

SHADES of CHANGE

A GUIDE FOR DOMESTIC VIOLENCE AND SEXUAL
ASSAULT SERVICE PROVIDERS WORKING WITH
LESBIAN, GAY, BISEXUAL, AND TRANSGENDER
PEOPLE OF COLOR



A PUBLICATION BY **IN OUR OWN VOICES, INC.**

ABOUT THE AUTHORS

Tandra LaGrone, an African American and Native American lesbian, is the executive director at In Our Own Voices and considers herself an activist, organizer and cultural critic. Tandra previously was director of Girls Incorporated of the Greater Capital Region, one of the country's largest organizations for girls' rights. She is an advocate for HIV/AIDS treatment in the African American community, especially for women and young black men. The Albany native has worked as a domestic violence, youth, and LGBT advocate for over 30 years. Tandra has a bachelor's degree in Fine Arts from the University of New Paltz. She has given presentations, as well as led panel discussions and workshops, during a variety of activist and academic conferences and events on Lesbian, Gay, Bi-sexual, and Transgender (LGBT) issues with a particular focus on the people of color community (POC).

Roxanne Ramlall identifies as a fem woman of Asian and African descent, who has emigrated from South America. Roxanne holds both her BA and MSW from SUNY Albany and is a New York State Licensed Clinical Social Worker. For 20 years, she has been investing her knowledge and expertise into the local community to serve the underrepresented populations such as feminists, people of color, and LGBT and other communities of the Capital Region. During those two decades, Roxanne has served in both formal and informal leadership roles, where her clear thinking, wise counsel, and generous service to the community have helped to create a number of innovative programs. Her college experience awakened her deep commitment to feminist social change. Roxanne was one of the first women of color to teach in SUNY Albany's Women's Studies Teaching Collective. Since 1989, Roxanne has had the opportunity to serve diverse populations through her work with Equinox Domestic Violence Program, ALL-Care, Visiting Nurses Association of Albany, Choices Counseling Associates and In Our Own Voices. She has spent 15 years of private practice working with diverse populations in individual, couples, and family counseling. Roxanne has served on the board of Holding Our Own and currently serves as a consultant to In Our Own Voices. In her current role as a Medical Social Worker, Roxanne provides individual and family counseling to the elderly and persons with disabilities. Roxanne has honed her skills in a myriad of areas but she has chosen to specialize in trauma and recovery. Roxanne has found strength to rise above the challenges of her own life and to encourage others through her spiritual walk. Life experiences, such as her time counseling storm victims of Katrina, have emboldened her faith that the Divine is real even during traumatic crisis. Roxanne has always enjoyed being a devoted advocate for her clients. This is mirrored today, in her passion for championing civil rights for all people on a local and global level.

Gabby Santos, a masculine of center Latin@, has worked in the field of anti-violence since 1994. She has worked as a trainer and technical assistance provider with the Arizona Coalition Against Domestic Violence and, most recently, the Oregon Coalition Against Domestic and Sexual Violence. As Director of LGBT Health Services, she continues to serve as a national expert in cultural competency issues specific to LGBT POC domestic violence and sexual assault matters. She is on the Board of Arte Sana, the only National Latin@ Sexual Assault organization. Gabby also remains active in the field of domestic violence and sexual assault by providing training in collaboration with national anti-violence initiatives, such as the National Sexual Assault Conference, Nuestras Voces National Latin@ Sexual Assault Conference, the National Network to End Domestic Violence Safety Net Training of the Trainers, and she is an expert consultant in cultural competency as part of the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC).

Dayanara Marte is a first generation Latina, Dominican Immigrant from Washington Heights, and mother of two dedicated to social justice and humanity. She is a Master of Public Health graduate of Columbia University with over 15 years of experience working with womyn, girls & the LGBTQ community on reproductive and mental health and violence prevention. She is nationally known for her work as a trauma prevention specialist, internalized oppression trainer and facilitator where she organizes healing circles and creates safe spaces to address the impact that oppression, trauma, violence, neglect and poverty have on the mind, body and spirit. She recently founded In Bold Rebirth Consulting, providing personal and organizational health care to those on the frontlines. As a certified addiction and recovery counselor from NYU, she holistically addresses the many forms of addiction as dis-ease that manifest in our bodies as a result of institutional racism, homophobia, xenophobia, classism, and sexism. Dayanara has been working for 15 years in the South Bronx creating programs that reclaim the cultural/spiritual aspect of change to social justice movements towards the empowerment, healing and transformation of women of color, where collectively they learn to powerfully exist in the face of sexual assault, child sexual abuse, incest, rape, relationship/partner abuse, and domestic violence within their homes, their organizations and within movements. As a result, womyn are living into their future, birthing sustainable families and organizations leading a new world.

Phillip A. Burse, a Black/African American man, is a native of Buffalo, NY but has resided in Albany, NY since 1999. Mr. Burse received his Bachelor's Degree in English from the University at Albany in 2004. Prior to joining In Our Own Voices in 2007, Phillip was a Residence Hall Director at the University at Albany, Graduate Assistant in charge of coordinating the University's public safety program "Don't Walk Alone", and taught "at-risk youth" in Miami, Fl. Phillip has worked in various capacities at In Our Own Voices for over six years and has nearly a decade of experience working with victims and survivors of domestic violence and sexual assault. Phillip is known for his compassion for the community he serves and his empathy for the struggles of survivors of violence. In his current role as In Our Own Voices' Director of LGBT Victim Services, Phillip oversees grants and programs that focus on reducing barriers and increasing access for LGBT victims/survivors of crime through direct service provision, systems level advocacy, and training and technical assistants to service providers, community organizations, and individuals to address sensitivity, cultural awareness, and the impact of violence on LGBT communities. In addition to his role at In Our Own Voices, Phillip serves on the Board of Directors for the New York State Coalition Against Sexual Assault and is the President of the New York State Office of Victim Services Advisory Board.

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Angela D. Ledford

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SHADES OF CHANGE

A Guide for Domestic Violence and Sexual Assault Providers working with Lesbian, Gay, Bisexual and Transgender People of Color

This guide provides promising practices and resources to support service providers and advocates in creating safer spaces and culturally relevant services for **Lesbian** (A woman/girl who is romantically, physically, emotionally, sexually and/or spiritually attracted to other women/girls), **Gay** (a man/boy who is romantically, physically, emotionally, sexually and/or spiritually attracted to other men/boys or a term used to encompass anyone who does not identify as heterosexual), **Bisexual** (Woman/Girl or Man/Boy who is romantically, physically, emotionally, sexually and/or spiritually attracted to Women/Girls and Men/Boys), **Transgender** (Term generally associated with an individual who falls outside of society's expectations and norms related to how a person of a particular gender should act, express themselves and/or identify) **People of Color (POC)**. For this undertaking, "people of color" refer to those who identify as African-American, of African and/or Caribbean descent, Latin@, Asian-Pacific Islander; and Native American.

The information provided in this guide offers an overview of assessment and practices that are currently utilized at In Our Own Voices in preventing, responding to, and healing the impact of domestic violence and sexual assault within the LGBT POC community. The framework and resources provided in this guide are especially relevant to service organizations, community based organizations, and individuals who want to increase their capacity to provide culturally responsive intervention and prevention services. It employs an intersectional approach when working with diverse individuals who in addition to experiencing trauma related to sexual assault and/or domestic violence, are also affected by racial, gender, and sexual identity based oppression and marginalization.



In Our Own Voices, Inc.
245 Lark Street
Albany, NY 12210
Ph: 518-432-4188
Fax: 518-432-4123
www.inourownvoices.org

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INTRODUCTION

This document is intended to be a guiding resource for domestic violence/sexual assault (DV/SA) service providers and aspiring allied professionals who work with or propose to work with Lesbian, Gay, Bisexual and Transgender People of Color (LGBT POC). LGBT POC communities face additional barriers such as oppression, marginalization, and institutionalized and internalized racism when navigating through society and often feel invisible and/or unsafe in “mainstream” settings due to historical and current policies, procedures and attitudes that have been exclusionary to our communities and/or do not allow a safe space for them to bring their multiple identities to the experience. It is with this in mind that we offer this manual as an educational resource to assist the reader in moving towards a place of cultural humility, which includes greater cultural awareness and sensitivity to better support and advocate for the needs of LGBT POC victims of DV/SA.

In Our Own Voices, Inc., believes that LGBT POC are entitled to:

- Be believed
- Be in control of our own bodies
- Be seen, heard, and respected for who we are
- Have our voices heard without derogation
- Live in a world free of violence
- Live in a world free of racism, transphobia, homophobia, sexism, classism, ageism, and ableism
- Receive services from providers who share similar cultural identities and experiences
- Receive services from providers who understand, validate, and honor our intersecting identities
- Choose alternative methods of support and healing that go beyond mainstream models
- Choose alternative methods of justice and accountability that goes beyond utilizing the criminal/legal “justice” system
- Services that do not re-victimize due to lack of inclusion that stems from biases and oppression
- Have access to culturally specific services that provide a holistic and supportive healing environment and promote safe LGBT POC spaces

Since 1998, In Our Own Voices, Inc. (IOOV) has worked tirelessly to promote the health and well-being of LGBT POC and their families by providing culturally specific services. Culturally specific services are those that target, reach, engage, and deliver programming and advocacy that correspond to the concerns and needs of the specific issues of people of color and are **led by and from** the cultural context of **that** community. Additionally, and more importantly, IOOV is committed to delivering specific services in a culturally sensitive fashion by employing staff, volunteers, and leadership who share the identities and experiences of the communities they are serving.

Although (IOOV) prides itself in its ability to provide culturally specific services to LGBT POC, we recognize that we cannot do this work alone or in a silo and that LGBT POC victims may choose to access mainstream DV/SA services or other community resources for a variety of reasons. Therefore, it is important that mainstream community resources are equipped with the appropriate framework and context (by way of training, technical assistance, collaboration, and mechanisms for accountability) to ensure that culturally relevant services are available for LGBT POC. Unlike culturally specific services, culturally relevant services are programs and services that might target a specific population (i.e., LGBT, immigrants, POC) but are delivered by providers who may not be a part of the community they are serving, but who understand cultural relevancy as a pertinent component of support. An example of this would be a white heterosexual female advocate at a domestic violence agency providing services to a black gay male victim. Although the advocate does not share the culture, identity, and experiences of the victim, through appropriate and ongoing training it is our hope that she would be able to provide competent services and create a safe space for the victim to bring his whole self to the process, and the DV agency is able to create a welcoming and safe environment for the client as well. This will allow the agency and the advocate to provide services in a manner that is conscious not only of the multiple and intersecting identities held by the victims, but how those dynamics affect them and the resources available to them based on those identities.

This guide is intended to challenge providers. If feelings of discomfort arise, we encourage you to sit with the discomfort in an effort to allow you to absorb the information, address any potential biases, and grow both personally and professionally. We recognize that culture and language is fluid and changes with time, so this guide is just a starting point on the reader's journey to cultural awareness, effective service provision, and allied accountability.

We strongly encourage the reader to reach out to IOOV for technical assistance and training to implement this guide.

IN OUR OWN VOICES, INC.

WHO WE ARE AND WHAT WE STAND FOR

In Our Own Voices, Inc. (IOOV) grew from a joint effort of three social action groups: The Feminist Action Network (FAN), Sisters and Brothers in the Life (SABIL), and the Gay Men of Color Alliance (GMOCA), joined by the Social Justice Center. These organizations came together initially to encourage other human and civil rights groups to broaden their agendas to include the issues that affect LGBT people of color.

The Founders of IOOV were actively involved in mainstream organizations that made them feel alone, abandoned, and isolated. At that time, they were not allowed leadership roles or even the opportunity to have a voice in the development of policies that governed them. None of these policies were inclusive of the needs of LGBT POC. This was painful. But this pain would plant seeds for a dream. IOOV founders were determined to find a way for LGBT POC to have a voice. They resolved to create the visibility that they had been denied themselves. They were aware that this process would not only address their own struggle but would also champion the cause for an entire community. The action that they decided to take was to form In Our Own Voices. This bold move was designed to create a safe space to be leaders. Here, for the first time LGBT POC would be allowed to give voice to their own concerns and experiences and advance on their own merit. Hence the name “In Our Own Voices”.

Today, this dream is a reality. IOOV is a thriving autonomous organization. Its sole mission is to combat multiple forms of oppression that impact the lives of LGBT communities of color. The founders knew too well that the lives of LGBT POC are touched daily by discrimination. IOOV serves to validate and address these painful experiences. IOOV offers the LGBT POC community the unique opportunity to see individuals as leaders, providers, and organizers; however, not just a chance to see them but to be them. Additionally, they will be encouraged to become advocates, so that someday the experience they have at IOOV will not be so unique any more. Someday they will help IOOV founders to affect the much needed change in our community, to go from envisioning the possibility for change and recovery to actually realizing it. This once was a dream. Now, it is the mission.

In Our Own Voices' mission is ***to work for and ensure the physical, mental, spiritual, political, cultural and economic survival and growth of the lesbian, gay, bisexual and transgender people of color communities.***

We seek to:

- Develop the leadership of LGBT POC;
- Strengthen the voices of LGBT POC in order to effectively communicate our perspectives within the larger community;
- Increase our capacity for combating oppression and marginalization

In order to reach the above mentioned objectives, In Our Own Voices uses a three pronged approach towards community support and advancement. These include:

1. Working directly with members of the LGBT POC community providing support and advocacy on their behalf (i.e., case management, support groups, counseling, and advocacy in navigating through the various systems)
2. Providing training and technical assistance to the systems that impact LGBT POC (i.e., health and human services, law enforcement, court personnel, schools, etc.)
3. Providing systems level advocacy to create change and promote equity and inclusivity for LGBT POC (meeting with legislators, executive directors, etc. to change policies and laws)

In Our Own Voices provides comprehensive domestic violence and sexual assault services in seven Upstate New York Counties (Albany, Saratoga, Rensselaer, Columbia, Greene, Montgomery and Schenectady). In 2012, IOOV provided wrap-around services including counseling, advocacy, emergency assistance, information and referrals, and social support to 1,726 LGBT POC that reside in the Capital District. These are areas that have a number of LGBT populations and/or LGBT POC that are highly underserved. Through an analysis of the 2010 US Census data, 3.8% of Albany County identifies as LGBT. This is roughly 11,560 people with approximately 4,000 LGBT POC individuals. This figure has visibly grown over the years, making Albany the hub of the gay and lesbian scene. Although these numbers may sound ideal, through our encounters with LGBT POC community members and clients (many of whom are victims of domestic violence and/or sexual assault), we are faced with the reality that our community experiences extreme isolation, both in numbers and in social status, and often feels unsafe and/or unwanted in predominantly white establishments. Our internal process measures continue to prove how much of a demand exists for culturally specific services related to the unique barriers our communities face in accessing providers and services that can address their needs. Given this reality, it is also important to note that IOOV is seen as the primary culturally specific resource for our community.

We pride ourselves in working to strengthen mainstream systems and challenging hurtful norms in order to secure more relevant and intersectional services for LGBT POC who are victims of domestic violence and sexual assault. Over the years, we have:

- Developed a network of allied community service providers in an effort to address the barriers faced by LGBT victims of color;
- Offered cross-training, technical assistance and resource development to community organizations, service providers and first responders to enhance their knowledge and change their norms;
- Developed an LGBT health and human service directory of LGBT culturally relevant providers;
- Built a local, national, and statewide safety net made up of informal and formal partnerships through hosting state and national Health Summits to address the needs of LGBT POC from an intersectional point of view.

IN OUR OWN VOICES' UNITY STATEMENT

A COMMITMENT TO AN INTERSECTIONAL APPROACH & UNPACKING MULTIPLE LAYERS OF TRAUMA

Our collective liberation and personal freedom lies within a political unity that goes beyond the constraints of gender and sexuality, towards a more holistic, inclusive, and inter-sectional movement. Due to the complex interplay among the intersections of different identities and communities of LGBT People of Color, particular attention and respect must be paid to the multiplicities that exist in people's lives. Segmenting ourselves for the comfort of others is unacceptable (Intersections Consulting). It can no longer be that racism is what people of color deal with, or that immigration is what immigrants deal with, or sexual orientation discrimination is what queers deal with, or gender identity is what trans people deal with, or sovereignty left to native/indigenous people. It can no longer be that people with disabilities are the only ones fighting to create safe spaces for differently-abled bodies. It can no longer be that civil rights, LGBT, immigration, and women's movements remain in their silos. Poverty, violence, stigma, racism and hatred are the shared experience of millions of people thrown to the margins -- not just by the rich, white, heterosexual elite. Twenty-first century service providers and social justice activists in our many movements must insist on a liberation framework, a human rights framework, and bring an intersectional politics to their programs rather than continue a mainstream approach to working with communities of color.

It is imperative to continue to advocate for economic justice by recognizing that not all LGBT POC face the same financial hardships. Although we accept that legal equality is a necessary first step in the struggle for justice, we acknowledge that legal equality alone cannot bring about justice. Increasing access to basic needs such as quality education, healthcare, housing, and employment requires a commitment from us all. Racial, gender, and economic justice must be our overarching goals.

We must heal from historical trauma and internalized oppression in order to support each other and promote LGBT POC leadership. There is power in unity. LGBT POC power requires our unity. Without it, issues that affect our communities—such as racial profiling, poverty, hate crimes, HIV/AIDS, STIs, Hep C, women who have sex women (WSW) misrepresentation, immigration, sexual violence and sexual repression, the capacity to explore supportive parenting, healthy relationships, healthy sexuality and self-love—are left in the hands of those who are the most distant and disconnected from our issues and the disparities we face.

We must create safe and inclusive spaces so that we can address what divides us in order to embrace what unites us. We must channel our unified power and direct it toward creating programs and organizations that increase our visibility and voice. We must build the just society we envision by first holding ourselves accountable to provide services that are culturally specific and inclusive of all genders, races, classes, ages, abilities and sexualities. We must organize for policies that are in our best interests and address our humanity. We must produce leadership that facilitates a supportive environment and embraces and understands that the liberated body has to live through many identities and in many movements.

As LGBT POC, we have the power to heal, to organize, and to deliver a unified voice creating the world that we want to live in today. Together, we use our own voices to demand a world that fulfills our need for personal, community, and institutional power.

SECTION 1: SHADES OF ACTION

LOOKING BACK/LOOKING FORWARD

FROM ASSESSMENT TO ACTION! WHY THIS GUIDE?

The barriers recognized by the founders of In Our Own Voices over fifteen years ago continue to plague LGBT POC today. LGBT POC narratives are still being left out of conversations about and analyses of non-heteronormative lives. Gay men and transgender people of color, for example, are not accepted by shelters and mainstream organizations that serve “women only,” which are also not inclusive of all gender identities or sexual orientations.

This guide is the result of over 15 years of hard work and advocacy by IOOV on behalf of LGBT POC survivors of DV and /or SA. Topics addressed derive from the experiences and input from IOOV advocates, DV/SA victims, and allied service providers to address the gaps in service provision. For the mainstream provider reading this guide, it is our hope that it will provide you with a cultural context and a basic framework to assist you to a place of ally-ship in order to more effectively serve and address the intersectional needs LGBT POC survivors.

IOOV ASSESSMENT

In 2011, IOOV received its first federal grant from the Office on Violence Against Women, U.S. Department of Justice to conduct a needs assessment that would identify both the needs and gaps in knowledge, attitude, and behavior of domestic violence and sexual assault service providers working with the LGBT POC community. During the year 2012, In Our Own Voices worked with Strength in Numbers Consulting Group and the New York State Coalition Against Sexual Assault to develop and conduct a needs assessment to determine: existing services for LGBT people of color at these agencies, gaps in services, and provider understanding of LGBT needs and barriers to receiving competent services.

Among many things, the needs assessment highlighted the fact there is still a long way to go with regard to training, policy development/revision, outreach, and collaboration in order to provide effective, equitable, culturally aware, and culturally relevant services to LGBT POC. The racial, gender, and sexual orientation divide was ever apparent as it relates to those offering services compared to those reaching out for services. More importantly, the needs assessment supported IOOV in pulling out the following key questions from the survey that this report will address::

- What are the experiences that current service providers have working with LGBT people of color?
- Are organizations using culturally specific tools to design their services to be inclusive of LGBT people of color?
- How are providers and their organizations providing service to LGBT people of color and what challenges or barriers do they face?
- What do domestic violence and sexual assault service organizations need to become more inclusive?

IOOV Needs Assessment and Process

Strength in Numbers Consulting Group conducted five focus groups with domestic violence and sexual assault service providers. Sixteen providers attended, all of whom were women. Focus group topics included service providers' experiences working with LGBT people of color, intake procedures at their agencies, relevant policies (or lack thereof) and barriers to culturally competent care. Focus groups were analyzed by reading transcripts to identify themes and to detect underlying discomfort with, and/or judgment or dismissal of LGBT people of color by service providers.

In addition, Strength in Numbers Consulting Group conducted a literature review that revealed that although there is a dearth of high quality research on delivery of culturally competent care to LGBT people of color who are survivors of domestic violence and/or sexual assault, the literature that does exist suggests that assumptions made by service providers about typical abuse dynamics may serve as significant barriers to care. There are, however, consistent findings in vignette studies that show that homophobic attitudes do predict behavior among service providers working with LGBT people. This indicates that successful training packages should focus on changing provider knowledge and experience with LGBT people rather than addressing homophobic beliefs. The literature also shows that providers tend to be receptive to receiving training and are able to acknowledge that there are gaps in competent care. This is an opportunity to provide them with training to develop their skills for avoiding subtle biases communicated to LGBT people and to increase their capability and comfort when engaging in outreach to the LGBT population.

SUMMARY OF FOCUS GROUP FINDINGS

For the most part, the Domestic Violence and Sexual Assault movement is aware of LGBT issues. Across focus groups, many participants referenced a culture of resistance to inclusion of gay men or transgender people. They fear that changing policy will negatively affect the services they are able to provide to cisgender (non-transgender) women. Any training delivered must acknowledge this tension in order to move past it.

Focus Group Finding # 1 Participants' Experience Working with LGBT People of Color

When asked about their experience with lesbians, gay men, and transgender people of color, respondents reported more experience working with lesbians than other subgroups of the LGBT community. Respondents had little to say about experiences with gay men of color, which may indicate that gay men are not seeking out DV/SA services or that providers do not identify them correctly as gay men. While few service providers evinced overt transphobia and all indicated a desire to serve the needs of transgender people, the largest gaps in knowledge and skill were in issues relating to transgender people of color. Their good intentions often belied the lack of facility with language to describe transgender people. Service providers were unclear of the appropriate pronoun to use when addressing a transgender person, for example.

Respondents also identified gender, sexual orientation, and racial biases that result in their lack of inclusion when it comes to the quality of services they provide. Participants mentioned stereotypical assumptions in lesbian relationships related to determining primary aggressor, and having little interaction with gay men because it is understood to be outside of their mission and scope, referring to their services as being for "women only". They also cited

having housing issues when placing transgender individuals in their shelter system because they are still “technically male and so they weren’t able to house that.”

Focus Group Finding # 2 Provider Thoughts on LGBT POC Barriers to Care

Despite the lack of experience of many in the group in working with LGBT people of color, most were very insightful when asked to explore barriers they thought might exist for these communities to access services. However, their insight did not explain their lack of inclusion in service organizations intake forms, outreach strategies and policies where sexual orientation and gender identity are not addressed. Few organizations actively conduct physical outreach to LGBT communities of color, which means that LGBT population are largely invisible. Many agencies disclosed having fully or partially discriminatory policy or no policy at all, which they cite as the result of not providing direct services, or they treat questions about sexual orientation and gender identity as invasive.

Focus Group Finding # 3 Participants’ Thoughts on Heterosexism and Invisibility

When asked about experiences working with LGBT survivors of color, the following quote is representative of many provider responses: *“I’m trying to think of somebody. I can’t ... because I think sexual orientation isn’t something that we necessarily seek out information regarding.”* or *“Everyone deserves good services and their LGBT status shouldn’t matter”* Silence and invisibility are not good practice – they are forms of oppression. LGBT status is an important part of the identity and experience of LGBT people and we should be able to freely, safely and comfortably discuss this aspect of our identity with service providers.

Focus Group Finding # 4 Focus Group Participants that Identify as LGBT

Providers that identify as LGBT in their agencies find themselves in the role of educating their co-workers and advocating for LGBT issues to be included in policies. They are also sought out as a resource by other staff with LGBT clients and are often times the only ones who prevent LGBT people from being invisible to the agency.

The Focus Group summary presented highlights the major findings from the surveys and points us toward initial answers about the state of domestic violence and sexual assault LGBT services. It also has provided IOOV an opportunity to provide recommendations and strategies for this work and offer best practices that can be replicated in other organizations. This approach can then serve as a template to begin or continue the conversation in order to :

1. Enhance “mainstream” services to meet the needs of LGBT POC
2. Develop education and prevention strategies highlighting culturally specific issues for LGBT POC
3. Provide culturally specific resources and services that address the safety, economic, housing, workplace and emergency assistance to LGBT POC
4. Examine the dynamics of culture and its impact on victimization and healing

Based upon the findings from the focus groups and published literature, In Our Own Voices will use this guide to provide best practices for providers working with the lesbian, gay, bisexual, and transgender people of color. This guide will:

- Introduce providers to the range of diversity among LGBT communities of color, provide a framework for competent care, and provide practical, hands-on examples and role plays for trainees to ensure their facility with language, skills and training for staff and volunteers.
- Encourage providers to examine their organizations mission and policies as it relates to being inclusive and encompassing to the needs of all survivors of DV and/or SA and identify terms, ideologies, or practices that reinforce the need to provide adequate service to LGBT POC
- Provide information on the importance of providers having fluency using terminology, not just knowledge of vocabulary as it is the major linguistic barrier for service provider facility with cultural competent terminology
- Support trained providers long-term as they work towards policy and culture shifts in their organization.; as we are aware that cultural is ever evolving and that culturally awareness is an on-going process that does not end with the reading of a guide or receiving one training
- Address/ challenge service provider behavior and skills in building culturally competent care than focusing exclusively on changing attitudes towards LGBT POC
- Discourage “colorblind,” “sexual orientation neutral” and “just like everyone else” paradigms and encourage service providers to see the unique needs of LGBT people as they do any unique needs presented by service recipients

In Our Own Voices believes the data from the focus groups participants is alarming, as it shows the lack of culturally specific services available to LGBT POC who are victims of DV/SA (especially gay men and trans identified individuals) and highlights the lack of awareness and adequate training as it relates to serving the needs of LGBT POC.

SECTION 2: SHADES OF CULTURE

WHY THIS GUIDE? CULTURALLY SPECIFIC VERSUS CULTURALLY RELEVANT

As a culturally specific provider, IOOV understands that that the policies and services accessed by the members of marginalized groups originated decades, if not centuries, before the clients were even born. Culturally specific providers recognize that the paralyzing effects of racism, homophobia, misogyny, enslavement, and oppression experienced by their ancestors has been passed on to all of their descendants. This experience is defined as transgenerational trauma and manifests itself in the form of mental and physical health disparities, depression, violence, silence, mistrust of each other and systems, post-traumatic stress disorder, suicide, self-harm, feelings of worthlessness, and more. In order to effectively work to ensure the health and well-being of LGBT POC, the provider must have an understanding of how these dynamics interface with each other. Culturally specific providers use knowledge as a lens to provide a holistic approach to service provision, knowing that even if you address the presenting needs of the client, there is still pain and trauma present that relates to the oppression the individual faces in his/her daily life. This guide aims to provide the reader with greater insight as to how historical and transgenerational trauma impacts the work with LGBT POC.

FROM ANALYSIS TO ACTION: CULTURAL CONSIDERATIONS AND PRACTICES THAT CAN BE APPLIED BY “MAINSTREAM” SERVICES PROVIDERS

Mainstream organizations are not designed for and by LGBT POC. Cultural considerations and practices can be learned and adopted to improve their services to address the needs of LGBT POC. The practices below are intended to be used by service providers for creating a new plan, or enhancing an existing plan, to increase overall cultural relevancy.

Cultural relevancy results from the on-going commitment of an organization to:

- Maintain up-to-date knowledge of the beliefs and conventions of LGBT POC and their communities;
- Institutionalize policies, practices and skills that are inclusive of the beliefs and conventions of LGBT POC
- Use self-assessment, training and accountability for continuous improvement in culturally supportive practices

The practices are divided into 5 functional areas:

1. Provide resources that are based on safety, cultural inclusion, and transformation.

Many domestic violence and sexual assault organizations operate from a model which attempt to “help” victims by regulating their behaviors and setting potentially unrealistic conditions for their “recovery and self-sufficiency.” For example, clients may be required to file a police report to access services. While this may be motivated by a desire for safety, it does not acknowledge that LGBT POC often have a legitimate fear of experiencing racism and/or

homophobia when dealing with the criminal justice system. Forcing or even encouraging LGBT POC to interact with the criminal justice system can be re-traumatizing. It also negates the resilience and the resourcefulness of these clients. It stems from a belief system that LGBT POC victims are not entitled to or capable of managing their own lives, bodies, economic affairs and even caring for their own families, children, or communities. Furthermore, transformational work is part of healing. It allows for LGBT POC to not only address their immediate needs for safety, it also encourages working through past trauma and oppression (both internalized and external).

2. Addressing the unique barriers that exist for historically marginalized communities, including LGBT POC.

Mainstream advocates often times overlook the additional barriers that exist for LGBT POC due to race/ethnicity, gender identity, sexual orientation, ability and socio-economic status. For example, a trans Latina who is sexually assaulted might face several barriers to reaching safety, let alone hold her offender accountable. The barriers this trans Latina may face are lack of credibility with law enforcement, a fear of further harm or retaliation from the offender, language barriers, immigration status, isolation, and biased community norms toward trans people. Such examples of marginalization are prevalent in Sexual Assault Response Teams, as well. Rape kits, and most safety measures are designed to respond to cisgender people, particularly white women, due to a lack of POC and LGBT voice and leadership.

3. Acknowledging historical trauma and its impact on how current day legal remedies are not safe and accessible, and being an advocate for alternative justice when needed.

We know LGBT POC victims have a historical fear of law enforcement and the legal system due to institutionalized racism and discrimination. The lack of legal advocacy around criminal and civil legal proceedings does not ensure informed choices and long-term safety. For example, a Black/African American gay man is less likely to reach out for legal intervention due to the re-victimization that has been demonstrated historically, in the media, and through personal experience. Stereotypes and racial profiling are pervasive in cop culture. Gay Black/African American men face extreme discrimination and hate that comes from generations of uninterrupted dangerous beliefs, assumptions, and behaviors from the general public, including those who have sworn to protect and serve.

4. Creating and strengthening relationships with and honoring the leadership of culturally specific organizations, key community leaders and survivors in order to better serve LGBT POC communities.

The voice of LGBT POC leaders and community members has not been part of the popular discourse that leads public policy, funding, programming and resources for domestic and sexual violence survivors. White lesbian feminists have even reached a point of appropriating our cultural practices. We see examples of this in self-care yoga sessions being led by white women, white advocates wearing dreads, and white bilingual advocates trying to push Castilian Spanish on native Spanish-speakers. This sense of entitlement and privilege also affects when and how survivors are supported in their journey to safety, creating oppressive conditions for program participants. LGBT POC survivors know what healing practices work for themselves. Seeing it any different from that adds additional distrust and disillusion to an already traumatic experience.

“I wish I would have called you earlier. You get me even more than my family does. The last domestic violence program made me pawn my jewelry before I was able to get any help with furniture.” ~ African American Lesbian, teen mom, survivor of DV

5. Accountability to implementing change as an on-going process.

Mainstream organizations can get caught in the mentality of seeing cultural competency as a laundry list of “do’s and don’ts” based on surface-level changes (adding a rainbow to a brochure, hiring a bilingual advocate, putting up a quote/poster/email signature from a POC leader). Real culturally relevant practices include organizational change. This means looking at leadership, hiring practices, policies, programing, outreach and how resources and advocacy models are designed. Both initial and ongoing training and technical assistance from culturally-specific leaders are essential. Training needs to cover the theories of oppression and cultural relevancy, analysis our own assumptions and biases, and information about specific cultures. Recognizing that cultural relevancy is an ongoing process and holding each member of the organization accountable for being an active participant in transformational work, not just making surface-moves, is necessary. Demographics change in communities, cultures do not remain static, and survivors vary in their identification with their culture and what they take from it.

Each set of practices is presented throughout the guide:

1. As a statement followed by one or more examples of how they are applied to advocacy, programming and leadership;
2. As specific activities that could be used to implement practices.

While these practices are broken down into single statements and steps, as you read through them you will see general strategies/themes that emerge. We ask that you be open to any challenges or discomfort this guide might bring to you. You can begin by letting go of assumptions; if you do not learn something new, you may still be holding on to those assumptions.

SECTION 3: SHADES OF HISTORY

KNOWING OUR HISTORY

**“WE MUST GO BACK IN
ORDER TO MOVE
FORWARD”**
Sankofa-

Most service providers and advocates are knowledgeable about the culture of the trauma of domestic violence and sexual assault, but what do they need to learn and consider about the trauma of homophobia, transphobia and racism? What do they need to know about how historical oppression and the impact that institutional violence has on the mind, body and spirit of the personal and collective LGBT POC community? What do they need to know that will support them in providing quality services and creating safe healing spaces that can hold and manage all the identities and compounded trauma over time?

In addition, a deep understanding and contextualization of the intersections of race, class and gender and the effects of institutional violence within the mental health, reproductive health, substance abuse, sexual violence and domestic violence field on LGBT POC are important information for providers to grasp in order to determine whether their services have had a short or long term impact on the victim.

In the history of the Sexual Assault and Domestic Violence movements, sexuality was not part of the analysis or rarely addressed. Sexuality was merely a byproduct of a conversation rather than an integral part of a people's sense of self and identity. Often times, these services assume gender identity and sexual orientation being either male or female and heterosexual. Race and ethnicity is either ignored or challenged. For LGBT POC victims both heterosexist and Eurocentric actions contribute to the already existing hurtful circumstances as victims of abuse.

THE WE AIN'T CRAZY, PATHWAYS INTO BLACK POPULATION FOR ELIMINATING MENTAL HEALTH DISPARITIES 2012 REPORT REVEALED ALARMING STATISTICS FOR THE AFRICAN AMERICAN POPULATION INCLUDING PSYCHOLOGICAL DISTRESS, DEPRESSION, DUAL DIAGNOSIS, AND CO-OCCURRING CONDITIONS WITH PHYSICAL HEALTH PROBLEMS SUCH AS HIGH RATES OF HEART DISEASE, CANCER, VIOLENCE, SUBSTANCE ABUSE AND INTERGENERATIONAL UNRESOLVED TRAUMA THAT PLACES THIS POPULATION IN A CRISIS STATE.

Both heterosexism and white supremacy are at the core of domestic violence and sexual assault services and at the core of the beliefs, knowledge, attitudes and behaviors of providers. From trainings to certifications, from mission statements to program development, most agencies ground their work in heterosexual norms that often times view lesbian, gay and transgender orientation as immoral, wrong, or as an invisible construct that can be chosen. These biases are coupled with racial stereotypes for LGBT victims who are not white. However, many of these organizations serve the LGBT population without knowledge of the harm they may cause the victim who has nowhere else to go or the power to advocate for themselves.

The LGBT community has had to survive the discrimination and violence of homophobia and heterosexism both out in the world and within themselves. Since 1972, the term homophobia has been used to describe the fear and hate of gay men and lesbians. Internalized homophobia describes the shame, self hate, or resistance to accepting one's own identity for fear of violence and anti-gay biases. Internalized oppression occurs when the victims of social or personal injustice believes that they themselves are the cause of their violation by another. A prevalent example of internalized oppression is that of the battered person who rationalizes that he/she can stop and prevent the violence if he/she just met his/her abuser's demands.

Generally, the fields of sexual assault and domestic violence in the United States and abroad have not been safe spaces for the LGBT community for various reasons, but mostly because they still operate within heterosexual and homophobic norms that discriminate against and dismiss the historical and current trauma LGBT victims are experiencing as well. Service providers need to know that LGBT victims are often afraid of the reaction they will receive when disclosing or mentioning their sexual orientation or gender identity. Recognizing the harmful effects that heterosexism and homophobia have on the mind, body and spirit of victims is important to support their recovery.

Over the years, the LGBT community has also been stigmatized within the substance abuse and reproductive health fields. Some LGBT individuals use alcohol and drugs to cope with the anger, feelings of inadequacy, invisibility, and powerlessness for the victimization they have suffered. It is crucial that providers recognize that the negative effects of institutional and internalized oppression is the result of historical and generational oppression, violence, prejudice and discrimination and are not a consequence of one's sexuality.

In the reproductive health field, the LGBT community was labeled as both carriers and givers of the HIV/AIDS disease. Until recently this was one of the only conversations that addressed and made visible this population of people who have always compromised a large part of our society, families, and communities. At the same time, the LGBT community is still fighting for comprehensive family planning and sexually transmitted disease prevention services. Consequently, as both the rates of HIV/AIDS and discrimination against LGBT persons increased, so did the rates of intimate partner violence.

There are many factors that contribute to high rates of intimate partner violence, sexual assault, and domestic violence among African American, Indigenous, Native American, Latina, Asian and people of color. However, the history of slavery, rape, violence against women, and racism against people of color in America are the most significant contributors.

Sexual assault has been and continues to be used as a weapon of war in communities of color in both urban and rural areas, as well as reservations. During slavery, the African American female body was used as property. Routine sexual abuse was common by white men. Rape and sexual assault was institutionalized. Black men were used as scapegoats for sex crimes that served as a basis for both criminalizing and killing them. Burning, lynching and genocide have also been tools of creating fear within communities, of color especially when they attempted to look for services or create communities to address their needs. As a result, people of color are hesitant to disclose or access services when they know that they will not be believed. Instead they know blame, continued exploitation, re-victimization, stereotyping and discrimination will be present. These issues are compounded for LGBT POC who experience the inequalities and disparities of both the LGBT community and communities of color.

IF YOU CAN CONTROL A PEOPLE SEXUALLY, YOU CAN CONTROL THEM ABSOLUTELY.

~ Bertol Brecht

The long history of homophobia, transphobia, racism and lack of acceptance of LGBT POC populations has had a huge impact not just on the way that service providers treat victims, but on the minds, bodies, and spirits of the victims themselves. The consequences of discrimination, invisibility, marginalization, oppression, neglect, prejudice, and other homophobic attitudes towards victims are death-provoking, leading to an increase in substance abuse, suicide, depression, health disease, intimate, inter-personal, and collective violence.

In the State of Gay and Transgender Communities of Color 2012 report, it states that combined exposure to anti- gay and/or anti-transgender policies, along with institutionalized racial discrimination, derails black gay and transgender Americans' financial stability, creates barriers to accessing quality health care, and erodes safeguards for gay and transgender families of color. Consequently, they face higher rates of unemployment, poverty, lack of insurance, lower education, and higher incidence of homelessness.

The historical oppression and violence that LGBT POC people have faced and continue to face affects their attitudes towards accessing services. Instead, their relationships with providers in victim services leave them isolated and in continued violent relationships with themselves and others. For this reason, LGBT POC are less likely to report sexual assault and DV, two forms of violence that have both been condoned, unregulated, and unsanctioned. As the most subjected identity, this leaves the LGBT POC community more vulnerable and at risk for sexual violence committed against them, leaving them without state protection, legal advice, identity legitimacy, as well as access to benefits that heterosexuals have. Without passing as straight LGBT POC cannot access the already limited services available to them creating a disproportionate impact of homicide and suicide.

These issues are further complicated by the intersection of race, class, and gender making LGBT POC more susceptible to other forms of abuse in the privacy of their own homes. This circumstance is compounded by transphobia and homophobia, rendering this population the perfect target for perpetrators and abusers. In addition, it is important to take into consideration the larger social context of the impact that heterosexism and racism has on having the LGBT POC community as they continue to fight for the legitimacy of their relationships, identity, and the acknowledgement that violence does in fact occur within these relationships.

In fact, women of color and LGBT individuals have been at the forefront of the violence against women social justice and anti-violence political movements since their inception. Even in the context of multiple forms of oppression both have had to endure, they have fought back and resisted to transform the policies and conditions of domination that control their bodies. LGBT individuals have held positions in office, played a major part in arts and culture, advanced

policies and legislation, and created organizations, service institutions, and TV programs and movies. More importantly, they have been at the forefront of the anti-violence and reproductive health movement and on the frontlines of protest and rallies, waging war against capitalism, white supremacy and patriarchy.

Historically, LGBT POC communities have organized and responded to inequity as a result of oppression, yet these efforts have been negated and even erased from mainstream records. Educational outlets such as schools, research, media and even DV/SV community educators fail to describe the resilience and resourcefulness of LGBT POC. For generations, they have led the way in advancing the public discourse on violence against ALL people, not just on white women. Many examples of this resistance have been omitted and co-opted by white LGBT groups. One in particular is how Sylvia Rivera, a young, Latina Trans woman who risked her livelihood by being the first to speak out. Her actions moved others to rise in their political outrage. The Stonewall movement, as most know it, was led by white, adult, drag queens, all of which denies the fact that youth, Trans, POC power was behind this monumental act of resistance.

Another key to reclaiming history is to recognize how some cisgender gays have co-opted and appropriated the Trans category by advancing the “drag queen” experience in the social and political landscape of the LGBT scene. The inclusion of drag queens is not the issue here. The issue is that many drag queens do not give credit to what Trans people have pioneered. One thing that is not part of public discourse is the fact that although drag queens (and kings) do not live on a daily basis as the gender they impersonate, they often are placed under the umbrella of the Trans community. This denies the fact that drag queens hold cisgender privileges and that they do not face transphobia when they are not in drag. Another backlash to this is that many Trans women often get called drag queens and are sometimes even asked to perform in drag shows when they live their lives as women, they are women.

Historically and today, social justice movements are permeated with how we are all part of the same struggle (hence Marriage Equality marking its influence everywhere), ignoring that LGBT POC have multiple and more extreme experiences of oppression. Therefore, they have very unique and more immediate issues that need to be addressed.

THE RACES OF MAN: A FRAGMENT

ALL WE KNOW IS THAT SINCE THE BEGINNING OF HISTORY, THE DARK RACES HAVE BEEN THE SLAVES OF THOSE LIGHTER SKINNED. WHAT IS THAT DUE TO? 'I FEEL DISPOSED TO THINK THAT THERE MUST BE A PHYSICAL AND CONSEQUENTIALLY, A PSYCHOLOGICAL INFERIORITY IN THE DARK RACES GENERALLY.' THIS IS PERHAPS NOT DUE TO LACK OF SIZE IN THE BRAIN BUT RATHER A LACK OF QUALITY IN IT.

~ROBERT KNOX

For these reasons and many more, it is important for service providers to be aware of both the history and resiliency that has shaped the body and identity of the person sitting in their office.

In *Our Own Voices* has identified two major barriers that contribute to gender, racial, and ethnic disparities within sexual assault and domestic violence agencies. We understand that they are at the intersections of institutional and historical oppression, and our goal is to provide a framework for service providers to achieve culturally competent services meeting the unique needs of LGBT POC.

1. Providers must go deeper and be willing to develop cultural humility, a deep process of self-reflection, self-critique and self-evaluation of one's attitudes, beliefs, behaviors and knowledge of another person, group, culture, ethnicity gender or race of people that can impact and continue to perpetuate the violence they have experienced. In *Our Own Voices* asks that providers and their agencies go deeper than cultural competence and humility to include an action plan that has responsibility, integrity and accountability at the forefront, such that when biases and assumptions, stereotypes and discrimination, and power and privilege show up, there is a system in place to respond in meaningful ways and restore trust.

2. Providers play an important role in the healing process of LGBT sexual assault and domestic violence victims. Therefore a fundamental component is to understand that the individual or community is the expert and teacher on the content of their personal culture and identity. Only they can to define what health and healing look like. It is up to the provider to create a safe space free from judgment so they can request what they need or are able to create in their lives.

ACCORDING TO THE NASW (NATIONAL ASSOCIATION OF SOCIAL WORKERS) CODE OF ETHICS 2001, "SOCIAL WORKERS SHOULD NOT PRACTICE, CONDONE, FACILITATE, OR COLLABORATE WITH ANY FORM OF DISCRIMINATION ON THE BASIS OF...SEXUAL ORIENTATION. THE OPPRESSION OF PEOPLE WITH DIVERSE SEXUAL ORIENTATION IN OUR SOCIETY IS INTOLERABLE, BUT THE DISCRIMINATION OF THESE POPULATIONS BY PROFESSIONALS IN THE SOCIAL SERVICE FIELD IS UNACCEPTABLE.

The next section will expand on language and the power it holds. We can use language to uplift or to further oppress someone in trauma. *The Power of Language* is a section in this guide where we define who we are as LGBT POC and how we see violence in our communities. It is also an area that offers tools for applying safe language in order to help ensure healthy communications as you advocate for LGBT POC.

SECTION 4: SHADES OF LANGUAGE

THE POWER OF LANGUAGE

In order for this guide to serve as a home-grown resource for implementing culturally relevant practices, we must first share how we define key language and concepts around LGBT POC identities, culture, power and its manifestation throughout society, including domestic violence (DV) and sexual assault (SA) settings.

Language is very powerful because it gives us the ability to define the world in which we live. Through language we have been socialized to define men and women through a binary system, to classify our relationships as heterosexual and use negative terminology to refer to people of color, which renders LGBT POC invisible or deficient. Language shapes belief systems and behaviors.

Language is a like a double-edged sword; it has the power to create understanding and connectedness among different people just as it can be used to destroy those very connections. It is used as a tool for self-expression, communication, truth, justice and also a tool for power over others. When people are forced to use a language that does not reflect the way they think or live, it causes them to live in a state of ambiguity where they feel like they will never belong.

As service providers, our most important tool in ending sexual assault and domestic violence is language. When language is used without sensitivity and is inaccurate it creates misunderstandings, mistrust and loss of credibility. Language is a social construct that traditionally has been embedded with patriarchal, sexist, racist and homophobic ideals. A common method of control against communities of color is to take away their native tongues, forcing them to assimilate to the dominant society where the first method of intervention is to foist upon them the dominant language. This not only limits this community's access to quality education. It renders their lives invisible, silences their voices, shapes their beliefs, denies their self-worth, identity, and experiences and diminishes or erases their trauma.

Our most salient message as a **culturally specific organization**, one that is designed for and led by LGBT POC, is that transformational work is a life-long process. This is why our approach to training, technical assistance, outreach and advocacy is one from an analysis that goes beyond the notion of cultural competency and what is seen as politically correct language. We ask that you take in definitions and concepts that are offered in this chapter and apply them to how you act, reflect and read the rest of this Guide.

“TRAUMA SHAPES OUR IDENTITY, WHAT WE THINK WE DESERVE, WHAT WE THINK WE ARE WORTH, WHAT WE REQUEST OF OTHERS, ATTACHMENTS AND EXPECTATIONS THAT WE HAVE, THEY WE RELATE TO THE WORLD AND OURSELVES. IT SHAPES OUR OPINIONS AND JUDGMENTS. TRAUMA SHOWS UP NOT JUST IN OUR PHYSICAL BODY BUT ALSO IN LANGUAGE AND HOW WE COMMUNICATE WITH PEOPLE AND CREATE RELATIONSHIPS.”

~Dayanara Marte/ In BOLD Rebirth

BEYOND LGBT: HOW LANGUAGE HAS EVOLVED

One of the most liberating things we can do as advocates is to come to terms with how we are not the experts in someone's victimization or healing process, and definitely not their story. This includes how they identify themselves or how they describe their social location in this oppressed world. We find inspiration in the many examples of how communities continue to evolve and claim their own space around who they are, what they want, and how they want to be seen and understood. To assume that there is a master terminology or a best practice list for addressing all LGBT people is to negate the individuality and dimensional value of our communities.

Homophobic language refers to terms and usages that exclude or discriminate against the LGBT community. This includes presuming that the norm is using he/she /him/her pronouns to refer to women and men. Another way, is using generic terms and frameworks that are genderless or what people think are inclusive yet promote sexist stereotypes, excludes a race and sexual identity of a population of people rendering LGBT presence, achievements and needs invisible. Watching our language, understanding its history and its impact, goes hand in hand with being careful about how we treat others.

In the 1960's, people of color in all of our diversities were patronized and pushed to assimilation by the term "melting pot". The surface message was that we are all alike and therefore we can co-exist. For most marginalized communities though this presented a core message of diversity that served as more of a barrier than a resource. It allowed the mainstream public to feel that they are part of a diverse county while rendering people of color and their concerns invisible. In the 1980's the phrases "color blind" and "I don't see color" reached our schools, neighborhoods, workplaces, media, and even our own communities, blinding society and LGBT POC from the fact that racism was prevalent and continues to be hidden in plain sight, plotted with homophobia and other forms of discrimination while outrage rested. Current day examples of this varies from, "I have a gay uncle" to "My best friend in college was black." Many words, phrases and excuses have been used to pacify our resistance to oppression. Dominant culture uses these techniques to conceal their ignorance and negate the existence of racism and homophobia while controlling us by whitewashing our values, identities and expressions. This also creates an illusion or a mechanism for their overt behaviors to be sugar coated while being hidden in plain sight. Language has always been a political debate over who has control and power. Even though language has been oppressively used to exclude, silence and render LGBT POC invisible we also understand that any movement for change has to start with language. For generations our use of language has adapted to reflect changes in society. For example in social justice and civil rights movements we have replaced "crippled" or "retarded" with disabled or differently abled or "Negro" with black or of color and "queer" within the LGBT community, giving rise to groups self-defining terms in their struggle for self- determination and equality.

The entitlement of white, straight, and cisgender people shaping social and political debates constantly sets white agendas that further silence our stories, issues, and our voice. This also deflects and minimizes the existence and power of LGBT POC leadership within our own movements.

These actions have been sanctioned by policies, laws, and medical institutions. Historically, the LGBT community was defined under the umbrella homosexual. The word homosexual was used as part of a psychiatric term of pathology. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, being homosexual

deemed one mentally ill until 1973 while homosexuality was considered a psychiatric illness until 1987. Even though Gender Identity Disorder was recently changed to Gender Dysphoria, transgender people are still being diagnosed and pathologized in order to be eligible for surgery, hormone and health insurance for treatment. It was not until the 90's when intersex people finally made strides in demanding the elimination of the term hermaphrodite. Although some people may still use that term, allies for intersex individuals continue to model the safer approach to describing someone who was born with ambiguous, non-binary genitalia.

The term LGBT, (lesbian, gay, bisexual and transgender) is a recent acronym used by a segment of the community to self-identify. Understanding the history of where the terminology that contributes to a person identity comes from is essential to understanding LGBT victims. Until 1973, LGBT people and homosexual behavior was classified a mental illness called homosexuality. Currently, the transgender identity is still being diagnosed as a gender identity disorder as is the continuous violence, cultural genocide and persecution faced by native and aboriginal two spirit communities who are constantly challenging us on our perception of gender and sexuality.

ACCORDING TO THE TWO SPIRIT SOCIETY, THE MAJORITY OF
OLDER WORLD RELIGIONS PERCEIVED THEIR DEITIES AS
ANDROGYNOUS, HERMAPHRODITIC AND WHOLE-GENDERED.
THE BELIEF THAT SPIRIT MANIFESTS BEYOND THE LIMITED
SOCIAL CONSTRUCTS OF GENDER. THE REFLECTIONS OF
TRANSGENDER SPIRIT ARE ANCIENT AND DEEP.
INDIGENOUS NATIONS CALLED THESE SPIRITS TWO
SPIRITED PEOPLE. A TERM ADOPTED IN 1990 AT
WINNIPEG ABORIGINAL, NATION AND NATIVE MEMBERS
MEETING. MANY OF THE GREAT VISIONARIES, DREAMERS,
SHAMANS, OR MEDICINE GIVERS ARE TWO SPIRIT PEOPLE.

However, it is equally important to understand the different concepts that the LGBT community uses to identify different parts of who they are such as sexual orientation, sexual behavior, gender identity and gender role. All of which are important for domestic violence and sexual assault providers working with LGBT individuals.

Masculine of center, Lady, Two-Spirited, Trans, and gender non-conforming (GNC) are all words that have been claimed by POC who either have a different gender identity and/or gender expression than that of their assigned sex at birth. Though transgender is the umbrella term given for these identities, the implications of social, legal and medical transitioning are not embraced by all. Trans and GNC POC are mobilizing for broader, yet more unique, expressions of gender.

LGBT POC is a diverse group of people that are not just defined by their sexual orientation or gender identity but also by their cultural or ethnic background, class status, and/or religious affiliation to identify. That includes using the phrase people/person of color (POC) referring to their race and ethnicity. A person's identity is multi-layered and sometimes opposing,

challenging their individual norms, values and morals of both personal and society and cultural traditions leaving them in a difficult situation when accessing services and safe places.

The evolution of language will always be in motion. LGBT POC will continue to fight for visibility and real life solutions to what we need. There is power in self-identification. It is the same power and resiliency that providers are asking LGBT POC victims of DV/SA to pull from to end violent relationships. Language, personal power and power from within are one in the same. Inclusion breeds collective space and healing. The same approach applies for language.

BEYOND LGBT: LGBT POC

Traditionally, the faces and stories associated with the “LGBT movement” over the years have largely been controlled by white gay elites who have the financial and political capital to control the agenda as it relates to what issues are deemed important enough to be advocated for as it relates to the LGBT community. In *Our Own Voices* was created in an effort to challenge this way of being and to make sure that People of Color voices were being heard as well- going beyond “LGBT” and including the POC.

For IOOV, LGBT POC is not just a descriptive term. It has political and ideological history as well as the power to boldly claim and make visible LGBT POC. Lesbian, Gay, Bisexual, and Transgender People of Color is an umbrella term used to build collective power across our particular racial/ethnic, sexual orientation, gender, gender identities, abilities, spiritual and socio-economically diverse community in order to allow us to unite, heal together and take on larger systemic issues impacting our communities and intersecting identities. In an effort to break through the heteronormative and Eurocentric confines of language and identity (and also as a way to defend against the possible social, and political backlash associated with being labeled as “LGBT”) IOOV recognizes that individuals are choosing to define themselves and their communities, adopting terms such as:

SEE ILLUSTRATION ON NEXT PAGE

*We strongly encourage the reader to be mindful of how people self-identify. Do NOT use the terms below without permission from the **individual** you are interacting with and only use with that individual not universally.

Men who have sex with Men (MSM) PANSEXUAL **Omnisexual**

POLYAMOROUS **In the Life** Same Gender Loving **STUD**

Aggressive (AG) **FEMININE AGGRESSIVE GIRL (FAG)**

LIPSTICK LESBIAN Stone Butch **Stone Fem**

TWO-SPIRITED third and fourth gender

Masculine of Center **marimacha** **joto** **FAG**

SAME-GENDER LOVING Queer **Questioning** **MAHU WAHINE**

Gurl **Princess** **Transformista** **Chica**

TransWoman **TransGuy** **Aunti** **Diva**

T-Girl **Mother** **PAPI BOI** TransMasculine **STEM**

Women who have sex with Women (WSW)

BEYOND SEX: IDENTITY, BEHAVIOR AND ORIENTATION

In the previous section, we provided a list of terms used by individuals to define themselves. Some terms were indicative of their behaviors, some terms described how they identify, and some terms described who they were attracted to.

For far too long, People of Color and LGBT communities have traditionally been depicted by mainstream society as hypersexual and have had their identities limited to whom they were sleeping with. As providers it is imperative that you recognize that there are many components that make us who we are and that LGBT POC are multidimensional beings whose identity goes beyond sex. Know that when we are discussing LGBT POC communities we are going beyond who a person is having sex with and into the nuance across sexual orientation, sexual behavior, gender identity and gender expression.

BEYOND CULTURAL COMPETENCE

It is important that we choose our words carefully so as to not establish a false sense of accomplishment/completion by mainstream service providers and organizations. Over the years, we have begun to steer away from the term “cultural competency” when training mainstream providers because it implies that there is a level of completion that has occurred and that no further training or changes are needed. As culture and society is ever evolving we know that there has to be ongoing cultural knowledge enhancement in order to shift policies, attitudes, and practices as the need arises.

It is In Our Own Voices’ belief that in order for true change to occur in mainstream service provision, individual and organization must first recognize the importance of Cultural Humility. Mainstream society dictates that service providers are the experts and that they know what is in the best interest of those accessing their services. **Cultural humility** is the concept that service providers must humble themselves and understand that those who access their organizations services are the experts and that their culture, beliefs, and identity will dictate their appropriate method of care. Cultural humility requires a service provider to step down from their position of power and shed the “savior” mentality. Cultural humility is the commitment of an individual to embark on a deep process of self-reflection, self-critique and self-evaluation of one’s attitude, beliefs, behaviors and knowledge of another person, group, culture, ethnicity gender or race of people and create yet another level of self-responsibility and accountability of the impact that their way of being has on another person. Cultural humility opens the door to true cultural awareness which in turn should lead to an agency becoming **culturally relevant**. Culturally relevant services are programs/services that may target a specific population (i.e., LGBT, immigrants, POC) through outreach, programs/services offered that are delivered by providers that may not identify as a part of the community they are serving, but understands cultural relativism as a pertinent component of support.

Every couple of years or so, someone comes up with yet another theory to explain the complexity of human behavior. From funders to social workers, if you are managing, working in, creating or studying service provision, health care, client centered, community organizing in people of color communities then you have probably been trained in culturally specific, cultural sensitivity, cultural response, cultural humility, cultural awareness, cultural competency, and cultural knowledge all terms used today under the umbrella trauma informed. Yet you still find yourself thinking something is missing.

Why are there so many terminologies? Why is there still so much work to do? IOOV would like you to consider that in order to achieve equality, have impact, and dignity for all human beings we need to understand:

1. Individuals personal social location within the historical, social and political position
2. Institutional conditions and political climate affecting populations and groups
3. Unique needs and goals
4. Unpacking “white and heterosexual privilege” and the construction of the dominant or normative culture

Questions to consider when determining if your program is providing culturally relevant services to LGBT POC:

- A. Are your programs/services/support groups gendered? What about a client who identifies as trans?
- B. Are all new staff required to partake in specific LGBT POC training? Is there on-going training for staff?
- C. Do your clients feel safe i.e.: do they continue to use your services? Do they comply with the interventions you give them? Do they continue to see the same provider?

Both the demographic changes and the continued decrease of services and the economy anticipated over the next decade will have a major impact on the work of service providers as we will see an increase in sexual assault and domestic violence and poorer health status as a result. All major service institutions and organizations have to address racial and ethnic disparities in health and service provision in a way they have never before. Culturally humility and cultural relevancy from mainstream service providers increase healing and safety for LGBT POC communities.

Organizations and individuals who claim to have culturally relevant services must also be allies to LGBT POC. In order to be an effective ally, one must recognize the power you hold in society based on your race, sexual orientation and/or gender identity. Recognize the access that you have that other communities do not. Allies have to not only be allies in word, but also in action you should be standing up to all forms of injustice and holding your folks accountable. You must also be accountable for recognizing the role you may play in reinforcing current systems and recognize the role you must play to combat them as well.

BEYOND VICTIM-LOGY

Victim, survivor, or someone else altogether? Language matters and it's up to the individual to choose how to identify given their experience. It is important for providers to suspend judgment and not count on the victim or survivor to create a plan of action or support system for people who have experienced gender violence, sexual assault and domestic violence. What is important is knowing that people will sway back and forth from these terms or all together formulate a new one that best fits how they are feeling in the moment. More importantly, it is how the provider treats the individual because of their identity that matters, what assumptions, or stories do you create when an individual say “I am a victim of” or “I am a survivor of”? How

does that impact your next steps, the way you relate to the individual and who do you become for them?

The liberation of individuals after violence depends on their ability to put into their own words what they are feeling and to determine what they need. This is why it is important to support victims in healing through historical trauma. The buildup of unaddressed trauma experienced on an individual level, through community violence and institutional oppression, can lead to internalized responses that can cause further harm. These responses prevent victims from reaching out for safety, including trusting their own community with disclosure.

It is seen in the victim that rationalizes that because their abuser is a lover, partner or significant other there is no way that they could have experienced rape instead it was a lapse of moment, a one time only event or something that only happens when they are upset. Victims will identify and name violence according to their ability to manage what it means, the feelings that come up and what their family or community will think of them as a result.

Recognizing the strength, resiliency, and determination of LGBT POC and not wanting to work from a deficit model we are reluctant to use the word victim. However, we recognize that those who come through our doors seeking services have been victimized by someone. Therefore we use the term victim to describe our services as we work with the client and as they move from a place of victimhood to a place of survivorship!

SECTION 5: SHADES OF HEALING

HEALING THE RAINBOW - FROM HURTING SPACES TO HEALING AND TRANSFORMATIVE SPACES

How many Lesbian, Gay, Bisexual, and Transgender people of color domestic violence and sexual assault survivors do you know? They receive relatively little attention in literature, policy, services, and support. All of this is despite the fact that before a provider asks about sexual orientation and gender identity, many individuals disclose child sexual abuse and incest in their childhood and domestic violence and sexual assault in their adult life. Why is identity more difficult to disclose than abuse? Both LGBT individuals and POC communities come through our doors in a cycle of violence passed down through generations. These communities have inherited a legacy of historical trauma. However, providers are trained to adhere to protocol. When a victim walks into their office, their protocol identifies only the initiating incident and manages it from a mainstream, non-intersectional perspective. That perspective doesn't see race, class, or gender. On the surface that might seem like a good plan, but in these cases those identifiers are crucial to the context within which the victim exists. However, as more LGBT POC individuals disclose, this will need to change. These protocols for recovery and healing must adapt. If we are going to help people heal from both sexual assault and domestic violence, we will need to go much deeper than looking at the power and control wheel.

Long term healing will require getting to know the person in front of us from the inside out. It will require a deep conversation about the agreements, the stories that victims have created about themselves, before they even had words to explain violence, neglect, oppression, or trauma and its impact. In addition, it will require accessing the unknown- the part of the brain that is reacting to a trauma that one has forgotten in order to survive. Healing and recovery with long-term impact will require a brand new set of skills. It will depend on a provider's ability to do more than look through a prescribed list. We must be able to talk about unfamiliar issues and support victims in their healing. We must become comfortable with identifying and discussing institutional oppression. We will have to be able to assure them that they are not healing in isolation. Part of this means working with them to place their healing process in the context of historical trauma.

The most important part of supporting a victim who is healing from institutional oppression and structural violence is the provider's ability to identify and validate internalized homophobia, internalized racism, and internalized sexism in all its manifestations. Internalized oppression has a devastating and lasting impact on its victims. It is portable powerlessness that follows them wherever they go. External control is no longer required to render the individual powerless. Institutional oppression and historical violence is planted in the mind of the victim, and everyday signals from society trigger the victim's body and spirit to continue powerless behavior.

Internalized oppression is a set of negative thoughts, attitudes, and behaviors toward one's self or another of the same race, gender, age, sex, religion, class, sexual orientation, ability etc. For the LGBT POC community, both internalized homophobia and internalized racism are deeply imbedded in who they are. It affects their choices and their ways of being in the world. Internalized homophobia can be seen in both action and thought. A person can feel shame, self-hate, or resistance about accepting his/her own LGBT identity. It is driven by their

ingrained fear of violence, anti-gay biases, religious persecution, and community isolation. In cases of domestic violence and sexual assault, we can see internalized oppression when the victims see themselves as the cause of their own violation, even though it has been perpetrated by another. Another prevalent example of internalized oppression is when an abused person begins to take responsibility for the abuser's actions. They often rationalize that they can stop and prevent the violence against them. Since they believe that they are to blame for the abuse, they begin to also believe that the abuse can be avoided if they just met their abuser's demands. This, of course, is never true.

Mainstream protocols have reduced the healing from the trauma of domestic violence and sexual assault to merely going through the stages of grief. Next, they offer supportive language such as "it's not your fault." Then they advise the victim to create a support network and reach out to family and friends. They also encourage the victim to identify his/her feelings and overcome the "victim mentality." At best, it offers a method to manage the current situation and provide a band aid approach to working with victims. This was an innovation decades ago. Now, this is no longer good enough.

Advocates who recognize the complex effect and impact of internalized oppression will do better. Working within the real life context of the lives of LGBT POC sexual assault and domestic violence victims will allow for more than just managing short term recovery. It will have a long-lasting impact towards deep personal healing and collective social change. First, there is the trauma of institutional oppression and historical violence, and then there is the added trauma of domestic violence and sexual assault. For someone in the LGBT POC community, there is the profound task of healing not just physically but also mentally and spiritually. We have to work with them to try to separate the violence and abuse and its effects from their sexual orientation and gender identity. This distinction is very important, because it is one of the deadliest thoughts triggered by internalized homophobia. This is the belief that a person deserves to be sexually assaulted because of his/her sexual orientation. Inevitably, this leaves a victim feeling shame and self-blame for the abuse. In turn they can develop false guilt. Mistakenly taking responsibility for the assault may also lead them to never want to disclose that it ever happened.

Other myths and stereotypes a victim can adopt through internalized homophobia are:

- Homosexuality causes sexual assault.
- Sexual abuse causes homosexuality.
- LGBT individuals deserve to be sexually assaulted by their family, community and beat up by their partners if they don't disclose.
- Lesbian survivors have been raped by men and that's why they are lesbians. The most challenging yet rewarding thing a provider can do is to support the undoing of internalized oppression. It is important to discuss how this condition allows their oppressor to have unlimited control. Once the oppression is internalized, the perpetrator doesn't have to do or say anything anymore. It allows them to make the victims feel powerless or inferior indefinitely. This happens because the victims eventually do it to themselves and each other. Internalized oppression is often reinforced by family and the larger community. Often, they start to treat the victim as if the violence is a result of something the victim has done. The message is, this is something you deserve.

Internalized Oppression: A Community's Reaction



Some patterns of internalized homophobia have become so ingrained in our community that we accept them as part of our “gay culture.” We attribute them to the “way we are” or the “way they are”. Our behaviors and attitudes become self-justified. They become seemingly immutable ways of being that are accepted by others. We act as if change is not possible. We pretend that we were born that way, and we just can’t help doing and saying these things. This is ignorance. We allow it to continue. Only we can change it. This change has to come from within the community.

Racism, heterosexism, and homophobia are forms of oppression that have been systemically initiated and powerfully reinforced by institutions in our wider society. We have no control over that. However, we do have a choice about how we remedy it. We must put internalized oppression in its proper place in our experience of institutional oppression. Only then can we support victims as they try to move past blaming themselves. This is necessary in order for them to take action and end the cycle of violence in their own lives. In turn, this movement can help break those chains within the LGBT POC communities and the world. Creating a safe space for victims to disclose, heal, and take action requires more than just getting someone out of his/her personal or familial situation of violence. We must ensure that this person now becomes empowered to take on any future violent or disempowering situation as well. We must provide them the skills necessary to advocate for themselves and their families.

RECOVERY VERSUS HEALING

There is a big difference between recovery and healing. Recovery is a moment-to-moment process that includes managing behavior, psychiatric intervention, and pharmaceutical drug control. The focus is on functioning appropriately in the outside world. Healing, on the other hand, is about repairing the inner world and striving to restore or reconfigure the whole inner being of someone who has been deeply hurt. Until recently, trauma was associated with posttraumatic stress disorder of war victims, soldiers, veterans, and mental health patients. Now trauma includes all forms of violence, sexual assault, and institutional and interpersonal oppression, neglect, poverty, and any experience that disconnects you from your mind, body and spirit, shaping a pattern that disconnects you from your life’s purpose, from love and affinity.

Neuroscience has established a connection between mind, body, and trauma and the ability of healing the whole person. They say the body remembers through muscle memory, not just our story but the stories of our mother and her mother and even her mother before her. Neuroscience contends that the body responds to trauma by becoming stuck in a constant mode of flight, freeze, fight, and appeasement. According to this perspective, a classic example of a response to trauma would be the stereotype of the “angry black woman”. In this case, the victim just sits in front of the provider. No matter what the provider says, the victim remains hyper and on alert. She is always defensive and ready to fight. She expects everyone around the provider to be the enemy. Another stereotype would be the “depressed” victim. This victim is inert. She just sits in the provider’s office over and over, session after session, with no change. She has no insight about her feelings. She remains stuck in a constant state of hopelessness. There is no reaction, no matter what the provider says. There seems to be no possibility of moving into action. These clients will remain one dimensional until a deeper connection is established.

Spiritual traditions maintain that the healing journey after trauma is a transformative experience towards wholeness. Providers need to know that not only can trauma be healed and the journey be transformative, but that a victim can actually heal. We recognize success when a victim is no longer paralyzed by past experiences. Now they are able to make their own decisions and freely move forward. In addition, we know that the journey has been evolutionary once we recognized the former victim has become a survivor. We are no longer talking to the same person who initially walked through the door. Now, sitting in the same place, is a person ready to face the world and write a new story. The provider can now direct them toward a world of possibilities for the future in a way they could not have at the onset. Completion is a journey of forgiveness towards oneself. It is accepting and overcoming what has happened and developing a genuine understanding that what happened was not the victim's fault. It is a fully uncompromised realization that they truly did not deserve it.

As providers, we know that it is important to never blame the victim. This mentality can come from two sources in accession. It can be triggered by the internalized oppression that the victim communicates and can be transferred by power and privilege that we as providers have over the victim in the context of our professional relationship with him/her. It is tempting to fall into this trap. In order to overcome the effects of internalized oppression, the dynamics must be addressed openly as part of the session. The transference issue about our role and power in the relationship will require a multifaceted strategy. We must also turn our holistic approach towards ourselves and our work as well. This would entail each of us doing our own self processing before and after every session with a victim.

UNDOING RACISM, SEXISM, HOMOPHOBIA, TRANSPHOBIA AND OTHER FORMS OF OPPRESSION

1. Acknowledge that you have power and privilege and then examine yourself regarding the degree to which you identify the attitudes and behaviors that contribute to the re-victimization of the people with whom and for whom you work.
2. Create spaces in your work during staff meetings to identify and work through how your power and privilege may affect your service provision, get constructive feedback, and share tools to dismantle racist, sexist, homophobic behavior and attitudes that are harmful to victims.
3. Power and privilege show up as a set a patterns that you have used, a way of being that undermines victims as experts of their lives. Like trauma, internalized oppression in the victim does not happen in isolation. Therefore the journey of healing cannot happen in isolation.
4. Realize that in your agencies and within your protocols, you must develop and ask yourselves questions. Create and give space which will allow you to identify and recognize privilege and power. In addition, identify blind spots for yourself and others to challenge yourself about when you are being oppressed and when you are oppressive to others.
5. Become knowledgeable about internalized oppression as it relates to LGBT POC. Ask yourself if your agency is working off of a rescuing the victim or blaming the victim model. Avoid the model where the provider deems the victim helpless or blames them for the conditions they are in. Be committed to this even if the victim is not. If you do this

consistently, over time victims will come to realize that you are different than other providers that they may have dealt with in the past. Ensure that you never set them up to fail. A major step to avoiding this does not allow for the dynamic that encourages dependence on you as a provider in order to achieve goals. Avoid facilitating the need for praise and approval from you in order for the victim to feel like they have permission to act or decide in a certain way. Foster independence and create a space for LGBT POC to be experts in their own lives.

The goal of this section is for providers to understand that up until now mainstream agencies have been a part of institutional oppression of LGBT POC community members. On the surface, the services are clear. However, below the surface, the actual provision of services often involves re-victimization. This starts with ignorant assumptions that influence the execution of their duties. They can be detected even during the initial interaction with the victim. Whether we are conscious of our beliefs or not all those that work within the agency have personal bias that affect the victim. We communicate what we think through our attitude and behaviors. It is our hope that together we can shift the current paradigm. Sexual assault and domestic violence agencies will need to progress beyond strictly treatment and recovery. Victims need them to evolve from a place of hurting and misunderstanding into spaces for healing and transformation. This shift will require all those involved to look within themselves and assess their credibility in creating spaces within which victims can reveal their deepest wounds safely.

SECTION 6: SHADES OF VIOLENCE

DOMESTIC VIOLENCE AND LGBT POC COMMUNITIES

REFRAMING THE NARRATIVE

LGBT POC are often forced to conform to **traditional/mainstream services**- programs and models developed by the dominant society without cultural consideration of other groups that fall outside of those boundaries. White folks have had the power to control the narrative, policy development, and institutional practices, as well as the privilege of access to those services. The longer we work with LGBT POC survivors of DV/SA, it becomes more apparent that our communities are deeply dissatisfied with the way they are misrepresented by mainstream LGBT providers. The negative and inaccurate assumptions in research and education not only influence societal norms and access to resources, but also negate the fact that LGBT POC communities are experts of their own identities and needs.

These assumptions and misrepresentations lead to considerable suffering for LGBT POC, their invisibility, and sense of belonging. It also strongly suggests that such actions inspire at least some of the verbal and physical abuse that our communities experience in their day-to-day lives, and that they can be a significant factor in social isolation and distrust.

Domestic Violence in LGBT relationships actually occurs at the same rate as domestic violence in heterosexual relationships (1 in 4). However, the violence and trauma experienced by members of the LGBT/LGBT POC communities is rarely given as much attention as the same violence when it happens to our heterosexual and white counterparts. The level of violence increases when certain factors such as race, ethnicity, socio-economic status, and ability are a factor. Although well intentioned, the “violence against women” movement created a backlash that has negatively affected members of the LGBT community. This impact is on-going. First of all, the name of the movement is problematic. It isolates men and transgender- identified victims of abuse. This minimizes their experiences as victims and survivors of domestic violence. Statistically, women are victimized at higher rates than men because of widespread sexism. Nevertheless, gay men, trans individuals, and anyone else who identifies themselves as gender non-conforming are at risk of being victimized. Within these populations, the percentage of people being abused may be even higher, and the reporting rate may be much lower. This is due largely to the belief that these individuals deserve to be abused. Society views their declared identity and social behaviors as threats to protected social norms. Furthermore, policies and procedures established to protect “women” have left out gay men and transgender victims. For these groups, there are little to no resources for safety and support. These mainstream practices also exclude women of color. Initial feminist movements were led by white, lesbian, cisgender women. This set the tone for general services that did not address the unique needs of ALL women, leaving women of color without a voice in the Violence Against Women movement.

In Our Own Voices has worked tirelessly to reframe this narrative. Using advocacy and training, this effort has informed LGBT POC victims of domestic violence, that their experience matters, and that their voices deserve to be heard. The current system is set up primarily to protect female victims. As a result, domestic violence shelters have a strict policy that bars all males from staying in a DV shelter. Others programs will only allow male children up to a certain age. This old paradigm does not allow gay men, transgender males or females to

have a safe place to go. Also, because this model is based on old concepts of traditional family structure, it forces families to be separated in order to receive services. This often means that family units that do not match the expected structure are turned away or placed in spaces that are not regulated such as hotels, homeless shelters, or other less secure settings. Inadequate placements like those leave these individuals at risk for homo/trans phobic discrimination. Those settings have no sensitivity to these populations. There is no trained staff and no resources or support structures. This means that they are at risk of harassment from staff or even at risk of assault by residents. What is more, those unprotected public sites make it possible for abusers to insert themselves and gain easy access.

As a service provider, we must actively and continuously hold ourselves accountable. This includes shedding inappropriate assumptions about cultural, sexual orientation, and gender identity. These outdated stereotypes and prejudices are unacceptable when working with any victims of domestic violence. Many domestic violence providers still have antiquated beliefs. They hold false expectations about how a victim of domestic violence looks, behaves, sounds, or feels. These biases may come across in the program policy. It may also be revealed in how staff members and volunteers interact with LGBT POC victims. In some cases, this dynamic may only be perceived by the victim of abuse. In far more cases, the discrimination is real? However, until awareness is raised in this field of human services, this kind of treatment will be anticipated by most people in the LGBT POC community. That alone may cause victims to stop seeking services. They may continue to choose not to access all necessary services. Until we make this change, they will be afraid of being denied needed services. They will not be able to trust us until we change our beliefs and our behavior.

The current system is a mess. Ignorance about people in the LGBT POC community leads to confusion and mistreatment. There are many improper arrests in domestic violence cases. Mandatory arrest laws and inadequate screenings allow for ongoing injustice because of misguided assumptions made by police officers on the 911 call. Lack of awareness and training cause law enforcement to repeat serious mistakes. There are reports that they do not know how to appropriately handle a sexual assault case when anyone other than a heterosexual female is involved. They often mistakenly allow a perpetrator to access supportive services instead of the victim. This is simply because they do not currently have an adequate screening process for perpetrators.

On a daily basis we see how these policies and behaviors play out in the lives of victims. The examples on the following page are not exhaustive but they are common practices which in many ways lead Domestic Violence agencies to repeatedly isolate members of the LGBT POC community:

- CLAIMING TO BE ALL INCLUSIVE BUT HAVING CISGENDER WOMEN ONLY SUPPORT GROUPS WITH A HETERONORMATIVE CURRICULUM
- CLAIMING TO BE ALL INCLUSIVE BUT ALL MATERIALS STATE “WOMEN AND CHILDREN” OR USES “HE/HIM” AS THE PERPETRATOR AND “SHE/HER” AS THE VICTIM
- USING GENDERED LANGUAGE WHEN SPEAKING WITH A VICTIM (I.E. WHEN PRESENTED WITH A FEMALE VICTIM ASSUMING THE PERPETRATOR IS A MALE AND VICE VERSA)
- NOT ACKNOWLEDGING ALTERNATIVE MODES OF ACCOUNTABILITY FOR PERPETRATORS (REQUIRING CRIMINAL JUSTICE SYSTEM REMEDIES)
- NOT ACKNOWLEDGING ALTERNATIVE FORMS OF HEALING (I.E. SPIRITUALITY, CULTURAL APPROACHES)
- REQUIRING MENTAL HEALTH SCREENING IN ORDER TO RECEIVE SERVICES, EVEN FOR EMERGENCY SERVICES
- HAVING SEPARATE SLEEPING AREAS FOR TRANS PEOPLE. PRESENTING IT AS A REQUIREMENT, NOT AN OPTION. MANY TIMES THIS IS PRESENTED AS A SAFETY AND PRIVACY ACCOMMODATION, BUT WHOSE SAFETY IS IT REALLY?

FROM THE OUTSIDE IN (TACTICS)

Within the LGBT POC community, perpetrators often employ the same tactics used by abusers within mainstream society to further control and isolate their partner. While we may recognize the common forms of abuse as physical, psychological, economic, verbal, and sexual abuse, there is something that is different in these cases. On top of the classic abusive dynamics, people in the LGBT POC community who are victims of domestic violence also experience further suffering and face additional barriers. These deeper complications are a reflection of their multiple identities. Combinations of factors such as race, ethnicity, language, national origin, religion, gender, and sexual identity and other subcultural categories of identity add layers to their struggle. While our society recognized many of these factors individually as barriers to fair treatment, it has not yet dealt with the more complicated questions: How are people treated when their identity is not accepted within their own disenfranchised minority group? Currently, the answer is while our society has tried to improve overall conditions for minority groups, there are certainly individuals within those groups who are still being denied civil rights and access to many services to which any other citizen would be entitled. The impact of the problem runs deep. We see it when a client comes in to IOOV. We see how it drives their reluctance to get involved with the criminal justice system or to reach out for other forms of help. We also see it in their reluctance to subject the perpetrator of violence to a system that has been historically oppressive to everyone in their community. These are ways that the problem adds more barriers to victims getting help from outside their abusive relationship. It also increases their risk of remaining trapped inside a violent situation. This is why IOOV goes beyond the surface to work with people within the LGBT POC community. We understand that it is crucial to explore those complex feelings. These feelings can often cause victims to put themselves at a disadvantage and even motivate them to protect the person who is abusing them. We understand that it is essential to recognize the roots of these

contradictory behaviors. Furthermore, we realize that it is also critical to identify culturally specific means of healing and support. IOOV believes that until we live in a truly equitable and just society it must be our communities' responsibility to help each other heal.

CULTURAL HEALING AND PREVENTION

Holistic Healing and Health and Wellness are new modalities to explain the use of art as healing, programming that includes meditation, spirituality and dance, and other mindfulness practices to create a healing environment or safe space to heal from trauma. While these are useful tools of healing, when IOOV speaks of cultural healing we are asking providers to go beyond this definition to include looking at the traditions, the values, roles, and gender within a community. Looking at and using their spiritual practices, rituals, community gatherings, religious beliefs and other community healing techniques that traditionally have supported people in healing from trauma and violence. This can include creating altars or prayer circles, healing circles for community to heal in a collective and not in isolation, and gathering spaces that include rituals and prayer for victims or for opening up a conversation and closing it. Most survivors survive violence because of their deep faith in something bigger than themselves. For LGBT POC, religion has also served as an oppressive institution that continues to discriminate. So it is important to let the victim share and create their own healing spaces and use their own spiritual practices.

When we think about domestic violence and sexual assault we often times get victims after the violence has occurred. It is our job to look holistically at not just what personally has gotten them into this situation but also the social environment, their economic status, and all other social determinants that breeds violence in a person's life way before sexual violence actually occurs. This approach will challenge providers and advocates in answering, if sexual violence can be prevented? And move away from focusing on the victim and their personal behavior on an individual level.

Providers and advocates are not just in the business of taking care of the aftermath of violence but also in the prevention and recurrence of violence not just in one person life but also in their family and communities. Utilizing a holistic approach where one looks at the trauma in childhood, child abuse, sexual abuse or generational trauma over time will be as crucial as involving the community in healing and recovery.

AN UNSETTLING PROFILE

For a number of years now the National Anti-Violence Project has produced an Intimate Partner Violence Report. Domestic violence continues to be significant in the face coercion, threats, fear and even homicide experienced by LGBT POC communities. For the last three years these numbers have been at an alarmingly higher rate than the general population.

- MORE THAN 50% OF IPV HOMICIDE VICTIMS IDENTIFIED AS PEOPLE OF COLOR
- PEOPLE OF COLOR MADE UP THE MAJORITY OF TOTAL SURVIVORS WITH AN AVERAGE 62%
- PEOPLE OF COLOR WERE MORE LIKELY TO EXPERIENCE THREATS/INTIMIDATION WITHIN IPV.
- LGBTQ YOUTH, PEOPLE OF COLOR, GAY MEN, AND TRANSGENDER WOMEN WERE MORE LIKELY TO SUFFER INJURIES, REQUIRE MEDICAL ATTENTION, EXPERIENCE HARASSMENT, OR FACE ANTI-LGBTQ BIAS AS A RESULT OF IPV.

The above statistics are an average of the last three years.

The below link is provided for detailed annual reports.

<http://www.avp.org/about-avp/coalitions-a-collaborations/82-national-coalition-of-anti-violence-programs>

It would be impossible to list out all of the culturally specific issues faced by the multiple ethnic and racial communities of color. However, there are some commonalities that communities of color face that also impact LGBT victims of domestic violence. Below is a chart developed by In Our Own Voices that shows some of the intersecting experiences that LGBT POC may face. That chart incorporates findings from ***The Women of Color Network Facts & Stats: Domestic Violence in Communities of Color*** along with cultural barriers faced by LGBT/ POC as identified by In Our Own Voices.

SEE ILLUSTRATION ON NEXT PAGE

WOMEN OF COLOR

Often experience ...

- A robust personal identification based on familial structure marked by hierarchy, patriarchal elements, and cultural identity.
- A deep personal identification based on role and responsibility as wife, mother, homemaker, provider, etc.
- A profound personal identification based on religious beliefs that reinforce the woman's victimization and legitimizes the abuser's behavior
- An internalized minimization of the impact of abuse to avoid isolation and alienation within their community
- A looming dread that their family may be separated
- A solid loyalty, specifically to their immediate and extended family
- A strong general loyalty to their race and culture (the "yoke of silence")
- A guarded trust and reluctance to discuss "private matters" with outsiders
- A powerful fear of rejection by family, friends, congregation, and community
- Individual needs often defer to family unity and strength
- A formidable distrust of law enforcement
- An enduring fear of subjecting themselves and their loved ones to a criminal and civil justice system
- A resilient suspicion of a larger society which they see as sexist, racist and culturally biased
- A sustained skepticism that shelter and intervention services lack cultural and linguistic competence
- For immigrant and undocumented women, in particular, a fear or threat of deportation or separation from children

MEMBERS OF LGBT/LGBT POC

COMMUNITY

Often experience ...

- Internalized beliefs that shape their rigid expectations about relationships, such as butch and femme roles
- Internalized beliefs and behaviors around professions, self-image and even sex.
- An expectation that the more feminine "looking/acting" partner is supposed to be the nurturer of the family. These beliefs mirror heterosexual and misogynistic constructs.
- The effects of Religious teachings that depict LGBT identity as a sin, therefore worthy of victimization and shame
- Fear of isolation and alienation from support systems (family, friends, coworkers, religious, institutions, etc.) who may reject them based on their LGBT identity
- A strong loyalty to the community, including abusive partner and unsupportive family due to the harm experienced by systems, racism, transphobia and homophobia.
- A desire to avoid airing personal or community "dirty laundry" as LGBT communities strive for acceptance and equity
- A fear that reporting instances of domestic violence may negatively impact the LGBT movement.
- Fear or rejection from family, friends, congregation, community along with fear of being fired from employment or losing housing based on LGBT identity
- An individual need to defer to the resiliency of communities of color and the LGBT community for surviving centuries of abuse, persecution, and oppression
- Fear and distrust of law enforcement due to unfavorable interactions
- Pain from past inappropriate language usage by institutions
- Wounds as a result of a history of hostility based on their race, sexual orientation, and gender identity
- Knowledge that shelters and intervention services are not inclusive of them based on their sexual orientation and gender identity
- Fear or threat of being deported to a country where they will be persecuted if they are an immigrant and undocumented LGBT individual
- Dread that they may be prosecuted based on their sexual orientation or gender identity
- Feeling horrified of being separated from their families because of their orientation or identity
- Feeling terrified of being shunned from their family if it is discovered that they are LGBT

The silence of Domestic Violence and Sexual Assault also includes emotional and psychological abuse, not just being used by the perpetrator but also by everyone around them. These are subtle but two of the most deadly forms of abuse that LGBT POC victim's experience. They are mind games and psychological warfare that make victims think they are crazy way before physical assault happens. It is the breaking down of one's sense of self and threatening of a victim's ability to discern for themselves what is a healthy relationship or not. Because battering in this form is invisible, victims have a hard time explaining or using them as signs of abuse when speaking with a provider, especially if the provider is not trained in validating emotional abuse as another form of domestic violence and sexual assault. Without an understanding of the multilayers of domestic and sexual assault, a provider's reaction or support can potentially be damaging, often times dangerous, and lead to death of the victim as they feel crazy, alone, and misunderstood. In addition, by the time LGBT POC victims access services, they have exhausted their own family and support groups which has probably rejected them because of their gender identity and orientation; at that moment the provider becomes their only hope. However, because providers are largely using mainstream protocols to run groups, assess and provide referrals and services, the victims do not see themselves or their experiences as being abusive.

SEXUAL ASSAULT IN LGBT POC COMMUNITIES

NAMING THE VIOLENCE

Sexual Assault is a tool of oppression that has been used for centuries against people of color. Historically, oppression has been fueled by power and control. This kind of oppression has been especially harsh for members of the LGBT POC community. They have suffered from sexual assault at higher rates. The full range of sexual violence runs from unwanted sexual contact from the perpetrator to completed or attempted rape. Sexual violence may include, but is not limited to, physical force. It may also include grabbing or fondling of the victim. However, sexual violence is not limited to physical acts; it may also incorporate verbal threats and other inappropriate comments.

The term sexual violence encompasses the global scope of the problem. While most of us already recognize how traumatic rape is to both the body and the psyche, it should not surprise us that sexual coercion, sexual harassment, objectification, and intimidation should never be minimized. Their emotional and spiritual impact can be paralyzing. It is not our job to rate and compare which abuse is greater or whose trauma is worse. It is our role to recognize, identify, engage, and assist anyone in our community who has suffered from abuse. No one deserves to be abused; no type of abuse is acceptable.

These tactics, mentioned above, such as sexual coercion, sexual harassment, and the others are oftentimes precursors to more severe forms of violence. For the purpose of language continuity, IOOV uses sexual assault when discussing programming and promising practices. In supporting victims in all their experiences, it is important to also validate any form of victimization they disclose. A promising practice for honoring the experiences of survivors you serve is to mirror their language with regard to the victimization that they have experienced (sexual violence or sexual assault), how they identify (sexual orientation, gender identity, race/ethnicity), and how they see their status (victim, survivor, thriver...). In short, we should speak their language.

POLICING OUR BODIES, EXPLOITING OUR NAME

A common issue for many gay and bisexual youth and men of color is frequent objectification and intimidation. This is a direct result of pervasive hyper-masculine norms that promote homophobia and hate. These same societal norms create multiple barriers that discourage bisexual and gay men from disclosing and reaching out for support. This is of many ways that oppression is internalized. For lesbian and bisexual women of color, the problem is the same but the experience manifests itself differently. For them it is more about sexual harassment and coercion. This can be rather overt and or covert. Labels such as “hot Latina” and “sexy Black girl” are charged with racist, sexist, and heterosexist sentiments. They enable inappropriate sexual advances to go unchallenged and uninterrupted. However, when these abuses are directed at men and women who are transgender, it can be particularly dangerous. If their abuser perceives that they do not “pass.” for the current gender, they can become the target of severe violence.

One popular myth is that corrective rape only happens in foreign countries. The reality is that corrective rape is affecting our immediate communities on a daily basis. The spectrum begins with comments from family or community members. Though well intended they may be, they come from a place of ignorance. “You just haven’t met the right man yet” or “All we need to do is take you to a whore house.” While these comments minimize the situation with a superficial reading of a person’s identity, they are also harmful in that they convey the message that there is a problem with the way person is and that there is a simple solution. At the other end of the spectrum we find various acts of rape to set a person “straight” because “we know what’s best for you.” At best, this is a misguided attempt to expose the person to the proper form of sex. However, in all cases what is really happening is the use of brute force to shatter a person’s self-image. In reality, what is accomplished is that trust is what is broken and intimacy is what is damaged. All these assumptions and demands about, what someone’s sexuality should be is dictated by those in society who hold a disproportionate share of power. Acts and threats of sexual assault are a violent way to remind those that they oppress of this abusive power.

Though sexual assault, including rape, may not be experienced by all survivors, it is a real and ever present threat. We believe that naming the violence is crucial in order to achieve validation and healthy accountability. Rape is rape. Sugar coating the facts with minimizing language does not change the trauma of the reality. The truth should be addressed as such when a survivor discloses about their sexual assault. Meet them where they are. The tone and the tenor of the discussion should be set to the survivor’s current level of comfort, not ours. This approach can often help to end the silence around

**“I DIDN’T GO TO GROUP TONIGHT
BECAUSE THE GUYS AT THE BUS
STOP KEEP CALLING ME FREAK. LAST
TIME ONE OF THEM POKED MY
BOOBS. I’M TIRED OF BEING
SPOOKED. I WISH I HAD THE MONEY
TO GET SOME WORK DONE.”**

~ TRANSCARE SUPPORT GROUP PARTICIPANT

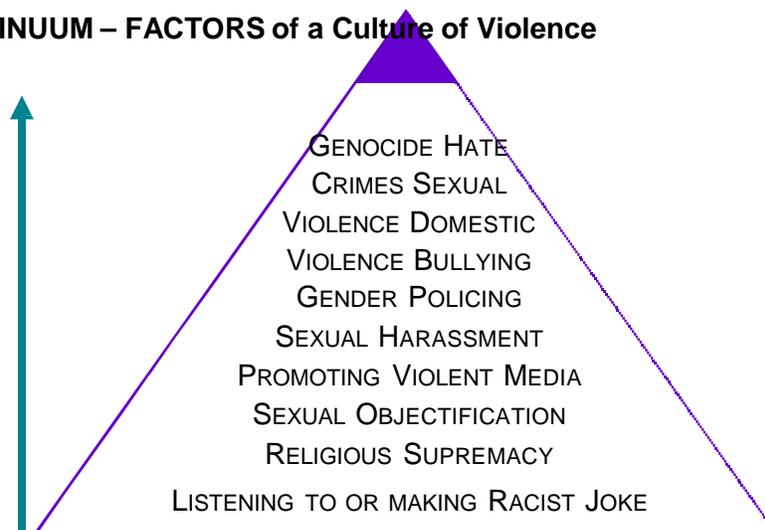
sexual assault, when done within a same gender loving community. Naming the violence is part of liberating repressed voices and moving toward a path to healing.

UPROOTING SHAME...IT'S MORE THAN JUST RAPE CULTURE, IT'S A CULTURE OF VIOLENCE

Having a strong analysis of how sexual violence plays out in society is a fundamental to providing support to the LGBT POC community. The idea that sexual violence is only related to gender violence is a fallacy. This approach is not trauma informed or culturally relevant. Trauma experienced by members of the LGBT POC community are just as diverse as their racial, gender, socioeconomic and sexual identities. Everyone is different. We have to see them in context. A culturally relevant response requires a deep understanding of their stories. We must pay close attention to where they have been and what they have survived. In its simplest form, a culturally relevant or trauma informed approach shifts away from the question, "What's wrong with you?" to a more neutral question like "What happened to you?"

The following illustration helps conceptualize the complexity of how violence manifests itself. We are looking at historically marginalized communities, including LGBT POC. Violence is not compartmentalized or situational. It is true that the "Wheel of Power & Control" is a helpful tool to describe some of the tactics used against victims. However, it does not lay bare the historical oppression and the magnitude of harm experienced by LGBT POC victims. It does not account for the buildup of internalized oppression which distorts a victim's self-image and shapes his/her behaviors. Furthermore, past oppression directly affects a victim's responses and choices regarding safety and healing, even in the current day.

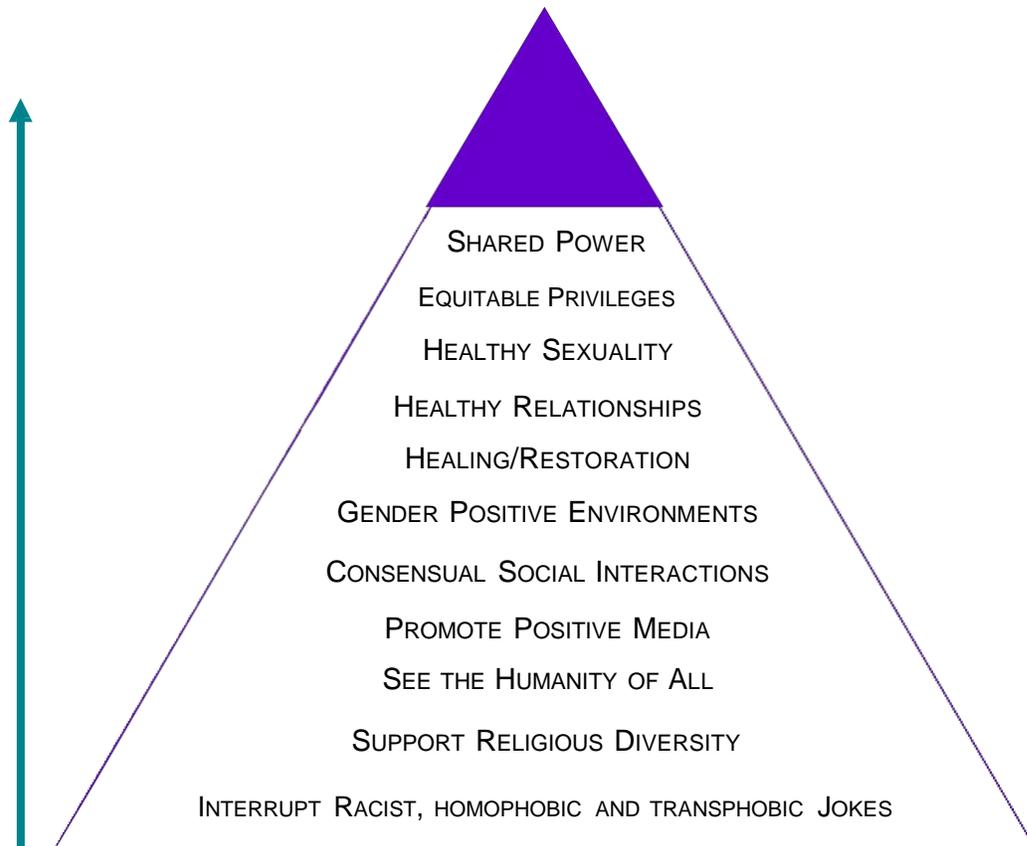
Violence CONTINUUM – FACTORS of a Culture of Violence



All of these factors listed above contribute to violence as a cultural norm. *Any of these factors can include sexual elements. This list does not include all forms of violence. There are also many subcategories to each area of harm.

The illustration below is the goal of all of our efforts. IOOV strives to address these under attended issues and to create a much needed safe space for all communities. We may not see this change in our lifetime, but we are committed to promote healing throughout our immediate communities, one interaction at a time. This process starts with us as providers. It is our passion to ensure transformational work will begin to take place to heal these neglected wounds. In the future we must both respond to and help prevent sexual violence and all other injustices that continue to marginalize the LGBT POC communities.

Social Justice CONTINUUM – FACTORS of Equity and Social Justice

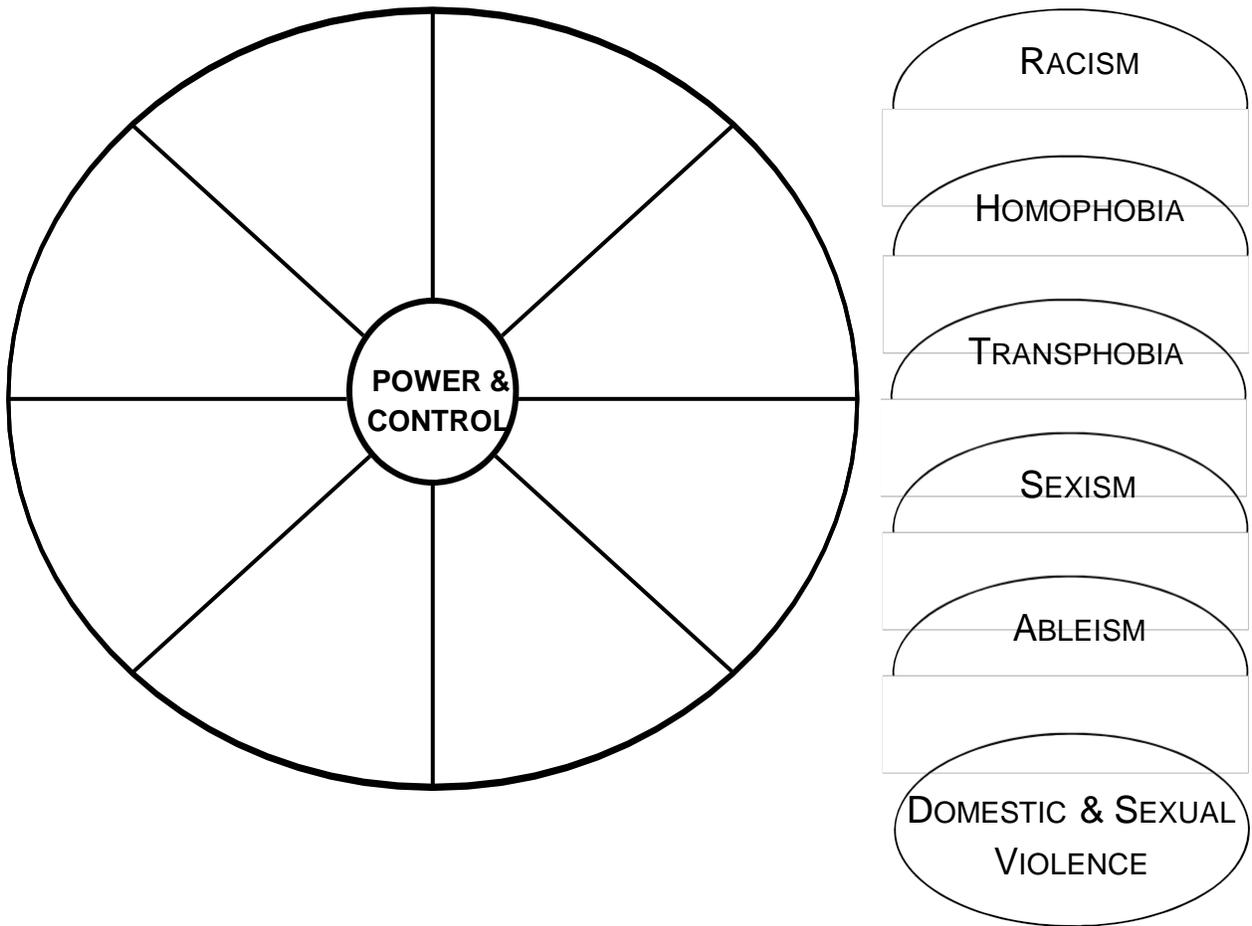


All of these factors listed above can restore equity and social justice as a cultural norm. *Though we do not all contribute to the violence we see in society, we can all be part of the solution to end it. We can do this by responding to the unmet needs of those who have been hurt by institutions, society and even their own communities.

Another framework that defines sexual assault and highlights the tactics of abuse associated with it is the Spiral of Violence. An adaptable Spiral of Violence can be found on the APIIDV website. It demonstrates how sexual violence is pervasive in the lives of marginalized communities. It is not compartmentalized into one experience or type of abuse. We encourage advocates to use it as power and control is constant, therefore prior sexual abuse and risks for further harm should be taken into consideration when working with victims.

If you decide to continue to use the wheel of power and control with victims (or with the general community) it is recommended that you use one that includes how oppression fits into the picture beyond the immediate power and control tactics of sexual assault or domestic violence.

The below wheel is a model that includes a safer more intersectional framework for oppressed communities. The spokes in the wheel are blank to offer space for victims to draw on their own experiences based on abuse tactics that include historical trauma and institutionalized oppression.



POWER AND CONTROL WHEEL

How do we do it? How do we translate the concept of multiple identities being shaped by varying dimensions of power, privilege, and oppression? How do we make this clear to advocates who are white, straight, cisgender? The individuals within LGBT POC community are so diverse. And so are the barriers they face to safety and accountability.

LGBT victims of color continue to experience extreme isolation and barriers to safety and sexual health. Even now LGBT people of color's political views and personal experiences are still being silenced within the mainstream sexual violence movement. The personal is political. Predominantly white, middle-class anti-violence initiatives must shift. This is the only way to create safe spaces for ALL victims. As advocates we have the power to support undivided rights to safety and sexual health. So when allies outside the community ask why LGBT POC members are not visible or why they are not interested in mainstream services, the answer is clear. You answer it by first asking these questions: How does your agency address organizational oppression? How has your agency given voice to the issues at hand for ALL LGBT communities? Most importantly, how has your agency supported LGBT POC culturally-specific initiatives in the sexual violence movement? If there is no evidence that the agency cares and understands the community it claims to want to help, there is not invitation to safety and healing.

As providers, we must be transparent. We need to identify and own our need for personal, institutional and collective power as part of our work for sexual health. Then we must reframe our problem and reclaim our power, together.

“If I didn't define myself for myself, I would be crunched into other people's fantasies for me and eaten alive.”

~Audre Lorde

SECTION 7: CREATING A SAFE SPACE TO REVEAL

The previous six sections have highlighted IOOV's assertion that in order to connect with LGBT POC victims of DV/SA and create lasting societal change, we have to understand the ways in which they have been marginalized and oppressed by society and systems. As providers we are responsible for creating a welcoming, inclusive environment that allows LGBT POC victims the space to safely reveal all of themselves. This is the only way that their whole selves can begin the healing process. This chapter will provide ways in which we and our agencies can begin the process of creating a safe space to reveal.

AGENCY ASSESSMENT

In 2013, President Barack Obama signed the Violence Against Women Reauthorization Act, which included expanded protections for LGBT victims of domestic violence and sexual assault. Policies and practices that were once optional for organizations are now going to be mandatory. In order to prepare for the changes to come we encourage organizations and providers to be proactive and identify their strengths, weaknesses, and challenges as it relates to serving LGBT POC communities. A major first step is to conduct an agency assessment. Agency assessments are meant to capture individual and organization beliefs, policies. They also review how those beliefs and practices factor into the level of effectiveness of each agency. This will also tell us how an agency may be viewed by clients. Please review the checklist below, adapted by In Our Own Voices, and compare it to your organizational practices and policies.

CHECKLIST FOR SHELTER AND/OR ADVOCACY PROGRAMS

ACCESSIBILITY FOR/AND INCLUSIVENESS OF LGBT POC VICTIMS

This is an initial tool to assess your organizational structure. IOOV is available for training and technical assistance on developing policies, intakes and other areas for culturally relevant services.

CHECK YOUR PRINTED MATERIALS AND SPOKEN INTERACTIONS

- √ DO ALL WRITTEN MATERIALS USE INCLUSIVE LANGUAGE?
- √ FOR EXAMPLE, DO THEY AVOID SPECIFIC PRONOUNS, OR ALTERNATE PRONOUNS, WHEN SPEAKING OF PERPETRATORS?
- √ DO THEY ADDRESS THE ISSUE OF SAME GENDER/SEX INTIMATE PARTNER/SEXUAL VIOLENCE?
- √ DO YOU HAVE MATERIALS IN LANGUAGES OTHER THAN ENGLISH?
- √ DO THEY EXPLICITLY STATE WHETHER OR NOT YOUR PROGRAM SERVES LGBT PEOPLE?

√ Are homophobia, transphobia and racism identified along with sexism and classism as forms of violence and oppressions ?

CHECK YOUR PHILOSOPHY AND POLICIES

√ Are your policies inclusive of sexual and gender minorities?

√ Do they include transgender people?

√ In your personnel policies the definition of “family” include families created by gender/sexual minorities and extended families like in many communities of color.

√ Is eligibility for services based on survivors'/clients' self-definition of gender?

√ Has the decision to include or exclude trans people and sexual minorities been made intentionally, and are staff, volunteers, and survivors/clients aware of the decision and its rationale?

√ Does the affirmative action statement include race, gender identity and sexual orientation?.

√ Does the confidentiality policy specify confidentiality of trans residents/clients and sexual minorities, and outlines the consequences for violating the policy?

√ Are policies in place regarding ongoing trainings for staff regarding LGBT POC issues?

√ Are there recruitment efforts for staff, volunteers, and board members that address racism, homophobia and transphobia?

√ Are your candidates asked about providing services to LGBT POC survivors/clients?

√ Are job announcements distributed in a manner that would allow them to be accessible to LGBT POC communities, including LGBT people with disabilities and of all religions?

√ Have all of your staff, volunteers, and board members received training regarding oppression and “best practices” in providing competent services for LGBT POC survivors/clients?

√ Does your agency have a commitment to the involvement of LGBT POC in all areas of the organization?

CHECK YOUR DIRECT SERVICES

- √ Is the program prepared to respond to the needs of LGBT POC survivors?
- √ Is information available regarding welcoming community services/resources for LGBT POC survivors/clients?
- √ Do resource areas contain materials such as books, magazines, videos that reflects the lives and experiences of LGBT POC?
- √ Are the children's program staff familiar with issues confronting LGBT parents of color (custody, coming out, school issues, etc.)?
- √ Are your shelter facilities arranged to accommodate pre-op and non-op trans people?
- √ Do you ask victims what they need for cultural consideration such as special hair products, foods for religious/spiritual dietary needs, and prayer mats?
- √ Crisis line workers do not assume the gender of the caller, or the gender of the caller's perpetrator?
- √ Are Staff and volunteers, including crisis line workers, trained to sensitively support LGBT survivors of color with their particular safety needs, and to competently provide other services?
- √ Are screenings conducted to ensure that the caller is the survivor of the abuse before admitted to confidential programs/groups/sites?
- √ Do outreach educators, crisis line workers, and other staff use both male and female, or gender neutral pronouns when referring to abusers?
- √ Are specific outreach efforts conducted to reach LGBT POC survivors?
- √ Are strategies for increasing accessibility for LGBT POC survivors/clients integrated into the program on an ongoing basis?
- √ Are issues regarding accessibility and "best practices" for implementing competent services routinely discussed in staff meetings?

Keep in mind the same principles when you review your....

Mission Statement Grant

Philosophy Statement Proposals

Client Rights Statements Brochures

Newsletters

Welcome Letters, House Rules

Intake and Exit Forms

Staff Training

Original checklist compiled by the Northwest Network and adapted by The Gender Positive Systems Advocacy Committee (GPSAC) and In Our Own Voices.

For a copy of the “Checklist for Shelter and/or Advocacy Programs Accessibility for/and Inclusiveness of LGBT POC Victims” or technical assistance contact In Our Own Voices

INTAKE & ASSESSMENT

A crucial component of creating safe spaces for victims of domestic violence and sexual assault is letting the victim self-disclose and identify themselves in a way that is comfortable for them. Forms that lock victims into rigid boxes or that uses language that does not encompass the range of human experiences creates a barrier that prevents the victim from fully revealing. IOOV is aware that changing agency forms (many that have remained the same for decades) may be a challenge, however, if individuals and organizations are fully committed to becoming more inclusive they must understand that change needs to happen. Some examples of questions you can ask or include on agency intake forms that may allow the victim to “self-report” and allowing the provider to capture more of a multifaceted view of the victim include: Using “parent(s) and/or guardian(s) instead of mother/father”, asking for the victim’s “legal name as well as Preferred name”, asking for the victim’s “Preferred Gender Pronoun (PGP)”, and allowing space for the victim to identify chosen family and support systems as they may not have a relationship with their biological family due to their sexual orientation or gender identity. For assistance in creating more inclusive intake/assessment tools or for training and technical assistance contact In Our Own Voices, Inc.

CONFRONTING DISCOMFORT: ADDRESSING BARRIERS TO CHANGE

Barriers to effective advocacy will always exist. However, advocates should take every opportunity to push through them.

These issues are critical LGBT racial justice issues. The struggle continues when survivors of sexual violence and advocates alike must compromise on their racial identity within the movement. Our identities and our experiences are not reflected. They are being targeted here just like in mainstream communities. LGBT POC visibility, sustainability and leadership are crucial. They will determine whether the issues and concerns of LGBT communities of color are placed on the table in broader conversations about the LGBT anti-sexual violence movement.

The participants in IOOV’s focus groups referenced a “culture of resistance” that existed among some service providers due to the fear that creating more inclusive services would harm or negatively impact services offered to cisgender women. These feelings are not uncommon as they force individuals and organizations to have to:

1. Reconsider, expand, or reshape their philosophical framework/analysis as it relates to who can be victims of domestic violence and/or sexual assault and begin to provide services from an intersectional framework
2. Address heterosexism, homophobia, and transphobia as it exist among staff and/or individuals accessing services. This means having difficult conversations, establishing zero tolerance policies, and being explicit with new/existing staff and clients as it relates to treating ALL people with dignity and respect.

PROMISING PRACTICES FOR ADDRESSING COMMON CONCERNS

#1 - How will we know a domestic violence victim from perpetrator if both people in the relationship call the hotline?

These cases can be complicated. There may be times when the perpetrator strategically seeks services first. Sometimes victims have been charged as perpetrators in the criminal justice system due their use of situational physical force (non-coercive and not a pattern) for safety reasons.

We recommend formal training on implementing proper assessment questions that identify the power dynamics – Who has lost personal agency over time?, Who makes most of the decisions?, Who feels fear?...

Ultimately, tactics and effects may look different. The constant theme in any abusive relationship is one person having more power and control over another. In this way, serving LGBT POC is the same as serving anybody else. However, more thorough assessments can help to gain a broader perspective on the relationship and cultural needs. These assessments explore how both people respond and behave in multiple situations in order to gain an overall picture of who is benefitting the most from the relationship and who is losing more from it, including their autonomy and identity.

#2 - How will we know if a victim identifies as LGBT, a person of color or LGBT POC?

Gender Identity: Letting go of all assumptions is the safest approach to knowing a victim and their unique identities. A promising phone practice is to use gender neutral pronouns until the victim has self-identified and given their preferred pronoun. Asking victims about their gender identity will open the door for that personal connection. Another important question is “What is your preferred pronoun?” Just because someone identifies as a man does not mean they use male pronouns.

Sexual Orientation: Due to previous homophobic responses from the general public, victims may not feel comfortable sharing their true gender or the genders of their abuser. They may use language such as “they” or “this person” when describing their partner. A promising practice is to mirror their language, “are they there with you now?” or “does this person prevent you from seeing your friends and family?” A promising practice to clear the air of any assumptions on your part and any distrust on their part is the following script:

“Here at (your organization’s name) we serve victims from different walks of life, including people of different races and ethnicities, sexual orientations, gender identities, abilities, age, socio-economic status, and spirituality & faith. Is this something you can respect and support?”

This approach will help ease the barriers in disclosing details about their identity or that of the perpetrator.

Here is another script that you can use to make identity questions more comfortable for victims.

“The following questions are optional and will help us better serve you. Rather than make assumptions about how you identify and what services you need, we recognize that there is power in self-identification and self-determination”

This statement will give the informed choice of self-disclosing sexual orientation, race, housing situation, income and even HIV/STI/Hep C status, etc.

Race: Making an assumption about someone’s race based on skin color, speech or customs only results in re-victimization. For example: not all Latinas are Puerto Rican. Some are Peruvian, Mexican, Peruvian, and even biracial (Mexican and African American). The courtesy question of “What is your racial/ethnic identity?” should be asked of every victim. Light skinned privilege or “passing as white” is real and alive in communities of color. Although someone may not look ethnic they may still hold cultural patterns and experiences that have prevented them from benefiting from mainstream services.

Language and ability issues are also areas to assess for cultural accommodations. IOOV is available for training and technical assistance on any of these promising practices.

#3 – How do we address communal living, including bathrooms, when serving gay and trans men?

It is up to each organization to determine for itself what their policies will be and how they will be enforced. However, programs should be mindful that policies must be fair and consistent for all victims, regardless of their gender identities. The script shared in promising practice #2 allows you to enforce supportive policies.

Question to explore: How many of us grew up in a household with both women and men? How did you work out shared living spaces, including bedroom and bathrooms?

Common responses to that question from training attendees goes something like this:

“I never thought of it that way. I guess we just worked it out and respected each other’s privacy.”

“We made an announcement when someone was going to use the shower.”

“It was common sense. The girls shared a room with the girls and the boys with the boys”

Logically, in communal settings with non-family members, issues around securing personal items come into play. The organization can invest in locked drawers or even lockers to manage these concerns.

In male/female dormitory style settings, a promising practice is for trans victims is to choose where they want to stay. While some victims who have physically and/or legally transitioned may identify as transgender and even transsexual, others may not identify as such. Some may identify as trans or gender non-conforming and may feel safer sleeping in the room that is

closest to their assigned sex, not that of their gender identity. This is due to the stigma of not passing and other valid concerns they might have. Some transgender victims may only identify with the gender into which they have transitioned, living their lives with information private (as stealth). It is not appropriate for providers to disclose that they are transgender.

Lastly, remember that if someone has made it past your victim assessment (phone screen, intake) that it is highly likely that they are in fear and in need of a confidential place for services.

Denying them access due to “safety concerns” for women and staff may put them in further danger and is not a model example of culturally-relevant advocacy.

PRACTICE, PRACTICE, PRACTICE: SCENARIOS FOR CULTURAL CONSIDERATIONS

Please review the scenarios below. You may want to practice these scenarios with a colleague or contact In Our Own Voices for technical assistance

Questions

- 1. What are some of the questions you might ask to narrow down what is actually going on?***
- 2. What are some suggestions you might give the victim?***
- 3. If you don't know the answer to some of these questions, who might you contact or what might you do to get more information?***
- 4. What are some safety planning tips you might give the survivor or victim?***
- 5. What cultural considerations must be acknowledged and/or addressed?***

Scenario 1

You get a phone call from a Latina trans woman whose perpetrator (also her pimp) is getting out of jail. She is worried he will find her.

Scenario 2

An African American gay man shares that he was served with a restraining order by his white partner. He also just lost his job due to a series of harassment calls from his partner.

Scenario 3

A bisexual, biracial, young adult is being stalked by his ex-boyfriend. The ex-boyfriend has posted hurtful public comments about him on Twitter, Instagram, Facebook and other public places such as the stalls of the local gay and lesbian bar bathrooms. The comments include insults about the victim's bisexuality and his mixed race.

Scenario 4

A victim wants your help in leaving her abusive relationship. She's asking about financial assistance, where to relocate safely, and that she's tired of her partner always "having her way with her." In the conversation, she also mentions that she recently relapsed on prescription pills.

Scenario 5

You are working with an immigrant man who fears he will be deported due to frequent threats by his partner and his partner's family. He lives in his partner's home with six other family members. He has been isolated and forced to be the house servant. Both victim and partner are not out as gay men. The family sees them as two friends who share a room.

CONCLUSION

It is important to remember that change is never ending. Just as culture and language evolves so will your level of awareness and responsiveness to the needs of LGBT POC. It is our hope that this guide provides you with some historical context, concepts, and tools to begin your journey towards understanding and addressing the needs of LGBT POC victims of domestic violence and sexual assault. We hope it will also assist you in the necessary changes in your own organization. Please be sure to reach out to In Our Own Voices for training and technical assistance related to any of the topics addressed in this guide. We are willing to assist in the crafting and development of more inclusive policies, and offer support in your efforts.

APPENDIX 1

FREQUENTLY USED TERMS

The following terms are intended to assist the reader in becoming familiar with some common language and concepts addressed in this guide.

Lesbian- A woman/girl who is romantically, physically, emotionally, sexually and/or spiritually attracted to other women/girls.

Gay- A man/boy who is romantically, physically, emotionally, sexually and/or spiritually attracted to other men/boys or a term used to encompass anyone who does not identify as heterosexual.

Bisexual- A woman/Girl or Man/Boy who is romantically, physically, emotionally, sexually and/or spiritually attracted to Women/Girls and Men/Boys

Transgender- Term generally associated with an individual who falls outside of society's expectations and norms related to how a person of a particular gender should act, express themselves and/or identify

Cisgender- An individual whose gender identity matches their sex assigned at birth

Sex (Assigned at birth) - The biological sex that is declared on one's birth certificate based on a gender binary system.

Gender Identity- An individual's personal and/or inner sense of self as it related to gender

Gender Expression- How an individual externally conveys/portrays themselves to society (through behaviors, language, dress, speech, mannerisms, or ____) this may be in congruence or at odds with what a given society believes is acceptable.

Sexual Orientation - Who one is romantically, sexually emotionally and spiritually attracted to.

Sexual Behavior(s) - How one chooses to expresses their sexuality (sexual desires), not always coinciding with their sexual orientation.

Preferred Gender Pronoun (PGP) - How an individual would like to be addressed or spoken about by society. Traditional examples of pronouns include "she/her", "he/him", "them/they". The pronoun assigned to someone based on assumptions related to sex and/or gender may not be pronouns that the individual identifies/will respond to.

Culturally Relevant Services- Programs/services that may target a specific population (i.e., LGBT, immigrants, POC) through outreach, programs/ and/or services but are primarily delivered by providers that may not identify as a part of the community they are serving.

Culturally Specific Services- Programs/services that are designed for and led by those of a historically marginalized group to address the unique and intersecting issues impacting their community.

Cultural Appropriation - the adoption or the theft of behaviors, icons and rituals from one culture or subculture by another. This occurs without any real understanding of why the original culture took part in these activities or the meanings behind these activities, often converting culturally significant artifacts, practices, and beliefs into “meaningless” pop-culture or giving them a significance that is completely different/less nuanced than they would originally have had.

Intersectionality/Intersectional - a multi-level analysis which takes into account race, sex, gender identity, sexual orientation, ability, socio-economic status, religion & spirituality and other dimensions of an individual.

People of Color (POC) - “people of color” refers to those who identify as African-American, of African and/or Caribbean descent, Latin@, Asian-Pacific Islander; and Native American.

Marginalized - the social process by which a person or a group of people are made marginal or become relegated to the fringe or edge of society. It occurs when people is pushed to the edge of a society, usually as an effect of discrimination making the person stand out and look different from everybody else. They consequently feel alone and left out from the rest of society.

DV/SA- domestic violence and/or sexual assault

Mainstream - Ideas, attitudes, behaviors and policies that are regarded as normal or conventional based on dominant cultural norms, primarily white.

Power - The ability to affect, influence and act. Power in and of itself is neutral. Power, as it applies in this context, is institutional, meaning that members of the dominant culture have more influence and access due to societal oppression.

Privilege - Unearned advantages and benefits to members of dominant culture at the expense of members of oppressed groups. In the United States, privilege is granted to people who have membership in one or more of these social identity groups.

Oppression - The combination of prejudice and power & privilege which creates a society that discriminates against marginalized groups and benefits the dominant culture. Examples of how oppression manifests itself are racism, sexism, heterosexism, transphobia, ableism, classism, ageism, and anti-Semitism.

Internalized Oppression - The effects or the process by which members of oppressed groups internalize negative messages and behaviors experienced from dominant culture throughout their lifetime. This can result in believing hurtful stereotypes, self-sabotage and even hurting members of their own community based on those negative perceptions and general assumptions.

APPENDIX 2 HOMEWORK

Assignment # 1

Identify and attend an event or program in the community where you are the minority (i.e. racial, ethnic, gender, income, religious, weight, sexual orientation, gender identity, etc.). Consider attending events where you may be the minority in multiple ways. Journal what feelings and thoughts arose for you during the event/program.

Questions you may want to ask may include the following: Did you feel welcome? Did you feel included? Could you relate to the topics/themes being addressed? How would you feel if you had to live the rest of your life in a society in which the music, food, entertainment, customs, and beliefs were dominated by this minority group? What challenges would you anticipate facing, etc.? What would you have to learn? Would you have to let go of certain behaviors, beliefs, etc.

Assignment #2

Three African American women ages 60+ enter a busy restaurant for dinner on a Saturday night. The hostess (a white woman in her early 20's and visibly overwhelmed by all the bustle of the crowded venue) looks at them. Next she motions to the waitress and yells across the lobby "just put them in the back" and then she looks back down at her floor-plan. Now, the three African American women instantly become physically tense and display a look of frustration and anger. Before they can respond, an older white male in line behind them speaks. He observed the inappropriate exchange with the hostess and instantly apologizes to the women. He then advocates getting the women different seats in the restaurant.

Q. What feelings did this scenario stir up for you?

Q. How would you have reacted if you were at the restaurant and observed this scenario? What would you have said or done?

Q. Do you understand why the women reacted the way that they did?

Q. Do you understand why the older white male responded the way that he did?

* No one knows the intent behind the hostess' behavior (she could have been racist, simply overwhelmed, unaware of the implications of her words/actions, etc.) If asked she would most likely feel as if she did nothing wrong and that she was actually helpful because she provided the women with a service (access to a table). Service providers should be aware that just because they provide a service it does not mean that it was the best possible service, or that they assisted in the healing of a client- they may have caused more pain if they didn't have a culturally relevant/aware approach to service provision.

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In Our Own Voices

245 Lark Street

Albany, New York 12210

Ph: 518.432.4188

Fax: 518.432.4123

www.inourownvoices.org

