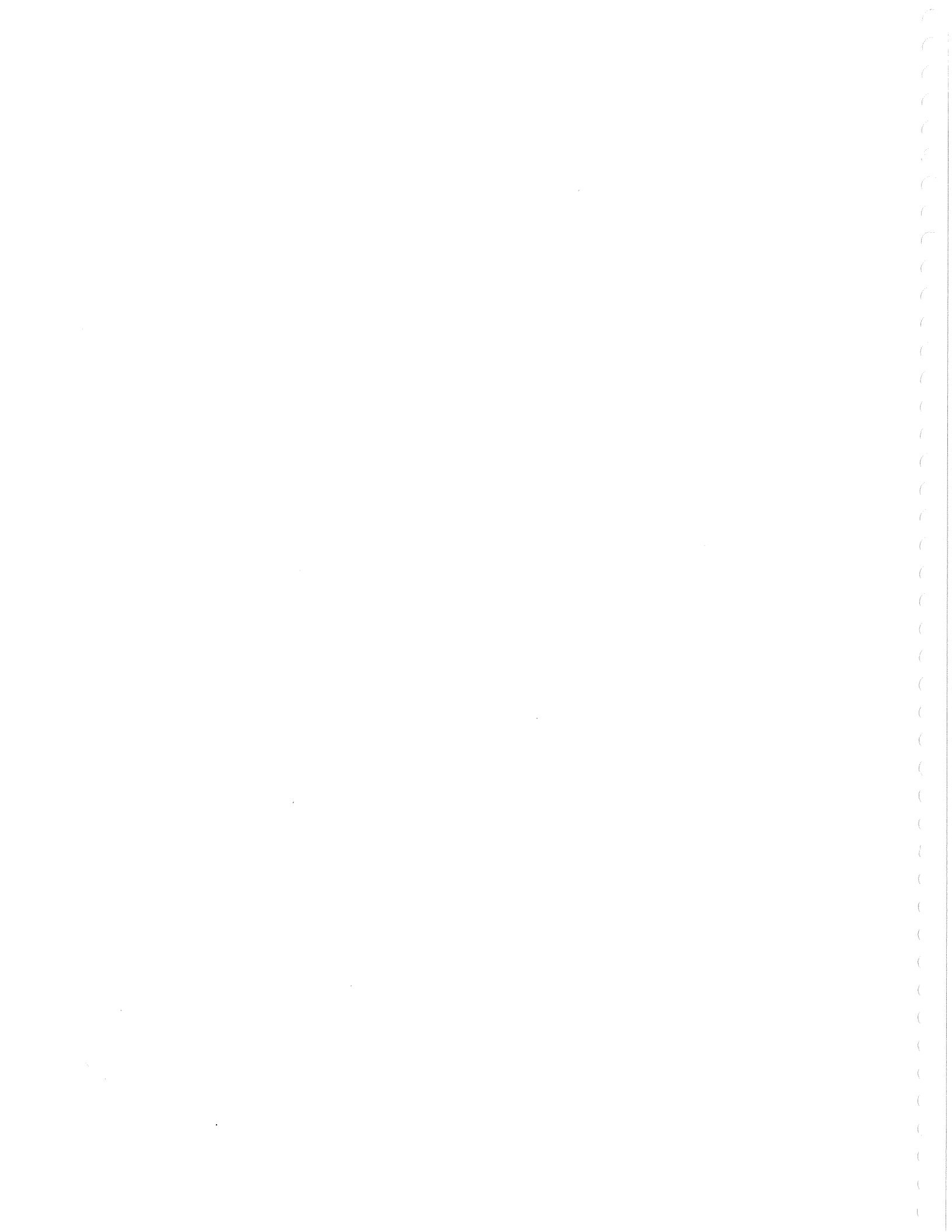


# LGBT Best Practices Manual for Service Providers

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Advocacy, Service Delivery, and Outreach for  
LGBT survivors of Domestic Violence and Sexual  
Assault



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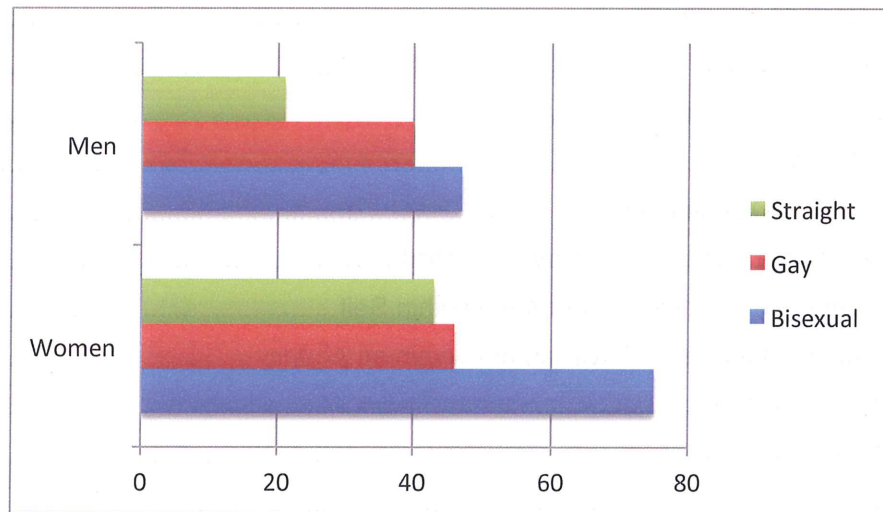
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# Introduction

The research that exists on same-sex intimate partner violence indicates that it occurs at the same frequency as it does among heterosexual/opposite-sex relationships<sup>1</sup>. In 2013 the CDC (*Centers for Disease Control*) in the National Intimate Partner and Sexual Violence Survey reported that those who identified as bisexual women had an overwhelming rate of violent partners in their lives: 75 percent had been with a violent partner, as compared to 46 percent of lesbian women and 43 percent of straight women. For bisexual men, that number was 47 percent. For gay men, it was 40 percent, and 21 percent for straight men. The levels of violence are just as severe and detrimental in same-sex relationships as in heterosexual relationships. Power, coercion, sexual

assault, physical assault, economic control, psychological abuse, threats, and emotional abuse are all components of both same-sex and heterosexual partner violence.



In this manual we will use the acronym LGBT to refer to what describes a diverse and wide range of identifications. We understand that LGBT includes but is not limited to lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual and allies. Lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual, and allied (*LGBTQIA*) individuals have always comprised a large part of society and have included many well-known figures throughout history. Notable LGTB people such as activist Harvey Milk and writer Gertrude Stein to comedienne Ellen DeGeneres have undeniably shaped and influenced a large and invaluable part of our society. However, despite the advances made in policy, media, and in individual understanding, our society continues to discriminate against individuals who identify as LGBT. LGBT communities see discrimination and other injustices in law, finance, housing and health care. Building accessible, competent programs and services requires a commitment to continuous learning and improvement. Cultural understanding with any group, including people who identify as LGBT, 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 for providers.

<sup>1</sup>By saying heterosexual/opposite-sex relationships we acknowledge that there is a distinction between behaviors and identities, including bisexual individuals who are in relationships with someone of the opposite gender.



Therefore, this guide is intended to provide some of the most current and accessible information and resources for providers.

Abusive partners in LGBT relationships use all the same tactics to gain power and control as abusive partners in opposite-sex relationships – physical, sexual or emotional abuse, financial control, isolation and more. But abusive partners in LGBT relationships also reinforce their tactics that maintain power and control with the addition of societal factors that compound the complexity a survivor faces in leaving or getting safe in an LGBT relationship. The need for more services for LGBT survivors is great in all areas, even with programs and services that already provide care.

## History of LGBT Community

The history of lesbian, gay, bisexual, transgender, questioning/queer, intersex and asexual (LGBTQIA) peoples and cultures around the world dates back to the first recorded instances of same-sex love and sexuality of ancient civilizations. What survived many centuries' of persecution—resulting in shame, suppression, and secrecy—has only recently been pursued and interwoven into historical narrative.

(Dates and Information taken from *Milestones in the American Gay Rights Movement* on [PBS.org](http://PBS.org))

### November 11, 1950

Gay rights activist Harry Hay founds America's first national gay rights organization, the Mattachine Society.

### April 1952

The American Psychiatric Association lists homosexuality as a sociopathic personality disturbance in its first publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

### September 21, 1955

The Daughters of Bilitis becomes the first lesbian rights organization in the United States.

### January 13, 1958

In the landmark case *One, Inc. v. Olesen*, the United States Supreme Court rules in favor of the First Amendment rights of the lesbian, gay, bisexual and transgender (LGBT) magazine "One: The Homosexual Magazine." This marks the first time the Supreme Court rules in favor of homosexuals.

### January 1, 1962

Illinois repeals its sodomy laws, becoming the first U.S. state to decriminalize homosexuality.

### August, 1966

The National Transsexual Counseling Unit is founded to provide support for transgender individuals following a riot that began after a police officer manhandled one of the transgender patrons when responding to a call from a 24-hour San Francisco cafeteria. It was the first peer-run support and advocacy organization in the world.

### June 28, 1969- Stonewall Inn Event

Patrons of the Stonewall Inn in Greenwich Village riot when police officers attempt to raid the popular gay bar around 1AM, something that had been a regular occurrence there since the bar's opening in 1967. Thousands of protesters received only minimal local news coverage, but the event and the aggressive response of officers involved, is credited with reigniting the modern LGBT rights movement.

#### June 28, 1970

Christopher Street Liberation Day commemorates the one-year anniversary of the Stonewall riots as thousands of members of the LGBT community march through New York City into Central Park. This is considered to be the very first gay pride parade in America.

#### December 15, 1973

The board of the American Psychiatric Association votes to remove homosexuality from its list of mental illnesses.

#### January, 1974

Kathy Kozachenko becomes the first openly gay American elected to public office when she wins a seat on the Ann Arbor, Michigan City Council.

#### November 8, 1977

Harvey Milk wins a seat on the San Francisco Board of Supervisors and is responsible for a number of measures and efforts protecting the rights of gay and lesbian Americans. A year later, on November 27, 1978, former city supervisor Dan White, motivated by jealousy and depression, assassinates Milk.

#### October 14, 1979

An estimated 75,000 people participate in the National March on Washington for Lesbian and Gay Rights.

#### July 8, 1980

The Democratic Rules Committee states that it will not discriminate against homosexuals. At their National Convention on August 11-14, the Democrats become the first political party to endorse a homosexual rights platform.

#### July 3, 1981

The New York Times prints the first story of a rare pneumonia and skin cancer found in 41 gay men in New York and California. The CDC initially refers to the disease as GRID, Gay Related Immune Deficiency Disorder. When the symptoms are found outside the gay community, Bruce Voeller, biologist and founder of the National Gay Task Force, successfully lobbies to change the name of the disease to AIDS.

#### March 2, 1982

Wisconsin becomes the first U.S. state to outlaw discrimination on the basis of sexual orientation.

#### October 11, 1987

Hundreds of thousands of activists take part in the National March on Washington to demand that President Ronald Reagan address the AIDS crisis. Although AIDS had been reported first in 1981, it is not until the end of his presidency that Reagan speaks publicly about the epidemic.

#### August 18, 1990

President George Bush signs the Ryan White Care Act, a federally funded program for people living with AIDS.

December 21, 1993

The Department of Defense issues a directive prohibiting the U.S. Military from barring applicants from service based on their sexual orientation. The new policy, which still forbids applicants from engaging in homosexual acts or making a statement that he or she is homosexual. This policy is known as "Don't Ask, Don't Tell."

September 21, 1996

President Clinton signs the Defense of Marriage Act into law. The law defines marriage as a legal union between one man and one woman and that no state is required to recognize a same-sex marriage from out of state.

April 1, 1998

Coretta Scott King, widow of civil rights leader Martin Luther King, Jr., calls on the civil rights community to join the struggle against homophobia and receives criticism from members of the black civil rights movement for comparing civil rights to gay rights.

April 26, 2000

Vermont becomes the first state in the U.S. to legalize civil unions and registered partnerships between same-sex couples.

June 26, 2003

In *Lawrence v. Texas* the U.S. Supreme Court rules that sodomy laws in the U.S. are unconstitutional.

May 18, 2004

Massachusetts becomes the first state to legalize gay marriage. The court finds the prohibition of gay marriage unconstitutional because it denies dignity and equality of all individuals. In the following six years, New Hampshire, Vermont, Connecticut, Iowa and Washington D.C. will follow suit.

November 12, 2008

Connecticut becomes the second state to legalize same-sex marriage.

October 28, 2009

The Matthew Shepard Act is passed by Congress and signed into law by President Obama on October 28th. The measure expands the 1969 U.S. Federal Hate Crime Law to include crimes motivated by a victim's actual or perceived gender, sexual orientation, gender identity or disability. Matthew Shepard was tortured and murdered near Laramie, Wyoming on October 7, 1998 because of his sexual orientation.

2009

Vermont and Iowa legalize same-sex marriage.

2010

The U.S. Senate votes 65-31 to repeal "Don't Ask, Don't Tell" policy, allowing gays and lesbians to serve openly in the U.S. Military. December 18, President Obama officially repeals the policy. March 3, Congress approves a law that legalizes same-sex marriage in the District of Columbia. New Hampshire legalizes same-sex marriage January 1<sup>st</sup>.

2011

New York State approves same-sex marriage.

## 2012

February 7, the Ninth Circuit Court of Appeals in California rules 2-1 that Proposition 8, the 2008 referendum that banned same-sex marriage in state, is unconstitutional because it violates the Equal Protection Clause of the 14th Amendment. The appeal process leads to marriage not being legalized until June 2013. February 13, Washington becomes the seventh state to legalize gay marriage, and Maryland follows suit in March as the eight state to do so. In May, President Barack Obama endorses same-sex marriage. Maine legalizes same-sex marriage in December.

## 2013

The Supreme Court overturns the Defense of Marriage Act in June. Jason Collins of the NBA's Washington Wizards announces in an essay in Sports Illustrated that he is gay. California, Rhode Island, Delaware, New Mexico, Minnesota, New Jersey, Maryland, Illinois and Hawaii legalize same-sex marriage.

## 2014

Oregon, Pennsylvania, and Illinois legalize same-sex marriage, creating a current total of 19 states (and DC) that have legalized same-sex marriage through either the Courts, State Legislature(8), or by popular vote (3).

The U.S. Supreme Court declines to hear appeals of rulings in Indiana, Oklahoma, Utah, Virginia, and Wisconsin that allowed same-sex marriage. The move paves the way for same-sex marriages in the five states.

## Choices in Language

There is currently no all-inclusive term for lesbian, gay, bisexual, and transgender people. The choice in language truly has an impact on how it makes someone feel, experience and internalize a situation. One must keep in mind that not everyone conforms to the labels of lesbian, gay, bisexual, transgender, intersex, queer or questioning. Each person identifies with words that make them feel comfortable. Your choice in the language you use is important when working with all survivors of sexual assault and domestic violence, and best practice is to use the terms that each individual uses to describe their sexual orientation and gender identity. In order to help decipher the different terminologies and complement counseling skills, use the glossary provided to help work with survivors of intimate partner violence and sexual assault.

Even within the LGBT community, there exists an array of diversity; not everyone identifies by using the same names. For some, the words lesbian, gay, bisexual and transgender are considered appropriate, while the words queer, dyke, and tranny are not. However, some people have reclaimed the use of these words to identify themselves. Others may identify more with a particular culture or ethnic community and being LGBT may, in fact, be secondary or vice-versa. Individuals may additionally identify by race, class, generation/age, biological sex, ethnicity, ability, political affiliation, profession, religion, geographical location, parental status, and other identifiers—all of which might intersect with how they identify their sexual orientation and/or gender identity.

Different opinions and viewpoints exist when discussing the LGBT community, and some LGBT individuals may not always define the community, or one another, in the same way. It is important to recognize your intent and to use respect and openness when describing LGBT people, as those words are connected with how they perceive their experience.

## Partner Abuse vs. Domestic Violence

This manual uses the terms “partner abuse” and “domestic violence” interchangeably. There are many other terms that exist, such as “intimate partner violence”, “teen dating violence”, “battering” and “dating violence”. Each has its own connotation. For example, when hearing the term “domestic violence”, people often think of a married couple or two people who live together. There is usually a distinct focus on physical violence and minimization of other abusive tactics such as economic, emotional, sexual, and cultural abuse. This may cause survivors who are experiencing abuse that doesn’t involve physical violence to doubt or minimize their own experience. Many LGBT organizations prefer the term partner abuse because the focus is on abuse rather than just physical violence and is inclusive of relationships other than the traditional idea of marriage. Still, the term does have its limitations, since not everyone labels the person they are dating a “partner.” Also, in SC, the use of terms other than domestic violence takes into account the reality that our laws do not protect those who are in any relationship other than opposite-sex relationships. In this manual we primarily use the term “partner abuse,” but also include the term “domestic violence,” since it is the term most widely recognized and used by providers who are relying on this manual to become more LGBT-inclusive.

## Survivor vs. Victim, Abuser vs. Perpetrator

We will be using the terms “survivor” and “abuser” instead of “victim” or “perpetrator.” One important reason is that “victim” and “perpetrator” are legal terms that describe participants in single incident of criminal behavior. They do not take into account the context of an entire relationship. A survivor of intimate partner violence in a same-sex relationship could be arrested as the perpetrator of assault, even if they were acting in self-defense. This is also true for heterosexual couples.

# Definition of Terms

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**Abuse:** to insult, hurt, injure, rape and/or molest another person. Such behaviors may include, but are not limited to: physical abuse, emotional abuse, financial abuse, spiritual abuse and/or verbal abuse.

**Abuser:** a person who uses abusive tactics and behaviors to exert power and control over another person with whom the abuser is in an intimate, dating or family relationship.

**Confidentiality** - Advocates from domestic abuse and sexual assault programs are bound by state and federal guidelines regarding the release of information. Advocates will not acknowledge anyone's presence or participation in a local domestic or sexual abuse program or shelter without written, time limited permission from the domestic or sexual abuse survivor to release information.

**Culture:** a dynamic set of norms, behaviors, or social constructs based on shared experiences or commonalities; culture is fluid and changes with time, place, social/political contexts, and individual experiences; it is an intersection of individual experience and group dynamics.

**Dating Violence:** partner violence that occurs between people who are dating. This is the preferred term to use when describing teenage relationships that are abusive

**Domestic Violence Agency:** A non-profit organization that provides free, confidential services to survivors of domestic violence. Services include: a 24-hour crisis line, emergency & confidential shelter, legal advocacy, safety planning, peer counseling, therapy, and resource & referral.

**Financial Abuse** - A tactic used by abusers to control victims by preventing access to money or other financial resources. It occurs when an individual attempts to take total or partial control of another person's financial resources, including money, property, an inheritance or employment income.

**Financial Literacy** - A strategy that educates individuals about economics and their own finances. It has the goal of assisting individuals and families of all income levels in their efforts to attain economic independence and to have strong financial futures.

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

**Intimate Partner Violence:** Violence between Intimate Partners. "Violence" includes physical violence or a verbal threat of physical violence by one intimate partner against the other. It includes death and other crimes - rape, sexual assault, robbery, aggravated assault, and simple assault.



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

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

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

**Sexual Assault Agency:** A non-profit organization that provides free, confidential services to survivors of sexual assault. Services include: a 24-hour crisis line, hospital accompaniment, legal advocacy, safety planning, peer counseling, therapy, and resource referrals.

**Teen Dating Violence:** Intimate Partner Violence between teens who are dating. Of concern for young victims is a lack of experience responding to violence and/or sexually coercive behavior. This type of IPV is not limited to any particular sexual orientation or identity.

# Gender Identities 101

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Biological sex and gender are different; gender is not inherently connected to one's physical anatomy. It is important to understand gender identity and that it is not either/or. Though not all-inclusive, below is a list of gender identities that LGBT individuals may use to refer to themselves.

**Asexual-** A person who generally does not feel sexual attraction or desire to any group of people. Asexuality is not the same as celibacy.

**Bisexual-** A person emotionally, romantically, sexually and relationally attracted to more than one sex and/or gender, though not necessarily simultaneously, in the same way or to the same degree.

**Cisgender-** a description for a person whose gender identity, gender expression, and biological sex all align (e.g., man, masculine, and male)

**Gay-** A word describing a man or a woman who is emotionally, romantically, sexually and relationally attracted to members of the same sex.

**Genderqueer-** (1) a blanket term used to describe people whose gender falls outside of the gender binary; (2) a person who identifies as both a man and a woman, or as neither a man nor a woman; often used in exchange with "transgender"

**Intersex-** a person with a set of sexual anatomy that doesn't fit within the labels of female or male (e.g., 47,XXY phenotype, uterus, and penis)

**Lesbian-** A woman who is emotionally, romantically, sexually and relationally attracted to other women.

**Queer-** (1) historically, this was a derogatory slang term used to identify LGBT people; (2) a term that has been embraced and reclaimed by the LGBT community as a symbol of pride, representing all individuals who fall out of the gender and sexuality "norms"

**Questioning-** the process of exploring one's own sexual orientation, investigating influences that may come from their family, religious upbringing, and internal motivations.

**Straight-** a man or woman who is attracted to people of the other binary gender than themselves; often referred to as "heterosexual"

**Trans\*-** A term describing a broad range of people who experience and/or express their gender differently from what most people expect. It is an umbrella term that includes people who are transsexual, cross-dressers or otherwise gender non-conforming.

# Cultural Awareness

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Developing cultural competence will result in an ability to understand, communicate appropriately with, and effectively interact with people across many cultures and communities. It starts with being culturally aware. Cultural awareness is defined as an ability to interact effectively with people of different cultures and is comprised of four components:

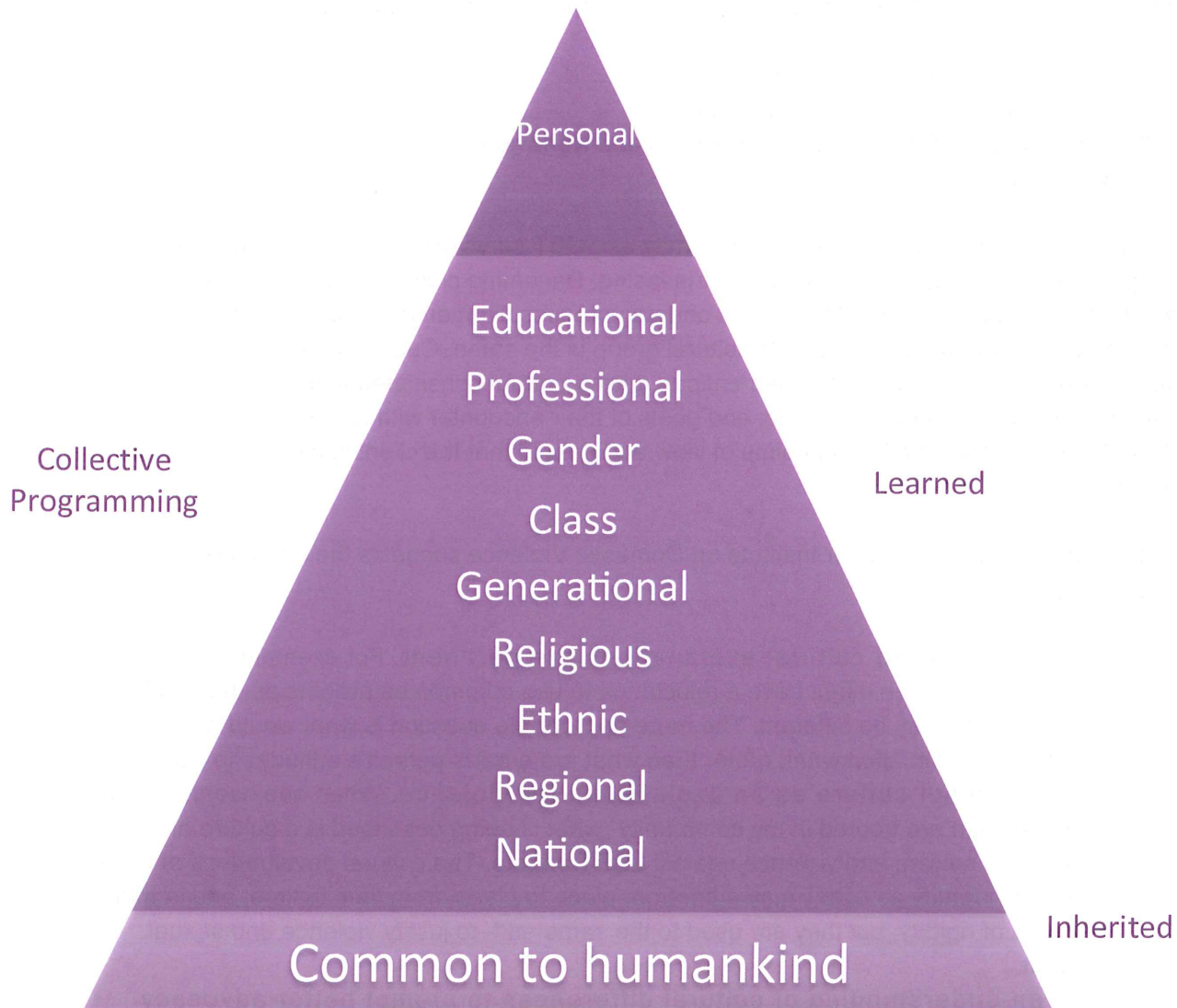
1. Awareness of one's own cultural worldview
2. Attitude towards cultural differences
3. Knowledge of different cultural practices and worldviews
4. Cross-cultural skills

When advocating for those who may identify as LGBT survivors, consider the cultural background and unique issues the survivor is facing. Becoming culturally competent is not something that is mastered, rather it is an ongoing process. Remember to always be mindful that not every individual in a particular cultural group is the same. Cultural humility is a commitment to self-evaluation and self-critique, giving careful consideration to one's assumptions, beliefs, understandings, and goals of their encounter with a client. This means advocates must respect different points of view and uphold that the client is the expert on their personal culture.

The Asian & Pacific Islander Institute on Domestic Violence suggests the following cultural competency tips:

- **Distinguish when cultural explanations are pertinent.** For example, a transgender person might have a reluctance to use common bathrooms as their attitudes toward nudity may be different. The more appropriate question is what would a battered person in this situation want; rather than what are a trans-person's attitudes to nudity?
- **Do not accept culture as an explanation for violence.** When one hears "this is how gay men are treated in my community" what is being described is a culture of patriarchy, sexism and violence against LGBT people. The cultural devaluations of those who may identify as LGBT may differ from place to place, from time to time, and in their degrees of rigidity, but they are used to the same end—to justify violence and sexual assault.
- **Use an understanding of cultural differences to prompt better advocacy and not confirm stereotypes.** We all hold stereotypes. The important thing is to recognize them, set them aside, stay client-focused, and be the best advocates we can be.
- **Identify the impact of the culture of systems on a survivor.** Collaboration among service providers needs to be strengthened and survivors prepared by advocates about negotiating the cultures of systems. The cultural competency of advocates in negotiating systems is critical to survivors' well-being.

Cultural awareness requires that partner violence and sexual assault programs have policies and procedures in place that enable them to work effectively with the LGBT community. Demonstrating that you are knowledgeable about the culture of your clients can help advocates develop rapport and provide more effective advocacy.



## LGBT Youth

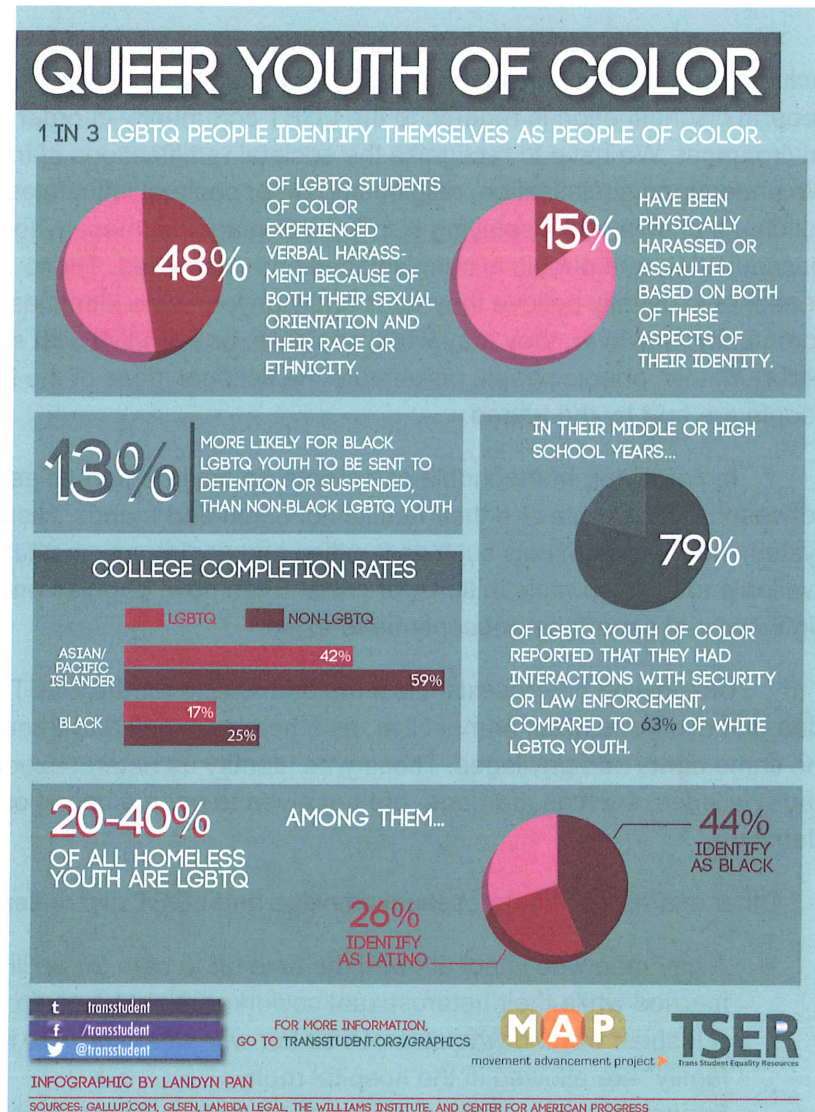
Negative societal and family attitudes toward gays, lesbians, bisexuals, and transgender people put LGBT youth at increased risk for experiences with violence, compared with other students. LGBT students of color and immigrant youth feel less safe and experience greater stress than their white peers.

### In Schools and Communities

In general, lesbian, gay, bisexual and transgender youth are twice as likely to say they have been physically assaulted, kicked or shoved at school. Ninety-two percent say they hear negative messages about being LGBT through school, the Internet and peers, while 42 percent say the community they live in is not accepting of LGBT people. Anti-LGBT sentiment divides students because it creates an environment where students don't feel free to be themselves. Straight students who are misperceived as queer experience bullying on that basis, and straight allies risk being harassed for defending their friends.

### In Relationships

It is estimated that 1 out of 4 LGBT youth will experience abuse from a dating partner. Dating abuse affects all youth, regardless of sexual orientation, gender identity, class, race, or other identifiers. However LGBT youth may not know they are experiencing abuse due to gender-based information and education on dating abuse. This is why it is important to have information that is inclusive to all potential clients. A national study of youth in same-sex relationships found that 14.6% of males and 26% of females reported psychological abuse, and





24% of males and 28% of females reported physical abuse from a dating partner. Rates among transgender youth are estimated to be similar.

## Phobias and Discrimination

This manual is designed to help those who are working with survivors create a more inclusive environment to serve the LGBT community. First, we must address phobias and general discrimination in regards to the LGBT community in order to build a more inclusive environment. We have to recognize the societal ramifications of transphobia and homophobia. We understand socialization, religion and other societal influences result in some people building a phobia and displaying discrimination against those who identify as LGBT. This discrimination and phobia is be misplaced and misguided. 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 someone who does. Unfortunately, phobic people perpetuate the fictional ideas of the LGBT community, while LGBT people are hurt by the hatred.

In particular, homophobia can create an environment of estrangement and isolation between LGBT people and their families of origin and friends. Historically, the traditional support systems for heterosexuals such as families and community institutions have rarely been available to LGBT people in times of crisis. Even now, phobias and discrimination mean that high levels of estrangement continue to exist

Unknowing heterosexism is a major obstacle for the LGBT community. It creates the idea that everyone lives, or must live, as a heterosexual, and through this everyone is granted the same rights and privileges. Those who identify as heterosexual may never realize that rights and privileges, such as marriage, are not given to people based on sexual orientation and identity.

Other examples of heterosexual privilege and LGBT discrimination include the following:

- A gay man who is not allowed the time off to care for an ill partner because they are not married while their heterosexual coworker might be given such time
- A lesbian woman who cannot visit her wife after she was in a car accident because "only family" are allowed in the hospital room
- Expect that your children will be given texts in school that support your kind of family unit and they will not be taught that your sexuality is a "perversion."
- Talking openly about your relationship, vacations, and family planning you and your lover/partner are doing
- In many parts of South Carolina, LGBT people can be fired, evicted from their homes or apartments, or denied housing because of their sexual orientation and gender identity.

Also think of some possible personal thoughts or actions that might reveal heterosexism or support homophobia:



- Calling LGBT people “those people” or “whatever...”
- Thinking that being LGBT is just a phase or something that can be cured or converted
- Keeping your distance from LGBT people for fear of being labeled
- Avoiding asking an LGBT person about their friends and partners
- Laughing at a derogatory “gay joke”
- Calling something or someone “gay” and meaning “dumb” or “stupid”
- Wishing or expecting that an LGBT person will not be “too out” or “too obvious”
- Blaming LGBT people for “causing social conflicts” or “tearing families apart”

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 have an impact on the LGBT survivor.

# Creating an Inclusive Environment

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When preparing to create an inclusive environment for survivors of abuse and sexual assault it is important to look at how oppression leads to the phobias and discrimination, which play into how we treat others. Oppression is the systematic over-valuing of some people and the simultaneous under valuing of others based on their membership within a particular group in society. Because of the oppression of several groups they are found to be disadvantaged in society including areas of law, finance, and health care. To create an inclusive environment it will take efforts on the part of the individual and the agency.

## Creating an Inclusive Environment within Self

The guidelines below were adapted from discussion guidelines developed by Lynn Weber and published in *Women's Studies Quarterly* 18 (Spring/Summer 1990):126-134<sup>2</sup>. In March, 2003, the ASA council passed a resolution supporting the use of these classroom guidelines to teach about social inequality. These "awareness guidelines" will help providers start to create an inclusive environment within themselves.

- Acknowledge that racism, classism, sexism, heterosexism, and other institutionalized forms of oppression exist.
- Acknowledge that one mechanism of institutionalized racism, classism, sexism, heterosexism, etc., is that we are all systematically taught misinformation about our own group and about members of other groups. This is true for members of privileged and oppressed groups.
- Agree not to blame ourselves or others for the misinformation we have learned, but to accept responsibility for not repeating misinformation after we have learned otherwise.
- Assume that people—both the people we encounter and the people we work alongside—always do the best they can.
- Actively pursue information about our own groups and those of others.
- Share information about our groups with other members of the class, and we will never demean, devalue, or in any way "put down" people for their experiences.
- Agree to combat actively the myths and stereotypes about our own groups and other groups so that we can break down the walls which prohibit group cooperation and group gain.

The simple acknowledgement that misinformation we have learned can be unlearned is a small yet essential start to creating an inclusive environment within oneself. This process can be slow and difficult but is necessary to ensuring that we provide the best services to those who identify as LGBT. Once individual mindsets change the organizational culture will follow. Confronting our own biases is one of the ways we grow. Organizational culture is largely

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<sup>2</sup> A discussion and revised version was published in "Empowering Students Through Classroom Discussion Guidelines," in Marybeth C. Stalp and Julie Childers, eds., *Teaching Sociological Concepts and the Sociology of Gender*, Washington, D.C.: American Sociological Association Teaching Resources Center, 2000, and (second edition, 2005).

determined by what is and isn't allowed to occur. If people are lax in responding to bias, then bias prevails. Speak up early and often in order to build a more inclusive environment. This may not be a comfortable process, but the practice of examining our prejudices is the first step toward diminishing or eliminating them.

## Creating an Inclusive Environment within an Agency

Along with individual efforts to create welcoming environments, agencies must recognize that they also have a role to play in creating these environments. Agencies should first assess their current capacity and create an action plan for addressing areas that need improvement before reaching out to the LGBT community or trying to implement prevention strategies or survivor services. It is important to note that these first steps should not hinder a program from moving forward or allow the steps to become an excuse as to why the program is not serving LGBT survivors. There are steps that agencies can take to build capacity before engaging LGBT communities, facilitating prevention efforts with LGBT communities, and providing services to survivors who identify as LGBT.

- Initial Assessment (See **Appendix F**)
  - o How are we currently serving LGBT individuals?
- Review and planning
  - o What did we learn from the assessment, and where do we want to be?
- Training
  - o What training is in place for volunteers, staff and board members?
- Implementation
- Repeat the Process

### Other Internal Questions to Ask:

- How will clients know we are LGBT-inclusive?
- Are there Safe Zone stickers or other LGBT-friendly signs displayed?
- How do we talk about LGBT issues as a board and staff?
- Are we currently serving LGBT clients? What would be an LGBT-inclusive intake process?
- Where do we do our community outreach? Do we attend LGBT Pride events or PFLAG (Parents and Friends of Lesbians and Gays) meetings, reach out to student diversity clubs and gay-straight alliances (GSAs), provide brochures to local LGBT-friendly bars and coffee shops, and connect with local LGBT and HIV centers?
- What do we do when an LGBT person tries to access our services?
- Are LGBT clients treated equally?

## Physical Space

The actual location and visuals present in an agency or office space has an effect on the experience of a client. Imagine walking into a physician's office with no medical documentation or brochures. Imagine no information that related to your sex, gender, race or areas in which you identified. It is important for agencies to provide information specific to LGBTQ issues, such as same-sex sexual assault.

- Have brochures with images of diverse relationships and gender presentations
- Have gender-neutral restroom signs (**Appendix H**)
- Have stickers and signs of LGBT-friendly spaces. (**Appendix E**)

# Advocacy

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Being an effective advocate for LGBT survivors requires competency in working with LGBT communities. As advocacy for the LGBT community grows, so will the need for advocates to work with LGBT survivors of partner abuse and sexual assault. Individuals who identify as LGBT have demonstrated remarkable resilience and resourcefulness in addressing their needs. Your contact with a person who identifies as LGBT may be that person's first time contacting anyone regarding their abuse and/or assault.

## Barriers

There are a number of barriers to service that LGBT survivors must face that their heterosexual counterparts do not, particularly because of homophobia, biphobia, transphobia, and heterosexism. LGBT survivors face barriers within their own communities of identity due to a number of reasons, including the often very small size of that community depending upon their geographical location, and the personal connections that often exist between the batterer and other community members. This may make it more difficult for LGBT survivors to find "safe spaces" where they can find support and not risk running into their abusers. For example, there might only be one LGBT-friendly church, bookstore, medical practice or bar in their community.

Some external barriers include

- a sense of invisibility in various service systems
- judgment or phobia on the part of service providers
- a fear of discrimination
- little to no screening, which results in a lack of safety and the possibility of the abuser accessing services
- fear of staff outing LGBT survivors to program participants or other providers
- agencies allowing staff or other participants to harass or insult LGBT people with no accountability
- agencies refusing services on the basis of actual or perceived gender identity or sexual orientation
- no knowledge of LGBT communities by service providers.
- fear of making the LGBT community "look bad" when reporting violence
- bias regarding what constitutes "real" domestic or sexual violence (i.e., the stereotype that people cannot be abused or assault by same-sex partners or perpetrators)

Information about past experience with service providers, both positive and negative, can often spread quickly within the LGBT community. Without accurate information about services available to them, this information can turn into myths or misconceptions, creating additional barriers and fears regarding accessing services and working with particular service providers.

## Shelter Advocacy

Individuals who identify as LGBT are often alienated, uncomfortable, unwelcomed and alone in a shelter without access to inclusive surroundings. They will feel more comfortable and will be more likely to remain in shelter when they recognize they have advocates who hear their voices and can address their needs. In a shelter environment, it is important to create a safe space where LGBT residents can talk about the needs, concerns, fears, and cultural barriers they are experiencing so that staff and volunteers can provide safe and culturally sensitive solutions. Some general tips for working with LGBT clients within shelters include the following:

- Use an Immediate Needs Checklist
- Ensure equal opportunity to participate.
  - o Make necessary arrangements so that LGBT clients are able to participate in shelter meetings and groups.
- Inform and educate shelter residents about resources available, such as food, clothing, children's programs, legal advocacy, and other community resources.
  - o Ensure that the resources that clients are referred to are LGBT friendly.
- Provide reading materials, and have reading materials, such as books, newspapers, and magazines available that represent the LGBT community.
- Ask LGBT shelter residents if they have any food preferences, restrictions, or other dietary needs.
- Maintain an up-to-date list of resources that specialize in working with LGBT communities.
- Consider extended shelter stays for individuals who may identify as LGBT, since accessing supportive services may be more challenging.
- Immigration status should not affect the advocacy and services you offer.
- Remember that everyone deserves to have a safe environment where they feel welcome!

## Legal Advocacy

Both historically and currently, legal system responses in the United States have been a source of discrimination, mistreatment and violence for LGBT individuals and communities. For generations, LGBT people's lives were explicitly criminalized by laws prohibiting same-sex relationships and behaviors and gender nonconformity. Because of this, many LGBT survivors of violence experience mistrust or even fear of interacting with law enforcement or the court system. Some may fear that police will treat them badly because of their sexual orientation or gender identity. They may be ready to leave an abusive relationship and want help, but not want their abusive partner to be arrested, incarcerated or mistreated based on their sexual orientation or gender expression. Other LGBT survivors may not know that they can obtain civil or legal remedies without involving the police, and those who do know may not trust the court judges to treat them well, offer them protection, or appropriately recognize their relationship.



As an advocate it is important to:

- Be aware of barriers LGBT survivors face when accessing the legal system.
- Increase your knowledge of the legal system in your area and provide systems advocacy, information, and resources to LGBT survivors.
- Connect with LGBT-friendly police, prosecutors, victim advocates, defense lawyers, attorneys, or other people who are involved in the legal system.
- Understand that there is no “advocate privilege” in South Carolina.
- Help survivors navigate court processes.

Northwest Network. Legal Toolkit. 2013

It is important to remember that, as an advocate, you should not give legal advice, unless you are an attorney and familiar with the specifics of South Carolina law. A good guideline to follow is to give information about court and laws but not to give your understanding of the law or the process.

*\*\*\*For legal information regarding name and gender changes on legal documents for transgender persons, please refer to Appendix O-R\*\*\**

# Community Outreach & Collaboration

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Community outreach and collaboration can be especially important for agencies that have limited resources but want to offer competent services and prevention strategies. Programs and service providers should look to collaborate with LGBT community programs, mainstream domestic violence/sexual assault programs, LGBT service providers, and LGBT coalitions and caucuses. It is also important to collaborate with key community leaders, media outlets, and places of worship, schools, businesses, and medical clinics.

There are many benefits of collaboration with LGBT programs and organizations. With collaboration, providers can be in sync with legislative campaigns and have similar messaging when it comes to services provided to the LGBT community. They can also tap into new resources and community outreach opportunities that were not possible before.

Here are some ways to use outreach and collaboration to improve the inclusivity of your services:

- Network with LGBT culturally competent service providers and volunteers both within and outside your organization.
- Collaborate and build relationships with community-based organizations that serve LGBT communities to promote referrals and to share expertise and awareness about services available to the LGBT community.
- Get involved in networking meetings, task forces, roundtables, etc. that may exist in your community and may be LGBT-focused or -friendly. Join their list-serves to stay connected to information and resources.
- Distribute informational materials and brochures at places where the LGBT community already gathers, such as restaurants, local businesses, public restrooms, etc.
- Have staff or volunteers who openly identify as LGBT conduct outreach events. Don't reinvent the wheel.

Take caution when working with LGBTQ organizations that do not have training in domestic violence or sexual assault in LGBTQ communities. Although they can provide training about LGBTQ communities, they may not have all the information about LGBTQ partner abuse and sexual assault.

\*See *Local Resources* for programs and organizations near you.

# Transgender

Transgender individuals have varied experiences when it comes to bias, discrimination and services provided to them. Because transgender individuals have very different social experiences we have created a separate section specifically addressing their needs and offer specific recommendations for working with transgender or gender variant individuals.

Transgender is an “umbrella” term used to describe a wide range of identities and experiences, and is used to refer to many types of people, including transsexual people; cross-dressers; androgynous people; genderqueer people; and other gender non-conforming people whose appearance or characteristics are perceived to be gender atypical.

Because of the confusion and lack of knowledge prevalent in our society, it is crucial that we describe what it means to be transgender in accessible, simple terms. Advocates should include a description of what it means to be transgender as often as possible in press materials and when speaking publicly about transgender people and issues. Throughout the focus groups we tested a diverse variety of definitions and language to describe “transgender.”

*A transgender person is someone whose sex at birth is opposite*

**“At birth”** Including a mention of birth was important because it gave audiences the sense that being transgender is something you are born with, as opposed to a “lifestyle choice.”

*from who they know they are*

**“Opposite/Different”** Since non-transgender people think about gender as binary, saying “opposite” worked best. It’s the term they most frequently use and intuitively understand. We recognize, however, that many transgender people and supporters are more comfortable saying “different” than “opposite” so we offer both as options here.

*on the inside.*

**“Know they are”** We found descriptions that talked about what transgender people knew about themselves were much more effective than those that talked about ‘feeling’ different.

*Many transgender people are*

**“Many/Some”** Descriptions that reference that “some” undergo surgery and “many” take hormones are helpful because they reinforce the “transformation” that many people imagine transgender people go through. In addition, it helps to acknowledge that not all transgender individuals take the same steps when it comes to medical treatments. It can also be helpful to qualify the description to say, “Some undergo surgery or take hormones to change their bodies, while some do not.”

*prescribed*

**“Prescribed by doctors”** This is an important cue to include. People new to understanding what it means to be transgender felt that medical treatments prescribed by doctors were more legitimate and therefore easier to support. Additionally, the inclusion of doctors in the description validates the reality of transgender people.

*hormones by their doctors to change*

*their bodies. Some undergo surgery as well.*

Finally, we should note that some transgender people and supporters use “assigned at birth” to describe the lived experience of how their gender was perceived based on their body at birth. While this reflects the real lived experience of many transgender people, this language created confusion and additional discomfort among focus group participants, including those who had demonstrated a willingness to be supportive of transgender people and issues.

In its broadest sense, “transgender” encompasses anyone whose identity or behavior falls outside stereotypical gender expectations. It is important to understand that some people may identify as transgender but not fall into one of the subcategories discussed here. We attempt to identify many of the ways in which transgender individuals identify and express themselves, but this listing is in no way complete.

Furthermore, it is particularly important to realize that many individuals, despite the fact that they may appear transgender to some, do not consider themselves to be transgender. It

Figure 1. Healthy People. Healthy Communities.

is important that we not label people

"transgender" based on our perceptions, but instead use the words they use to describe themselves. (For more information, refer to our previous section on *Choices in Language* (pg.1).)

All people have a gender identity. Gender identity refers to a person's internal sense of being male, female or something else. For most people, one's gender identity matches the sex assigned to them at birth—for example, a person born female typically identifies as a girl, and later, as a woman. For many transgender people, there may not be a match.

All people also have a gender expression. Gender expression refers to all of the ways that people express their gender (or gender identity) to the outside world, including through dress, appearance, and behavior. For many transgender people, their gender expression doesn't match what society thinks it should be.

Refer to the Genderbread Person graphic (created by Sam Killermann on the *It's Pronounced Metrosexual* site) for more on gender identity and gender expression (**Appendix C**).

The National Gay and Lesbian Task Force Policy Institute's *Transitioning Our Shelters*.

## Transgender 101

There are terms and vocabulary that are accurately and inaccurately used to describe a person who identifies as transgender. It is crucial to use the terms a person uses to define themselves to show respect, but those terms tell you nothing of what you may need to know in terms of body configuration, hormone use, previous gender experience, etc. We remind providers of the section *Creating Inclusive Environments* (pg. 8) as we explore some problematic language versus preferred language.

Problematic language: "transgenders," "a transgender" versus preferred language: "transgender people," "a transgender person."

Transgender should be used as an adjective, not as a noun. Do not say, "Tony is a transgender," or "The parade included many transgenders." Instead say, "Tony is a transgender man," or "The parade included many transgender people."

Problematic language: "transgendered" versus preferred language: "transgender".

The adjective *transgender* should never have an extraneous "-ed" tacked onto the end. An "-ed" suffix adds unnecessary length to the word and can cause tense confusion and grammatical errors. For example, it is grammatically incorrect to turn *transgender* into a participle, as it is an adjective, not a verb, and only verbs can be used as participles by adding an "-ed" suffix.

Problematic language: "sex change," "pre-operative," "post-operative" versus preferred language: "transition."

Referring to a sex change operation, or using terms such as pre- or post-operative, inaccurately suggests that one must have surgery in order to transition. Avoid overemphasizing surgery when discussing transgender people or the process of transition.

## **The Realities Nationally**

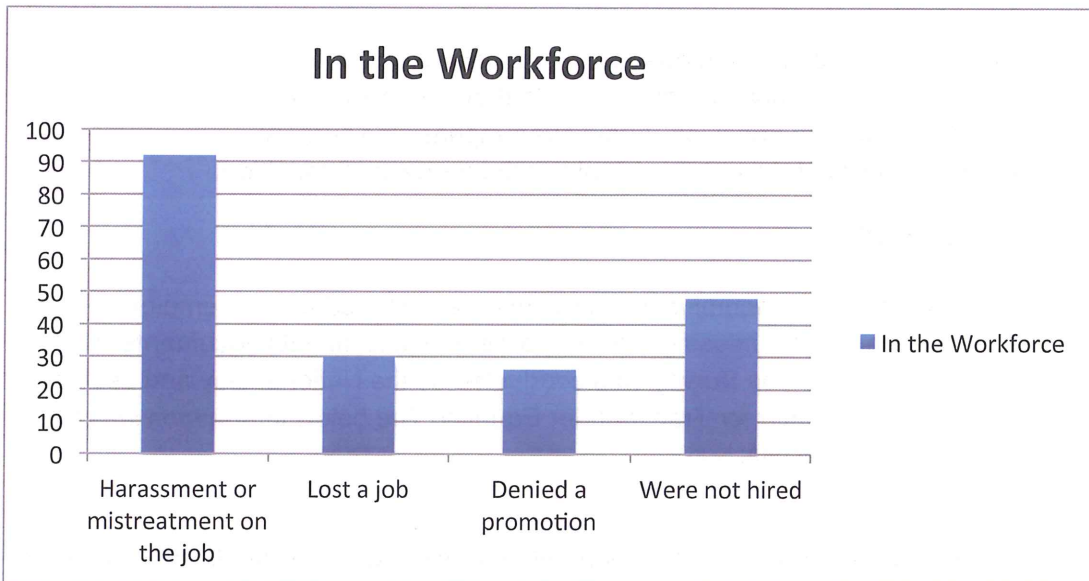
Transgender people face discrimination in every area of life: education, employment, family life, public accommodations, housing, health, police and jails, and ID documents. The National Transgender Discrimination Survey was conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality. The below information was taken from the survey research and results.

- In one recent national study, sixty-four percent of transgender individuals said they had experienced sexual assault.
- The combination of anti-transgender bias and persistent, structural racism was especially devastating. People of color in general fare worse than white participants across the board, with African American transgender respondents faring far worse than all others in most areas examined.
- Respondents lived in extreme poverty. The sample was nearly four times more likely to have a household income of less than \$10,000/year compared to the general population.
- A staggering 41% of respondents reported attempting suicide compared to 1.6% of the general population, with rates rising for those who lost a job due to bias (55%), were harassed/bullied in school (51%), had low household income, or were the victim of physical assault (61%) or sexual assault (64%).

## **The Realities Locally**

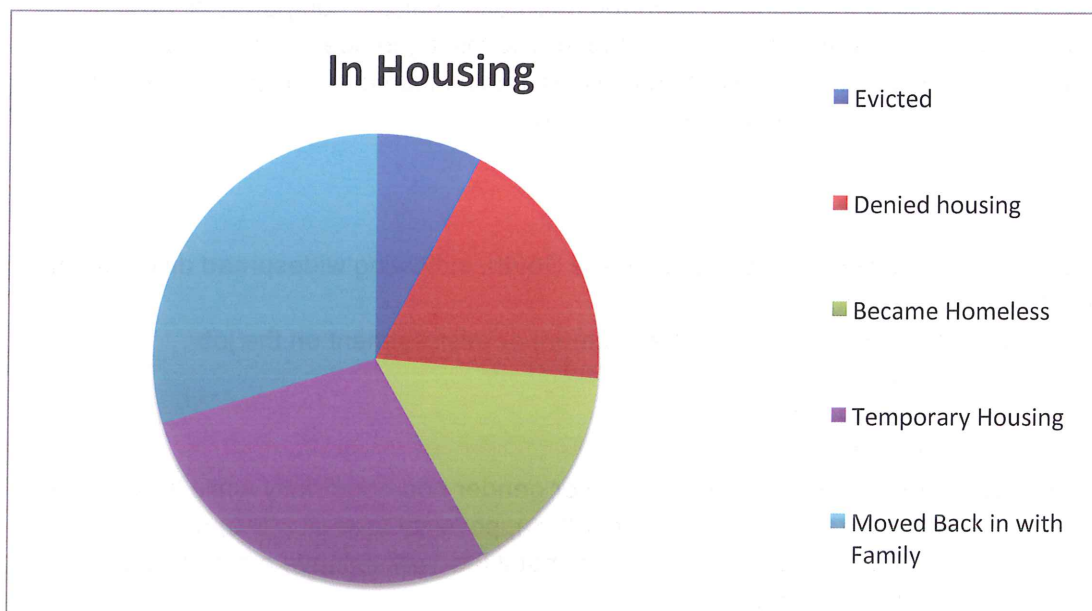
- Rates of discrimination were alarming in the South, indicating widespread discrimination based on gender identity/expression:
  - o 92% reported experiencing harassment or mistreatment on the job
  - o 30% lost a job
  - o 26% were denied a promotion
  - o 48% were not hired
- Those who expressed transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (83%), physical assault (40%) and sexual violence (10%). Harassment was so severe that it led 16% to leave a school in K-12 settings or leave higher education.

- Likely due to employment discrimination and discrimination in school, survey respondents experienced poverty and unemployment at higher rates than the general



population:

- o 14% of respondents had a household income of \$10,000 or less, compared to 4% of the general population, which is almost 4 times the rate of poverty.
  - o 13% were unemployed, compared to 7% in the nation at the time of the survey
- Survey respondents experienced blatant housing discrimination, as well as housing instability, much of which appears to stem from the challenges they face in employment.



- o 7% were evicted
- o 17% were denied a home/apartment
- o 14% had become homeless because of their gender identity/expression



- 26% had to find temporary space to stay/sleep
  - 27% had to move back in with family or friends
  - 41% reported owning their home compared to 67% of the general U.S. population.
- 63% were verbally harassed or disrespected in a place of public accommodation or service, including hotels, restaurants, buses, airports and government agencies.
  - 18% were denied equal treatment by a government agency or official.
  - 18% were denied equal treatment or harassed by judges or court officials.
  - 25% of those who have interacted with police reported harassment by officers
  - 45% reported being uncomfortable seeking police assistance
  - 22% were refused medical care due to their gender identity/expression.
  - 1.3% were HIV positive, compared to the general population rate of 0.6%
  - 27% postponed needed medical care, when they were sick or injured, due to discrimination.
  - Only 39% of the respondents had employer-based health insurance, compared to 59% of the general U.S. population at the time of the survey.
  - 40% reported attempting suicide at some point in their life, 25 times the rate of the general population of 1.6%.

Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, 2011

## Trans people of Color

Discrimination was pervasive for all respondents who took the National Transgender Discrimination Survey, yet the combination of anti-transgender bias and persistent structural and interpersonal acts of racism was especially devastating for Black transgender people and other people of color.

- Black transgender and gender non-conforming people often live in extreme poverty, with 34% reporting a household income of less than \$10,000/year. This is **over twice** the rate for transgender people of all races (15%) and **four times** the general Black population rate (9%). This is **over eight times** the general U.S. population rate (4%).
- Non-citizen Latino/a respondents were often among those most vulnerable to harassment, abuse and violence.
- Black transgender and gender non-conforming people are affected by HIV in devastating numbers. Over one-fifth of Black respondents reported being HIV positive (20.23%) and an additional 10% reported that they did not know their status. This compares to rates of 2.64% for transgender respondents of all races, 2.4% for the general Black population, and 0.60% for the general U.S. population.
- 40% of American Indian and Alaskan Native respondents reported experiencing homelessness at some point in their lives, **almost six times** the rate of the general U.S. population (7.4%).
- Almost half (49%) of Black respondents reported having **attempted suicide**.
- Over half (56%) of API (Asian American, South Asian, Southeast Asian, and Pacific Islander) respondents reported having attempted suicide.

- Latino/a transgender and gender non-conforming people had a very high unemployment rate at 20%.
- **Thirty-four percent** (34%) of American Indian and Alaskan Native respondents reported being refused medical care due to bias.
- Twenty-five percent (25%) of American Indian and Alaskan Native respondents reported being forced to participate in the underground economy for income, including sex work and drug sales
- Over half (55%) of Black respondents said their family was as strong today as before they came out. This level of family acceptance was higher than for any other racial group in the study. Family acceptance correlated with lower rates of negative outcomes such as suicide, homelessness, and becoming HIV positive.

## Are you Trans-Inclusive?

It starts with respect. Transgender people should be treated with respect. Their freedom to define themselves through self-identification and expression should be honored. This should be honored in every way possible, including in the language used by staff, found in publications, and in the general culture of the agency. It should also be honored in their housing, bathroom and shower placement.

During the initial intake conversation, the intake personnel should cover the issues that generate problems and anxiety for persons who identify as transgender in order to remove their concerns. The conversation should be inclusive, honest and frank. Topics that should be covered include: preferred name and pronouns to be used, safety concerns, placement for housing, privacy in showering and bathrooms, and confidentiality. Of course, all other policies and procedures should be covered as well during the intake process.

### **Tips for advocates** (*adapted from Forge-Forward.org*)

- **Language** - Use the name and pronoun preferred by your clients, even when they aren't around. If you are unsure which pronoun a client prefers, ask.
- **Manners** - If you wouldn't discuss your genitals with a colleague, it's probably inappropriate to ask a client about theirs. A person's genitals do not determine their gender for the purposes of social behavior, service provision, or legal status. Do not discuss a person's transgender status with others unless it is absolutely necessary to provide them with appropriate care or services.
- **Focus** - Focus on what services the client is asking for. Most of the time, the services a transgender person is seeking is unrelated to their gender identity. Transgender clients should not be used as educational opportunities for yourself or colleagues.
- **Policies** - Make sure your agency has a written policy of non-discrimination on the basis of sexual orientation and gender identity. Ensure all staff know about and follow the policy.

- **Confront** - Ensure your agency has, shares with clients, and enforces a “safe space” policy in which prejudicial behaviors and statements by all staff and all clients are not permitted.
- **Paperwork** - Intake forms and other documents that ask about gender should allow clients to write in a response, or include a transgender option.
- **Know & Tell** - If you need to ask a client a personal and/or sensitive question, tell the client why that information is needed before you ask. If you don't know why the information is needed, it is likely not pertinent to care and should not be asked.
- **Empower** - Although some clients need service providers to “take charge,” many desire and are capable of helping direct their own care or services. Ask transgender clients how they would like you to handle service provision issues.
- **Be Creative** - Transgender people may not fit into existing systems or forms. Respect your client by adapting the form or system to fit their needs, rather than forcing the client into a pre-determined and ill-fitting box.

Questions for agencies to consider:

- How will clients know we are trans-inclusive?
- Are there safe zone stickers or other trans-friendly signs displayed?
- How do we talk about transgender issues as a board and staff?
- Are we currently serving transgender clients? What would be a trans-inclusive intake process?
- Where do we do our community outreach? Do you attend LGBTQ Pride events or PFLAG (Parents and Friends of Lesbians and Gays) meetings, reach out to student diversity clubs and gay-straight alliances, provide brochures to local LGBTQ-friendly bars and coffee shops, and connect with local LGBTQ and HIV centers?
- What do we do when a transgender person tries to access our services?
- Are transgender clients treated equally?

## Transgender Specific Terminology<sup>3</sup>

### Transgender (adj.)

An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms, including *transgender*. Some of those terms are defined below. Use the descriptive term preferred by the individual. Many transgender people are prescribed hormones by their doctors to change their bodies. Some undergo surgery as well. But not all transgender people can or will take those steps, and a transgender identity is not dependent upon medical procedures.

<sup>3</sup> These definitions are adapted from a variety of sources.; the Gay and Lesbian Alliance Against Defamation, [www.glaad.org](http://www.glaad.org); the Gay, Lesbian and Straight Education Network, [www.glsen.org](http://www.glsen.org); and Transgender Equality: A handbook for activists and policymakers. New York: National Gay and Lesbian Task Force Policy Institute and National Center for Lesbian Rights

## Transsexual (adj.)

An older term that originated in the medical and psychological communities. Still preferred by some people who have permanently changed - or seek to change - their bodies through medical interventions (including but not limited to hormones and/or surgeries).

Unlike *transgender*, *transsexual* is **not** an umbrella term. Many transgender people do not identify as transsexual and prefer the word *transgender*. It is best to ask which term an individual prefers. If preferred, use as an adjective: transsexual woman or transsexual man.

## Trans (or Trans\*)

Used as shorthand to mean *transgender* or *transsexual* - or sometimes to be inclusive of a wide variety of identities under the transgender umbrella. Because its meaning is not precise or widely understood, be careful when using it with audiences who may not understand what it means. Avoid unless used in a direct quote or in cases where you can clearly explain the term's meaning in the context of your story.

## Transgender man

People who were assigned female at birth but identify and live as a man may use this term to describe themselves. They may shorten it to trans man. (Note: *trans man*, not "transman.") Some may also use FTM, an abbreviation for female-to-male. Some may prefer to simply be called *men*, without any modifier. It is best to ask which term an individual prefers.

## Transgender woman

People who were assigned male at birth but identify and live as a woman may use this term to describe themselves. They may shorten to trans woman. (Note: *trans woman*, not "transwoman.") Some may also use MTF, an abbreviation for male-to-female. Some may prefer to simply be called *women*, without any modifier. It is best to ask which term an individual prefers.

## Cross-dresser

While anyone may wear clothes associated with a different sex, the term *cross-dresser* is typically used to refer to heterosexual men who occasionally wear clothes, makeup, and accessories culturally associated with women. This activity is a form of gender expression, and not done for entertainment purposes. Cross-dressers do not wish to permanently change their sex or live full-time as women. *Replaces the term "transvestite."*

**PLEASE NOTE:** *Transgender women are not cross-dressers or drag queens. Drag queens are men, typically gay men, who dress like women for the purpose of entertainment. Be aware of the differences between transgender women, cross-dressers, and drag queens. Avoid using the term "transvestite" unless someone specifically self-identifies that way.*

## Transition

Altering one's birth sex is not a one-step procedure; it is a complex process that occurs over a long period of time. Transition can include some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person. Avoid the phrase "sex change."

## Sex Reassignment Surgery (SRS)

Refers to doctor-supervised surgical interventions and is only one small part of transition (see *transition* above). Avoid the phrase "sex change operation." Do not refer to someone as being "pre-op" or "post-op." Not all transgender people choose to, or can afford to, undergo medical surgeries. Some people prefer the terms "gender affirmation surgery" or "gender confirmation surgery."

## Gender Dysphoria

In 2013, the American Psychiatric Association released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) which replaced the outdated entry "Gender Identity Disorder" with *Gender Dysphoria*, and changed the criteria for diagnosis. The necessity of a psychiatric diagnosis remains controversial, as both psychiatric and medical authorities recommend individualized medical treatment through hormones and/or surgeries to treat gender dysphoria. Some transgender advocates believe the inclusion of Gender Dysphoria in the DSM is necessary in order to advocate for health insurance that covers the medically necessary treatment recommended for transgender people. People who identify as transgender might or might not be diagnosed with or accept the term "gender dysphoria" or "gender dysphoric."

## OTHER TERMS YOU MAY HEAR

### Cisgender

A term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-." A more widely understood way to describe people who are not transgender is simply to say *non-transgender people*.

### Gender Non-Conforming

A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Please note that not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming. Many people have gender expressions that are not entirely conventional -- that fact alone does not make them transgender. Many transgender men and women have gender expressions that are conventionally masculine or feminine. Simply being transgender

does not make someone gender non-conforming. The term is not a synonym for *transgender* or *transsexual* and should only be used if someone self-identifies as gender non-conforming.

### **Genderqueer**

A term used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for *transgender* or *transsexual* and should only be used if someone self-identifies as genderqueer.

# Resources

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## Local Resources

- **SC Equality LGBTQ Resource Page** [www.scequality.org/resources](http://www.scequality.org/resources)

South Carolina Equality Coalition was established in 2002 as a statewide non-partisan coalition of local and state social, religious and political GLBT organizations and allies with a mission to secure civil and human rights for gay, lesbian, bisexual and transgender South Carolinians.

- **South Carolina Pride** - [scpride.org](http://scpride.org)

The mission of the South Carolina Pride Movement is to support the Gay, Lesbian, Bisexual, and Transgender community of South Carolina; to celebrate the richness and diversity of GLBT lives; to educate the general population on LGBT issues; and to advocate for equality and inclusion in all areas of life.

- **Alliance for Full Acceptance** - [affa-sc.org](http://affa-sc.org)

AFFA is a social justice organization dedicated to achieving equality and acceptance for gay, lesbian, bisexual and transgender people. Members are lesbian, gay, bisexual, transgender persons and straight allies uniting to eliminate prejudice based on sexual orientation and gender identity and expression. The organization has over 1600 donor/members and friends of AFFA and is headquartered in Charleston, SC.

- **Harriet Hancock LGBT Center** - [lgbtcentersc.org](http://lgbtcentersc.org)

Harriet Hancock LGBT Center has a vision for South Carolina where all people are accepted and affirmed, regardless of sexual orientation or gender identity and LGBT people are able to live happy and healthy lives. The Harriet Hancock LGBT Center works to realize this vision in South Carolina, starting in the Greater Columbia community and Midlands region.

- **Southerners on New Ground (SONG)** [southernersonnewground.org](http://southernersonnewground.org)

SONG is a home for LGBTQ liberation across all lines of race, class, abilities, age, culture, gender, and sexuality in the South. SONG builds, sustains, and connects a southern regional base of LBGTQ people in order to transform the region through strategic projects and campaigns developed in response to the current conditions in our communities. SONG builds this movement through leadership development, intersectional analysis, and organizing.

- **Carolina Transgender Society** - [carolinatransgendersociety.com](http://carolinatransgendersociety.com)

Carolina Transgender Society (CTS) formerly KAPPA BETA, is a social and support group for people identifying as members of the "TRANSGENDER" community and their families. Membership is open to all members of the Transgender Community and their wives/husbands or significant others. CTS is a social and support group with the goal of helping members accept and become comfortable with themselves.

- **South Carolina Gay and Lesbian Business Guild - [scglbg.org](http://scglbg.org)**

The Mission of The Guild of South Carolina is to be the gateway for the LGBT community and its supporters to develop friendships, business relationships, and alliances through social and professional programming.

## **National Resources**

- **The Northwest Network- [nwnetwork.org](http://nwnetwork.org)**
- **The NYC Anti-Violence Project- [avp.org](http://avp.org)**
- **Gay & Lesbian Advocates and Defenders- [glaad.org](http://glaad.org)**
- **Forge Forward (Trans focus) - [forge-forward.org](http://forge-forward.org)**
- **The Community of LGBT Centers- [lgbtcenters.org](http://lgbtcenters.org)**
- **The Network La Red- [tnlr.org](http://tnlr.org)**
- **SAGE (for elderly individuals)- [sageusa.org](http://sageusa.org)**
- **Health Professionals Advancing LGBT Equality- [glma.org](http://glma.org)**

## **Legal Resources**

- **American Bar Association**
  - **Commission on Domestic Violence: [abanet.org/domviol](http://abanet.org/domviol)**
  - **Legal Assistance for LGBT Victims of Domestic Violence Project: [abanet.org/irr/enterprise/LGBT](http://abanet.org/irr/enterprise/LGBT)**
- **Lambda Legal- [lambdalegal.org](http://lambdalegal.org)**
- **Alliance for Justice - [afj.org](http://afj.org)**
- **Sanctuary for Families- [sanctuaryforfamilies.org](http://sanctuaryforfamilies.org)**
- **Women Empowered Against Violence (WEAVE)- [weaveincorp.org](http://weaveincorp.org)**



## Youth-Specific Resources

- We Are Family- [wearefamilycharleston.org](http://wearefamilycharleston.org) (*SC specific*)
- Youth OUTloud- [youthoutloudsc.org](http://youthoutloudsc.org) (*SC specific*)
- Gay-Straight Alliance Network- [gsanetwork.org](http://gsanetwork.org)
- GLBT National Youth Hotline- 800-246-7743/ [glnh.org](http://glnh.org)
- Gender Spectrum- [genderspectrum.org](http://genderspectrum.org)

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