrains for LGBTQ survivors and their advocates are rapidly evolving. An examination of barriers must consider how social conditions, service cultures, institutional barriers, organizational obstacles, and interpersonal beliefs work together to shape access.

Of particular concern is the disparate treatment of LGBTQ survivors by criminal and civil legal systems, as well as medical and psychotherapeutic providers. The real and perceived bias of first responders, law enforcement, medical and mental health providers, and the courts—particularly for transgender people, LGBTQ people of color, and LGBTQ people who are homeless, poor, undocumented, youth, and sex workers—leads to underreporting and inhibits LGBTQ survivors from accessing services. Over-reliance on criminal justice and medicalized or psychotherapeutic services has created a victim response system that is largely irrelevant and sometimes actively dangerous for marginalized LGBTQ survivors.<sup>6</sup>

## PROVIDER REFLECTION

*“We came to the realization that we’re not fully trained to provide services. . . I will say, there’s a lot of remaining taboos when it comes to talking about sexual orientation within the community we serve. We saw a big, big necessity to address these issues.”*

## LGBTQ survivors are less likely to view traditional community-based services as welcoming and relevant to their needs.

Lower rates of service utilization can reinforce misperceptions that LGBTQ people may not exist in certain communities or do not need certain kinds of supports. This is further entrenched by popular media representations that depict LGBTQ people as primarily gay and lesbian, white, urban, and affluent. Myths about what constitutes “real” victimization, along with misconceptions that same-sex intimate partner violence is a “fair fight” or “mutual abuse” fosters social stigma and victim blaming. Popular representations of “men” and “women” and “families” in anti-violence advocacy and outreach, as well as gender-segregated programming, can result in de facto exclusion for many LGBTQ survivors. Combined with other misperceptions about LGBTQ people, this can profoundly limit the potential of existing service models to meet survivors’ needs.

The experiences of LGBTQ survivors in services are infrequently analyzed even at the programmatic level. Anecdotal reports of negative experiences travel within LGBTQ communities and erode provider credibility, sometimes dissuading LGBTQ people from accessing services or from disclosing their gender or sexual identities when they do. The lack of accessible services leaves LGBTQ communities at greater risk for compounding harms.

The LGBTQ Access Project involved thousands of providers, dozens of human service agencies and LGBTQ organizations, and several other stakeholders across the region.

The tremendous scale of engagement helped advance LGBTQ access as a regional priority and build momentum through its multiple engagement points:

- The King County Coalition Against Domestic Violence **as a lead convening organization**, in partnership with The Northwest Network of Bi, Trans, Lesbian and Gay Survivors of Abuse
- **20 victim service agencies** explicitly committed to LGBTQ access by participating in cohort-based training and technical assistance programs
- An LGBTQ access survey **completed by nearly 2,000 staff and volunteers** at participating organizations, providing insights on local needs
- **200+ service providers from 75+ agencies** represented at three LGBTQ Access Summits
- **15+ local LGBTQ organizations** that participated in LGBTQ Access Summits and Regional Workgroups
- **500+ individual service providers** who developed their skills knowledge and networks through the project's 50+ unique trainings, workshops, and learning opportunities
- **More than 4,000 copies** of the King County Trans\* Resource & Referral Guide and the LGBTQ Family Law Guide for Survivors of Intimate Partner Violence distributed to providers countywide

## Pacesetter Program

Five organizations in King County were selected to join a 30-month training and technical assistance program and serve as “pacesetters” in the regional project. The program included team building within and between participating organizations, extensive organizational assessments, capacity building, three annual training summits, and ongoing coaching and technical assistance. Pacesetter organizations demonstrated their leadership in the region by committing significant staff time and resources and making substantive changes in organizational policy and practice to improve LGBTQ access to the services and programs they offer. Each organization received \$5,000 per year in reimbursement to offset costs.

## Access Initiative

Fifteen organizations participated in this one-year initiative that sparked conversations within organizations and galvanized change in policy and practice. Organizations enrolled through an open recruitment process, conducted abbreviated organizational assessments, attended the 2013 LGBTQ Access Summit, and participated in group-based technical assistance.

### THE PACESETTERS:

API Chaya  
 Crisis Clinic  
 Domestic Abuse Women’s Network  
 King County Sexual Assault Resource Center  
 King County’s Protection Order Advocacy Program

### THE ACCESS INITIATIVE:

Abused Deaf Women’s Advocacy Services  
 Asian Counseling and Referral Services  
 Center for Human Services  
 Consejo Counseling and Referral Services  
 Evergreen Treatment Services/REACH  
 Friends of Youth  
 Greater Maple Valley Community Center  
 Lifelong AIDS Alliance  
 LifeWire  
 ROOTS Young Adult Shelter  
 The DoVE Project  
 Vashon Youth and Family Services  
 Youth Eastside Services  
 YouthCare  
 YWCA

## ENGAGE

Organization elects to participate.

Identifies staff members to act as project leads.

Assembles an LGBTQ Access Team with representation across the organization.



## ACCESS

Team launches an agency-wide staff survey.

Conducts an organizational self-assessment.

Develops an Access Plan with one or more goals for change.



## CONNECT

Organization receives LGBTQ training & technical assistance to achieve organizational goals.

Engages in peer-to-peer learning opportunities in regional summits, office hours & cohort meetings.



## IMPACT



**Goal: increase access to relevant, culturally meaningful & proximate services for LGBTQ survivors.**

Providers can identify barriers to LGBTQ access and take action toward change.

Organizations build capacity & demonstrate commitment to LGBTQ access through changes to policy & practice.

Organizations & providers strengthen regional relationships & networks.

## LGBTQ Access Summits

LGBTQ Access Summits were held annually in June for three years. Conference-style forums served as hubs for building rapport and collaboration between providers and local LGBTQ organizations and groups. Each summit built upon the previous year's event and scaled up in size and scope. The third and final summit in 2014 offered a two-day community-wide event with more than 20 distinct panels and workshops, including a showcase of organizations participating in the Pacesetter Program and Access Initiative. The event was attended by hundreds of service providers, advocates, and presenters from across the county, representing more than 70 community organizations.

## Regional Workgroups

The LGBTQ Access Project brought together local victim service providers, field experts, and LGBTQ stakeholders in thematic workgroups. Workgroups were convened at several points over the course of the demonstration project and provided critical insights on various regional themes. Topics included: LGBTQ family law, resources and referral for transgender survivors, workplace culture, and training. Workgroups helped to produce tools and resources, such as the Washington State Guide on LGBTQ Family Law for Survivors of Intimate Partner Abuse and the 2014 King County Trans\* Resource & Referral Guide.

## Working with Coalitions

Collaborations with regional and state coalitions were developed based on emerging opportunities to contribute to or partner on existing projects and agendas. This included joint presentations for the memberships of King County Coalition Against Domestic Violence, Washington Coalition of Sexual Assault Programs, Washington State Coalition Against Domestic Violence, and the Seattle/King County Coalition to End Seattle/King County Coalition on Homelessness.

## AREAS OF CHANGE



### Built Environment

facilities, offices, artwork



### Human Resources

recruitment, retention, pay equity, personnel policies



### Professional Development

job requirements, orientation, continuing education



### Volunteer Programs

recruitment, training, retention



### Workplace Culture

management styles, staff diversity, workplace norms



### Intake & Referrals

eligibility, intake practices, referral resources



### Services & Programs

service models, program materials, practices and norms



### Outreach & Partnerships

outreach, organizational collaborations, community partnerships



### Development & Communications

fundraising strategies, funding priorities, communications



### Mission & Values

leadership, decision-making, approach to social change

## PROVIDER REFLECTION

*“There is a value shift. . . What we’ve learned from this experience is that there are some unique barriers and issues that we need to tackle, understand, and be able to provide advocacy around. We need some extra tools to provide access for the LGBTQ community.”*

## How do we know if our efforts are making a difference? What do we consider indicators of change?

The LGBTQ Access Project was independently evaluated using a mix methods design. The evaluation team collected data through program observation, focus groups, interviews, an extensive staff survey. This approach combined large amounts of numerical data with contextual and in-depth methods drawing on key informants' own words. More than 2,000 staff and volunteers working in 24 organizations participated in the evaluation.

The objectives of the evaluation were to understand how well participating organizations were able to build agency capacity through changes in policy and practice and how well participating providers strengthened their skills and knowledge. The findings of the project's evaluation provided an important lens to understanding and improving strategies to increase LGBTQ access to services.

### INDIVIDUAL

provider skills and knowledge, such as:

- Levels of training
- Professional preparedness to meet a range of diverse LGBTQ client needs
- Understanding the impact of heterosexism on clients
- Engagement with LGBTQ clients about gender, sexuality, and violence-related issues

### ORGANIZATIONAL

capacity and commitments, such as changes in:

- Organizational policies and practices
- Workplace culture
- Organizational competency in serving diverse LGBTQ clients
- Providers' knowledge of LGBTQ resources
- Organizational values related to LGBTQ access

### REGIONAL

collaboration, such as:

- Relationships to the LGBTQ Access Project and other participating organizations
- Partnerships developed with LGBTQ organizations
- Referrals to and from LGBTQ organizations

## The LGBTQ Access Project sparked and renewed conversations about access to services for LGBTQ survivors across King County.

The scope and breadth of engagement in the Pacesetter Program and Access Initiative was a success of the demonstration. The cohort-based programs helped to maximize the training and technical assistance resources and expand opportunities for mutual support and peer-to-peer learning. At the project's conclusion, many participating organizations planned to continue and sustain their efforts and strengthen opportunities to collaborate, learn, and take action.

### Provider Skills & Knowledge

Participating providers generally valued the programs and reported significant increases in workplace conversations about LGBTQ access over the course of the program. Providers in the intensive 30-month Pacesetter Program reported a significant increase in knowledge and self-reported professional preparedness. Providers in the one-year Access Initiative reported an insignificant increase in knowledge and a significant decrease in self-reported professional preparedness. These inverse findings support developmental learning theories in the field whereby increased consciousness may at first reveal what a provider still has to learn.

### Organizational Capacity Building & Commitment

The one-year LGBTQ Access Initiative had a galvanizing effect, with more than 70% of participating agencies making at least one change in policy or practice. The 30-month intensive Pacesetter Program resulted in more substantive changes at the organizational level. Factors that helped to facilitate organizational change include: length of time and dedicated resources for organizational capacity work; staff experience working in or with LGBTQ communities; meaningful leadership involvement; readiness and will to integrate new agency-wide policies and practices; and an organizational commitment to promoting equity and social justice.

Providers also described a more open workplace climate for conversations on LGBTQ access by the conclusion of the project. In the project survey, respondents in the Pacesetter Program observed significantly less LGBTQ-bias in the workplace at the end of the 30-month program; conversely, respondents from organizations participating in the Access Initiative observed more bias at the end of the one-year initiative and were less likely to see their workplace as comfortable for LGBTQ staff. These inverse findings may reflect an increase in awareness. Learning to identify bias, heterosexism, and other workplace culture issues can be a first stage in a longer process of change and ultimate improvement.

### Regional Collaboration

Providers increased their knowledge of LGBTQ-specific resources but did not report a significant increase in referral relationships or collaborations with LGBTQ-specific organizations. The process of developing meaningful and reciprocal relationships with LGBTQ organizations, many of which have far less resources and capacity than human service agencies, will likely take significantly more time and resources than made available during the three-year demonstration.

Increasing LGBTQ access to services is not simply a matter of better outreach, it requires identifying and reducing harms within the victim response system and transforming community responses to violence.

Organizations are continuously mediated by and interacting with the political, economic, and social conditions in which services are designed and delivered. These conditions directly and indirectly impact multiple aspects of organizational culture, priorities, and approach to services. A neutral view to equality or a static approach to competency can undermine meaningful access to services if the unique vulnerabilities and evolving experiences of LGBTQ survivors are ignored or outdated. Reducing barriers for LGBTQ survivors requires skillful and knowledgeable practitioners, reflective and proactive organizations, and collective action for social change.

As a field, we can strengthen provider education models by better integrating of the concerns of LGBTQ survivors into all aspects of training, and offering an array of learning opportunities that draw attention toward structural and organizational barriers, social and economic inequities, and root causes of violence. Intentional efforts to hire, retain, and advance LGBTQ people to leadership, including transgender people and LGBTQ people of color, can help transform workplace culture and positively influence access to services for diverse LGBTQ survivors. Improving material working conditions for providers, establishing LGBTQ access as an organizational priority, and prioritizing resources to support new strategies are crucial to efforts to increase access to services.

Changing our organizational policies and practices can be a significant challenge; working to transform structural barriers, such as biases of law enforcement, courts, child protective services, and hospitals, often feels outside of our purview. However, these are critical concerns for a victim service sector interested in genuinely improving responses to LGBTQ people who have experienced harm. Efforts to increase LGBTQ access to services should include opportunities to (re)connect community-based service organizations to broad-based movements for social and economic justice.

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