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A DISCUSSION OF RAINBOW ANTI-GBV CENTER'S WORKING MODELS



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Executive Summary

The Anti-Domestic Violence Law of the People's Republic of China, which was adopted at the 18th session of the Standing Committee of the 12th National People's Congress on December 21st, 2015, has been in force since March 1st, 2016.

To protect LGBT people from domestic violence, the Rainbow Anti-Gender Based Violence (GBV) Center was officially established on June 25th, 2016 in Beijing as the first anti-domestic violence center for LGBT people in mainland China. The Center aims to ensure that the provisions in the Anti-Domestic Violence Law are applied to cases of domestic violence against LGBT people. The Law is only the first step towards the institutionalization of anti-domestic violence protections.

The anti-domestic violence protection system is still being developed. Implementation specifications for the Anti-Domestic Violence Law do not include provisions specific to LGBT people, relevant resources are lacking, and intervention services are still in their infancy. The protection and support for LGBT people who experience domestic violence is challenging to obtain.

This report by Common Language reviews the work that the Rainbow Anti GBV Center has done since 2016 including its working models and summarizes lessons learned, in particular highlighting the experiences and challenges faced by individuals and organizations working on anti-domestic violence initiatives, especially in relation to LGBT people.

The work of the Rainbow Anti GBV Center has centered around three primary areas:

- Legal advocacy for new legislation and improvement of existing laws and implementation policies against domestic violence to be explicitly inclusive of LGBT people;
- Capacity building and awareness raising among LGBT community members and social workers to ensure seeking and provision of support;

- Intervention in domestic violence cases and provision of direct anti-domestic violence services to community members.

These activities are inter-connected and constitute the Rainbow Anti GBV Center's framework for creating a domestic violence intervention system for LGBT people. The rationale of this framework is that positive outcomes of legal advocacy impacts the policies and practices of anti-domestic violence service organizations, and it is through working with service providers that we can gather evidence of the challenges of providing domestic violence services for LGBT communities in order to carry out legal advocacy. Advancing LGBT community empowerment and awareness about domestic violence improves LGBT help-seeking for domestic violence. Training anti-domestic violence service organizations and social workers on domestic violence and LGBT issues advances professionalism to provide LGBT people continuous support for dealing with domestic violence. The capacity building work inside and outside the LGBT community informs legal advocacy. In return, advocacy work informs the direction and the specifics of capacity building.

Legal Advocacy

Since the founding of the Center in June 2016 until June 2019, the Center organized four support groups, eleven workshops and ten joint workshops. The focus of the Center's advocacy work has been:

- Forging stronger connections with mainstream anti-domestic violence organizations for the protection of LGBT people by participating and organizing conferences to connect and collaborate with mainstream domestic violence experts, mainstream anti-domestic violence organizations and the women's federations.
- Documenting and analyzing the LGBT cases of domestic violence to reveal the protection and service gaps in national level and provincial level existing anti-domestic violence laws, and provide recommendations for improvement of the laws.
- Identifying gaps in existing resources for implementing national and local anti-domestic violence laws, and strengthening the push for more resources and how to access existing resources, thereby advancing anti-domestic violence efforts.

The Rainbow Anti GBV Center identified several challenges for LGBT people's access to legal domestic violence protections:

- The Anti-Domestic Violence Law lacks specificity, cannot be linked with other laws, and therefore cannot be used to address the intersecting needs of LGBT people facing domestic violence.
- The Anti-Domestic Violence Law constrains the extent to which the victims can apply for protection orders. In its definition of "cohabitating people" the law does not guarantee that domestic violence victims who do not cohabit with the perpetrators can successfully apply for protection orders.
- LGBT people who experience domestic violence are usually not inclined to use the legal system since police and service providers tend to be insensitive and lack understanding about LGBT people.

Capacity Building

The focus of capacity building work has been to:

- Raise awareness about the existence of domestic violence in and against the LGBT community.
- Raise the capacity and skills of community members to prevent and deal with domestic violence incidents in the LGBT community.
- Provide LGBT organizations with opportunities, resources and capacity building trainings to interact and connect with mainstream anti-domestic violence organizations.
- Provide small grants to LGBT for public advocacy and capacity building activities.

Anti-Domestic Violence Services

Between June 2016 and June 2019, the Rainbow Anti GBV Center provided consultation and direct intervention to 379 LGBT persons. Based on service delivery records as of March 2019, 48 percent sought help for family violence and 52 percent sought help for intimate partner violence.

- With the ongoing work of the Center to increase LGBT awareness of domestic violence, the number of LGBT victims directly requesting assistance from the Center increased.
- Help-seekers who contacted the Center were usually friends of LGBT victims of domestic violence.
- The Center is receiving a growing number of transgender cases of domestic violence.
- Police assistance was infrequently requested. For instance, out of 114 LGBT people who required intervention for domestic violence, only 10 wanted police involved. The police response was not effective.
- Even fewer LGBT people (4 out of 114) sought help from their local women's federations.
- As of the second half of 2018, the Center is providing legal aid, counseling and information services to LGBT anti-domestic violence groups or organizations.

The working model in anti-domestic violence service provision is structured as a three-level pyramid, including community activities, support groups, social work intervention and legal aid.

- The foundation level aims to reach a maximum number of LGBT people through a series of online or face-to-face capacity building activities to increase awareness on anti-domestic violence and the capacity to deal with violence in the LGBT community;
- The second level works through support groups and consultations to provide help to those who have not encountered violent situations but want to know more about domestic violence issues and how they can be prevented or addressed;
- The third level focuses on LGBT people who are experiencing violent situations who receive services through social work practice models including crises intervention model, task-centered model and cognitive service model to provide direct service to victims of domestic violence, and to provide ongoing support, legal aid, and other resources.

In service provision, the Rainbow Anti GBV Center has identified these key challenges in tackling domestic violence:

- There has not been adequate matching of funds, human resources and infrastructure building after the passing of the law, which makes the presence of intervention and service work uncertain. In areas with active anti-domestic violence organizations, domestic violence issues have a better chance of being resolved, and victims can receive more professional help and support. But in areas with no active organizations, it has been very difficult for the victims to seek help.
- LGBT people who experience domestic violence face another layer of societal neglect and discrimination, which makes seeking help from public authorities or professional anti-domestic violence organizations challenging, and reducing chances of effective support.
- Direct service providers face great pressure and challenges as they lack resources and opportunities for self-growth, support network and motivation.
- LGBT minors face even greater challenges. Social service, legal aid and civil society organizations cannot effectively intervene in cases involving under-aged victims. The long-standing social and cultural positioning of the family prevents social organizations and even governmental efforts to intervene in family matters and let alone domestic violence incidents.

Recommendations

- National guidelines are needed as soon as possible for proper implementation of the Anti-Domestic Violence Law. These guidelines must specify how the judicial system handles domestic violence cases, from court hearings to court rulings. Judges and court officials must be trained on domestic violence and the law in general, and also on LGBT issues and domestic violence.
- Broaden the application of the Anti-Domestic Violence Law to include protections for LGBT people and their life arrangements.
- Provide trainings for all personnel of relevant government departments at national and provincial levels involved in implementation of the Anti-Domestic Violence Law so they have correct understanding of LGBT issues and are trained to provide effective service to LGBT people, and increase LGBT victims' confidence in the domestic violence system.
- Advance public support systems for victims of domestic violence, including LGBT people and increase resources to construct an anti-domestic violence support system through infrastructure building and personnel training.
- Increase the awareness of intersectionality of domestic violence in the practice of the Anti-Domestic Violence Law by strengthening the connection between this law and other laws, thereby ensuring people of different ages, different gender identities and different sexual orientations can access legal protections and intervention and support services.



Introduction

The Anti-Domestic Violence Law of the People's Republic of China, which was adopted at the 18th session of the Standing Committee of the 12th National People's Congress on December 21st, 2015, has been in force since March 1st, 2016.

It is the first legislation on the intervention of domestic violence in China, 12 years after the submission of the proposal draft of Anti-Domestic Violence Law by the Anti-Domestic Violence Network of China Law Society on March 2003. The law marks the beginning of the institutionalization of anti-domestic violence protections. This is an important first step. Family violence is no longer a private matter. It is the responsibility of state authorities and the society to intervene in family violence, and help the victims be free from their violent families or intimate relationships. On the one hand, the legislation popularizes anti-domestic violence attitudes. On the other hand, it legitimizes the building of the anti-domestic violence protection system and the input of relevant resources.

To protect LGBT people from domestic violence, the Rainbow Anti-Gender Based Violence (GBV) Center was officially established on June 25th, 2016 in Beijing as the first anti-domestic violence center for LGBT people in mainland China. The Center was born out of the long-term engagement and sustained work of Common Language on the issue of anti-domestic violence. Common Language has developed LGBT domestic violence research, and collected the needs of LGBT people for anti-domestic violence legislation and service since 2007. Being a part of the anti-domestic violence legislation civil society advocacy working group¹, Common Language provided the working group with legislative recommendations with detailed and veritable data based on their previous research and work. After the passing of the law, Common Language founded the Rainbow GBV Center as an independent organization to provide support and service for LGBT people on anti-domestic violence protections.

¹ The anti-domestic violence legislation civil society advocacy working group includes Common Language, the Gender Studies Center of Xianyang Normal University, Women Awakening Network Guangzhou, Gender Watch China, Equality and Yuanzhong Family and Community Development Service Center. The specific responsibilities for each organization can be seen from the "Domestic Violence in Intimate Relationships Research Report" published by Common Language, see <http://www.tongyulala.org/downloadshow.php?cid=8&id=48>; the staff members of Common Language interviewed Yuanzhong Family and Community Development Service Center and Women Awakening Network.

The Center aims to ensure that the provisions in the Anti-Domestic Violence Law are applied to cases of domestic violence against LGBT people. According to research, LGBT family violence or intimate partner violence is a prevalent phenomenon, just like domestic violence in any other group of people. Such violence leads to individual harm and serious social consequences. Unfortunately, LGBT domestic violence does not receive enough attention, support or intervention. Moreover, LGBT people face public discrimination without legal protections and they lack awareness on anti-domestic violence.

Therefore, it is our urgent task to protect the more vulnerable and marginalized domestic violence victims. The anti-domestic violence protection system is still developing, implementation specifications for the anti-domestic violence law do not include provisions specific to LGBT people, relevant resources are lacking and intervention services are still in their infancy. The protection and support for LGBT people who experience domestic violence is challenging to obtain. Through our work, the Center identifies, documents and analyzes the inadequacy of the law and the challenges to LGBT anti-domestic violence work, and continues to advocate for the improvement of the law.

This report by Common Language reviews the work that the Rainbow Anti GBV Center has done since 2016 including its working models, summarizes lessons learned, in particular highlighting the experiences and challenges faced by individuals and organizations working on anti-domestic violence initiatives, especially in relation to LGBT people. First, the report compiles both qualitative and quantitative data from the Center, including annual and quarterly reports, evaluation reports, support group documentations, individual case service records, community activity records, training and conference documentations, tools developed, as well as communication materials. Based on these materials, this report summarizes the working models and the results of the Center's work. Second, this report includes interviews with 16 people who have worked with the Center. Among them, there is an expert on domestic violence, two lawyers, three staff members from the Women's Federation, three social workers, three staff members from LGBT organizations, and four staff members from the Center. The interviews demonstrate the transformation of the Center's work and the rationale behind the change, and they also evaluate the influence and effects of the Center's work from different angles. The interviewees' names have been anonymized to protect their privacy.

In conclusion, this report aims to provide reference for those individuals and organizations working on anti-domestic violence initiatives, especially on LGB T domestic-violence protections, and to provide advocacy evidence for the implementation and improvement of the Anti-Domestic Violence Law.



Work Summary and Service Outcome

The work of the Rainbow Anti GBV Center has centered around three primary areas of work:

- legal advocacy for new legislation and improvement of existing laws and implementation policies against domestic violence to be explicitly inclusive of LGBT people;
- capacity building and awareness raising among LGBT community members and social workers to ensure seeking and provision of support;
- intervention in domestic violence cases and provision of direct anti-domestic violence services to community members.

The Rainbow Anti GBV Center organized a number of legal advocacy and capacity building conferences and workshops. The documentation of these activities is shown in the Center's quarterly reports. However, the quarterly reports only documented important activities, but not all of them. Therefore, the following statistics from the quarterly reports are about the number of activities and the number of participants in the most important ones.

	SUPPORT GROUPS	SUPPORT GROUP PARTICIPANTS	ACTIVITIES	ACTIVITY PARTICIPANTS	JOINT WORKSHOPS	JOINT WORKSHOP PARTICIPANTS
Jun-Dec, 2016						
Jan-Apr, 2017	1	8	1	17		
May-Jun, 2017			4	117		
Jul-Sep, 2017	1	8	1	10	1	61
Oct-Dec, 2017	1	9	1		1	30
Jan-Mar, 2018			1	20	1	120
Apr-Jun, 2018	1	8	2	130	2	80
Jul-Sep, 2018					2	120

	SUPPORT GROUPS	SUPPORT GROUP PARTICIPANTS	ACTIVITIES	ACTIVITY PARTICIPANTS	JOINT WORKSHOPS	JOINT WORKSHOP PARTICIPANTS
Oct-Dec, 2018					3	162
Jan-Mar, 2019			1	14		
Apr-Jun, 2019						
Note: activities refer to conferences, workshops, as well as forums.						

Since the founding of the Center in June 2016 until June 2019, the Center organized four support groups, eleven workshops and ten joint workshops. The above table does not include complete data but shows that joint activities have been increasing. Joint activities include collaborations with other LGBT groups, and also with mainstream domestic violence organizations. The increase of joint activities will be analyzed in detail in later sections.

Between June 2016 and June 2019, the Rainbow Anti GBV Center provided consultation and direct intervention to 379 LGBT persons. **The following table shows the statistics:**

		CASES											TOTAL
CONSULTATION DATES		SOCIAL WORK METHOD	LEGAL ADVICE	TRANS MINOR	TRANS	LESBIAN	GAY	QUEER	ORGS	FV	IPV	SUICIDES	
Jun-Dec 2016	U/C	U/C	U/C		3	18	1			15	7	N/S	22
Jan-Apr 2017	35	U/C	U/C	2		9	4			7	8	YES	50
May-Jun 2017	26	U/C	U/C		4	8	1	1		5	9	YES	40
Jul-Sep 2017	23	U/C	U/C		2	5	2			2	7	N/S	32
Oct-Dec 2017	26	U/C	U/C			5	2	1		3	5	N/S	34
Jan-Mar 2018	36	U/C	U/C			9	3			5	7	N/S	48
Apr-Jun 2018	38	U/C	U/C		2	4	3			7	2	N/S	47
Jul-Sep 2018	8	U/C	U/C			5				3	2	N/S	13
Oct-Dec 2018	16	U/C	U/C		5	2			2	2	5	N/S	25
Jan-Mar 2019	8	12	10		7	6			1	6	7	N/S	22
Apr-Jun 2019	UC	29	17		14	21	6	5		14	15	N/S	46
TOTAL:													379

LEGEND: U/C = unclassified; N/S = Not Specified

Note: before 2019 there is no classification on working methods, therefore the units have been marked “unclassified” (U/C) due to different quarterly documentation standards.

Consultation service provides consultation on domestic violence, intimate partner violence and SOGI (sexual orientation and gender identity) issues. The persons seeking consultation are usually those who have not encountered violent situations. Direct intervention and service are sought when help-seekers are in violent situations, and these will be classified as service cases. The service delivery was not classified in the period of April to June in 2019. From June 2016 to March 2019, there were 117 cases of direct intervention and service, accounting for 30 percent of the Center's total service delivery.

A total of 117 cases were reported, of which 3 cases were reported by organizations; 55 cases at 48% were reported by individuals on biological family violence; 59 cases at 52% were reported by individuals on intimate partner violence.

For help-seekers:

- In the 114 cases, 22 cases were being referred by other organizations. More than half of the 22 cases were taken in the second half of 2016, and decreased gradually in 2017. On the one hand, it shows that with the ongoing work of the Center to increase LGBT awareness of domestic violence, the number of LGBT victims directly requesting assistance from the Center increased. On the other hand, it might be attributed to the growing number of organizations which can provide LGBT anti-domestic violence service in recent years.
- In the 114 cases, 22 cases were not reported by the LGBT victims. Help-seekers who contacted the Center were usually friends of LGBT domestic violence victims. This makes the intervention and service delivery work challenging. First, it is hard to accurately understand and evaluate the needs of the victims because the help-seekers' perception of the victims' needs may not align with their actual needs. Second, help-seekers tend to intervene excessively in the cases thereby affecting the professional intervention provided by the Center. The Center would usually identify if the help-seekers are the victims by way of discussion and negotiation, and then try to contact the LGBT victims directly.
- The Center is receiving a growing number of transgender domestic violence cases. The increasing attention on transgender issues in recent years facilitates more transgender persons' identification with their gender identity, but at the same time it is possible to trigger more family confrontations.
- As of the second half of 2018, the Center is providing legal assistance or consultation service to LGBT anti-domestic violence groups or organizations.

For intervention services:

- In the 114 cases, twelve cases requested multiple departmental collaborations. The requests were either made by the help-seekers, or made by the staff members from the Center based on their evaluation of the cases. Most of the times the help-seekers' personal autonomy has been restricted when requesting multiple departmental collaboration.
- Police assistance was infrequently requested. For instance, out of 114 LGBT people who required intervention for domestic violence, only 10 wanted police involved. The police response was not effective. There was only one case in which the police arrived and prevented the victim from attempting suicide. In another case, the police helped to explain the situation to the parents who were the perpetrator of violence, and the parents listened. In the rest of the eight cases, the police basically did not intervene or accept the report. The following were documented

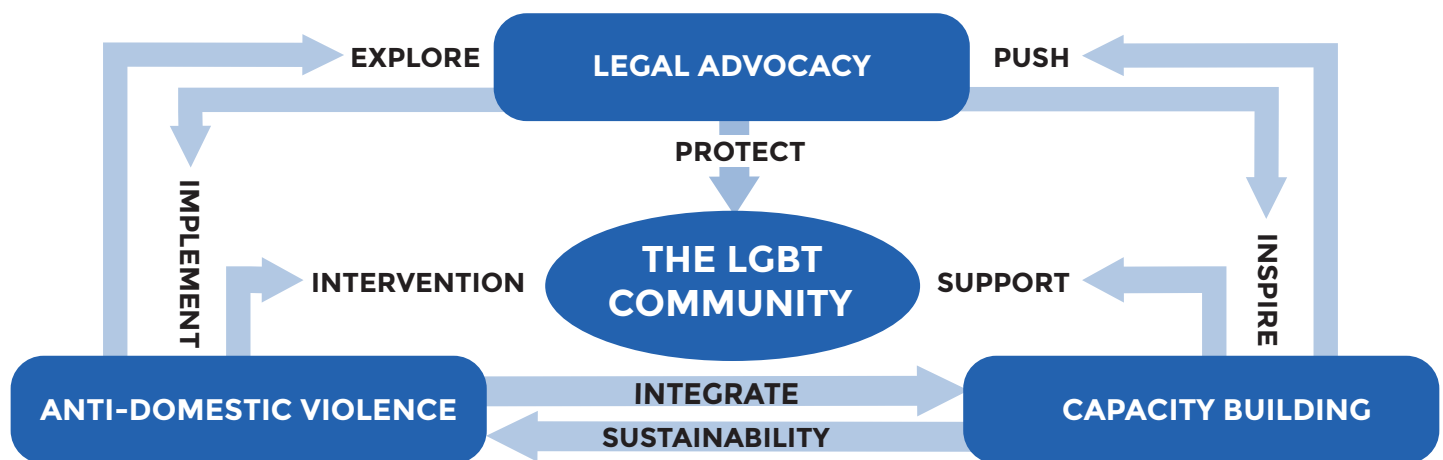
in the case records: “(I) called the police, but the police did not accept the case”; “(I) called the police three times, and did not receive effective support”; “(I) asked the police for help, they said it could not be put on record”; “(I) called the police four times, the first three time they did not accept the case”; “the victim called the police, the police refused to come when the police learned that they were gay, instead they asked them to seek legal assistance and psychological counselling”; “(I) called the police, but when the police arrived the perpetrator has already left”.

- Even fewer LGBT people (4 out of 114) sought help from their local women’s federations. One of the four individuals was supported by multiple departments and organizations including the local LGBT group, local anti-domestic violence center and the women’s federation.

For the cases:

- In the 114 cases, we lost contact with seven clients, referred eleven cases, twelve cases are marked as closed, sixteen cases are marked “after the service, the client’s needs have been satisfied”, and the rest of the cases are still ongoing.

In summary, the work of the Rainbow Anti GBV Center has centered around three primary areas of work: legal advocacy, capacity building and anti-domestic violence service. The framework of these three areas has remained consistent since the founding of the Center, with minor changes to the specific work in each area over the three years. Before the founding of the Center, Common Language’s existing areas of work were legal advocacy and capacity building, so this framework was integrated into the Center’s areas of work. **The rationale of the three areas of work is:**



These activities are inter-connected and constitute the Rainbow Anti GBV Center’s framework for creating a domestic violence intervention system for LGBT people. The rationale of this framework is that positive outcomes of legal advocacy impacts the policies and practices of anti-domestic violence service organizations, and it is through working with service providers that we can gather evidence of the challenges of providing domestic violence services for LGBT communities in order to carry out legal advocacy. Advancing LGBT community empowerment and awareness about domestic violence improves LGBT help-seeking for domestic violence. Training anti-domestic violence service organizations and social workers on domestic violence and LGBT issues advances professionalism to provide LGBT people continuous support for dealing with domestic violence. The capacity building work inside and outside the LGBT community informs legal advocacy. In return, advocacy work informs the direction and the specifics of capacity building.



Legal Advocacy

Legal advocacy on domestic violence was the earliest undertaking among the three areas of work, and it is also the foundation of the Center's work. The two phases of legal advocacy are marked by the passing of Anti-Domestic Violence Law on March 2016. From 2013 to 2016 it was the phase of legislative advocacy, and after 2016 it is to advocate for the improvement of the law.

The starting point for the two phases' work was LGBT domestic violence problems, as one interviewee pointed out:

“We did not do the anti-GBV work for just a law, but for this community. We want those who experienced domestic violence to be supported and protected...we chose the domestic violence issue because a large number of research has identified that family conflict is the greatest source of pressure or violence to the community”.

After the passing of the law, the issues that the LGBT communities face have undergone some changes, therefore the priority and working models of legal advocacy changed accordingly.

Legislative Advocacy from 2013 to 2016

Community Needs and Working Priority

According to the research conducted by Common Language, 68.97 percent of lesbian and bisexual women respondents encountered domestic violence (49.16 percent experienced family violence and 42.64 percent were violently treated or abused by their same-sex partners). There is no significant difference between LGBT domestic violence and heterosexual domestic violence in terms of frequency and severity even though some numbers indicate that the former is sometimes much more serious, as LGBT domestic violence is worsened by societal discrimination and the prevalent heteronormativity. On the one hand, homophobia, biphobia and transphobia increase LGBT people's feeling of shame, thereby reducing their identification with their sexual orientation

and gender identity, and increasing their uncertainty towards non-heteronormative intimate relationships. This in turn disempowers them from protecting themselves from domestic violence. On the other hand, some social organizations do not provide support or service to LGBT people, or their “services” are unfriendly to LGBT people. This increases the fear of LGBT domestic violence victims of forced disclosure of their sexual orientation, and unequal and unfriendly treatment by the police and anti-GBV organizations, once they seek help.

The lack of anti-domestic violence legislation and the lack of societal consensus is in a cause-and-effect relationship. To a large extent, family violence is still considered a private matter. Such understanding results in the lack of intervention of state authorities and public institutions, as well as the lack of anti-domestic violence resources and professional organizations.

The social reality and the LGBT community predicament gave birth to the anti-domestic violence work by Common Language and the Rainbow Anti-GBV Center. Based on the research on domestic violence conducted by Common Language, mainstreaming LGBT domestic violence issues has been Common Language’s primary legislative demand. They pushed to include LGBT domestic violence issues when advocating for the Anti-Domestic Violence Law, and to legalize equal and LGBT friendly intervention, protections and service by state authorities and public institutions.

Primary Effective Working Models

There are two primary effective working models to realize the goal of “mainstreaming” LGBT domestic violence protections. First, to integrate LGBT people with other vulnerable and marginalized groups of people, thereby including LGBT people in legislative recommendations without having to explicitly mention the term, LGBT.

The earlier legislative draft of Anti-Domestic Violence Law restricted the protections for heterosexual marriage and excluded non-marital relationships such as cohabitation. After the introduction of the draft, Common Language and the Rainbow Anti-GBV Center strategically shifted the legislative demand to advocate for broadening the definition of the “family” so as to protect other non-marital relationships (such as cohabitation) and non-heterosexual intimate relationships. This means to “not only protect LGBT people, but to broaden the protection to all cohabitating persons”, says one interviewee.

Although it is hard to evaluate the effects of such “mainstreaming” efforts in the final legislative advocacy process, the outcome did align with the Center’s legislative demand, namely the Anti-Domestic Violence Law protects cohabiting partners although it does not go further and include same sex partners or gender neutral protections. Common Language’s advocacy methodology set the foundation for the Rainbow Anti-GBV Center’s future working relationships with anti-domestic violence experts and social work organizations.

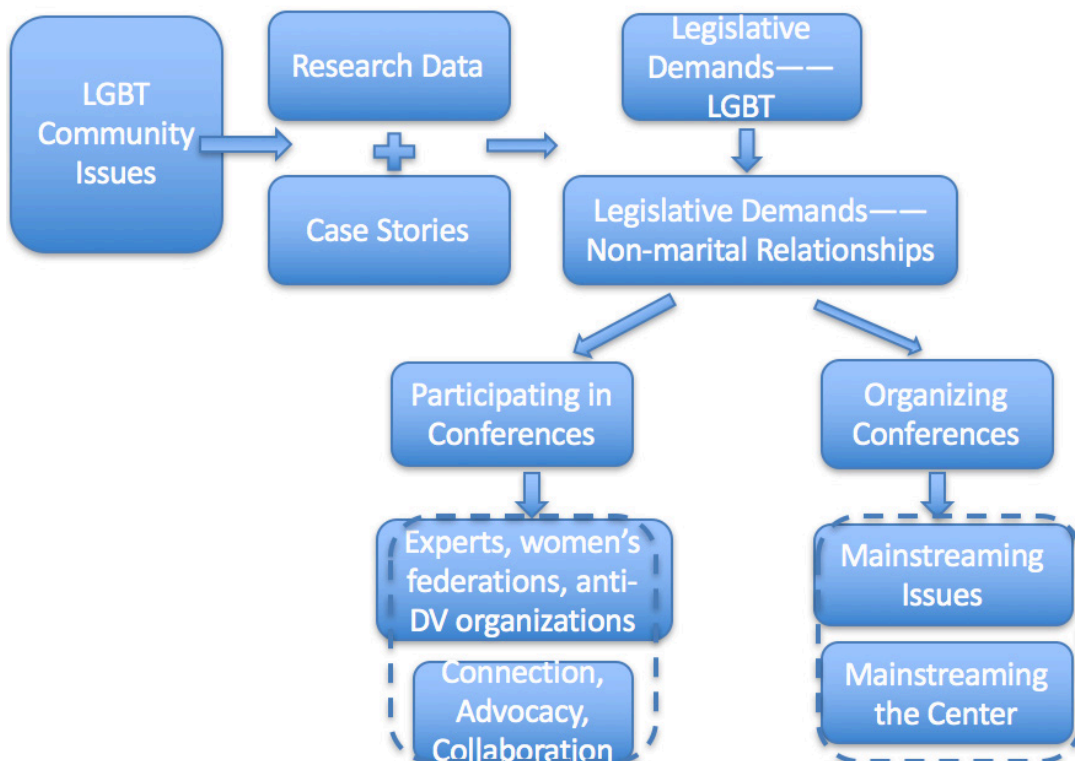
The second effective working model is forging stronger connections with mainstream anti-domestic violence organizations for the protection of LGBT people by participating and organizing conferences to connect and collaborate with mainstream domestic violence experts, mainstream anti-domestic violence organizations and the women’s federations. The anti-domestic violence conference that Common Language and the Yunnan Women’s Federation organized in July 2015 is a typical example:

“We have actually collaborated with the Yunnan Women’s Federation very early on. This conference invited some Taiwanese experts to talk about concrete domestic violence intervention skills. We insisted to have a special unit on LGBT domestic violence in these kinds of training and invited mainstream social workers to learn about domestic violence, including the intervention on LGBT domestic violence. There was also a round-table discussion jointly organized by us and the local Women’s Federation. The participants were members of many mainstream organizations and institutions such as the courts and the police, this helped to mainstream LGBT issues.” (from an interviewee)

Setting the conference agenda and organizing conference participants work to “mainstream” LGBT issues. Setting LGBT related agenda to have specific sharing and discussion, and organizing those departments or institutions directly related to anti-domestic violence work to participate in LGBT anti-domestic violence conferences, enable better understanding of the issue of SOGI and the LGBT community, as well as the awareness raising and attitude change of these participants.

In addition, the staff members of Common Language and the Rainbow Anti-GBV Center actively engage with all kinds of anti-domestic violence advocacy groups or working groups, so as to forge stronger connections with them. For example, the director of Common Language and the full-time staff members responsible for the Common Language anti-domestic violence work joined a joint advocacy group, which “was led by some professors, and invited several anti-domestic violence organizations to work together” (from an interviewee). This advocacy group was very outspoken on social media, and it organized several conferences, and has done a great deal of anti-domestic violence legislative advocacy work.

The working model is illustrated in the following diagram:



Advocacy for Improvement of the Law after 2016

Community Needs and Work Priority

The Anti-Domestic Violence Law passed on March 2016 has stipulated the definition of domestic violence, the scope of application of the law, the prevention and intervention of domestic violence, as well as the obtaining of domestic violence protection orders and warning letters. According to Article II of the law, it applies to the violent behaviors between “family members”. Article 37 in the Supplementary Provision further specifies that “the violent behaviors between people who are not family members but living together” are punishable with reference to the law. The law is not restricted to heterosexual marital relationships, which means that the legislative demand in the first stage has basically been met. However, a follow-up question is whether the law applies to LGBT domestic violence in reality. The Center’s legal advocacy after 2016 has focused on whether the community needs have been met.

On December 2015, Linmao Guo, the person in charge of the Social law office of the general office of the standing committee of the National People’s Congress answered the journalist’s question by saying, “we have not identified any violence between homosexuals in our country. Therefore, people living together does not include homosexuals, to give you a clear answer”. There is another version of Lin’s answer: “the Article 37 points to several things, first non-family members, second living together, third is punishable with reference to the law, but not applicable to the law. I have mentioned before that people who are not family members but living together include guardianship, foster care and cohabitation. The law does not specify anything related to homosexuals, and I don’t think it will.” Thus, an interviewee expressed their concern about whether LGBT community can be protected by this law:

“we were curious about whether we can really build a domestic violence intervention system applicable to LGBT people in China since we started our work in 2016. We wanted to know whether this law can actually protect the domestic violence victims.”

The Center’s legal advocacy work therefore continued to focus on the local specifications and judicial interpretation after the passing of the Anti-Domestic Violence Law:

“we understood that the local specifications would be introduced after the national law in the next few years, so our later advocacy focal point shifted to the local specifications. We believed that the advocacy should be based on domestic violence intervention practices.” (quoted from an interviewee)

The Center’s advocacy priority after 2016 has been to advocate for improvement of the law based on anti-domestic violence service practices. By advocating the inclusion of LGBT domestic violence in related judicial interpretation, local specifications, as well as specific departmental implementation specifications such as the police, to provide intervention and service on LGBT domestic violence.

Primary Effective Working Models

There are three primary effective working models that aim to “improve” LGBT domestic violence protections. First, participating in and organizing conferences is still the Center’s primary work, as

it is one way to bring “mainstream” attention to LGBT domestic violence issues. The relationships with the mainstream experts and organizations have to be forged with sustained efforts.

“we need to build the trust and strengthen the collaboration with these mainstream organizations so as to include LGBT domestic violence protections in the mainstream anti-domestic violence work.” (quoted from an interviewee)

Second, the focus of legal advocacy has shifted to how the law is practiced, and to what extent the law provides actual support and protection to domestic violence victims. This points to the other effective working model which is to document and analyze the LGBT cases of domestic violence to reveal the protection and service gaps in national level and provincial level existing anti-domestic violence laws, and provide recommendations for improvement of the laws.

“I think these cases are important because they reveal the inadequacy of existing laws. The laws are subject to revision in five, ten or twenty years. The problems reflected from these cases could be an opportunity to revise the national law next time.” (quoted from an interviewee)

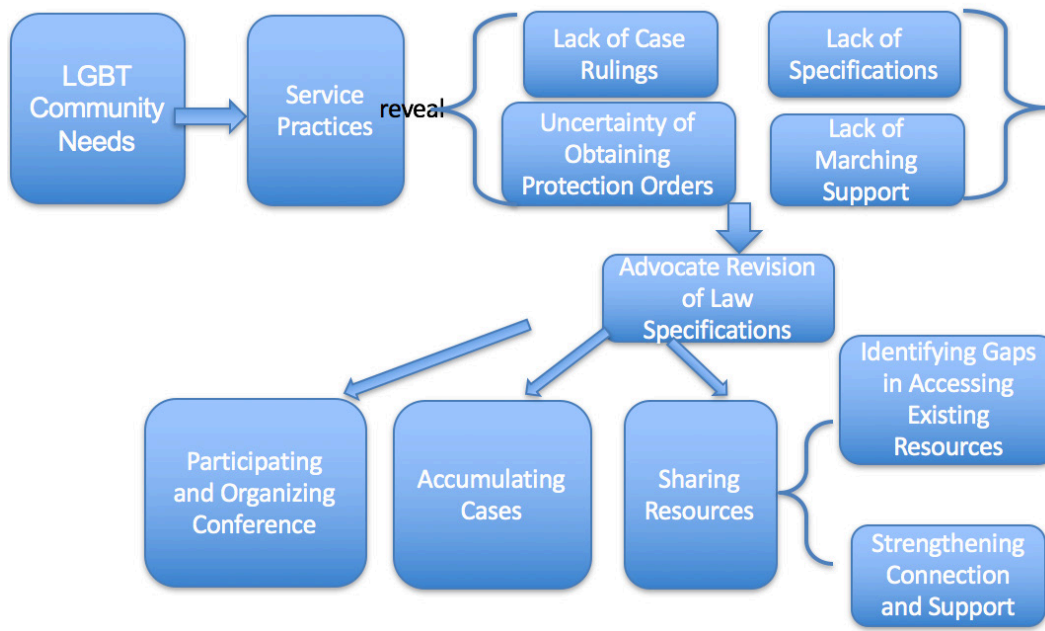
Third, the founding of the Center after the passing of the law facilitated more interaction and collaboration between the Center and state authorities, anti-domestic violence experts and professional organizations, and women’s federations and social work organizations. The effective working model has been to identify the gaps in existing resources for implementing national and local anti-domestic violence laws, and to strengthen the push for more resources and how to access existing resources, thereby advancing anti-domestic violence efforts. Just like one interviewee explained:

“I think it is important to share resources. All of us didn’t really have professional resources and funding in the beginning stages. Sharing resources including expert advice, funding and trainings helped to develop this field.”

Distributing resources and working with other groups in strengthening the connection of resources generates new kinds of resources. For example, the Center has been producing Anti-Domestic Violence Resource Map in China annually since 2016. It not only strengthened the connection of existing resources, between users and the resources, it also attracted new anti-domestic violence resources and efforts.

“Some organizations missed to submit their information when we were collecting for the map this year. They sent us private messages asking us to add their names onto the map.” (quoted from an interviewee)

The three working models together contribute to the leading role of the Center in legal advocacy in the LGBT community. These are also important practices of civil society organizations participating in legal advocacy.



The Limitation of the Anti-Domestic Violence Law and Challenges in Service Delivery

The Center identifies several challenges for LGBT people's access to legal domestic violence protections. **First, there is no specific explanation as to whether “people living together” stipulated by the law includes LGBT people.** For most cases that the Center intervened, staff members of state authorities and anti-domestic violence organizations (i.e. the police and staff members of the women's federations) believed that the law does not apply to LGBT people, thereby refusing to provide support and service to LGBT people.

Second, The Anti-Domestic Violence Law is not linked with other laws and therefore cannot be used to address the intersecting needs of LGBT people facing domestic violence, as one interviewee commented:

“Our legal service concerns with broader legal issues such as the division of property when the couples break up, and the guardianship of the children. Many legal issues are intertwined.”

Third, as one of the most important legal recourses to protect the safety and wellness of domestic violence victims, the obtaining of protection orders is restricted by the current Anti-Domestic Violence Law. In its definition of “cohabitating people” the law does not guarantee that domestic violence victims who do not cohabit with the perpetrators can successfully apply for protection orders. Whether protection orders can constrain parents who perpetrate violence on their adult children or used by divorced people and by people who have broken up with their abusive partners is also not specified in the law.

“You should be able to obtain protection order if your partner or your parents harass you even when you're not living together. However, the current legal definition is too narrow to protect situations like these.” (quoted from an interviewee)

Fourth, LGBT people who experience domestic violence are usually not inclined to use the legal system since police and service providers tend to be insensitive and lack understanding about LGBT people. To date, no LGBT domestic violence case has entered into the judicial proceedings since the passing of Anti-Domestic Violence Law in 2016, not to mention, there has been no legislative decision in favor of LGBT rights. The staff members of the Center commented that “none of the LGBT persons seeking help from us has really considered using the Anti-Domestic Violence Law as a direct response to violence.” There are two possible explanations according to the staff members. First of all, because it is a new law, some judges have to familiarize themselves with the law and how to use it in their ruling.

“There are overall issues with law enforcement in China. In terms of the implementation of the law, it cannot even protect heterosexuals because the law is so new. There are a few heterosexual cohabitating cases that successfully obtained the protection orders only recently. I think the judges need to familiarize themselves with the law to make it work for the general public, and then more marginalized groups could benefit from it.”

The lack of same-sex partner protections in the Anti-Domestic Violence Law and the distrust of favorable judges’ ruling lead to LGBT community’s lack of confidence with the legislation and the judiciary. The perceivable benefit of going to court is low or uncertain, when compared with the high economic and psychological costs of going through the legal proceedings.

Second, the long-standing Chinese familism might contribute to LGBT people’s lack of inclination to use the law directly.

“A lot of the times the laws would not be used directly, especially with families-of-origin concerned. I don’t think children would use the law to sue their parents. No matter how old they are, it is hard to cut the ties with ones’ families in China. This is the Chinese family culture. So how do you deal with family violence? I don’t know. I think a lot needs to be done.” (quoted from an interviewee)

Although the national legislation has made it clear that family violence is not a private matter, and it impacts social and public life, to many Chinese, seeking legal intervention in family violence situations is still considered “airing one’s dirty laundry.” They fear the breakdown of their families. Even when they are in violent families, a lot of LGBT people still cannot accept the destruction of their family relationships by state authorities from a cultural point of view. The four issues reveal the inadequacies of the law and challenges in the service delivery. Therefore, the Center sees the importance of focusing on how the law is implemented, and its legal advocacy continues.

Legal advocacy sets the foundation for the Center’s future work, and it is relevant for other areas of work. The pressing issue here is whether the LGBT community and professional anti-domestic violence organizations can actualize the gains of legal advocacy on intervention and service delivery. The awareness raising and capacity building of the LGBT community and professional organizations work to transform social policies into actual outcomes. The Center has also done a great deal of work in this area.



Capacity Building

Legal advocacy created the opportunity for in-depth interaction and communication between Common Language, the Rainbow Anti-GBV Center, the LGBT community and the mainstream anti-domestic violence experts and organizations. It can be said that both the LGBT community and the mainstream experts and organizations needed to raise awareness and build capacity.

“Capacity building needs to happen both ways, to the LGBT community, as well as the mainstream social workers. LGBT organizations need to learn about gender-based violence and family violence, and the use of the law to protect the victims. For mainstream social workers, they need to know the specifics of LGBT domestic violence and the particular challenges in intervention, and how could they deal with them. We train them with the hope that they include LGBT people in their work.” (quoted from an interviewee)

There were two target groups in the Center’s capacity building work: LGBT community and the mainstream anti-domestic violence experts and organizations. For LGBT individuals, the Center built their capacity to understand the law and how to use the law, equipping them with methods to protect themselves from family violence or intimate partner violence. For LGBT organizations, the Center built their capacity to support LGBT domestic violence victims, as well as seeking and connecting them with professional anti-domestic violence resources.

The mainstream anti-domestic violence experts and organizations refer to those individuals, institutions and departments who work on anti-domestic violence initiatives, or possess anti-domestic violence professional capacity and resources, or are legally responsible for anti-domestic violence work. The primary work that the Center did on this part was to incorporate LGBT domestic violence issues into their areas of work, and help them provide better, friendlier and more effective service to LGBT people.

The two target groups have been identified in the initial proposal of the Center’s work and they each have a different focus. The capacity building for LGBT community emphasizes their capacity

to combat domestic violence and advance organizational support. The capacity building for mainstream anti-domestic violence experts and organizations focuses on the sensitization of LGBT issues and the improvement of their intervention techniques.

LGBTCommunity Capacity Building

Common Language received Oxfam's funding support in 2015 to initiate the systematic capacity building of the LGBT community on anti-domestic violence. Initially the trainings had two focuses, first to raise the awareness on domestic violence and to identify domestic violence incidences; second to improve the ability to "protect ourselves" (from an interviewee). The former is direct services to the LGBT community, and will be discussed extensively in the later sections on anti-domestic violence services. The latter ability is the starting point of community capacity building.

The rationale of the training framework for LGBT community capacity building consisted of four parts: enhancing skills, building connections, providing small grants and empowering community.

Skill Enhancement

Through service delivery work, the Center realized that capacity building could not be limited to dealing with violent incidences that have already happened. From the perspective of prevention, anti-domestic violence capacity is the ability to establish and maintain non-violent family relationships and intimate relationships. Therefore, the activities organized or jointly organized by the Center revolved around the theme of anti-domestic violence, but were extended to all kinds of rich topics related to the theme. One interviewee talked about the rationale for arranging these activities:

"Through our services we identified that coming out was the biggest issue that a lot of people faced. Therefore, we organized many activities based on the theme of coming out, and naturally problems related to the interaction with families-of-origin and family violence surfaced in the discussions. There were also activities related to the communication and conflicts in intimate partner relationships. We talked about how there's a fine line between love and violence. Using different expressions, love could become violence. We wanted to use positive examples to raise people's awareness of what are healthy relationships, and advocate for building the capacity to establish and maintain such relationships. We wanted the participants to learn to communicate and resolve some of the conflicts. Thus, we didn't only focus on violence, but organized related thematic topics which spoke to the participants'needs."

Dealing with domestic violence incidences has been the core of the anti-domestic violence capacity building. The Center organized capacity building workshops and trainings to enhance LGBT organizations' skills in dealing with domestic violence. For instance, in April 2018, the Center trained LGBT community volunteers on ways to identify domestic violence, the specifics of LGBT domestic violence, and the ways on how individuals (the victims, the offenders, and supporters such as family, friends or neighbors) and LGBT organizations prevent, deal with domestic violence and seek help.

Connection Building

Anti-domestic violence work is systematic work involving multiple organizations. Individuals and organizations of the LGBT community have to advance their ability to link resources and collaborate with mainstream anti-domestic violence experts and organizations in order to effectively deal with domestic violence problems. This is also due to the lack of resources within the LGBT community. Thus, the Center provided mainstream anti-domestic violence resources, as well as trained the LGBT groups on how to collaborate and work with mainstream experts and organizations. For example, in the anti-domestic violence workshop in Xi'an on May 2017, the Center invited anti-domestic violence experts to talk about the definition of domestic violence and its detriment to the LGBT community, thereby facilitating the community's contact with the experts. In the LGBT service forum in Changsha on May 2017, the Center invited social workers to talk about domestic violence intervention and evaluate existing LGBT domestic violence intervention cases so that LGBT groups know about the relevant working models. In the same forum in Changsha, the Center organized a discussion between the domestic violence victims' friends and family, social workers, experts and professional organizations, and the LGBT community to talk about the existing services and the connection of different organizations in the anti-domestic violence system.

Small Grants and Community Empowerment

The Center provided small grants for LGBT groups on the issue of domestic violence, encouraging them to organize related public advocacy or community capacity building activities to practice what they have learnt. Building from these activities, more and more anti-domestic violence community efforts were being developed, as an interviewee commented:

“We have been focusing on community trainings in 2016 and 2017. We wanted to incubate more and more LGBT persons or groups that can work with us on future anti-domestic violence initiatives.”

In summary, the primary effective working models in community capacity building include skill enhancement, capacity building on linking resources, providing small grants to LGBT groups and encouraging them to organize anti-domestic violence public advocacy or capacity building activities.

The effects of community capacity building work could be seen from the active participation of LGBT organizations on the issue of domestic violence.

“It's been five years since we started this work, and it's the third year for the Center. We've witnessed an increasing number of anti-domestic violence activities organized by LGBT organizations, or that domestic violence was mentioned specifically in some of these activities. This shows the growth of LGBT organizations on this issue. They pay more attention on anti-domestic violence issues and start to cultivate their own resources and capacity. For example, there were a lot of LGBT organizations, including the Center participating in the conference in April and we had a great discussion. Another indicator is that those who applied for the training of anti-domestic violence by The Asia Foundation, a lot of them were LGBT organizations.” (quoted from an interviewee)

Capacity Building of Mainstream Anti-domestic Violence Experts and Organizations

The capacity building for mainstream anti-domestic violence experts and organizations focused on the sensitization of LGBT issues and the improvement of their intervention techniques. On the one hand, they rarely got in touch with or paid enough attention to LGBT people, and they lacked the understanding of the special traits of LGBT domestic violence. On the other hand, they didn't have enough experiences of dealing with domestic violence cases due to the lack of legal specifications and public resources, not to mention experiences with LGBT domestic violence problems. Therefore, the Center's domestic violence services provided these experts and social workers with concrete cases:

"I think direct service is beneficial to these experts too. Actually, they don't have a lot of experiences and they are like trainees, accumulating their experiences with these cases." (quoted from an interviewee)

The Center established long-term communication and interaction with these experts and social workers so that they had to see LGBT persons and the community in their everyday work. In this way, the sustained efforts worked to sensitize LGBT issues and "move" the experts and social workers.

"A lot of them saw LGBT persons for the first time, but they showed respect and the desire to understand. We've been to different provinces and worked with the local women's federations there. We shared our work on LGBT including videos on LGBT domestic violence, and the materials of the Center's service in the recent years. They understood that the community needed help and responded positively, saying that they were theoretically more equipped to help LGBT people. The effects have been good." (quoted from an interviewee)

Through the sustained interaction, the staff members of the Center were not only seen as professional anti-domestic violence workers, but also as members of the LGBT community. This was also one way to raise the mainstream awareness towards the LGBT community. For example, an interviewee thought their presentation as a LGBT person was significant to these experts:

"My gender expression is non-binary. In this one training, they were curious whether I'm a boy or a girl. This is a good example of showing how to interact with a group of people that is not familiar to them. It's a process of life influencing life."

The staff members of the Center emphasized that such communication and interaction had to be long-term and sustained, in order to achieve any effects.

"Our interaction with them in the past two years has been important in showing them the domestic violence issues in the LGBT community, so that they could talk about it in trainings or conferences. I think the interaction moved them greatly."

After our training, can these mainstream workers incorporate the service to LGBT people? There were also issues of political sensitivity. The process is long-term. They had to familiarize themselves with LGBT domestic violence, and then they'd be willing to work for this community. It's a long-term process of building trust, capacity, including inviting them to conferences." (quoted from an interviewee)

Through sustained efforts, it not only mainstreamed LGBT domestic violence issues, but also gained the "sincere contribution" (quoted from an interviewee) from the mainstream anti-domestic violence workers in working toward LGBT rights. An interviewee observed:

"I used to think that mainstream organizations might not be interested in our work. However, the transformation of some of them who took part in our activities changed my stereotypical understandings about them. For example, we didn't have a lot of direct collaboration with experts like Hongtao Li. But she showed so much support for our work after the training. There were several people like Li, some were experts, and some were social workers. The contribution and support from these people in the mainstream organizations surprised me and moved me a lot."

LGBT Community Interaction with the Mainstream Experts and Organizations

By organizing conferences, trainings and events, and collaborating with the mainstream anti-domestic violence experts and organizations on LGBT domestic violence cases, the Center tried to establish a platform for communication between the two, and to complement each other's resources and advantages.

The LGBT community learned about legal rights, anti-domestic violence skills and organizational support capacity from the mainstream experts and organizations. In return, they taught LGBT issues and introduced LGBT domestic violence case experiences to mainstream experts and organizations. An interviewee and the Center's social work supervisor considered Common Language and the Center to be in advantageous positions to establish these connections.

"Common Language has rich resources and better professional training compared to other local LGBT organizations and mainstream organizations. This gives Common Language the advantage to lead the work. Working with them can identify more needs for local services, and increase professionalism and the recognition of the work." (quoted from an interviewee)

"Without these projects, we wouldn't be able to reach to the fellow anti-domestic violence workers. Because the Center has these kinds of resources, we could organize trainings on domestic violence with different organizations in different places. We wouldn't be able to discuss with these professional workers on LGBT domestic violence problems without the Center's work and experiences. This is really important." (quoted from an interviewee)

Building the communication platform resulted in the Center's developing of a wide range of work including service provider trainings, facilitator trainings and communication trainings.

"We organized a small and unofficial forum in Yunnan. The forum participants were LGBT organizations and some mainstream service providers like people from the women's federations and social work organizations. The forum grew into the annual forums, TOT trainings, service provider trainings and many other things. We also started to pay attention to online communication."

The effects could be seen from the scale of the forum and the number of participants:

"The first forum we had twenty to thirty participants, and it was in a very remote hostel in Kunming, Yunnan in May, 2016. The second forum was in Changsha, Hunan in 2017 with sixty to seventy people. In January of 2018 we organized a gender-based violence forum in Beijing, and there was also a TOT training alongside the forum. There were eighty to ninety participants in these two activities. This year's annual forum, which was also the second TOT training, we had more than a hundred participants." (quoted from an interviewee)

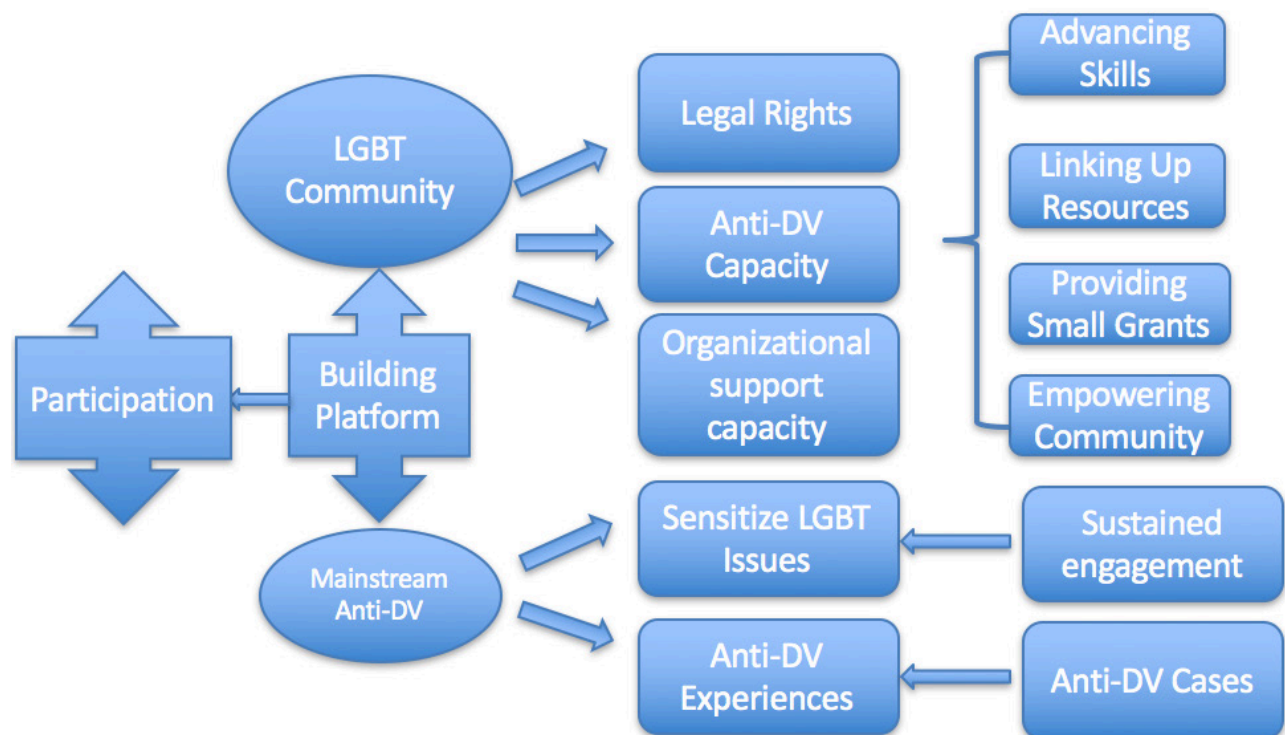
Since 2018, the Center shifted its role as an organizer of the trainings to being a participant in mainstream anti-domestic violence trainings or trainings organized by LGBT organizations. An interviewee illustrated this change with several examples:

"We shifted our role as an organizer to being a participant, such as participating in panels organized by our partners. In this way, we tried to empower and communicate with others. Last year we joined a lot of the domestic violence legal service trainings organized by Yuanzhong Family and Community Development Service Center. We also participated in the psychological counseling trainings organized by the Maple Women's Psychological Counseling Center in Beijing. We also joined the service provider trainings by other LGBT organizations such as transgender service provider trainings organized by HC. Therefore, we could save time and energy in coordinating and organizing."

Such shifts were due to the following changing realities: first, the mainstream anti-domestic work has been developing, as one interviewee suggested that "there are more and more organizations such as women's federations that work on anti-domestic violence initiatives". Second, the Center's work has created impacts within and outside of the LGBT community, therefore "we didn't need to organize forums or trainings by ourselves anymore, but could join mainstream anti-domestic violence trainings" (quoted from an interviewee). Third, "the communication and connection between the LGBT community and the mainstream service providers have been strengthened" (quoted from an interviewee), such structural development generated "positive cycle of resource sharing" (quoted from an interviewee). Thus, the Center no longer had to be the bridge between the LGBT community and the mainstream anti-domestic violence experts and organizations.

In summary, the two target groups for capacity building were the LGBT community and the mainstream anti-domestic violence experts and organizations. The primary effective working models in community capacity building included skill enhancement, capacity building on linking resources, providing small grants to LGBT groups and encouraging them to organize anti-domestic violence public advocacy or capacity building activities. The primary effective working model for the capacity building for mainstream anti-domestic violence experts and organizations relied on the sustained engagement of the Center with the mainstream. Establishing the platform for interaction and communication for the two groups complemented each other's resources, as well as developed new areas of work. The Center's resources and capacity, and the changing realities of LGBT and mainstream anti-domestic violence work informed such framework.

The capacity building model is illustrated in the following diagram:





Anti-Domestic Violence Services

The actual intervention on domestic violence could answer the questions of whether the legal advocacy can respond to the LGBT community anti-domestic violence needs, and whether capacity building can respond to the LGBT domestic violence incidences. It is only through anti-domestic violence services, can we identify the unresolved issues and institutional barriers in the anti-domestic violence system, and the kind of awareness and capacity lacking in the LGBT community and mainstream anti-domestic violence experts and organizations. As mentioned before, the rationale of this framework is that positive outcomes of legal advocacy impact the policies and practices of anti-domestic violence service organizations, and it is through working with service providers that we can gather evidence of the challenges of providing domestic violence services for LGBT communities in order to carry out legal advocacy. Advancing LGBT community empowerment and awareness about domestic violence improves LGBT help-seeking for domestic violence. Training anti-domestic violence service organizations and social workers on domestic violence and LGBT issues advances professionalism to provide LGBT people continuous support for dealing with domestic violence.

The working model in anti-domestic violence service provision is structured as a three-level pyramid, including community activities, support groups, social work intervention and legal aid. The top level focuses on the LGBT people who are experiencing violent situations through social work practice models including crises intervention model, task-centered model and cognitive service model to provide direct service to victims of domestic violence, and to provide ongoing support, legal aid, and other resources. The second level works through support groups and consultations to provide help to those who have not encountered violent situations but want to know more about domestic violence issues and how it can be prevented or addressed.

The third level aims to reach a maximum number of LGBT people through a series of online or face-to-face capacity building activities to increase awareness on anti-domestic violence and the capacity to deal with violence in the LGBT community.

The three-level intervention services constitute a step by step system in terms of “the severity of the incidences, the number of people reached and people’s needs” (quoted from an interviewee). At the same time, the intervention services aligned with the three major social work methods including case work intervention, group intervention and community intervention.

The pyramid service system is illustrated in the following diagram:

Social Work Services

The top level of the pyramid focuses on the LGBT people who are experiencing violent situations through social work practice models to provide ongoing support, legal aid, and other resources.

The social work model was the major intervention service model that the Center adopted from the anti-domestic violence organizations in Hong Kong, Taiwan and the U.S. The social work model refers to the professional applied social work methods to provide

individuals with material and emotional support and services to lessen their pressure and resolve the issues. The Center’s work was not limited to only stopping domestic violence incidences or helping the victims leave violent situations. It aimed to assist the victims to resolve the issues by companionship, support and services such as counseling services, and providing social resources to make their surroundings better in the case intervention processes.

Using the social work model to provide professional services, “we hope to equip the co-workers who are answering the calls with professional social work skills such as information collection, risk assessment of individual cases, evaluation of the callers’ support system and identifying their needs” (quoted from an interviewee). Second, the Center provided systematic services. “We didn’t only provide companionship, but we also introduced resources to them, and we did risk assessments and the referral of cases” (quoted from an interviewee).

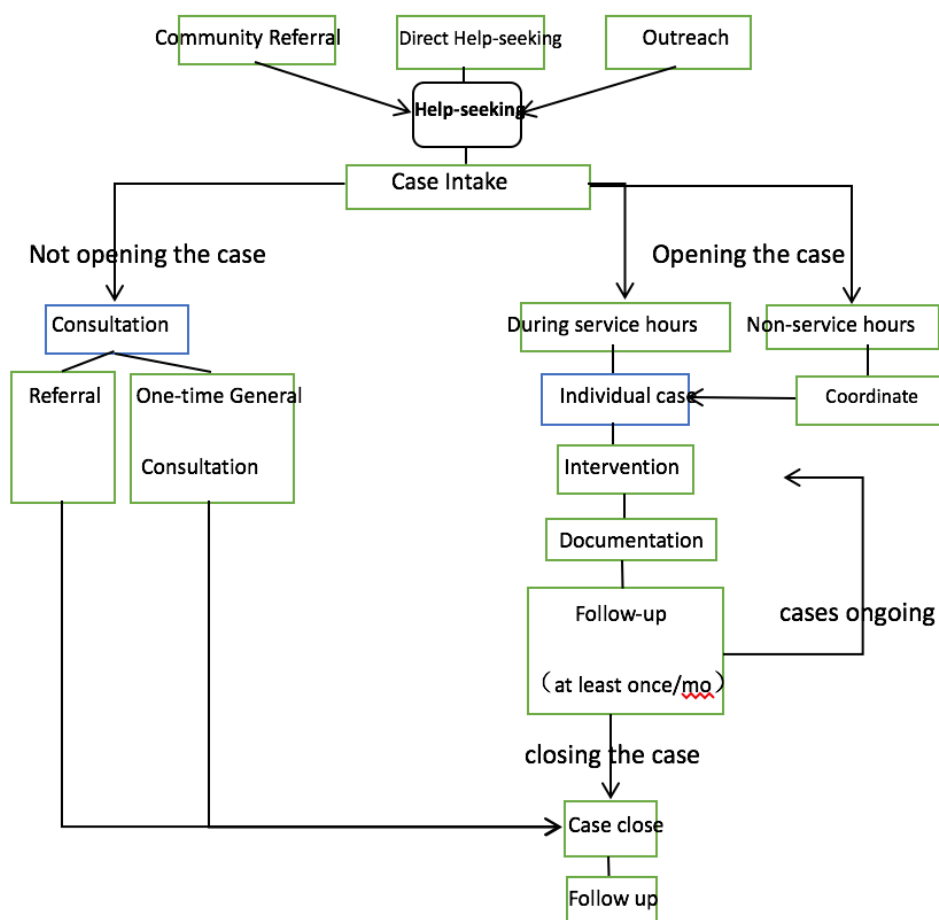
In the past three years, the Center structurally established and developed the social work model for the persons directly involved with LGBT domestic violence. The goals of the social work model were realized in the specific service processes, including case intake, information collection, psychological support and needs assessment, safety plans, resource link-up and case follow-up.

Case Intake

The staff members who were responsible for the case intake were the first to reach the help-seekers. They were to sort out all the help-seeking messages. When domestic violence help-seekers called



for help via the different channels (telephone, Wechat, QQ and emails), the first staff member who got the messages or the staff member on duty would firstly analyze the information provided by the help-seekers. If the information were insufficient, they would ask for more information. If the information were enough, the staff members would evaluate whether the case fell within the scope of service of the Center, ruling out the cases that did not.



The above is the Center's hotline service flow chart from August 2017. There are two indicators to open the case, the help-seekers are LGBT community members and they experience domestic violence or they want to consult related issues.

Information Collection

Depending on the specific situation and the needs of the help-seekers, the cases within the scope of service were classified as consultation and individual cases. Social work interns and the legal interns would provide consultation services. The social work consultation and legal consultation "are provided by frontline service providers, to understand the situation and initiate some basic non-crisis intervention responses" (quoted from an interviewee)

"To be taken as a case, the person must be LGBT, and also experiencing domestic violence" (quoted from an interviewee). Later, the scope of service was expanded to encompass LGBT people experiencing gender-based violence and discrimination. Individual cases were matched to social

workers, and the social workers brought in legal services or counseling services depending on the specific situation and needs of the help-seekers. After the intake, the individual cases were brought to the team. Service providers collected information of the help seekers including the current situation and other details, with the main goal being to assess risk level for the help seekers. Risk assessment is based on professional crisis and risk evaluation scale. The scale was used originally with heterosexual domestic violence, and was revised and adapted for LGBT people. There are eleven questions on the scale to evaluate the level of crisis based on the help-seekers' description of violent situation and the current status.

The intervention model is determined by the risk assessment. For suicidal cases, forced hospitalization in mental facilities and corrective therapy centers, or other emergencies directly endangering the victims' personal safety and well-being, the Center would introduce crisis intervention model or task-center model. In these high-risk cases, the priority would be to utilize resources to deal with emergencies and then help the victims leave violent situations as soon as possible.

Mental Support and Needs Assessment

Once the intervention model has been determined, the next step is to collect and assess the help-seekers' needs. The Center identified the following traits for the needs of the help-seekers through their work. **First, their needs were uncertain.** "They usually talked about what had happened, but based on my experiences, most of them didn't really specify what they wanted" (quoted from an interviewee). Thus, pacifying their emotions was along the same line of identifying their needs. "They felt helpless, but didn't know what they wanted, or what they actually wanted was the pacifying of emotions. We need to do this first and then to identify whether we can respond to their actual needs" (quoted from an interviewee).

Second, the needs of the help-seekers did not correspond to the realities, resulting in the lack of possibility to realize their needs.

"Sometimes the client wanted to improve their partner relationship. But from our evaluation, we didn't think that their partner wanted to continue the relationship. We would prepare them in case their partner breaks up with them". (quoted from an interviewee)

Third, the help-seekers changed their needs after evaluation once they assessed the possibility of realizing their needs.

"We would discuss with them what they really wanted. For example, some kids wanted to leave their homes, but didn't really think about what would happen if they did leave. We discussed about the gaps of wants and the actual reality. When they saw the gap, they realized that they might need to wait until they grow up to do it". (quoted from an interviewee)

Fourth, the needs of the help-seekers did not match with the Center's services and resources. Thus, the Center could not realize their needs. For example, some help-seekers' needs were economic

or welfare-related and they wanted economic support from the Center. An interviewee responded to these kinds of situation:

“The Center is not a social welfare organization and we have limited resources. Actually, we’ve been looking for economic resources from other places. This is something worth pursuing.” (quoted from an interviewee)

Thus, there were discrepancies of the initial needs of the help-seekers and their needs after evaluation and assessment. Ideally their initial needs and evaluated needs should be consistent. When there were inconsistencies, the Center showed the help-seekers through evaluation and negotiation the gap between their needs and the Center’s services, thereby helping them to make decisions and match services to them.

Matching needs however took some time:

“For instance, some people wanted their parents to accept their same-sex partners. However, this is unrealistic for a lot of people within a short period of time. Their expectations were beyond the actual reality. We couldn’t match our services to their expectations. Instead, we need to explain the situation and communicate with them. A lot of it was pacifying their emotions. And then we can respond to their emotions and needs, and help them do some observation and planning, such as listing things like the safety issues, what resources do they have, the precaution to certain things, and discuss with them the consequences of certain actions etc.” (quoted from an interviewee)

Pacifying emotions and needs assessment needed to go together, and they laid the foundation for the next steps of service intervention including determining intervention model, making safety plans, sorting out resources and feedback and evaluation.

Making Safety Plans

After the needs assessment, one of the indicators to determine the service plans was whether the help-seekers had the capacity to change or improve their situation “independently”. If the help-seekers were capable or they didn’t need external intervention, the service providers would suggest action plans to the help-seekers via communication and discussion. Currently there are emotion management plan, coming out safety plan, breaking up safety plan, daily safety plans, precaution to being disappeared or controlled safety plan and communication safety plan. Take someone’s safety plan for example, their plans included: 1) installing a monitor to monitor the travel route; 2) collecting evidences; 3) planning on leaving the city; 4) reporting to the police when necessary; 5) discussing with the school about who can pick up the kid.

Assessing and Linking Up Resources

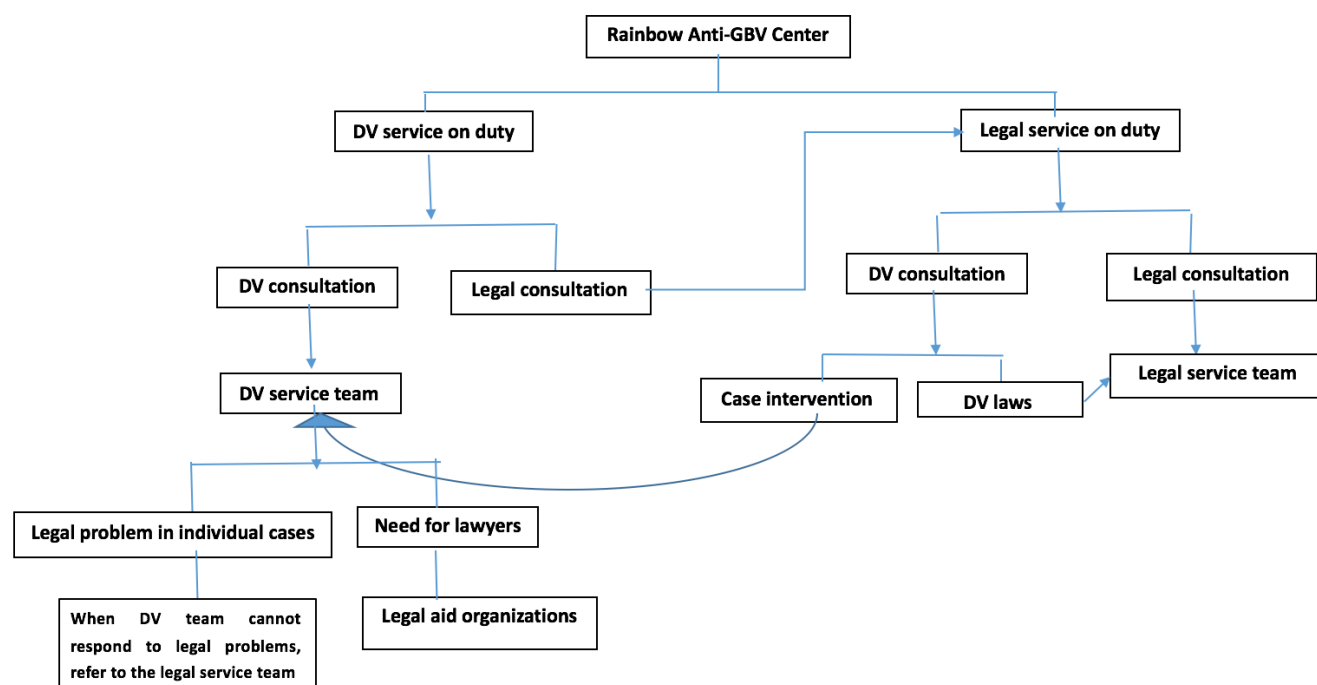
If the help-seekers could not leave the violent situation independently, the service providers would assess the help-seekers’ social resources, and identify what social network could the help-seekers utilize and rely on to ensure their personal safety. For instance, in one of the cases the help-seeker

did not have obvious support network in their family, but the Center identified their high school classmates as their potential support resources and one of them who could become their “agent” to deal with relevant issues.

The second part was about local community resources including the local social and economic environment. Most of the help-seeking cases the Center received were not from Beijing. Out of the 114 individual cases, only seven cases were in Beijing. Local resources became the focal point for the Center to provide support and intervene. However, not every province in China had active LGBT community to provide support and assistance to the LGBT domestic violence victims. The Center had to assess the situation on an individual and community level, and coordinate with local LGBT community resources, mainstream anti-domestic violence experts and organizations and legal resources in order to help.

In addition, the Center has been expanding its resources and developing its capacity. For example, after the preparation from 2016 to 2017, the Center started to provide professional legal services. The preparation work took more than one year and a half because on the one hand the Center had to raise money for its legal services, and on the other hand it had to recruit and train legal service providers. The legal services were established and put into practice on the second half of 2017, but it was parallel to the social work services at that time.

The following flow chart shows the “collaboration” between legal service work and social work in the beginning.



In fall of 2018, the social work services merged with legal services due to their close connection. Ten percent of the Center’s cases were referred to other organizations. The Center’s service

providers referred the cases when the help-seekers' needs matched with external resources. For example, the Center referred the cases in which the help-seekers needed psychological counseling and emotion management to professional psychological institutions. Another example was that the Center referred transgender cases to local transgender groups or organizations because the transgender help-seeker was confused about their identity and reacted strongly towards the service providers. However, when the condition was not suitable for case referral, the service providers needed to build a joint intervention resource network linking up with different resources.

From this perspective, anti-domestic violence work is systematic and needs multiple departmental collaborations to provide services, as an interviewee suggested:

“Currently we are focusing on the connection of legal resources. If the client was not in Beijing, we would work with local groups to follow up because we could not reach them directly. Our volunteers would search for groups which we could collaborate with and then introduced them the cases.”

For situations like these, the Center has been focusing on coordinating resources and establishing an effective anti-domestic violence network. For instance, in the case of a transgender minor experiencing family violence, the Center evaluated the condition of the help-seeker and collaborated with local LGBT organizations, regional LGBT organizations and lawyers to intervene. Local LGBT organizations collected safety information of the help-seeker, and regional LGBT organizations suggested to pressure the school that the help-seeker went, as a way to use public pressure to communicate with the offending parents. The lawyers advised the local LGBT organizations to provide companionship to the transgender minor and to call the police, thereby reducing the legal risk of the local groups, as well as pushing state authorities to intervene to protect the safety of minors.

Closing the Case and Follow-Ups

Upon conclusion, cases are marked as positive or negative. Positive case closure scenarios included: the client was physically and mentally stable and had no needs for other services; the client had the capacity to reflect and plan about future; the client had the capacity to connect with resources or resolve the issues; the client was safe and possessed the capacity to deal with violence. Cases closed positively when the help-seekers lessened their pressure, changed their surroundings, and resolved the issues by themselves to reach a balanced life and social relationship.

Negative case closure scenarios included: the client's contact was lost; no response from the client in the short-term follow-ups in a month; the client or the offender was dead; etc.

Finally, the Center followed up with the closed cases to ensure that the help-seekers did not have safety concerns for a long period of time. For example, their partners did not harass them after their break-up; their interaction with their parents changed, or their parents' attitudes changed.

In summary, the above six areas of work consisted of the specific social work services. **The Center integrated the social work service goals in specific anti-domestic violence intervention through these six areas.**

Group Intervention

The second level works through support groups and consultations to provide help to those who have not encountered violent situations but want to know more about domestic violence issues and how it can be prevented or addressed. This group of people had clearer needs and questions but not urgent intervention needs compared to domestic violence victims. Their diverse needs could be answered through consultation and support groups:

“They might need some guidance and help on their relationships. For instance, they wanted to build a healthy intimate relationship or family relationship, or wanted to adjust their relationships and achieve personal growth in relationships.” (quoted from an interviewee)

Group intervention works to improve the awareness of group members and their capacity to deal with relationships and social life. Coordinated by social workers, group intervention revolves around discussions of specific scenarios, group interaction and the support between group members. Support groups are the primary working model in the Center’s group intervention.

The Center organized four support groups since January of 2017 to June of 2018. There were eight to nine participants in each support group. There were several group activities on different themes in the one to three months when the group lasted. There were eight group activities during the two months for the April 2017 support group. There were four group activities in one month for the October 2017 support group. The support groups were led by a core facilitator. There was a supervisor or an observer in each activity to observe and document the group activities.

The staff members organizing the support groups would firstly recruit participants via face-to-face or telephone interviews to understand their basic condition and service needs so as to better integrate their different needs into one support group. For example, the interview questions for a support group included: their emotional status, relationship with their family, their current problems and the expectation towards the support group. The telephone interview questions for another support group included: the reasons to take part in support groups, whether they had conflicts with their family members because of their sexual orientation and gender identity, and what did they expect from this support group.

In the group intervention, the facilitator used multiple interactive methods such as entertainment, education and therapy to build an accepting, respectful and empathetic environment. This would allow the members to release their emotions, raise their awareness and strengthen their capacity. By building the connection and support between group members in multiple-issue activities related to domestic violence, the support groups hoped to improve the members’ capacity to deal with domestic violence and difficulties in life. The multiple issues included gender theories, anti-domestic violence theories, family stories, life stories, conflicts and response, communication methods, cognitive models, the true self, iceberg picture and balance wheels etc. The different activities included games, role play, story sharing, sensory practice, emotion practice, bodily gesture observation and imitation, structure-less discussion and mock case intervention etc.

Finally, the support groups hoped to empower the individuals to deal with different kinds of challenges in their daily lives through emotional support and information sharing. They hoped that the members would be equipped to prevent domestic violence, and also recover from trauma. Therefore, the support groups paid attention to the three levels of prevention and intervention before, during and after the domestic violence incidences. For example, an interviewee commented on the healing effects of the support groups to domestic violence victims:

“Our work has brought huge changes to the participants, especially for those who were traumatized by violent incidences. Some of them were not able to re-establish connection with their families. However, they started to reconnect with their families after the support groups.”

There were two rounds of evaluation after each support group. The participants would evaluate the effects of the support group and their gains, as well as the existing problems for improvement. The Center’s staff members would also evaluate whether the goals had been met in the support groups.

Awareness Raising and Community Services

Community Services

The third level of the pyramid aims to reach a maximum number of LGBT people through a series of online or face-to-face capacity building activities to increase awareness on anti-domestic violence and the capacity to deal with violence in the LGBT community. The community services often go along with capacity building work. “We hope to equip everyone with relevant information and ways to prevent it so as to reduce the possibility of violence” (quoted from an interviewee). Therefore, it becomes the most foundational level of prevention and service involving the maximum number of LGBT people.

Awareness raising works to raise awareness about the existence of domestic violence in and against the LGBT community. From the observation of the two interviewees, there has been a lack of awareness of the LGBT domestic violence on both an individual and organizational level:

“LGBT people didn’t come for these kinds of activities because they didn’t consider them relevant to their lives. It could be said the same for a lot of non-LGBT people too.” (quoted from an interviewee)

“Before the founding of the Center in 2016, not a lot of LGBT organizations talked about LGBT domestic violence. But now many important organizations started to pay attention to it such as PFLAG China. I talked to them many years ago, the parents there didn’t think that it could be domestic violence when parents tried to control their children. We invited them to work with us consistently, and now more and more of them realized the importance of domestic violence issues including their staff members.” (quoted from an interviewee)

Community awareness raising is the foundation to the prevention of domestic violence in the LGBT community, as well as the foundation to the community capacity building. The Center organized a lot of awareness raising activities in 2016, that “from the 25th of November to the 10th of December there were around fourteen activities” (quoted from an interviewee). The activities happened every other month in 2016 and 2017 in various forms.

“We organized film screening events, as well as theater performances. We screened the film “the sisters”, “small talk” and a lesbian movie. The director of “small talk” came and we had a discussion with her. Theater performances included playback theater, and body workshops. The creator for the Center’s cartoon characters came over and did a drawing workshop. We used different ways to highlight violence and conflicts”.

With the consistent awareness raising of anti-domestic violence in the LGBT community, capacity building became the natural next step.

Online Communication

Online communication is a more effective way to advocate for anti-domestic violence and raise awareness of a greater range of LGBT people and organizations. The communication work has undergone some changes with the ongoing work of the Center, including the change of contents and writing styles.

The change of the communication content paralleled the change of the themes in community activities. The focus on violence which was more “negative” shifted to a more “positive” emphasis on physical and mental wellness and support, or the maintenance of healthy relationships.

“Violence is a big word and it sounds very serious and negative. Many people didn’t want to go to events that sounded irrelevant to themselves. We figured out the use of certain wordings to speak to people’s needs better, the feedbacks from the activities helped”. (from an interviewee)

The contents that the Center’s Wechat account produced has undergone some changes too:

“We produced like one to two articles every week in our Wechat account. The articles were very advocacy and research oriented, and could not really attract people who had service needs. We were adjusting the contents and styles gradually. There was one incidence in which we received a comment to an article saying that ‘do you really think that us LGBT organizers like to read these kinds of articles?’. We laughed at it, and it was also very true. A lot of the times we focused on the professional part, but that couldn’t attract people, so we changed”. (quoted from an interviewee)

The contents and styles changed from an individualized style to a team-run style:

“At first our interns were responsible for writing the articles. Their personal styles determined the styles of the articles, some were humorous, some were romantic and some were more focused on the content...some articles were only one hundred words and some were almost a thousand words. We didn't really control this part. Now we have a writing team to discuss and formalize the contents and styles.” (quoted from an interviewee)

Zhenzhen, which is the name for the Center's Wechat account, “produces articles that the LGBT community members love to read” (quoted from an interviewee). The viewers have been increasing yearly, and they no longer said that the articles were difficult to read.

In summary, the contents and styles of online communication adapted according to the changing realities of the Center's work. We could also see the difference between community services and case services. Case services focus on dealing with violent situations, but the community services aim to enhance individual wellbeing and harmonious social relationships. The Center focused not only on the different phases of domestic violence incidences, but also from the micro to macro level of the society.

Anti-Domestic Violence Service Management

The direct service management developed from scratch. The Center's staff members explained that “we didn't have any intake forms, or any systems to document in the beginning”. The simple model was like “stimulus-reaction”, that “when there was a call or a message we would just respond to it” (quoted from an interviewee). Through three years' work, the Center structurally established and developed an anti-domestic violence system which included the service system, service procedure, service management and tools development.

Service Management

The Center developed the service management model due to the increasing number of staff members and volunteers and the specification of the service work. There were only two staff members in the Center and service management was not considered necessary. An interviewee recalled:

“There were only me and xx. We didn't feel necessary to manage the cases. We just took the cases, and then that was about it.”

The service work management formalized in 2017. As more staff members joined the Center and tasks got specialized, problems emerged between coordination and supervision. There were often time-conflicts between the full-time staff members, part-time staff members and the volunteers to attend the regular discussion with the social work supervisors. Thus, a staff member was specially assigned to coordinate everyone's time. An interviewee was in charge of the majority of the service work management and she described its content and the process of change:

“I had to coordinate supervision and service provider management. I wrote the service provider by-laws including regulation on stipends. Initially we didn't have

stipends for volunteers and other professional service providers, and we changed that gradually. Other things including the service procedures, rules of being on duty and documentations were all added later.”

Besides the above areas of work such as coordinating with service providers, assisting supervisors, making service provider by-laws and regulation on stipends, formalizing service procedure, coordinating shifts and managing documentations, service management also included managing service evaluation procedures. The Center didn’t pre-determine the specific contents of service management, but introduced content based on their work and the problems identified in the processes on a case-by-case basis.

Tool Development

Documentation is an important tool in psychological counseling and social work services. Documentation not only provides information of previous services and follow-ups, and it is also a tool for the service providers’ self-reflection, accumulation of experiences and knowledge production. However, documentation was not integrated structurally into the Center’s direct services in the very beginning. An interviewee explained:

“In the beginning xx and I just documented the cases separately with word documents like a running list of things.”

Soon after, the staff members realized that unsystematic documentations would not benefit the growth of the staff members as well as the Center’s work.

“If we do not document the cases, the cases would go to waste without any reflection and discussion. It is not a positive cycle for the personal growth of the service providers. For service providers, they need documentations so that they could be supervised.” (quoted from an interviewee)

For service providers, lacking of systematic documentation means the lack of reflection and personal growth. For the Center, the regular discussion between the social work supervisors and direct service providers would be superficial without detailed documentations of case information, follow-up processes and feedbacks from different parties. Documentation work is necessary but also difficult, like a social work expert said:

“It is a dilemma. We wish the written documentation to have more detail but documentation is not only about writing down the conversations. It is a process of organizing and reorganizing. For example, if we spend an hour talking, then it needs one or one and a half hours to document. For individual cases, they need around two to two and a half hours. We need to develop ways to document as detailed and clear as possible.

In the second half of 2016, the Center developed their own documentation tools based on the ones from anti-domestic violence organizations in Taiwan and Changsha as the following table shows:

FILE INFORMATION				
Case Intake Time*	Case Source*	<input type="checkbox"/> Direct help-seeking <input type="checkbox"/> Referral <input type="checkbox"/> Outreach (case intake on-site)	Help-seeking Channel*	<input type="checkbox"/> tel <input type="checkbox"/> email <input type="checkbox"/> QQ <input type="checkbox"/> Wechat <input type="checkbox"/> Online survey
Social Worker Name*	Multiple Org Collab*	<input type="checkbox"/> N/A <input type="checkbox"/> Yes _____ (e.g. PFLAG China, XX women's federations)	Service Channel*	e.g. online video chat, tel, face-to-face
Case Description*	Use 50-100 words to describe the case:			

CLIENT PERSONAL INFORMATION				
Name/Nickname*		Biological Sex*	Gender Identity*	
Sexual Orientation*		Age*	Contact*	<input type="checkbox"/> QQ <input type="checkbox"/> Wechat <input type="checkbox"/> tel
Address*				
Employment/School*		<input type="checkbox"/> Yes	Employment:	School :
		<input type="checkbox"/> N/A jobless(please describe) _____ <input type="checkbox"/> N/A out of school(please describe) _____		
Family* (e.g. family tree, family structure, background)		Education	<input type="checkbox"/> primary school or under <input type="checkbox"/> middle school <input type="checkbox"/> high school <input type="checkbox"/> university <input type="checkbox"/> master's or above	
Economic Condition Whether economically independent	Relationship and Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> in relationship <input type="checkbox"/> Married... and lasted	Living Situation	With Intimate Relationship <input type="checkbox"/> cohabitating <input type="checkbox"/> not cohabitating With Family-of-Origin <input type="checkbox"/> cohabitating <input type="checkbox"/> not cohabitating <input type="checkbox"/> please describe other conditions
Risk Level Estimate*		Other Important Info	<input type="checkbox"/> Please add any important info to the case	

SERVICE INFORMATION					
The Client is*	<input type="checkbox"/> Victim <input type="checkbox"/> Offender <input type="checkbox"/> Help-seeker (not victim or offender)	Relationship between Victim and Offender*		Case Type*	<input type="checkbox"/> FV <input type="checkbox"/> IPV

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SERVICE INFORMATION (CONTINUED)			
Violence Type*	<input type="checkbox"/> Physical <input type="checkbox"/> Mental (please specify) <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Intimidation <input type="checkbox"/> Defamation <input type="checkbox"/> Threaten with nude photos <input type="checkbox"/> Threaten to come out <input type="checkbox"/> suicide threats <input type="checkbox"/> Threat to self-mutilate <input type="checkbox"/> Money fraud <input type="checkbox"/> Others (please describe) <input type="checkbox"/> Economic control <input type="checkbox"/> Sexual violence <input type="checkbox"/> Restriction of personal autonomy (please specify) <input type="checkbox"/> Confine at home <input type="checkbox"/> Mental facilities <input type="checkbox"/> Internet ban center military management styled facilities <input type="checkbox"/> Others	Whether Communication Means being Controlled*	(tel or Wechat)
Domestic Violence Situation and Time Lasted*		Please fill in as much as detail as possible	
Whether the Client is Hurt when Seeking Help*			
Help-Seeking to Other Institutions*		<p>(Police/Women's Federations/Villages/Residential Committees/Others. Please specify how many times, the time, location, and the intervention effect. e.g. if the police came to the scene or accept the case and gather evidence.)</p> <input type="checkbox"/> Police Help-seeking from the police (location, time, subject and scenario description) _____ Number of times of help-seeking: _____ <input type="checkbox"/> Police arrived and case summary: _____ <input type="checkbox"/> Police didn't come and feedback: _____ <input type="checkbox"/> Case accepted and summary: _____ <input type="checkbox"/> Case not accepted and why: _____ <input type="checkbox"/> Evidence gathered: _____ <input type="checkbox"/> Evidence not gathered and why: _____ <input type="checkbox"/> Police records provided: (<input type="checkbox"/> Police offered <input type="checkbox"/> the client asked): _____ <input type="checkbox"/> Police records not provided: (<input type="checkbox"/> Police didn't offer <input type="checkbox"/> Client didn't ask <input type="checkbox"/> Client asked but was rejected and why): _____ Intervention effects (methods, impact to the violent situations, follow-ups) _____ <input type="checkbox"/> Women's Federation Help-seeking from the women's federation (location, time, subject and scenario description): _____ Number of times of help seeking: _____ <input type="checkbox"/> Intervention and case summary: _____ <input type="checkbox"/> No intervention and why: _____ Intervention effects (methods, impact to the violent situations, follow-ups): _____	

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SERVICE INFORMATION (CONTINUED)	
Help-Seeking to Other Institutions*	<input type="checkbox"/> Street offices/city residential committee/village residential committee Help-seeking situation (location, time, subject and scenario description): _____ Number of times of help seeking: _____ <input type="checkbox"/> Intervention and case summary: _____ <input type="checkbox"/> No intervention and why: _____ Intervention effects (methods, impact to the violent situations, follow-ups): _____ <input type="checkbox"/> Psychology <input type="checkbox"/> Psychological counselor psychiatrist Help-seeking situation (location, time, subject and scenario description): _____ Case summary and needs: _____ Help-seeking effects: _____ <input type="checkbox"/> Law <input type="checkbox"/> Business lawyer <input type="checkbox"/> Legal assistance <input type="checkbox"/> Judicial institutions Help-seeking situation (location, time, paid or unpaid, and scenario description): _____ Case summary and needs: _____ Help-seeking effects: _____ <input type="checkbox"/> Social work organizations Help-seeking situation (organization name, number of times, time location, kinds of services offered): _____ Case summary and needs: _____ Help-seeking effects: _____ <input type="checkbox"/> LGBT Community Case summary and needs: _____ Help-seeking effects: _____
Advocacy Suggestions	
Client Demands*	
Needs Assessment*	
Service Goals*	
Need for Multiple Departmental Collab	(Police/Women's Federations/Residential Committee/Court/School/Other Institutions)
Client's Primary Resources*	(Including Accommodation and Finance)

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SERVICE INFORMATION (CONTINUED)		
Primary Social Relationships (Directly Related to Domestic Violence)	Name/relationship to the victim	Kinds of support offered
First Intervention*	(Pacifying emotions, needs assessment, determining services goals, making service plans, emergency protection, emergency assistance, hospitalization, referral, please describe according to the case)	
Follow-up Services	(e.g., 20170601 the client wanted to leave home, made action and safety plans Note, service provider needs to document every follow-up to show more details)	
Case Closure Info	<input type="checkbox"/> Case not closed <input type="checkbox"/> Case closed: <ul style="list-style-type: none"> <input type="checkbox"/> Client's needs have been satisfied <input type="checkbox"/> Client had the capacity to connect with resources or resolve the issues <input type="checkbox"/> Client was physically and mentally stable and had no needs for other services <input type="checkbox"/> No response from the client in the short-term follow-ups in a month <input type="checkbox"/> The client's contact was lost <input type="checkbox"/> The client rejected the services <input type="checkbox"/> The client or the offender was dead 	
Summary and Reflection*	(Highlights and difficulties in the service)	

The table has been revised for multiple times based on service providers' discussions.

"We realized that some of contents were not very suitable, and some were missing from the table, so we revised the table every half a year. We discussed with the service providers on areas needed to be documented and adjusted, and also areas needed to be analyzed. In the discussions, we also talked about our growth and needs". (quoted from an interviewee)

In 2018, the Center developed the domestic violence case database for archival and management purposes. The database consists of individual tables. Such development indicated that the staff members needed to develop their research skills, and the clients needed to adjust to the change of the reporting system. Through work and practice, the database would provide data and evidence support for the future tool development.

"We transferred all the data to a database last year. However, we realized that the help-seekers needed certain skills to use that database. There were feedbacks from the clients that the forms were very complicated. It is hard for me to simplify the form because it comes from multiple revisions. One of the purposes of the form is

to put individual cases on record, another purpose is to provide data for the annual report and the monitor and evaluation report. This will give us a sense of the Center's services." (quoted from an interviewee)

The Center later developed risk evaluation form and procedural table for the evaluation, coordination or linking up resources by the direct service providers.

Recruiting and Supporting Service Providers

Although the anti-domestic violence work was conducted by volunteers, the Center did not pay enough attention to the recruitment of volunteers in the beginning stage. First, the cases received by the Center were not a lot. Second, there were not a lot of capable people willing to undertake the work. However, with the increasing workload and considering the consistency of the service work, recruiting volunteers became an important agenda for the Center.

"For xx has a lot work, and if she couldn't take the case she has to give it to me or others. If I cannot take the case, I can only give it to xxx. But a lot of the times me and xxx have no extra time, so we need more people. If we leave the work will not be sustained and consistent. Therefore, we need to recruit more service providers." (quoted from an interviewee)

The ways of recruiting volunteers have also been adjusted. At first the Center wanted to recruit volunteers with social work or psychological counseling backgrounds. However, there were not a lot of suitable candidates that fit the criteria. Thus, the Center chose to strengthen the trainings of volunteers and a later round of selection of the trained volunteers. An interviewee recalled the changing ways of recruitment.

"We hope to train our volunteers better to provide professional services. Originally we wanted to recruit people with professional backgrounds, but the search was very limited. Therefore, we train those who are willing to invest on this issue. We have very strict training and selection criterion. The service team has grown gradually. For the trainings, they are conducted by the Center's team, as well as the Center's consultants and other professional experts.

Initially the Center did not have professional service providers, "but now everyone has been certified, and our team increased from two persons to seven persons" (quoted from an interviewee). The strengthening of the trainings resulted in the adoption of the legal assistance method and a staff member specially assigned for the task, thereby advancing the Center's human resources.

The Center provided continuous support for the service providers including capacity building and team building trainings. The Center communicated with the service providers, social workers and the legal experts via the Internet because service providers worked part-time with no fixed schedules and locations. However, the Center set up meetings between these people with no less than a month to facilitate connection and support among them. The Center also reviewed important cases every half a year.

From the perspectives of the social workers and legal experts, the Center provided continuous support to the service providers by way of “discussion” but not “trainings”. The transmission of knowledge, sharing of experiences and practices of the skills also happened during discussions. For instance, a social work expert said that “we would even do some role play during the discussions, so that we know how to respond to the help-seeking”. The service providers became the knowledge producers, but not passive recipients in the process. It is hard to replicate experiences and methods in different social contexts, even for service providers in Taiwan where the anti-domestic violence system has been established for a long time. The ideal situation is “we develop the things that we want” (quoted from an interviewee).

“When the perpetrator came for help, what kind of services could we provide them? It seemed useless to tell them to stop beating people. We would discuss with the service providers to understand the needs of the help-seekers. We talked about how could we encourage them to talk about their expectations and needs during the conversations. And then we practiced some of the skills in conversing.” (quoted from an interviewee)

When there were debates and disagreements during the discussions, the Center’s supervisor would “give some advice to them and let them discuss more to decide”. Her hesitation to decide directly was because she was an external consultant to the Center. She was not familiar with the Center’s daily work therefore could not interfere with their internal organizational decisions. However, she suggested that if the supervisor would be hired as a staff member, then they must make decisions, as “they are leading the project, so their role is different”.

Difficulties and Challenges in Anti-Domestic Violence Work

In service provision, the Center has identified these key challenges in tackling domestic violence:

First, LGBT anti-domestic violence work lacks resources. There has not been adequate matching of funds, human resources and infrastructure building after the passing of the law, which makes the presence of intervention and service work uncertain. In areas with active anti-domestic violence organizations, domestic violence issues have a better chance of being resolved, and victims can receive more professional help and support. But in areas with no active organizations, it has been very difficult for the victims to seek help.

“If the system has not been established, then it is very difficult for individuals to seek help. It is highly coincidental. For example, we got to work on a case in Changsha. It was only because we have close relationships with the women’s federation and social work organizations in Changsha. But if it were in other places without local resources like these, the intervention provided would be very limited. The matching of resources should be done by the state. If there’s no matching resources, you can only give up.” (quoted from an interviewee)

From the experiences of other countries or regions, the state has the ultimate responsibility to provide resources since no community or civil society could “generate” enough resources. This is

also the conclusion that the Center's staff members reached after many study trips:

“When we looked at the anti-domestic violence services in Taiwan or the U.S., the state provided most of the resources. The state should be the one covering the costs and providing public resources. Fulltime social workers and anti-domestic violence workers need economic support to be able to do their jobs well. However, this needs time. The state should match funds, and then build a basic infrastructure, including systematic trainings of relevant staff members. This is the building of a mainstream anti-domestic violence system”. (quoted from an interviewee)

The lack of matching funds and basic infrastructure is not only the problem for LGBT anti-domestic violence work, but a problem for all anti-domestic violence services in mainland China. Mainstream heterosexual people are not protected either. The Center received cases like this:

“We also received calls from heterosexual women in China. But when we looked at the map and realized that there was no local organization to support her. We could only tell her to go to the women's federation, but she'd already been there.” (quoted from an interviewee)

Second, LGBT people who experience domestic violence face another layer of societal neglect and discrimination, which makes seeking help from public authorities or professional anti-domestic violence organizations challenging, and reducing chances of effective support.

Although the law has stipulated that the police and the women's federations are responsible for the prevention and elimination of domestic violence, in fact “the help-seekers' interaction with the police or the women's federation was not effective at all” (quoted from an interviewee). The systematic support for domestic violence victims would be uncertain if the multiple departmental collaboration could not actualize. For instance, seeking help from the police accounted for the greatest percentage in the LGBT domestic violence cases the Center received, compared to other departments. On the one hand, grassroots level police still consider domestic violence to be family matter and do not intervene. On the other hand, the police lack proper understanding of LGBT community and the severity of LGBT domestic violence problems, so they could not provide effective and friendly support to the victims.

Third, direct service providers face great pressure and challenges as they lack resources and opportunities for self-growth, support network and motivation. As an interviewee observed:

“We have very limited resources so some interventions were not enough. There were suicidal cases. I feel heart-broken and helpless when I see these cases. I'm not a service provider, but we also encounter issues like these in our work. I think for service providers it is a lot of pressure, because they are all volunteers without systematic support network. I think for case intervention it is very difficult work.” (quoted from an interviewee)

Part-time service providers could not guarantee their services due to their other job duties.

“The social work intervention is systematic, it’s a lot of coordination and communication not only with the clients, but also with different focal points in the anti-domestic violence system. However, we have been only focusing on the communication with the clients, but not resource-linking work. Because they are all volunteers. There’s no guarantee to their time investment.” (quoted from an interviewee)

Fourth, LGBT minors and the transgender community face even greater challenges. Social service, legal aid and civil society organizations cannot effectively intervene in cases involving under-aged victims. The long-standing social and cultural positioning of the family prevents social organizations and even governmental efforts to intervene in family matters and let alone domestic violence incidents. An interviewee observed:

“I think the LGBT minor cases are hard to deal with, and also the transgender cases. These are all conflicts with families-of-origin. If it’s only conflicts between grown couples, we are more equipped to help with these cases. Family conflicts are hard to deal with for the LGBT community and the non-LGBT people. People seldom use the law against family violence, unless the kid is abused violently. There are a lot of issues with the current system for example issues with guardianships.” (from an interviewee)

The social work supervisor of the Center also mentioned that transgender teenager cases were the difficult cases that the service providers encountered:

“Family violence happened for some LGBT youths when they came out. They lacked resources, and couldn’t decide on their own without a guardian. There were conflicts between their LGBT identity and their own aspirations. Such intersections were difficult to deal with.” (from an interviewee)

In summary, the problems identified through the Center’s work such as lacking of resources, the special needs for LGBT minors and the transgender community informed the Center’s legal advocacy work after 2016.



Experiences and Suggestions

Important Experiences

The Rainbow Anti-GBV Center was founded shortly after the passing of the Anti-Domestic Violence Law, with no legal specifications and a lack of anti-domestic violence system or relevant resources to reference. Thus, the Center's work is groundbreaking and sets a precedent for other organizations. However, as the current social contexts changes, the Center's work is evolving.

Because the Center aims to contribute to the developing of anti-domestic violence system, their work cannot revolve only around a single group of people. Thus, the Center has built their work with an inter-connected system with legal advocacy, anti-domestic violence services and capacity building. In addition, the Center incorporates the needs of LGBT people in a three-level pyramid prevention and service system. The Center's ultimate goal is to push for a multiple departmental collaboration system to prevent and intervene in domestic violence. In the system, the LGBT community can connect effectively with the mainstream anti-domestic violence experts and organizations, and the mainstream departments can have clear division of responsibilities and full cooperation.

Second, the LGBT community needs lie at the heart of legal advocacy. The Center's legal advocacy revolves around the continuous cycle of legislation, revision and legislation. It is through a correct understanding of LGBT people's specific needs and experiences that we can gather momentum and evidence to carry out legal advocacy. The changing of legal demands and strategies are all based on specific community needs.

Third, the Center's working models in anti-domestic violence services continue to evolve based on the changing realities. There have been adjustments and shifts in the Center's service procedures, service management, tool development and recruitment and trainings. Such changes were not top-down, but were based on the staff members' discussions.

Fourth, the help-seekers' needs have to be valued professionally in anti-domestic violence services. Through the Center's work, the process of evaluation is also a process of channeling emotional pressure and offering companionships. Once the help-seekers' needs have been clearly

identified, the Center matches appropriate services and resources to them to improve their situations effectively. There were many referral cases or help-seeking calls from the victims' friends and family because the LGBT community was not familiar with the Center's work in the beginning stages. Thus, evaluating the needs of the victims correctly is especially important.

Fifth, depending on the help-seekers' needs and the quality of external resources, the Center refers them to the resources or coordinate resources to help them. On the one hand this could allow the incorporation of different kinds of resources in the anti-domestic violence network, and on the other hand it lessens the pressure and intensity for the Center's work.

Sixth, case documentation is important and necessary. The individual service providers can improve their capacity by the accumulation of case service experiences, and the Center can pass on and sustain the work that they do by the detailed documentation of skills and experiences.

Seventh, for recruitment and trainings of anti-domestic violence service providers, the Center widens the search for volunteers with little professional backgrounds. However, this could be complemented by intensive trainings and the re-selection mechanism to ensure the professionalism of services.

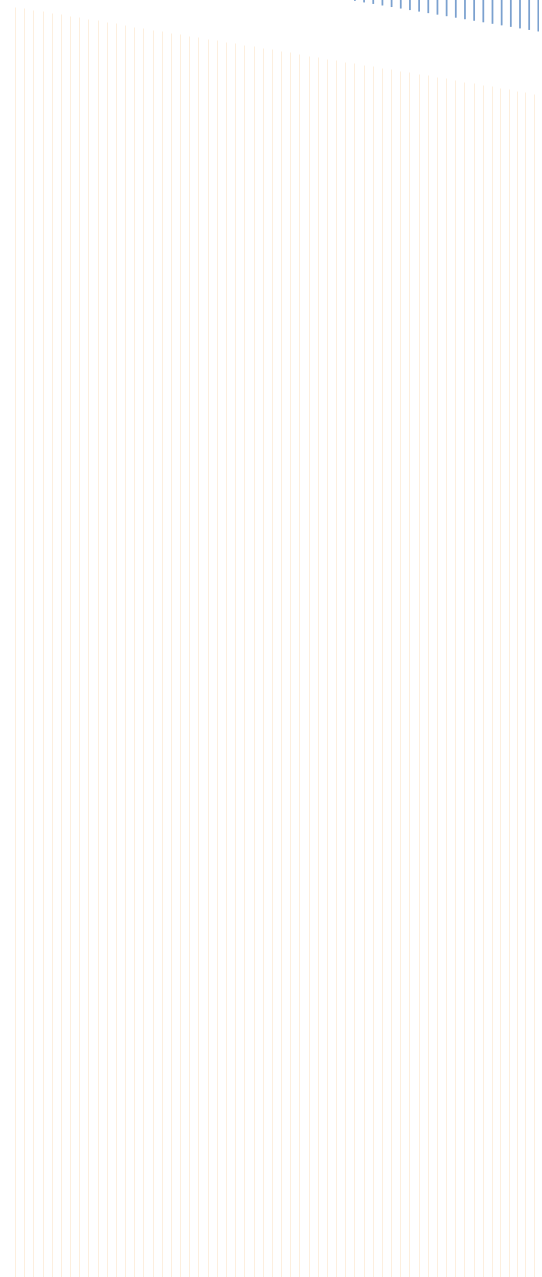
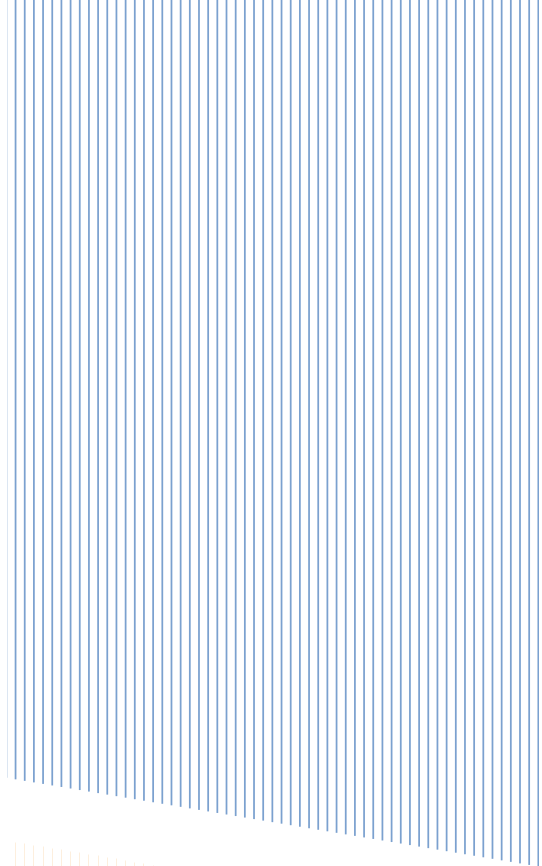
Eighth, trainings for service providers should prioritize the discussion of specific contexts and their working experiences other than the direct transmission of textbook information and the mature concepts from other places. In this way, it generates knowledge and skills applicable to specific contexts and cases.

Ninth, the anti-domestic violence public advocacy can shift from "negative and passive" violence framework to "positive" well-being framework, so as to increase public acceptance as well as generate wider public influence.

Recommendations

National guidelines are needed as soon as possible for proper implementation of the Anti-Domestic Violence Law. These guidelines must specify how the judicial system handles domestic violence cases, from court hearings to court rulings. Judges and court officials must be trained on domestic violence and the law in general, and also on LGBT issues and domestic violence.

- Broaden the application of the Anti-Domestic Violence Law to include protections for LGBT people and their life arrangements.
- Provide trainings for all personnel of relevant government departments at national and provincial levels involved in implementation of the Anti-Domestic Violence Law so they have correct understanding of LGBT issues and are trained to provide effective service to LGBT people, and increase LGBT victims' confidence in the domestic violence system.
- Advance public support systems for victims of domestic violence, including LGBT people and increase resources to construct an anti-domestic violence support system through infrastructure building and personnel training.
- Increase the awareness of intersectionality of domestic violence in the practice of the Anti-Domestic Violence Law by strengthening the connection between this law and other laws, thereby ensuring people of different ages, different gender identities and different sexual orientations can access legal protections and intervention and support services.





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