Connections

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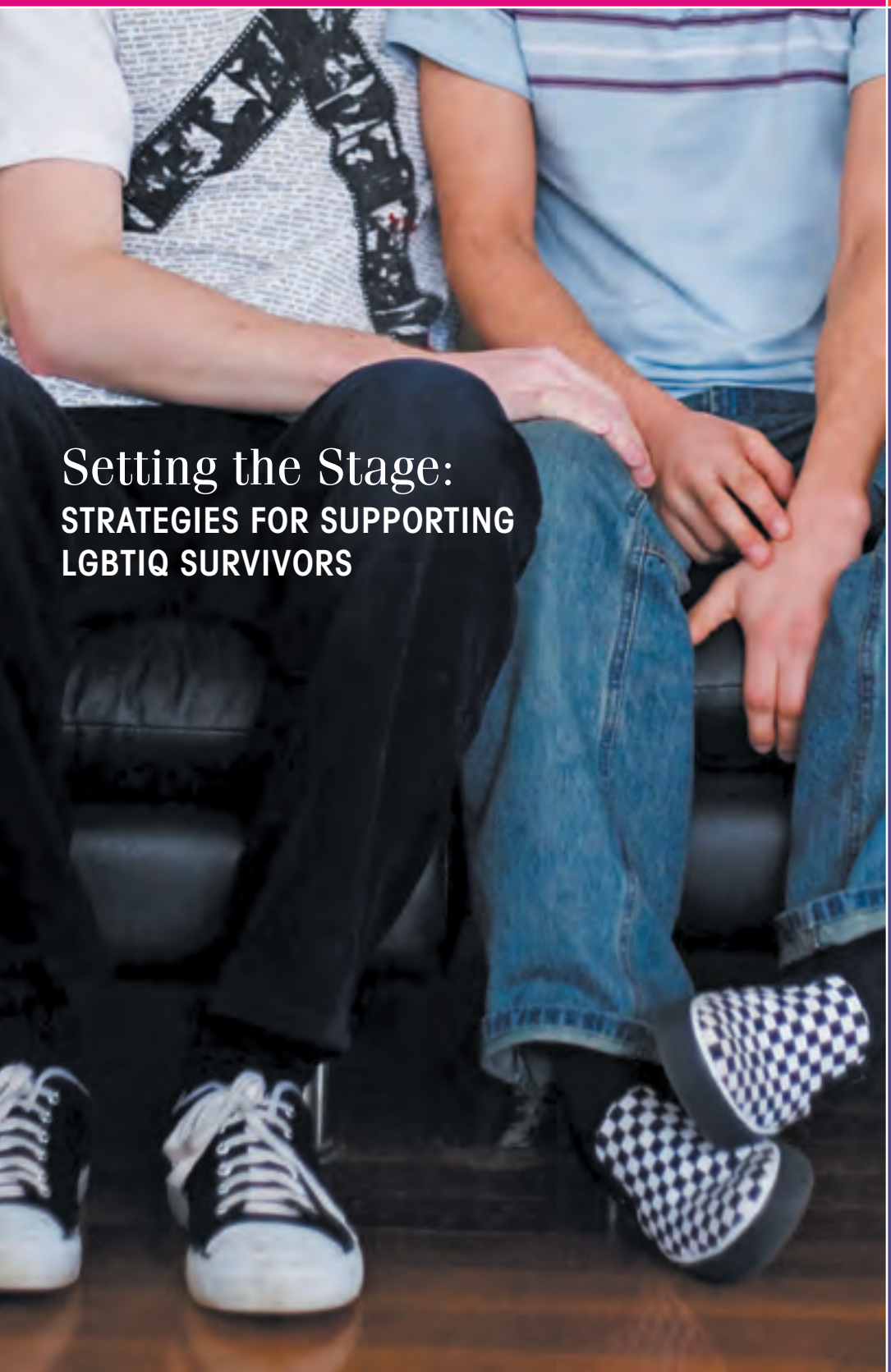

Setting the Stage:
STRATEGIES FOR SUPPORTING LGBTIQ SURVIVORS

Letter from the Editor

Trisha Smith, Advocacy Specialist, WCSAP

To this day, having a sexual orientation or gender identity, real or perceived, that differs from the mainstream puts one at a higher risk for sexual violence. Homophobia, transphobia, and misogyny continue to pervade society and support the rape culture we live in. This has a tremendous impact on lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) communities.

Violence and oppression manifest in many different ways, and there is no simple way to describe its impact. There is the teen who is kicked out of the house because she told her parents she is a lesbian, who is now forced to couch surf and have "survival sex" in order to maintain a roof over her head; there is the man who is targeted and sexually assaulted at a club because someone was "offended" that he was dancing with his boyfriend; there is the woman who is being raped by her wife and fears asking for help because she does not know of anyone who will understand what she is going through. While these are very simplified vignettes, they help paint a picture of what many survivors are facing. Striving to better understand LGBTIQ communities, as well as having an understanding of the unique issues survivors are dealing with, is a huge component of being a sexual assault advocate.

Raising one's awareness cannot be done without connecting to advocates within LGBTIQ communities. Not only are they valuable allies, but this is a fantastic opportunity to unite with others that creatively push for positive social change. These advocates are stepping up to issues of violence and oppression by breaking down societal constructs of gender norms, opening dialogue about healthy sexuality and relationships, and teaching youth strategies on how to address hatred and oppression.

There are conversations woven throughout this issue with an intentional focus on language. Good communication with survivors, their families, and the community requires an understanding of the ways in which people talk about and identify issues of sex, sexuality, gender, and identity. Having sensitivity to the nuances of terminology and how language is used is an essential advocacy skill. And that is not to say it doesn't take some work!

This issue of *Connections* shares resources specifically for working LGBTIQ survivors, developed by LGBTIQ advocates and support agencies. The information aims to provide a stepping-stone in raising awareness by sharing voices, resources, and ideas.

Editor's Note:

This issue was created to help raise awareness of differences in both gender identity and sexual orientation. In the title of this publication and within the *Letter from the Editor,* I have chosen to use the acronym LGBTIQ to refer to the community of people that the overall publication addresses. However, the acronyms used throughout the publication vary, as each contributor uses language that reflects the identity of the people they are speaking about.

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WINTER 2010
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Washington Coalition of
Sexual Assault Programs

Setting the Stage:
Strategies for Supporting
LGBTIQ Survivors

The Mission of the Washington Coalition of Sexual Assault Programs is to unite agencies engaged in the elimination of sexual violence through education, advocacy, victim services and social change.

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Design & Layout:
Debi Bodett
debi@debibodett.com

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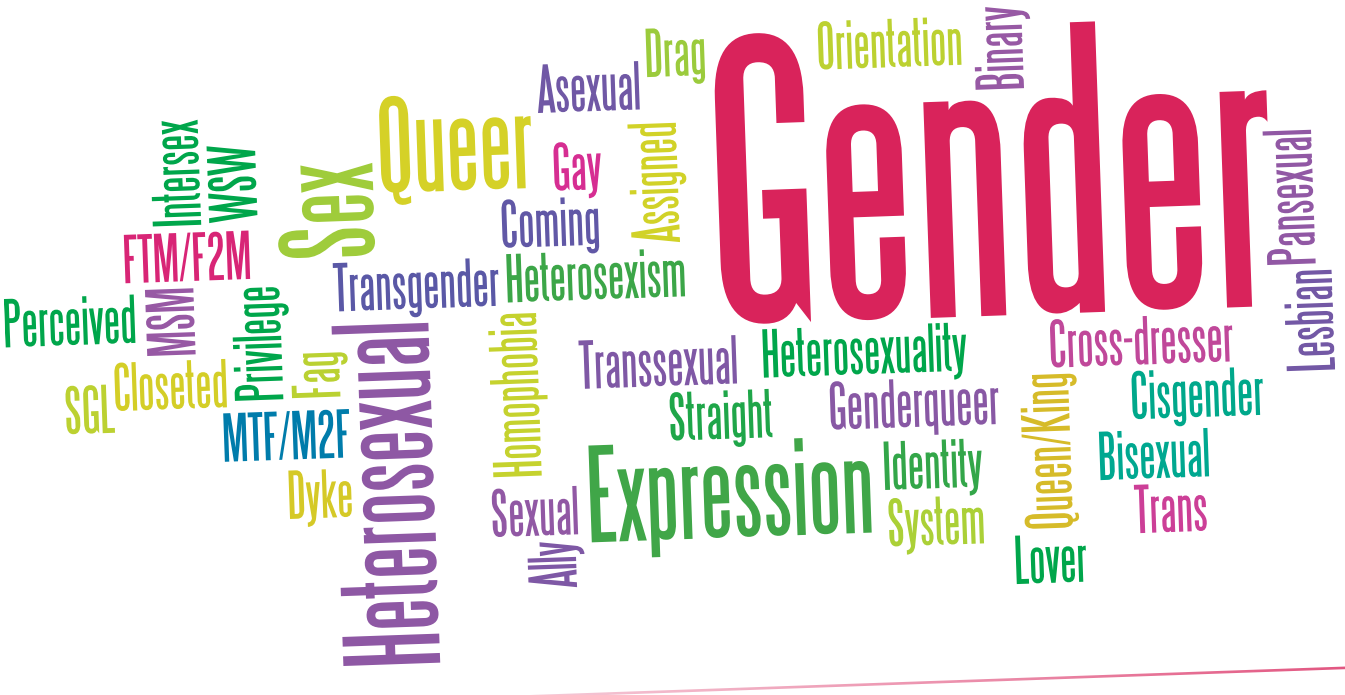
Presents . . .

The following three resources were developed by **SMYRC** (Sexual and Gender Minority Youth Resource Center).

Since 1998 SMYRC has created safety and support for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) youth in Oregon through youth empowerment, community building, education, and direct services. SMYRC is a program of the nonprofit, Cascadia Behavioral Healthcare, Oregon's largest provider of community-based mental health and addiction treatment services.

SMYRC provides a safe, supervised, harassment-free, and alcohol- and drug-free space for sexual minority youth 23 and younger. Youth gather to participate in positive activities like art, music, community organizing, youth development, education, peer support, support groups, case management, counseling, and job readiness preparation.

Check out their website for more information @
www.smyrc.org



Definitions and Vocabulary

SMYRC

The exact definitions of many of these terms are open to debate and interpretation; this list is only a starting point. We have tried to provide definitions that are respectful and reflective of our experiences.

Asexual – a person who is not interested in or does not desire sexual activity, either within or outside of a relationship. Asexuality is not the same as celibacy, which is the willful decision to not act on sexual feelings. Although some asexual people may not engage in sexual relationships with other people, they are nonetheless quite capable of loving, being affectionate, and having romantic ties to others.

Assigned Sex – sex recorded at birth by a doctor, on the basis of socially defined external genitalia.

Binary Gender System – a culturally/socially defined code of acceptable behaviors, which holds that there are men and women, who are masculine and feminine, and that there is nothing outside of this system. Most popular discussion on gender assumes a binary gender system.

Bisexual – describes people who are emotionally, erotically, and/or physically attracted (not necessarily equally attracted) to some other males and females.

Cisgender – describes people whose gender identity is the same as their assigned sex at birth, such as somebody who was considered to be female at birth and identifies as a woman.

Closeted – hiding one's sexual orientation and/or gender identity.

Coming Out – becoming aware of one's own sexual orientation and/or gender identity (personal) or revealing one's sexual orientation and/or gender identity to others (social).

Cross-dresser – cross-dressers periodically dress up as members of the "other" sex, but do not desire to change their birth sex. They dress up for a variety of reasons including self-expression, personal enjoyment, and/or sexual gratification. Many cross-dressers are heterosexuals, but cross-dressers can be of any gender identity or sexual orientation.

Drag Queen/King – people who dress as members of the "other" sex periodically for the purpose of entertainment, making a political statement, and/or expressing their own masculine or feminine side. They do not necessarily identify as the opposite sex, although they may refer to themselves as someone of the opposite sex when in drag.

Dyke, Fag and Queer – these three words historically and contemporarily are most frequently used as derogatory terms for lesbians, gay men, and anyone who is not heterosexual. In contrast to the negative usage of these words, some people within LGBT communities have reclaimed these words. Although some LGBT people use these words positively, they are by no means considered positive words by all LGBT people, and use of them by heterosexuals is almost always considered to be inappropriate.

FTM/F2M – female to male; trans people assigned the female sex at birth who identify as male some or all of the time.

Gay – describes a male-identified person who is emotionally, erotically and/or physically attracted to some other male-identified people.

Gender – collection of traits thought by a culture to be associated with maleness/masculinity or femaleness/femininity.

Gender Expression – the way that individuals present their appearance and/or mannerisms to express their gender, whether it's feminine, androgynous, or masculine.

Gender Identity – refers to how one experiences and conceptualizes one's own gender as man, woman, somewhere in between, and/or neither - regardless of biological sex. This is how one feels about one's gender on the INSIDE.

Genderqueer – describes people who don't identify as either male or female, but rather something outside the traditional binary gender system.

Heterosexism – the system of advantages bestowed on heterosexuals (and consequent disadvantages experienced by LGBT people). It is the institutional form of homophobia and includes the assumption that all people are or should be heterosexual and therefore is exclusive of the needs, concerns, and life experiences of lesbians, gays and bisexuals (see heterosexual privilege below).

Heterosexual Ally – a heterosexual person who supports and advocates for sexual and gender minorities; acts accordingly to interrupt the homophobic, transphobic, and heterosexist remarks and actions of others; and is willing to explore these forms of bias within oneself.

Heterosexual Privilege – the rights and privileges that heterosexuals enjoy as a result of heterosexism that LGBT people do not have. These include institutional benefits like federally protected rights, marriage, sharing insurance policies, adoption, income tax breaks, and access to one's spouse in cases of hospitalization, as well as cultural benefits such as seeing heterosexual couples on TV, and feeling free (as most heterosexual couples are) to be openly affectionate.


OUT

Heterosexuality – refers to emotional, erotic and/or physical attraction to some people of the "opposite" gender. The term and concept of heterosexuality were defined after and in opposition to that of homosexuality.

Homophobia – the irrational fear of people who love and/or sexually desire others of the same sex or who are perceived as loving and/or sexually desiring others of the same sex and/or the fear of one's own homosexual feelings. Homophobia has its roots in sexism, and it includes prejudice, discrimination, harassment, and acts of violence.

Intersex – is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For more information, check out www.isna.org

Lesbian – a female-identified person who is romantically/erotically attracted to some other female-identified people.

MSM – male-identified individuals who have sex with other male-identified individuals (stands for "men who have sex with men" or "males who have sex with males"). Tends to be used in communities where terms like "gay" or "bisexual" have negative cultural connotations.

MTF/M2F – male to female; trans people who were assigned the male sex at birth and who identify as female some or all the time.

Pansexual – a person who is emotionally, erotically, and/or physically attracted to some individuals of any gender identity.

Perceived Gender Expression – the way others perceive your gender identity based on your gender expression (appearance/mannerisms).

Queer – having a sexual orientation, sex, gender identity, or gender expression different from those deemed "normal" by mainstream society. Queer is a term that was originally derogatory but has been transformed by some within the LGBTQ community to be more inclusive of various identities, although others reject the term altogether.

Sex – categorization as male, female or intersex by the shape of genitalia or other biological features.

Sexual Orientation – describes a person's pattern of romantic, erotic, or physical attraction to individuals of a particular gender or genders.

SGL (Same Gender Lover) – a word describing non-heterosexual sexual orientation that is used in communities where other terms have a negative cultural connotation.

Straight – a slang term for a person who identifies as heterosexual and cisgender.

Trans – an inclusive term that describes a gender identity and/or gender expression that is outside social norms.

Transgender – describes individuals who cross over gender identities without necessarily changing their bodies. This includes individuals who identify as a gender different than their assigned sex at birth, as well as those who experience themselves as being genderless. People of all sexual orientations may be transgender.

Transsexual – describes people whose gender identity does not match the culturally assigned gender identity for their anatomical sex and who generally desire a physical transition that includes hormones and/or surgery. People of all sexual orientations may be transsexual.

WSW – female-identified individuals who have sex with other female-identified individuals (stands for "women who have sex with women").

This resource was created by SMYRC's Bridge 13 Community Education Project.
Revised January 2010 by SMYRC; minor revisions by WCSAP.

You can download online @ http://www.smyrc.org/images/pdf/Definitions%20and%20Vocabulary%20Handout.pdf

Interrupting Problematic Language

SMYRC

Interrupting comments that reflect homophobia, racism, classism, or prejudice against those with disabilities or any other group in an immediate and safe manner will help create an environment that respects all people at all times. Respond to problematic language with the understanding that everyone has varying experiences and knowledge, and that interruption can be done with compassion and education. There are many different ways that problematic language can be interrupted, and the best way to get good at these and other strategies is to practice, practice, practice, so that when you do have to interrupt, you can do it quickly and effectively.

Key Points

- The most important thing is to stop the problematic language and make the environment safe again.
- Choose your battles. You will not be able to interrupt every comment that is made. It is important to make the environment as safe as possible without burning yourself out.
- Consider time and place; sometimes a direct intervention may not be possible or ideal.
- Consider pulling the person/people aside to talk to them privately. This is especially important if you need to be considerate of confidentiality.

You can download online @ http://www.smyrc.org/images/pdf/Interrupting%20Problematic%20Language.pdf

Some of our favorite tools include:

1. **Questioning/Playing Dumb**
   What do you mean by a "gay" shirt?
2. **Personalize**
   Hey! That offends me!!
3. **Humor**
   So if that shirt's gay, does that mean it is attracted to other shirts of the same gender?
4. **Education**
   Do you realize that what you are saying is derogatory?

   How about coming up with five words that better describe what you are trying to say?
5. **Assume the Best**
   I know you're a good person and aren't meaning to be hateful when you say that.
6. **Fall Back on Rules or Policy**
   It's not ok to use language like that here.

15 Ways to Create Safe Spaces for LGBTQ - Identified People!

SMYRC

1. **Use passive advertising.** Create a welcoming environment using posters and brochures, which communicate that your office/school/practice is a safe space.

2. **Encourage your schools and offices to create gender-neutral bathroom options.** Understand that this is a health issue as well as a safety issue for trans people and other gender-nonconforming folks (no matter what they identify themselves to be)!

3. **Do not make assumptions regarding the sexual or gender identities of your students, clients, or friends.**

4. **Do your own homework!** Educate yourself about LGBTQ issues and LGBTQ-friendly resources in your community. Don't depend on your LGBTQ friends/clients/students to do the work for you.

5. **Allow people to process their gender identities and sexual orientations at their own pace.** Pronouns and names may change a number of times, or how people identify their sexual orientation may shift. Coming out is not a one-time event. Allow for flexibility in identity, even if it is confusing to you.

6. **Use appropriate language.** Learn about others' preferred language by listening to how they describe their sexual orientation and gender identity in their own words.

7. **Do your research to become familiar with the specific risk factors and behaviors that LGBTQ people face** (see the Gay Lesbian Straight Education Network executive summary http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1676-2.PDF]).

8. **Listen to LGBTQ voices.** Become familiar with LGBTQ culture through movies, documentaries, books, and magazines. Seek out media created by and for LGBTQ folks!

9. **If someone comes out to you, help the person to identify other safe and unsafe people to come out to.**

10. **Don't "out" people,** either through gossiping or because you think others have a "right to know."

11. **Allow people to come out at their own pace.**

12. **When referring, do a "warm hand-off," meaning call first** to confirm that the referral resource provides a safe space for LGBTQ-identified people.

13. **Create inclusive intake forms so your student/client does not have to bear the burden of coming out to you and asking if you are "ok with it."** *For example, instead of boxes to check "male" or "female," leave a blank space so people can fill it in with whatever they choose.*

14. **Avoid using heteronormative language** *(language that assumes people are heterosexual)* during lectures, student/client interviews, and conversations.

15. **When it's safe, interrupt problematic language** using your own strategies or one of the strategies in the article *Interrupting Problematic Language.* **Try to be as respectful and constructive as possible when reclaiming the safety of a space.**

This resource was created by SMYRC's Bridge 13 Community Education Project.
www.smyrc.org
You can download online @
http://www.smyrc.org/misc/15_ways.pdf

Practical Tips for Working with Transgender Survivors of Sexual Violence

michael munson – Executive Director, FORGE

michael munson is the founding Executive Director of FORGE, a Milwaukee-based national education, service, and research organization focused on transgender and SOFFA (Significant Others, Friends, Family and Allies) individuals, with an emphasis on both trauma/violence and aging. For more than 20 years, he has been a political activist combating social injustice within the trans+/SOFFA community as well as beyond it. He is deeply committed to bridging fragmented communities and shining light on the possibilities of harmony and hope.

Who Are Transgender People?

Transgender is an umbrella term which encompasses the whole "gender community," including transsexuals, cross-dressers, intersexed individuals, androgynes, bigendered persons, genderqueers, SOFFAs (Significant Others, Friends, Family and Allies) and others. Transgender may also refer to people who do not fit neatly into either the "male" or "female" categories, instead crossing or blurring gender lines. The term can also refer to "butch" lesbians and effeminate gay men. In some communities, "transgender" refers only to cross-dressers.

By definition, transgender individuals piece together a self-identity that is different from or in opposition to what everyone tells them they are. Although the rise of the Internet and growing public visibility of transgender people and issues make it easier for individuals to tap into preexisting identity models, the transgender experience is still largely an isolated, individual one.

This might be the primary reason why the nomenclature [the process of naming] for the trans experience is both unsettled and, among trans people themselves, very hotly contested. There are literally hundreds of words used to describe a trans identity or experience. Therefore, definitions and examples should be used gingerly and in a way that makes it possible for each trans individual to use the term(s) s/he considers most reflective of hir self-conception and experience. [Note on pronouns: S/he, hir, ze, and sie are gender-neutral pronouns that have been created to avoid the need to choose exclusively masculine or feminine pronouns.]

Key Concepts

Our culture strongly promotes the idea of an immutable gender binary in which people are supposed to fit into only one of just two gender boxes and stay there from birth to death. Because transgender people challenge this assumption, many people react to "transness" with anxiety and/or hostility. Some people – including some trans people – manage this anxiety by accepting only the possibility that someone could be mistakenly assigned to the wrong sex, a problem that is corrected as soon as the trans person has surgery and otherwise modifies hir body and presentation to fit comfortably into the "opposite" box. Other people are willing to overthrow more of what they were taught and accept the idea that gender is too diverse to fit into two boxes. These people understand that many things go into both gender identity (one's internal sense of oneself) and gender presentation (clothing, name, mannerisms, hairstyle, jewelry, etc.), and that individuals may choose to live without their identities and presentations being aligned and/or to present a "mixed" set of gender cues. Those who accept this larger "transgender" definition believe that the trans population is very large because it can include anyone who challenges gender norms and those brave enough to associate with them.

It is also important to note that as with cisgender individuals, trans people and their partners come in all sexual orientations. Many couples that include a trans person are "mixed orientation" relationships, in which one person may identify as lesbian, gay, or bisexual, and the other as heterosexual. There are also a significant number of trans-trans relationships.

Who Are Transgender Survivors?

Transgender individuals may have experienced child sexual abuse (in the sex/gender they were assigned at birth or another gender), adult sexual assault (in any gender), adult intimate partner violence (in any gender, with any gendered partner), or a hate crime specifically targeting them because of their perceived transgender status or sexual orientation.

Prevalence

The prevalence of sexual violence (SV) among transgender individuals is a matter of guesswork that depends on who you ask and who they know. For instance, at a recent gathering of more than 30 trans survivors and providers who serve them, one "genderqueer" person who straddles both the lesbian and FTM (female-to-male transgender) communities noted that s/he felt "(non-)survivor's guilt" because s/he was the only person in hir circle of friends and acquaintances who was NOT a survivor of childhood or adult sexual violence. At the same gathering, an FTM survivor and anti-rape activist said that lesbians in his anti-violence group were resisting addressing transgender survivors, arguing that "only 2%" of trans people had experienced sexual violence.

It is a fairly well-accepted statistic that about 1 in 3 women and 1 in 6 men have survived sexual violence. Given that all trans people were assigned one of these two genders at birth and typically live in one of these two genders in adulthood, it would be logical to conclude that trans people experience at least the same rate of violence as their cisgender peers -- somewhere between 16% and 30%. However, many trans activists believe that the overall prevalence of violence (including SV) is higher amongst trans people.

Increased Risk?

Some transgender individuals may consciously or unconsciously live in ways that increase their risk of sexual violence. For instance, although the vast majority of transgender individuals are not sex workers, some trans people end up in prostitution, either because it is lucrative and a means to an end or because they are unable to find and maintain other employment. Since violence on the streets and in sex work is high, this occupation automatically raises their risk. Some activists believe the rate of violence against trans sex workers is even higher if the worker has not had genital surgery and does not voluntarily disclose his or her status before it is discovered.

Being "read" as trans is also risky for people who are not sex workers. Even people who want to be seen as fully male or fully female may not successfully "pass" as that gender due to lack of access to hormones and surgery, core body shape/size/configuration, unconscious mannerisms or vocal patterns, legal concerns, or the need to balance relationship or job requirements with personal expression. Others, including genderqueers, androgynes, gender radicals, etc., consciously transcend gender. Because of our culture's investment in gender and sexuality conformity, all of these individuals may be at greater risk for violence in any form. This includes children, who may attract negative attention by being a "tomboy" or "effeminate." Perpetrators may use the child's non-binary gender as an excuse for abuse: "don't be such a sissy" or "take it like a man" or "I'll show you how to be a girl/woman."

Despite the transgender community's diversity, respectfully working with trans survivors of sexual violence is not difficult, provided professionals keep their training in mind and pay attention to a few key matters.

Ten Tips for Working with Transgender Survivors of Sexual Violence

1. Train Staff

One of the biggest complaints of transgender individuals is how often they have to pay their mental health or medical service professionals at the same time that they are asked to train those professionals. Providers must take responsibility for learning about transgender issues before a trans client is in their office.

Unfortunately, even informed providers may not have the opportunity to work with trans clients if front-line staff is not appropriately trained. If office staff uses a pronoun that feels dissonant to the caller, doesn't reflect back the client's stated name, or acts awkwardly, that caller may never bother walking through the front door.

Front-line and non-clinical staff can easily be trained to be sensitive to transgender clients by ensuring they know that transgender people exist, by reminding them to carefully listen to and reflect back clients' language (including, especially, the client's name and pronoun), and by setting the expectation that all clients will be treated respectfully.

2. Examine Your Own Sexism

Although many people (especially from a feminist background) think of "sexism" as bias against women, it actually means to stereotype anyone on the basis of gender. Therefore, all of us are sexist to some degree; the very lens through which we see the world is deeply influenced by our beliefs about gender. If someone is walking down the street towards us, we typically notice their race and gender first. We generally then make assumptions based on those characteristics. How many women cross the street when a black man is approaching them? How many of those same women would not cross the street if it were a white woman (or a woman of any racial background)?

Many people believe these sorts of broad generalizations serve us, keep us "safe," or help us navigate the world. However, these deeply rooted, generation-after-generation-reinforced belief sets may well get in the way when we are trying to provide services. Because many sexual violence service providers and advocates have deeply rooted female-focused theories, practices, and agencies, our experience is that many providers' difficulties in handling transgender survivors stem mostly from their views about men. All transgender people, at some point in their lives, have embodied or have been perceived as men, male, or masculine, and this masculinity (present or past) may challenge providers' beliefs about power and who victimizes whom.

It is therefore critical for providers to address how we feel about and how we serve male survivors before we examine how transgender people fit into our systems. If we don't, our beliefs and actions may invalidate a transgender person's gender identity, by discounting their gender (especially their male past, present or future), or holding it against them.

3. Use Inclusive Forms and Write Clear Policies

If a transgender client successfully navigates making an appointment and/or interacting with front desk or other administrative staff, s/he may find the next discouraging roadblock on the intake form. Make sure forms offer Male, Female, and Transgender boxes, or simply make "gender" a write-in question. Forcing transgender clients to choose between only two options (neither of which may fit) can feel erasing or even set the stage for a later confrontation. In one case in which a client chose for self-empowerment reasons not to check either "male" or "female," the therapist opened their conversation by accusing the client of being "noncooperative" for not completing the forms. Having a transgender box (or the ability for a client to self-identify) is empowering and indicates to the client that you and your office are sensitive to transgender issues.

If your agency has a patient bill of rights, make sure it includes a statement pledging nondiscrimination on the basis of gender, gender identity and expression, and sexual orientation. (Of course, if you only serve women, make sure you are accurate and clear about that in your agency's policies.)

If you sponsor gender-segregated groups, develop clear policies about which group(s) may be accessed by different types of trans people. However, because many trans people don't feel comfortable in gender-segregated groups (see quotes from survivors below), challenge yourself to consider offering (some or all) services that any survivor can attend.

[These statements and the other quotes from survivors in this article were made by participants in the FORGE 2004 survey of 265 transgender/SOFFA survivors of sexual violence. http://www.forge-forward.org/transviolence/survey_results.php (website accessed 12/13/10).]

"There was a survivor of male childhood sexual abuse group in my community, but until I transitioned completely physically, I could not attend it. Once I transitioned, I didn't need the group."

"My [experience] and emotions surrounding the incest etc. are different from bio-males or bio-females. I didn't belong in any men's groups or women's groups."

4. Reflect Client Language

Pronouns and names are one of the easiest ways to show respect for a client. Most of us feel a resonance with our name and pronoun (regardless of whether they were chosen or given to us at birth), and feel dissonance when we hear something else. Gently ask if you are unclear about a client's preferred name or pronoun. Most transgender people appreciate the opportunity to state their preference and feel great gratitude when they hear their choice reflected back.

Some transgender individuals use more than one pronoun or name for many reasons, including having a genderqueer, genderfluid, bigender, or androgynous gender identity; living in more than one gender for necessity; or because they use one set of pronouns for their childhood and another for other periods in their lives.

Similarly, transgender clients may use specific words to describe parts of their body (e.g. breasts vs. chest, "front hole" vs. vagina).

> Listen carefully, and follow your client's lead.

5. Listen, Believe and Ask Relevant Questions

When clients seek services, they generally have one or more specific goals in mind and rightfully expect that providers will help them address their primary concern(s). Transgender clients, though, frequently report that as soon as they "come out" to providers, those providers give in to their own curiosity and begin asking questions about transgender topics. When therapists or other providers/advocates redirect conversations by asking about surgical status, clients' legal gender, orgasmic potential, or any number of other intrusive and off-topic questions, it invalidates the survivor's experience and needs.

Every survivor deserves the full, engaged attention of a provider who is working together with hir to serve the survivor's, not the provider's, needs. Don't lose sight of that goal by asking questions that should be asked in an educational setting rather than a treatment room.

> "Years after the abuse by a family member, [the perpetrator] mentioned that he felt he had made me different (sexual orientation/gender presentation) due to abuse. Pissed me off. . . as if it was something else he had taken from me. I made it clear that my identity was MY choice. . . that what he did was fucked up, but completely separate from my sexual orientation and gender identity."

6. Don't Assume Causality

It's easy to want to assume that sexual violence caused transgender feelings, or that being transgender caused or provoked sexual violence. Some transgender survivors do believe there is a connection between their transgender identity and sexual violence; others do not.

> "[The assault] . . . was perp's idea to show me what a 'real man' was about."

> "I'm afraid to go anywhere for help, because they will say my transgenderism is related to abuse, or that I somehow egged it on by being a freak. I do not want to have it affect my ability to rightfully claim my own identity. I was transgendered before I was ever abused, but I don't think they will understand."

7. Separate Disclosure from Truthfulness

Some transgender people are out, while others prefer being "stealth" [totally passing as their preferred gender, with no connections to their past identity]. Both are viable life choices that should be equally respected. Lack of disclosure about transgender status shouldn't be taken as a sign of noncompliance, deceit, or denial. Often, survivors feel stripped of their right to control their body and regulate the information that is given about them, so for some, not revealing this information may be a form of self-empowerment. Some transgender people view their "transness" as a medical condition and consider this information to be a private matter that only needs to be discussed with hir doctor. 0ther transgender clients may not come out for fear that disclosure of their trans status or their survivor status may adversely influence their ability to access care: trans people have a unique relationship with mental health professionals, since many medical providers who write prescriptions for hormones or perform gender-related surgeries require letters from therapists declaring that a client is

mentally competent and emotionally stable to make transgender medical choices. Having mental health providers serve as gatekeepers opens trans people to abuse and idiosyncratic bias; therapists have been known to deny trans-related medical care when clients reveal sexual violence in their history. Trans survivors may also fear that if they reveal their transgender status, providers may express transphobia or even deny them access to survivor-related services.

> "I'm afraid to go to a mainstream provider because I don't want to have to justify my [existence] to [receive] help, but I am afraid to go to a trans-knowledgeable provider because I know the SOC are more harsh if you are an assault survivor. I feel like I'm falling through the cracks and no one cares."

Trans people who have "noncongruent" bodies (bodies that have not been surgically altered to match the public's image of what a "man" or "woman" looks like) do not have the option of being closeted when disrobed. For that reason, many trans people will resist accessing health care that requires disrobing.

Let clients come out when they are ready.

8. Consider Dysphoria

Not all trans people have the same kind of relationship to their bodies. Some may literally hate parts (or all) of their body, while others have no underlying body dysphoria [unease or discomfort with one's body] and simply claim an identity that differs from what other people think it should be. Still others do not hate their body, but feel no personal connection to it, either. Because sexual violence survivors of all types often develop body dysphoria or dissociation, it may be difficult for transgender sexual assault survivors and their helpers to untangle what is gender dysphoria, what is body dysphoria, and what stems from the assault(s). As one survivor put it, "I kept blaming things on trauma from the rape that were really trans-related."

Dysphoria (body or gender) may be a barrier to seeking care. Sexual violence may involve parts of the body a trans person would rather not think about, let alone have examined, making post-assault care even more traumatic than it might be for a cisgendered client.

Additional layers can be involved in negotiating and reclaiming sexuality. For example, many trans people have difficulties navigating sexual relationships and being comfortable in their body, sexually. Due to concerns about violence, rejection, and "honesty," some trans people feel that they are lucky to find any sexual partner, and may be unable to also negotiate issues such as "no-touch" zones or other self-protecting boundaries (including safer sex). They may also prefer an abusive relationship to none at all.

9. Communicate Complexity

What "invisible" minorities often wonder is, "Do you know that my kind of person exists?" When you don't yet know details, use language that signals you recognize diversity in types of people and experiences. Be multicultural in many different ways, showing you don't just see a limited range of experiences, constructs, and emotions.

You can easily do this by using diverse examples with your clients, asking broad non-leading open-ended questions, and using non-gendered language.

10. Be Bold and Creative

Most medical forms don't match transgender bodies. Many services are denied based on gender. Problem-solve with and for your client, so that s/he can access the services s/he needs in a way that is respectful and not retraumatizing.

Identity Labels

Used by Some Transgender Individuals

Here are just a few words that transgender people may use to define themselves, adapted from list developed by FORGE.

Full list is available online @
http://www.forge-forward.org/handouts/Trans_survivor_tips.pdf

Quick Tips: Trans Inclusion

A guide for service providers

1 Language

Use the name and pronoun preferred by your clients, even when they aren't around. If you are unsure which pronoun a client prefers, ask. If you need to discuss "gendered" body parts with a client, echo the terms they use (such as "chest" rather than "breasts").

2 Manners

If you wouldn't discuss your genitals with a colleague, it's probably inappropriate to ask a client about theirs. A person's genitals do not determine their gender for the purposes of social behavior, service provision, or legal status. Do not discuss a person's transgender status with others unless it is absolutely necessary to provide them with appropriate care or services. (Think: HIPPA.)

3 Focus

Focus on what services the client is asking for. Most of the time, the services a transgender person is seeking is unrelated to their gender identity. Transgender clients should not be used as educational opportunities for yourself or colleagues.

4 Policies

Make sure your agency has a written policy of non-discrimination on the basis of sexual orientation and gender identity. Ensure all staff know about and follow the policy.

5 Confront

Ensure your agency has, shares with clients, and enforces a "safe space" policy in which prejudicial behaviors and statements by all staff and all clients are not permitted.

6 Paperwork

Intake forms and other documents that ask about gender should allow clients to write in a response, or include a transgender option. Make sure questions appropriately distinguish between sexual orientation (the gender(s) someone is attracted to) and gender identity (the internal sense of being female, male, or something else).

7 Know & Tell

If you need to ask a client a personal and/or sensitive question, tell the client why that information is needed before you ask. If you don't know why the information is needed, it is likely not pertinent to care and should not be asked.

8 Empower

Although some clients need service providers to "take charge," many desire and are capable of helping direct their own care or services. If appropriate for that individual, ask transgender clients how they would like you to handle service provision issues.

9 Be Creative

Transgender people may not fit into existing systems or forms. Respect your client by adapting the form or system to fit their needs, rather than forcing the client into a pre-determined and ill-fitting box.

10 Advocate

Whenever possible, advocate for system, policy, and form changes so they better fit clients of every gender identity. If you aren't able to advocate for system change within your agency/field, consider volunteering your time at/for a transgender organization or event.

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FORGE

po box 1272 | milwaukee, wi 53201 414-559-2123
AskFORGE@forge-forward.org | **www.forge-forward.org**

Available via PDF @
http://www.forge-forward.org/docs/quicktips_providers.pdf

Let's Have A Word

Taken Aback, or Takin' It Back?

Hava Aviv

Hava Aviv is a single mother of a brilliant tween, an agent of positive social change, and a transplant to the Pacific Northwest from the high deserts of the Southwest. She has been a participant within the social justice realm of poverty, sexual violence, domestic violence, positive parenting, and immigration and First Nation rights for more than a decade.

A word that has been used as a weapon is often taken up and taken back by those it seeks to shackle – a form of self-emancipation that reclaims ownership and the (ab)use of power. At the heart of reclaiming words is the action of self-definition, self-identity, and naming one's own existence.

"Queer" is one of the words society uses to continue to demean, shame, and dismiss the homosexual community. Kids still shout out "That's so gay!" about something they think is stupid, weak, unfashionable, or just socially outdated. "Fag" is still one of the most insulting words among men, gay or straight. Unfeminine girls and women are labeled as "dykes" and are not seen as pretty, smart, or deserving of positive sexual attention because their appearance is perceived to be "too masculine."

In recent years, however, some gay people have taken the word "queer" and deliberately used it in place of "gay" or "homosexual," in an attempt to deprive it of its negative power by using the word positively. The word "queer" is not the first to undergo this social reformation. There are several other words, in many languages, which have gone from derogatory to positive, and the other way around. For example, the word "bitch." Initially a word that was used to describe a female dog, it evolved into a derogatory term directed at feminine people. The word continued to evolve and has now been reclaimed by many feminists in celebration of strong females; perhaps this is best showcased by the creation of Bitch magazine. Yet many people still find it to be offensive and use it in an offensive way.

This reclaimed use of "queer" is now becoming more widely used among communities of gay people, educational institutions, and direct service organizations that are led by or intended to serve the lesbian, gay, bisexual, transgender, intersex, queer, and questioning (LGBTIQQ) community. Examples of this can be seen in the terminologies "queer-bashing," "queer rights," "queer studies," and "queer services." And yet, while the word "queer" is being taken back in a positive reclamation, it continues to be quite a charged word, which takes people aback.

What does this mean for sexual assault advocacy work?

What this means in terms of sexual assault advocacy is understanding that the word and concept of "queer" is quite revolutionary and both personal and political. As revolutionary and freeing as this reclamation process may be, there are still many individuals and ideologies that are caught in the middle. There is still shock and confusion about using language that has primarily been considered harsh, hateful, and people are still taken aback by such language.

It is difficult, as advocates, to know what language to use when, and with whom. If you are ever in doubt, ask! It is important for us to remember that the world is constantly changing and that our work is defined by social patterns, which are immersed in change. Our primary position as advocates is to listen, to ask, and to honor the language we hear from and reflect back to survivors.

Sexual Assault Nurse Examiner (SANE) Protocol for Working with Lesbian, Bisexual, Gay, Transgender, Intersex, & Queer Survivors of Sexual Violence

Cynthia Smith DNP, RN, ANP and Allison Elise Cleveland, MA

It is imperative that the Sexual Assault Nurse Examiner (SANE) caring for a survivor of sexual violence from the lesbian, bisexual, gay, transgender, intersex and queer (LBGTIQ) community understand the unique needs of these populations when providing post-assault services. Appropriate, sensitive, and effective nursing care requires the SANE to be knowledgeable about specific issues of identity, infection and pregnancy risk, medical care, and safety.

When speaking with a survivor, it is important that the SANE utilize appropriate pronouns. Be aware that some people live their social and "legal" lives with different names. When in doubt, ask the individual how they prefer to be called so as not to offend. Don't make assumptions about pronouns as a survivor may refer to themselves differently than how they may appear. Likewise, avoid applying gender-specific pronouns to an individual's partner(s) if there is a need to discuss such relationships.

Many individuals in the LBGTIQ community have complex relationships with their bodies and with others. When working with transgender survivors, regardless of whether they have had surgery or not, it is likely they may be quite sensitive about their bodies. When taking a medical or post-assault history it is important to be very sensitive to the choice of language used when asking the survivor about their body, any surgeries, or any specific sexual acts that may have been experienced during an assault.

Prior to the physical exam or evidence collection the SANE should be aware of any specific needs of the survivor. If there is any uncertainty regarding anatomy, surgeries, or injuries the SANE should consult with appropriate staff. An individual that has had surgery may experience different sensations and this may influence responses to pain. If surgery has been performed it is important to know when it occurred. The use of hormones by an individual should be clearly documented along with other medications. In addition, evidence collection sites should be clearly documented to avoid any confusion.

It is necessary that the SANE address specific infection risks among LBGTIQ survivors of sexual assault. For some members of these communities, infecting an individual with HIV may be utilized as a weapon of power and control over another individual. It is often incorrectly assumed that lesbians are at decreased risk of infection, when in fact they may be at higher risk than the heterosexual population for both infection and pregnancy. Survivors themselves may minimize their personal risk of infection and it is imperative that the SANE be knowledgeable about transmission, testing, and treatment for sexually transmitted infections. Pregnancy prophylaxis in the form of emergency contraception should always be addressed when appropriate.

It is critical that the SANE preserve confidentiality throughout the post-assault exam. This is particularly important to express to survivors when working with the LBGTIQ community, as an individual may have had to come out in order to receive post-assault services. For some individuals this fear may have resulted in a delay in seeking treatment. For others, gender issues may impact the survivor's ability to obtain access to shelter services. In addition, rates of depression and suicide are higher among the LBGTIQ community than the general population and may warrant the need for additional services. All of these factors result in safety and discharge planning that is often more complex within the LBGTIQ community. Thus, it is essential that when providing post-assault services that the SANE work closely with an advocate and be aware of appropriate resources within the community.

Editor's note: This article in particular may be really useful for advocates that are looking for resources to help facilitate a discussion around the specific needs of the LGBTIQ community with their local Sexual Assault Response Team (SART).

No More Denying: Facing Woman-to-Woman Sexual Violence

Lori B. Girshick, PhD

Lori B. Girshick, PhD is available for training on lesbian battering and/or sexual violence, LGBT issues, and for program consultation. She is the author of four books including, *Woman-to-Woman Sexual Violence: Does She Call it Rape?* (2002, Northeastern University Press). She can be reached at lgirshick@cox.net. Her website address is www.loribgirshick.com. Her most recent book is *Gender Shackles: Insights on the Gender Binary.*

"I wish I would have been more aware what woman-to-woman sexual violence was--what it looked like--so that I might have acknowledged for myself what had happened to me, that I had been violated. I felt violated but didn't have words to put to the experience or the knowledge to put words to it." (Judy)

Woman-to-woman sexual violence is an invisible form of sexual violation because of our denial that women are sexual perpetrators and because violence among lesbians and bisexual women is hidden. But once we face that it exists--as sexual abuse and rape in battering relationships, as date and acquaintance rapes, as sexual abuse by professionals we trust, and as sexual harassment by co-workers--we

must admit that our denial has sacrificed the well-being of survivors for the perpetuation of a myth.

It is impossible to document the actual prevalence of sexual violence among lesbians and bisexual women because we cannot do a scientific study of a stigmatized group. Our studies are usually convenience samples, such as women at the Michigan Womyn's Festival or research based on participants who answered a study ad. But the studies do document the existence of a continuum of sexual violence that women are subjected to by other women. Research on battered lesbians, which has outpaced research specifically on sexual violence, has documented sexual abuse as one form of power and control (Lobel, 1986; Renzetti, 1992; Taylor & Chandler, 1995).

Studies over the past two decades on lesbian sexual violence show a range from a low of five percent to a high of 57 percent of respondents claiming they had experienced, attempted, or completed sexual assault or rape by another woman, with most studies finding rates of over 30 percent (Brand & Kidd, 1986; Duncan, 1990; Lie, Schilit, Bush, Montagne & Reyes, 1991; Loulan, 1988; Renzetti, 1992; Sloan & Edmond, 1996; Waldner-Haugrud & Gratch, 1997; Waterman, Dawson & Bologna, 1989).

A study on 70 survivors of sexual violence by Girshick (2002, forthcoming) showed how serious the denial is. Lesbians were caught off-guard by sexual assault at the hands of another woman. Nora's comment is typical: *"I have a hard time acknowledging that women can be violent and that a woman can rape another woman."* In talking about her volunteer training at a domestic violence agency, Cecile said, *"Obviously I was in some denial myself, but I think that their analysis of battering not only didn't include lesbian battering but made lesbian battering pretty much impossible."*

That same-sex abuse between women exists does not mean we have to throw out our feminist analysis about rape and battering. However, using a framework where male privilege is just one aspect of the broader hierarchical power-over model is more useful. This model allows us to be more inclusive of the interrelated issues of race, class, age, and ability, as well as sex, in terms of power and control dynamics and abuse.

Denial in the broader society that women might be sexual perpetrators or batterers is not the only problem. Denial in lesbian communities has also

hindered acknowledgment of the issue. For some, admitting this abuse shatters the dream of lesbian utopia that our relationships are mutual, egalitarian, and nonviolent. For others, the motivation is self-protective. They fear how this information might be used against us as an already stigmatized population. An additional factor is the insular nature of our community and subcommunities. Who will hold the abuser accountable? She might be an advocate in an anti-violence agency or a leader in the community.

Stories of Sexual Violence

Following are some of the rape and sexual assault stories of women from Girshick's study. There are similarities between lesbian partner sexual assault and marital rape. For example, *"These assaults happened about 3 to 5 times a week. She would tie me up and force her fingers inside of me, and sometimes she would leave me there. She would forcibly attack me, physically hurting me and at the same time forcing herself inside of me. Sometimes she would use objects. Many times after a physical assault from her, she would end it with sexual violations against me to show she was always in control." (Evon)*

Sometimes violence occurred during a break-up. Brandie recounts how her partner broke into her house. *"Before I could finish a phone call for help, she ripped the phone from the wall and bound me with it. She repeated over and over that she loved me and that no one else could have me. She then removed my shorts and panties and forced herself on me. Even with all of my kicking she was able to gain entry. After doing what she wanted [she stated] that I was still 'hers' and that no one else would want me."*

Renee's date rape occurred after she agreed to have her date use a strap-on dildo. *"She got it and put it on and bent my legs up above my head area/ears and had me penned. Then she started pushing it in and out and kept going faster until my cervix started bleeding. I asked her to stop and struggled but was penned even further."* Judy experienced acquaintance rape when she went to visit a friend and her girlfriend. They got her drunk and *"forced vaginal and anal penetration with fingers, touched and sucked on my breasts, went down on me. After they were done with me I was pressured/forced to perform similar acts on both of them."* And Diana was on an overnight trip with her partner and other friends when she awoke to find an acquaintance on top of her. *"She continued rubbing me, eventually reaching private areas (breasts and under my boxers) and eventually went inside me with her fingers."* Diana was paralyzed to react for fear her partner would think she wanted this sexual encounter.

Sexual violations also occur in professional contexts with therapists, doctors, mentors, teachers, and others. Rita's story is an example. *"My school therapist pushed me up against a closed door in her office at the college where she had been counseling me for several months. I felt very uncomfortable about this. She invited me to a hotel on my birthday, promising me dinner. We ended up in a hotel room having sex. I was very confused. I wanted to be loved. I felt more trapped than anything."*

Many women were physically injured during their assaults and some went to the hospital. All had emotional impacts ranging from shock, nightmares, low self-esteem, anxiety, and dissociation. Many were being revictimized after histories of childhood incest and/or rape by men. The lack of any dialogue in society that women are sometimes sexual perpetrators put these women at a complete disadvantage to identify what happened to them, to admit what happened, and to tell others. Most of all, they felt they would not be believed.

Unique Problems

While there are many similarities among all survivors of sexual violence, for women whose perpetrators are other women, there are some unique differences. First, the context of homophobia presents many problems. We may not be out and therefore might not feel comfortable telling anyone else what has happened to us. We might not be able to turn to family members who have disowned us because of being lesbian or bisexual. Daily we live with the negative messages that to be lesbian is perverted, twisted, and sick. We cannot marry, adopt our partner's children, or serve openly in the military. Homophobia affects our mental health and is a factor in the high rates of drinking and drug use in our communities. Internalized homophobia is a problem for all of us, including a possible reason why some lesbians abuse others. Furthermore, the homophobia of agency providers and funders means there are few targeted programs for us, especially in rape crisis and domestic violence programs. Where are we to turn?

Heterosexism, the belief that heterosexuality is normal, natural and right, and any other sexuality is wrong and unnatural, is found throughout our society. It is particularly a problem for lesbians in the legal arena. The law presumes heterosexuality, and assumes a female victim and a male perpetrator. So, for example, nine states specifically exclude lesbians from domestic violence statutes by either applying only to male-female relationships or presently or formerly married partners. Ambiguous language in many restraining order statutes seems to invite same-sex application but until cases go through the appellate courts, there is no guarantee of access to legal protection.

A major problem is that in 16 states there are sodomy laws where the sexual acts lesbians might ordinarily engage in are defined as illegal. Consequently, a lesbian coming forward regarding a sexual assault could find herself charged with a crime. Furthermore, forced sexual acts during lesbian sex might be misdemeanor offenses rather than felonies because they are not penis penetration. Same-sex sexual violations are not taken as seriously as heterosexual rape.

Program Needs

Most rape crisis and domestic violence agencies do not have specific programs for lesbians and bisexual women, such as targeted support groups, hotlines, literature or out lesbian staff and counselors. Yet this is what lesbians say they want and feel safest with. Nora recounts a common experience: *"After I left [my relationship], I went to a domestic violence agency out of town. I wanted to join a support group, but was told that the other group members might feel uncomfortable with the lesbian relationship. I wish the domestic violence agency was more aware/responsive."* For lesbians in a mixed group the need to change "she" to "he" due to homophobia is a revictimization. Other women,

such as Christy, wished for a gay and lesbian violence hotline. *"The DV hotline I called said they trained all their volunteers in same-sex DV but obviously the one I got didn't get it."* And Cecile mentioned, *"I wish there had been more education and outreach so I could have identified my situation and gotten support sooner."* Lesbian survivors of sexual violence by other women, whether in or out of battering relationships, have few places to go. They have great difficulty identifying their sexual assaults because there is so little validation in literature, agency training and agency programming that these assaults occur. If we want to serve these women, this will have to change.

Outreach Recommendations

Lesbians have not sought services at mainstream agencies because we are not sure the services are available to us or are appropriate for us. But agencies can help change that. If an agency commits to reaching out to lesbians, to training staff, and to creating targeted programming, lesbians and bisexual women will seek services. Lesbian survivors of sexual violence suggest the following: agencies need to use the words lesbian and bisexual in their mission statement, literature, community education and in outreach; media ads should depict female couples; and ads should be placed in local gay/lesbian media, at gay/lesbian-owned businesses, and at women's events. The best outreach word to use is probably "sexual assault" (rather than "rape") but a listing of sexually abusive behaviors might reach the most survivors.

Conclusion

Lesbians are beginning to speak out about their sexual violence at the hands of other women. There is no more denying that this occurs. Second wave feminists struggled to provide services for women in need and to produce an analysis about this violence. Woman-to-woman sexual violence presents a challenge to those efforts, but one that must be met. Stopping sexual violence has always meant confronting issues of hierarchy, privilege, power and control in society and that is just as true today. Let's stop sacrificing our sisters in order to hold on to myths of women's nonviolence. This must be foremost on our agenda.

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Program Spotlight:

Oasis

Seth Kirby - Director, Oasis

Seth Kirby has his dream job as the director of Oasis, located in Tacoma, Washington. Back in 2001, he started working drop-in shifts at Oasis as part of the HIV prevention department at the Pierce County AIDS Foundation. Eventually, Seth became the Oasis Program Coordinator. He left Oasis in 2006 to work in state government. After three years away he is thrilled to be back with Oasis! Seth holds an MPA from The Evergreen State College and is originally from the Midwest.

For more information on Oasis, a program of the Pierce County AIDS Foundation check out their website http://www.oasisyouthcenter.org

Almost everyone has seen the recent media flurry about bullying and its impact on youth, especially lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. Fortunately, many service providers are starting to talk about the issues. But of course, what we aren't talking about is just as important. For example, there is limited analysis about Tyler Clementi, the Rutgers University freshman who died by suicide after he was unknowingly videotaped while having sex with another man. Clementi's death is tragic, and is the result of many factors, including hate and sexual violence.

As sexual assault programs and service providers, we need to do more to identify and respond to the needs of LGBTQ individuals. What if Clementi had identified his experience of having his privacy violated as sexual assault, and had been able to access culturally competent resources? Sexual assault programs can often benefit from an internal inventory or assessment of staff knowledge and skills, and there's no better time to start than now.

Some important internal questions to ask include:

- How will clients know we are LGBTQ-inclusive?
- Are there safe zone stickers or other LGBTQ-friendly signs displayed?
- How do we talk about LGBTQ issues as a board and staff?
- Are we currently serving LGBTQ clients? If you don't know the answer, this is probably a good place to start. Consider ways to appropriately ask about each individual's orientation and gender identity as part of the routine intake process.
- Where do we do our community outreach? Do you attend LGBTQ Pride events or PFLAG (Parents and Friends of Lesbians and Gays)

meetings, reach out to student diversity clubs and gay-straight alliances, provide brochures to local LGBTQ-friendly bars and coffee shops, and connect with local LGBTQ and HIV centers?

- What do we do when an LGBTQ person tries to access our services?
- Are LGBTQ clients treated equally?

Steps to LGBTQ inclusion:

Assessment: Are we currently serving LGBTQ individuals, and if so, how?

Review and planning: What did we learn from the assessment and where do we want to be in a year?

Training: What kinds of board and staff training can help create a culture shift of inclusion?

Implementation: How can we take action on the plan and training components? Revisit as questions and issues arise.

Repeat the process above.

To be effective in addressing sexual violence as a weapon of power and control, it is important to work together. LGBTQ communities across the country are taking on sexual assault issues in proactive and positive ways. Take a few minutes and learn what is already being done in your area, and how your agency can support the sexual assault prevention and advocacy work of LGBTQ programs.

About Oasis

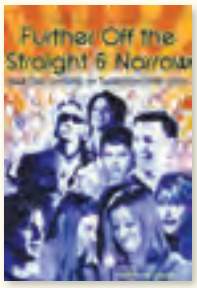
Oasis is a drop-in support and resource center for gay, lesbian, bisexual, transgender and questioning (GLBTQ) youth ages 14-24. Oasis sustains and enhances the community by saving individual lives, building community, and developing young leaders who can change the world. It is a youth-adult partnership in which young people and adults come together for shared teaching, learning and action.

At Oasis we provide an innovative, youth-friendly approach to sexual assault prevention and advocacy. In addition to being a fun place to hang out and meet LGBT youth and young adults, Oasis offers the Oasis Peer Education Network (O.P.E.N.) to train LGBTQ youth as peer advocates. Youth advocates develop the skills to recognize the signs of sexual assault, provide peer referrals and assistance to other LGBTQ youth who may be the victims of sexual assault, and train new generations of Oasis members to also become peer advocates. Oasis also provides culturally competent therapy referrals and support to LGBTQ youth who are sexual assault victims. O.P.E.N. peer advocates train others to recognize the root causes of sexual violence, including racism, homophobia, and sexism.

Oasis is online @ www.oasisyouthcenter.org
and on Facebook @
www.Facebook.com/OasisYouthCenter

Resources

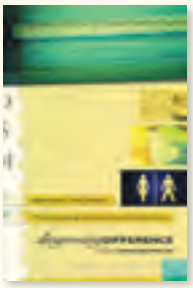
Did you know . . . that WCSAP members have access to check out our library items? It's true. We mail them to you, you mail them back. Here are a few we currently have available.



Further Off the Straight and Narrow

Type: Film

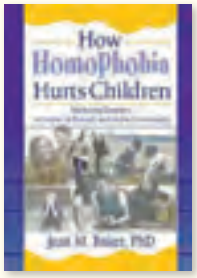
This film provides a compelling and nuanced examination of television's portrayal of gays, lesbians, bisexuals, and transgender people.



Diagnosing Difference

Type: Film

A documentary film featuring thirteen transgender and genderqueer scholars, artists, and activists.



How Homophobia Hurts Children

Type: Book

This book illustrates the ways that children growing up to be gay are harmed by homophobia before anyone even knows they are gay.

Tiolet Training

Type: Film

This video addresses the persistent discrimination, harassment, and violence that people who transgress gender norms face in gender segregated bathrooms.

S.E.X
the all-you-need-to-know progressive sexuality guide to get you through high school and college

Type: Book

This book provides sex education and information for young adults, parents, and mentors alike.

Woman-to-Woman Sexual Violence: Does She Call it Rape?

Type: Book

This book examines bisexual and lesbian women who are sexually assaulted by other women.

Washington Coalition of Sexual Assault Programs

WCSAP
4317 6th Ave SE, Suite 102
Olympia, WA 98503
(360) 754-7583
(360) 709-0305 TTY
(360) 786-8707 FAX

*For information about becoming a member of **WCSAP,***
*please e-mail us at **wcsap@wcsap.org,** or call **(360) 754-7583.***

www.wcsap.org