

REALTIME FILE
END DOMESTIC ABUSE WISCONSIN
LGBTQ Abuse in Later Life Webinar
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Hi, everyone. Thanks for joining us for LGBTQ Abuse in Later Life with Kathy Flores of Diverse & Resilient, who is just behind me here. It continues a series begun in 2011 in serving LGBTQ people, reflecting on organization practices and culture and building bridges to innovative emerging practices. Participation in the series meets training requirements for domestic violence training programs. Our presenter today, Kathy Flores, is the LGBTQ Program Manager at Diverse & Resilient. First we have Sharon Lewandowski, the Domestic Abuse Program Coordinator at the Wisconsin Department of Children and Families.

>> I'd like to welcome you to this webinar whether you're joining us live or will listen to it later in the archive. This webinar does meet the requirement for DCF funded programs to provide training for all staff on providing inclusive, accessible, welcoming services to the LGBTQ population in each contract period. Please do remember to document your participation in this webinar. You can find that certificate of participation after the webinar. I would like to really underscore my strong support and that of my colleague for this latest edition to the webinar series. We work very hard with our partners at the

Diverse & Resilient and youth to change things up and provide fresh and cutting-edge information to meet your annual training requirements, we hope that participating in this training is not just a requirement or something to check off on your compliance to-do list but reflective of our shared value on continually working towards trauma sensitive, culturally appropriate and life-sustaining resources for all survivors. There are specific ways we need to put this commitment into practice. Our federal funding requirements state that all of our programs must assure that the needs of LGBTQ people are taken into consideration in our agency programming including how this programming is going to be not only inclusive and not stigmatizing but indeed appreciative of LGBTQ persons. You must also establish and have an effective way of publicizing policies, prohibiting harassment based on the federal protected category of race, sexual orientation, gender identity or expression, religion, and national origin. This includes being able to seriously monitor any claims or complaints that you receive, address them seriously, and document any needed corrective action. Now some of you may remember that when we first provided resources to help you meet this grant requirement, we began back in 2015 with the series of three core webinars. These webinars contain a wealth of useful information to help you meet those grant expectations they just referred to. We recommend that all new agency staff review these core webinars to provide a good grounding of essential information, and of course your new staff are also welcome and encouraged to watch the new webinars that we debut and offer each year. With that, I'd like to turn this over to my colleague Kathy Flores.

>> Thank you so much, Sharon, and thank you to End Abuse Wisconsin for hosting this webinar. Diverse & Resilient is thrilled to partner and make sure that space are more inclusive and welcoming to LGBTQ survivors of violence. I'm having a little technical difficulty moving my slides forward. Our mission is to achieve health equity and improve

the health and well-being of LGBTQ in Wisconsin. A lot of us know us in Milwaukee for H.I.V. testing and treatment. We have a prep clinic that helps prevent H.I.V. early. We work with community and partner violence, AODA, alcohol and other drugs and other issues as well. It's really important that Diverse & Resilient looks at why these disparities. We have health around all of those areas and look at social impacts of why LGBTQ folks have these disparities is really key. So higher rates of binge drinking, drug use, homelessness, depression, suicide. All of these disparities exist not because of a person's identity that they're LGBTQ but as a result of the oppressive systems that minority stress can have upon LGBTQ folks. It's just key they mentioned who we are and what we do. The other part of what we do -- I'm having trouble getting slides forward. So I'm going to probably nod to Elise. Thank you. We make sure that we center our work in LGBTQ around LGBTQ people of color. It's important that we address and acknowledge the systems of oppression tied in to race and poverty and disability and how that impacts working with LGBTQ folks in general. Recently we had Sebastian Margaret a gender nonconforming queer disability justice coordinator and educator. They put it very well and succinctly saying if you center LGBTQ work around people of color, you'll automatically serve all people well because we already know how to serve white LGBTQ people in communities. We figured that out long ago, because everything has been centered in whiteness. So that's why I lift up the voices of people in color in the work that we do. So we have a room to be safe website, and we have a room to be safe program. That program contains the first statewide what we would call warm line for survivors of violence and the website is roomtobesafe.org. And we provide LGBTQ support via -- through an advocate on the phone and worked with many of the programs listening today and provide safety programming and co-advocacy with programming offering resources and referral and a chance for LGBTQ folks to have

anybody to talk to. And just a reminder, we'll put up all the descriptions at once that just a brief understanding reminder about sexual orientation and what that looks like. So I'm going to be using words like gay, lesbian, bisexual, queer, straight. We'll pull those up right now. I apologize, because we are having a little bit -- I'm going to do that. Thank you. So these are words that many people are familiar with, and we're not spending a lot of time doing a LGBTQ 101. I want to make sure we have time to talk about issues later in life. As Sharon has talked about, there are some LGBTQ 101 webinars you can go on and learn more about these identities as well. I will say working with older adults and the aging population, oftentimes we get feedback that queer has been known in specific communities as a derogatory term. It is up to individuals whether they use that term for self-identification or not. I'll be talking specifically LGBT and the Q is also implied and we can talk about that more in 101 presentations that we do. But also a reminder that gender identity and expression are different than a person's sexual orientation. The identity is somebody's deeply internal deeply held sense of one's own gender and how we express our gender through how we look, how we dress, all of those things. So some of the terms that you might see around that are gender fluid, gender nonconforming. Today I'll probably refer more to cisgender and transgender individuals. You'll find more about these identities as you go through 101. And we're happy to provide more of a 101 in your agency if that's something that you're looking to have done. So this clip we're about to show you. We're going to show you a short film clip. It's about 14, 15 minutes. And it comes from the film gem silent. I have permission to use this clip and some of the training mechanisms developed for this movie. I first saw it at the Milwaukee film festival. Then we brought Stu Maddux the director to visit. I want to you pick up on some of the themes they're going to talk about. It's a 15-minute clip from a much larger film. Think about the themes you're starting to

hear come through from the individuals with these lived experiences and we'll go ahead and get that started now.

>> Wake up one morning and go okay, I'm Alexander. I was in my 20s. He was in his 40s. We're still here. For 38 years now.

>> I roll up, disheveled hair, no teeth. And I'm so thrilled to be who I am. I lived 50 plus years of my life as a male. It was a sad miserable time. Angry at himself and the world. And just we see no happiness. Then I said I know what I need to do. I did it. Cured the depression. I'm just happy to be here.

>> A couple months, it'll be 45 years. Almost 45 years.

>> Are we going to interrupt each other?

>> Is that bad?

>> I want -- I don't want to go to a home and be with all of those old people. She and I got together in 1953. We've been activists for 30 years. If anything happened to Lois, I would say who would come to my aid?

>> It's filming us.

>> He's a movie star.

>> Walter and I were very costly, exposing ourselves publicly. We had never even gone to the parade, because we didn't want to ever be caught in a video. We never in a picture touched each other. We reached the point where even in cars, we weren't writing your full names out because we didn't want them to know. The pendulum might swing the other way. We didn't want to be out there and be discriminated against. You hear too many stories.

>> LGBT seniors are going back into the closet, because that fear is real. The first nursing home, we weren't really welcomed there as a gay couple.

>> They didn't want to touch my body. I believe that.

>> I worry about people like ourselves, older, who are hiding things or whatever, because they are scared to death.

>> It's hard for me to think about it. A friend of ours, Bill. Bill was gay. Everyone knew he was gay. When he went into the nursing home, he became so fearful. He didn't want any gay people coming to visit him. He didn't want anyone mailing anything to him. He reversed to this whole homophobic.

>> Internalized.

>> Internalized homophobia. Maybe there was somebody there. That wasn't the Bill he knew.

>> He was afraid of the orderlies and all these people who harassed him and abused him. It wasn't just the other seniors at home. He didn't want to be seen as associated as gay people coming in. So they stopped going. And eventually they heard months and months later he had passed away. He passed away alone.

>> I would never put myself in danger, and I know that's possible, and I certainly agree with some people where there is no one else who is supporting them in any way in their gayness.

>> I have no basis.

>> Practice.

>> Practice? How?

>> Do.

>> When we go to a new agency, one of the things we get is we don't have any gay residents here. Are you thinking that all gay elders are going to have a Mohawk and pink hair? How do you know?

>> We have no idea who might be LGBTQ. We talked to some of the gay caretakers.

>> You just know they don't want you there. I can observe people whisper. If you feel

as if you're not wanted someplace, you're in a state of stress. You're not allowed to be who you are. He has Parkinson's dementia. It's progressing. And he knows that. He's very aware.

>> You see your guardian angel?

>> Yeah.

>> Alexander went into the service in 1940. I think it was after his marriage that he had a gay life in the 50s and 60s and through the 70 when we met.

>> A person was in his mid-20s in the McCarthy area when there was effort to root out homosexuals and black and all that fear.

>> Two pretty boys.

>> No, I won't forget him.

>> Obviously there were, you know, a lot of people killing themselves and a lot of tragedies going on. It was still considered a mental disorder.

>> So if your family found out you were gay, and they committed you to a psychiatric facility to cure you, at this point in your life, you may be reluctant when somebody suggests you see a psychiatrist. People were involuntarily hospitalized in psychiatric facilities, whether you felt like you needed a cure or not.

>> I think that there is a lens in place for some of these people, because they've done and experienced.

>> The pendulum might swing the other way. We didn't want to be out there and be discriminated against.

>> These are the ways in which we're not just like anybody else. LGBT elders are more likely to age alone, because many of them have no children. Many of them are not in close contact or have not had great relationships with their families.

>> It's not an easy time.

>> Most people that transition expect losses, sometimes a great many losses, but I didn't expect everyone.

>> For two years, I desperately tried to connect with my family, and some of them, they weren't even opened. This person is dead.

>> It was horrible. It was vile. But that plays right into how they look in mourning. Now I'm terminally ill with lung cancer.

>> How long did they give you to live?

>> About a year ago, they said 18 months. But out of stubbornness, I'll probably make it 19 months. I've done it alone. And things are getting worse and worse. If they ever choose to catch up before I die, I welcome them.

>> So it's with great pleasure we have our student from the conservatory back with us again.

>> So many are strange. They can't rely on cousins or siblings or stuff like that.

I had to fill out a registration form. When you put emergency contact information. That was a huge eye-opener for me. People would say I don't know who to put here. I can't tell you how many times people said can I put you down there? Me. I see that on a weekly basis. There's a complete lack of support. They hold out longer than most people do in the system. Hey, I can still take care of myself until it's almost too late. Really there's either health crisis or a medical crisis or anything.

>> I think a lot of people hit just as Alexander, and he's pretty much estranged from his family. We live in a Suburban community, so we were an island unto ourselves. And I think there are many gay couples like that, especially a lot of older gay couples who are very comfortable in their little isolated world they perfected. When illness happens, this becomes a real threat to their environment, to their protected environment. Alexander, he became much more fearful of people knowing that he was gay. He was very -- he

became very interested in making the house look as straight as possible. I don't know how one would ever do that. As he's progressed, he did not want anybody coming into the house. I was desperate for help. That forced me into early retirement. The daily routine became more and more dangerous. When I was helping him down the stairs, we both came down the stairs. And that's when I knew that my life with Alexander in this house is over. He was angry that I did this to him. Every day, he tore me to shreds. And then, you know, you get in the car, and you just sit there for ten minutes crying, because you're wondering have I left him? Have I actually left him in a place where he's being abused? And then you just come home and look at an empty house. And you sit there and you say yes, I am a piece of Shit. I did this. I wasn't the only person responsible for Alexander. I would have ended my life.

>> Thank you, everybody for being with us through that. Again I want to say that film is Gen Silent and my film Stu Maddux on the director. I highly recommend renting the film if you can. I know it's available on different forums online to rent much what's really key and important, I want to go back to the conversation I started about the word "queer." Many of us identify and use that word queer within the LGBTQ community. As you heard in the film clip, older adults may not use that word. They may use the word "gay" to describe an entire community and LGBT. It's more recently people have started to adopt and embrace that word. The takeaway is whatever language you're using is mirrors the language people are using for themselves and people get to claim their own identities and tell you what that is. I think the other thing that came out in this film clip that comes out much more in the actual film is the isolation of LGBTQ individuals. We heard some things about LGBTQ individuals about seniors going back into the closet when they get later in life and may need help. You know, the quote was you just don't know when they're going to want you here. You know when they don't want you here.

If you feel that you aren't wanted somewhere, you're in a constant state of stress. So I think this echoes the theme of the Department of Children and Families requirement for our webinars as well, because unfortunately, what we know is LGBTQ folks, many of us have experienced bullies earlier in life. They're often waiting for us later in life as well. That could be in group homes, in assisted living and also in shelter environments, both with staff and the people living in shelters. So we want to talk a little bit more now about what would happen or in a little bit we'll talk more about what would happen now if any of those people we were seeing in the film were experiencing abuse, partner abuse or by a family member or child. The importance of safe space or safer space becomes even more clear when we think about LGBT elders and the aging population which is why I have this brief history of the time. I'm not going to read this poem specifically. You have the power point. You'll be able to do that later on as well. This is a poem by Steven Dansky. The reason I bring this up, I think it's an important part of our history to remember that the lived experiences of older adults and the LGBT community is when they experience a time, and we still live in this time. Especially in a time when people were criminalized and hospitalized just for saying they were gay. We're far from where we need to be as a society for LGBT rights. We consider to see those stripped away. This reminds me of a time where this activist had written a story about a love that dare not speak its name and remembering these individuals are really key to our history. As you saw, too, in the film, some of those folks had activists for a long time. It's always key to hear from people's lived experiences which is why I'm so grateful to Gen Silence and Stu Maddux for showing the film clip. Rather than just hearing it from me, it's key to hear it from those individuals. Here some LGBT symbols and might indicate a safer space. Especially the rainbow. It's been known to be seen as a safe space, kind of indicators. It isn't exclusive to the LGBT community. When we see it, we think that

might be a space that is inclusive of LGBTQ individuals and more. We'll do some polls right now. We want to talk about just some quick facts. Some of them came out in the film and some are to engage where you are now. We're aware many of you have the power points ahead of time, so you may know the answers. We ask you not to try to look at your actual power point. The first poll asks what percentage of the population is considered to be gay, lesbian, bisexual, or transgender? So we're going to ask you to go ahead and click on your answer right now. We've got folks coming through. We're looking at between 10 and 20%. Okay. Wonderful. You are an educated crowd on this issue. So we tend to see traditionally, we hear more individuals -- oops, excuse me. We hear more individuals identifying through not just census, because we know the census isn't asking these questions. Traditionally, around 10 to 15% of the population, closer to 20% in metropolitan areas. The recent youth behavioral study that looks at the life and health of students in Wisconsin, also asked questions about sexual behavior and sexual health and in Milwaukee, 21% of youths disclosed same-sex contact. That's just those who have disclosed it and it was about same-sex contact, not just identity. That's more of a behavioral study. Almost a quarter of Milwaukee youth specifically identify as individuals who have had that kind of experience. And so it can vary anywhere from a quarter of the population, less, and we're seeing more and more individuals feeling freer to come out. Our second poll that we're going to go into right now asks the question it's a true or false. LGBT older adults have an increased risk of untreated serious illness. True or false? And we've got almost a hundred percent of folks saying that is true. We do know that is true. About 41% of individuals who are LGBT have a disability. That's higher than heterosexual adults of the same age. There's a lot of statistics. 82% of older LGBT adults have also been victimized at some point in their lives with 54% being victimized at least three times. We know as folks who work as

survivors of violence that surviving violence also increases your risk for untreated illness and increases your risk for illness in general that.

That puts that number up there really high. About 13% have been denied health care or have received inferior care as a recent poll that's come from the aging with pride network. So we could go into a lot more. We know that about 22% of transgender older adults feel like they need to see the doctor, but they cannot afford it. Poverty plays into this as well. Our next poll question is going to be homosexuality is a diagnosis of a mental disorder in the mental health community diagnostic manual? True or false? We're at about 89%, 90% of that being false. And I will just say that it is currently false, yes. So the answer to this question is that in 1973, the American psychiatric association removed the diagnosis of homosexuality from the second edition of the DSM and to note serving LGBT elders, a lot of individuals lived under a time period when this was not truth and not their lived experiences. Our next poll question, and I think we have one more poll question. Two more poll questions. And this question is gay, lesbian, bisexual, and transgender individuals are protected from workplace discrimination in the United States? Is this true or false? All right. We are at about half. 50/50 almost. The answer is actually false. Currently there are no federal laws that explicitly prohibit discrimination against LGBT individuals. Title seven of the civil rights act outlines hiring and discrimination based on sex or national origin and race. It doesn't cover sexual orientation and identity. There are some current moves including senator Baldwin of Wisconsin looking to add that at protection at the federal level. I want to show a slide of our country and can show you the breakdown of where employment nondiscrimination laws are covered and folks that are transgendered are cover. Wisconsin was the first state in the country to protect employment rights of for sexual orientation. We still do not have employment rights for transgender individuals.

We have maybe six communities in Wisconsin including Madison, Milwaukee, Appleton that have some protections and accommodations for LGBTQ individuals. We're a far cry from having it be illegal to fire somebody based on their transgender identity or deny them services. There are ways that good law firms and attorneys can help fight those cases under sex discrimination. The fact we don't have explicitly transgender protections in this state and many states is very concerning especially for our aging population. Our next poll ask the question: Most older LGBT adults have partners they can rely on for help? Are most LGBT in relationships?

>> A hundred percent fault, you are right. The answer to that question is false. As we pull up the next slide that shows the breakdown of how many older adults live alone versus the general population, and when you look at these numbers, so LGBT older adults, 75% live alone versus 33% in the general population. 90% of LGBT older adults right now do not have children versus 20% of the general population and 80% identify as single and 40% in the general population identify as single. This tells us very concerning facts that they're often aging alone and have family members. The family members are not accepting and they've had to leave their family of origin. As you heard from two of the members in the film, talk about who will take care of us. We only know the gay communities to take care of us. That's signaling first of all the use of the gay community as an all-encompassing word for LGBT community. The sense of who is going to take care of us. We know as folks who work in shelter programs and work with housing, we want to be making sure that we are seen and that we are not just seen that way but we can provide significant helpful care to individuals who are experiencing violence, experiencing homelessness, and experiencing discrimination based on their sexual orientation or their gender identity. There's significant poverty that happens in the LGBTQ community. This comes from justice and aging. 21% of LGBT adults are

living on \$12,000 for year or less compared to 17% of non-LGBT. And poverty rates for lesbian couples are 65%. And they are trouble for minorities. And with transgenders, they're four times more likely to live in households with incomes of less than \$10,000 which the general community is about 15% to 4%. This is despite 87% of transgender people having completed college and 40% of trans older adults have been obtained a college or graduate degree. They're still living in poverty. The disparity is not because of someone's identity but because of the oppression that LGBTQ folks face in housing in general. It triggers poor health outcomes and pushes LGBT who poverty. Only 16% of hospitals report they have any LGBT training for physicians. 78% of LGBT residents report they're uncomfortable about being open about their identity. We can apply that the to the elder program as well. When we people coming in, do they feel comfortable with the residents around us, with the staff around us. We can look at how folks are identifying in nursing homes and assisted living programs and long-term facilities to see where their comfort level s you can get much more information in on this at the justice and aging program which is listed here. Their website is listed here. So we want to make sure that we -- we want to talk about abuse for LGBT elders later in life. Typical for all elders, we see physical, sexual, emotional, psychological, neglect, abandonment, all of these things you're familiar with. They look a lot like the power and control wheel in domestic violence. Specifically for LGBT individuals, there are specific tactics we see coming out more and more when we talk to survivors. An abuser can threaten to out an older adult which is much more of a threat to an older adult much more than a younger person based on the experience they lived you there the McCarthy era and the lavender scare. They're losing their jobs and housing from being outed. That history is not quite gone from us either. We still don't have laws to protect people like we need O.T. abusers will tell them the authorities won't believe the older adults. That hasn't been

true. If you know the current LGBT civil rights movement was founded and kicked off at stonewall and was a riot against police and police brutality. The fear of police is really solid here, and it plays on the fears an abuser can play on the fears of an older adult. They can gain easily control finances and assets. Marriage equality laws are changing. There are many LGBT elders we talk to who are choosing not to get married because they don't want to lose assets or everything if somebody goes into a nursing home t makes it sometimes easier for children or others to gain access to their finances. The victim fears of spending the rest their life alone. That threat is real. If we break up, you'll spend the rest of your life alone. That feeling of this is what you deserve because of your identity of LGBT is what we hear older adults telling us. Victim may be easier to isolate. There may not be as many people checking in because children or parents at this point may not even be involved in the picture, may have left the picture out of choice, or kicked this person out of their family. And abusers will tell around sexual abuse, we have heard older adults just not having been raised or not being a clear understanding of sexual boundaries and healthy boundaries in a relationship, because of the stereotypical stigma of being LGBT when they were growing up. They're often told this is what you deserve. This sexual abuse you deserve because of your sexual identity. In the film itself, we hear about people who are working in homes who go up to elders and bring out the Bible and tell them it's not too late for them to turn away from their sinful ways. This just adds -- this feeds to the abuse of a survivor staying in an abusive relationship if they believe that as well. Society -- they may hear society saying this is the best you can expect. An abuser will use that.

It's not normal to be gay or trans or bisexual or lesbian. That feeds on that feeling of not being worthy. Because LGBT folks, we talk about family because we've had to create a sense of family, because many of our family members have distance from us or they

have kicked us out completely. The victim may have a history of self-reliance. That survival tactic may prevent them from reaching out to a shelter program or non-LGBT program from getting help because they fear authority and have that self-reliance they have come to rely on so well. We know as providers when we have trust with individuals, and these individuals are the people who are supposed to love us the most, who are there for us. Then those individuals turn and become abusive to us, it's a very isolated experience for any survivors. Especially LGBT survivors who are aging. It can almost feel like a death sentence who choose not to reach out for help or go in to homes or not have anyone come into their homes as we heard in the film. There are a few tactics. If we were in a room discussing this together, we could come up with more tactics. I want to challenge your assumptions about what this does and how we think about our work and how does this affect our work and the work we're doing. And how we protect survivors more with especially LGBT aging survivors that we're talking about now. We can help older adults by getting them involved. Isolation is an extreme risk. I know that shelter programs need often a lot of volunteers, whether it's helping with mailings to get out, newsletter mailings or different programs around shelters. Think about getting older adults involved in programs and sometimes it may look like I'm going to need to create some more work here to think of opportunities that are available, but once you have older adults coming in and volunteering, your program is going to be enriched by it. They're going to be enriched by it. Survivors in general are going to be enriched by it. That older adult will be able to tell other people about your program especially if it's LGBT inclusive and they identify that as well. Recognize as you're offering programs, no means no. It could also signal depression that they don't want anything to do with anything that provides them with help because they don't think they deserve it. When working with the aging population, try to keep all topics on the table.

Don't be afraid to talk about some things. In the film itself, they talk about folks going in to and recognizing that this person is in the same-sex relationship, but they don't want to talk about it, because they feel it's invasive and may not want to get on the sensitive topic. Be very open about how inclusive you are in the shelter program and let people know, whether you're thinking they're straight or not or LGBT or not, knowing you have inclusive services will go a long way in helping them feel supported. Again help them safety plan like you would any other survivor or victim of violence. It has to be individualized and different for every survivor as we know. Be willing to go with people. We're challenging ourselves in the movement about coming outside of our programs and helping survivors. For somebody who is aging, they may be terrified and any survivor may be terrified to go to police or apply for any kind of government assistance. Offer to go with them and be an advocate for them. Be resourceful. Come up with individualized plans that may change depending on the system. They may get pushed back within the system. You may need to advocate with them with the aging and disability system as I think about your outreach and welcome. My E is cut off here. Is your organization welcoming to LGBTQ staff. Knowledge about that in your own program. I know you're watching this webinar today or may be watching it down the line, but key what we really want you to do is be talking to other staff about what that looks like. So how do you know that you're welcoming to LGBTQ staff? Do you have LGBTQ-identified staff who tell you they're welcoming? If you don't have any, what is happening there? Maybe you haven't hired anybody, and you don't know how welcoming you are or not. How is your message conveyed? How do people who are LGBT know that you want to not only hire them, but you encourage them to apply? What does your language look like? Is it inclusive of gender identity and gender section and guidelines put out around EOC.

Gender identity and expression is not part of that. They'll add that to their policies and outreach in hiring. They'll make sure they have a philosophy that they'll hire -- that they will not hire based on gender. And does your message make a difference? Are you seeing people coming through your programming? Are you seeing staff members coming? Are you seeing people coming to your program specifically? Think about what messages you think it's important for them to hear. Focus groups are great, asking survivors about messaging that might be helpful. It's how we have design someday of our programs. Our most recent program has been more youth based. We asked youth what they wanted to see. They told us loudly and clearly what they want to see. If you need help reaching out or hearing these types of messages. Again I'm available to help connect you with a program in your area. You may not have a program in your area. We can talk about how Diverse & Resilient can help you as well. Are you collaborating with statewide and local org. There's a committee dedicated to serving LGBTQ survivors. If you don't have a staff member connected to that, you may want to think about that. That committee provides some really good feedback and resources on serving survivors. Are you currently advertising when you have open positions in LGBTQ publications?

We have our lives magazine which is a free subscription, Wisconsin gazette. Think about supporting your advertising dollars, if you have advertising dollars going towards LGBTQ publications. And are you sharing posts from social media from LGBTQ orgs? Some are you. I appreciate that.

Follow some of Facebook and Instagram and continue to share that information on your pages. It lets LGBTQ people know that you're there for them. And we're in pride month. It's a great time to be sharing your support of LGBT people. It's important for people to learn to thrive not just survive. We talk about the violence. We want to talk

about people's ability to thrive through this. Just a few more things. Think about your office settings if you have things that look very much like heterosexual women only or couples that are just heterosexual, they're not going to see themselves in that. That includes your marketing materials. We talked about your nondiscrimination policies that you can help provide support for that as well. And review accessibility of your program, you know. Let yourself publicly be known. When you let yourself be known as an LGBTQ ally, there can be some risks and you might get push back. Collaborate with LGBTQ orgs to do that and get involved in this work. I want to end with this picture. If you've ever been in a presentation, I end with this picture in general. I am somebody who I identify as a queer Latinex with a disability. I have white passing. So I have white passing privilege. When I saw this rock, which was in the pictured rocks. I had just been diagnosed with MS and an aneurysm and later would be diagnosed with cancer and a bunch of other medical nightmare. When I saw this tree, it really spoke to me and I almost had an ah-hah moment. When I ask audiences why I connected with this tree, because it's growing out of a rock and indicates surviving and all of those things. When you look to the left of the rock, there's a thick root system that's connected to the forest behind it. This tree is not completely by itself. It's connected to something bigger than itself, and its life forces bigger than itself. I tell you that, because I know working with LGBTQ issue, supporting survivors is hard work. I want you to know that I consider myself one of your trees in your forest here to support you. I'm available after the webinar as well to connect with you. So that leads us to resource. You have a list as well of resources. I think we have maybe a few minutes for questions. We're also going to ask you to take a survey. There's a survey that's come your way. We'll ask you to take that survey. We'll ask questions right now. By contact information as well and contact information for other individuals. Do we have any questions that I can see? Or

any questions that have come in? We have not had any questions. Now is the time if you do have a question to type it in quick. Please feel free to do so. If you think it's something longer, contact me afterwards. Take that survey. Really important for us to have feedback on how well this went, what we can do differently, what you liked, what you didn't like. And thank you so much.

>> Thanks, everybody. We're going to give -- we're wrapping up with that hour mark. If anybody has to go, that's fine. If you have any questions you think of after this, feel free to contact End Abuse and contact Kathy directly. The materials, so there's a handout of resources and the power point presentation, those be both be available on our website in a couple of weeks. I can send you an e-mail with those materials. You should have received them already. I can send them out once more. That survey is really helpful for helping us to make our webinar experience better. Please take a moment of the after that survey, you can have a certificate of completion. Tune in to End Abuse and Diverse & Resilient on Twitter. There are pieces that help tune you in to the LGBTQ community. That can be a part in being acceptable to that community and serving them. Another minute, we have some excellent presentation comments. I agree. Thank you so much to Kathy. See if I have any other notes. I don't think so. Why don't we -- we'll end the video here. I'll leave this survey up, so if you want to just take a few more minutes, if any other questions roll in in the next five minutes, we can address them. Otherwise the contact information will be sent out via e-mail. It's been sent out for Kathy and end of us. If you have anything you'd like to give us feedback or ask us questions.

>> And thank you very much. This is being filmed during pride so happy pride month.

>> Thanks again.