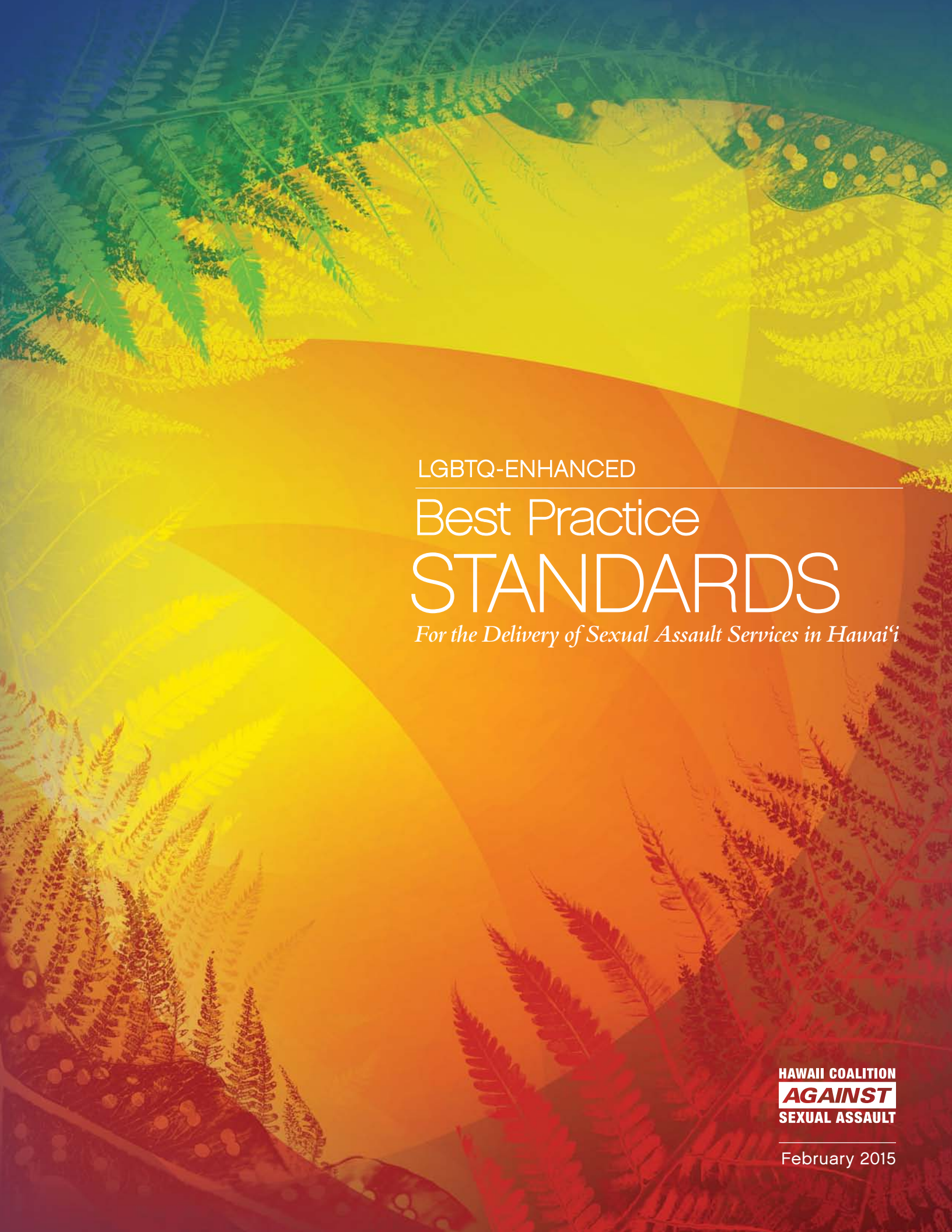

LGBTQ-ENHANCED

Best Practice STANDARDS

For the Delivery of Sexual Assault Services in Hawai'i

HAWAII COALITION AGAINST SEXUAL ASSAULT

February 2015

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FOREWORD

CREATING A FOUNDATION OF UNDERSTANDING

Dr. Robert Bidwell, HCASA's LGBTQ consultant, laid the groundwork for creating a foundation of understanding aimed toward enhancing best practice standards for serving Hawai'i's LGBTQ victims and survivors of sexual assault. He believes that the most authentic approach to developing this foundation is to listen to the voices of our islands' LGBTQ communities, and those who presently serve them. In preparation for this "listening-to-the-voices," he conducted an extensive literature review. Its purpose was to identify themes that emerge around the nature and dynamics of sexual assault as experienced by LGBTQ communities across the U.S. as well as challenges and creative opportunities that arise in efforts to provide respectful and relevant sexual assault services for LGBTQ victims and survivors. With this preliminary foundation of understanding in place, and to ground it and build upon it based on the real lived experience of Hawai'i's LGBTQ communities, he then proceeded to listen to the voices of these communities.

LISTENING TO THE VOICES: FOCUS GROUPS AND INDIVIDUAL CONVERSATIONS

Dr. Bidwell conducted a series of seven focus groups across the islands. Participants included members of LGBTQ communities as well as service providers who work with these communities. On Hawai'i Island, Maui and Kaua'i, focus groups included attendees across the LGBTQ spectrum as well as service providers. On O'ahu, individual groups were conducted focusing specifically on the lesbian, gay male, female-to male transgender and male-to-female transgender communities.

Discussions focused on the nature and dynamics of sexual assault and sexual assault awareness within Hawai'i's LGBTQ communities as well as the present challenges of accessing and receiving appropriate sexual assault services. Perhaps most importantly, participants provided input on how sexual assault services in Hawai'i can become more responsive to the needs of LGBTQ victims and survivors. In addition to the rich input of the focus groups, conversations were also conducted with individuals in the LGBTQ and sexual assault service provider communities, both in Hawai'i and on the mainland, addressing these same issues. As a final step, Dr. Bidwell disseminated draft copies of the reference manual on enhancing best practice standards to all focus group attendees and others, inviting their continuing feedback on the organization and content of the manual.

LIMITATIONS OF THIS PROCESS: MANY VOICES HEARD, MANY WERE NOT

It should be acknowledged that the focus group attendees and individual contributors who participated in the development of this reference manual do not "represent" their respective LGBTQ communities. These communities are too diverse for that to be possible. It is undoubtedly true that many voices were not heard that should have been heard. In this sense, this reference manual is necessarily incomplete, a "first go" at a complex issue, a "work in progress," a living document.

A WORK IN PROGRESS

This reference manual provides us a framework for enhancing best practice standards for serving Hawaii's LGBTQ victims and survivors of sexual assault. We trust that over time, with the conversation now begun on these important issues, our understanding of the nuances of the experience and needs of Hawaii's LGBTQ communities will continue to grow and evolve, allowing us to better facilitate the healing process.

Dr. Robert Bidwell has been this project's guiding force. He has devoted countless hours to meticulously researching this complex issue; organizing and conducting LGBTQ focus groups in each county; and diligently incorporating feedback of all those who reviewed each draft.

Mahalo nui loa, Bob. Our work will be guided by the voices you have so carefully reflected in this reference manual.

Paula Chun

Executive Director
Hawai'i Coalition Against Sexual Assault

ACKNOWLEDGMENTS

FOCUS GROUP VOICES

This reference manual represents the collaborative efforts of many individuals and organizations across the state of Hawai'i and beyond. A central part of the project involved the gathering of focus groups across the islands, and we are deeply indebted to those who offered to help recruit, host, and in many instances feed focus group participants and facilitators. In this regard, we particularly want to acknowledge the invaluable help of:

Hawai'i Island

- Hannah Wu (University of Hawai'i Women's Center at the University of Hawai'i at Hilo)
- Terri Lum (Children's Justice Center, Hawai'i State Judiciary, East Hawai'i)

Kaua'i

- Renae Hamilton (YWCA of Kaua'i)

Maui

- Nicole Hokoana (Child and Family Service-Maui)
- Roxanna Hamaku (Maui Sexual Assault Center, Child and Family Service-Maui))
- Punahele Ho'opi'i

O'ahu

- Monoiki Ah Nee (Life Foundation)
- Cathy/Taffy Kapua (Life Foundation)
- Kaleo Ramos
- Rachel Thorburn

Most importantly, we extend our warmest mahalo to all the individuals that participated directly in the focus group discussions, including many of those named above. We deeply appreciate the thoughtfulness and wisdom reflected in their recommendations for enhancing sexual assault services for Hawai'i's LGBTQ communities. We also acknowledge the extraordinary courage that brought many participants to the table. Their voices serve as the foundation and grounding force of this reference manual.

OTHER LOCAL AND NATIONAL VOICES

We are equally indebted to those individuals and organizations who communicated with us outside the focus group setting, sharing their perspectives on these issues and how these issues touched their lives either professionally or personally, often both. We also greatly appreciate the efforts of all those who have reviewed drafts of this manual. Many were also focus group participants and their continuing insightful and honest input has helped assure that this manual remains true to the voices it seeks to reflect.

A number of organizations and individuals across the country are dedicated to addressing issues related to sexual assault and LGBTQ communities. This reference manual is built upon their pioneering efforts. Their work informs our own understanding of the experiences and needs of Hawai'i's LGBTQ victims and survivors of sexual assault. It also suggests creative approaches to addressing these needs in a culturally-relevant and effective manner. In this regard, we especially appreciate the generous assistance of Chai Jindasurat, Coordinator of the National Coalition of Anti-Violence Programs (Anti-Violence Project). In addition to offering practical guidance on the development of a community-informed reference manual, he also reminded us of the broader societal context in which violence against LGBTQ individuals occurs, including a legacy of oppression and marginalization.

ADVISORY COMMITTEE

This project would not have been possible without the dedicated involvement of its Advisory Committee. Its members provided clarity of vision, grounding, optimism and wise counsel from beginning to end. They often went above and beyond their advisory role by helping to recruit focus group members, directly participating in and co-facilitating focus group discussions, and reviewing evolving drafts of the reference manual. Specifically, a deeply appreciative mahalo is extended to Monoiki Ah Nee (Life Foundation), Cathy/Taffy Kapua (Life Foundation), Nancy Kern (formerly of the Injury Prevention Branch, Hawai'i Department of Health), Camaron Miyamoto (LGBT Student Services, University of Hawai'i Mānoa Women's Center), and Kaleo Ramos for their tireless efforts on behalf of this project and the LGBTQ communities of Hawai'i.

A NOTE OF APPRECIATION

A special mahalo is extended to Cindy Shimomi-Saito, Associate Director of the Sex Abuse Treatment Center. Just as focus group participants helped ground this manual in the experience and needs of Hawai'i's LGBTQ communities, Cindy's on-going and heartfelt participation in this project provided equally essential grounding in the experience and needs of Hawai'i's sexual assault service providers. Her experience, insight, compassion and encouragement are reflected in every page of this manual.

A special note of affection and gratitude is extended to Paula Chun, Executive Director of Hawai'i Coalition Against Sexual Assault (HCASA). She understood that meaningful adaptation and response can only come from listening to the voices of Hawai'i's underserved communities. Her patient and gentle guidance, encouragement and optimism were indispensable to the completion of this project.

OUR KŪPUNA (ELDERS)

Finally, we respectfully acknowledge the powerful gift of aloha passed down to us through generations of kūpuna. Its presence among and within us, and its reflections in the traditional Hawaiian celebration of the diversity of human sexuality and gender, inspires and validates the enhanced standards set forth on the pages that follow.

Robert Bidwell, M.D.

LGBTQ Consultant

A DEEPER UNDERSTANDING

It is not expected, nor is it necessary, that sex assault service providers become "expert" on all issues faced by LGBTQ communities. However, it is essential that each provider becomes an expert in providing culturally-competent care to all victims of sexual assault, including those who are LGBTQ. In order to do so, it is important to have a foundation of understanding related to each of the communities that they serve, particularly related to the special issues that may arise on experiencing sexual violence and accessing support services.

The following introductory section of this manual seeks to provide this deeper understanding and should be considered essential reading for anyone using this manual. It reminds providers that a history of oppression and discrimination can increase a community's vulnerability to violence, including sexual violence, as well as limit the availability of services or the willingness of victims and survivors to access services where they do exist. This understanding is essential in providing individual support as well as reaching out to the broader LGBTQ communities.

"Aloha au iā ʻoe, ukali mai nei."

{"I love you, so I follow you."}

*-- Kapāʻihiahilina to Chief Lonoikamakahiki **

"Mai hoʻokapukapu mai ʻoe iaʻu, no ka mea, ʻo ʻoe nō koʻu hoahānau ponoʻī, ʻaʻole aʻu mea nui ʻē aʻe, ʻo ʻoe hoʻokahi wale nō; no laila, ma koʻu wahi moe, ma laila mai ʻoe, mai hoʻokaʻawale ʻoe iaʻu, no ka mea, ua pale ka pono eia kāua i ke au akua kahi i hele ai."

{"Do not hold me in sacredness, because you are my own brother. I have no one more important, you are the only one. Therefore, where I sleep, there you will sleep also. Do not be separate from me, because all that is good has passed, and the place we are now travelling is the realm of the gods."}

*-- Chief Lonoikamakahiki to Kapāʻihiahilina **

A no laila, ua hoʻokō ʻia ke aliʻi ʻōlelo, a noho pū ihola lāua.

{In consequence of this, the chief's words were observed, and the two of them lived together.}

*-- A. Fornander **

***** Hawaiian text from Fornander (1916); English translation from Morris (1996).

I. Reflections: Times Past

THE LEGEND OF LONOIKAMAKAHIKI

It is appropriate that a reference manual about violence begins with a story about love. The preceding passage appears in the renowned historian Abraham Fornander's 1916 recounting of the moʻolelo (legend) of Lonoikamakahiki, Great Chief of the Big Island, and Kapāʻihi, a Kauaʻi commoner. The moving story relates how Chief Lonoikamakahiki, abandoned by his warriors on a journey to Kauaʻi, was clothed in braided fern, fed, sheltered and finally led through the rainforest to safety by Kapāʻihi, who had felt compassion for the Chief's abandonment and vulnerability. Throughout their journey, Kapāʻihi maintained a respectful distance both day and night, as was appropriate between a commoner and a chief. One day, when the Great Chief asked Kapāʻihi why he had come to take care of him, Kapāʻihi replied simply, "Aloha au iā ʻoe, ukali mai nei." The Great Chief thereupon invited Kapāʻihi not to be afraid and to come closer, and together they entered a chief-aikāne relationship.

THE AIKĀNE RELATIONSHIP

The aikāne has traditionally been described as the "consort" of an aliʻi (a noble of royal lineage), and was a commoner or of a lower aliʻi status, although through the aikāne relationship he was elevated to a much more influential position within society. These intimate same-sex relationships appear frequently in Hawaiian moʻolelo and ʻoli (chants) as well as being represented in hula kahiko (ancient hula). They also appear frequently in the post-contact (post-1778) historical record, including documentation of the aikāne relationships of Hawaiian monarchs well into the 19th century.

There clearly was a sexual aspect to these relationships but, like many present-day same-sex and opposite-sex relationships, they were also marked by deep bonds of respect, commitment, spirituality and, as reflected in Kapāʻihi's simple words, love. Moʻolelo, ʻoli and hula reflect similar examples of same-sex intimacy and love between women, such as appears in the Pele legend cycle, in which Pele's younger sister Hiʻiaka refers to her "intimate friend," Hōpoe, as her aikāne. Although women's same-sex relationships are less visible in the post-contact historical record, this is thought to reflect the decreased visibility of women in general in documents of this period. Within traditional Hawaiian culture, many individuals, including aikāne and aliʻi in aikāne relationships had opposite-sex as well as same-sex relationships.

RESPECT FOR SAME-SEX RELATIONSHIPS

More important than the simple existence of same-sex relationships in traditional Hawaiian culture is the fact that they were common and respected

within families and throughout society. They were seen as important for maintaining the integrity of a people and came with both personal and civic responsibilities. Individuals were measured not by the gender of those whom they loved, but rather by the qualities of respect, responsibility and honor they displayed as members of a community. The recognition and even celebration of same-sex relationships reflect a traditional Hawaiian world view that was comfortable with the breadth and fluidity of human sexuality and the human capacity for love that transcends the sex or gender of one's partner.

RESPECT FOR THE SPECTRUM OF GENDER IDENTITIES AND EXPRESSION

Another reflection of the openness of traditional Hawaiian culture is its acceptance of a spectrum of gender identities (the personal sense of being female or male, or another gender) and gender expression (the ways in which an individual's gender is expressed in the world).

MĀHŪ

In pre-contact Hawai'i, individuals referred to as māhū assumed a respected place within society. Māhū were (and are) biologic males who express their gender in ways considered more typical of females, and assumed gender roles considered more typically feminine, although completely consistent with their identity as māhū. They also assumed highly-valued functional and ritual roles within the family and broader community that were not open to females or males. Māhū were seen as guardians of Hawaiian history and tradition, passing on their special knowledge to future generations through mo'olelo, 'oli , hula and the example of their lives.

WAHINE KAUA

Similarly, there were women who did not assume typical female roles within Hawaiian society, for example the wahine kaua or koawahine who, unlike most women, participated in military campaigns as warriors as well as tending to the wounded in battle. Importantly, these women and māhū were seen as valued and celebrated members of society, performing essential roles that were integral to the perpetuation of Hawaiian culture.

This reflected a recognition that gender identities and expression extend across a diverse spectrum of possibilities beyond simply female or male, a concept that Western and other societies have only recently begun to understand. It is essential that those who seek to serve victims and survivors of violence, including sexual violence, in contemporary Hawai'i's LGBTQ communities understand the profound importance of this legacy: the acceptance and celebration of sexual and gender diversity in traditional Hawaiian culture.

CONTACT: 1778

In 1778, which marks Hawai'i's first contact with the West, Hawai'i's political, economic, social, spiritual and cultural traditions and institutions began to face the steady destructive influence of alien cultures through trade, settlement and colonization. Over the course of less than a hundred years, lands were taken away and thousands of lives lost as a result. Equally devastating, these new settlers gained the power to create and enforce new laws and social norms targeting the core of Hawaiian identity. The use of the Hawaiian language was forbidden in many settings. Efforts were made to conscript and change Hawaiians' traditional understanding of their history and the meanings of their words in order to make them conform to the moral sensibilities of the newcomers. Many of the traditional cultural and spiritual beliefs and practices that were integral to Hawaiian identity were denigrated and/or forbidden, including the belief in traditional deities, the practice of hula, manner of dress, the relationship between kānaka maoli (indigenous Hawaiians) and nature and the land, and the social arrangements that had sustained Hawaiian society for millennia. The traditional Hawaiian openness to the diversity of human sexuality and gender was also disparaged and suppressed. Those individuals who formerly had been woven into the historical, social, political, economic and spiritual fabric of Hawaiian society were marginalized in their own land and made invisible.

THE IMPACT OF CONTACT ON HAWAI'I'S LGBTQ COMMUNITIES

This transformation in Hawaiian culture over the past two centuries is profoundly relevant for contemporary LGBTQ communities in Hawai'i. The incidence of violence both within and against a particular community (whether defined by race, ethnicity, gender, class, religion, ability, immigrant status, sexual orientation, gender identity/expression, or any other defining characteristic) is directly related to the recognition and acceptance of that community within broader society. Furthermore, since institutions and agencies often reflect the attitudes and mores of that broader society, the social supports and services that have been created to ameliorate violence often fail to recognize and meet the needs of stigmatized communities.

RESPECTING OUR PAST

REMEMBERING

There is in Hawai‘i a cultural “remembrance of times past” in the form of mo‘olelo, such as that describing the love of Chief Lonoikamakahiki and Kapā‘ihi. It is also preserved in ‘oli and hula, as well as the deep shared “blood memory” among kānaka maoli that continues to recall and honor the traditions and beliefs that sustained ancient Hawaiian culture, including its confident celebration of sexuality and gender diversity.

Even more importantly, this centuries-old current of cultural remembrance lives and thrives in kānaka maoli homes and communities across our state. It is this living force that, in spite of more than two centuries of opposing alien cultural influences, today allows many families and communities to continue to embrace, love and celebrate their children and friends who have discovered, or someday will discover, their LGBTQ and māhū identities. It is these same families and communities who presented testimony before the legislature during the recent hearings on same-sex relationships and, by invoking the “blood memory” of legislators and their fellow citizens, prevailed in bringing Hawai‘i closer to its cultural roots.

LEARNING, ACCEPTING, CELEBRATING

It is this living memory of a traditional acceptance and celebration of those who today are referred to as LGBTQ that will allow us to openly recognize their presence within our broader ‘ohana, the violence they face, and to develop supports and services, including those addressing sexual assault, that are relevant to their unique experiences and needs. Offered validation and safety, these communities will be rewoven into the rich historical, social and spiritual fabric of Hawaiian life.

II. Sexual Violence and the LGBTQ Experience

There is much we do not know about Hawai'i's LGBTQ communities. Fortunately, recent surveys have begun to identify the experience and issues of concern of these communities, which is essential to the development of a broader spectrum of health and social services to address their needs. (Stotzer, 2013).

TREMENDOUS DIVERSITY: AVOIDING ASSUMPTIONS

"Sexual violence is really just one part of a larger picture of violence against LGBT people on our island."

As service providers, it is important to recognize that although we combine lesbian, gay, bisexual, transgender and queer individuals into the single acronym LGBTQ, there is a tremendous diversity between each of these groups in terms of history, experience, vulnerability, strengths and the challenges they face. Perhaps even more important is to recognize the great diversity within each community (recognizing that some LGBTQ individuals may not consider themselves to be part of a larger community). The diversity represented within each group, whether L, G, B, T or Q, is as broad as that occurring within the general population. This means, above all, that we cannot make assumptions that because someone is lesbian or gay or bisexual or transgender, that we know what that means for that individual in terms of identity, experience or needs. Meaningful victim/survivor-centered support and care requires an active engagement in listening and dialogue combined with a careful examination of one's personal assumptions and biases as a provider.

DIVERSITY OF SEXUAL VIOLENCE

LGBTQ individuals, like every other human being, are vulnerable to the full range of sexual violence. This may include childhood sexual abuse, incest, adult sexual trauma, opposite or same-sex perpetration, intimate partner and dating sexual violence, acquaintance rape, stranger rape, sexual exploitation by professionals, alcohol/drug facilitated rape, hate-motivated sexual violence, and sexual assault in the context of prostitution, detention/correctional settings and "hook-ups" for casual sex through cruising, bars, clubs and apps.

DIVERSITY OF IDENTITY

Being LGBTQ is only one aspect of an individual's identity. The fact that individuals are LGBTQ may be directly related to their vulnerability to sexual and other violence. It may also affect their ability to report violence, access services and to be safe and heal after sexual violence has occurred. Or being LGBTQ may be only marginally relevant or not relevant at all.

Many individuals may have more than one aspect of their identity that makes them vulnerable to oppression and violence and unable to access supportive services. Beyond sexual orientation and gender identity these might include

race, ethnicity, gender, immigrant status, English language ability, disability, socioeconomic status and other characteristics that can be marginalizing or stigmatizing. It is believed that having multiple stigmatized aspects of one's identity may compound both the vulnerability to and the impact of violence. It also may affect the quality and accessibility of support service that exist within a community.

A MATTER OF HUMAN RIGHTS

Sexual violence is just one of many related forms of violence. Across many societies, it often is perpetrated in conjunction with domestic or intimate partner violence as well as many other forms of physical, emotional, psychological, ethnic, and political violence. The health disparities faced by many communities, including the increased risk of sexual violence, are often a result of a broader experience of societal oppression and discrimination. Fundamentally, therefore, violence is a human rights issue that needs to be addressed at many levels and on many fronts.

SEXUAL VIOLENCE: WHAT THE NUMBERS TELL US

BISEXUAL WOMEN AT HIGHEST RISK

The most comprehensive large-scale national survey of sexual violence and intimate partner violence taking into account sexual orientation of the victim/survivor was conducted by the Centers for Disease Control (CDC, 2013). It found that the lifetime prevalence of rape (sexual penetration) was three times higher for bisexual women (47%) than for either lesbians or heterosexual women (13% and 17%, respectively). For heterosexual men the prevalence was 0.7%, but the numbers of gay and bisexual men reporting rape was statistically too small to calculate reliable estimates of prevalence. When asked about lifetime prevalence of "sexual violence other than rape" (including being made to penetrate another person, unwanted sexual touch, sexual coercion, or other unwanted sexual experiences), prevalence rates for bisexual women (75%) were significantly higher than for lesbians and heterosexual women (46% and 43%, respectively). The rates for bisexual men were 47.4%, gay men 40.2% and heterosexual men 20.8%.

TRANSGENDER PERSONS AT HIGH RISK

The CDC survey did not gather data on the experience of sexual violence by either female-to-male (FTM) or male-to-female (MTF) transgender persons. Therefore, at this point there is no precise estimate on sexual violence experienced by transgender. However, many smaller-scale research studies

document extraordinarily high rates of victimization of transgender individuals in the U.S. and worldwide. This victimization includes discrimination, harassment, physical violence, sexual violence, and homicide, with many of these acts representing hate crimes based on the victim's gender identity.

LOW RATES OF REPORTING AND SEEKING SERVICES

Despite rates of sexual violence among LGBTQ communities that are as high or in some instances much higher than those among heterosexual individuals, many if not most of LGBTQ victims of sexual and other forms of violence choose not to report their victimization or seek services. Certainly LGBTQ victims are not alone in this response to sexual violence. However, LGBTQ individuals often face unique challenges around reporting victimization and finding supportive services. It is especially concerning that those communities that appear to be at highest risk of sexual and other violence (bisexual women and transgender individuals) appear to be the least likely to have access to supportive services.

OTHER HIGH RISK GROUPS

In addition to bisexual women and transgender individuals, other members of LGBTQ communities considered at high risk of sexual violence include:

- Adolescents
- Individuals with non-typical gender expression
- Immigrants
- Elderly
- Persons with disabilities
- Those still "closeted"
- Members of the military
- Those engaged in sex work
- Individuals who are detained or incarcerated.

It should be noted that many of the above LGBTQ victims of sexual violence are not well-connected to broader LGBTQ communities, and therefore unlikely to access the few resources these communities might provide. Also, LGBTQ communities have not always reached out to support the more marginalized or stigmatized individuals among them, including most notably those who are detained or incarcerated.

INSTRUMENT OF OPPRESSION

Oppression is defined as the placement of severe social, economic and political restrictions on an individual or group by those in a position of power. Tactics of oppression against an individual or group can include marginalization, silencing, devaluation, exploitation, discrimination, and/or elimination. Violence has often been used as an effective instrument of oppression. Many of those across the U.S. who work with LGBTQ victims and survivors of sexual violence, together with local participants in the focus groups contributing to this manual, cite societal oppression in its various forms as underlying the vulnerability of LGBTQ individuals to sexual and other forms of violence. It is also felt to explain the failure of established "response systems" (law enforcement and the legal system) and "systems of care" (crisis responders, advocates, counselors and health providers) to recognize and address the challenges most LGBTQ people face living their lives in an often unaccepting, even hostile society. This understanding is fundamental in order to work respectfully and effectively with LGBTQ victims and survivors, in an effort to assure safety and support the healing process.

IMPACT OF FEAR, STIGMA, AND ISOLATION

ON INDIVIDUALS

The impact of homophobia, biphobia, transphobia and heterosexism on LGBTQ individuals and communities as well as the broader society is profound. (Quinn, 2011) They target the very essence of who we are as human beings: our sense of gender, our deepest attractions, and the legitimacy of our love for others. LGBTQ individuals grow up and live in this climate of disapproval, even hate. Many, especially those without validation and support, experience shame, fear, stigma and isolation. They often feel it is necessary to hide their LGBTQ identity from others, thus increasing their sense of being alone in the world. Many come to believe society's message that they are to blame for the discrimination and violence they face in their lives.

ON THEIR RELATIONSHIPS

Their relationships with others are also affected by a generally hostile societal environment. Many feel unable to share their LGBTQ identities, creating an emotional distance between them and their families and friends. It also results in smaller support systems, especially if they experience violence that is related to their sexual orientation or gender identity. Because many families, friends and others have been acculturated to be unaccepting of LGBTQ individuals, the risk of further violence or rejection is often present, even from those they respect and love.

"Nothing could be more relevant to this manual than what the prominent head of the police officer union said, that he would rather be killed than enforce marriage equality, that he would never, ever honor such a law. You need to quote him because his words reflect the police climate now in 2013 that an LGBT victim is faced with. It explains why we're afraid to go to the police for protection."

ON SOCIETY

Finally, at a societal level, institutions (schools, churches, workplaces, health and social service agencies, law enforcement agencies, courts, legislatures) often reflect the prevailing attitudes, assumptions and beliefs of the dominant culture. This has resulted in many laws, policies and programs that either fail to acknowledge the existence of LGBTQ individuals or actively discriminate against them, creating an environment that supports their marginalization and victimization.

RISK AND RESILIENCE

While fear, stigma and isolation have left their scars on many LGBTQ individuals growing up in American society, research has also demonstrated the enormous resilience within LGBTQ communities. Most importantly, being LGBTQ itself should not be viewed as a "risk factor" for the health disparities experienced by some segments of LGBTQ communities. Although LGBTQ people overall experience higher rates of depression, anxiety, substance use, HIV-positive status and higher rates of suicidal ideation and attempts, particularly among youth and young adults, than the general population, the majority of LGBTQ people do not experience these. These disparities, therefore, are clearly not an essential part of the "script" for growing up LGBTQ in America.

Much is still unknown about the increased vulnerability of certain LGBTQ individuals to various health risks. Related to suicidality, studies show that, like for other individuals, depression, substance use, a history of previous attempts and recent attempts by peers or family members predict a greater likelihood of suicidal ideation and attempts for LGBTQ individuals. These are often referred to as "general risk factors" for suicide (as well as other health-compromising behaviors). However, research increasingly has shown a number of "LGBTQ-specific risk factors" that appear to account for a significant proportion of suicidal ideation and attempts, as well as other risk behaviors, among LGBTQ individuals. Among the most prominent of these factors are an individual's experience of family rejection, peer and family victimization, gender non-conformity (particularly among males) and living in negative and unsupportive social environments. Research increasingly demonstrates that the daily experience of "minority stress" by some LGBTQ individuals, a continual emotional onslaught related to issues of living with stigma, "coming out," fear of discovery, victimization and discrimination, increases their vulnerability to depression and anxiety, leading in turn to a variety of health-compromising behaviors and situations, including the contemplation of ending one's life.

On the other hand, research also is showing that LGBTQ people who enjoy family and community connectedness and acceptance as LGBTQ individuals and who live in safe and supportive environments face rates of suicidality and other health-compromising states that are no higher than in the general population. The growing understanding that many LGBTQ individuals face increased risks not because of their LGBTQ identities but because they grow up and live in violent, discriminatory and unaccepting environments is exceedingly important since these factors are amenable to intervention and change. Health and social service providers, law enforcement officials, teachers, employers, clergy, legislators and others have the ability to decrease risk and promote the resilience of LGBTQ communities not only through their individual interactions with LGBTQ victims and survivors of violence, but also by supporting the development of policies and programs that promote family and community inclusion and acceptance.

THE WORDS WE USE

In order to serve LGBTQ survivors of sexual assault it is important to be familiar with concepts and terms that are commonly used by these communities as well as those who serve them. (See Appendix A, Helpful Terms). "LGBTQ" is one of several variations of acronyms which refer either to an individual's sexual orientation (lesbian, gay, bisexual or queer) or gender identity/expression (transgender or queer), two very different concepts.

Sexual Orientation: *Sexual orientation encompasses a person's enduring sexual, romantic, emotional and spiritual attraction to people of the same or different sex. Lesbians are women who are attracted to other women, gay men are attracted to other men, bisexual persons are attracted to both women and men, and others may not be attracted to any gender, or asexual. Heterosexual persons (often referred to as "straight") are attracted to individuals of the opposite sex. Some people whom others might consider LGB because of their attractions to or sexual interactions with others, choose not to label themselves as LGB, finding these designations limiting or not representative of their personal or cultural identity. Others may refer to themselves as "queer," a term with historically negative connotations, but which is being reclaimed with pride. Other terms of self-identification include "men who have sex with men" (MSM), "women who have sex with women" (WSW) and "same gender loving man/woman." With open and respectful inquiry, a provider can determine which terms of self-identification survivors are most comfortable with, including the possibility that they feel no need to choose a term at all.*

Gender Identity and Expression: *In contrast to sexual orientation, gender identity refers to a person's inner sense of being female, male, or another gender. A related concept, gender expression is how an individual expresses her or his gender in terms of speech, dress, mannerisms, interests and other gendered characteristics, that may or may not reflect inner gender identity. Those whose inner gender identity conforms to their birth-assigned sex are referred to as cisgender. Those whose inner gender identity does not conform to their birth-assigned sex are transgender. Individuals whose birth-assigned sex was female but whose inner gender identity is male are often referred to as "female-to-male transgender" (FTM TG). Similarly, those whose birth-assigned sex was male but whose identity is female are referred to as "male-to-female transgender" (MTF TG). As service providers, it is important to recognize that FTM TG persons are male and MTF individuals are female, and should be treated as such. However, some transgender individuals reject the Western gender binary of "male" and "female" and consider themselves as representing a gender somewhere "in the middle" or completely separate. As with sexual orientation, an open and accepting dialogue around gender identity and expression should help guide the provider as to what words to use that best reflect an individual survivor's sense of self.*

It is important to recognize that because sexual orientation and gender identity are different entities, LGB and heterosexual individuals may be either cisgender or transgender, and transgender individuals may be LGBQ or "straight." For example, a FTM transgender person who is attracted to other males would be considered gay (unless, of course, they consider themselves otherwise).

Māhū: *At the beginning of this manual, reference was made to the important role played by māhū in traditional Hawaiian society. While their status was diminished with the establishment of Western dominance in the Islands, māhū continue to fulfill their social responsibilities within many Hawaiian families and communities. They also play a central role in keeping alive, against tremendous odds, the traditions, beliefs and understanding of the world that are the foundation of Hawaiian culture. Māhū, as a term, has been defined and used in various ways. Typically, it is defined as being analogous to the Western concept of "transgender." In this sense the contemporary Hawaiian terms "māhūwahine" and "māhūkāne" are similar to the Western terms "MTF transgender" and "FTM transgender." Māhū is occasionally used to refer to a gay male whose gender expression is more feminine in nature. Many māhū reject the direct comparison to Western concepts of transgender identity, which reflect a more rigid binary classification of gender into "female" and "male." As one*

māhūwahine said emphatically and with pride, "I am not a woman trapped in a man's body! That's your Western way of looking at gender. I am māhū!"

"Coming Out": *"Coming out" is another term that is important to understand in serving LGBTQ victims and survivors. "Coming out" is the process of acknowledging one's sexual orientation and gender identity both to oneself and to others. Given the general societal disapproval and violence toward LGBTQ communities, coming out is often a difficult and frightening process that often takes place over a lifetime. It is not unusual for individuals to come out to certain people in their lives but not to others, fearing ridicule, judgment, discrimination, harassment and rejection even by those they love. Providers should recognize that sexual assault may occur at any point during a person's coming out process. Therefore, services may be sought at any time between a point when a person is still completely "in the closet" and fearful of discovery and a point of full self-acceptance of his or her LGBTQ identity.*

Transition: *"Transition" is another important term that is encountered in working with transgender clients. Transition is the process of physical, emotional, social and spiritual change experienced by transgender individuals to increasingly reflect their inner gender identity, as opposed to their birth-assigned sex. It may or may not include sexual reassignment surgery or hormonal treatment and often results in a marked improvement in emotional and psychological well-being. Sexual assault may have occurred, and services sought, at any point during the transition process. Where a person is in the transition process may have significant impact on his or her vulnerability to violence, especially sexual assault as an instrument of hate. It may also affect their connectedness to supportive communities and the ability to seek, find and access supportive sex assault services.*

THE IMPACT OF WORDS

The words we use in working with LGBTQ victims of violence have the power to reflect understanding, empathy, respect, acceptance, support, reassurance, and encouragement. The words we choose also have the power to reflect discomfort, disapproval and blame. We are all products of our respective cultures and it is important to remain reflective about our underlying assumptions and beliefs about who people are and what their experience and needs might be. Rather than words based on assumptions it is better to have our clients share with us their own lived reality and felt needs and to guide us toward language and conceptualizations that they feel best reflect their life experience.

TRANSGENDER PEOPLE: WORDS AS A SIGN OF RESPECT

In working with transgender individuals, for example, it is appropriate to use a person's preferred pronouns ("he" or "she"; "him" or "her") based on inner gender identity rather than biologic or birth-assigned sex – unless they prefer otherwise. Similarly, we should use their preferred names in face-to-face conversations and in conversations with colleagues. The sensitivity of transgender individuals to the appropriate naming of body parts and body functions is another area where using the terminology preferred by the victim/survivor can reflect acceptance and validation. The transgender community, like other LGBTQ communities, also has unique ways of naming and describing themselves and their community that first responders should understand and respect, even if they themselves do not use the same "language."

THE UNINTENDED MEANINGS OF WHAT WE SAY (AND DON'T SAY)

At another level, the words we use – or don't use – when speaking in more general terms about sexual violence may convey unintended meanings to LGBTQ and other survivors. For example, to reference only women when speaking about victims, or men when speaking about perpetrators, can send powerful messages of exclusion to non-female victims of sexual assault. It also minimalizes the possibility of female perpetrators of violence. Similarly, having trainings, brochures, websites or outreach efforts that make no explicit mention of LGBTQ victims of sexual violence reinforces the historical understanding among LGBTQ communities that these services are not welcoming of people like them.

APPROPRIATE USAGE OF TERMS

Although, in general, our words and language should mirror those of our clients, there are exceptions to this guideline. For example, victims/survivors may use terms that are acceptable within their particular group or community but that are seen as offensive or over-familiar when used by an "outsider." Still, as a provider it is important to understand and respect these words so that clients do not need repeatedly to stop and explain their meaning as they share their life experiences. **Appendix A (Helpful Terms)** provides further guidance around the appropriate use of terminology.

EVOLVING UNDERSTANDING AND LANGUAGE

It is also important to recognize that certain terminology coming from the traditional "male perpetrator, female victim" penetrative paradigm of sexual assault (including the term "sexual assault" itself) may not translate well when applied to some instances of sexual violence in LGBTQ communities. Furthermore, since everyone, LGBTQ and straight/cisgender alike, has been

acculturated to view violence through this traditional lens, both victims and providers may lack the words and concepts to describe the details and make sense of the significance of LGBTQ victimization and so must explore this new territory together.

Local lesbian focus group participants pointed out that in respect to sexual violence within lesbian relationships, the term "sexual assault" does not seem to capture the nuances and complexity of what happens in many instances of same-sex sexual violence. At the same time, they did not feel there is an adequate alternative vocabulary or conceptualization to describe the experience accurately.

Appendix B (Resources) provides the names of organizations (FORGE, The Northwest Network) that have extensive webinar archives and other materials to serve as guides to navigating the evolving territory of language and concepts in order to better serve LGBTQ victims and survivors of violence.

ENGAGING AT A DEEPER LEVEL: LETTING THE LGBTQ VICTIM/SURVIVOR BE OUR GUIDE

Kleinman and Benson (2006) offer an approach to moving beyond the narrow confines of conventional "cultural competency," which often is presented as a learned set of culturally-informed technical skills applied to working with people sharing a common culture, a list of cultural "dos and don'ts." This conventional approach tends to divert attention from the great diversity of individual experience within any given culture. It also tends to lead to unwarranted assumptions and stereotyping in assessing who a victim is as an individual human being as well as his/her response to trauma and resultant needs (for example, assumptions made that "TG victims want this and lesbian victims need that."

Instead, these authors encourage providers to engage with people as individuals. This means trying to understand, through "intensive and imaginative empathy," how the victim "understands, feels, perceives and responds" to an experience such as sexual violence, not solely or even primarily as an LGBTQ person, but as a human being who happens to be LGBTQ among many other important personal attributes. This begins by inviting the client to be our guide, by opening a conversation about how the individual identifies the most important aspects of who they are as a person (for example, mother, father, friend, teacher, coach, lesbian) and whether or not they feel these are relevant to their experience of trauma, its impact on their lives and their path to healing. It is much more than simply using preferred pronouns and expressing comfort around sexual and gender diversity. It is about engaging at a much deeper and more human level.

III. Reporting & Accessing Services: Barriers Faced by All LGBTQ Communities

Because of the great diversity of LGBTQ communities, it is important not to make generalizations about how sexual violence is experienced by individual LGBTQ victims or their ability to access protective and supportive services. Similarly, it is important not to make generalizations about the ability of individual support services to meet the needs of LGBTQ victims of sexual assault, especially at this time of increasing acceptance of LGBTQ communities in American society. Nevertheless, the literature on violence against LGBTQ individuals, consistent with the testimony offered in the local focus groups informing this manual, is clear on one point: while assumptions should not be made about the experience, needs and challenges of any given LGBTQ individual, LGBTQ communities share a history and experience that can profoundly influence the impact of violence and the ability to access services. In the list of personal challenges to accessing services presented below, the majority relate to a mistrust of "systems" purportedly created to help, and include the fear of being mistreated or being "outed" by agents of those systems.

"Another huge barrier to accessing services is internalized homophobia, reinforced by the general population's attitudes. If I can't talk about my LGBT identity out in the real world why would I reach out to anyone when I'm in trouble? If they don't like me when I'm happy, why would they like me when I'm sad?"

The Price of Being "Outed"

The process of coming out to others is a very long and personal one for most LGBTQ individuals. At the right time in a person's life, it holds the promise of enormous personal growth and fulfillment. However, if a person comes out or is "outed" due to circumstances beyond their control (such as the experience of sexual victimization) or by others' unconcern or carelessness (for example, a first responder's or service provider's disregard for confidentiality), the results can be devastating. Among LGBTQ individuals who have come out unwillingly or been "outed," many have lost family, friends, children, homes, jobs, financial security, and previously safe and nurturing communities. Some have been arrested and imprisoned. Many others have taken their lives, or had them taken from them.

Fear and Mistrust of "Systems"

The fear and mistrust of "systems" felt by many LGBTQ individuals is justified. American society has criminalized, discriminated against, sanctioned prejudice and perpetrated violence against LGBTQ individuals up to the present day (Grant, 2011; Haas, 2014; Hanssens, 2014). Systems established to protect and care for victims of sexual and other forms of violence (law enforcement, health, social service, legal, and others) have often been partners in this broader societal disapproval, thereby becoming complicit in the LGBTQ experience of violence. In fact, the birth of the gay rights movement in America is cited as beginning with the attack by law enforcement officers on the LGBTQ patrons of the Stonewall Inn in New York City in 1969. LGBTQ individuals across the U.S. continue to report "profiling," unjustified arrest, and physical and sexually assault by law enforcement (Amnesty International, 2005; Haas, 2014). They report disrespectful and abusive treatment, including sexual assault, by health providers as well as the refusal of health care. (Haas, 2014; Stotzer, 2013).

"Agencies often don't advertise themselves as LGBT-friendly. If you were an LGBT victim and got through the front door of our agency, you would receive excellent services. So it's not active hostility. But because of homophobia we don't want to be seen on the frontline of advocacy for LGBT people."

Some have been referred to counselors who employ therapies designed to change an individual's sexual orientation or gender identity, despite calls by professional organizations to end this practice, which is considered both dangerous and unethical. LGBTQ individuals also report disrespectful and rejecting behaviors from social service providers, including a refusal to provide needed support (Stotzer, 2013).

The legal system disproportionately sends LGBTQ youth and adults into detention and correctional settings where they face discrimination, harassment and high rates of physical and sexual assault (Hanssens, 2014). A 2008 U.S. Department of Justice national survey of former state prisoners found that compared to heterosexual male inmates, gay male inmates were 11 times more likely and bisexual male inmates were 9 times more likely to report sexual victimization (Beck, 2012). Lesbian and bisexual female inmates were both twice as likely to experience sexual victimization by staff as heterosexual women. A 2007 study of transgender women in California men's prisons found they were 13 times more likely to be sexually assaulted than other inmates (59% v 4.4%) (Jenness, 2007).

Closer to Home

A 2013 survey of LGBTQ residents of Hawai'i (Stotzer, 2013) documents that a significant percentage (39.2%) of LGBTQ individuals surveyed report being victimized because of their LGBTQ identities. Most of these had not reported their victimization to law enforcement, in part because they feared discriminatory or abusive treatment from police because of their sexual orientation or gender identity. Many of those who did report victimization said the response of law enforcement officials was disrespectful, dismissive or blaming in nature. Many also reported that they had been mistreated while receiving services from physical and mental health providers as well as social service providers, while others had been refused services completely because they were LGBTQ.

Challenges Faced by Both Victims and Providers

Many of the personal challenges faced by LGBTQ individuals in reporting victimization and accessing supportive services, which appear below, are the common challenges faced by any community that has experienced societal oppression. They find their source in alienation, fear and mistrust. Service providers face their own set of challenges in seeking to meet the needs of LGBTQ victims of violence. It is important to recognize that every provider, every agency and every institution is a product of American society, and tends to reflect society's prevailing prejudices and beliefs. Despite clear cultural shifts in attitude, large segments of American society continue to be non-accepting and hostile toward LGBTQ people. It is therefore essential

that providers, agencies and institutions engage in an honest self-reflection, examining how personal and cultural beliefs around sexual orientation and gender identity affect practice, policy, program development, training, outreach and advocacy. Once these issues are identified and resolved in a positive way, the role of first responders, service providers, agencies and institutions becomes straightforward. It is simply to diminish fear by assuring safety, to reduce alienation by demonstrating acceptance and validation, and to build trust through consistent practical demonstrations of compassion and respect throughout all parts of the sexual assault response and service delivery system.

INTERNAL PERSONAL BARRIERS:

FEAR, MISTRUST AND UNCERTAINTY ABOUT "THE SYSTEM"

- Fear of being "outed," ignored, blamed, disapproved of, humiliated, rejected, discriminated against, and/or subjected to harassment or violence by law enforcement, victim support lines, crisis workers, advocates, social workers, counselors, therapists, health providers, attorneys, judges and others if they were to report victimization, access services, or enter the legal system. Programs that were created to provide support may be perceived as unsafe and therefore to be avoided.
- Actual past personal experience of uninformed, non-inclusive, insensitive, derogatory, dismissive, harassing and/or violent treatment by "the system" and its representatives.
- Fear that law enforcement and service providers will assume that they are heterosexual if they do not share their LGBTQ identity, thereby being offered non-relevant and inappropriate services and care.
- Fear that if they report sexual assault or attempt to access services they will be pressured to come out or will be "outed" by law enforcement or service providers to family, friends, faith community, employers, immigration officials, attorneys and others.
- Fear that first responders and service providers will sensationalize or overemphasize their sexual orientation or gender identity, requiring them to provide intimate but irrelevant details of the assault or their relationships and identity, when the real issues are violence and victimization.
- Belief that reporting sexual assault is futile because the victim is LGBTQ and will not be believed or because the perpetrator will get off easily (for example, if the perpetrator is a "john," a law enforcement or correctional officer, or a socially prominent person in the community).

"We don't talk about sexual assault as a community. We need education in our own LGBT community about sexual assault and domestic violence and how we can support each other."

- Fear that an LGBTQ victim will be seen as the perpetrator by law enforcement or service providers, especially if the violence involves same-sex individuals, outside the traditional "male assailant-female victim" paradigm. Or fear that reporting will result in a dual arrest or no arrest.
- Fear of being arrested, even if a victim, if otherwise engaged in illegal activities (prostitution, drug dealing) or if there is an outstanding warrant for arrest.
- Fear of being deported if an undocumented immigrant.
- Not having the energy or desire as a victim in a crisis situation to educate police and health care and social service providers about LGBTQ issues, feeling these professions are responsible for their own training in culturally-competent LGBTQ service and care.
- Fear of homo/bi/transphobic responses by other clients in sexual assault or other anti-violence programs (shelters, support groups, waiting rooms).
- Fear that a same-sex perpetrator may try to access and monopolize the same services they do, claiming to be the victim, (sex assault centers, shelters, support groups), making accessing these services unsafe.
- Lack of knowledge about the formal reporting process or sexual assault service system in their community, accompanied by a fear that accessing sex assault services must necessarily lead to police reporting.
- Being unaware that LGBTQ people have legal protection against any forms of violence perpetrated out of hate. (Sexual orientation and gender identity/expression are specifically cited within Hawai'i's hate crimes statute [HRS § 846-51]).
- Difficulty accessing services as an adolescent (due to lack of awareness of resources and how to access them, possible mandatory reporting requirements and/or agency requirements for parental notification or consent), compounded by there being few or no LGBTQ adolescent-specific support services in most communities.

RELATIONSHIPS AND COMMUNITY

- Fear of losing friends and other supportive resources within the LGBTQ community if the perpetrator is also LGBTQ. Victims in rural areas where the LGBTQ community is small may be especially vulnerable.
- Concern about betraying LGBTQ communities and reinforcing stereotypes by accusing another LGBTQ person of sexual violence.

- Fear of being "outed" by a perpetrator if violence is reported or services are accessed.
- Fear of losing an LGBTQ partner and being alone, even though the partner has perpetrated sexual violence. Also fear of losing the validation that comes from a relationship that affirms one's LGBTQ identity.
- Fear that arises when a same-sex perpetrator occupies a prominent position in often small LGBTQ communities or even may serve as a provider in an anti-violence community program.
- Being intimidated, threatened, coerced or manipulated by a sexually or physically abusive intimate partner into believing "the system" will not be supportive because of the victim's LGBTQ identity, or that they deserve violence and are unworthy of care because they are LGBTQ.

UNCERTAINTY ABOUT THE NATURE OF SEXUAL ASSAULT

- Confusion over whether what took place was sexual violence. (Historically LGBTQ communities have not been included in the discussion of what is appropriate and inappropriate behavior both inside and outside of relationships. Therefore, LGBTQ victims may not have the words or conceptual frameworks to clearly understand or communicate the nature and meaning of the trauma they experienced, and therefore hesitate to report or seek services.)
- Confusion over whether sexual coercion and/or violence are normal in a first-time sexual experience.
- Confusion over whether sexual assault can occur in an S&M setting, even when agreed-upon "safe words" and contracts have been violated.
- Belief that sexual violence "comes with the territory" (sex trade, detention and imprisonment, or simply being LGBTQ).

SENSE OF SELF

- The personal adoption of prevailing negative societal beliefs about LGBTQ people. This internalized homo/bi/transphobia often results in feelings of shame and self-blame and a belief that they are not deserving of safety, respect and care.
- Feeling a need to hide their LGBTQ identity at all costs in order to feel safe in the world and accepted by those they love and respect.
- Shame associated with sexual violence experienced in contexts that broader society may disapprove of (for example, prostitution, S&M activities, and casual "hook-ups" through cruising, clubs, bars or apps).

- Having multiple stigmatized identities in addition to being LGBTQ (for example, race, ethnicity, disability, immigrant status, HIV-positivity, detention or incarceration status) which often compounds feelings of isolation, fear and mistrust and inhibits reporting and accessing services.
- Cultural beliefs that are not supportive of reporting or seeking services around sexual violence in general, compounded by cultural beliefs that are disapproving of LGBTQ identities.

PROVIDER-LEVEL BARRIERS:

- Personal disapproval of or discomfort around LGBTQ individuals on the part of many first responders and service providers.
- Lack of recognition that LGBTQ individuals are present, although often "invisible," in many law enforcement, health, social service and legal encounters related to sexual violence, reflecting the prominence of heterosexist assumptions in the provision of services.
- Lack of training of first responders and service providers on how to provide culturally-competent care to diverse LGBTQ communities, including an understanding of how a history of oppression and violence influences the ability of communities to report victimization and access supportive services.
- Provision of services based on stereotypic assumptions about who LGBTQ people are and what their needs might be, rather than on the expressed needs of individual LGBTQ survivors of sexual violence.
- Overlooking, minimizing or overemphasizing the importance of an individual survivor's LGBTQ identity in providing counseling, safety planning and other services. Not recognizing that there are multiple aspects of a person's identity, among which LGBTQ identity may or may not be among the most important to address.
- Lack of screening guidelines on differentiating same-sex assailants from victims in determining entry eligibility to shelters, focus groups, and other support services, thereby potentially compromising victim safety.
- Lack of knowledge of resources, both local and national, for LGBTQ victims of sexual violence.
- Fear of being seen as an open and passionate advocate for LGBTQ victims of violence within one's agency or institution.

AGENCY/INSTITUTIONAL-LEVEL BARRIERS:

- Lack of accessible and openly LGBTQ-friendly agencies and programs on most islands, particularly in rural areas.
- The continuing influence of homo/bi/transphobia and heterosexism in shaping attitudes, beliefs and practices within agencies and programs.
- Lack of in-depth discussions within agencies on how a commitment to serving LGBTQ victims of violence is reflected in mission statements, programming, hiring practices and non-discrimination policies. This may be especially relevant for those agencies whose historic and philosophic roots are in the women's movement.
- Lack of LGBTQ cultural competency training for agency providers, support staff, administrators, board members and volunteers.
- Lack of visible signs that sexual assault service agencies and institutions are LGBTQ-welcoming (including on websites and in brochures, posters, policies, programming, hiring practices, Board member and volunteer recruitment, and continuing education curricula.) This silence is often perceived as: "You are not welcome here."
- Lack of identified LGBTQ advocates affiliated with sexual assault agencies that are able to readily respond and provide on-going support in instances of sexual violence against LGBTQ individuals, from first reporting through service delivery and engagement in the legal system.
- Exclusion of certain segments of the LGBTQ communities, particularly male and transgender victims of sexual and domestic violence, from shelters and other anti-violence services. (Across the U.S., many programs have turned victims away because of their voice or mannerisms, or ask personal screening questions that other victims are not asked, which are perceived as humiliating and disrespectful ("Have you had genital surgery?" "Do you have a penis?") Some agencies may work out alternative placements for male or transgender victims (for example, finding them a hotel room) that often feel rejecting and do not assure the same measure of safety and services. Other programs may welcome lesbian or bisexual women, but advise them not to share their identities with other clients so as not to cause them discomfort.)
- Little outreach to LGBTQ communities by sexual assault and other service agencies, informing them about the nature of sexual assault as it relates to these communities and the range of services these agencies provide. Few visible invitations to LGBTQ victims of sexual assault to report violence and access care, together with explicit assurances of confidentiality and respectful services.

- The reticence of many agencies to be seen as visible front-line advocates for LGBTQ victims of sexual assault and other forms of violence, fearing the negative reaction of staff, volunteers, funders, board members, community partners and the general public.
- Few close collaborations between sexual assault and other anti-violence agencies and local LGBTQ-affiliated community organizations to address violence experienced by LGBTQ communities.

SOCIETAL-LEVEL BARRIERS:

- The continuing power of societal myths and stereotypes based on homo/bi/transphobia and heterosexism to shape the attitudes and beliefs of individuals, first responders, service providers, agencies and institutions. Both LGBTQ and straight communities have been acculturated to these. They include the following:
  - LGBTQ individuals are by nature sick, perverted, sinful.
  - LGBTQ relationships are by nature unhealthy and abusive.
  - LGBTQ individuals are sexually predatory and invite sexual violence because of their promiscuity.
  - Violence, including sexual violence, in same-sex relationships is the norm, and usually mutual.
  - "Real rape" can only be perpetrated by a man against a woman.
  - Same-sex relationships are more equal and less prone to sexual and domestic violence.
  - When LGBTQ couples fight, it's not really violence. Instead, it is "a lovers' quarrel," "boys being boys" and, for women, "just a cat fight."
  - In a same-sex intimate partner assault, the bigger, stronger and more masculine partner must be the assailant.
  - Individuals are LGBTQ because they were sexually abused as children.
  - LGBTQ people deserve the sexual violence they experience.
  - Survivors of same-sex violence or transgender survivors do not need or deserve help.
- The general "invisibility" of LGBTQ individuals and communities in broader society.

- The pressure not to report sexual violence or seek services within certain cultures. Being LGBTQ may add additional layers of shame and fear.
- Lack of recognition, dialogue or sense of urgency within LGBTQ communities about the reality of sexual and domestic violence in their midst.
- Fragmentation and invisibility of local LGBTQ communities across Hawai‘i (Stotzer, 2013), making it difficult to discuss issues of common concern and devise coherent and organized approaches to addressing them.
- Lack of local and national data to support public health responses to LGBTQ disparities related to the experience of violence and the ability to access culturally competent care.

IV. Barriers to Reporting & Accessing Services: Lesbian Survivors

AT HIGH RISK

The incidence of sexual violence against lesbians is uncertain but surveys suggest that it is as high, or higher, than in the general population of women. Among lesbians, certain individuals are felt to be at special risk, including those who are adolescent, detained or incarcerated, in the military, involved in sex work, recently immigrated, gender non-conforming, transgender or possessing other stigmatized aspects of identity. Those who connect with others through "hook-up" venues (clubs, bars, apps and websites) may also be at increased risk.

A DIVERSE COMMUNITY: AVOIDING ASSUMPTIONS

Lesbian communities are enormously diverse. It is important to guard against making generalizations which in turn might promote stereotypes or fuel assumptions about "the experience of being lesbian" and the impact of sexual violence on lesbian victims and survivors. It is also important not to make assumptions about an individual survivor's ability to report victimization or access either informal or formal sources of support related to sexual trauma.

FEAR, STIGMA, ISOLATION

The literature on sexual violence against lesbians, confirmed by focus group participants, documents the deep feelings of fear, shame, guilt, mistrust, self-doubt, self-blame, anxiety and depression experienced by many victims of sexual violence.

Like members of other LGBTQ communities, most lesbians have grown up and live in a homo/bi/transphobic and heterosexist society which has been overtly hostile to LGBTQ individuals. This may, in fact, influence their experience of violence, and their willingness to report victimization to authorities and ability or willingness to seek services. Many lesbian victims do not come forward because they fear mistreatment or being "outed" by law enforcement and the sexual assault service delivery system. Also, there are virtually no outreach messages in Hawai'i explicitly inviting victimized lesbians to access sexual assault or other anti-violence services. Many lesbians also have experienced both informal and institutionalized societal sexism. Many, too, have faced additional challenges related to racism, classism and other forms of societal intolerance and prejudice. Therefore, while it is important not to make generalizations or reinforce stereotypes about lesbians, it is important to recognize that for some women the impact of these societal forces are directly and/or indirectly related not only to their vulnerability to violence, but also their ability to reach out and find support, and ultimately, to heal. Social stigma (both

"The words we sometimes use—like 'sexual assault'--don't work completely in describing violence among women. And then, too, females are not taught empowerment, when and in what circumstances to say 'no.' So as lesbians we often don't have the categories – 'is this violence or isn't it'--in our own minds to assess our own experiences with other women."

external and internalized) in combination with overt discrimination normalizes the lived violence of lesbian survivors. And, of course, these same societal forces also influence the ability of providers, agencies and institutions to create and implement culturally-competent services on behalf of lesbian victims of sexual violence. Many lesbians, like other LGBTQ individuals, have a mistrust of "systems" and their ability to provide respectful and relevant support and care.

HATE-MOTIVATED SEXUAL VIOLENCE

Perpetrators may be either female or male, although most sexual violence against lesbians is perpetrated by males. Hate-motivated sexual violence targeting lesbians, almost always perpetrated by males, may be especially traumatic. To be targeted not only as a woman, but also because someone hates you because you have found affection, love and a place of refuge with another woman, strikes at the very heart of one's identity as a human being. This is the strongest reminder to the care provider and perhaps the first realization of the survivor that sexual assault is a hateful and violent act of power, control and degradation, at its deepest level unrelated to attraction or biological sex.

The trauma can be especially great for those who are not yet certain about their lesbian identity or are only in the early stages of growing self-acceptance. Some who feel they were targeted because they "looked lesbian" or "acted lesbian" may attempt to change their appearance and behaviors to appear "less lesbian" or may distance themselves from involvement with the lesbian community. Some may blame themselves for the violence they experienced, feeling "If I wasn't lesbian, this wouldn't have happened." Some may even conclude, "Maybe, if I'm lesbian, I deserve to be raped." Sexual violence from a perpetrator of any gender can also affect the ability of a victim to be emotionally, physically and sexually intimate with others, affecting both present and future relationships. In these instances it is paramount that the care professional take proactive steps to counter "blaming the survivor" for "how she looks" or acted as being related to the violence she endured.

THE REALITY OF SAME-SEX VIOLENCE

The possibility of sexual violence from another woman is real. Same-sex sexual violence is rarely perpetrated by strangers, and most often involves an acquaintance, friend or intimate partner. It may occur in the broader context of domestic violence. Victims of same-sex violence may also fear that their perpetrators may access victim-support services, claiming to be the victim, in order to gain access to the victim.

"Women can access sexual assault and domestic violence services very easily, so a same-sex perpetrator perhaps can get into a shelter where the victim is, or get information and follow the person they're harming. It's crucial that all the providers understand this and learn how to identify a primary or dominant aggressor."

Several local focus group participants emphasized how the frequently-used term "sexual assault" does not seem to capture the lesbian experience of sexual violence, particularly that perpetrated by a same-sex intimate partner. They felt the term "sexual assault" seemed steeped in heterosexism with its heavy implication of a single, sudden physically violent penetrative act. They expressed that sexual violence among lesbians is different, that it often is only one facet of a much larger, more complex and nuanced experience of on-going emotional, psychological and physical abuse between perpetrator and victim.

Related specifically to same-sex violence, victims may feel confused or disbelieving that one woman could hurt another, since lesbian communities have offered themselves as a loving and nurturing refuge for women in an often heterosexist and homophobic society. The resulting sense of betrayal can sometimes lead a victim to distance herself from the lesbian community, which may have provided some of her strongest supports in past times of crisis. Some victims may question their commitment to the social and political aspects of being lesbian which may have become a significant part of their identity. Some, particularly those who are less comfortable and confident in their lesbian identity, may question their sexuality, resulting in significant disorientation and confusion around who they are and their place in society. In these instances, in particular, it could be helpful for care providers to assist all women, including lesbians, with education around consent, respect, and the fact that rape can and does happen in committed relationships, including marriage.

SEXUAL VIOLENCE: AN ABSENCE OF DIALOGUE

Despite the prevalence of sexual violence against lesbian individuals, including that which occurs within intimate same-sex relationships, these issues are seldom acknowledged or discussed in lesbian communities. This may be due to many factors including the same emotional response to trauma that prevents many individuals from sharing their experience of violence.

The reluctance to acknowledge same-sex violence within lesbian communities is also felt to be due in part to not wanting to confront the reality that lesbians may not always be nurturing of one another and that women can hurt other women. A result of this silence is that the issue is not addressed and that a useful vocabulary and conceptual framework describing the lesbian experience of sexual violence, including acceptable boundaries within lesbian relationships, has not occurred in many lesbian communities.

HEALTH ISSUES

For those lesbians who have experienced sexual violence from a male, there may be immediate health issues that many never experienced before, including genital trauma, the possibility of pregnancy and the increased risk of sexually transmitted infections along with all the attendant fears and uncertainty about what to do or where to go to address these concerns. As for any victim of sexual violence, regardless of the gender of the perpetrator, the world may be seen as forever changed—a place that had once been perceived as safe and a place of promise has shown itself also to be a place of inexplicable violence and pain.

BARRIERS FACED BY LESBIAN SURVIVORS:

Those listed as "Shared Barriers" on pages 24-30, in addition to the following:

- The "invisibility" of lesbians in some LGBTQ communities. This allows first responders and service providers to believe that lesbians do not exist, and makes finding lesbian-focused resources more difficult for lesbian victims.
- Myths and stereotypes prevalent within both LGBTQ communities and broader society about lesbian individuals, including the following:
  - Women cannot sexually assault women. The only "real" rape is that perpetrated by a male against a female.
  - Violence between women is mutual, with no real victim.
  - Female assailants are less physically aggressive than male assailants.
  - Lesbian communities are more peaceful and nurturing than others.
- Victim's sense that she should be strong and independent enough "to handle" the situation on her own.
- Perception that some LGBTQ-affiliated community support services may be more welcoming of gay male and transgender individuals than lesbians.
- The ease with which same-sex perpetrators might accompany lesbian victims to forensic exams, counseling appointments, support groups and shelters without raising concern of service providers that they might be the abuser.
- The difficulty encountered by shelters and other anti-violence support services in protecting lesbian victims from same-sex perpetrators, who may attempt to access the same services, claiming to be victims.

V. Barriers to Reporting & Accessing Services: Gay Male Survivors

AT HIGH RISK

Research surveys suggest that perhaps 5-10 percent of men in Western countries, including the U.S., experience sexual assault. The rate of sexual assault among gay men is believed to be as high, or higher, than the general male population. Certain groups of gay men are thought to be at especially high risk both in terms of incidence of sexual assault and decreased ability to access relevant services. Among these groups are adolescents, immigrants, detained and incarcerated men, men in the military, sex workers, gender nonconforming and transgender men, and men seeking casual sex through "hook-up" venues.

A DIVERSE COMMUNITY: AVOIDING ASSUMPTIONS

Like other LGBTQ communities, the diversity among gay men is immense. Therefore, as with other LGBTQ communities, it is important not to make assumptions about what the experience of sexual violence is like for any individual gay man. Generalizations lead to stereotypes and assumptions that are not only diminishing of an individual's experience but also misleading in terms of guiding provider response and program development. In fact, relatively little is known about the male experience of sexual violence in general, and that of gay men in particular, compared to female (including lesbian) victimization.

FEAR, STIGMA, ISOLATION

As for all victims of sexual violence, the impact of sexual assault on gay men is profound and mirrors in many ways that experienced by other men. All men, whether gay or not, grow up in a patriarchal society which promotes norms of male strength, aggression and dominance and which is also deeply homophobic. Shame and self-blame are predictable in an environment in which men are expected always to be strong and in control. Shame and isolation may be especially pronounced for gay men who possess other stigmatized aspects of identity in addition to being gay, including ethnicity, race, age, socioeconomic status and ability.

HATE-MOTIVATED SEXUAL VIOLENCE

The vast majority of sexual violence against men, including gay men, is perpetrated by other men. Gay men may experience the same kinds of sexual assault as any other population. Assaults can occur at any age, the perpetrator may be of any gender, and there may be single or multiple assailants. They may

"There is so much stigma around being a gay male who was violated by another male. People think, 'Isn't that really what you wanted anyway?' or 'If you were more of a man, this wouldn't have happened.' And if you're a guy who's still confused or not OK with being gay then when sex assault happens, you maybe begin to believe this yourself and blame yourself."

reflect random acts of violence by strangers, but at other times may be motivated by hatred for gay men. They may also occur within acquaintanceships and intimate partner relationships, the latter often in the broader context of domestic violence.

PSYCHOLOGICAL IMPACT/HEALTH ISSUES

Research suggests that male victims of sexual violence tend to respond initially with a certain degree of detachment and denial about the personal impact of the assault on their lives and their sense of self. However, survey inventories of trauma-related symptoms administered to male victims of sexual assault suggest that the psychological impact on most men is profound. Part of this represents the near-universal human response to sexual trauma of varying combinations of fear, shame, guilt, anger, self-blame, anxiety and depression.

A gay male victim may feel shame that he was not strong enough to resist an assailant and fear that this will reinforce a stereotype of effeminacy, emphasizing his "gayness" and, if still closeted, possibly "out" him to the world. If a gay male is just beginning to come out or is uncertain of his sexuality, the experience of sexual violence may seem to tell him that violence is the norm for life as a gay man, the price that is paid, and he may question his sexual identity or his willingness to move forward in the coming out process.

Acculturated in a homophobic society, some gay victims may feel they deserve the violence directed towards them. As for any victim of sexual violence, being sexually assaulted can affect a gay man's ability to engage and find pleasure in sexual and other intimate relationships with others. It may also endanger his physical health, including the possibility of injuries and sexually transmitted infections, including HIV. The emerging sense of the world as a safe and hopeful place that may have been experienced up to that point may forever change.

RETICENCE TO REPORT/ACCESS SERVICES

Despite the significant incidence of sexual violence against males, including gay men, and the significant trauma associated with this violence, only a very small fraction of gay men report their victimization to authorities or seek sexual assault support services. In part this represents the often-seen reticence of many victims of sexual assault, regardless of sexual orientation or gender identity, to come forward because of fear, shame, guilt and self-blame.

Many, however, may not know what their options might be for reporting sexual violence or receiving services. And many do not come forward because they fear mistreatment or being "outed" by law enforcement and the sexual assault service delivery system, a fear that often may be justified. Others do not come

forward, aware that historically gay men often have been denied services. This legacy continues across the islands, reflected in the absence of outreach messages explicitly inviting victimized gay men to access sexual assault or other anti-violence services.

BARRIERS FACED BY GAY MALE SURVIVORS:

Those listed as "Shared Barriers" on pages 24-30, in addition to the following:

- Myths and stereotypes prevalent within both LGBTQ communities and broader society about gay men, including the following:
  - "Real rape" is perpetrated by a man against a woman (so rape of a male is seen as less severe, less traumatizing and less deserving of attention).
  - Males should be able to defend themselves against a sexual assault. So if there is a completed rape, they are to blame for it because "they probably wanted it."
  - Many gay males enjoy being sexually assaulted since they have a "rape fantasy."
  - Straight men suffer more than gay men from same-sex sexual assault.
  - Erections and/or ejaculation while being assaulted means a man was getting pleasure from the incident, so it wasn't really rape.
  - Getting sexually assaulted as a gay man "is part of the territory." ("It's too bad. But if you hadn't chosen the gay lifestyle, you wouldn't have gotten raped. ")
  - Because men are the primary perpetrators of sexual violence in this world, they deserve what they get.
  - Male rapes are rare outside institutional settings, such as prisons. (So therefore it's not really a problem, and developing specific community services for gay men would divert resources from other, more needed sexual assault programs.)
  - Men never ask for or respond to offers of help.
- Perception of some gay men that sexual assault and other anti-violence support services are more welcoming of female victims than male victims.
- Perception of anti-male and/or anti-LGBTQ bias within some agencies. If there are no explicit messages welcoming male and LGBTQ victims, the silence is often perceived as: "You are not welcome here."

- Frequent inability of gay male victims of sexual assault and domestic violence to access shelters and other anti-violence programs.
- Fear of not being believed, as a man who is reporting sexual violence or requesting sexual assault services.
- Fear of being treated like a perpetrator when calling a crisis-line as a male. (For example, the fear of hearing a crisis-worker ask, "What's that you said? You're a rapist?!")
- The failure of health providers to consider sexual violence or domestic violence when assessing a man presenting with physical injuries due to violence.
- Victim's sense that, as a male, he should be strong and independent enough "to handle" the situation on his own.

VI. Barriers to Reporting & Accessing Services: Bisexual Survivors

LARGEST AND MOST DIVERSE COMMUNITY

The diversity among bisexual communities reflects that of American society in general. Within the LGBTQ acronym, bisexual individuals represent the largest group, accounting for approximately 10 to 20 percent of the U.S. population. As with other diverse LGBTQ communities, it is important to avoid generalizations about the experience of being bisexual, what the experience of sexual violence is like for bisexual individuals and what their needs might be. Assured of safety and respect, however, many bisexual victims and survivors will share the realities of their individual lives, including the meaning and impact of the sexual violence they have experienced and the paths to safety and healing that are most appropriate for them.

AVOIDING ASSUMPTIONS

The recent data from the CDC on sexual violence and intimate partner violence (IPV) experienced by lesbian, gay and bisexual communities underscores the importance of avoiding assumptions, including a belief that the experience of bisexual women and men mirrors that of lesbians and gay men (CDC, 2013). The CDC survey showed that bisexual women were at significantly higher risk of lifetime sexual violence and IPV than either lesbians or heterosexual women. Similarly, bisexual men were significantly more likely to experience sexual violence (other than rape) and IPV than either gay or heterosexual men. Although there is much still unknown about the nature of this violence, it is increasingly clear that in some very important ways the experience of being bisexual in America is different than that of being lesbian or gay.

FEAR, STIGMA, ISOLATION

Research suggests that most bisexual victims of sexual violence, both female and male, respond similarly to other victims, with feelings of shame, guilt, fear and self-blame, as well as increased rates of depression and anxiety. Some also will share similar concerns as lesbian and gay victims, such as fear of being "outed," fear of being misunderstood or mistreated by first responders and service providers, and confusion over sexual identity.

One of the most important issues faced by bisexual individuals, which becomes acutely relevant in times of crisis and need, is the fact that bisexual people often find themselves unaccepted or dismissed by lesbian, gay and transgender communities. Although the term "LGBTQ" is often invoked within LGBTQ communities and among those who serve them, the "B" is often misunderstood and ignored, which some refer to as "bi-erasure." This may be due in part to the great diversity across "bi" communities, making it difficult for bisexual advocates to articulate a coherent unifying identity or experience to others,

"The bi's have been left out completely in the discussion of sexual violence and domestic violence. We are misunderstood and invisible."

or around which bisexual people themselves might gather. More important, however, is that non-bisexual communities often subscribe to myths and stereotypes that question the reality and legitimacy of bisexual identities, which further isolates members of bisexual communities. Because of these prevailing attitudes on all sides, bisexual individuals often feel alienated from both the LGBTQ and the straight worlds.

RETICENCE TO REPORT/ACCESS SERVICES

Expecting disapproval or minimization of their identity as bisexual, many will choose not to report victimization or reach out for services. If they do reach out, they may hide their sexual orientation even if it is relevant to their experience of violence or their ability to heal.

Furthermore, because of the invisible and less organized nature of many bisexual communities, bisexual victims of sexual violence may have no sources of support within the bisexual community. They also may find themselves turned away both by the broader LGBTQ communities (reflected in the attitude, "That's what you get for trying to have it both ways, enjoying your 'heterosexual privilege'") and the sometimes unaccepting sexual assault response/service system ("That's what you get for transgressing societal sexual norms" or, perhaps more commonly, "I really don't get 'being 'bi.' I'm not sure what I can do to help you").

While there is a clear increase in professional education and training around working with LGBTQ communities, the bisexual component of the acronym is seldom addressed specifically and in detail. This means that many bisexual victims of sexual violence who choose to report and enter a system of care find that first responders and care providers are often unprepared to recognize and address their needs. The most important of these needs, perhaps, are the validation of their bisexual identity by service providers and the opportunity to share their individual realities in a safe and respectful setting, free of stereotypic assumptions about who bisexual victims are and what their needs might be.

BARRIERS FACED BY BISEXUAL SURVIVORS:

Those listed as "Shared Barriers" on pages 24-30, in addition to the following:

- The "invisibility" of bisexual people in LGBTQ communities and broader society.
- Myths and stereotypes prevalent within both LGBTQ communities and broader society about bisexual individuals, including the following:
  - Bisexuality is not a real sexual orientation. It doesn't exist.
  - Bisexual people are really lesbian or gay, either unable to decide who they are or afraid to admit reality.

  - Bisexual people must be promiscuous if they're attracted to both sexes.
  - Bisexual people cannot be trusted, since they might leave you at any time for a person of another sex.
  - Claiming bisexuality is a betrayal of both LGBTQ and straight communities.
  - Bisexual people are just trying to "have it both ways," enjoying the "perks" of both LGBTQ identity and "heterosexual privilege."
  - Being bisexual is easy since you get to enjoy the best of both worlds.

- Frequent minimization of bisexual individuals within both LGBTQ and straight communities, resulting in what some have called "bi-erasure."
- Perception of anti-male and/or anti-LGBTQ bias within some sexual assault and other anti-violence agencies. If there are no explicit messages welcoming male or LGBTQ victims, the silence is may be perceived by bisexual males as: "You are not welcome here."
- Perception of anti-bisexual bias within some LGBTQ-affiliated community organizations.
- Failure of many, including service providers, to understand or "get" bisexuality, so that it is often taken less seriously than gay, lesbian or transgender identities.
- Societal failure to understand that even if a bisexual individual is with a partner of the same or opposite sex, their identity is still bisexual (unless they tell you otherwise). Providers have tended to see them as heterosexual when they are with opposite-sex partners and gay or lesbian when they are with same-sex partners.
- Relative lack of bisexual issues addressed in media, research, conferences and trainings. Because less is known about the experience of being bisexual, particularly as victims of violence, it is more difficult to develop culturally-competent services.
- The ease with which same-sex perpetrators might accompany bisexual women survivors to forensic exams, counseling appointments, support groups and shelters without raising concern of service providers that they might be the abuser.
- The difficulty encountered by shelters and other anti-violence support services in protecting bisexual women survivors from same-sex perpetrators who may attempt to access the same services, claiming to be victims.
- A bisexual community that is often more diffuse and less organized than other LGBTQ communities, and therefore possibly less available for validation and support of bisexual victims of violence.

VII. Barriers to Reporting & Accessing Services: Transgender Survivors

"I think growing up transgender, you are faced with a lot, and we make like, 'This assault is just a small thing, and I'll laugh it off, or push it off to the side' when really it kind of builds up and eventually it can lead to suicide, to drug use, and to other things. I see it a lot in the youth, where if somebody calls them a faggot, they just kind of take it, 'OK, that's what I am.' They just bottle things up. And some are better at it than others, but they're at a point where it's just like, 'I've dealt with so much in my life, that this assault is nothing,' when really it's affecting them a lot. There's a lot going on with them but just they feel like, 'Oh, my parents don't love me. Oh, well, just put that aside. Somebody called me a faggot. Oh, well, put that aside, too. I was just beaten up and raped. Oh, well. I have nowhere to turn to, so I just keep it to myself.' But eventually that causes them to shatter, and it's sad sometimes to see our sisters go down like that."

THE VULNERABILITY OF TRANSGENDER PEOPLE

With the arrival of alien immigrants in the islands, along with their Western and Eastern influences, traditional Hawaiian culture was suppressed and transformed. Many of its cherished and sustaining traditions were usurped or forbidden. Among these was the place of respect and honor for māhū, who were denigrated and suppressed for breaching gender boundaries newly established by non-Hawaiian immigrants. And while the thread of remembrance of times past remains strong in many Hawaiian families and communities, overall cultural norms in the islands changed to ones of non-acceptance of gender diversity. New gender and sexual boundaries were established, different from the old ways, and violations of those boundaries were often severely punished. It is no doubt for this reason that contemporary māhūkāne and māhūwahine (whom others may refer to as transmen and transwomen, respectively) are among the most misunderstood, disparaged, discriminated against, and victimized of all Hawai'i's LGBTQ communities.

DIVERSE: AVOIDING STEREOTYPES

Although transmen and transwomen share the same broad transgender umbrella, each community has its distinct history and culture. Nevertheless, it is important to avoid stereotypes in working with FTM or MTF transgender victims of sexual violence. In part this is because stereotypic notions about transgender individuals are commonplace, related to their appearance, their personality, their mental health status, their career and professional goals, their survival strategies, their relationships, their choices around transition and many other aspects of their lives. But, the fact is that FTM and MTF transgender communities are as diverse as any others in terms of age, race,

ethnicity, religion, education, socioeconomic status, family constellation, place of residence, career, life experience and many other characteristics.

Transgender men and women may self-identify as gay, lesbian, bisexual, queer or straight. If they are in a relationship, their partners may be male, female or another gender, cisgender or transgender, and may also consider themselves lesbian, gay, bisexual, queer or straight. Transgender men and women may be at various stages in the transition process. Transition also may have a different meaning for each individual. Some may experience dysphoria, being uncomfortable with or distressed by, even hating, their gendered bodies. Others may feel only an emotional disconnect with their bodies, but not dysphoria. Still others are completely comfortable with the relationship between their pre-transition gendered bodies and their gender identity. Reflecting the breadth of the transgender "umbrella," transgender persons may label themselves in many different ways in relation to their gender identity and expression, if they label themselves at all. Some may use more than one preferred name or set of pronouns, seeing themselves neither as exclusively female or male, but instead as "genderfluid," "genderqueer," gender-nonconforming, bigender or pangender. Many transmen and transwomen are parents, many having borne or fathered their own children, either before or after transition.

This amazing diversity of identity and experience makes clear that relying on generalizations and assumptions about who transgender and other gender-nonconforming people are, how they might respond to violence, and what their needs might be diminishes an individual's unique history and experience. Generalizations and assumptions also likely will mislead care providers in their quest to provide support in a time of crisis and during the healing process. FTM and MTF transgender victims of violence, if treated respectfully and with genuine concern, will be able to share their own perceptions around a particular experience of violence, its place within the broader context of their lives, and what their needs might be on the path to healing.

"I think how our parents and family talk about transgender people, and how society perceives transgender people, makes these abusers feel like they can do this to us. If you grew up in a family where the Dad and the Mom is like, 'Yeah, you don't wanna be like that! You don't wanna be one māhū. Why you wanna be māhū? Don't be like that. Because you know that's the kine gets raped.' And so they have this set in their heads from when they're young. And so when they get older, they think, 'Oh, it's just one māhū. Let's slap 'em around, lick 'em. Take advantage of that person.' They don't see the transgender person as a human. You know what I mean?"

THE "INVISIBILITY" OF TRANSMEN AND TRANSWOMEN

The creation of the acronym "LGBTQ" within the past few decades was both an act of convenience as well as recognition that lesbian, gay, bisexual, transgender and queer people shared an experience of oppression that arose from Western society's confining notions around the appropriate experience and expression of gender and sexuality. And yet the "lumping" of communities with disparate histories and world views comes with costs. For transgender people, one of those costs has been relegation to a place of relative invisibility near the end of the LGBTQ acronym and among LGBTQ communities. Although they were at the forefront of the gay civil rights movement at Stonewall in 1969, they were later overshadowed by the larger and "more acceptable" lesbian and gay communities. Seen as communities that were small and at the margins of society, transgender people often received little attention in terms of research funding, curriculum development or program planning, even though the acronym LGBTQ continued to be invoked. And similarly, under the "transgender umbrella," female-to-male transgender communities are often invisible within the shadow of their MTF transgender sisters.

It is for this latter reason that a purposeful choice has been made, responding to the voices heard in the focus groups informing this project, to address separately the experience of sexual violence by FTM and MTF transgender communities in the following sections. These sections acknowledge similar histories of oppression for each group, and there is certainly a shared resonance in how each community has responded to that violence and in the challenges they face on their paths to healing. Nevertheless, FTM and MTF transgender people represent distinct communities, often little understood, which the following sections attempt to faithfully represent.

FEMALE-TO-MALE TRANSGENDER SURVIVORS

AT HIGH RISK

The rates of sexual and physical violence directed at FTM transgender persons are extraordinarily high. Recent studies report rates of lifetime sexual assault among transmen to be 30-55% (Kenagy, 2005; Xavier, 2007). Many have experienced sexual violence multiple times, often beginning at an early age. The kinds of sexual violence transmen experience are the same as those experienced by other LGBTQ individuals, including intimate partner and hate-motivated sexual violence (NCAVP, 2014). Hate-motivated sexual violence against transgender victims is often accompanied by other forms of violence, including brutal beatings, cutting or mutilating of the genital area, face and chest, and murder. Similar to the experience of other LGBTQ individuals, the hatred faced

"In reaching out, agencies have to specifically include transgender people. Because there's a feeling that even though people say 'LGBT', that the 'G' and 'L' always run everything and the Ts are left out. And the T community forgets there's an FTM transgender community! You need to say specifically not just 'T' but 'FTM' and 'MTF,' or they won't come forward."

by transgender men has multiple sources. Because they grow up biologically female, transmen face the same risk as women in general by living in a sexist and male-dominated society. In addition, many are hated because they are transgender, challenging strictly-defined sexual and gender norms. Recent analyses of hate-generated violence against LGBTQ individuals suggest an even more complex intersection of multiple sources of hate. While violence against transmen often reflects a confluence of hatred toward women and transgender persons, these are often joined by other forms of hatred based on race, ethnicity, religion, ability, socioeconomic status, immigrant status and other stigmatized identities. FTM transgender persons considered at higher risk for sexual violence include adolescents, immigrants, those engaged in sex work, and those with substance use and other mental health issues. Homeless transmen, those less able to "pass" as men, and transgender men detained or incarcerated in women's facilities may also be at higher risk.

FEAR, STIGMA, ISOLATION

Growing Up Transgender: Despite the remembrance by some of "the old accepting ways" of the pre-contact era, the price of non-acceptance continues to be paid by most transmen and transwomen in Hawai'i. Many transgender people sense from early childhood that they are different from many of their peers in terms of gender identity and expression. Most come to learn, first from their families, then from their peers, and later from the broader community, that their feelings of gender, and how they express their reality to the world, are disapproved of, ridiculed and even punished. Because these responses often come from people in their lives whom they respect and love, many transgender and gender-nonconforming youth grow into adulthood with a sense of shame and self-doubt, believing that they are diseased or sinful, and undeserving of protection and love.

School a Living Hell: Schools can be an especially dangerous place for transgender and gender-nonconforming students (Grant, 2011). There they are chastised, harassed, and beaten simply for being who they were meant to be, even at times by teachers and school staff who are responsible for their safety and education. Many eventually drop out or are expelled from school, often for fights with their peers related to their gender identity or expression.

Home Not a Safe Place: When schools and neighborhoods are dangerous places, many youth find refuge, validation and love in their homes. But this often is not the case for many transgender and other LGBTQ youth. Instead, they are told by their parents, their aunties and uncles, their brothers and sisters to "not be like that," to change, to "be a girl."

"Most people—if they are sexually assaulted—don't know they don't have to police report or have a medical exam. Many TGs are so sensitive about their bodies, and so afraid of judgments from police and doctors, that there's no way they're going to report. It's just too scary."

Places of Refuge: Unable and unwilling to change, many run away or are thrown out of their homes. If they are fortunate, they will find new supportive hānai or transgender families who will validate who they are and help keep them safe in an often hostile world. Others, however, may find their way to the streets, engaging in sex work, drug-dealing and other survival activities. Many turn to substance use to numb the pain that comes with confusion, rejection and violence. And many will eventually be detained and incarcerated, sometimes simply because of their transgender identity.

Rejection and Discrimination Intensifies as Adults: The discrimination and violence many transgender persons experience growing up in their families and communities continues and often intensifies as they move into adulthood and have increased interactions with society and its institutions. In the course of their daily lives, they are met with the questioning look, the apprehension, the fear, and the disapproval of others – when taking a walk, riding the bus, buying groceries, mailing a letter, going to the movies, applying for a job, or visiting a clinic or social service agency (where often their legal name is called out across a waiting room and their preferred name and pronouns are ignored throughout the visit).

Many states require sex-reassignment surgery (SRS) in order to change gender designation on birth certificates, driver's licenses and other official forms of identification. But not all transgender persons desire or can afford SRS. Therefore, any request to present ID that does not reflect their gender identity can give rise to an array of emotions, from apprehension to fear, and even the urge to run away immediately to a place of safety.

Survey Confirms High Rates of Discrimination: The 2011 National Transgender Discrimination Survey (NTDS) documented high rates of discrimination based on gender identity and gender expression in the areas of employment, housing, health care and public accommodations (stores, clinics, emergency rooms, shelter programs, drug treatment programs, rape crisis centers, buses, taxis and other public services) (Grant, 2011). Ninety percent (90%) reported harassment or other mistreatment in the workplace, or the need to hide their transgender identity to prevent harassment from occurring. Nineteen percent (19%) had been refused health care because of their gender identity or expression, while 28 % had experienced harassment in a medical setting. Twenty-nine percent (29%) reported harassment by police based on gender identity. In addition, although "only" 2% of all transgender respondents reported sexual assault by police, the rates were 4 times higher among Black and Latino transgender respondents. Court systems

also have a history of mistreating transgender individuals through disrespectful treatment (including blaming, ridicule, and disbelieving or minimizing accounts of trauma) as well as termination of parental rights and unjust conviction and incarceration based on gender identity and expression.

Distrust of "The Man": Some anti-violence programs continue to reflect a philosophical basis that sees sexual and domestic violence as gendered, with cisgender women as victims and men as perpetrators. This world view negates the trauma of violence experienced by transgender men and women, and has denied them access to much-needed services. The experience of discrimination and mistreatment by "systems of care" helps explain the perception of many transgender individuals that relying on "The Man" (the established "system") for protection and support following sexual and other victimization is futile and may be an invitation for further mistreatment and re-victimization. Therefore, rather than turning to "the system" for safety and support, many victimized transgender men turn to others in the transgender or LGBTQ communities for counsel and support. Others, needing to feel and be male in a society in which male strength and control is the ideal, feel they should "just be a man and deal with it" and not seek support from others.

High Suicide Rates: A 2014 analysis of the above 2011 NTDS data set revealed the disturbing statistic that the prevalence of suicide attempts among FTM transgender respondents was 46 percent, more than twice the rate reported by lesbian, gay and bisexual respondents in other surveys (10-20 percent), and nearly 10 times the rate of attempted suicide in the general population (4.6 percent) (Haas, 2014). Furthermore, those who reported rejection by family or friends, discrimination, victimization or violence had prevalence rates of attempted suicide exceeding 50 to 60 percent.

Enormous Resiliency: It is important to emphasize that not all transgender men experience the full spectrum of discrimination and violence depicted above. Some have been fortunate enough to grow up in loving families and nurturing communities that affirmed and supported them in their gender identity and expression. With supportive mentors, positive role models, and educational and career opportunities, they have been able to avoid the more destructive forms of discrimination and abuse and gone on to live full, happy and productive lives. It is even more important to point out that many of those transgender men who have endured enormous trauma in their lives have gone on to display enormous resiliency and success in their lives. Many have created new and affirming families centered within the transgender

community, joined by their partners, children, friends and allies. They have created vibrant forms of linguistic, social and artistic expression that help define their place in the world and that celebrate their unique experience and identities. They have come together with a sense of pride to fight successfully for their rights in housing, employment, public accommodations, and marriage. They also have claimed their right to be among those who serve as spiritual and moral leaders representing traditional Hawaiian values.

COUNSELING FTM TRANSGENDER VICTIMS OF SEXUAL ASSAULT

Addressing Trauma and Betrayal of Systems: Although gender identity issues may not always be central to providing support in crisis situations, sexual assault counselors can play an especially important role in providing care to transgender victims of sexual violence during the process of healing. Among LGBTQ communities, transgender individuals often face the most extreme forms of rejection, discrimination and violence. Repeated severe instances of trauma often begin in childhood and extend through adolescence and into adulthood. Similar to all other victims of sexual violence, transmen may respond with shame, guilt, confusion, self-blame and many other emotions. Hate-motivated assault especially goes to the very core of one's identity and sense of place and safety in the world.

The act of sexual assault, especially if it involves genital penetration, is especially physically and emotionally traumatic for transgender men. Not only does it recall for them the stereotype that "real men don't get raped" (and therefore I must not be a real man), but it also is a violation of a gendered body that they have spent a lifetime attempting to deny and move beyond (and yet now, in a moment of violence, it becomes starkly present and real). Furthermore, sexual violence against transgender individuals is often exceptionally brutal and may result in injury and mutilation of parts of the body that have been corrected through gender affirmation surgery.

When assault has occurred and all these issues are potentially in play, coupled with a lifetime of recurrent trauma and betrayal by "systems," how does a transman explain this all to police, to crisis workers, to health providers, to advocates and counselors, to attorneys and courts? Overwhelmed by the prospect of needing to explain, coupled with a fear of not being believed or being mistreated by "the system," the overwhelming majority of transmen do not report violence or seek supportive care.

For those transmen who do attempt to access care, finding safe shelter and other support programs is a difficult challenge. Often transmen have been turned away from women's shelters, due both to their male and their transgender identities. Sometimes they have been referred to hotels for shelter, where there are no support services or guarantees of safety. Others have been directed to homeless shelters where often they are turned away and, if admitted, are often housed with women. In the 2011 National Transgender Discrimination Survey, transmen report high rates of harassment and physical and sexual assault in homeless shelters, perpetrated by both staff and residents. Transmen sometimes have been successful in seeking admission to women's shelters and other women-only support services such as support groups, although this may be accomplished by presenting themselves as women. However, when admitted to programs as transmen, many have been advised by staff not to share their gender identity or details of their assault with other residents, so as not to cause them distress.

Compassionate and Affirming Care: Within this hostile environment, and often with few or no sources of information and validation, transgender and other gender-nonconforming people often struggle alone to understand who they are as gendered and sexual beings, a complex quest even in the best of circumstances. In addition to growing up in a rejecting world, even the physical changes of puberty seem to betray their inner sense of gender. (The appearance of a more feminine body contour and facial features, breast development, and the beginning of menstruation are just a few of the distressing events of puberty experienced by young transgender boys. Most will tightly bind their chest so that it appears flat, and wear clothing and have hairstyles typical of other boys. Feminine given names and words used to reflect female gender and gendered body parts— "she/her," "vagina," "breast," and others-- can be extremely painful reminders of a birth-assigned gender that feels alien and unwanted.)

In fact, all the various facets of sexuality and gender that every human faces—including identity, relationships, behaviors and maintaining health— become enormously more complicated when they occur in the context of lifelong trauma, the complexity of physical, social and psychological transition, and few supportive resources. (See the FORGE webinar: "Transgender Sexuality and Trauma: A Context of Care for Service Providers" for an in-depth understanding of the complexities involved in each area.) The sexual assault counselor can create a safe and welcoming space where a transgender man, perhaps for the first time in his life, can share not only his experience of sexual trauma, but also how that trauma fits into the broader context of his life -- a life

perhaps permeated by pain but also, perhaps, by immense strength and resilience. This expanded conversation with a compassionate, affirming care provider, who is listening for understanding as one human being with another, likely has never taken place before and represents the essence of culturally competent care.

PROCESS OF GENDER TRANSITION: PSYCHOLOGICAL/HEALTH ISSUES

Traditional Medical Perspective: Transition is the process of physical, emotional, social, legal and spiritual change experienced by transgender individuals to increasingly reflect their inner gender identity, as opposed to their birth-assigned sex. Traditionally, the medical profession has "prescribed" a single, linear path for the transition process (for transmen, beginning with living as a male for a prescribed period of time, followed by hormonal treatment, and finally gender affirmation surgery (sex-reassignment surgery [SRS]), with medical and mental health professionals, acting as "gatekeepers" along the way, determining if and when such transition treatments would be permitted.

Many Different Paths: Recently, new standards of transition care published by the World Professional Association for Transgender Health (WPATH) recognize that transition may take many different forms and that transgender individuals play a central role in determining which transition path is most appropriate for them (Coleman, 2012). For example, some transmen may choose to live and present themselves to the world as a man at certain times, and at others not. Some may choose hormonal treatment, the mainstay being testosterone, for its physical, emotional and psychological masculinizing effects. And others may not. Some will choose "top" (removal of breast tissue and possible placement of pectoral implants) or "bottom" (genital) gender affirmation surgery and other masculinizing procedures; and others will not. In other words, each transgender man should decide for himself how the transition process should unfold, with the guidance of qualified health professionals, transgender resources, and trusted friends. Successful transition, in whatever form it takes, is a process and one of the most important periods in a transgender person's life. Research confirms that for most transgender men transition results in significant improvement in physical, emotional and psychological well-being. Some men may no longer consider themselves transgender once they feel their transition has been successfully completed.

Sex assault service providers may be meeting a transgender victim before, during or after transition. Different issues may arise concerning the impact of the assault on their lives and their sense of self, as well

as possible paths to healing, depending on where they are in their transition process. An open and affirming dialogue between victim and provider about these issues, rather than relying on assumptions, is the most respectful and effective therapeutic approach.

Barriers to Medical and Mental Health Care: Many barriers stand in the way of transmen's receiving appropriate medical and mental health care related to transition. They often reflect, directly or indirectly, societal misunderstanding and non-acceptance of transgender people. Until 2013, transgender persons who sought hormonal, surgical and mental health transition support through established medical and mental health care "systems" would be required to have an "official" diagnosis of "Gender Identity Disorder" (GID). This diagnosis could be assigned only by a physician or mental health provider who, functioning as a "gatekeeper," had the power to approve or deny access to necessary transition care.

In 2013, GID was replaced by the presumed less-pathologizing diagnosis of "gender dysphoria." The "gatekeepers," however, remained in place. Unfortunately, the vast majority of "gatekeepers" (health providers) have had little or no training in transgender health care and so lack the awareness, sensitivity or skills to provide affirming and relevant care. With little training and much uncertainty on the part of health providers, the "gate" is often closed to most transgender men. Some health providers display outright disapproval of transgender people and refuse to provide any kind of care. In addition, although more insurance companies are beginning to cover transition-related health services, many insurance companies still refuse to do so. This is despite the fact that major professional medical organizations emphasize that these treatments are neither experimental nor cosmetic but are, in fact, medically necessary and sometimes life-saving.

Consequences of Medical/Mental Health Barriers: Unable to find qualified and welcoming health providers, and with insurance coverage for transition services often denied, many transgender men have turned to alternative sources of transition care. Hormones, often of uncertain quality, are available through the internet and on the streets without a physician's prescription or medical monitoring. Surgical and other invasive transition procedures may be performed by individuals with little or no medical background, either locally, on the continent or abroad. Some transgender men have resorted to self-surgery (removal of breasts), because there were no other options available, a choice often resulting in severe disfigurement and death.

The failure of the health professions to train health providers in how to deliver transgender health care and to advocate for systems of care that address the needs of transgender individuals reflects a broader societal indifference to and disapproval of transgender people. Barriers to appropriate care have many consequences, some of them directly increasing the vulnerability of some transgender individuals to both sexual and other forms of violence. Being able to "pass" as a man, which is often facilitated through hormonal and surgical transition treatments, is a vital safety issue for most transgender men. Those who are perceived as "not man enough" (higher voice, shorter stature, more feminine facial appearance and body build, without gender affirmation surgery) or who have identification documents in which specified gender does not match gender expression or who have not revealed their transgender identity to a potential partner before it is discovered are more likely to be targets of violence. For these reasons, barriers that have been created to prevent or impede transition have a direct and significant impact on the physical and emotional well-being of transmen. At times, they have resulted in a tragic and unnecessary loss of life.

Transmen and Sex Work: Because of the general "invisibility" of transgender men in the research literature and in the broader community, little is known about the prevalence of sex work among them. However, it likely plays an important role in the transition process of at least some transgender men. Some possibly have been victims of sex trafficking, being forced or coerced into the sex industry, perhaps prior to or early in the transition process. Others may feel they had little choice, being forced by circumstance (for example, being kicked out of their homes and unable to find other employment because of their gender identity) to engage in survival sex on the streets. Some also report feeling validated as men in their sex work as male escorts, describing the powerfully positive experience of being seen, depended upon and desired as a man. Some may also engaged in sex work because it provides money for needed resources: food, shelter, clothing, tuition, and drugs. And for some, street life may provide access to transition treatments they cannot obtain elsewhere and the money needed to pay for it. Money made on the streets can also pay for transition care provided in regular health care settings, but which is not covered by insurance. Although sex work may come with an increased risk of sexually transmitted infections (including HIV) and sexual and other forms of violence, particularly if unable to pass as male, it may be seen as a risk worth taking if it provides validation and needed resources, including access to transition treatments.

BARRIERS FACED BY FTM TRANSGENDER SURVIVORS

Those listed as "Shared Barriers" on pages 24-30, in addition to the following:

- The general invisibility of FTM transgender individuals in LGBTQ communities and in broader society.
- Myths and stereotypes prevalent within both LGBTQ communities and broader society about FTM transgender individuals, including the following:
  - There are many fewer transmen than transwomen.
  - Transmen face fewer challenges and risks than transwomen.
  - Transmen are really just "butch" lesbians.
  - Transmen are pathologic in terms of their gender identity.
  - Transition from female to male is impossible.
  - Transgender people can never be happy, even with transition.
  - Transmen (because they were born biologically female) cannot be sexually assaulted by women.
- The message of non-acceptance that is perceived when providers fail to use preferred pronouns ("he" and "him") and preferred names, when forms do not provide a choice of "FTM transgender," and when bathrooms, brochures and websites give no indication of a transgender-friendly agency environment.
- Perception of anti-male and anti-LGBTQ bias within some sexual assault and other anti-violence agencies. If there are no explicit messages welcoming male and LGBTQ victims, the silence is often perceived as: "You are not welcome here."
- As transmen, feeling unwelcome in both men- and women-focused services.
- Frequent inability of transgender male victims, like other males, to access shelters and other anti-violence programs.
- Perception that some LGBTQ-affiliated community support services may be less inclusive of FTM transgender than other LGBTQ individuals.
- The difficulty in speaking with an unknown and uninformed social service provider or health provider about being transgender and his unique experience of body and gender, and the meaning of the experience of multiple instances of trauma in his life, and its implications for trust and healing.

- An FTM transgender community that is often more invisible and less organized than other LGBTQ communities, and therefore possibly less available for validation and support of FTM transgender victims of violence.
- Relative lack of FTM transgender issues addressed in media, research, conferences and trainings. Because less is known about the experience of being an FTM transgender person, particularly as a victim of violence, it is more difficult to develop culturally-competent services.
- Fear that if they have been assaulted by a woman, transmen may not be believed by law enforcement or service providers.
- Discomfort with their body and fear of judgment by health providers, preventing some transmen from accessing medical care, including medical forensic evaluations.
- Refusal of insurance companies to cover transition services, leading some FTM transgender individuals to make money through sex work with its increased risks of sexual violence.
- Fear of losing friends and other supports in the lesbian community if the perpetrator is a woman, since many transmen lived in and received support in the lesbian community both before and after transition.

MALE-TO-FEMALE TRANSGENDER SURVIVORS

"The reason LGBT people aren't accepted is because of the suppression of the culture, when the white man came and they didn't want no hula dancing and they didn't want people speaking Hawaiian, so the culture gets submerged and not practiced. And being gay or māhū becomes a shameful thing. And your grandparents are teaching the old culture, but then you come to school and they're looking at you differently because the school is run now by people who want it to be a 'white way'. And families need to realize that their old culture is for their children and that that is an alternative way to teach our children, which is good, too."

AT HIGH RISK

Sexual and Other Forms of Violence: Recognizing the diversity of MTF transgender communities, it still can be said that transgender women overall experience extraordinarily high rates of sexual and physical violence. Recent studies show that 23-69% of MTF transgender respondents report at least one experience of sexual violence in their lifetime. (Kenagy, 2005; Xavier, 2007). Many have experienced sexual

violence multiple times, often beginning at an early age. The kinds of sexual violence are the same as those experienced by other LGBTQ individuals, including childhood sexual abuse, random sexual violence by strangers, sexual assault by an acquaintance, dating and intimate partner sexual violence, sexual violence perpetrated by police, health providers and other professionals, stalking, and sexual violence experienced in the context of domestic violence or as a gender-motivated act of hate.

Hate-motivated sexual violence against transgender victims is often accompanied by other forms of violence, including exceptionally brutal beatings, cutting or mutilation of the genitals, face or chest, and murder. Similar to the experience of other LGBTQ individuals, the hatred faced by transgender women has multiple sources. Because they present to the world as women, transwomen face the same risk as women in general by living in a sexist and male-dominated society. In addition, many are hated because they are transgender, challenging strictly-defined sexual and gender norms. Recent analyses of hate-generated violence against LGBTQ individuals suggest an even more complex intersection of multiple sources of hate. While violence against transwomen often reflects a confluence of hatred toward women and transgender persons, these are often joined by other forms of hatred based on race, ethnicity, religion, ability, socioeconomic status, immigrant status and other stigmatized identities.

In 2014 the National Coalition of Anti-Violence Programs published its report Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2013, documenting reports of hate-motivated violence against LGBTQ individuals across the U.S. (NCAVP, 2014). Although transgender individuals represented only 13 % of reports of anti-LGBTQ hate violence in 2013, transwomen represented 72 % of reported homicides, with over 90 % of these being transwomen of color, suggesting an intersection of gender- and race-based hate. Other transgender women considered at higher risk of sexual violence include adolescents, immigrants, those engaged in sex work, and those with substance use and other mental health issues. Homeless transgender women, those less able to “pass” as women, and detained and incarcerated transwomen in male facilities are also considered at high risk of sexual assault. A recent survey of transgender women incarcerated in male correctional facilities in California found that they faced a rate of sexual assault 13 times higher than male inmates (Jenness, 2007).

"I think a lot of the trans girls on the street have just learned that sexual assault comes with the territory. You just kind of accept it, that it's part of the job, and focus on trying to brush it off."

FEAR, STIGMA, ISOLATION

Growing Up Transgender: Despite the remembrance by some of "the old accepting ways" of the pre-contact era, the price of non-acceptance continues to be paid by most transmen and transwomen in Hawai'i. Many transgender people sense from early childhood that they are different from many of their peers in terms of gender identity and expression. Most come to learn, first from their families, then from their peers, and later from the broader community, that their feelings of gender, and how they express their reality to the world, are disapproved of, ridiculed and even punished. Because these responses often come from people in their lives whom they respect and love, many transgender and gender-nonconforming youth grow into adulthood with a sense of shame and self-doubt, believing that they are diseased, "freakish," sinful and undeserving of protection and love.

School a Living Hell: Schools can be an especially dangerous place for transgender and gender-nonconforming students (Grant, 2011). There they are chastised, harassed and beaten for being who they were meant to be, even at times by teachers and school staff who are responsible for their safety and education. Many eventually drop out or are expelled from school, often for fights with their peers related to their gender identity or expression.

Home Not a Safe Place: When schools and neighborhoods are dangerous places, many youth find refuge, validation and love in their homes. But this often is not the case for many transgender and other LGBTQ youth. Instead, they are told by their parents, their aunties and uncles, their brothers and sisters to "not be like that," to change, to "be a man."

Place of Refuge: Unable and unwilling to change, many run away or are thrown out of their homes. If they are fortunate, they will find a new home with a supportive hānai family, or sometimes as part of an extended transgender "drag family," who will validate who they are and help keep them safe, teaching them how to survive and thrive in an often unfriendly world. Others, however, may find their way to the streets, and sometimes an accepting transgender family there, but also be introduced to sex work and substance use, with the accompanying risks of physical and sexual violence, injury, infection, arrest and incarceration. Even when these risks are present, many feel their lives on the street are preferable to living in their childhood homes and communities.

Rejection and Discrimination Intensifies as Adults: The discrimination and violence many transgender persons experience growing up in their families and communities continues and often

intensifies as they move into adulthood and have increased interactions with society and its institutions. In the course of their daily lives, they are met with the questioning look, the apprehension, the fear, and the disapproval of others – when taking a walk, riding the bus, buying groceries, mailing a letter, going to the movies, applying for a job, or visiting a clinic or social service agency (where often their legal name is called out across a waiting room and their preferred name and pronouns are ignored throughout the visit).

Many states require sex-reassignment surgery (SRS) in order to change gender designation on birth certificates, driver's licenses and other official forms of identification. But not all transgender persons desire or can afford SRS. Therefore, any request to present ID that does not reflect their gender identity can give rise to an array of emotions, from apprehension to fear, and even the urge to run away immediately to a place of safety.

Survey Confirms High Rates of Discrimination: The 2011 National Transgender Discrimination Survey (NTDS) documented high rates of discrimination based on gender identity and gender expression in the areas of employment, housing, health care and public accommodations (stores, clinics, emergency rooms, shelter programs, drug treatment programs, rape crisis centers, buses, taxis and other public services) (Grant, 2011). Ninety percent (90%) reported harassment or other mistreatment in the workplace, or the need to hide their transgender identity to prevent harassment from occurring. Nineteen percent (19%) had been refused health care because of their gender identity or expression, while 28 % had experienced harassment in a medical setting. Twenty-nine percent (29%) reported harassment by police based on gender identity. In addition, although "only" 2% of all transgender respondents reported sexual assault by police, the rates were 4 times higher among Black and Latino transgender respondents. Court systems also have a history of mistreating transgender individuals through disrespectful treatment (including blaming, ridicule, and disbelieving or minimizing accounts of trauma) as well as termination of parental rights and unjust conviction and incarceration based on gender identity and expression.

Distrust of "The Man": Some anti-violence programs continue to reflect a philosophical basis that sees sexual and domestic violence as gendered, with cisgender women as victims and men as perpetrators. This world view negates the trauma of violence experienced by transgender men and women, and has denied them access to much-needed services. The above experiences help explain the perception of many transgender women that relying on "The Man" (the established "system") for protection and

"That's the kind of stuff that happens all the time for a trans person in prison – it's joked about, it's laughed at. The ACOs say we liked it, we wanted it, we asked for it. It's a prime example of why we go to where we're safe – with each other –as opposed to going to some kind of authority where that's what happens to that information. It goes to the corner bar, where everybody's going to joke about it."

support following sexual and other victimization is futile and may be an invitation for further mistreatment and re-victimization. Therefore, rather than turning to "the system" for safety and support, many victimized transgender women turn to their "trans sisters" for counsel and support as well devising alternative approaches to justice against perpetrators.

High Suicide Rate: A 2014 analysis of the above 2011 NTDS data set revealed the disturbing statistic that the prevalence of suicide attempts among MTF transgender respondents was 42 percent, more than twice the rate reported by lesbian, gay and bisexual respondents in other surveys (10-20 percent), and nearly 10 times the rate of attempted suicide in the general population (4.6 percent) (Haas, 2014). Furthermore, those who reported rejection by family or friends, discrimination, victimization or violence had prevalence rates of attempted suicide exceeding 50 to 60 percent.

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In 2013, GID was replaced by the presumed less-pathologizing diagnosis of "gender dysphoria." The "gatekeepers," however, remained in place. Unfortunately, the vast majority of "gatekeepers" (health providers)

have had little or no training in transgender health care and so lack the awareness, sensitivity or skills to provide affirming and relevant care. With little training and much uncertainty on the part of health providers, the "gate" is often closed to most transgender women. Some health providers display outright disapproval of transgender individuals and refuse to provide any kind of care. In addition, although more insurance companies are beginning to cover transition services, many insurance companies still refuse to do so. This is despite the fact that major professional medical organizations emphasize that these treatments are neither experimental nor cosmetic but are, in fact, medically necessary and sometimes life-saving.

Consequences of Medical/Mental Health Barriers: Unable to find qualified and welcoming health providers, and with insurance coverage for transition services often denied, many transgender women have turned to alternative sources of transition care. Hormones, often of uncertain quality, are available through the internet and on the streets without a physician's prescription or medical monitoring. Surgical and other invasive transition treatments such as silicone injection may be performed by individuals with little or no medical background, either locally, on the continent or abroad. Some transgender women have resorted to self-surgery (removal of genitals), because there were no other options available, a choice often resulting in severe disfigurement and death.

The failure of the health professions to train health providers in how to deliver transgender health care and to advocate for systems of care that address the needs of transgender individuals reflects a broader societal indifference to and disapproval of transgender people. Barriers to appropriate care have many consequences, some of them directly increasing the vulnerability of some transgender individuals to both sexual and other forms of violence. Being able to "pass" as a woman, which is often facilitated through hormonal and surgical transition treatments, is a vital safety issue for most transgender women. Those who are perceived as "not woman enough" (deeper voice, more masculine facial appearance and body build, without gender-affirming surgery) or who have identification documents in which specified gender does not match gender expression or who have not revealed their transgender identity to a potential partner before it is discovered are more likely to be targets of violence. For these reasons, barriers that have been created to prevent or impede transition have a direct and significant impact on the physical and emotional well-being of transwomen. At times, they have resulted in a tragic and unnecessary loss of life.

Transgender Women and Sex Work: Research documents and local focus group participants confirm that many transgender women spend a significant part of their adolescent and adult lives engaged in sex work. Some have been victims of sex trafficking, being forced or coerced into the sex industry, perhaps prior to or early in the transition process. Others report feeling they had little choice, being forced by circumstance (being kicked out of their homes and unable to find other employment because of their gender identity) to engage in survival sex on the streets. There they often found connection to drag families who offered an accepting community that for the first time in their lives validated their transgender identity, an important part of transition. Some also report feeling validated as women in their sex work, describing the powerfully positive experience of being seen, desired and treated like a woman. Some shared that even the experience of violence inflicted by a man could feel like validation of their status as women, "because that's what men do to women." Others said they engaged in sex work because it provides money for needed resources: food, shelter, clothing, tuition, and drugs. And for some, street life provided access to transition treatments they could not obtain elsewhere and the money needed to pay for it. Money made on the streets could also pay for transition care provided in regular health care settings, but which was not covered by insurance. Although sex work often comes with an increased risk of sexually transmitted infections (including HIV) and sexual and other forms of violence, local focus group participants reported that violence experienced on the streets is sometimes seen as "the price paid" for sex work in order to obtain needed resources, "just part of the territory" of being a transgender woman in America.

BARRIERS FACED BY MTF TRANSGENDER SURVIVORS

Those listed as "Shared Barriers" on pages 24-30, in addition to the following:

- Myths and stereotypes prevalent within both LGBTQ communities and broader society about MTF transgender individuals.
  - The only "real" rape is that perpetrated by a biologic male against a biologic female.
  - A biologic male (even if she's transgender) can't be raped. If she is penetrated, she must have wanted it.
  - If you think you're a woman, you'll be treated like a woman (including sexual assault).
  - Transwomen really want to be sexually assaulted.

  - Something must be wrong with you: "Why would a man want to be a woman?"
  - Transgender individuals are more likely to be the instigators of violence, not victims (and therefore not to be believed when reporting victimization).
  - Sexual violence "comes with the territory" of being transgender, of being involved in sex work, of being arrested or incarcerated.
  - A belief among some transwomen: "It's normal for people like me to live with violence."
- The tendency of LGBTQ trainings to only minimally address transgender issues.
- The profound legacy of non-acceptance, disrespect and violence experienced by MTF transgender communities from police, advocates, counselors, health providers, attorneys, courts and other representatives of "the system."
- The difficulty in speaking with an unknown and uninformed social service provider or health provider about being transgender and her unique experience of body and gender, and the meaning of the experience of multiple instances of trauma in her life, and its implications for trust and healing.
- The message of non-acceptance that is perceived when providers fail to use preferred pronouns ("she" and "her") and preferred names, when forms do not allow for gender designations beyond male and female, and when bathrooms, brochures and posters give no indication of a transgender-friendly environment.
- Perception of anti-MTF transgender bias within some agencies, who are felt to view them still as men, or "once men," and who therefore have no right to claim victimization or diminished power in a male-dominated society. If there are no explicit messages welcoming LGBTQ victims, the silence is often perceived as "You are not welcome here."
- Discomfort some transgender women may feel accessing women's centered shelters and other anti-violence programs out of respect for the comfort of cisgender female survivors, or fear of disrespectful treatment or rejection by service providers and clients. Refusal of entry is, in fact, common.
- Sense of some transgender women that they do not belong in either women's or men's gender-focused support services because their experience of sexual violence differs from that of cisgender men and women.

- Discomfort with body and fear of health provider judgments, preventing some from accessing medical care, including medical forensic evaluations.
- Refusal of insurance companies to cover transition services, leading some MTF transgender individuals to make money through sex work with its increased risks of sexual violence.
- The feeling of validation as a woman that some transgender women report from experiencing sexual violence by a man.
- The positive draw of street life and sex work: money and other resources, drugs, community, and validation.
- Victim's sense that she should be strong and independent enough "to handle" the situation on her own.

IMPLICATIONS FOR SEXUAL ASSAULT SERVICE PROVIDERS

If the sexual assault response/service delivery system wishes to address the needs of transgender victims of sexual violence in a meaningful way, it will need to go several steps beyond simply advertising existing sexual assault services to transgender communities. First of all, it will require an introspective examination of how serving transgender sexual assault victims fits into the overall mission of agencies, and taking steps in terms of policy and program development and training to become a genuinely culturally-competent, trans-welcoming organization. Once these steps have been taken, an organization can then begin to advertise services to transgender communities, explicitly inviting them to access these services, and assuring them that they can expect respectful, informed and confidential care, with no requirement of police reporting.

Most importantly, sexual assault first responders and service providers must work to establish credibility and trust where little presently exists. Perhaps one of the most effective ways to build credibility and trust is to partner with local LGBTQ-friendly organizations and transgender opinion leaders who already have a track record of working with transgender communities on health-related issues. Such collaboration would bring together the expertise of anti-violence professionals, the experience and understanding of those already working with transgender communities, as well as the grounding wisdom of transgender communities themselves. Together, these collaborative efforts can lead to the development of culturally sensitive and effective approaches to addressing sexual and other forms of violence faced by Hawai'i's transgender communities.