THE IMPACT ON INDIVIDUALS & COMMUNITIES

SEXUAL VIOLENCE & INDIVIDUALS WHO IDENTIFY AS LGBTQ

NSVRC
national sexual violence resource center

PCAR
PENNSYLVANIA COALITION AGAINST RAPE

The impact on individuals & communities

Sexual violence & individuals who identify as lgbtq

The purpose of the guide is to provide information to community-based sexual violence program advocates, counselors, preventionists and administrators on responding to sexual violence against individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ). This resource is designed in hopes of assisting them in providing programs and services that are shaped by the strengths, needs, and experiences of LGBTQ communities.

Despite the advances made in policy, media, and individual understanding, our society continues to discriminate against and target LGBTQ communities with hate crimes, discrimination and other injustices. Therefore, individuals who identify as LGBTQ may experience heightened isolation, shame, hypervigilance, struggles with disclosure, secrecy, and vulnerability in relation to their sexual orientation or gender identity (Struve, 1997). Victims who identify as LGBTQ may face a "double layered" impact of these factors – they experience not only the stigma of sexual assault but also on their sexual orientation or gender identity. As a result, they may not feel welcome or satisfactorily served within traditional service systems.

People who identify as LGBTQ are incredibly diverse. Individuals may also identify by race, class, generation/age, biological sex, ethnicity, ability, political affiliation, profession, religion, geographical location, parental status, and other identifiers. As with all survivors, it is important to meet individuals who identify as LGBTQ where they are at and not make assumptions based on their sexual orientation or any other aspect of their identity. It is important to work within an empowering model

that acknowledges individuals as their own life experts and community members as critical to the prevention of sexual violence.

Building accessible and competent programs and services requires a commitment to continuous learning and improvement. Cultural understanding with any group, including people who identify as LGBTQ[1], requires a daily commitment, one that is flexible and open to change. Therefore, this guide is intended to provide some of the most current and accessible information and resources, with the

knowledge that advocates will continue to learn as new understandings emerge. This guide cannot fully capture the complexities and diversity within LGBTQ communities. While it cannot provide an exhaustive discussion of these complexities, it does provide an overview of issues, and provides some context for the experience of many survivors of sexual violence who identify as LGBTQ. Furthermore, this guide is offered with the understanding that communities will take this information and adapt it so that it is appropriate for their local community.

1 In an attempt to honor people as individuals first and not by a particular aspect of who they are, and for the sake of consistency in the guide, we have used terms like "individuals who identify as …". The selection and use of the term "LGBTQ" in this guide is intentional as most of the available research is about people who identify as LGBTQ. It is not meant to exclude people who might identify differently. For more information about language and having discussion around gender, see the NSVRC's *Talking about gender & sexuality: Sexual violence & individuals who identify as LGBTQ*

Sexual violence and LGBTQ communities

The statistics and information available on the prevalence of sexual violence in LGBTQ communities, as with all research about marginalized groups, do have limitations. Population-based studies, like the U.S. Census, have not typically included questions about sexual orientation and gender identity, limiting the census-related data available on LGBTQ communities.

Because research is constantly emerging, below are some available data:

- While women who identify as lesbian are slightly less likely to be sexually assaulted in adulthood than women who identify as heterosexual (Hughes, Haas, Razzano, Cassidy, & Matthews, 2000; Long, Ullman, Long, Mason, & Starzynski, 2007), they are more likely to experience gang rape than heterosexual women (Hughes et al., 2000).

- Male victims of sexual assault may have difficulty integrating their experience due to the myth that men cannot be raped. Male rape is also often minimized based on the stereotype that gay-identified men are overly sexual beings who invite and want sexual contact all of the time. When men who identify as gay are raped by strangers they are more likely to be blamed for their trauma experience and perceived as unconsciously desiring victimization (Wakelin & Long, 2003; Washington Coalition of Sexual Assault Programs [WCSAP], 2003).

- People who identify as transgender are often targeted for sexual violence because of their gender non-conformity (Kidd & Witten, 2007; Lombardi, Wilcins, Priesling, & Malouf, 2001; Mizock & Lewis, 2008).

- In a study of 162 men who identified as gay and 111 women who identified as lesbian, 52% of the participants reported at least one incident of sexual assault/coercion (Waldner-Haugrud & Gratch, 1997). In this same study, men who identified as gay reported 1.6 incidents per person on average; in comparison there were 1.2 incidents per person reported by the women participants who identified as lesbian.

- In a study of 152 individuals who identified as gay or lesbian, 41% of the women who identified as lesbian self-identified as a victim of child sexual abuse, sexual assault, sexual abuse as an adult, sexual harassment or attempted assault (Sloan & Edmond, 1996). Of those, 57% identified as being victims of child sexual abuse (twice the rate of male respondents), 38% identified sexual harassment, 21% identified attempted sexual assault, and 21% identified sexual assault.

Sexual violence in intimate relationships
The National Violence Against Women Study estimates that almost eight percent of women and less than one percent of men reported a history of sexual violence in their intimate relationships (Tjaden & Thoennes, 2000). Additional studies estimate between 44%-60% of women who experienced other forms of intimate partner violence have reported being sexually abused in their intimate relationships (Cattaneo, Deloveh, & Zweig, 2008; Howard, Riger, Campbell, & Wasco, 2003). These studies did not differentiate between heterosexual, gay, lesbian or bisexual relationships. One study found that violence in same-sex relationships occurs at roughly the same rate as violence in heterosexual relationships (Elliot, 1996).

Because of the lack of adequate research examining prevalence rates of sexual victimization in intimate relationships of heterosexual and respondents who identified as LGBTQ within the same studies, comparison across groups is difficult (Gentlewarrior & Fountain, 2009). One study did find that similar strategies were used by sexually coercive partners in both heterosexual and same-sex relationships. Abusive or violent partners may use alcohol and drugs, guilt, and the perceived emotional vulnerability of their victims as part of the sexual coercion (Christopher & Pflieger, 2007). Specific forms of control and manipulation that perpetrators use to harass and intimidate their partners in

LGBTQ relationships may include outing a partner's sexual orientation to family, employer, or community; reinforcing fears that no one will help; or monopolizing the support resources in the often small LGBTQ community.

According to the National Gay and Lesbian Task Force (NGLTF), protections for those in same-sex relationships vary by state. Some states have domestic violence laws that are gender neutral and include household members and dating partners, others have laws that are gender neutral but apply to only household members, while others have laws that explicitly exclude survivors of domestic violence within same-sex relationships.

Hate-motivated or bias-oriented violence
People perceived to be challenging sexual and gender norms are often targeted for sexual violence. Hate-motivated acts of violence can include but are not limited to hate crimes, a legal definition which refers to acts determined by law to be a crime, such as assault, vandalism, or homicide, where the motive (or one of the motives) of the offenders is bias against the perceived identity of the person they are targeting (National Coalition of Anti-Violence Programs [NCAVP], 2010). Many acts of hate-motivated violence, such as hate speech, are not illegal, but may still have serious and traumatic impacts on the individuals who survive them, as well as their friends, families, and communities (NCAVP, 2010). Many individuals who identify as LGBTQ also face bias because they belong to other traditionally discriminated against groups based on identity such as race, class, incarceration history, immigration status, or physical or cognitive ability (NCAVP, 2010).

Individuals who identify as lesbian, gay and bisexual reported similar rates of bias-oriented sexual violence, meaning sexual violence was directed toward them because of their sexual or gender identity. Women who identify as lesbian or bisexual experienced more instances of sexual violence that were not attributed to homophobia/biphobia compared to men who identify as gay or bisexual (Herek, Cogan, & Gillis, 2002). It can be inferred that this difference underscores the risk for sexual abuse associated with being female in U.S. culture (Gentlewarrior & Fountain, 2009). Women who identify as lesbian or bisexual experience sexual violence based in both gender bias and homophobia/biphobia (Gentlewarrior & Fountain, 2009).

Adult survivors of child sexual abuse
In one study of women who identify as lesbian or bisexual, 39.3% report sexual victimization before the age of 16 (Morris & Balsam, 2003). This study also found that participants who were victimized in childhood were four times more likely to experience the same type of victimization (sexual or physical) in adulthood and about twice as likely to experience another type of victimization in adulthood. The limited research that has compared the rates of child sexual abuse (CSA) experienced by women who identify as lesbians of color versus those who identify as white suggests that women who identify as lesbians of color often experience victimization, including CSA (Descamps, Rothblum, Bradford, & Ryan, 2000), at higher rates than do white women (Morris & Balsam, 2003). CSA experienced by women who identify as lesbians and bisexual is associated with an overall increased rate of psychological distress, revictimization later in life, depression,

alcohol abuse, and high-risk sexual behaviors (Descamps et al., 2000; Morris & Balsam, 2003).

When researching the experiences of male survivors of CSA who identify as gay, abuse was often characterized by high levels of forced penetration, physical force, instances of multiple perpetrators, and abuse that occurred over an extended period of time (Paul, Catania, Pollack, & Stall, 2001). The vast majority of adult male survivors of CSA who also identify as gay or bisexual found the abuse upsetting at the time of the victimization and approximately half continue to find memories of the trauma upsetting (Paul et al., 2001). Histories for adult male survivors of CSA who identify as gay or
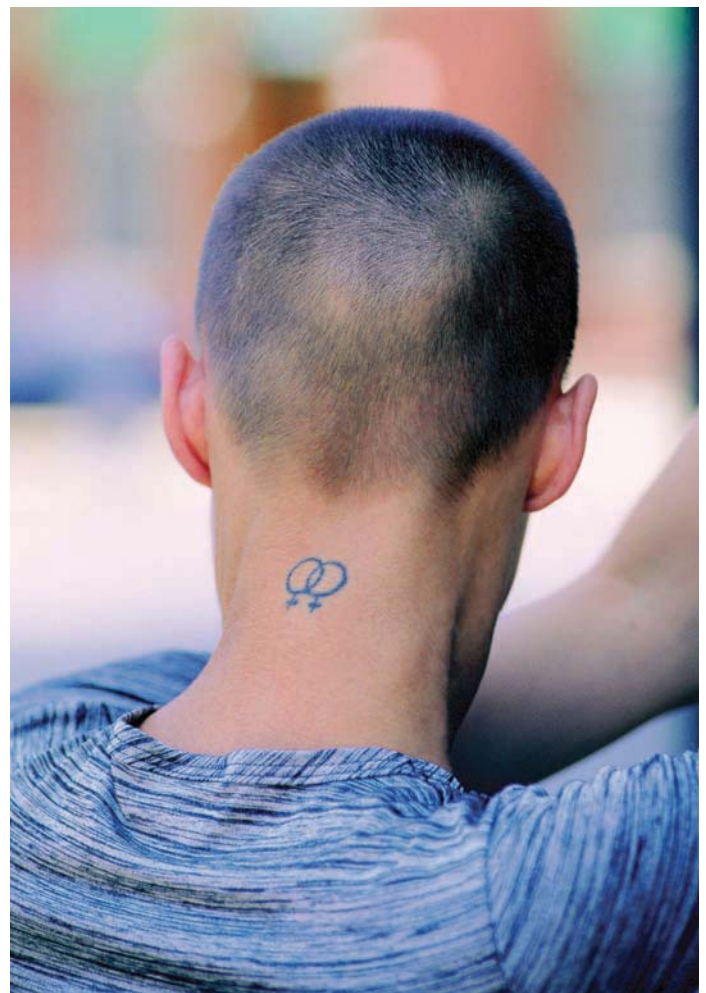
bisexual include a range of difficulties including mood disorders, chemical dependency, and HIV/AIDS because of high-risk sexual behavior (Brady, 2008; Brennan, Hellerstedt, Ross, & Welles, 2007; King, 2000; Paul et al., 2001).

There is a high prevalence of sexual assault and rape starting at a young age for individuals who identify as transgender (Stotzer, 2009). Much of the abuse and violence towards people who identify as transgender is committed before the age of 18 (Kidd & Witten, 2007). Boys who display behaviors typically viewed as feminine are at an increased risk for all kinds of victimization – including sexual trauma (Brady, 2008).

Serving survivors who identify as LGBTQ

Marginalized and traditionally oppressed groups, such as LGBTQ communities, often face complex barriers to getting help. These barriers can arise from both internal and external homophobia, biphobia, transphobia and heterosexism. While it is important to acknowledge the diversity within LGBTQ communities, and to not make assumptions, there may be some common concerns for victims who identify as LGBTQ that advocates can consider. Consider some of the following barriers:

- Harmful myths and stereotypes about people who identify as LGBTQ exist both within and outside of LGBTQ communities. People who identify as transgender often face magnified stereotypes, judgments, and misconceptions, which are even more deeply rooted in our society, including within LGBTQ communities.

- Additional barriers exist if the victim also lives with a disability, is a person of color, is in later life, is a non-English speaker, is an undocumented immigrant or has unstable citizenship status, is in substance abuse recovery, is living in poverty, or is otherwise part of a nondominant group. Layers of oppression can deeply influence the ways in which individuals experience sexual violence and the options available for help.

- If a survivor is not out, sharing or reporting the assault may be difficult or even impossible. A victim may fear being outed if the perpetrator was a partner or acquaintance, or if the assault occurred in a place that may out them (i.e., queer bar, LGBTQ meeting place, etc.). The victim may also fear being outed by the service provider. For some people, especially individuals

who identify as transgender, being out may increase their risk for violence.

- Body shame and discomfort may be a service barrier for survivors who identify as transgender. Sexual violence may involve parts of the body they are uncomfortable with or no longer recognize as part of their new identity, adding to the trauma.

- There is a lack of specific and adequate services for individuals who identify as LGBTQ. There are even fewer resources specifically addressing the experiences of individuals identifying as transgender, as traditional social service models do not create space for gender variance or non-conformity. For instance, will a hotline counselor assume a male voice on the other end is a perpetrator and not a survivor? Can a transgender person (female to male) access services for male victims if biologically female but identifying and appearing as a male? How would that person be received in a support group? Can a transgender woman (male to female) become a volunteer at the rape crisis center if the center has gender restrictions allowing only female volunteers?

- As LGBTQ communities may be small and tight-knit, seeking services at an LGBTQ-identified agency may take away the option of anonymity, and may even require interacting with friends of the perpetrator. Confidentiality may not be a reality for some survivors who identify as LGBTQ. Additionally, individuals who identify as LGBTQ may be reluctant to report or get help for sexual violence for fear that doing so will bring more negative attention from society to LGBTQ communities.

- Historically, because of homophobia and heterosexism, many survivors who identify as LGBTQ have not been treated with compassion or understanding by social systems such as medical, law enforcement, mental health, legal, education, rape crisis, and others. Therefore, they may be wary of reaching out to a mainstream provider in a crisis situation. Many LGBTQ-identified people may not trust the police because of insensitive or outright discriminatory treatment in the past. This is especially true for communities of color and transgender communities.

- Some victims have not been taken seriously and have instead had their experiences minimized or sensationalized by service providers. This is often because of stereotypes and misconceptions about sexual violence in general and specifically about sexual violence against people identifying as LGBTQ. In particular, many individuals who identify as transgender have been met with judgment and lack of sensitivity and understanding.

- Medical care and SAFE exams

Building agency capacity
Some organizations may take a "We treat everyone the same" approach to serving victims who identify as LGBTQ. This approach often comes from the belief that the best way to ensure equal treatment and accessibility is to treat everyone the same. Unfortunately, this approach does not recognize that accessibility and cultural competence involve being responsive to both similarities and differences between individuals and communities.

"SOMETIMES EQUALITY MEANS TREATING PEOPLE THE SAME DESPITE THEIR DIFFERENCES, AND SOMETIMES IT MEANS TREATING PEOPLE AS EQUALS AND ACCOMMODATING THEIR DIFFERENCES."

— SASKATCHEWAN AD HOC COMMITTEE ON ABUSE IN LESBIAN RELATIONSHIPS, N.D.

The reality is that survivors who identify as LGBTQ face unique challenges because of bias and discrimination in society. This discrimination leads to unique issues that need to be addressed. Many of these issues, such as coming out, have a direct bearing on safety and it is important to look at background and community experiences when serving individuals (Pilarhernal, Almeida, & Dolan-Del Vecchio, 2005). Although it may come from a place of genuine concern, the "We treat everyone the same" approach is the equivalent of the "colorblind" approach to racism, and can lead to a denial of differences and a failure to acknowledge the context of how homophobia can impact an individual who identifies as LGBTQ (Langley, 2001).

Considerations for ensuring culturally competent practice
Individuals who identify as LGBTQ live life in the context of oppression – oftentimes, their trust has been violated by our society's discriminatory practices, so outreach efforts should be continuous and in multiple settings. This could mean having a booth at local LGBTQ community events or purchasing ad space in LGBTQ publications. These long-term outreach efforts will cultivate trust and demonstrate a commitment to providing competent services. Cultural competence is an ongoing, long-term commitment to continue to expand one's education and understanding about the complexities of diverse cultural groups – not a checklist of static characteristics about any specific culture or group. This is true when working with LGBTQ communities as well. It is important to understand that there are cultural differences among victims who identify as LGBTQ. In other words, just because

one person in the LGBTQ community dresses, speaks, acts, and identifies a certain way does not mean that everyone else does as well. It is important that practice is informed by an understanding of terminology. For example, sexual orientation and gender identity are distinct, so being accurate when using both terms is important. Sensitivity to the implications and limitations of language is critical when working with any group. For example, using the term, "LGBTQ" only makes sense if an agency is addressing issues of each community. Using the acronym can be problematic at times, because individual communities represented within that broad term can get lost. It may not always be appropriate to use "LGBTQ," especially when

outreach efforts are targeted for a specific community such as lesbian-specific outreach efforts. The following are some examples of how to infuse cultural competence into practice.

Serving all survivors: Using existing skills and approaches

1. As with any population, when working with individuals who identify as LGBTQ, advocates can draw from their skills in providing services that are person-centered, compassionate, sensitive, respectful, and non-judgmental. It is important to balance the general tenets of advocacy with specific skills in cultural competency and

an understanding of the oppression and diversity within LGBTQ communities.

2. Advocates can play a helpful role in supporting individuals' rights to self-determination. This includes supporting individuals in determining to whom they are out. For many people this is a critical factor in feeling in control. Victims may not be out to themselves and might be uncomfortable talking about their sexuality or gender identity. It is critical that survivors are able to come out at their own pace if they choose to come out at all.

3. Advocates can help individuals who identify as LGBTQ in navigating their options, discuss safety, coping mechanisms, support systems, and possible health, mental health, legal, and other services. Advocates may have to be especially resourceful when looking at safety options as the survivor may have faced discrimination from traditional service providers in the past or have little social support.

4. It is helpful for advocates to be knowledgeable about the LGBTQ-specific groups and resources in their local communities and to build proactive relationships with such groups so they can then provide meaningful information and referrals.

5. Choices made by a survivor may or may not be related to sexual orientation or gender identity. For some survivors who identify as LGBTQ, their gender identity or sexual orientation may not be the most pressing issue.

Being aware of the implications and limitations of language

Terminology has a real impact on people; it is not just a matter of political correctness. Respecting how an individual chooses to identify is paramount, given that labels change over time and may vary depending on someone's cultural and economic background, age, geographic region, or political ideas. It is helpful to respect how each person self-identifies and then to mirror that language. This conveys respect and openness. (See *Talking about gender & sexuality: Sexual violence & individuals who identify as LGBTQ*)

1. Not all victims use the same language to describe their sexual orientation or gender identity and may not identify with the/an LGBTQ community. For instance, the terms "gay" and "lesbian" are not always preferred by LGBTQ communities of color, since there is a strong image of the gay and lesbian movement being a white, middle-class political movement. Some individuals who identify as LGBTQ might use terms like 'in the life' or 'same-gender loving.' 'Queer' can be offensive to some, while others use it as a way to reclaim the word and to identify themselves. Some people dislike the term 'homosexual,' because of its history of being a psychological or medical classification of a mental disorder (this classification was changed in 1974 and same sex attraction is no longer considered a mental illness). Some people prefer not to apply labels to themselves at all. In the spirit of meeting people where they are and practicing person-centered services, advocates can ask individuals about the language and terminology they prefer to use to describe their own experiences.

helps to create a larger climate that is free from heterosexism.

How to be an ally

Regardless of sexual orientation or gender identity, people have preconceived notions and biases toward others. As victim service providers, it is critical to examine and address bias. Just as cultural competence is a lifelong journey that requires ongoing education, resources, and support, so is the process of understanding and addressing one's personal biases. It is helpful to work with colleagues, supervisors, and others in learning how to pay attention to inner thoughts when facing various situations. The first step toward understanding and processing prejudices and biases is getting to the roots of any biased or prejudiced feelings.

Understanding heterosexual privilege and homophobia at individual, organizational, and societal levels is a critical component of person-centered, compassionate, effective counseling and advocacy and integral to cultural competence. Seeking out education and resources about gender identity and sexual orientation is a first step. There are many opportunities and trainings that can offer advocates an appropriate venue for exploring heterosexism, homophobia, privilege, bias, oppression and diversity within LGBTQ communities. Survivors should not expect to educate their service providers about these complexities, since their main concern is to heal from their experience with sexual violence.

2. Using gender-neutral language can be very meaningful and helpful. For example, using gender-neutral language when exploring a client's support system (for instance saying partner, significant other, or spouse, instead of boyfriend or girlfriend, husband or wife, etc.) can help to convey respect and openness. It is also helpful to use gender-neutral pronouns when discussing the perpetrator and not assuming just because the survivor identifies as LGBTQ that the perpetrator was someone of the same sex. Using gender-neutral language not only conveys validation and openness to individuals who identify as LGBTQ; it also

about sexual violence occurring not just in a patriarchal context of males using power and control over females but as occurring by and against both men and women and people who identify otherwise? Had you previously considered hate and fear as motivators of sexual violence?

Resiliency is one of the greatest strengths of many individuals who identify as LGBTQ; by necessity, creativity and the will to survive are hallmarks of many LGBTQ communities (NCAVP, 2010). In the face of hate violence, discrimination, stigma, and stereotyping, LGBTQ communities have long drawn on these resources to challenge oppression and sustain their identities (NCAVP, 2010). By working in partnership with LGBTQ communities, rape crisis centers can help mobilize this communal and individual resiliency to bring about better outcomes for survivors of sexual violence who identify as LGBTQ.

About This Resource

Throughout this guide, the terms "victim" and "survivor" are used interchangeably to be inclusive of the various ways people who have experienced sexual violence may identify. The Pennsylvania Coalition Against Rape (PCAR) recognizes and supports the use of person-first terminology that honors and respects the whole person, which is also reflected in this guide. Finally, the Pennsylvania Coalition Against Rape (PCAR) acknowledges that individuals should ultimately choose the language that is used to describe their experiences and therefore, supports advocacy approaches that are person-centered and that use the terminology preferred by individuals they serve.

Concluding thoughts

Victims who identify as LGBTQ experience sexual violence within a context of oppression and face numerous barriers to getting help after an assault. By providing culturally responsive services that take into consideration the unique strengths and needs of LGBTQ-identified survivors, rape crisis centers are in a unique position to open some of the doors that had once been closed to this underserved group.

What issues come up for you as you think

About the Author

Sarah Dawgert, MSW, is a consultant to organizations working to empower communities and increase awareness of issues surrounding women's health and wellness. Sarah has worked in the anti-poverty and anti-sexual violence movements since 1996. Prior to launching her current consulting firm, Sarah managed the education and volunteer programs at the Boston Area Rape Crisis Center. She also spent several years working with homeless and low-income women and families in San Francisco's Tenderloin neighborhood. Sarah has trained and coordinated community educators, developed and implemented needs/strengths assessments for service organizations, and facilitated state certification trainings for rape crisis counselors. She has trained on a range of issues related to sexual violence, has spoken at national and local conferences, and has been cited and published in dozens of regional and national media outlets. Sarah has a Bachelor's Degree in Human Development from Boston College and a Masters of Social Work from Boston University.

Contributions

The National Sexual Violence Resource Center (NSVRC) would like to thank Lisa Fujie Parks for contributions to this resource. Lisa has been working to prevent domestic and sexual violence and promote health and equity for over 15 years as a community educator, advocate, trainer and consultant. Lisa has provided training and program design services on intimate partner violence and sexual violence prevention to community-based organizations, state coalitions, state health departments and universities in 10 states. She is currently implementing the California Partnership to End Domestic Violence's Prevention Plan 2009-2013. Lisa serves on NoVo Foundation's Advisory Group for the Move to End Violence initiative and a variety of committees and advisory groups in California.

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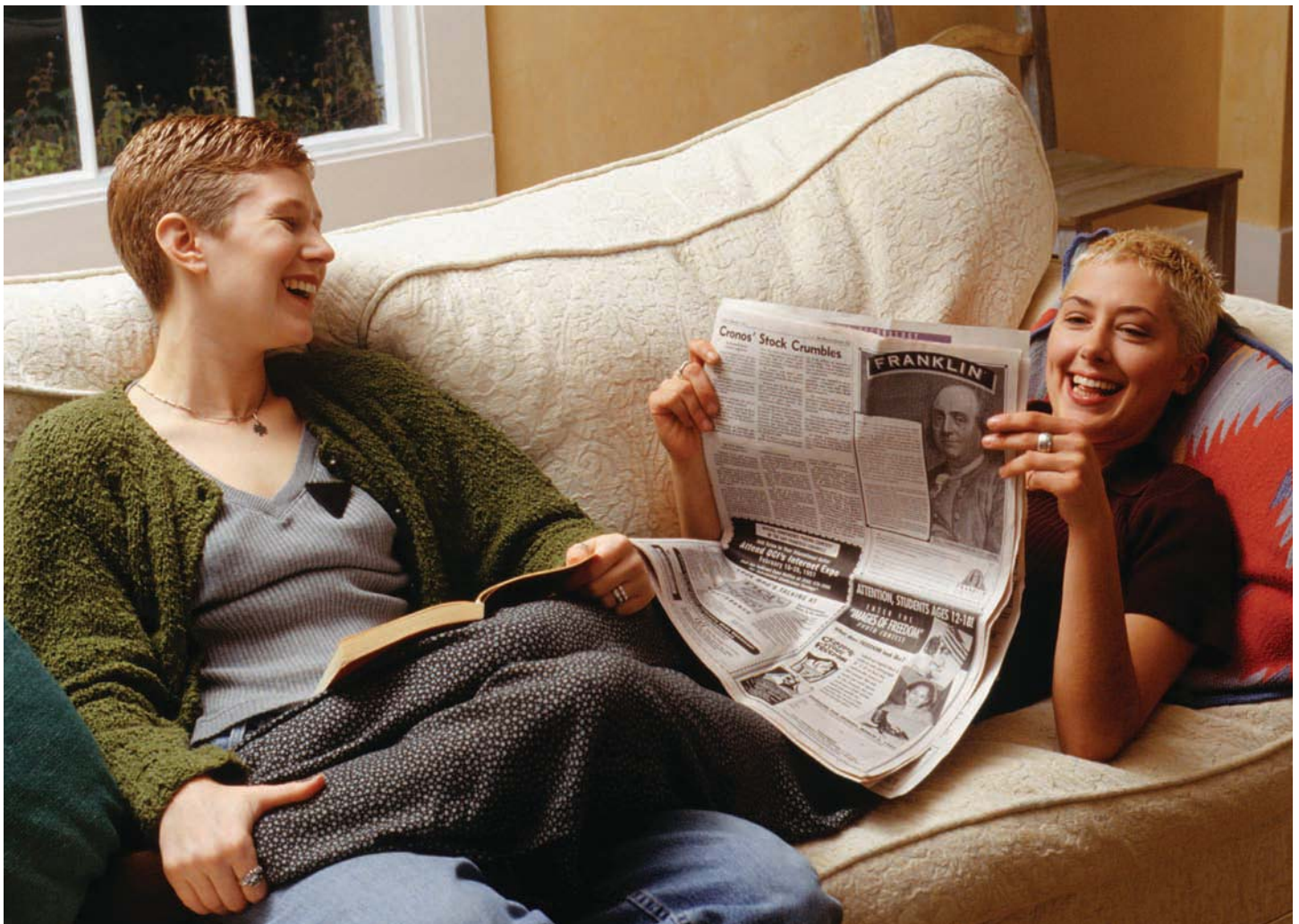
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