

2010

Focusing on Pride (Part 1)

Supporting Lesbian, Gay, Bisexual and Transgender (LGBT) Survivors of Sexual Assault

*A special information packet
produced by*



CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

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Preface

Focusing on Pride (Part 1): Supporting Lesbian, Gay, Bisexual and Transgender (LGBT) Survivors of Sexual Assault is part of a series of information packets produced by the California Coalition Against Sexual Assault (CALCASA). These information packets were first published in 2001, but have been recently updated to reflect changes that have occurred in the sexual assault intervention and prevention field and in our general society. This 2010 publication is an update of the 2001 publication, *Focusing on Pride - Sexual Assault Prevention in the LGBT Community (Part I)*.

Part 1 has been designed as an introduction to the LGBT community, along with recommendations on supporting LGBT sexual assault survivors. By utilizing the information and implementing the recommendations, rape crisis centers can enhance their outreach efforts and services to the LGBT community. **Part 2** will address the issue of hate crimes against LGBT survivors and the LGBT community as a whole, as well as address prevention efforts in assisting LGBT survivors and prevention tools for crisis counselors.

CALCASA is a statewide association, based in Sacramento, CA, that provides leadership, vision, and resources to rape crisis centers, individuals, and other entities committed to ending sexual violence. Founded in 1980, CALCASA is the only statewide organization in California whose sole purpose is to promote advocacy, training, public policy and technical assistance on the issue of sexual assault and rape. For more information, please visit CALCASA's website at www.calcasa.org or call (916) 446-2520 or email at info@calcasa.org.

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Introduction

Lesbian, gay, bisexual, and transgender (LGBT) individuals have always comprised a large part of our society and have included many well-known figures throughout history. From such notable figures as artist Frida Kahlo and writer Gertrude Stein to composer Pyotr Tchaikovsky, LGBT people have undeniably shaped and influenced a large and invaluable part of our society.

Until recent times, LGBT individuals were part of a community not readily recognized by many people. Through strife and endurance, the LGBT community has struggled to become a strong and formidable force in our society. From increased attendance and visibility at LGBT celebrations, to characters on prime time television, the LGBT community has accomplished many goals in an attempt to attain equal rights for everyone.

Understanding the importance of different cultural practices, race, ethnicity, age, education, political affiliation, socio-economic status and whether a person identifies as LGBT, plays a dominant role in forming a person's life. Other factors such as homophobia, transphobia, and questioning one's identity increase the difficulties an LGBT person may face. If an LGBT person is sexually assaulted, it only compounds the existing problems.

Sexual assault not only traumatizes a person, but also complicates the daily challenges that can exist in an LGBT person's life. As we all know, sexual assault is notoriously under-reported to law enforcement. Whether someone identifies as LGBT or is still questioning their sexuality, reporting the sexual assault creates several new obstacles. They may wonder whether or not law enforcement will treat them respectfully and without ridicule or indifference, and take them seriously if they decide to report. They may also wonder whether there are any services that will meet their needs, or simply, if anyone will believe them. These are some of the questions that rape crisis counselors may encounter in providing services to LGBT sexual assault survivors.

Moreover, the LGBT community is sometimes seen as a target when it comes to hate and violence. Sexual assaults resulting from the fear and ignorance known as homophobia, biphobia, and transphobia, have been classified as hate crimes. *Focusing on Pride (Part 2): Hate Crimes Against Lesbian, Gay, Bisexual and Transgender (LGBT) Survivors of Sexual Assault* will address the issue of hate crimes against the LGBT community, as well as address prevention efforts in assisting LGBT survivors and prevention tools for crisis counselors.

LGBT Definitions

In order to define and better understand the LGBT community, one must keep in mind that not everyone conforms to the labels of lesbian, gay, bisexual, or transgender. Each individual person identifies with words that make them feel comfortable. As we all know, the use of language is important when working with survivors of sexual assault and utilizing the glossary provided (see *Appendix A*) may help in deciphering the different terminologies and compliment the counseling skills already used in working with survivors of sexual assault.

For some people, using the words "lesbian, gay, bisexual, or transgender" is considered appropriate, while using the words "queer, dyke, switch-hitter, tranny," may not. Nevertheless, many have reclaimed the use of words like "queer or dyke" to identify themselves. Even within the LGBT community, there exists an array of diversity; not everyone identifies by using the same names. Some may identify more with a particular culture or ethnic community and being LGBT may, in fact, be secondary to them or vice-versa. Different opinions and viewpoints exist when discussing the LGBT community and some LGBT individuals may not always see eye to eye when it comes to defining the community or each other.

When working with LGBT survivors of sexual assault, it is helpful to let them know you have an understanding of the diverse identities that exist within the LGBT community, and will not judge them in any way. Mirroring their language can help minimize any discomfort a survivor may be having.

LGBT History

LGBT history goes back for many years. From ancient Greece to modern day San Francisco, LGBT individuals have been an integral part of our society.

Even with the establishment of the first organizations like the *Mattachine Society* in the 1950s, it wasn't until the late 1960's that any significantly visible movement for lesbian and gay rights took place. In New York City, a bar called the Stonewall Inn, frequented mostly by gay men and transsexuals, was the subject of a commonplace, almost weekly raid. Raids on gay bars were not uncommon and customers were often arrested and almost always humiliated in some form.

The premise for a particular raid on The Stonewall Inn on June 28, 1969, was serving liquor without a license. Like many nights before, several patrons were arrested and some were even placed in police wagons. On that particular night, the gay community fought back. By one account, someone resisted arrest and onlookers began to throw rocks at the police and the bar itself. By another account, people held in the police wagons escaped, set the place on fire, and began the most famous of the riots that lasted for weeks.

The Stonewall Inn became a shrine marking the beginning of the LGBT liberation movement. Marches began as quickly as the following year to commemorate the infamous "Stonewall" incident. The incident became the beginning of the pride celebrations that would be held in many countries each year in June, to commemorate the diversity and pride of the LGBT community.

LGBT Communities

The LGBT community is sometimes defined by the common media portrayal of an ostentatious drag queen on a LGBT pride parade float. Drag queens, however, only represent a minute portion of the LGBT community at large. The LGBT community is sometimes misrepresented as a single homogenous entity. It is more accurate to describe the LGBT community as a *diverse community made up of diverse communities*. Within the community there can be people who identify not only with their sexual orientation or gender identity, but also with their cultural or ethnic background, class status, religious affiliation, etc. We are all located at the intersection of multiple identity markers and what one identifies with is deeply personal and unique to each individual. However, others may instead identify solely as LGBT and not necessarily with their cultural or ethnic backgrounds. How a person identifies on a daily basis is the determinant when providing services or referrals. For example, if a survivor is Latina and a lesbian, she may not necessarily identify with her Latina culture and therefore, services in that community may not meet her needs. We need to consider how the survivor views their own identity.

On the other hand, if someone identifies with the Hispanic or Latina(o); African-American; or Asian-American; or Pacific Islander community, *and* is LGBT, it may prove to be a significant challenge for them in their daily lives. One must take into account that their culture and religion may play a significant role. In some traditional communities of color, men and women are expected to marry, carry on the family name, procreate, and follow their heterosexual gender roles. This constant pressure may make it difficult for someone who is trying to cope with their LGBT orientation and their identity.

Another consideration when working with survivors of sexual assault is the issue of “coming out.” Below is a short description of the coming out process:

COMING OUT

Coming Out is the process in which a person starts to question their attraction to members of the same sex. It is the point where a person decides to come to terms with their sexuality and disclose their feelings. The stages on *Appendix C: Coming Out Stages* identify what a person could be struggling with and examples to relate to each stage. Some people may go through the stages quickly, while others oscillate between them or remain at a particular one throughout their lives. **An important thing to keep in mind is that not everyone follows these particular steps. Each LGBT person’s sexual identity and “coming out” experience are unique and different.** Some may endure struggles with their sexuality while others may not.

It is also important to note that coming out is usually a lifetime process for many LGBT persons. It is not a one-time coming out experience, but rather a life-long process of coming out to different people throughout their lives. Every time a member of the LGBT community meets someone new – when changing jobs, applying for a loan, joining a new social group - they must decide if, when and how to come out to that person. Is it safe? Might this person discriminate against them?

There are also many reasons why a person chooses not to “come out” or only reach particular stages; each LGBT person must decide for him or herself. As a rape crisis counselor, you may encounter a survivor who is struggling through a particular stage at the time of the sexual assault. It is important to be aware of where the person is in relation to her/his coming out process to better meet her/his needs. Being well versed in community resources is essential in assisting an LGBT survivor.

If a LGBT person does decide to “come out,” they may face animosity from their family, friends, and coworkers. For example, a person of color may not want to give up their cultural beliefs and practices, but others, such as family or community members, may view them as an “outsider.”

The diversity that exists in the LGBT community and the impact someone’s culture has on their identity and “coming out” process shows that the LGBT community cannot be defined in one way. Considering the diversity within this community can help rape crisis counselors in providing services to LGBT survivors.

Phobia and Discrimination

For every step the LGBT community takes forward in its struggle for equality, homophobia, transphobia, heterosexism (the assumption that everyone and everything is heterosexual), cissexism (the assumption that everyone is non-transgender or that transgender people are inferior to non-transgender people) and discrimination pushes back. Heterosexism and cissexism are part of the mainstream dominant culture and, as a result, homophobia and transphobia are pervasive in our society.

Those who are homophobic and/or transphobic usually believe they don't know anyone who identifies as part of the LGBT community; however, they may work, socialize, or even live with them. Many LGBT people spend their lives "in the closet", fearing that these phobias will destroy their self-respect, their family relationships, and even their lives. Unfortunately, phobic people perpetuate the fictional stereotypes of the LGBT community, while LGBT people are hurt by the hatred.¹

Society often allows homophobia to be an "acceptable" discrimination. As young children, words such as "fag," "queer," "dyke," and "sissy" are readily used on the playground, although there is no understanding of what the words really mean.

Along the same lines, heterosexism is a major obstacle for the LGBT community. It creates the assumption that everyone lives a heterosexual life and receives the same rights and privileges automatically granted to mainstream society. This heterosexual privilege is defined as the ignorance of never realizing that rights and privileges, such as marriage, are given to people based on sexual orientation and identity, and that certain classes of people are denied these same freedoms.² An example is an LGBT person who may not be allowed the time off to care for an ill partner because they are not "married." Also, if their sexuality is not known, receiving support from co-workers or supervisors may be next to impossible. This is a classic example of heterosexism that LGBT individuals struggle with daily.

Other areas of discrimination LGBT people encounter can be related to housing and workplace environment. Many are fired from their jobs, evicted from their homes or apartments, or denied housing. Organizations such as the Gay and Lesbian Task Force and the American Civil Liberties Union (ACLU) have helped the LGBT community in advancing towards non-discrimination based on sexual orientation and gender identity, as well as introducing several anti-gay discrimination initiatives throughout the U.S.

Considering the kind of daily challenges an LGBT individual must go through, it is essential not to assume to know what the LGBT survivor is experiencing. Listen and validate their feelings. Make an effort to become aware of the bias and discrimination that exists towards the LGBT community in mainstream society, and how it might impact the LGBT survivor.

¹ The Lesbian & Gay Public Awareness Project. *Homophobia – What are we so afraid of?* 1991.

² Neumann, Sandra L. [Gay Awareness 101](#). Department of Psychology, Miami University, Oxford, OH. 1998.

Sexual Assault in the LGBT Community

A Common Myth

Most people view sexual assault as a heterosexual crime where the typical perpetrator is male and the survivor is female. However, *sexual assault can happen to anyone*, including LGBT persons. As we work to dispel the myths about sexual assault in general, rape crisis centers can also dispel the myths about sexual assault in the LGBT community.

Underreporting

The biggest weapon relied upon by perpetrators of sexual assault is the expectation of silence from their victims. This silence proliferated by fear, shame, self-blame and threats of retaliation by the perpetrator, makes sexual assault one of the most underreported crimes. According to the National Coalition of Anti-Violence Programs (NCAVP), there were over 2,000 violent incidents against LGBT persons tracked by Anti-Violence Projects throughout the United States in 2009, 22 of which were hate murders. Of the murders, 79% were people of color and 50% were transgender women. Only 74 of those incidents involved reported cases of sexual assault/rape of an LGBT person. Perpetrators are aware that in some communities, LGBT persons must deal with potential discrimination and disbelief by the criminal legal system, unwanted media attention, and disclosure of their sexual orientation. For that reason, the LGBT community has been a vulnerable target for many perpetrators of sexual assault including “closeted” married women and men, military personnel, or single parents. Disclosing the sexual assault poses a risk of losing their job, family, or friends.

Survivors in the Military

The Armed Forces have been made aware of the sexual violence that is rampant in the military. The Navy, for example, boasts a program called SAVI (Sexual Assault Victim Intervention). Sexual assault survivors are referred to this program and counseling advocacy services are made available to them. Other branches of the military provide services through a Family Advocacy Program. Rape crisis centers can also collaborate with these agencies to offer survivors a different option when seeking fully confidential services for a sexual assault.

LGBT sexual assault survivors who are military personnel must deal with the issue of possible discharge after reporting a sexual assault. Since service women and men are not afforded confidentiality, reporting the sexual assault may disclose the survivor’s sexual orientation; thus, leading to her or his discharge for violating the “Don’t Ask, Don’t Tell” policy on homosexuality in the military.³ Since homophobia is quite pervasive in the military, if a person’s sexuality is brought to question in any way, it may be further scrutinized or investigated (perpetuated by the myth that all male-male sexual assault is gay in nature or if a lesbian is assaulted by a fellow serviceman, then reporting may prompt the perpetrator to disclose the survivor’s perceived sexuality as a method of defense). Survivors are then discharged from the military and are denied any benefits, including counseling services for the sexual assault.

If LGBT survivors are discharged, they may or may not be referred to local rape crisis centers for follow up services. It is advisable for rape crisis centers to collaborate with military programs in helping provide a continuity of support services to these survivors. By creating a strong

³ On December 22, 2010, President Barack Obama signed a new law repealing the 17-year old “Don’t Ask, Don’t Tell” policy that forced gay men and women to hide their sexual orientation or face dismissal. Its repeal comes as the American public has become more tolerant on such issues as gay marriage and gay rights in general. However, at the time of this publication, it is still unclear on how the law will be implemented by the Pentagon and what new procedures will take place. CALCASA will update this publication when clearer details are provided by the Pentagon, hopefully in 2011.

relationship with military programs that deal with sexual assault, rape crisis centers can help LGBT survivors in the military receive sexual assault services in a confidential setting. Here are a few recommendations to help reach survivors in the military:

- Provide training for military sexual assault intervention programs or family advocacy programs;
- Invite military sexual assault program or family advocacy program staff to attend your sexual assault crisis intervention training, sexual assault response team (SART) meetings, fundraisers, and events;
- Establish a protocol with military sexual assault or family advocacy programs in making referrals to rape crisis centers for LGBT survivors. Provide a contact person at your agency to create a more consistent relationship; and
- Have your rape crisis center brochures and hotline number available at the military sexual assault or family advocacy center.

Same-Sex Sexual Assault

Same-sex sexual assault occurs more frequently than is reported to law enforcement. The dynamics of underreporting are complicated, and involve several different factors:

- Sexual assault is commonly perceived as male against female violence. This stems from the misperception that men cannot be victims of sexual assault. Similarly, women are rarely considered perpetrators in same-sex violence.
- In heterosexual relationships, there are certain gender roles that exist. In same-sex relationships, this is not always the case. For the most part, there are no gender-dominant roles that exist in a same-sex relationship. Nevertheless, an intimate partner can also be sexually assaulted in the relationship; it is not exclusive to a heterosexual relationship. The sexual assault is usually a part of a bigger issue known as intimate partner violence (IPV). IPV can exist in both heterosexual and homosexual relationships, as it is not about sex, but rather power and control.
- If an LGBT person is struggling with “coming out,” they may believe that the sexual assault could have simply been a “first-experience” - something everyone must go through when coming out. This way of thinking might cause someone to remain closeted. They may not be able to make the distinction between consensual sex and sexual assault.
- A person, who is sexually assaulted by an acquaintance, may be less likely to report the sexual assault. Since many homophobic individuals portray LGBT people as being sexually promiscuous and predatory, disclosing the assault only reinforces the stereotype. The person may believe that disclosing the sexual assault would somehow “betray” the LGBT community.
- Some people are reluctant to utilize support services offered at an LGBT center. Since the LGBT community is so close-knit, confidentiality may be a concern for many survivors. They may know someone who works at the center, or the perpetrator may be an employee of the center, thus creating an unsafe place for them to disclose any information about the sexual assault.
- Finally, LGBT survivors may not know that they are able to utilize services at a rape crisis center. They may feel that they can only receive services through an agency that would understand their sexual orientation and gender identity. Rape crisis centers may need to model that they are a competent resource for LGBT survivors. Creating collaborations with LGBT centers or groups is a way to reach the community to provide support and advocacy on issues pertaining to rape and sexual assault.

Lesbians and Sexual Assault

Stranger Sexual Assault

This section will focus on non-transgender (cisgender) lesbians. Strangers can target lesbians for sexual assault as part of a hate crime. The hate crime, also known as gay bashing, can include incidents of rape including forced oral sex, or anal penetration involving the use of a foreign object such as a bottle or a broom. Some lesbians may become targets based on their appearance, which may be seen as “butch” or “masculine.” This perceived masculinity could be seen as a threat. As with non-stranger sexual assault, men may rape women as a way to show them what it means to be a “real man” and ironically, to also “feminize” them.

Non-Stranger Sexual Assault

A woman’s female acquaintance, partner, or best friend is not typically considered a potential perpetrator of sexual assault. Lesbians who are assaulted by another woman or trusted partner can leave them feeling humiliated and isolated. According to San Francisco Women Against Rape (SFWAR), one out of three lesbians has been sexually assaulted by another woman. Because lesbian rape is grossly underreported, it is invisible in the LGBT community and the community at large.

Like some battered women, lesbian survivors may hide the sexual abuse and minimize the violence in their relationship. They may refuse to see that the person who is supposed to love and care for them is sexually assaulting them. Growing up, most women are taught to set boundaries with men. No one teaches them that other women could potentially become an abuser and sexually assault them, especially if it is an intimate partner.

Sexual assault against lesbians may also be hate-motivated. Male acquaintances may rape a woman to humiliate and hurt her for not subscribing to mainstream sexual identity. A lesbian can be targeted and sexually assaulted by heterosexual men who think they can change her sexual orientation. Lesbians are likely targets for sexual harassment from male coworkers, supervisors, or acquaintances, which can lead to sexual violence. After discovering her sexual orientation, they may view her solely as a sexual conquest and feel they can turn her “straight” by “scoring” with her. Her “rejection” becomes an attack on his masculinity, which can lead to him “teaching her a lesson” by sexually assaulting her.

Pregnancy/Sexually Transmitted Diseases

Lesbian survivors face some unique issues, such as pregnancy resulting from the rape. If a lesbian survivor becomes pregnant, she must decide whether to follow through with the pregnancy or terminate the pregnancy. Rape crisis counselors can provide her with options and non-judgmental support regarding her decisions about the pregnancy.

Another issue to keep in mind is the risk of contracting a sexually transmitted disease (STD), including HIV. Since lesbians are in a low risk group, they may be unfamiliar with the different symptoms of STDs, and STD and HIV testing center locations. By providing this information and accompanying survivors to get tested, rape crisis counselors can empower survivors to address these important health issues.

Sexual Dysfunction

Sexual dysfunction is also a common occurrence after a sexual assault. Lesbians are sometimes confused as to why a violent act committed by a man would impact their relationship

with a female partner. Sexual assault can disrupt their sex lives, as well as their day-to-day lives.

If a lesbian survivor is in a relationship, their significant other may react in different ways. Their partner may not understand why it is difficult to resume their usual level of intimacy. The significant other may not know how to help or support her partner. Furthermore, she may have a history of being sexually assaulted and her partner's current assault may trigger her own issues. This can create tension and other coping problems. Supporting each other can be a challenge when one of them has just been sexually assaulted and her significant other is dealing with triggered memories of her past abuse.

Lesbians can also feel a sense of isolation after a sexual assault. Her friends who are aware of the sexual assault may avoid her. She may serve as a reminder of their own vulnerability. For many, a sexual assault reinforces the misogynistic myth that women who do not have a man to "protect" them are possible targets for a sexual assault. This vulnerability may also lead them to fear and paranoia. They may feel they were targeted for a sexual assault because of their appearance or sexual identity.

Many lesbians also experience shame after a sexual assault that leads to a diminished sense of self. Since many pride themselves on being independent, the sexual assault may cause them to struggle in reclaiming that independence.⁴

Gay Men and Sexual Assault

Stranger Sexual Assault

This section will focus on non-transgender (cisgender) gay men. Gay men are likely to be victims of a sexual assault as part of a hate crime. These incidents can include rape, forced oral sex, or anal penetration by the perpetrator or involve the use of a foreign object, such as a bottle or a broom. According to violence expert Joseph Harry, sexual assault by straight males is solely hate-crime motivated. Given the context of coercion, these "technically homosexual acts" imply no homosexuality on the part of the offenders. Both physically and symbolically, the gay survivor serves as a vehicle for the sexual status needs of the offenders in the course of recreational violence.⁵

Another theory exists that men, who are gay or perceived as gay, may be sexually assaulted because the perpetrator believes that gay men do not deserve to be "masculine." The perpetrator further perceives gay men as being "feminine" and should take on the sexual role of a woman.

Non-Stranger Sexual Assault

Same-sex sexual assault has mostly been thought of as hate crime motivated. However, sexual assault in same-sex relationships, commonly known as intimate partner violence, is a reality. Intimate partner violence is not necessarily specific to gay men in a relationship, as the term has different meanings for different people. It can consist of things such as domestic violence, stalking and sexual assault. If someone is in an abusive relationship, his or her partner may threaten them, sexually assault them, or force them to have sex with others as a means of dominating them.

⁴ National Gay and Lesbian Task Force Newsletter.

⁵ Harry, Joseph, "Conceptualizing Anti-Gay Violence," in Gregory Herek and Kevin Berrill, eds'. *Hate Crimes: Confronting Violence Against Lesbian and Gay Men* (Newbury Park, CA: Sage Publications, 1992), p.115.

A gay survivor who is in an abusive relationship may feel he cannot tell anyone about the violence; he may hide the abuse and minimize the violence in the relationship. Since most men are taught that they should be able to defend themselves, being abused only serves as a reminder that others may perceive them as weak.

The survivor may also be reluctant to disclose the sexual abuse, fearing the straight community may see the assault as part of an “abnormal” relationship. He may also feel a sense of betrayal to the LGBT community if he discloses the abuse. The abuse may reinforce the stereotype that gay relationships are dysfunctional. He may also be experiencing internalized homophobia as a result of the sexual violence, and regard the abuse as punishment for being gay.

Acquaintances or friends of the survivor may be the perpetrator. He may have met someone at a bar, party, gym, or on a date; they even may have had consensual sex prior to the sexual assault. Nevertheless, the boundaries were crossed and he was sexually assaulted. Unfortunately, he may never see the incident as a sexual assault and believe it happens to every gay man at least once in his lifetime. He may also hesitate in reporting the sexual assault because of the belief that he should be able to handle it himself or that he will not be believed.

Sexually Transmitted Diseases (STD)

As with all sexual assault survivors, gay men face several health concerns following the sexual assault. One is the contraction of an STD, particularly HIV. Historically, the LGBT community, mainly gay, bisexual and transgender men, has been at high-risk for contracting HIV. When AIDS/HIV was first publicized in the early 1980s, the LGBT community became the hardest hit and many were infected with HIV before it was even considered a global epidemic. As a result, gay men have been educating themselves about HIV and its transmission for years. They have been indoctrinated into the world of “safer sex” and the efforts to prevent contracting HIV. Since contracting HIV has been synonymous with unsafe sex in the gay community, most gay survivors have a legitimate fear they will contract HIV if they are sexually assaulted. We cannot assume that if the perpetrator identified as straight that he is HIV negative. The same holds true for a partner, friend or acquaintance.

Since gay men are one of the highest risk groups for contracting HIV, the possibility of contracting HIV from the sexual assault increases dramatically. As a result, some gay survivors may be more concerned with getting tested for HIV than getting support for the sexual assault. There may also be gay men who may be reluctant to get tested for HIV following a sexual assault because of the fear of receiving positive test results. This fear may also keep them from being tested for other diseases such as hepatitis and syphilis.

It is important to provide gay survivors with the option of obtaining an HIV test, as well as provide support and referrals to HIV centers. If a gay survivor decides to obtain an HIV test, let them know you are able to accompany them. Following up with the survivor between the HIV test and the results of the test is extremely important, as they may be experiencing stress and other post-traumatic reactions related to the sexual assault or the HIV test.

Another important issue regarding HIV is the latency of results. If someone is exposed to HIV as a result of a sexual assault, antibodies to HIV will certainly not be detectable within a few days. It is usually recommended by HIV professionals to wait at least 3 months to check for HIV antibodies, and again six months later. There is prophylaxis for HIV immediately after a sexual assault to prevent possible transmission of HIV. It is also recommended for a survivor to contact a doctor or medical provider experienced in HIV medicine for further information on HIV prophylaxis.

Some gay survivors may already be HIV positive or living with AIDS at the time of the sexual assault. Given this, it is important for rape crisis centers to provide them follow-up information on testing for other STDs, such as hepatitis or syphilis, as the diseases may complicate their existing health status. Rape crisis centers can encourage them to see an HIV medical provider regularly if they aren't currently doing so; or to inform their medical provider about the sexual assault.

Sexual Dysfunction/Hypersexuality

Gay survivors may experience flashbacks and other common reactions to sexual assault. If in a relationship, their partner may not understand why they are struggling with the physical aspects of sex (maintaining an erection or being touched, etc.). Rape crisis counselors can help partners of sexual assault survivors better understand the struggle with intimacy by providing sexual assault information, answering questions, and providing ways to support the survivor.

The sexual assault may also trigger memories of prior sexual abuse. This trigger may lead some gay survivors to have a fatalistic attitude where they engage in self-destructive behaviors, such as seeking out multiple sex partners or practicing unsafe sex.

By understanding the varied needs of gay sexual assault survivors, rape crisis centers can provide services in an understanding and sensitive manner.

Bisexuals and Sexual Assault

This section will focus on non-transgender (cisgender) bisexuals. For many bisexuals, finding resources can be a challenge on many different levels. Many people, including others in the LGBT community, hold certain stigmatic beliefs about bisexuals. They may hold the belief that being bisexual is a “choice” and that bisexuals are only confused, selfish, and ambivalent people who cannot decide on the gender of an intimate partner.

Bisexual survivors may have the same concerns, issues and challenges as lesbians, gays, and straight people, but they risk not receiving any compassion from victim service providers (e.g. LGBT centers, social services agencies) because of the stigma. Some providers may even blame bisexual survivors for the sexual assault, since they “choose” to have both men and women as their sex partners. A bisexual survivor may not feel comfortable going to an LGBT center; they may also feel uncomfortable going to a mainstream provider for assistance, for fear of homophobia. Similarly, if a bisexual survivor is in an abusive relationship or assaulted by someone of the same sex, they may still feel reluctant to seek services at an LGBT center because of the fear of “betraying” the community. They may also be harboring feelings of internalized homophobia.

Overall, there is very limited information or data on sexual assault specific to the bisexual community. Typically, bisexuals are grouped together with the entire LGBT community in terms of data collection or resources. They are generally not seen as having different, specific needs, apart from the rest of the LGBT community, when it comes to sexual assault support services.

By contacting bisexual organizations (see *Appendix E*), rape crisis centers can connect with the bisexual community and create an opportunity to educate themselves, advocate for services specific to bisexual survivors, and increase public awareness on issues related to bisexual survivors.

Transgender People and Sexual Assault

Transgenderism, Gender Identity and Discrimination

Transgender persons are often treated as outsiders, even within the LGBT community. Of all the members of the LGBT community, they are the most misunderstood group because their transgender identity is not based on sexual orientation but rather on gender identity. *It is also important to note that sexual orientation and gender identity are not the same; many transgender individuals are heterosexual.* As a result, some transgender persons may identify as part of the LGBT community, while other transgender individuals may not.

Prejudice makes transgender people the targets of some of the most horrific and vicious violence. The prejudice comes not only from individuals (strangers and acquaintances), but also from institutions (law enforcement, medical professionals, and other service providers). Because of a lack of understanding of transgender issues, many service providers feel uncomfortable or threatened and are unable to provide services to transgender survivors.

As a result, many transgender survivors may not disclose the sexual assault. Further, if the survivor identifies as both transgender and lesbian, gay or bisexual, they may face the additional discrimination of homophobia along with transphobia. Since transgender-focused services are scarce in many areas, most of these survivors do not receive the necessary counseling and advocacy. Transgender persons typically face rejection from their families and communities, thus having limited access to education and employment opportunities.

Transgender women and men are commonly subjected to discrimination. Many are unable to afford basic medical and mental health services. They are often unable to obtain fair housing. In addition, a disproportionate number of the transgender community are persons of color, HIV-positive, and/or youth, thereby increasing the likelihood of being socially and medically underserved.⁶

Transgender Persons of Color

Because of racial discrimination, most transgender persons of color encounter difficulties in accessing social services. The racial discrimination combined with gender discrimination limits their access to health resources, social services and economic options, thus increasing their risks for victimization, prostitution, drug abuse, and HIV infection.

Transgender persons of color also report a loss of community connection when their gender identity is revealed. In many communities (African-American, Asian-American, Hispanic or Latina(o), and Pacific Islander), transgender persons of color are excluded from their ethnic communities because of the assumption that all people of color are heterosexual.⁷ This notion further perpetuates the stereotype that all transgender persons are gay, bisexual, or lesbian.

Transgender Violence

Transgender persons are often subjected to violence solely based on their appearance. Many are stalked and eventually sexually assaulted specifically for their “gender-bending” appearance. Co-authors Witten and Eyley point out that “violence against members of the transgender community shares many similarities with violence stemming from anti-female

⁶ Israel, Gianna and Donald Tarver II, MD. “Recommended Guidelines, Practical Information, and Personal Accounts. Temple University Press, 1997; 282 + xviii pgs.

⁷ Israel, Gianna and Donald Tarver II, MD. 282 + xviii pgs.

hatred and anti-LGBT (and other hate crime) attacks.”⁸ For example, a male-to-female transsexual may simultaneously experience a sexual assault and hate crime. His perpetrator may be sexually assaulting the transsexual as a “woman,” “gay male,” and/or “gender-bender.” An example of the violence against transgender individuals can be seen in the case of Brandon Teena. Brandon Teena was a teenage transgender male who was sexually assaulted and murdered in a rural Nebraska town, because he had been living his life as a male and not as his assigned gender of female. This brutal crime of hatred was a result of society being threatened by someone simply living as their chosen gender, and retaliating with lethal violence.

Because of their lack of awareness on transgender issues, many medical professionals and law enforcement officers may not be equipped to handle the possible needs of a transgender survivor. They may respond with judgment and even withhold services. By increasing awareness through collaborations with LGBT centers and transgender groups, rape crisis centers can educate law enforcement and medical professionals in providing services to transgender sexual assault survivors in a sensitive, non-judgmental manner.

We can increase our awareness of the issues facing transgender survivors (stigma, hate and violence) as a result of their gender identity. Rape crisis centers can enhance their services by connecting and collaborating with their local transgender programs and community groups or contacting regional or state agencies for further information about transgender issues or needs. (See *Appendix E* for transgender resources).

Sexual Assault of LGBT Youth

The Early Years

As young children, LGBT individuals may never think about being subjected to violence because of their appearance, sexual orientation, or sexual identity. However, their wonder years can be extremely difficult for those LGBT youth who are attempting to “fit in” with their peers and belong in their community. Many LGBT youth, who are questioning their sexual orientation or gender identity, must struggle with their identity in a society that teaches them that being LGB and/or T is wrong and deviant. Loved ones can create a threatening environment for LGBT youth when they talk about homosexuality and transgenderism in a derogatory manner. LGBT youth may feel they cannot discuss their feelings with anyone without the possibility of retaliation. If LGBT youth disclose their sexual orientation or gender identity, it automatically becomes the most defining characteristic about their identity.

On the other hand, there are a few LGBT youth who are fortunate to have understanding parents, peers and relatives who create a safe and comfortable environment as they are coming out. Some LGBT youth may even have parents or peers who support them and encourage them to explore their sexual orientation and gender identity.

Transphobia, Homophobia and Youth

LGBT youth must endure various forms of violence ranging from phobic slurs to being gang-raped on school grounds to murder. According to a study conducted by Susan Fineran in Massachusetts, young lesbians and bisexual girls experienced more sexual harassment than heterosexual girls. 72% of lesbian and bisexual girls reported that they were “called sexually offensive names” by their peers, compared with 63% of heterosexual girls. Lesbians and bisexual girls were significantly more likely to be “touched, brushed up against, or cornered in a

⁸ Witten, T.M. & Eller, A.E. (1999). Anti-transgender violence: The “Invisible” Human Rights Violation. *Peach Review: An International Quarterly*. 1-10. (In Press).

sexual way” (63% as compared to 52% of heterosexual girls). And 23% of young lesbian and bisexual girls reported that their peers had “attempted to hurt them in a sexual way” (attempted rape or rape), while 6% of the heterosexual girls surveyed had experienced sexual violence of this nature.”⁹

According to a 1999 study by Stephen T. Russell and Brian Franz, youth who reported same-sex or both-sex romantic attraction were more likely to have been in a fight that resulted in the need for medical treatment.¹⁰ The Gay Lesbian Straight Education Network’s National School Climate Survey found that 89.5% of transgender students report feeling unsafe in school because of their gender expression. Also, according to a study by the Human Rights Watch, boys were subjects of verbal and physical abuse and in one incident, a student was routinely referred to as “faggot,” hit, spat at, and even subjected to a mock rape in a science lab by two classmates, who told him that he should enjoy it.¹¹

Drugs and Alcohol

As a result of the pressures and violence against them, many LGBT youth turn to drugs and alcohol as a means of coping with their various stressors (struggling with sexual identity, dealing with verbal and sexual harassment at school, etc.).

From a study at Columbia University, 68% of adolescent gay males were found to use alcohol (26% or more at least once a week); 44% were found to use other drugs; and 83% of adolescent lesbians were found to use alcohol and 56% used other drugs.¹² The drugs serve as a way to cope with the violence they are forced to face.

LGBT Youth Prostitution

A 2006 study by the National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless found that 20 -40 percent of homeless youth identify as lesbian, gay, bisexual or transgender.¹² Living on the streets exposes LGBT youth to more violence, drug and alcohol abuse, rape, and even murder. Some youth may also engage in “survival sex” to obtain food, shelter, and/or money to support themselves or a drug addiction. American Progress estimates that in 2010 there were 320,000 - 400,000 estimated LGBT youth living on the street and that 44% of those youth asked to exchange sex for survival needs.¹³ Many have no place to go, but feel the streets cannot compare to the pain they suffer at home. As they live on the streets, they are quickly introduced to a new family of “johns,” pimps, and traffickers who subject them to even more violence.

In 2010, 58% have been subjected to horrendous violence including brutal sexual assaults, many of which go unreported.¹⁴ These rapes are typically considered a “rite of passage.” With only their “johns” as role models, LGBT youth are made to believe that the sexual assault serves as a way to “toughen them up” and make them street smart.¹⁵

⁹ Susan Fineran, “Sexual Minority Students and Peer Sexual Harassment in High School,” *Journal of School Social Work*, vol.11: (2), 50-69. 2001.

¹⁰ Stephen T. Russell and Brian Franz, “Violence in the Lives of Sexual Minority Youth: Understanding Victimization and Violence Perpetration” (paper presented at the annual meeting of the American Sociological Association, Chicago, Illinois, August 1999), p.7.

¹¹ *Nabozny v. Podlesny*, 92 F.3d 446, 450-52 (7th Cir. 1996).

¹² Hunter, Joyce, et al. unpublished research by the Columbia University HIV Center for Clinical and Behavior Studies, 1992.

¹³ Ray, N. Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless. 2006.

^{14, 15} www.americanprogress.org/issues/2010/06/homeless_numbers.html

In a study of 130 youth prostitutes, 80% had been physically assaulted and some were raped between 8 and 10 times a year or more.¹³ 7% sought help from a rape crisis center or similar service provider and only 4% reported the rape to police.¹⁴ Since the early 1980's, studies have shown a continuing trend of underreporting of sexual assault by prostitutes in general.

According to another study of runaway, homeless youth, the number of boys affected was as high as the number of girls. Many of the affected boys would also move from prostituting to pimping. The study also found that 95% of customers were men who engaged in sex with boys. Married men with children of their own were one of the most common customers who paid children for sex.¹⁵

It is important to note that not all runaway LGBT youth are subjected to prostitution. Many find a new residence and receive the necessary support to make it on their own. Some LGBT youth also find support from family, friends and local LGBT centers. When working with survivors, it is important not to assume that all LGBT youth have a history of prostitution.

Health Risks

Given the fact that many LGBT youth who are runaways are more likely to practice unsafe sex, there is an increased risk for contracting HIV. It is estimated that 1 in 5 HIV-positive men were apparently infected during their adolescent years.¹⁶

A risk for adolescent cisgender lesbian and bisexual girls is pregnancy. According to a study in Minnesota of 3,816 females, ages 12-19, 182 identified as bisexual or lesbian and 1,753 as "unsure" of their sexual orientation. From the survey, the bisexual or lesbian respondents reported a pregnancy rate (12%) twice that of the heterosexual (5%) or unsure (6%) adolescents. Of all respondents, 6% of youth identifying as bisexual or lesbian, reported involvement in prostitution compared with approximately 1% for the unsure and heterosexual youth.¹⁷

Reaching LGBT Youth

Working with LGBT youth survivors can be challenging, due to their general distrust of adults and fear of being misunderstood. This allows you the opportunity to gain their trust to educate them about sexual assault and ways to prevent it from happening again. Below are some suggestions from PFLAG (Parents, Families, and Friends of Lesbians and Gays) to assist you when working with LGBT survivors of sexual assault:

Suggestions for working with LGBT Youth:

1. Don't be surprised if a youth "comes out" to you. They have tested you with a series of "trials" over a period of time. Based on your previous responses, they've decided you can be trusted and helpful.
2. Respect confidentiality. If a LGBT youth shares with you information about his or her sexual orientation or gender identity, you have a trust that must be respected.

¹³ San Francisco Bay Area Homeless Project: *Homelessness and Survival Sex*. 1995.

¹⁴ Silbert, Mimi. "Sexual Assault of Prostitutes." San Francisco: Delancy Street Foundation, 1981.

¹⁵ Richard Estes, "The Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico." University of Pennsylvania. 2001.

¹⁶ Hunter, Joyce, Columbia University HIV Center for Clinical and Behavior Studies, 1992.

¹⁷ Saewyc, E.M., Bearinger I.H., Blum R.W., Resnick, M.D. "Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference?" *Family Planning Perspectives*, 31(3), 127-131, 1999.

3. Deal with feelings first. Most LGBT youth feel alone, afraid and guilty. You can assist by listening, allowing them to express their conflicting thoughts and feelings.
4. Anticipate some confusion. Most youth are sure of their sexual orientation by the time they finish the eighth grade and the same appears to be true with gender identity. Still, some young people will be confused and unsure. They have to work through their own feelings and insights. You can help them by simply listening and validating their feelings.
5. Work to eradicate stereotypes about LGBT youth. Make statements that will help them trust you.
6. Help them to identify positive LGBT role models such as American author, performance artist, and gender theorist, Kate Bornstein; activist Bayard Rustin; U.S. Congressman Barney Frank; and actress Ellen DeGeneres.¹⁸

Prevalence of Suicide in LGBT Youth

Suicide Risk in LGBT Youth

In the United States, suicide is the third leading cause of death among youth.¹⁹ Taking that into account, LGBT youth who are either struggling with or questioning their sexual identity can be at an increased risk of suicide. Since youth are 2 to 6 times more likely to attempt suicide during their lifetime and LGBT youth comprise 30% of all reported teen suicides, suicide is considered the leading cause of death among LGBT youth.²⁰ According to one study, the rate of attempted suicide for transgender youth was higher than 50%.²¹

LGBT youth of color also represent high numbers of suicide because of their possible sexual and cultural identity conflicts. In a landmark study conducted by “Nuestras Voces” on Latino gay and bisexual youth, many felt distressed in being a “minority within a minority.” The study pointed out that racism plays a role in the consideration of suicide among LGBT youth of color.

Strong, cultural gender roles and family values play a significant role in possible suicide ideation among LGBT youth of color. The cultural dominance of the Catholic Church and *machismo* contribute to conservative attitudes in many Latino communities. These attitudes diminish visibility for LGBT communities, hampering efforts to meet the needs of Latino/a LGBT youth.²² Asian-American LGBT individuals diverge from cultural expectations of marriage and children. By not fulfilling those expectations, shame is often brought to the individual and the family name.²³ African-American LGBT youth often face additional pressure because of discrimination from the larger society, including white gay communities and homophobic black communities.²⁴

This information provides us with a “wake-up” call on the seriousness of LGBT youth suicides and the impact homophobia and heterosexism may have on their decision to commit suicide.

¹⁸ PFLAG: Parents and Friends of Lesbians and Gays, “From Our House to the Schoolhouse: A Recipe for Safe Schools, Tips for Professionals Who Work with GLBTQ Youth.” Washington, D.C.

¹⁹ U.S. National Institute of Mental Health. *Suicide Facts: Completed suicides*. 1997.

²⁰ Gary Remafedi, “Death by Denial: Studies of Attempted and Completed Suicide in Gay and Lesbian And Bisexual Youth,” 1991.

²¹ Cody, Paul Ph.D. *Gay, Lesbian, Bisexual, Transgender Suicide*. University of New Hampshire Counseling Center. 1997-2000.

²² US Conference of Mayors. *A Review of Community Based HIV Prevention Programs Funded by the United States Conference of Mayors: HIV Prevention Programs Targeting Gay/Bisexual Men of Color*. [HIV Education Case Studies.] Washington DC: The Conference, 1996.

²³ Wade S, Watt S, Mo B. Cultural expectations and experiences: three views. *Open Hands*; 1991. Winter: 9-10.

²⁴ Pittman KJ, Wilson PM, Adams-Taylor S et al. “Making sexuality education and prevention programs relevant for African-American Youth.” *J School of Health* 1992; 62:349-344.

There are also other risk factors that can play a large role in LGBT youth attempted or completed suicides. Since they may feel completely isolated, some turn to drug and alcohol use as a means of coping. Layered with the feelings of isolation and possible depression that is enhanced by their drug and alcohol use, some LGBT youth may consider suicide as their only option to end the discrimination, violence, guilt or blame they may be experiencing.

Sexual Abuse as a Suicide Factor

Sexual abuse has also been noted as a significant suicide risk factor for LGBT youth, who are three times as likely to commit suicide than other youth according to the National School Climate Survey. One study stated that adolescents who reported suicidal ideation were more likely to have a history of sexual abuse while another study reported 61% of suicide attempts were by individuals who had been sexually abused.²⁵ Lesbian and gay youth, in particular, reported cases of being tricked or forced to have sex, thus leading them to suicidal ideation or attempts.²⁶

Sexual abuse can create devastating effects on youth who are struggling with their identity. In this way, LGBT survivors may believe the sexual assault was a result of their sexual orientation or identity. We only need to see the statistics to know that suicide is an immense problem for LGBT youth and adults who have been sexually assaulted.

²⁵ Proctor, C. D., & Gnoze, U. K. (1994). "Risk Factors for Suicide among Gay, Lesbian, and Bisexual Youth." *Social Work*, 39: 504-513.

²⁶ Remafedi, G., Farrow, J. A. & Deisner, W. R. (1991). "Risk Factors for Attempted Suicide in Gay and Bisexual Youth." *Pediatrics*, 87, 869-875.

Putting It All Together: Recommendations for Working With the LGBT Community

Accessing the LGBT community can be a challenge for some rape crisis centers with limited resources. To enhance service capacity, we have provided a list of recommendations to assist rape crisis centers in providing services to LGBT survivors in a comfortable and safe environment:

Considerations for Counselors

- When training new staff and volunteers, encourage them to examine their own comfort level when working with LGBT survivors. Have them also examine the stereotypes they may be holding.
- Remember that not all survivors label themselves as LGBT. Be cognizant of the language you use.
- Keep in mind that survivors can be either LGB or straight. Avoid assumptions based on a person's appearance. Use neutral words like "partner or significant other."
- If a survivor discloses her/his identify as LGBT, reflect their language: use terms such as "partner, life partner, or significant other" instead of "friend," "girl/boyfriend," or "wife/husband." Also have this reflected in any intake forms.
- Understand that there are cultural differences among LGBT survivors.
- Mirror words that survivors use to describe the sexual assault. They may not be comfortable or familiar with words like sodomy or intimate partner violence.
- Survivors who live in rural areas or where there are fewer LGBT organizations and resources may need extra assistance in finding support.
- When referring LGBT survivors to other providers, ask if they would like LGBT specific resources, as some may not identify with the LGBT community.
- When counseling significant others, who may also be LGBT, be aware that they may have distinct needs in helping their loved ones. Because the majority of institutions do not recognize LGBT relationships, partners may have difficulty in helping survivors navigate legal systems, medical care, and other social services.
- Reassure and inform survivors that they are entitled to the same treatment from centers and other service providers like heterosexual survivors. It may be helpful to refer a survivor to a legal advocate who is familiar with state laws regarding same-sex sexual assaults, hate crime laws, and laws regarding LGBT survivors' legal rights.

Considerations for Rape Crisis Centers

- Foster an inclusive, supportive environment when working with survivors. (See *Appendix D: Is Your Center LGBT Affirmative?* for ways to provide a non-threatening environment.)
- Connect with the LGBT community to familiarize yourself on current issues such as domestic partnerships and LGBT persons in the military.
- Contact your local or regional LGBT agency for more information and as an opportunity to begin a collaborative relationship. (See *Appendix E: Resources* for the center nearest you).
- Subscribe to LGBT magazines at your agency (i.e., *The Advocate*, *Human Rights Quarterly*) or have local LGBT newspapers available at your center. Contact the LGBT center nearest you for subscription information.
- Provide information specific to LGBT issues, such as pamphlets on coming out or same-sex sexual assault.
- Invite LGBT community speakers or survivors of sexual assault to present a workshop at your agency. Invite them as guest speakers at your sexual assault crisis training for staff and volunteers.

- Provide a table or booth at LGBT events with information on sexual assault and the services your agency provides (e.g. LGBT pride festivals). Remember to ensure that the language in the information is neutral (“partner” vs. “spouse”).
- Provide agency information and sexual assault information at local LGBT centers.
- Advertise your rape crisis hotline in local LGBT newspapers, LGBT center newsletters, or on the LGBT center’s website.*
- Advertise the rape crisis line in your local paper or a community center with emphasis on LGBT outreach.**
- Provide a website link on an LGBT center website and vice-versa.
- Invite local law enforcement, fire department and medical personnel to trainings on LGBT issues or offer to present on LGBT issues at their next training.
- Provide information on LGBT sexual assault at your agency. If there is none available, contact your local or regional LGBT center for information or ideas on creating a pamphlet that highlights the agency’s commitment to helping LGBT survivors.
- Recruit board members, staff and volunteers who represent the LGBT community.***
- Post flyers announcing your agency’s next volunteer training at LGBT centers.
- Advertise job openings where LGBT persons are likely to read them. (e.g. LGBT websites, centers, etc.)

* Ensure your staff and volunteers are educated and able to support LGBT-identified survivors before doing outreach to the LGBT community.

**In rural areas, keep in mind that some LGBT people may not be comfortable coming to a rape crisis center. Your center may be perceived as the place where only rape survivors go; their presence may automatically create assumptions and/or begin rumors about them. In rural areas, many LGBT people know each other and keeping the sexual assault confidential may be a challenge. Reassure LGBT survivors that all information will be kept in strict confidence and will not be released to anybody in the community. Providing a confidential meeting space, such as your local library, church, or community center, where survivors can feel comfortable, can help them feel more at ease and more likely to access services from your agency.

***It is important that your agency has made a commitment to LGBT inclusion in policy and practice before actively recruiting members of the LGBT community. You should not expect that the presence of LGBT-identified staff, volunteers or board members will in and of itself make your agency inclusive. Further, these individuals should be able to expect to join an organization that is welcoming and inclusive if being actively recruited, not be put in a position to do that work themselves.

As centers enhance their current knowledge on LGBT issues and gain support from the community, they will be able to expand their existing sexual assault prevention and intervention services in the community. Initiating collaborations with the LGBT community is crucial in reaching survivors that may not be aware of the services of rape crisis centers.

CALCASA is providing this information packet as a tool for staff and volunteers to utilize and incorporate in their daily work with survivors, as well as a supplement to your center’s existing staff and volunteer sexual assault counselor training on issues affecting the LGBT community. We also encourage you to continue researching further information on the subject and to also join us in sharing resources and updates on this subject. With your help, together we can continue our sexual assault support efforts in the LGBT community. For more information or technical assistance on the topic, please contact CALCASA at (916) 446-2520 or via e-mail at info@calcasa.org.

APPENDIX A:

GLOSSARY

Biphobia: The invisibility of bisexuals as an existing group that cannot be identified by their sexual partners; and the belief that everybody is either straight or gay. Also, a fear or hatred of bisexuals because of their perceived ambivalence in choosing an intimate or romantic partner.

Bisexual: One who has significant sexual and romantic attractions to members of both sexes.

Butch: “Masculine” or macho dress and behavior, regardless of sex or gender identity. A sub-identity of lesbian or gay men, based on masculine or macho dress and behavior.

Cisgender: Anyone who is not transgender.

Cissexism: The belief that everyone is non-transgender.

Closeted: Used to describe someone who has not yet "come out" or disclosed his or her sexual orientation to another person, i.e. he is closeted at work, meaning he is not open about his sexuality at work.

Come Out: To disclose one's own sexual identity to another person.

Cross Dresser/Transvestite: A person who desires to dress and occasionally act as the opposite gender than the one with which they primarily identify. Most are usually heterosexuals, often married, who never desire sexual reassignment surgery.

Drag (In Drag): Clothes, often unusual or dramatic, used mostly by drag queens/kings as part of entertainment for a show or act.

Drag Queen: A male who cross-dresses and uses stereotypically feminine and dramatic clothes, makeup and mannerisms often as part of entertainment for a show or act, and is usually a gay male.

Drag King: A female who cross-dresses and uses stereotypically masculine clothes, dialogue, voice, and mannerisms often as part of entertainment for a show or act, and is usually a lesbian.

Dyke: Reclaimed slang. Refers to lesbians and/or bisexual women. When used by straight people, it is often viewed as derogatory.

FTM: Female to male. Used to specify the direction a person is going when changing sex or gender role from female to male.

Femme: “Feminine” or effeminate dress and behavior that is regardless of their sex or gender identity.

Gay: One who has significant sexual and romantic attractions primarily to members of the same sex as oneself. Often refers only to gay men, others use this term to refer to gay men and lesbians.

Gender Bending/ Blending: Dressing in such a way as to question the traditional feminine or masculine qualities assigned to articles of clothing or adornment.²⁷

Gender Identity: An identity, usually based on the body we are born with, i.e. the sexual organs. Someone who is assigned one gender at birth may not feel comfortable in that gender and struggle with feelings that identify more with another gender. Some may go through sexual reassignment surgery (SRS) to help their body (sex) match their feelings. See Sexual Reassignment Surgery (SRS).

²⁷ GLBT Definitions: Gender Bending/Blending. Out Front Minnesota, Minneapolis, MN 55409-1337, www.outfront.org, 2000.

Genderqueer: Someone who transgresses traditional gender boundaries and considers their gender as neither “man” or “woman”, but outside of the gender binary.

Gender Neutral Pronoun: A pronoun that is not associated with any gender. Examples of gender neutral pronouns are “hir” (to be used in place of her/him), “ze” (to be used in place of she/he) and “sie” (another form of “ze”).

Heterocentrism: Based on the term “egocentrism,” heterocentrism refers to the view that heterosexuality is all that exists. People who think from a heterocentrist perspective assume that single men they meet must be looking for a woman to date or that two middle-aged women who live together must be “very good friends” or “old maids” just waiting for the right man. Heterocentrists may not intend to be harmful, they just cannot see beyond their own values and experiences. Heterocentrists may be equally as discriminatory as heterosexists in the lack of recognition and acknowledgment of the needs of the lesbian or gay community.²⁸

Heterosexual: One who has significant sexual and romantic attractions primarily to members of the opposite sex.

Heterosexism: The institutional and societal reinforcement of heterosexuality as the privileged and powerful norm. The assumption that heterosexuality is good and acceptable, and that other sexual identities and attractions are bad and unacceptable.

Homophobia: Originally, an irrational fear of homosexuality and homosexuals. Developed into a term for the oppression of lesbians and gay men, and later into a term for all aspects of oppressions of lesbians, gays, and bisexuals. This oppression ranges from anti-gay prejudice/discrimination, verbal harassment, sexual assault, and rape, to murder based on the targeted person's (perceived) sexual orientation. May also include self-hatred and resistance to self-acceptance (internalized homophobia) by LGB persons.

Homophobe: One who is afraid of or oppresses people because of the actual or perceived sexual and romantic attractions to members of the same sex.

Homosexual: Formal or clinical term for gay, usually meaning gay male, sometimes meaning lesbian and gay persons, and occasionally including bisexual persons. The terms “homosexual” and “homosexuality” are often associated with the proposition that same-gender attractions are a mental disorder (a myth that was dismissed in 1973), and are therefore not often used by some people.

Internalized Homophobia: A self-hatred and resistance to self-acceptance by LGBT persons.

Lesbian: A woman who has significant physical, psychological and emotional attractions to some other women.

LGB/LGBT/LGBTQ/GLB/GLBT/GLBTQ: Acronyms used to refer to persons who identify as Lesbian, Gay, Bisexual, Transgender), or are Questioning their sexual orientation or identity.

MTF: Male to female. Used to specify the direction of sex or gender role change.

Omnisexual (also Pansexual): People who are have significant physical, psychological and emotional attractions to some other people regardless of sex or gender. Rejects that there is a gender binary.

(To Be) Out: To be open about one's sexual identity with someone or in a situation (*I am out at work.*)

Preoperative Transsexual (Pre-op TS): One who is actively planning to switch physical sexes.

²⁸ Hardin, Kimeron , Ph.D. *The Gay and Lesbian Self-Esteem Book: A Guide to Loving Ourselves.*

Queer: Reclaimed slang for the population of persons who identify as LGBT. Not accepted by all LGBT persons, especially those who recall the memories of abuse this word caused when used against them as youngsters. Queer is also used as a primary sexual identity. People who identify as queer often do so as a way to indicate progressive or radical political leanings and/or to resist the gender binary. For example, a woman who identifies as queer indicates that she has significant physical, psychological and emotional attractions to people of all sexes and genders.

Rainbow Flag: A multicolored flag that was originally designed for the 1978 Gay Pride celebration in San Francisco. The six rainbow colored stripes symbolize the diversity among the gay and lesbian population. The flags have become an international symbol of lesbian, gay, and bisexual freedom and pride.

Sexual Identity: How we label ourselves (heterosexual, bisexual, gay or lesbian)

Sexual Orientation: The direction (toward males, females, or both genders) of our emotional, social, psychological, and physical attractions. It is a continuum ranging from LGBT on one end to straight at the other end. Sexual orientations occur normally throughout the continuum.

Sexual Preference: This is an outdated term used to describe one's sexual orientation. Preference was changed to sexual orientation because it suggested people had a choice in how they developed their sexual and romantic attractions.

Sexual Reassignment Surgery (SRS): A surgical procedure that changes one's primary sexual organs from one sex to another (penis to vagina or vagina to penis).

Straight: Colloquial for heterosexual.

Survival Sex: Exchanging sex for money, shelter, food, etc., as a way to survive.

Transgender: The groups of all people who are inclined to cross the gender line, including transsexuals, cross-dressers, and gender benders. This is how the word is commonly used today. Referred to as the "umbrella definition" as it covers all behaviors that transcend traditional gender norms.

Transitioning: The process by which a person goes from being one gender to another. Since there is a broad spectrum when it comes to being one gender or the other, a person may exist anywhere along the continuum. That is, they may choose not to have SRS, they may choose to live their lives as non-op transsexuals, or cross-dressers.

Transphobia: A fear or hate of people whose gender identity or perceived gender identity does not match the societal norm or the sex with which they were born.

Transsexual: A person who thinks and may seriously act upon changing sexes through sexual reassignment surgery (see SRS). Pre-operative transsexuals include those not yet undergoing surgery; post-operative transsexuals are those who have received surgery; non-operative transsexuals are those who cannot or choose not to have surgery. Important note: all transsexuals refer to themselves by the pronoun of the gender they identify with, regardless if they are pre, post, or non-operative.

APPENDIX B:

MYTHS AND FACTS

Myths and facts regarding sexual assault exist in both the straight and LGBT communities. Since rape crisis centers use the concept of myths and facts in their daily work with survivors and in rape prevention education, below are a few common myths and facts that centers can utilize when working with LGBT survivors, in rape prevention education, or in the media to compliment their existing rape prevention work:

Myths	Facts
<ul style="list-style-type: none"> All gay men are “feminine” and all lesbians are “butch.” 	<ul style="list-style-type: none"> Lesbians and gay men run the gamut in regard to characteristics. Not everyone who is lesbian or gay can be identified by the way they walk, talk, or dress. This only perpetuates the stereotypes that exist regarding LGBT persons.
<ul style="list-style-type: none"> All gay men are hairdressers, interior decorators and have great fashion sense. 	<ul style="list-style-type: none"> Gay men can be hairdressers or interior designers; however, they can also be doctors, lawyers, professional baseball players, weightlifters, construction workers, etc. Thinking of gay men as having only stereotypical careers limits our ability to see that gay mens’ careers are not dictated by their sexual orientation or identity.
<ul style="list-style-type: none"> All lesbians are mechanics, plumbers and drive pick-up trucks. 	<ul style="list-style-type: none"> Lesbians can be mechanics or plumbers; however, they can also be, lawyers, doctors, hairdressers, dancers, singers, and fashion models etc. As with gay men, thinking of lesbians as having only stereotypical careers, only limits our ability to see that lesbians’ careers are not dictated by their sexual orientation or identity.
<ul style="list-style-type: none"> Bisexuals are confused, deceptive, and can’t make up their minds when picking a partner. 	<ul style="list-style-type: none"> It is true that for some people who are exploring their sexual identity, “bisexual” is a temporary label. However, many people identify as bisexual and have a lasting, deep sense of themselves as bisexuals. Also, people vary in their decision to pick intimate or romantic partners. This is not indicative of being bisexual or of anyone’s sexuality. Since bisexuals are attracted to both women and men, they may choose to be with someone of either sex based on their comfort level and attraction to them.
<ul style="list-style-type: none"> Bisexuals spread HIV to the straight and LGBT communities. 	<ul style="list-style-type: none"> Bisexuals, as a group, do not spread HIV. HIV is spread by unsafe sexual practices, needle sharing, etc. Anyone, regardless of sexual orientation or identity, can spread HIV.
<ul style="list-style-type: none"> Transgendered persons are “outcasts” who lead “abnormal” lives. 	<ul style="list-style-type: none"> Transgender people are not outcasts. They have feelings, goals, dreams, and desires just like everyone else. Many are teachers, parents, lawyers, and doctors and are our sisters, brothers, mothers and fathers. Many also lead successful and normal lives without any violence or discrimination.

Myths	Facts
<ul style="list-style-type: none"> • Being LGBT is a sickness that can be “cured.” 	<ul style="list-style-type: none"> • LGBT sexual behavior and relationships are found in all cultures and are even accepted in some cultures as an integral part of a community.
<ul style="list-style-type: none"> • All gay men are pedophiles. 	<ul style="list-style-type: none"> • 98% of male perpetrators of child sexual abuse self-identified as heterosexual.³² Child sexual abusers are sex offenders and are not necessarily gay.
<ul style="list-style-type: none"> • AIDS is an LGBT disease. 	<ul style="list-style-type: none"> • AIDS is a disease that affects all people regardless of sexual orientation, gender identity, age, socioeconomic background, or social class.
<ul style="list-style-type: none"> • LGBT people want “equal” rights, but really they mean “special” rights. 	<ul style="list-style-type: none"> • LGBT individuals do not want “special” rights, only those rights that are afforded to heterosexuals and cisgendered individuals: the right to live without discrimination, hate, and contempt.

³² GLBT Definitions: Gender Bending/Blending. Out Front Minnesota, Minneapolis, MN 55409-1337, www.outfront.org, 2000.

APPENDIX C:

STAGES OF COMING OUT

Adapted from articles in Nancy J. Evans and Vernon A. Wall (eds.) Beyond Tolerance: Gays, Lesbians, and Bisexuals on Campus, American College Personnel Association, 1991. Note: It has been provided simply as a guideline in understanding the coming out process and is not designed to clinically diagnose.

1. Coming Out Identity Confusion:

- **"Could I be lesbian, gay, bisexual or transgender?"** Denial and disownment. Person is beginning to wonder if homosexuality or transgenderism is personally relevant.
- **Possible responses:** Avoids information about homosexuality; inhibits behavior; denies homosexuality ("experimenting", "an accident", "just drunk"). Keeps emotional involvement separate from sexual contact, keeps relationships non-sexual, though strongly emotional.
- **Possible needs:** To explore internal positive and negative judgments. Be permitted to be uncertain regarding sexual identity. Find support in knowing that sexual behavior occurs along a spectrum. Receive validation and encouragement to explore sexual identity as a normal experience (like career identity, social identity, etc.).

2. Identity Comparison:

- **"Maybe this does apply to me."** Accepts possibility that he or she may be LGBT. Self-alienation becomes isolation.
- **Possible responses:** Begin to grieve loss-the things he or she will give up by embracing an "alternative lifestyle." Compartmentalizes own sexuality or true gender. Accepts "homosexual" or "transgender" definition of behavior but maintains "heterosexual" or "cisgender" identity of self. Tells oneself: "It's only temporary"; "I'm just in love with this particular man/woman", etc.
- **Possible needs:** Very important that the person develops own definitions. Needs information about sexual orientation or gender identity, LGBT community resources. Needs encouragement to talk about the loss of heterosexual life-expectations. Be permitted to keep some "heterosexual" or "cisgender" identity (identity is not an "either/or" issue).

3. Identity Tolerance:

- **"I'm not the only one."** Accepts probability of being homosexual and/or transgender. Recognizes sexual, social, and emotional needs that go with being "LGBT."
- **Possible responses:** Beginning to have language to talk and think about the issue. Recognition that being LGBT does not preclude other options. Accentuates differences between self and heterosexuals or cisgendered individuals. Seeks out LGBT culture (positive contact leads to more positive

sense of self; negative contact leads to devaluation of the culture). May try out variety of stereotypic roles.

- **Possible needs:** Be supported in exploring own shame derived from heterosexism or cisgenderism, as well as external heterosexism. Receive support in finding positive LGBT community connections. It is particularly important for the counselor to know of community resources.

4. **Identity Acceptance:**

- **"I will be OK."** Accepts, rather than tolerates, self-image and there is continuing and increased contact with the LGBT culture.
- **Possible responses:** Accepts a LGBT self-identification. May compartmentalize "LGBT life." Maintains less and less contact with heterosexual or cisgender community. Attempts to "fit in" and "not make waves" within the LGBT community. Begins some selective disclosures of identity. More social coming-out: more comfortable being seen with groups of people who are identified as "LGBT".
- **Possible needs:** Continue exploring grief and loss of heterosexual or cisgender life expectations. Continue exploring internalized "homophobia" and "transphobia" (learned shame from heterosexist and cisgenderist society). Find support in making decisions about where, when, and to whom he or she self-discloses.

5. **Identity Pride:**

- **"I've got to let people know who I am!"** Immerses self in LGBT culture. Less and less involvement with heterosexual or cisgender community. "Us vs. Them" quality to political and social viewpoints.
- **Possible responses:** Splits world into "LGBT" (good) and "straight" (bad). Experiences disclosure crises with heterosexuals and cisgender individuals, as she or he is less willing to "blend in". Identifies LGBT culture as sole source of support; all LGBT friends, business connections, and social connections.
- **Possible needs:** Receive support for exploring possible issues of anger towards straight and cisgender individuals. Find support for exploring issues of identity and discrimination. Develop skills for coping with reactions and responses to disclosure of sexual identity or gender identity. Resists being defensive about being LGBT.

6. **Identity Synthesis:**

- **Develops holistic view of self.** Defines self in more complete fashion, not just in terms of sexual orientation or gender identity.
- **Possible responses:** Continue to be upset at heterosexism and cisgenderism, but with decreased intensity. Allows trust of others to increase and build. LGBT identity is integrated with all aspects of "self". Feels all right to move out into the community and not simply define space according to sexual orientation or gender identity.

APPENDIX D:

IS YOUR CENTER LGBT AFFIRMATIVE?

Rape crisis centers provide services that cater to a diverse clientele, including the LGBT community. Below is a checklist adapted from N.S. Eldridge and D.C. Barnett's "Counseling Lesbian and Gay Students" to help create a welcoming environment for your LGBT clients.

- _____ If your center uses a form to collect personal data from new clients, does your form offer a place to validate a significant relationship or does the form simply offer check-off boxes for "married," "divorced" and "single"? If the form asks for family data, is there a place to record information about "domestic partner?"

- _____ If your center uses a form to collect personal data from new clients, does your form offer a write in option when asking for gender identity so clients can write in their own identification?

- _____ If a new client requests to see an LGBT counselor for an intake, will an attempt be made to honor the request if there is an LGBT staff person? Discuss how staff will deal with survivors requesting to be assigned to an LGBT counselor for services.

- _____ When providing outreach, do educators use neutral language so LGBT participants can apply concepts to themselves without having to translate pronouns or labels to "fit?"

- _____ Do handouts at your center utilize neutral language? (E.g. "domestic partner" vs. "spouse")

- _____ If your center publishes its own non-discrimination statement, does it include sexual orientation?

APPENDIX E:

RESOURCES

This list has been designed to include some helpful numbers for quick reference to LGBT agencies, hotlines, and websites. There are several other websites and hotlines; most can be obtained through your local LGBT center.

Phone Numbers/Hotline Numbers

AIDS in Prison Project (Tu,W,Th, 3p -8p Eastern; all collect calls accepted)	1-718-378-7022
GLBT National Help Center (M-F, 1p – 9p; Sa, 9a – 2p)	1-888-843-4564
GLBT National Youth Talk Line (M-F, 5p-9p)	1-800-246-7743
HIPS Hotline (24-hour Harm Reduction for Sex Workers)	1-800-676-4477
National AIDS Hotline	1-800-232-4636 TTY 1-888-232-6348
National Runaway Switchboard (24-hour)	1-800-621-4000 TTY 1-800-621-0394
Trevor Project (24hour LGBT youth suicide line)	1-800-850-8078
Women Alive (HIV Positive Women, M-F, 11a -6p)	1-800-554-4876

LGBT Websites

Advocates for Youth	www.advocatesforyouth.org
American Institute of Bisexuality (Bisexual Resource)	www.bisexual.org
National Coalition of Anti-Violence Programs	www.avp.org
BinetUSA (Bisexual Resource)	www.binetusa.org
Bisexual Resource Center	www.biresource.org
CUAV (Communities United Against Violence)	www.cuav.org
DeafQueer (Deaf/Hard of Hearing LGBT)	www.deafqueer.org
FTM International	www.ftmi.org
GLAAD (Gay and Lesbian Alliance Against Defamation)	www.glaad.org
GSA Network	www.gsanetwork.org
Human Rights Campaign	www.hrc.org
LAMBDA GLBT Community Services	www.lambda.org
National Gay and Lesbian Task Force	www.nglftf.org
National Organization for Women (NOW)	www.now.org
PFLAG (Parents, Family and Friends of Lesbians and Gays)	www.pflag.org
Rural Resources	www.ruralgay.com
Survivor Project	www.survivorproject.org
Youth Resources	www.youthresource.com

LGBT Centers in California

A list of LGBT centers in California has been provided as a resource to help rape crisis centers in referring potential clients to LGBT specific resources. Services may vary from center to center. Centers may provide support groups for sexual assault survivors, coming out concerns, HIV information and hate crime information.

The Jeffery Owens Community Center

Mailing Address Only:
5198 Arlington Avenue #922
Riverside, California 92504
Phone: 909-538-1338
Website: www.jocc.org
Email: jocc-info@jocc.org

Sacramento Gay and Lesbian Center

1927 L. Street
Sacramento, CA 95811
Phone: 916 442-0185
Fax: 916-312-1840
Website: www.saccenter.org
Email: info@saccenter.org

Pacific Center for Human Growth

2712 Telegraph Avenue
Berkeley, CA 94705
Phone: 510-548-8283
Fax: 510-548-2938
Website: www.pacificcenter.org
Email: info@pacificcenter.org

Pacific Pride Foundation

126 E. Haley Street, Suite A11
Santa Barbara, CA 93101
Phone: 805-963-3636 x103
Website: www.pacificpridefoundation.org
Email: ppf@pacificpridefoundation.org

Rainbow Community Center of Contra Costa County

3024 Willow Pass Road Ste 200
Concord, CA 94519
Phone: 925-692-0090
Fax: 925-692-0091
Website: www.rainbowcc.org
Email: rcc@rainbowcc.org

San Francisco LGBT Community Center

1800 Market Street
San Francisco, CA 94102
Phone: 415-865-5555
Fax: 415-437-2259
Website: www.sfcenter.org
Email: center@sfcenter.org

Solano Pride Center

PO Box 225
Fairfield, CA 94533
Phone: 707-427-2356
Website: www.solanopride.org
Email: SolanoPrideCntr@aol.com

The South Bay Center

16610 Crenshaw Blvd.
Torrance, CA 90504
Phone: 310-328-6550
Website: www.southbaycenter.org
Email: thecenter@southbaycenter.org

Spectrum Center for Gay, Lesbian and Bisexual Concerns

30 North San Pedro Road, Suite 160
San Rafael, CA 94903
Phone: 415-472-1945
Fax: 415-472-2185
Website: www.spectrumlgbtcenter.org
Email: info@spectrumlgbtcenter.org

Stonewall Alliance Center

358 E. 6th Street
Chico, CA 95928
Phone: 530-893-3336
Fax: 530-893-3338
Website: www.stonewallchico.org
Email: Center@stonewallchico.org

**The Billy DeFrank Lesbian & Gay
Community Center**

938 The Alameda
San Jose, CA 95126
Phone: 408-293-3040
Fax: 408-298-8986
Website: www.defrank.org
Email: info@defrank.org

**The Gay & Lesbian Center of Greater
Long Beach**

2017 E. Fourth Street
Long Beach, CA 90814-1001
Phone: 562-434-4455
Website: www.centerlb.org
Email: helpdesk@centerlb.org

**The Gay & Lesbian Center of Orange
County**

1605 N. Spurgeon Street
Santa Ana, CA 92701
Phone: 714-953-5428
Fax: 714-246-8907
Website: www.thecenteroc.org
Email: frontdesk@thecenteroc.org

Ventura County Rainbow Alliance

Mailing: PO Box 6844
Ventura, CA 93006
By Appointment Only:
The Chase Building
921 Main Street
Ventura, CA 93001
Phone: 805-653-5711
Website: www.lgbtventura.org
Email: patrick@LGBTventura.org

**The San Diego Lesbian, Gay,
Bisexual, Transgender Community
Center**

3909 Centre Street
San Diego, CA 92103
619-692-2077 phone
619-260-3092 fax
Website: www.thecentersd.org
Email: centerinfo@thecentersd.org

**The Los Angeles Gay & Lesbian
Center**

1625 N. Schrader Blvd.
Los Angeles, CA 90028
Phone: 323-933-7400
Fax: 323-933-7499
Website: www.laglc.org
Email: gbaldwin@laglc.org

Santa Cruz County LGBT Center

1117 Soquel Ave.
Santa Cruz, CA 95060
Mailing: PO Box 8280
Santa Cruz, CA 95061
Phone: 831-425-5422
Fax: 831-425-0743
Website: www.diversitycenter.org
Email: info@diversitycenter.org

**The Wayne McCaughan Community
Pride Center**

1060 Palm Street
San Luis Obispo, CA 93401
Phone: 805-541-4252 phone
Fax: 805-545-7968
Website: www.ccgala.org
Email: email@ccgala.org

APPENDIX F:

SUGGESTED READINGS AND VIDEOS

This is a partial list of articles, books and videos pertaining to the LGBT community and sexual assault available to rape crisis center programs through CALCASA's Rape Prevention Resource Center Library. Please contact Villena Kournis, CALCASA's Administrative and Library Associate, at 916-446-2520, Ext. 320 for a complete list of bibliographies.

ART I.ASB 23.3 281,
Hickson, Ford C and Coxon, Anthony P.M. Gay men as victims of nonconsensual sex. Archives of Sexual Behavior, Vol. 23, No. 3, [1994].

ART I.DEN 9.95
Lowers, Jane. Rape: when the assailant is one of our own. Deneuve, [September/October 1995].

ART I.GIR 11.98 18
Malhotra, Kiran. Silent survivors: opening the closet door on lesbian rape. Girlfriends, [November 1998].

ART I.PSR 66.1 65
Duncan, David F. Prevalence of sexual assault victimization among heterosexual and gay/lesbian university students. Psychological Reports, Vol. 66 No. 1, [1990].

ART J.JFV 15.3 281
Turell, Susan C. A descriptive analysis of same-sex relationship violence for a diverse sample. New York, NY: Journal of Family Violence, [September 2000].

ART J.SAR 1.1 4
Sexual assaults increase against gays and lesbians. Kingston, NJ: Sexual Assault Report, Vol. 1, No. 1, [September/October 1997].

HQ 76 .2.U5 A75 1996
Leong, Russell. Asian American sexualities: dimensions of the gay and lesbian experience. New York: Routledge, [1996].

HQ 76.2 .U5 I85 1991b
Island, David and Rhodus, Tom L. Men who beat the men who love them: battered gay men and domestic violence. New York: Harrington Park Press, [1991].

HQ 77.9 .F45 1996
Feinberg, Leslie. Transgender warriors : making history from Joan of Arc to RuPaul. Boston: Beacon Press, [1996].

HV 1449 .L494 1995
Hidalgo, Hilda. Lesbians of color: social and human services. New York: Haworth Press, [1995].

PS 509 .L47 C65 1994

Ramos, Juanita. Compañeras: Latina lesbians: an anthology. New York: Routledge, [1994].

PS 509 .L47 V47 1994

Lim-Hing, Sharon. The very inside: an anthology of writing by Asian and Pacific Islander lesbian and bisexual women. Toronto, Ont: Sister Vision Press, [1994].

VID .277

42 min. My girlfriend did it. St. Paul, MN: Casa de Esperanza.