

# LGBTIQ SURVIVORS OF SEXUAL ASSAULT

## Overview

The following chapter focuses specifically on providing advocacy for LGBTIQ survivors of sexual violence. LGBTIQ is an acronym that references Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer/Questioning. This acronym is used as a way to include many different members of a large, diverse, marginalized, underserved and sometimes invisible community that may or may not self-identify with one or more of these terms. Being LGBTIQ may be part of a person's identity, but it is important to recognize and respect that the degree to which a person identifies with being part of the LGBTIQ community will vary greatly from person to person. Just like race, religion, culture and other aspects of identity, gender and sexual orientation are aspects of, but not the entirety of, an individual's identity. Being human should be the starting place for any interaction.

Note that LGBTIQ is a "catch all" term and is not often used as a personal label. For example, a woman who primarily has romantic relationships with women might refer to herself as "lesbian" or as "queer" but most likely not "LGBTIQ;" instead, she may identify as being part of the LGBTIQ community. Each individual self-identifies differently, and for this reason, it is important to give people space to let you know how they identify before applying labels to them that may or may not fit with their own experience. If you are not sure, ask the person how s/he<sup>1</sup> identifies, keeping in mind that s/he may choose not to self-disclose due to a variety of reasons, including fear of discrimination or for fear of others finding out.

Sexual violence is a form of oppression that can be used by people from outside or from within the LGBTIQ community. Like all sexual violence, the purpose is to exercise control, dominance and hatred. LGBTIQ individuals who are victims of sexual assault typically encounter multiple barriers when trying to access services. LGBTIQ individuals who have already endured discrimination and oppression due to their sexual orientation and/or gender identity or expression may find disclosure more difficult. Traditionally, sexual assault services have focused on male-on-female sexual violence, overlooking the experiences of many LGBTIQ survivors. It is important for advocates to acquire knowledge, skills and comfort in order to work with victims of same-sex sexual assault as well as for LGBTIQ survivors who are victims of opposite-sex sexual assault.

The following chapter will briefly address the prevalence of sexual violence against LGBTIQ individuals, basic definitions applicable to the LGBTIQ community, myths vs. facts, barriers within the legal and medical systems, and effective advocacy tips. It will

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<sup>1</sup> The SATF recognizes that current English grammar does not allow for gender pronouns outside of the male/female or she/he binary. However, we know that individual gender identities and pronouns are fluid and often represent much more diverse terminology than our written or spoken language acknowledges. In our "Definitions" section, we will explore the issue of pronouns and identities in greater detail. When working with survivors, advocates should ask them how they identify and use the language they use to describe themselves.

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also cover considerations for programs to address in regard to: working with domestic violence shelters, creating culturally competent client forms, working towards competency and accessing appropriate resources.

### **Prevalence of Sexual Violence Against LGBTIQ Individuals**

Violence targeted at people because of their actual or perceived sexual orientation and/or gender identity or expression may include hate mail, threats, physical assault, battery, sexual assault, rape, torture, attempted murder and murder. According to the FBI, in 2006 hate crimes against people perceived to be LGBTIQ increased 2% to comprise a total of 16% of all hate crimes. Hate crimes perpetrated against the LGBTIQ community are the third most common type of hate crime after crimes based on race and religion.<sup>2</sup> The data does not distinguish between sexual violence and other types of hate crime, so the exact prevalence of sexually-based hate crimes is unknown.

It's important that research is conducted that demonstrates the scope of this problem, because hate crimes against LGBTIQ individuals include sexual violence. Unfortunately, a large portion of research about same sex sexual violence is focused on sexual assault within prisons and does not fully represent the scope of sexual violence against LGBTIQ communities.

Recent research has started to paint a picture of the prevalence of sexual violence against LGBTIQ individuals. However, it has focused on lesbians and gay men and excluded transgendered individuals. Studies have shown that about 28% of gay men have been the victim of nonconsensual sexual acts in their lifetimes. Of those assaults, about 96% of the perpetrators were male. For lesbian women, numbers have been more inconsistent. Research reports sexual violence against lesbian women as occurring in a range as low as 5% percent and as high as 57%.<sup>3</sup>

### **Definitions<sup>4</sup>**

In order to better serve LGBTIQ survivors of sexual assault, advocates should understand basic terms commonly used or associated with this community and, most importantly, how to invite the survivor to self identify in a comfortable manner.

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<sup>2</sup> "Incidents and Offenses: Hate Crimes Statistics, 2006," FBI Uniform Crime Report. Released November 2007.

<sup>3</sup> Research and Advocacy Digest: Linking Advocates and Researchers, Volume 6, #1. December 2003. Washington State Coalition of Sexual Assault Programs.

<sup>4</sup> Adapted by Sexual Assault Support Services, Eugene, OR, for their Advocacy Handbook from materials from the Northwest Network and the Survivor Project. Also, from The Gender Center's Training Manual: Definitions and terms are from GLAAD, AGREAA (The Association for Gender Research, Education, Academia & Action), HRC, and WPATH (World Professional Association of Transgender Health).

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**Asexual:** May be heterosexual or homosexual while typically having no sexual desire for persons of any gender. Asexual individuals may engage in purely emotional romantic relationships. Terms specifically associated with purely emotional/romantic relationships can include:

**aromantic:** no romantic attraction towards anyone of any gender.

**biromantic:** romantic attraction towards person(s) of male or female gender.

**heteroromantic:** romantic attraction towards person(s) of a different gender from one's own.

**homoromantic:** romantic attraction towards person(s) of the same gender.

**panromantic:** romantic attraction towards person(s) of any gender or lack of gender.

**transromantic:** romantic attraction towards person(s) of variant or ambiguous gender.

**polyromantic:** romantic attraction towards person(s) of more than one gender or sex but do not wish to identify as biromantic because it implies that there are only two binary genders or sexes.

**Biocentrism:** This is the assumption that people whose sex assigned at birth matches their gender identity throughout their lives are more "real" and /or more "normal" than those whose assigned sex is incongruent with their gender identity. This comes up when, for instance, women's shelters may be uncomfortable serving transsexual/transgendered with the fear that non-trans gendered (cis-gendered) clients would be uncomfortable. Underlying this is a biocentric attitude that trans women and men aren't "real" women or "real" men.

**Biphobia:** The specific irrational fear, aversion to, and/or hatred of people who are bisexual, often targeted at them from both heterosexual and sexual/gender minority communities. The systematic oppression of bisexual people specifically because they are bisexual.

**Bisexual:** A person who identifies as having primary romantic, emotional, and/or sexual attractions and connections with people of the same gender and/or the "opposite" gender. (Presumes the existence of a gender binary.)

**Cisgender:** A neologism<sup>5</sup> that means "someone who is comfortable in the gender assigned at birth." "Cisgender" is used to contrast "transgender" on the gender spectrum. An adjective used in the context of gender issues and counseling to refer to a class of gender identities formed by a match between an individual's gender identity and the behavior or role considered appropriate for one's sex.

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<sup>5</sup> A neologism is a newly coined word that may be in the process of entering common use, but has not yet been accepted into mainstream language. Neologisms are often directly attributable to a specific person, publication, period, or event. (Wikipedia definition)

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**Cissexism:** The belief that transsexual genders are less legitimate than, and mere imitations of, cissexual genders. Cissexism is most typically enacted through one or both of the following processes: trans-assimilation (viewing or portraying transsexuals as merely imitating, emulating or impersonating cisgendered individuals), or trans-exclusion (refusing to acknowledge and respect a transsexual's identifying gender or denying the person access to spaces, organizations, or events designated for that gender).

**Female Affirmed** Also known as: Transwoman or MtF. A trans individual who is transitioning or has transitioned from male to female.

**Gay:** Sometimes refers to a male identified person who identifies as having primary romantic, emotional, and/or sexual attractions and connections with other male-identified people. "Gay" is also a term used by people of all genders to describe having primary romantic, emotional, and/or sexual attractions and connections with people of their own gender.

**Gender Confirming Therapies :** *Cross Gender Hormonal Therapy*, often erroneously referred to as hormone *replacement therapy*, is where the exogenous hormones are chemically suppressed and gender confirming hormones are administered by injection or taken orally to bring about physiological changes and psychological comfort. *Gender Confirming Surgeries*, Also referred as sex reassignment surgery (SRS) or genital reassignment surgery (GRS), "top surgery," or "bottom surgery." These are some examples of surgical intervention desired by some (but not all) transsexuals to bring their physical self into alignment with their gender self.

**Gender & Sex:** These terms are often mistakenly conflated. One is not a synonym for the other. Gender refers to one's psyche or internal sense of "self," and sex refers to one's physiological self or, more simply put, one's "body".

**Gender Assignment:** The assignment to newborns at birth of the label, social roles, norms and expectations of being "male" or "female." Gender assignment simply refers to the presumption of one's status as male or female based solely on the person's external genitalia at birth.

**Gender Binary:** The idea that human gender exists in two mutually exclusive forms: "masculine" and "feminine." The term also describes the system in which a society divides people into male and female gender roles, gender identities and attributes.

**Gender Expression/Presentation:** How people choose to express their gender and/or influence others' perception of their gender.

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**Gender Identity:** A person's innate or internal sense of "self;" how a person sees and self-defines his or her own gender.

**Gender:** Gender refers to a psychosocial construct that is flexible and fluid throughout one's lifetime and is often informed by contemporary social or cultural values; a person's internal sense of self.

**Genderqueer:** The term "genderqueer" began to be commonly used at the turn of the twenty-first century by individuals who felt that their gender identities and/or gender expressions did not correspond to the gender assigned to them at birth but who did not want to transition to the "opposite" gender. Characterizing themselves as neither female nor male, but as both, or as somewhere in between, genderqueers challenge binary constructions of gender and traditional images of transgender people.

**Hate Crime or Bias Crime:** Hate activity is a negative action directed at any broad category of people with hurtful intentions. These activities can include, but are not limited to: verbal harassment, threats, destruction of property, physical attack, sexual assault, rape, stalking, and murder. Bias crimes are hate actions that have been declared illegal by federal, state or local laws.

**Heterosexism:** A system of social norms and structures that privilege heterosexually-identified people. Heterosexism perpetuates institutionalized homophobia. It promotes the belief that heterosexuality is inherently better than, morally superior to, and more natural than all other sexual orientations, that heterosexuality is the norm, and that those who are not heterosexual are wrong, sick, or unacceptable. Heterosexism perpetuates and reinforces denial of the existence of LGBTIQ communities and individuals, assumes that all people are heterosexual unless proven otherwise, and upholds heterosexist language, laws, and social norms. Like racism, sexism and other forms of oppression, heterosexism awards power and privilege to members of the dominant group (heterosexuals and/or those perceived to be heterosexual) and denies power and privilege to members of the subordinate group (LGBTIQ individuals).

**Heterosexual:** A person who identifies as having primary romantic, emotional and/or sexual attractions and connections with people of the "opposite" gender. (Presumes the existence of a gender binary.)

**Heterosexual Privilege:** The institutionalized assignment of unearned privileges to heterosexual or "straight" people simply because they are part of a dominant culture.

**Hir/Ze:** Neologisms; gender neutral pronouns that may be used in place of him/her and he/she.

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**Homophobia:** The irrational fear, aversion to, and hatred of people who are lesbian/gay/bisexual/queer. Often includes the irrational fear of one's own feelings toward other members of one's own gender, and the irrational fear of behavior that is outside of the boundaries of traditional gender roles. Homophobia is used to reinforce and perpetuate both sexism and heterosexism. It can take the form of ignoring or invalidating the existence of sexual and gender minorities, stereotyping, tokenism, and violence and hate crimes ranging from verbal harassment to assault, rape, stalking, and murder.

**Intersex:** Individuals whose bodies are not stereotypically male or female. This could involve internal reproductive organs, ambiguous or atypical external genitalia or a mixture of chromosomes. In these individuals, some biological traits can usually be attributed to males and some traits can usually be attributed to females. While actual numbers cannot be fully assessed, about 1 in 1500 to 1 in 2000 people are thought to be born intersex.<sup>6</sup>

**Lesbian:** Woman-identified person who identifies as having primary romantic, affectional, emotional, and/or sexual attractions and connections with other female-identified people.

**LGBTIQ:** This umbrella acronym refers to people and diverse communities who identify as lesbian, gay, bisexual, transgender, intersex, queer, and/or questioning. Individuals may identify with only one of the categories, or with several (e.g. trans, lesbian, and queer). Note: The letters may occur in any order, and this acronym changes often, as perceptions of who is "included" in the community continually shifts and potentially expands. Also, this is not a monolithic community; there may be mistrust, violence, hatred, etc., toward others in the LGBTIQ community. For example, someone who identifies as lesbian or gay may distrust or dislike someone who identifies as bisexual.

**Male Affirmed:** Also known as FtM or transman; a trans individual who is transitioning or has transitioned from female to male.

**Queer:** Originally a derogatory term used to demean, intimidate, dehumanize and attack lesbian and gay people. In more recent years in the United States, this term has been reclaimed by many LGBTIQ people who use it as an inclusive and positive term that encompasses all of their communities. While some LGBTIQ individuals prefer the use of this term, others find it offensive in certain contexts, or in any context. Don't assume that an LGBTIQ survivor you may be working with is comfortable with the use of this, or any other term in this list, without asking.

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<sup>6</sup> "FAQs: How Common is Intersex?," Intersex Society of North America. Accessed on [www.isna.org/faq/frequency](http://www.isna.org/faq/frequency) on 10/8/09.

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**Questioning:** This term is used to describe those who are questioning their sexual orientation or gender identity. The term is not a reinforcement of the concept of choice of sexual orientation, but is more a reflection of the difficulties many people experience in exploring, coming to terms with and asserting their sexual orientation in light of our homophobic, biphobic and transphobic culture.

**Sex:** A biological status usually inferred from such traits as chromosomes, hormone levels, genitalia, and other physical characteristics.

**Sexual Identity:** An innate sense of self as well as a psycho-social construction (differs from sexual orientation).

**Sexual Orientation:** A continuum describing a person's predisposition toward a range of romantic and sexual feelings and behaviors. Sexual Orientation is a primary pattern of romantic, affectional, emotional, and/or sexual attractions and connections with others, usually referring to having a primary attraction toward people of the same gender, of a different gender, or of all genders. It is not necessarily absolute, and may be fluid and change over the course of a lifetime.

**Sexual Orientation:** (legal definition in Oregon) The Oregon Equality Act of 2008 defines "sexual orientation" as "an individual's actual, or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual's gender identity, appearance, expression or behavior differs from that traditionally associated with the individual's sex at birth." ORS 174.100(6).

**Trans:** A person whose self-identification challenges traditional notions of gender. People whose gender identity and gender assignment do not match, but who may not seek medical intervention to change characteristics of physical sex. Preferred gender identity is expressed using clothing, name, and other cues to influence gender attribution (what others assume that person's gender to be when observing that person). Also often used synonymously with transgender.

**Transgender:** An umbrella term that may include people who are transsexual, transgendered, genderqueer, those identifying as a gender that is neither man/boy nor woman/girl, or who feel that their identity does not fit into the traditional binary gender system.

**Transitioning:** The process that transgendered or transsexual people may go through in adapting their gender presentations and/or physical attributes to better match their gender identities.

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**Trans-Misogyny** : Sexism that specifically targets those on the trans female/trans feminine spectrums. It arises out of a synergetic interaction between oppositional and traditional sexism. It accounts for why MtF-spectrum trans people tend to be more regularly demonized and ridiculed than their FtM-spectrum counterparts, and why trans women face certain forms of sexualization and misogyny that are rarely (if ever) applied to cisgendered women.

**Transphobia**: The systematic oppression of trans people because they do not fit societal expectations of how men and women are supposed to act and look. The irrational fear and hatred of those who are trans, often targeted at them from both heterosexual and sexual minority communities. Transphobia can take the form of ignoring or invalidating the existence of trans people, stereotyping, and hate crimes ranging from verbal harassment to assault, rape, and murder.

**Transsexual**: A person whose gender identity does not match his/her socially ascribed gender assignment. Transsexual people may or may not choose to obtain medical intervention to bring their physical attributes more into congruence with their gender identities. In referring to transsexual people, “non-op” indicates a person having decided against surgeries or who feels s/he can live in his/her gender identity without altering his/her body surgically, “pre-op” indicates a person who has not yet had any intended surgery, “mid-op” indicates a person having completed some intended surgeries and “post-op” indicates a person having completed all intended surgery.

### **Sexual Assault within LGBTIQ Communities and Against LGBTIQ Individuals<sup>7</sup>**

#### **Same Sex/Same Gender Violence**

As with heterosexual people, LGBTIQ individuals may experience sexual violence perpetrated by strangers, acquaintances, within a dating relationship, or between partners. Same sex/same gender violence occurs in all economic, racial, ethnic, and age groups; it is not limited to certain groups or types of people.

When sexual violence occurs between same sex/same gender partners, survivors often experience resistance from within their sexual and/or gender minority communities, such as disbelief, unwillingness to admit the problem, lack of support, and blaming the survivor for “airing the community’s dirty laundry,” thus giving a homophobic world one more reason to shame and repress the community. Same sex/same gender violence may threaten the vision of utopia or the sense of solidarity within LGBTIQ communities.

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<sup>7</sup> Sexual Assault Support Services Advocacy Handbook, 2008.



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Thus, survivors of same sex/same gender sexual assault are in "double jeopardy." They may risk losing support from heterosexual family, friends and others if they come out as LGBTIQ, and they may risk losing support from the LGBTIQ community if they come out as survivors.

### **Hate crimes and Sexual Assault of LGBTIQ persons**

LGBTIQ people are targets for hate crimes, verbal harassment, hate mail, acts of violence including assault, sexual violence, and murder. According to the FBI, in 2007 16.6% of single-bias crimes reported had resulted from sexual orientation bias. Approximately ten percent of hate crimes against gay men and lesbians include sexual assault.<sup>8</sup>

Violence against sexual minorities is believed to be on the rise. In 1998, violence against sexual minorities increased while the numbers decreased for other minority groups.<sup>9</sup> Greater violence is often reported in June, which generally coincides with LGBTIQ Pride activities.

According to the Survivor Project in Portland, Oregon, trans women are 2000% more likely to be murdered than gay men; as many as 50% of trans people die as a result of murder or suicide.

### **Myths & Facts**<sup>10</sup>

Myths and misconceptions exist about LGBTIQ individuals and LGBTIQ sexual assault just as they do for other victims. Some specific myths related to LGBTIQ people and victimization are addressed below.

**MYTH:** LGBTIQ people make up a small segment of society.

**FACT:** A commonly accepted statistic is that one in ten people are LGBTIQ. In December of 2007, The Williams Institute reported that there are 8.8 million LGB people living in the U.S.

**MYTH:** Parents cause their children to be LGBTIQ.

**FACT:** Research suggests no relationship between parenting and sexual orientation.

**MYTH:** Sexual violence and abuse are primarily issues affecting heterosexual people.

**FACT:** LGBTIQ people are at increased risk to be sexually assaulted relative to heterosexuals. They experience violence within their relationships and are also targeted for violence by members of the dominant community because of homophobia, biphobia, and transphobia.

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<sup>8</sup> Comstock, Violence Against Lesbians and Gay Men, 1991.

<sup>9</sup> National Coalition of Anti-Violence Projects, 1998.

<sup>10</sup> Adapted from, "Lesbian, Gay Bisexual, and Transgendered Survivors" by Danielle Tillman. Published by CALCASA.

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**MYTH:** LGBTIQ people can be “cured.”

**FACT:** Just like heterosexuals, LGBTIQ people are normal and do not have a genetic defect or disease; there is nothing to be “cured.”

**MYTH:** Sexual abuse may be a factor that causes people to become LGBTIQ.

**FACT:** Sexual assault and abuse do not “cause” someone to become LGBTIQ. Sexual orientation and gender identity are important and valid parts of a survivor’s identity, not side effects of abuse. In fact, they are often a source of pride and strength.

**MYTH:** Sexual assault can’t happen between two men or two women.

**FACT** Sexual assault can happen between people of any sexual orientation and gender identity/expression. Other myths include the assumption that two men are “just fighting” and “being men” or that women don’t assault or violate each because it’s “just a cat fight.” There is also an assumption that the physically larger person is always the offender. Although most sex offenders are men, women do sexually assault other women and offenders come in all shapes and sizes.

### **Barriers to Reporting faced by LGBTIQ survivors of sexual assault**

In Oregon, 90% of all sexual assaults go unreported.<sup>11</sup> Sexual assault survivors frequently find it difficult to report their assault. Survivors who identify as LGBTIQ, like all survivors, often feel fear, self-blame, anger, shame and/or shock after an assault. All of these feelings exacerbate the challenges of participating in the civil or criminal justice systems. However, LGBTIQ survivors face many additional barriers.

Reporting a sexual assault perpetrated by someone of the same gender can “out” a survivor to family, friends, coworkers, etc. For people who were not already out, this can lead to a multitude of complications related to employment, housing, education, immigration, financial safety, personal safety, privacy and personal relationships. Survivors may also fear that reporting their sexual assault will reinforce negative stereotypes about their community.

If an LGBTIQ survivor has not “come out” to family and friends or an employer, this adds additional stress in deciding whether to report the assault. Coming out can be an experience of re-victimization.

By coming out, the LGBTIQ survivor may lose:

- Family of origin
- Job/career/opportunities

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<sup>11</sup> *Rape in OR: One in Six, 2003.*

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- Support system
- Children
- Safety
- Housing
- Faith community

When an LGBTIQ survivor *does* report an assault, the survivor's sexual orientation and/or gender identity/expression may become more of the focus of the investigation than the assault itself. Because LGBTIQ survivors have so many additional barriers to reaching out to traditional responders, such as law enforcement, health care providers and social service agencies, it is very important that sexual assault victim advocates be able to provide culturally-specific and culturally competent services to support LGBTIQ survivors.

### **Legal, Medical and Logistical Concerns:**

- LGBTIQ families may not be legally entitled to all of the legal rights and remedies granted to heterosexual married couples on matters such as child custody, child and spousal support rights or certain other family law protections.
- Abusive relationships that involve children can become difficult to navigate legally, and some victims will choose to stay with an abusive partner rather than risk losing children.
- LGBTIQ immigrant survivors have few of the rights and privileges conferred to immigrants in heterosexual relationships, such as the inability to petition for a same-sex partner restraining order and immigration relief for victims of same-sex intimate partner violence.
- Going to the hospital after an assault can be threatening to an LGBTIQ survivor. Medical personnel are often not well trained in how to respond to a LGBTIQ victim of sexual assault. There may be differences in types of exams given, questions asked, possible medical risks, and medication/treatment offered. Transgender and intersex individuals may have additional worries about physical examinations of their bodies by medical responders unfamiliar with these identities.
- Transgender and intersex individuals are at particular risk for undesired outing and inappropriate care. For example, a female-to-male transgendered individual may not be assessed for a need for emergency contraception. There may be additional barriers if a LGBTIQ person's appearance or identity (social or legal name) is inconsistent with the person's sex or medical file.
- LGBTIQ survivors may have privacy concerns related to how information in their medical files may be used in the future and need legal advice regarding how to protect their records from being released without their consent.
- The collection of forensic evidence is made additionally difficult if examiners have little cultural competence with regard to LGBTIQ communities, and fear of pain or judgment can prevent survivors from seeking critical help.

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Other legal concerns that LGBTQI individuals have may be related to property, trusts and estates, taxes, visiting rights, fair housing, health insurance, making medical decisions for partners, etc.

## **Seeking Help**

Many LGBTQI people have experienced homophobia, biphobia, transphobia, and/or heterosexism when seeking services from programs that are supposed to be there to provide support and safety. Therefore, accessing service providers may feel like an additional source of stress or an opportunity for more traumatization. There may be a host of other barriers that cause LGBTQI people to feel like seeking services isn't an option. They often feel that they cannot rely on the police, the court system, hospitals, service providers, etc., and face the fear of additional homophobia, biphobia, transphobia and violence.

LGBTIQ survivors, particularly those in rural areas, may find it more difficult to build support networks where they can be completely safe and open. This isolation, in addition to being painful, can interfere with the survivor's opportunities for coping and healing.

Supportive and informed advocates and counselors, a solid support network, and appropriate resources are important for all survivors dealing with sexual assault. Agencies can assist by doing outreach in LGBTQI communities, keeping updated resource lists, including lists of LGBTQI legal resources, and providing referrals to state and national contacts. If LGBTQI survivors are not safe within their own town or city, it may be possible to build long distance support networks.

Advocates are encouraged to become trained in order to be more culturally responsive to LGBTQI survivors. A bad first impression of a local agency could cause the survivor to isolate even more and view the agency as unsafe and likely not to return. Additionally, survivors who have experienced an unsupportive response are likely to share their experience with others in their community in order to help protect others from similar traumatization. This can lead to an entire community of survivors who are unable to access the support and advocacy they deserve. Each advocate has the ability to mitigate trauma and remove barriers for survivors through a culturally-aware response to the victims they serve.

## **Effective Advocacy**

### **Some FAQ's and General "Best Practice" Tips:**

#### **1). Should I use the word "Queer"?**

Though historically a negative term, many members of LGBTQI communities have reclaimed the word "queer" and use it as an all-inclusive way to describe themselves and their community (see definitions list for more info). There are many reasons for this, including the power of reclaiming and taking ownership over a term that was once

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used as an insult and the desire to find one word that encompasses a large and diverse community.

As with all labels, it is most important to refer to people in the ways they refer to themselves. Some people are still very uncomfortable with the term queer and would not wish to be referred to in this way. Others embrace the label and want to see the term promoted. Advocates and other service providers should ask a person how s/he prefers to be referred to. Many advocates and service providers are unsure about whether it is appropriate to use this term when referring to someone else. Though a difficult question to answer, here are some ideas:

- It is always best to err on the side of caution. Don't use it if you're not sure.
- Know your audience. Will the person(s) with whom you are speaking recognize this as a positive or negative term? Even if you use the word with good intentions, if your audience isn't familiar with the context, it may be interpreted as derogatory.
- If you wish to use this word, you might take time to explain the context if it is not understood.

## 2). How do I interrupt homophobia, biphobia and transphobia?

When talking with sexual assault survivors as well as their family and friends and other service providers, there are many ways an advocate may witness homophobia, biphobia, and transphobia. There are also times when people may not intend to be discriminatory, but they aren't sure how to approach what is unfamiliar.

The following are scenarios representing homophobia, biphobia and transphobia:

- A heterosexual survivor was assaulted by someone of the same sex or gender and is focused on not being gay and/or using derogatory language/name calling.
- A survivor's friends or family are "victim blaming" by focusing unjustly on the survivor's sexual orientation or gender identity or expression as playing a part in the assault.
- A survivor is describing his or her own experience but makes homophobic, biphobic, or transphobic remarks or references in the course of conversation.
- Another service provider asks inappropriate questions, makes fun of, refuses to address a survivor by appropriate pronouns, refuses to provide services, or generally treats a LGBTIQ survivor poorly because of the person's identity.
- An advocate is avoiding conversations, because s/he doesn't know how to talk about some aspect of an LGBTIQ person's identity, anatomy, or experience.

Each of the above scenarios would be handled individually based on the situation and the relationship you have with the person(s) involved. However, **the ideal outcome is that the person you are interrupting leaves the conversation with new information, does not feel ashamed, and is a potential future ally. If the**

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**person who is impacted is present, it is equally, if not more, important that she/he feel safe and respected.**

Gauge your audience. Humor, “I” statements, and finding common ground to relate upon are all good places to start. Sometimes a brief reminder is needed. Other times, a more in-depth conversation is necessary. It just depends on the situation. Here’s just one example of a way to interrupt: “I can tell that you’re really upset about what happened to you, and I want to focus on ways I can support you. I also want to be careful with the ways other people are talked about.”

### **3). If the sexual assault occurred in the context of a relationship, what if I end up talking with the abuser. How will I know the difference?**

It could be very hard to tell. Assessment can be difficult and is a complicated issue in which we recommend staff training. There may be times when the abuser will strategically try to seek services first.

Abuse tactics may look different. Power dynamics often associated with being raised male and being raised female do not necessarily play out the same way they do in a heterosexual relationship. The constant theme in any abusive relationship is one person having more power and control over another. In this way, serving LGBTIQ people is the same as serving anybody else. However, more thorough assessments can help to gain a broader perspective on the relationship. These assessments explore how both people respond and behave in multiple situations in order to gain an overall picture of whose life is getting “bigger” and whose life is getting “smaller.”

### **4). How should I respond when someone calls and I’m not sure if s/he’s LGBTIQ?**

Initially, it is a good practice for advocates answering a call to use gender-neutral pronouns and not to assume the gender of the caller or the offender until the caller has identified the pronouns specifically. No matter who the caller is, always use the language and pronouns the caller uses to refer to him/herself and don’t make assumptions about *any* caller’s identity. Not everybody is heterosexual or identifies with the gender and/or sex assigned at birth. Because LGBTIQ survivors often have had homophobic, biphobic and/or transphobic experiences in the past, they may be reluctant to indicate their own genders or the genders of their abuser. For example, a caller may refer to the person who assaulted or abused them as “they” or “this person” (as in “they’ve been getting more violent recently” or “this person is scaring me”). An appropriate response is to mirror the same language back (“are they in the house with you right now?” or “what sorts of things has this person been doing that are scaring you?”).

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Also, when referring to the survivor, only use labels they have used themselves. If you are unsure how they identify and it is relevant to the work you are doing together, ***ask, don't assume***. If you don't need to know, don't worry about it and just treat the person as you would any other survivor. If this information is needed, an appropriate way to ask someone how s/he identifies is to ask just that: "Can you tell me how you identify so I can try to find the best services available for you?" Before you ask someone about his/her identity, ask yourself if you are asking because you are curious or because knowing will help you serve the survivor most competently and effectively.

### **5). I'm not sure if my program is the best resource for LGBTIQ survivors.**

LGBTIQ people will have many of the same needs as other survivors. Respond to LGBTIQ persons just like you would other survivors in order to gauge their needs. As with any underserved population, there may be specific resources they need or dynamics at play that require you to give specific attention to their needs as LGBTIQ individuals. If you think that you or your program isn't prepared, ask for training in working with this population. A good way to advocate for the culturally-specific needs of LGBTIQ people is to get to know your community and what LGBTIQ-friendly resources are available. Prepare ahead of time so that when an LGBTIQ person calls, you are ready with appropriate referrals. Make sure to have a list of legal, counseling and other resources for LGBTIQ survivors. If local options are limited, learn about resources in other communities and have a list of those resources available so LGBTIQ persons don't fall through the cracks and, as a result, don't receive appropriate support and services.

### **6). I'm not familiar with a lot of the language used by LGBTIQ people and how I should refer to a LGBTIQ survivor.**

If you're talking with an LGBTIQ person and you don't use the right language, get confused with pronouns, or aren't familiar with something that comes up, apologize, acknowledge that you're still learning and ask respectful questions to get the information you need to help. An example of this would be "can you tell me how you prefer to be referred to?" or "I'm not familiar with the term that you used. Would you mind explaining it to me so that I can be better informed?" Most people would prefer that you acknowledge mistakes and ask questions than avoid them out of fear or embarrassment.

### **7). Are there things I *shouldn't* ask about?**

As with any survivor, recognize the difference between *necessary* questions and questions you don't really need to ask. An example of this would be a transgender person's anatomy or surgery status. That is *not* appropriate to ask about unless you will be advocating for the person at a medical appointment and it would be relevant to procedures. If this is the case, it would be appropriate to acknowledge the delicate nature of the subject, to explain why you are addressing it, and instead of asking for

## **LGBTIQ SURVIVORS OF SEXUAL ASSAULT**

the person to give this information to you, ask if s/he is prepared to address this with medical staff.

Another example would be asking an LGBTIQ person when s/he “knew” (that s/he was gay, lesbian, bisexual, transgender, etc.). Since nobody asks heterosexual people when they knew they were heterosexual, the same courtesy should be extended to LGBTIQ persons.

Also, recognize that it’s not an LGBTIQ person’s responsibility to educate you on LGBTIQ issues. Attend trainings, read books, and talk to other professionals to learn more.

### **8). Is it likely that LGBTIQ survivors in shelter will “come on to” or end up dating other shelter residents?**

Most heterosexual people are not attracted to every person of the “opposite” sex that they meet. The same is true for LGBTIQ people. It’s possible for people of any sexual orientation or gender identity/expression to start relationships while in a shelter and your shelter should have a general policy that addresses this issue.

The nature of diverse groups of people living in a communal environment requires programs to expect the unexpected. For this reason, it is always advisable to try to think ahead and to plan accordingly. It is up to each program to determine for itself what the program’s policies will be and how they will be enforced. However, programs should be mindful that ALL policies be fair and consistent for all program participants, regardless of their sexual orientations or gender identities.

### **9). Can I get more information and training on best practices when working with LGBTIQ survivors?**

Yes. Contact the Sexual Assault Task Force for a list of trainers who may be available to come to your program or community or for a listing of upcoming conferences and training opportunities around the state and beyond.

## **Special Considerations for Advocates**

### **Intersecting identities**

When working with LGBTIQ survivors of sexual violence, or survivors from any marginalized community (people of color, people with disabilities, immigrants, etc.), it is important to acknowledge the intersections of oppression and sexual violence. The World Health Organization recognizes the centrality of oppression to sexual violence when it states that “sexual violence is a common and serious public health problem affecting millions of people each year throughout the world. It is driven by many factors operating in a range of social, cultural and economic contexts. At the heart of sexual violence directed against women is gender inequality.”



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The SATF recognizes that perpetrators target victims whom they perceive to be vulnerable, accessible and/or lacking in credibility. Unfortunately, because LGBTIQ individuals experience homophobia, biphobia, and/or transphobia and other societal biases, perpetrators may perceive victims from these communities to be more vulnerable, accessible and lacking in credibility. Because we live in a world in which LGBTIQ individuals are often marginalized, oppressed and suffer great inequality, they may become more likely targets of sexual violence.

In addition to the LGBTIQ identity, a survivor may also identify strongly with a religious, cultural, ethnic, or other community. These cultural norms may be a stronger influence in shaping the needs of a LGBTIQ client than the client's sexual orientation or gender identity/expression. Do not assume that because someone identifies as LGBTIQ that this identification is the most important part of the person's identity. For example, for a survivor who is a person of color and identifies as LGBTIQ, it may be more important to work with a staff member or volunteer who is a person of color than with someone who is LGBTIQ.

Also, while some people who have transitioned from one gender to another may identify as transgender, transsexual, queer, etc., others may not identify with this larger culture at all; they may identify only with the gender into which they have transitioned.

### **Legal Issues**

Advocates provide information about options related to legal issues for LGBTIQ survivors. Keep in mind that legal needs and resources may vary for LGBTIQ survivors of sexual assault. One clear example is the sex crimes laws under the Oregon Revised Statutes (ORS). Currently, to be able to charge the crime of Rape there must be "sexual intercourse." The ORS defines sexual intercourse as the penetration of a vagina by a penis. This definition excludes sexual assault that is perpetrated by someone of the same sex as the survivor.

Likewise, the crime of Sodomy must include "deviate sexual intercourse," which refers to contact between the genitals of a person and the mouth or anus of another. This term would likely encompass the sexual assault of a victim of the same sex as their perpetrator; however, it also stipulates the act as "deviate," which is defined broadly as "deviation or departure from an accepted norm or standard of behavior." When a LGBTIQ person comes forward about a same-sex sexual assault, s/he may face this type of discriminatory language about same-sex sexual acts in the law.

Other crimes that may apply to same-sex sexual assault are the charges of Unlawful Sexual Penetration and Sexual Abuse, which are discussed in detail in the Criminal Justice Chapter of this Advocate Manual.

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As advocates, you may need to explain Oregon criminal law to help survivors understand why the sexual assault they experienced may not be charged as "Rape." Remember that outside of the legal system a survivor may choose to identify the assault that s/he experienced any number of ways and advocates should not judge that.

### Discrimination and Equality under the Law

Under the Oregon Constitution, the law must be applied equally to gay, straight, and bisexual people. Gender identity is not included in this law. If homosexuality or bisexuality is an issue or potential issue in any legal matter with which a survivor is concerned, you may assist the survivor in seeking legal assistance. If the survivor does not have a lawyer, they may call the Oregon State Bar Lawyer Referral Service at 503-684-3763 or 800-452-7636 for a referral to a private attorney, though there is no guarantee that a lawyer here will have specific knowledge related to LGBTIQ legal issues. The survivor may also contact the Oregon Gay and Lesbian Law Association at PO Box 876, Portland, OR 97207, [info@ogalla.org](mailto:info@ogalla.org).

### Domestic Partnership in Oregon

As of February 2008, gay and lesbian couples are permitted to register as "domestic partners" (DP) under the Oregon Family Fairness Act. Registering a domestic partnership grants the partners the certain rights and protections (and obligations) that are not extended to unregistered DPs. Once registered, the parties to the registered domestic partnership (or "RDP") are entitled to any privilege, immunity, right, benefit or responsibility that the state of Oregon provides or imposes on the parties to a marriage. These benefits and burdens are imposed to the same degree as for married couples. It is very important to note that partners in a RDP do not get any benefits married people get under federal law. It is also important to note that in most states, Oregon's RDP will not be recognized, and couples who are registered will be treated as if they have no legal relationship to one another. It is unclear whether states that currently have domestic partnerships, civil unions or marriages for same-sex couples will recognize Oregon's RDP. Recognition of a trans survivor's gender and marital status will also vary from state to state. Advocates can help survivors who need to know the legal ramifications of relocating determine their rights.

Some examples of Oregon's state-conferred benefits include:

- Availability of spousal support after dissolution of a registered domestic partnership
- Ability to file joint Oregon tax returns (though you still must file federal separately)
- Availability of tenancy by entirety
- Right to inherit without a will
- Dissolution procedures similar to divorce
- Spousal privilege in legal proceedings

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- Hospital visitation
- Right to your partner's medical information
- Standing for "wrongful death" suits
- Upon death of a partner, the right to obtain personal effects, make burial arrangements, receive an autopsy report and have "personal representative" priority.
- Right to workers' compensation benefits if partner is disabled or killed on the job

It is important for advocates to have an awareness of these issues because advocates may need to advocate for the legal rights of the survivors and partners with whom they are working. For example, the partner of an LGBTIQ survivor might encounter certain legal obstacles if the partnership is not registered (or even if it is), such as difficulty visiting the survivor in the hospital if the survivor is hospitalized for assault-related injuries. Or if a survivor is sexually assaulted and killed in the workplace, an advocate can advocate for a surviving partner to apply for worker's compensation benefits, sue for wrongful death, etc.

### Child Custody

Custody and parenting time can be complicated for LGBTIQ survivors. It may not be socially accepted in a particular community or with a particular judge for someone to leave a heterosexual relationship and enter into a same-sex relationship and retain custody of the child. There are also complicated issues around how the child entered into the world and the legal relationship of the non-biological parent. This can be an issue if a non-biological parent is being sexually assaulted in an intimate partner relationship, and the victim is reluctant to leave because it may place the survivor's custodial rights at risk. Make a referral to an attorney versed in these issues if the LGBTIQ survivor expresses concern about custody issues.

### Considerations for the Medical Response

As an advocate, you may respond to the hospital or advocate for a survivor in a medical setting. For that reason, it is important to have a general understanding of what specific medical needs and considerations an LGBTIQ person may have and how it may vary from your more general response.

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

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Advocates can effectively advocate for LGBTIQ survivors in the medical setting by taking the following into consideration:

- Advocates can communicate the importance of utilizing appropriate pronouns to the SANE/medical personnel. With the victim's consent, you may be able to have a conversation with the SANE/medical personnel or support the victim in her/his disclosure to the SANE/medical personnel. The SANE/medical personnel should be aware that some people live their social and "legal" lives with different names. When in doubt, responders should ask the individual how s/he prefers to be addressed.
- Many individuals in the LGBTIQ community have complex relationships with their bodies. When working with transgender survivors, regardless of whether they have had surgery or not, it is likely they may be quite sensitive about their bodies. When taking a medical or post-assault history, it is important to be very sensitive as to the choice of language used when asking survivors about their body, any surgeries, or any specific sexual acts that may have been experienced during an assault.
- It is necessary that the SANE/medical personnel address specific infection risks among LGBTIQ survivors of sexual assault. For some members of these communities, infecting an individual with HIV may be a weapon of power and control over another individual. In addition, there are many myths about ways in which STIs are transmitted. For example, it is often incorrectly assumed that lesbians are at decreased risk of HIV infection, which may mean that medical providers may fail to discuss the risk and possible need for prophylaxis. Survivors themselves may minimize their personal risk of infection, and it is imperative that the SANE is knowledgeable about transmission, testing, and treatment for sexually transmitted infections. If the medical responder is not knowledgeable, it may be up to the advocate to work to ensure that a survivor's medical needs are met.
- Pregnancy prophylaxis in the form of emergency contraception should always be addressed when appropriate. Assumptions are often made based on perceived or real gender identity and misconceptions may exist regarding risk of pregnancy and assumptions as to whether the risk is a concern. Remember, a person's sexual and/or gender identity may not give you all the information you need to assess risks for pregnancy or infection. It is your job as an advocate to identify respectful ways to initiate conversations about different risks regardless of your perception of the person's gender or the gender of the perpetrator.
- It is critical that the SANE/medical personnel preserve confidentiality throughout the post-assault exam. It is particularly important for the SANE to describe confidentiality policies when working with the LGBTIQ community, as an individual may have had to come out in order to receive post-assault services. For some individuals this fear may have resulted in a delay in seeking treatment.

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- For others, gender issues may impact the survivor's ability to obtain access to shelter services. Discuss privacy implications of obtaining a SAFE exam with LGBTIQ survivors and make a referral to an attorney if necessary.
- Rates of depression and suicide are higher among LGBTIQ youth than youth in the general population<sup>12</sup> and may warrant the need for additional medical follow-up services.

All of these factors result in safety and discharge planning that is often more complex within the LGBTIQ community. Thus, it is essential that when providing post-assault services that the SANE/medical personnel work closely with an advocate and be aware of appropriate resources within the community.

### **Survivors and Shelter**

Shelter may be a necessary option for some LGBTIQ sexual assault survivors to consider. When determining whether shelter is an appropriate resource for LGBTIQ survivors, there are additional considerations for advocates to discuss. Advocates should also be prepared with appropriate ways to discuss shelter life with survivors. There are countless ways a shelter can be made more comfortable for LGBTIQ survivors. Sexual assault advocates need to know how their local shelters address the following issues before making a referral.

### **Some questions to consider:**

- 1). Does your local shelter serve non-female identified survivors? If not, what equitable and appropriate alternatives are available?
- 2). How do shelter staff interrupt homophobic, biphobic, and transphobic remarks, actions, and behaviors?
- 3). Does the shelter have LGBTIQ-inclusive anti-discrimination policies, and how are they enforced?
- 4). How are advocates in your community (including shelter staff) trained to address questions about sexual orientation and gender identity/expression? How do you think this would be handled in a communal living environment?
- 5). Is the shelter's physical space set up to appropriately accommodate all people? Are there gender-neutral bathrooms? What are the sleeping accommodations? How would all residents feel about shared spaces and is shelter prepared to address issues that

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<sup>12</sup> In 2005, the Massachusetts Department of Elementary and Secondary Education conducted a "Youth Risk Behavior Survey" reported that LGBTIQ teen have suicide rates that are nearly double that of their peers. Similarly, San Francisco State University's Family Acceptance Project reported that "young adults whose families were highly rejective [sic] of their identity during adolescence were more than eight times as likely to have attempted suicide at least once, compared with those who received no or low levels of family rejection during adolescence." Unfortunately, the CDC's statistics on youth suicide do not ask questions about sexual orientation, so there is still need for comprehensive surveys and responses to address this issue.

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may come up? Discuss with all residents as part of your intake process that you are an LGBTIQ-friendly shelter.

6). Is the shelter prepared with gender-neutral language and paperwork?

7). Are support groups safe and inclusive spaces for LGBTIQ survivors? Is pronoun neutrality utilized and is the gender of the abuser varied and/or not assumed in examples and conversations?

8). Are you prepared to discuss what each survivor would like your role to be in advocating for her/him with shelter programs? Does the survivor intend to “out” her/himself? Does the survivor want you to “out” her/him when discussing the situation with shelter advocates?

When discussing whether shelter is an appropriate referral, it is important to recognize that our own individual perceptions of sexual orientation and gender identities may be very different from other people’s definitions and/or expressions. It is also important to recognize the class privilege involved in transitioning into another gender or even in being “out” as LGBTIQ. If these issues have not yet been addressed in your community, please contact the Sexual Assault Task Force for support with ways to begin this conversation.

### **Considerations when conducting intakes**

First, consider the reasons for asking intake questions. Make sure your intake questions are necessary in order to provide appropriate services. Reevaluate your intake processes regularly.

- Do not assume anything about gender, relationships, or sexual orientation of any survivor/caller.
- Use gender-neutral pronouns for survivor and perpetrator until the survivor specifies.
- Provide options for survivors to select their gender identity. Make sure your forms have “female,” “male,” “transgender,” or “Gender:\_\_\_\_\_” to give people the option to select their gender.
- Allow survivors to self-identify.
- If the survivor needs referrals/resources, have some to make. A survivor may be looking for culturally-specific referrals, resources, and ideas. Be prepared ahead of time with resource lists, staff training, and accessible resources. Talk with LGBTIQ survivors about any concerns they have related to privacy, housing, employment, immigration, education, public benefits, custody, physical safety and/or financial security.
- Be aware of the civil legal remedies available to victims of sexual assault and how they may differ for LGBTIQ victims. Make appropriate legal referrals if a victim expresses concerns in any of these areas.
- Use terms that are more inclusive, such as “partner,” for everyone you serve.

Sample questions for screening:

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- “What’s the name of the person who harmed you?”
- “What’s your relationship to the person who harmed you?”

## Training & Competency

### Training Opportunities

The Sexual Assault Task Force offers opportunities for training on issues related to LGBTIQ survivors and sexual assault that are part of existing training programs or can be scheduled by request from a specific agency or community. The Sexual Assault Task Force also holds an annual Advocate Training for advocates across the state, which offers a session on responding to LGBTIQ survivors of sexual assault. We can also provide referrals to trainers and consultants in your community. Contact the Sexual Assault Task Force for more information about training opportunities and referrals.

In addition to the Sexual Assault Task Force, the Oregon Coalition Against Domestic and Sexual Violence (OCADSV) provides advanced LGBTIQ-specific training for programs and community partners. Please contact the OCADSV Program Coordinator for Underserved Communities for more information: (503) 230-1951.

### Cultural Competency

#### **Steps to making your agency a safe place**

- Put information into your agency’s brochure about current confidentiality policies and other general practices. The limits to advocate confidentiality should be stated clearly to each survivor seeking services.
- Make sure that your brochures, materials, and services (including support groups, trainings, and other public outreach) use language that is inclusive of LGBTIQ survivors.
- Don’t ask questions about “marital status” on the phone or on forms. Don’t make assumptions about sex, sexual orientation, or gender. Don’t ask questions about sex, which would require revealing private information about the body. If you need to know, ask about gender instead.
- Know about and be able to refer clients to resources for LGBTIQ communities, including safe counselors, lawyers, and doctors.
- Recruit LGBTIQ staff, volunteers and board members.
- Make it clear that oppression targeting LGBTIQ people will not be tolerated at your agency. Interrupt comments that target LGBTIQ people. Make this policy

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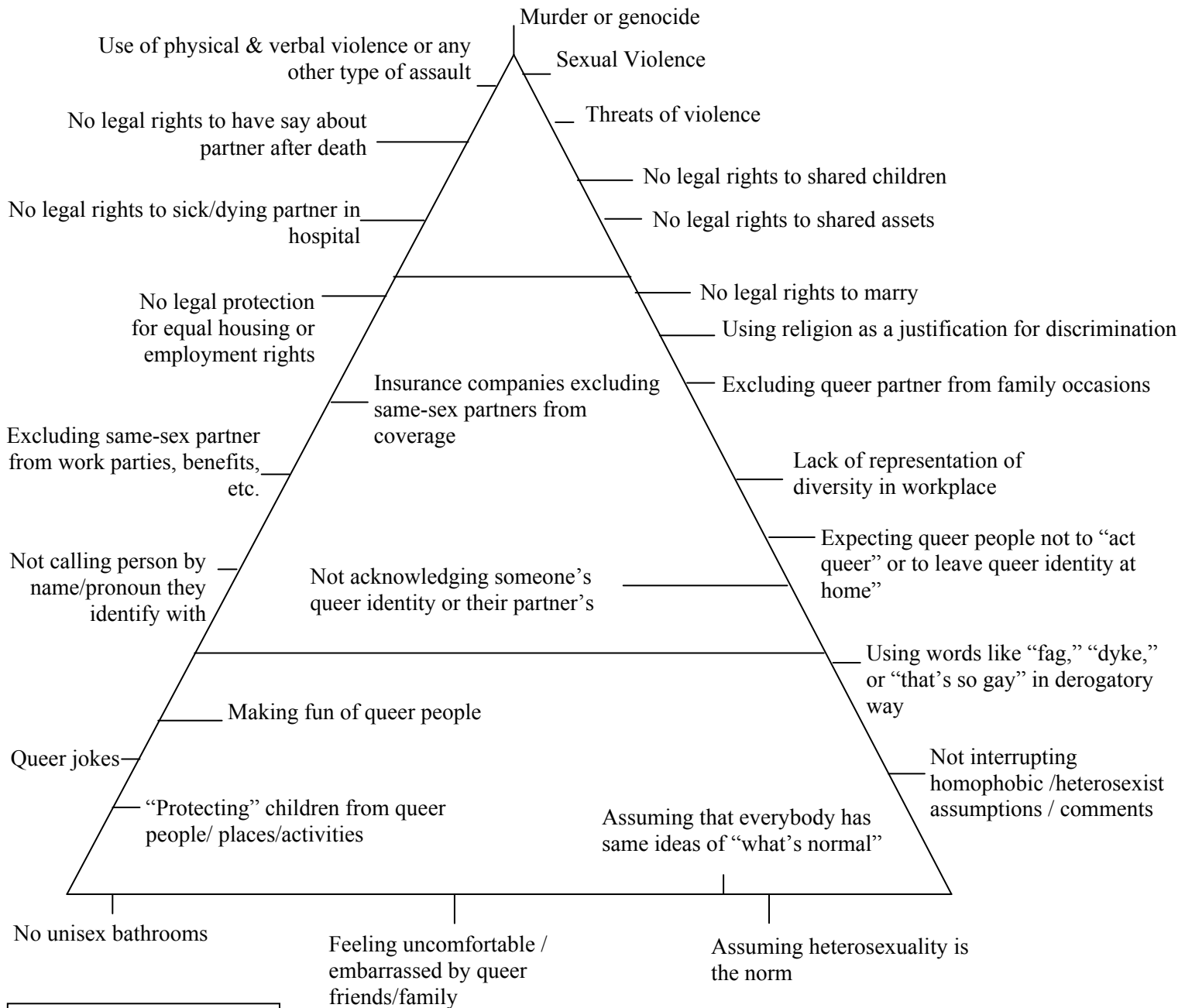
clear in volunteer interviews, volunteer trainings and support group intake interviews.

- Celebrate LGBTIQ culture in your agency through books, posters, magazines, photographs, etc.
- Find out about LGBTIQ events in your community (and/or other nearby communities) and participate through tabling, speaking out about sexual assault, marching in parades, or just by being a visible presence there in support.
- Develop an information packet for LGBTIQ survivors.
- Gender-neutral language, an accepting and supportive attitude, and training and self-awareness on the part of staff and volunteers can help LGBTIQ survivors feel that your agency is a safe place to disclose their sexual orientation or gender identity and to get support around the sexual assault.
- Put a rainbow or safe zone sticker on your front door or in the entryway of your building. Include triangles or other safe zone symbols on brochures.
- Include a commitment to combating homophobia, biphobia, intersex oppression and transphobia in your mission statement or outreach materials.



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## Queer Oppression Pyramid



*This image represents the escalation of oppressions that queer individuals may experience. This is neither an exhaustive list of forms of oppressions nor is it meant to rank severity of oppressions.*

*Created by Melissa Adams for Bradley Angle House, 2007.*

# LGBTIQ SURVIVORS OF SEXUAL ASSAULT

## State and National Resources

### **Oregon Resources**

#### **Survivor Project**

Survivor Project is an organization dedicated specifically to the needs of trans and intersex survivors. [www.survivorproject.org](http://www.survivorproject.org) (online resources only)

#### **Resources PDX**

Resources PDX was created in order to serve the needs of individuals in Portland who have trouble finding medical and other professionals who are educated about the unique challenges trans/gender/queer individuals face. [www.resourcespdx.org](http://www.resourcespdx.org)

#### **Basic Rights Oregon**

Basic Rights Oregon is dedicated to ending discrimination based on sexual orientation in our state. In the spirit of fundamental fairness and equality, Basic Rights Oregon will build and mobilize a broad coalition of citizens to ensure democratic freedoms for all Oregonians. <http://www.basicrights.org/>

#### **The Sexual Minority Youth Resource Center**

SMYRC, in Portland, is a non-profit agency that provides a safe drop-in recreation center for lesbian, gay, bisexual, transsexual, transgender and questioning youth under age 24 and their allies and friends. They also host various support groups for LGBT youth, such as [Personal Deity Proxy \(PDP\)](#), [Trans Youth Group](#) and [Windfire](#). <http://www.smyrc.org/>

#### **The Gender Center**

The Gender Center works to create a safe and accepting society for gender and sexual minorities through outreach, education, supportive resources and anti-violence advocacy. 541-870-5202 and [information@thegendercenter.org](mailto:information@thegendercenter.org) or [www.thegendercenter.org](http://www.thegendercenter.org)

**The Oregon Coalition Against Domestic and Sexual Violence (OCADSV)** is a non-profit organization that was founded in 1978. OCADSV is a feminist organization made up of programs across the state of Oregon that serve survivors of domestic and sexual violence. <http://www.ocadsv.org/>

#### **Sexual Assault Support Services (SASS)**

Sexual Assault Support Services of Lane County is a non-profit organization providing community education, outreach, advocacy and support to survivors of sexual violence and their families. Engaging Change is a project of Sexual Assault Support Services dedicated to preventing sexual violence and promoting safe, healthy, consensual sex in the LGBTIQ community. Engaging Change works to decrease sexual violence occurring

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in LGBTIQ communities, provides presentations and trainings to prevent and improve the response to sexual violence affecting LGBTIQ people, fosters open discussion about safe and healthy LGBTIQ sex and relationships, supports and enhances community involvement in sexual violence prevention in LGBTIQ communities, provides culturally competent advocacy, support groups and other services to LGBTIQ survivors, enhances community awareness and changing systems to prevent LGBTIQ sexual violence and promotes culturally competent policies for serving LGBTIQ survivors of sexual violence in the community. [www.sass-lane.org](http://www.sass-lane.org) or 541-343-SASS (7277) or 1(800)788-4727

### **National Resources**

#### **The Deaf Queer Resource Center**

The Deaf Queer Resource Center (DQRC) is a national nonprofit internet resource center devoted to providing up-to-date information by, for and about the Deaf Queer community. <http://www.deafqueer.org/about.html>

#### **Gay and Lesbian Alliance Against Defamation**

GLAAD's mission is to promote fair and accurate representation of gay people in the media. <http://www.glaad.org/>

#### **The Gay and Lesbian Education Network (GLSEN)**

GLSEN strives to assure that each member of every school community is valued and respected, regardless of sexual orientation. They welcome as members any and all individuals, regardless of sexual orientation or occupation, who share this philosophy. <http://www.glsen.org/>

#### **The Human Rights Campaign**

The Human Rights Campaign (HRC) is committed to creating an America where lesbian and gay people are ensured of their basic equal rights -- and can be open, honest and safe at home, at work and in the community. <http://www.hrc.org/>

#### **LLEGÓ, The National Latina/o Lesbian, Gay, Bisexual & Transgender**

**Organization**, is the national nonprofit organization representing Lesbian, Gay, Bisexual and Transgender (LBGT) Latinas/os. LLEGÓ's purpose is the organization of LBGT Latina/o communities from grassroots to national levels through mobilization and networking in a culturally sensitive environment in order to overcome social, health and political barriers faced due to sexual orientation and ethnicity status. Also publishes La Guia: A Directory for LBGT Latinos/as. <http://www.llego.org/>

### **OUTPROUD!**

OUTPROUD is the national coalition for LBGT youth. Their page has a wide range of resources available for youth and educators. <http://www.outproud.org/>

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### **Parent, Family and Friends of Lesbians and Gays (PFLAG)**

Parents, Families and Friends of Lesbians and Gays promotes the health and well-being of gay, lesbian, bisexual and transgendered persons, their families and friends through: support, to cope with an adverse society; education, to enlighten an ill-informed public; and advocacy, to end discrimination and to secure equal civil rights. Parents, Families and Friends of Lesbians and Gays provides opportunity for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity. <http://www.pflag.org>

### **Intersex Society of North America**

INSA offers peer support, education, advocacy, as well as written and video materials. <http://www.isna.org>

**Organization Intersex International.** A peer and academic driven resource. [www.intersexualite.org](http://www.intersexualite.org)

### **National Transgender Advocacy Coalition**

A trans advocacy site that has information pertaining to the legal rights of transgendered people. <http://www.3dcom.com/tg/ntac/>

### **Love Makes a Family**

Love Makes a Family works for social change to create a supportive environment within our communities and to provide a public voice for all families, especially those subjected to social, economic, and legal discrimination due to sexual orientation or gender identity/expression. <http://www.teleport.com/~lmfamily/>

### **Northwest Network**

The Network provides support and advocacy for LGBT folks of all genders who are surviving abuse. <http://www.nwnetwork.org/> or (206) 568-7777.

### **National Coalition of Anti-Violence Programs**

The National Coalition of Anti-Violence Programs (NCAVP) addresses the pervasive problem of violence committed against and within the lesbian, gay, bisexual, transgender (LGBT) and HIV-affected communities. NCAVP is a coalition of programs that document and advocate for victims of anti-LGBT and anti-HIV/AIDS violence/harassment, domestic violence, sexual assault, police misconduct and other forms of victimization. <http://www.ncavp.org/> or (212) 714-1184.

### **National Gay and Lesbian Task Force**

The National Gay and Lesbian Task Force builds the grassroots power of the lesbian, gay, bisexual and transgender (LGBT) community by training activists, equipping state and local organizations with the skills needed to organize broad-based campaigns to defeat anti-LGBT referenda and advance pro-LGBT legislation, and building the

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organizational capacity of our movement. Washington, DC office phone: 202.393.5177, fax: 202.393.2241. Website: [www.thetaskforce.org](http://www.thetaskforce.org)

### **Gay Men's Domestic Violence Project**

The Gay Men's Domestic Violence Project is a grassroots, non-profit organization founded by a gay male survivor of domestic violence and developed through the strength, contributions and participation of the community. Hotline: 800-832-1901 Office: 617-354-6056, Web: <http://www.gmdvp.org/>.

### **The Williams Institute-UCLA School of Law**

The Williams Institute advances critical thought in the field of sexual orientation law and policy. They serve as a source of current statistics and census information. <http://www.law.ucla.edu/williamsinstitute/home.html>

### **Pride Institute**

Exclusively for LGBTIQ community members. Trainings, webinar presentations, cultural diversity presentations. mental health, chemical dependency care. Sexual wellness programs: sexual abuse and assault, sex or HIV related anxiety and much more. 1-800-547-7433 [www.pride-institute.com](http://www.pride-institute.com)