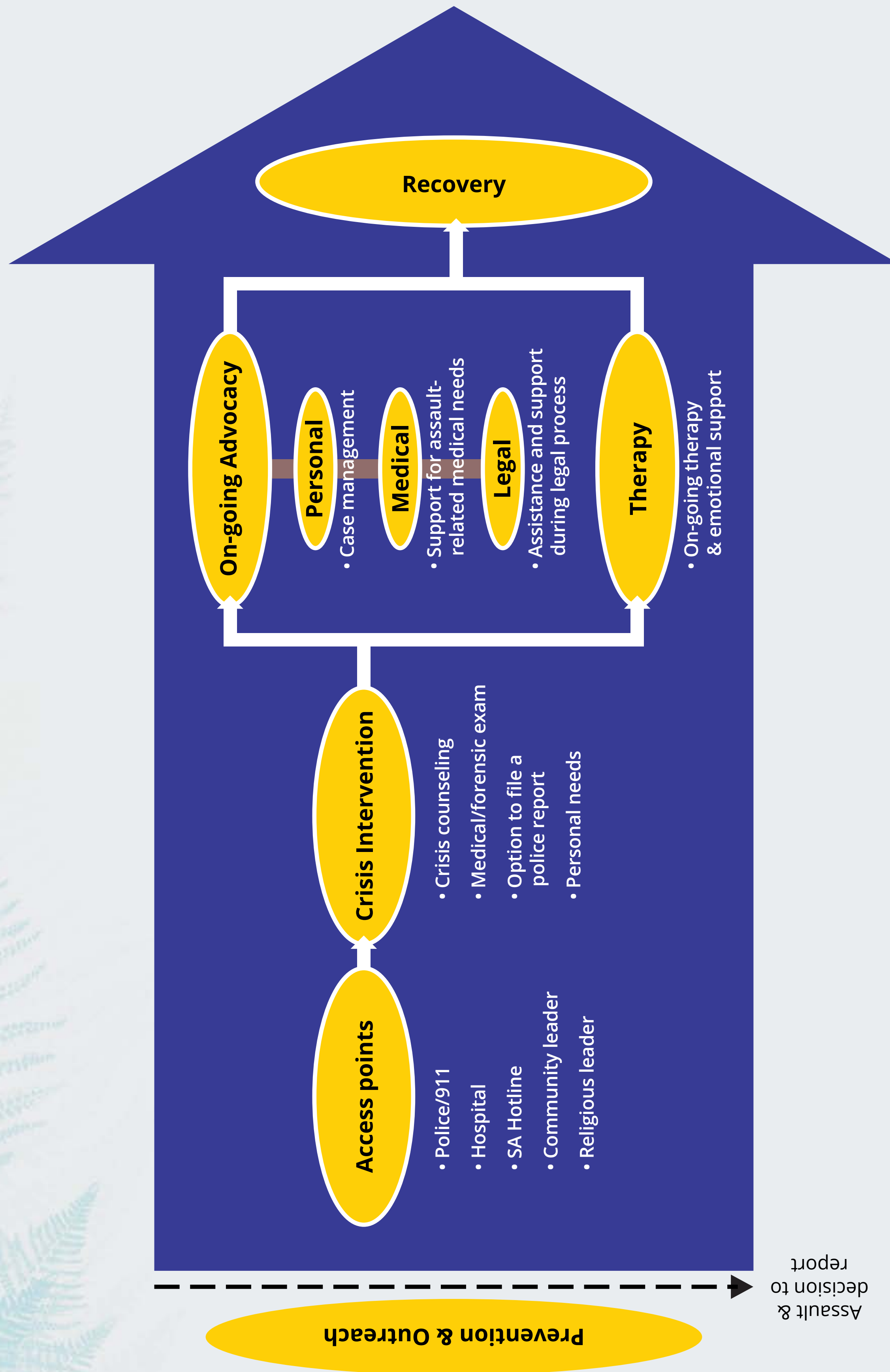
LGBTQ-ENHANCED BEST PRACTICE STANDARDS FOR SEXUAL ASSAULT SERVICES IN HAWAI'I

The following 4 Chapters mirror those sections presented in HCASA's 2011 *Best Practice Standards for the Delivery of Sexual Assault Services in Hawai'i*: Crisis Intervention, On-going Advocacy, General System Coordination & Training, and Prevention, Education & Community Outreach. Reflecting the original report, each section is divided into a number of related topics, each with its own set of best practice standards. In the following pages, each section and sub-topic will be introduced by a brief statement of the rationale for its being an area of focus, followed by a set of best practices standards as presented in the 2011 report. These will be followed by a brief bulleted contextual summary of how each specific topic and its associated standards relate directly to LGBTQ communities and their experience of sexual violence. Finally, each topic area will conclude with a bulleted set of recommendations intended to enhance the original 2011 best practice standards so that they may better address the specific experience and needs of LGBTQ victims and survivors of sexual violence in Hawai'i. These standards should be considered in the context of the sex assault service delivery system, a diagram of which appears on the following page.

A SURVIVOR-CENTERED APPROACH TO SEX ASSAULT SERVICE DELIVERY



VIII. Crisis Intervention

WHY WE CARE:

Crisis Intervention is a critical phase in responding to the needs of a victim of sexual violence. There are many potential points of entry into the sexual assault (SA) service delivery system, including police, crisis line workers, hospital staff, family, friends, clergy and other community leaders. Accessibility of services and safety are two primary issues. Community education about available services and training service providers about the appropriate response to sexual assault victims are essential. Crisis services must be coordinated in order to assure continuity of care and to assure that all responses are "victim-centered." Experienced crisis counseling and advocacy should begin immediately, to provide emotional support and to inform a victim of the options of a medical forensic exam and police reporting. A victim who is aware of SA crisis services and views them as supportive and responsive to his/her particular needs will be more likely to access the SA service system and continue with on-going services until recovery is achieved.

24-hour Hotline and Response

WHY WE CARE:

A 24-hour hotline is a first access point for many victims of sexual assault. To be considered accessible, it must be available 24 hours a day with immediate direct routing to a crisis worker who is fully trained to respond to all situations related to sexual assault.

2011 BEST PRACTICE STANDARDS:

- *Every island should have a 24-hour sex assault hotline that is a local number (an 808 area code, rather than an 800 number).*
- *Calls that come into the hotline should be routed directly to a crisis worker.*
- *All crisis workers who receive and respond to call through the hotline should be fully trained to respond to calls about sexual assault.*
- *In order to assure that quality services are available to every survivor, SA Centers should routinely run quality assurance tests on the hotline.*
- *Along with a 24-hour hotline comes the need for a 24-hour response for sex assault.*

"The sexual assault agency could have a team where, like, 'We have this same-sex patient.' Boom, within half an hour we can get an LGBT advocate down there. They need to come to the patient—to comfort the patient, sit with them and actually take them through their journey. If the police are coming and doing their report, the advocate can be there saying, 'It's going to be OK.' And then intervene with the police if they're inappropriate."

LGBTQ CONTEXT:

- LGBTQ people experience sexual assault at the same or higher rates than the general population.
- LGBTQ communities' vulnerability to sexual assault and other forms of violence is directly related to society's non-acceptance of LGBTQ individuals.
- LGBTQ victims of sexual assault are less likely to report their assault to law enforcement or to seek supportive services than many other populations.
- LGBTQ communities historically have experienced stigmatization, discrimination, criminalization, harassment and violence to an extraordinary degree, including from systems established to serve individuals in need. The resulting distrust and fear of systems is a primary reason why many LGBTQ victims are unwilling to report violence or access services.

- LGBTQ people also fear being "outed" by "the system," which can result in the loss of family, friends, employment, shelter, community and life itself.
- Transgender individuals have been disproportionately targeted by individuals, agencies, and institutions to receive the most brutal forms of denigration, discrimination, and physical, sexual and emotional violence.
- Sexual assault first responders and service providers often have received little or no training on the experience and needs of LGBTQ victims or how to provide culturally competent care.

LGBTQ-ENHANCED RECOMMENDATIONS:

Knowledge

- Recognize that sexual assault occurs in lesbian, gay, bisexual, transgender and queer (LGBTQ) communities and that any caller could be LGBTQ.
- Become knowledgeable about issues faced by LGBTQ communities related to discrimination and violence, and how to provide services in a culturally competent manner.
- Understand the legacy of mistreatment of LGBTQ victims within sexual assault response/service delivery systems and its impact on victims' willingness to report violence, have a medical-forensic exam or seek supportive counseling.

Attitudes

- Display comfort in working with LGBTQ individuals. Examine assumptions and feelings about serving both men and LGBTQ victims of sexual assault and how these may affect provision of care.
- Do not make assumption about a caller's sexual orientation or gender identity based on their voice, name, appearance, mannerisms or other gendered characteristics. Until a victim clarifies their life circumstances, use gender-neutral words like "partner" or "spouse" rather than "boyfriend" or "husband."

Skills

- If informed by a caller that he or she is transgender, or have reason to believe that this may be so, respectfully ask by what name and pronouns that person would like to be addressed. These should be used in all interactions with the victim and in subsequent consultation with colleagues.

"I think there's always going to be a mistrust when it comes to trans folk and "The Man," which would be like the police or any kind of authority. And when it comes to having to report it or find support for it we've traditionally gone to each other. And as a transwoman I didn't have an experience ever, or know anyone ever, who would feel a need to call a sexual assault center."

- Listen carefully for and reflect back victims' language in relation to sexual orientation and gender identity, preferred name, pronouns, body parts, and be familiar with other terminology commonly used in LGBTQ communities.
- Understand that sexual orientation and gender identity may or may not be relevant to crisis intervention. Questions asked related to these issues should be based on victim need and not on service providers' curiosity.
- Give LGBTQ victims explicit reassurances that they are believed, that they will be treated respectfully, that confidentiality will be respected, and that a police report is not required to access services.
- As much as possible, crisis workers should be present with LGBTQ clients during encounters with law enforcement officers, health providers and other first responders and service providers in order to provide vigorous advocacy and support and assure the provision of culturally competent services and care by all components of the sexual assault response/service delivery system.
- Consider offering each LGBTQ victim an LGBTQ advocate to accompany them throughout the sexual assault system response process, from beginning to end, to provide victim support and assure safety and respectful and culturally competent care from all parts of the system.
- Consider creating a statewide 24/7 crisis line specifically available to transgender victims of sexual assault on all islands able to provide affirming, respectful and knowledgeable support and referral to local transgender-friendly support services. This is to address the exceptional risk for sexual violence and justified distrust of systems faced by many transgender individuals.
- Include scenarios involving LGBTQ victims seeking help in routine quality assurance testing of crisis lines, focusing especially on crisis line response to transgender callers.

Medical Forensic Exam

WHY WE CARE:

All sexual assault victims should have the option of having a medical forensic examination which follows an established protocol. There should be no requirement for police reporting in order to receive the exam.

2011 BEST PRACTICE STANDARDS:

- *A thorough medical forensic exam should be available to sex assault victims in all cases, and at no charge to the survivor.*
- *The medical forensic exam should be universally accessible.*
- *The best way to ensure access in all cases is for the SA Centers to have the authority to call for a forensic exam.*
- *The crisis worker should ensure that the same information is provided to each survivor and that his/her options are clearly explained during each step of the process.*
- *While the process of calling for and conducting medical forensic exams varies across islands, coordination of the exam should take place within 60 minutes of when the assault is reported.*

"Our trans victims don't want a forensic exam because a lot of our health providers aren't trained in how to work with them. They're afraid they'll be mistreated, because it's happened before."

LGBTQ CONTEXT:

- Any victim of sexual violence may be dealing with personal issues of sexual orientation and gender identity.
- Many LGBTQ individuals have a history of mistreatment by health providers and health systems (discrimination, denial of care, disparagement, blame, harassment and assault).
- Many LGBTQ individuals fear being "outed" in health care settings, with potential loss of family, friends, community, home, livelihood, children, and life.
- Fearing mistreatment and being "outed," many LGBTQ victims of sexual assault choose not to access medical-forensic services.

- Many LGBTQ individuals who do access medical-forensic services may choose not to reveal their LGBTQ identity to health providers due to fear of being mistreated or being "outed" to others (police, family, friends, and employers).
- Health providers, including most medical-forensic examiners, have received little or no training about LGBTQ health care or how to conduct a culturally competent exam, medical-forensic or otherwise, for LGBTQ patients.
- Re-victimization of LGBTQ victims frequently occurs in medical settings through provider confusion, discomfort, misinformation, disapproval, blame or harassment. This is especially true for transgender victims.
- Sexual orientation and gender identity may or may not be relevant to conducting the medical-forensic exam.
- Many lesbians have not needed to seriously consider pregnancy and STIs, issues which may suddenly arise due to assault.
- Many lesbian, MTF and FTM transgender victims may have experienced few, if any, pelvic exams.
- Many LGBTQ patients, particularly if they are transgender, have experienced intrusive, irrelevant questions during health interviews and have been subjected to unnecessary components of a physical exam (for example, a genital exam when there is no history of genital contact or symptoms), often to satisfy an examiner's curiosity rather than respond to medical necessity.
- Among LGBTQ communities, transgender individuals especially have experienced and expect negative judgments and treatments by health systems, and therefore may be less likely to trust those whose responsibility it is to help and support victims.
- For transgender individuals, body dysphoria may make it difficult to talk about gendered body parts and physiologic functions (such as menstruation or erections) or to have gendered areas of the body examined.

LGBTQ-ENHANCED RECOMMENDATIONS:

Patient-centered Care

- Pre-screen all medical-forensic examiners for their ability and willingness to work affirmatively with LGBTQ victims. Those who are LGBTQ-affirming should be provided comprehensive training on the experience and needs of LGBTQ victims and how to conduct a culturally-competent medical-forensic exam.

- Respect the many valid reasons LGBTQ victims may have for choosing not to disclose their sexual orientation or gender identity, including fear of mistreatment and being "outed" by health providers.
- Assure that LGBTQ victims receive respectful treatment when checked into medical and other facilities for the purpose of medical-forensic exams. (Reception staff, nurses, doctors, and all other staff that interact with the victim.)
- Avoid irrelevant, intrusive questions about a victim's sexual orientation, gender identity or transition status. The interview and exam should focus only on the relevant aspects of the medical-forensic exam and the patient's needs, not to satisfy the examiner's curiosity or meet their educational needs about LGBTQ issues.
- Understand the sensitivity of many LGBTQ victims to the possibility of mistreatment by health providers. During the exam, reassure the patient of safety in the encounter and explain clearly why you are asking the questions you ask and why you are examining the parts of the body that you are examining. Then obtain patient permission to proceed, and be understanding and respectful if permission is denied or withdrawn at any point during the encounter.
- In the process of recording the medical-legal interview, record verbatim, if possible, any anti-LGBTQ or other hate-motivated comments made by the alleged perpetrator to the victim during the course of the assault. Such documentation will help support prosecution under hate crimes statutes.

General Transgender Medical-Forensic Issues

- Medical and other facilities providing premises for conducting medical-forensic exams should adopt best practice standards presented in Creating Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies (New York City Bar, 2013), including (with adaptations):
  - ✓ In addition to recording name and gender as they appear on insurance records, the admitting/registration records also should have an option to record "Male-to-Female Transgender," "Female-to-Male Transgender," "Intersex" and "Other."
  - ✓ If a patient identifies as transgender, they should be informed of the medical facility's nondiscrimination policy and asked if they would like their transgender status recorded in the admitting record.

- ✓ Admitting and other staff should not ask a patient if they are transgender, their sex assignment at birth, or transition-related history unless this information is directly relevant to patient care.
- ✓ Admissions records should have a field to record preferred name in addition to legal name.
- ✓ Except when necessary to confirm patient identity, all staff (admissions staff, nurses, doctors, crisis workers, lab personnel and others) should use the patient's preferred name and pronouns in direct conversations with the patient and when speaking with each other about the patient, whether in the patient's presence or not. Patient wishes take precedence over family wishes in these regards. Appearance, surgical status, history, legal name and birth-assigned sex are irrelevant.
- ✓ Staff should be respectful of the patient's actual or perceived gender identity or expression.
- ✓ Information about a patient's transgender identity or transition-related history is confidential.
- ✓ If gender presentation does not clearly indicate gender, discretely and respectfully ask the patient for their preferred name and pronouns.

- Related to transgender victims in general, be sensitive to the following in conducting the medical-forensic evaluation:
  - ✓ Expect that some patients will reveal their transgender identity during the intake process or interview, or it may be discovered unexpectedly during the physical exam. Many transgender patients expect judgments and disrespect and may leave abruptly if they feel these are occurring. Reflect acceptance and affirmation. Do not show surprise or disapproval. The revelation of transgender identity is often not relevant to a victim's needs during the medical-forensic evaluation, although they may be.
  - ✓ Similar to medical center admissions forms, sexual assault intake and med-legal forms should include the options of "MTF Transgender," FTM Transgender," "Intersex," and "Other," in addition to "Male" and "Female." Note that some transgender individuals may self-identify as "Male" or Female."
  - ✓ Although a patient's legal name and gender must appear on registration and medical-legal documents, respectfully ask if he or she has a preferred name and pronouns, whether they would like these used during the present visit, during subsequent conversations with colleagues involved in the patient's care, and whether they would like

them recorded in the admitting record and on the medical-legal form. It is appropriate to record the preferred name and pronouns next to the legal name and to use these throughout the interview and examination, and in documentation throughout the medical-legal record, depending on patient preference.

✓ A patient's sexual orientation and gender identity are protected information and subject to confidentiality requirements. Friends or family who might accompany the victim to the medical-forensic exam may not be aware of his or her LGBTQ status, so it is important to privately and respectfully ask the patient what name and pronouns they would prefer used when in the presence of their companions.

✓ Ask respectfully what body names the patient would be most comfortable using and hearing during the interview and exam. Many would prefer words that are less reflective of their biologic gender. For example, some transmen might prefer using "chest" instead of "breast" and "erectile tissue" instead of "penis," and some transwomen might prefer "front hole" or similar term instead of "vagina." The patient can help the provider identify an appropriate set of non-gendered terms. In general, it is appropriate for the provider to mirror words used by the patient when unexpected terms and expressions arise.

✓ The medical-forensic examiner should understand that the discussion of gendered topics such as certain body areas, menstrual periods, erections, pubertal changes, pregnancy, emergency contraception, injuries, and the risk of STIs and offering of prophylactic antibiotics can cause great distress for some transgender patients, being reminders of their gendered body and the gendered aspects of the assault that occurred. Consider whether these topics are essential for purposes of the evaluation. If they are, then sensitively explain to the patient why you feel these topics are important and ask for the patient's help in finding a way to make the discussion as comfortable as possible.

✓ Many transgender persons are very sensitive about their bodies, and may have great difficulty in allowing their bodies to be observed or touched during a medical-forensic exam. Assure that the patient can disrobe and gown in privacy and that he or she is as covered as possible during the exam. Most transmen and transwomen, like many other men and women, prefer to be fully gowned and as covered as possible during an exam. Before examining a particular body area, consider why this is important for the purposes of the exam, clearly explain the reasons to the patient, and ask the patient's permission before proceeding to observe, touch or obtain medical-forensic specimens from any part of their body.

- ✓ Regarding charting in medical-legal forms, sensitively explain why you are using body maps labeled "Male" or "Female" that may be incongruent with their gender identity (for example, for purposes of accuracy in documenting injuries and other findings related to the assault.) Reaffirm the patient's gender identity as female or male.
- ✓ Find creative, "out-of-the-box" solutions for any unexpected situations or patient requests that arise. Have the patient be a partner in finding these solutions (for example, the use of paper and pen or anatomically correct dolls to help the victim describe situations or involved body areas that are too difficult to talk about verbally; or negotiating the presence of a chaperone or an assisting crisis worker during an exam).

FTM Transgender-specific Medical-Forensic Issues

- Related to FTM transgender victims, be sensitive to the following in conducting the medical-forensic evaluation:
  - ✓ Assault that involves vaginal penetration, whether by a male or female, can be especially traumatic emotionally.
  - ✓ Cutting and mutilation of gendered body areas may be a prominent part of hate crimes against transmen.
  - ✓ Many transmen have never had a pelvic exam, a gendered procedure that can be physically uncomfortable and very traumatic emotionally. Carefully consider whether the exam is necessary or helpful. If it is, sensitively explain your recommendation and what a pelvic exam would entail, and be respectful if the patient declines the exam.
  - ✓ Vaginal atrophy is common with testosterone therapy and infrequent vaginal penetration. The vaginal lining may be more fragile and the vaginal vault less pliant. Take time and care in conducting a vaginal exam and consider using a pediatric speculum.
  - ✓ If vaginal penetration by a cisgender male assailant occurred, there should be a sensitive discussion about the risk of pregnancy and the option of emergency contraception. Pregnancy is possible if the uterus and ovaries are still present and the patient is still of a reproductive age, even if he is on testosterone and not having menstrual periods.
  - ✓ Transmen who experience vaginal penetration may be at higher risk for STIs due to an increased likelihood of injury to the vaginal vault and rectum if penetration occurred. There should be an especially sensitive discussion of risk for STIs and the offering of prophylactic antibiotics, given the gendered nature of the assault.

- ✓ Some transmen may dissociate during the genital exam. This is to be expected, given the sense of alienation and dysphoria many transmen may have related to the gendered parts of their bodies combined with the experience of sexual trauma.
- ✓ Some transmen may decline the offer of emergency contraception, believing that even a very brief course of estrogen or progesterone may counteract the effects of their regular masculinizing medications. It is important to have an honest but sensitive discussion about the pros and cons of emergency contraception.
- ✓ Most transmen on testosterone therapy will have a cessation of menstrual periods, but if the patient is menstruating, collect tampons or sanitary napkins for evidentiary purposes.
- ✓ A patient may be unwilling to part with penile prostheses, chest binders and other articles that assist them in passing as male, even if requested as part of a forensic collection of evidence. This is a matter of identity, safety and cost.

MTF Transgender-specific Medical-Forensic Issues

- Related to MTF transgender victims, be sensitive to the following in conducting the medical-forensic evaluation:
    - ✓ Sexual assault may result in vaginal, vulvar, breast or facial injuries that can be especially traumatic since they are so intimately related to one’s identity as a woman. Gender-affirmation surgery also represents a significant financial investment, and any need for corrective surgery following assault may not be covered by insurance.
    - ✓ Cutting and mutilation of gendered body areas are a frequent occurrence in hate-motivated sexual assault against transwomen.
    - ✓ Surgically-constructed vaginas may be more vulnerable to injury than those of cisgender women, being less pliable and less deep. Injury also increases the risk of STIs and HIV.
    - ✓ Injected silicone may become displaced during a traumatic assault, leading to possible disfigurement, need for surgical removal, and loss of life.
    - ✓ Transwomen may be unwilling to part with wigs, breastforms, hip pads and other prostheses as evidence, for reasons of identity, safety, and expense.

Lesbian-specific Medical-Forensic Issues

- Related to lesbian victims, be sensitive to the following in conducting the medical-forensic evaluation:
  - ✓ Many have not been on contraceptives, and so there may be an increased risk for pregnancy if assaulted by a cisgender male.
  - ✓ Many have never had to consider the possibility of pregnancy, so this issue should be addressed in a sensitive manner.
  - ✓ Many previously have never been at high risk for STIs, particularly if they only have been in same-sex relationships, so this issue should be discussed in a sensitive manner.

Facilities for the Medical Exam

WHY WE CARE:

The medical forensic examination should take place in a setting that is convenient, comfortable, confidential, and appropriately stocked.

2011 BEST PRACTICE STANDARDS:

- *Each island should have at least one designated room for the provision of the medical forensic exams related to sexual assault.*
- *The exam room should be stocked, at all times, with all the supplies that are necessary to conduct a medical forensic exam.*
- *Exam facilities should be available locally.*

"One of the biggest barriers for LGBT victims accessing services is the fear of not being well-received. This was the number one response on our survey of transgender folks, worried about how they would be treated by hospital staff, the sex assault nurse examiners and all the others."

LGBTQ CONTEXT:

- LGBTQ communities are medically underserved in general, due to a lack of informed and culturally-competent health care.
- In accessing medical-forensic services, LGBTQ victims of sexual assault will come into contact with hosting agencies and institutions where exam facilities are located (medical centers, clinics, police stations and other settings).
- There is a legacy of mistreatment of LGBTQ individuals by health providers, health care systems, social service providers and law enforcement officials that may limit their willingness to access medical-forensic services in certain host settings.
- Medical center boards of directors, administration and staff have received little or no training on serving LGBTQ patients in a culturally competent manner.
- Most medical-forensic exam settings have little or no LGBTQ-specific support materials or resources.

- For transgender victims, most medical-forensic exam settings have not gathered a supply of appropriate clothing and other items needed by victims to leave the facility safely, presenting in a way consistent with their gender identity.
- Detailed standards of care for the treatment of LGBTQ patients in medical settings have been developed (New York City Bar, 2013).

LGBTQ-ENHANCED RECOMMENDATIONS:

- Medical, law enforcement, social service and other facilities providing a space for medical-forensic exams should be respectful and affirming of LGBTQ individuals, following established standards of respectful care (New York Bar, 2013), including the adoption of non-discrimination and anti-harassment policies specifically including sexual orientation and gender identity/expression.
- Patients should be able to access a bathroom that matches their expressed gender identity. They should not be asked for documents to prove their gender.
- The exam room should have literature and resource lists specific to the needs of LGBTQ victims of sexual assault.
- For those individuals with a constructed vagina or a vagina not often used for consensual sex, the facility should stock pediatric vaginal specula to assist in examination.
- For reasons of safety and healing, there should be a supply of wigs, makeup, razors, articles to facilitate chest binding, and various-sized male and female clothing, shoes and slippers so that transgender victims may leave following an exam able to present themselves in a way that is consistent with their gender identity and expression.

Filing an Official Police Report

WHY WE CARE:

The survivor may choose to file an official police report. The crisis worker often plays an important role in this process, helping the victim consider the pros and cons of filing a report and informing the victim that filing a report is completely voluntary. The crisis worker also may play a role in diplomatically informing a police officer about the best way to interact with a particular victim, and should be present before and after a police interview, to provide comfort and support to the victim. The crisis worker may also assist the victim in the process of filing a Personal Protection Order (PPO).

2011 BEST PRACTICE STANDARDS:

- *Survivors should be given the option to file a police report during the crisis intervention phase.*
- *The crisis worker should ensure that the victim receives comprehensive information about the police reporting process, including a description of the process and reasons why the survivor may (or may not) wish to file a report.*
- *The crisis worker should ensure that the survivor understands that filing a police report is optional, not mandatory.*
- *The crisis worker should also inform the survivor of his/her option to file a Personal Protection Order (PPO).*
- *The survivor should have the option to have a crisis worker present before and after the police interviews.*

"If there has been sexual violence, you find support among your sisters. You're not going to talk to the cops. They're going to look at you and say, 'Oh, you're māhū. Oh, what did you do?' That's always the case: always the māhū at fault, not the johns. Girls don't want to go through all that crap, so they wouldn't come ask a cop for help like that."

LGBTQ CONTEXT:

- Many LGBTQ individuals have been subjected to profiling, unjust arrest, harassment, assault and other mistreatment by law enforcement officers, leading to significant mistrust of law enforcement professionals among LGBTQ communities across the U.S.
- Although LGBTQ have among the highest rates of sexual and other forms of violence, they are among the least likely to report to law enforcement due, in part, to fear of not being believed, or being unjustly arrested, "outed," or otherwise mistreated. In a recent Hawaiʻi survey, 71% of those LGBTQ

"The thing between us and the police, that goes all the way back to the Glades Show Lounge on Hotel Street. The cops still look at transgenders as second-class citizens. They classify us as one step below women—and we are women. All women have to fight for their rights. I think it's a lack of understanding. Or they just don't want to understand."

individuals who were victimized because of their sexual orientation or gender identity did not report to police due in part to fear of discriminatory treatment and inappropriate handling of the case.

- Law enforcement officers have received little or no training in working with LGBTQ victims of sexual assault and other forms of violence.
- Several U.S. communities have instituted robust law enforcement training programs, including how to work with LGBTQ communities in a culturally-competent manner.
- In some jurisdictions, crisis workers/advocates are not allowed to be present during an interview of a sex assault victim by law enforcement officers.
- Hawaiʻi's LGBTQ communities are aware of and frightened by recent comments of a high-ranking police professional publicly saying that he would not enforce a law legalizing same-sex marriage. Many local LGBTQ people have seen this as evidence of police disapproval of LGBTQ people and unwillingness to protect them, making them less likely to report violence to authorities.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Understand the historical relationship between law enforcement and LGBTQ communities, including the legacy of discrimination and violence, in reviewing the pros and cons of police reporting with LGBTQ victims.
- Recognize that without LGBTQ cultural competency training of law enforcement officials, filing a police report may be especially dangerous for LGBTQ victims of sexual assault and other violence.
- Understand that police reporting may "out" an LGBTQ victim, thereby subjecting them to possible mistreatment by authorities and leading to potential loss of family, friends, job, home and life.
- Provide on-going comprehensive training to all law enforcement officers on how to work with LGBTQ victims in a respectful and culturally-competent manner. This often is most needed in work with transgender communities.
- Help the victim anticipate the possible responses of family, friends and other important people in their lives if the choice to police report is made. For example, police reporting may result in public "outing" by authorities.
- Provide LGBTQ victims of sexual violence who choose to police report the option of having a crisis worker or LGBTQ advocate present or close by during all encounters with law enforcement officials.

Safety

WHY WE CARE:

Many victims do not have a safe place to go after experiencing sexual assault. Perpetrators may be family members or acquaintances who live with the victim or know where the victim lives, goes to school, or works. Some victims may be homeless. Shelters for sexual assault victims should be available at all times and open to all victims regardless of age, gender, social status and other characteristics. They should be confidential, safe, comfortable, family-friendly, and have staff trained in working with survivors of sexual assault. General homeless and emergency shelters should not be considered an option for sexual assault survivors.

2011 BEST PRACTICE STANDARDS:

- *To ensure that survivors are not returning to a dangerous, unstable, or re-traumatizing situation, a safety risk assessment should be conducted for each survivor.*
- *Since so many survivors do not have a safe place to return to, each island should have a sexual assault shelter or safe house available.*

"For TGs, I think inappropriate sexual contact from the police happens all the time, touching and other things."

LGBTQ CONTEXT:

- LGBTQ victims of sexual assault and domestic violence have the same needs for safety and shelter as any other victim of sexual assault.
- Like other victims, sexual assault of LGBTQ victims is often perpetrated by family members or close acquaintances so that returning to their homes or neighborhoods is not a safe option.
- Many domestic violence and sexual assault shelters are only available to cisgender female victims and their younger children. Male (including gay, bisexual and transgender men) and MTF transgender victims are usually turned away or referred to general homeless or emergency shelters or provided hotel rooms. Lesbian and bisexual female victims may also be denied shelter or, if accepted, asked to not reveal their sexual orientation to staff or other program participants.
- General homeless shelters, emergency shelters and hotels are often unsafe places for lesbian, gay, bisexual and transgender victims of violence. Not only are they at risk of harassment and violence from both residents and

"What do we providers do if we have a man that has a real safety concern, and needs shelter to get out of the situation he's in? Obviously, I'd love to suggest the shelter to him, but that just doesn't work. But we would be able to find him safety and shelter by funding his staying in a hotel for a period of time."

staff at these sites, but also are not protected from the perpetrators they are seeking to avoid, including assaultive intimate partners. Furthermore, there are few support services in these settings for victims of sexual and domestic violence.

- The inability to access appropriate shelter sends a message to LGBTQ victims that their trauma and safety concerns are considered less serious and less worthy of supportive services than those of cisgender women.
- Unable to access appropriate shelter, and referred to inadequate and sometimes dangerous alternatives, many LGBTQ victims see no alternative than to return to unsafe homes and neighborhoods or to become homeless.
- The 2013 reauthorization of the Violence Against Women Act prohibits discrimination based on sexual orientation and gender identity in federally-funded anti-violence programs, including shelter settings, but it is unclear how rigorously this new requirement is being implemented or monitored across the U.S.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Assure that LGBTQ victims have the same access to domestic violence and sexual assault shelters, and the safety and services they provide, as any other victims of sexual assault.
- Look at safety planning broadly, considering all areas where imminent danger of physical and sexual assault exists (home, school, employment, community, interactions with law enforcement, health providers and other professionals) and devise a safety plan that that will help protect LGBTQ victims until they are able to work out a longer-term strategy for safety with the assistance of a sexual assault or other advocate.
- Refer LGBTQ victims only to LGBTQ-supportive community services.
- Offer the presence of an LGBTQ-friendly advocate at all encounters between LGBTQ victims and "the system" (law enforcement, health providers, sexual assault providers, attorneys and others), where mistreatment has commonly occurred.
- Provide on-going and comprehensive training on the experience and needs of LGBTQ victims of sexual violence to all sexual assault and domestic violence shelter agency staff.
- Assure that all links in the sexual assault response/service delivery system, including law enforcement, provide LGBTQ-affirming and culturally-competent services and care.

Transportation for Crisis & Follow-up Care

WHY WE CARE:

A lack of transportation is a major barrier to accessing crisis and on-going sexual assault services. Transportation includes travel to a medical center, police station, sexual assault or other service center, as well as to and from a home or shelter.

2011 BEST PRACTICE STANDARDS:

- *While it is often not possible for SA Centers to provide transportation directly for survivors, it is a best practice for the Centers to coordinate confidential transportation for victims.*

LGBTQ CONTEXT:

- All LGBTQ people, whether victims of sexual violence or not, face an increased risk of mistreatment and discrimination in the daily course of their lives. This increased risk may be within their homes, their schools or workplaces, the broader community, as well as in agencies and institutions designed to address the needs of people in distress. Therefore, anticipating rejection or mistreatment, some LGBTQ victims may find it difficult or impossible to travel alone for the purpose of accessing services provided by law enforcement, health providers, social service providers and others.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Assure that following a medical-forensic exam, all victims will be transported to a safe shelter that is welcoming and affirming of LGBTQ individuals.
- Assure that all transportation services utilized for transportation of clients have policies that prevent discrimination against LGBTQ individuals.
- Consider identifying and training LGBTQ advocates to accompany and provide support and reassurance to LGBTQ victims in their travels to access crisis intervention services as well as on-going services related to sexual assault and the healing process.

Follow-up Outreach

WHY WE CARE:

The crisis worker should identify safe and confidential ways to contact a survivor a short time after the provision of crisis services. Follow-up may include sharing lab test results performed as part of the medical forensic exam. The crisis worker should also inquire about how the survivor is doing both physically and emotionally. The option of receiving longer-term counseling and advocacy services also should be discussed.

2011 BEST PRACTICE STANDARDS:

- *A follow-up call should be made to every survivor within 48-72 hours after crisis services are rendered.*
- *The crisis worker who assists the survivor through the crisis to help to transition the survivor to the next phase of service delivery should inform the victim of when he/she can expect a follow-up call, and of who will be making that call.*

LGBTQ CONTEXT:

- LGBTQ victims may fall away from the sexual assault service system at any point if they feel that providers do not understand their life experiences or show discomfort or disrespect toward them. Therefore, the follow-up outreach call is a vital link in keeping LGBTQ victims connected to supportive sexual assault services.

LGBTQ-ENHANCING RECOMMENDATIONS:

- At the conclusion of the crisis intervention visit, reconfirm whether or not the victim is comfortable with recording her or his sexual orientation or gender identity on the medical-legal record and, if transgender, whether the victim would like the crisis worker making the follow-up call to use the transgender individual's preferred name and pronouns during that conversation.
- During follow-up outreach to the victim, be familiar with details of the assault and what part, if any, sexual orientation and gender identity played in the violence that occurred. Since safety is often a daily issue for LGBTQ individuals, the crisis worker should inquire if any new safety issues have arisen since crisis intervention took place, whether related to sexual violence or in other areas of their lives.

IX. On-going Advocacy

WHY WE CARE:

Full recovery from sexual assault often benefits from on-going advocacy and therapy. An important part of this supportive approach is a willingness to approach all parts of a person's life impacted by sexual assault or which may act as barriers to full recovery. Barriers to continuing engagement in care may include logistical issues (lack of transportation, working hours), issues related to life circumstances (poverty, divorce) or pre-existing challenges (substance use, mental health conditions). These barriers should be addressed during the process of on-going advocacy so that therapy may be more effective.

Case Management

WHY WE CARE:

The case manager will likely not be able to meet all of the personal, medical and legal needs of sexual assault survivors. However, the case worker is responsible for identifying issues of concern that may impact recovery and finding and coordinating a variety of services on the survivor's behalf. The case worker is also a central point of contact when the survivor needs assistance during the course of recovery.

2011 BEST PRACTICE STANDARDS:

- *SA Centers should have a staff person (or persons) designated to provide on-going case management services for clients.*
- *SA Centers should maintain a comprehensive and up-to-date resource manual that contains contact information and service agreements for each partner organization.*

"It's not just our physical needs that need to be taken care of after an assault; our emotional and spiritual needs need to come first."

LGBTQ CONTEXT:

- The majority of LGBTQ victims of sexual assault do not report their victimization or access the sexual assault service delivery system, often due to a fear of mistreatment or being "outed."
- Many LGBTQ individuals have lived in an atmosphere of societal disapproval, with fear of discovery and the ever-present possibility of discrimination, harassment and violence. Many societal institutions continue to reflect the disapproval or non-recognition of LGBTQ people, as evidenced in their policies, practices, programming and training priorities. These realities have implications for LGBTQ people's vulnerability to violence and their ability to find safe and supportive services.
- Case management is a process designed to support the well-being and self-sufficiency of all victims of sexual assault. It involves intake, identification of needs and potential barriers to addressing these needs, service planning, service plan implementation, service coordination, monitoring and follow-up, reassessment, case conferencing and case closure. Some LGBTQ victims of sexual assault will have fewer identified needs and will benefit from limited supportive case management. Many, however, have faced lifelong trauma in an often hostile society with few LGBTQ-supportive resources. They will require more comprehensive case management involving active

"We need a Hawaiian-based approach. If you want someone to come in and open up, you have to show – I mean really show – you're welcoming, that you want them to come in. And then you can form a relationship first, and from that comes trust, and then things are disclosed. They need to know that you really care about them."

advocacy and negotiation for a broad array of necessary community services related to safety and healing that traditionally may not have been open or welcoming to LGBTQ clients.

- Although combined into a single acronym "LGBTQ," lesbian, gay, bisexual, transgender and queer victims of sexual violence often have distinct life experiences and needs. Individuals who live in rural areas, immigrants, adolescents, the elderly, the homeless, those involved in street life and sex work, those who have challenging physical and mental health conditions, including substance use, and those who are detained or incarcerated all have unique experiences and needs, in addition to being LGBTQ, that may require special attention by case managers.
- Many LGBTQ individuals have encountered mistreatment in previous encounters with service providers and therefore approach such encounters with fear and mistrust. Homophobia, biphobia and transphobia permeate many of the agencies and institutions designed to help people feel safe and fulfilled in their lives. Many staff at these agencies lack the knowledge and skills to serve LGBTQ victims in a supportive and culturally competent manner.
- LGBTQ victims who continue to be vulnerable to violence and who face barriers to finding and accessing LGBTQ-affirming and supportive services are likely to leave the sexual assault service system, or not enter it at all.
- Case management staff that is welcoming of LGBTQ victims of sexual assault and able to provide confidential and culturally competent services is vital in establishing an agency's positive reputation among LGBTQ communities. This is especially true for transgender communities, where word of disrespectful treatment often spreads quickly, given their history of mistreatment by "the system."
- Transgender individuals have similar needs to other LGBTQ victims of violence. However, many have faced the most brutal forms of discrimination and violence, often on multiple occasions from childhood into adulthood, and frequently perpetrated by people in a position of authority. They also are more likely to experience unemployment, poverty, street life, sex work, substance use, incarceration, HIV infection and suicide than other LGBTQ communities. Identification documents often do not reflect their gender identity, which affects their ability to access housing, employment, education, and health and social services. Health providers often are unprepared for the fact that their bodies may look different from those of non-transgender persons, leading to further rejection, discrimination and refusal of services. Given these multiple challenging issues, case managers can assist transgender victims to navigate an often hostile societal, legal, health and social service environment by identifying their most pressing

needs, devising creative approaches to addressing those needs, and being prepared to engage in vigorous advocacy, alongside their client, to assure safety and an unobstructed path to healing and well-being.

- Many transgender victims express impatience with providers who are uninformed about transgender issues and lack cultural competency. They expect questions and discussion that focus on their identified needs and not on the provider's curiosity about "what it's like to be transgender."
- The 2013 reauthorization of the Violence Against Women Act (VOWA) requires that all VOWA-funded anti-violence programs provide equal access to all sexual assault, domestic violence, dating violence and other services regardless of a victim's actual or perceived sexual orientation or gender identity.

LGBTQ-ENHANCING RECOMMENDATIONS:

- Assure that sexual assault case managers receive comprehensive training related to providing informed and culturally competent services to LGBTQ victims of sexual violence.
- Assure that all those working with victims of sexual assault understand that any victim may be facing issues of sexual orientation and gender identity, whether they choose to share these aspects of their identity or not. Therefore, no assumptions about identity or relationships should be made. Language used with all victims should be gender-neutral when referring to sexual and other intimate relationships (for example, using "partner" rather than "boyfriend" or "husband") until clarified by the victim. Also, depending on the nature of the assault, the gender of a client's partner may or may not be relevant.
- Understand that LGBTQ clients may or may not wish to share their sexual orientation or gender identity with providers. Assure a clinical environment where a client's decision not to share is not due to fear of mistreatment or being "outed."
- Be prepared to provide comprehensive case management services to LGBTQ victims of sexual violence in order to ensure safety and promote healing and self-sufficiency.
- Assure that the case management site is safe and welcoming for all LGBTQ victims of sexual violence. This message can be conveyed through displayed posters, brochures, non-discrimination policies as well as a diversity of clientele and staff, explicit assurances of confidentiality, demonstration of culturally-competent care and programming, and an LGBTQ-welcoming staff.

"I don't think we can create the ideal system of matching every LGBT client to an advocate of the same experience. Instead we can directly say, 'Please let me know if you feel you've not been sensitively treated.' I mean, don't wait. Bring it into the room at the moment. Come out and ask, 'Have we met your needs or not?'"

- Assure that agency providers as well as providers in allied organizations provide culturally-competent care, including the use of preferred names and pronouns with transgender clients, the ability to screen for both bias and non-bias victimization, and recognition that each victim's identity and experience transcend that of simply being LGBTQ.
- Use intake forms that include options of identifying gender as "Male-to-Female (MTF) Transgender," "Female-to-Male (FTM) Transgender," "Intersex," and "Other," in addition to "Female" and "Male." Related to sexual orientation, options should include "Lesbian," "Gay," "Bisexual," "Heterosexual (Straight)" and "Other."
- Ask only questions that are relevant to assessing a client's needs and how to identify services that can meet those needs, and avoid those that reflect a provider's curiosity about LGBTQ issues but are not relevant to the needs and services being discussed.
- Service agreements for all third-party service partnerships should be formalized and include explicit assurances of nondiscriminatory, affirming and culturally-informed services for LGBTQ victims of sexual assault. All informal community referrals should assure the same degree of protection and affirmation.
- Maintain a resource manual that includes a comprehensive and up-to-date list of LGBTQ-supportive resources, services and providers.
- Be knowledgeable about LGBTQ agencies and services in the community, and actively work with them as allies to create trust between LGBTQ communities and the sexual assault service delivery system and to create collaborative approaches to assuring the safety and healing of LGBTQ victims of violence.
- Refer to The Network/LaRed's handbook: Open Minds Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors (Quinn, 2011) for a comprehensive resource on becoming an LGBTQ-friendly organization and on detailed guidance on providing advocacy and support to LGBTQ victims of violence. (Free copy available at www.tnlr.org.)

Personal Advocacy

WHY WE CARE:

Sexual assault may affect many aspects of a survivor's life, including work, family life, and relationships. For the advocate, assisting in the healing process involves the willingness and ability to address these issues in addition to the narrower emotional and mental well-being of the survivor. This often will involve connecting the survivor to other service providers in the community around issues related to housing/shelter, employment, financial matters, childcare, transportation, substance use and other mental health concerns.

2011 BEST PRACTICE STANDARDS:

- *SA Centers can facilitate the full recovery of survivors by coordinating the provision of services in the following areas: housing/shelter, employment/financial considerations, childcare, transportation, substance abuse, mental health, and case specific needs as designated by survivor.*

"I'm sure, if somebody called a sexual assault center they'd offer support. But if a caller was an MTF transgender victim with a deeper voice would they answer, 'Hello, sir.' A trans client might be afraid to show their ID, which might not show their actual gender. And would they be treated as the female they present themselves as, even if it's with a 5 o'clock shadow? Or are they going to use the correct pronouns? We worry about all these things."

LGBTQ CONTEXT:

- LGBTQ people, like other oppressed peoples, face a legacy of discrimination, criminalization, harassment and violence. In addition to increasing their vulnerability to sexual violence, it may also affect their ability to find housing and shelter, employment and financial stability, and to find and access supportive medical, mental health and social services—all necessary for the healing process to occur.
- Of all the LGBTQ communities, transgender communities often have been subjected to the most severe forms of discrimination and violence.

- Historically, LGBTQ individuals have been denied housing based solely on their sexual orientation and gender identity. At present, both state and federal law prohibit such discrimination, but denial of housing still occurs and many LGBTQ individuals are not aware of their housing rights. Some LGBTQ individuals continue to be denied access to domestic violence and sexual assault shelters based on their sexual orientation, birth-assigned gender and gender identity.
- Historically, LGBTQ students have been denied equal treatment and protection from harassment and bullying in school settings. Both state and federal laws prohibit discrimination and harassment based on sexual orientation and gender identity, but are not consistently enforced.
- Historically, LGBTQ individuals have faced discrimination in public accommodations based on sexual orientation and gender identity (including restaurants, hotels, transportation, clinics). State law prohibits such discrimination, but it still occurs.
- Detained and incarcerated LGBTQ individuals have increased protections related to sexual assault under the Prison Rape Elimination Act, yet sexual violence still occurs in these settings.
- Both LGB and transgender individuals serve in the military, but only LGB service members can do so openly. Transgender, along with LGB veterans have full access to veterans' benefits, including both medical and mental health services.
- For transgender individuals, identification documents are an important issue, since frequently the identified gender is inconsistent with their gender identity. Non-congruent ID can be a significant barrier to accessing services and can also increase vulnerability to discrimination and violence. Passports and social security accounts allow for a change in gender designation based simply on a physician's letter affirming that the individual has transitioned (not necessarily surgically). Gender designation on driver's licenses and state IDs are also relatively easy to change, while change of gender on birth certificates often continue to require evidence of gender-affirmation surgery, although the American Medical Association and other professional medical organizations oppose this requirement, likely leading to eventual policy change.

"The thing about queens: what it comes down to is really being willing to listen, not only what happened with the abuse, but other things, whether it be drug use, or street work, or past trauma or whatever."

- The ability to address the experience and needs of rural LGBTQ victims of violence can be especially challenging. These challenges may include having fewer support options due to the small size and relative invisibility of rural LGBTQ communities, geographic isolation, privacy and confidentiality concerns, greater rural conservatism, and reluctance of LGBTQ victims to reach out for support. At the same time, there are significant opportunities for addressing violence in creative and caring ways that reflect the strengths of rural communities. (See FORGE Webinar in Resource list.)

LGBTQ-ENHANCED RECOMMENDATIONS:

- Address not only the needs that victims face as a direct result of sexual violence, but also those factors that result in on-going vulnerability to violence and that create barriers to the healing process (including factors related to housing, education, employment, public accommodations, identification documents, access to health and social services, discrimination and the impact of homophobia, biphobia and transphobia on LGBTQ lives).
- Engage in robust advocacy when victims report unsupportive, disrespectful or discriminatory treatment by authorities and service providers, including approaching individual providers and/or their supervisors about concerns of mistreatment, or assisting clients in filing official complaints at the agency, local, state or federal levels. (See Quinn, 2011.)
- Challenge in a respectful but direct and timely way all homophobic, biphobic, transphobic or heterosexist comments and practices by staff or clients within one's own and allied agencies.
- Be familiar with the health, social service, housing, employment, educational, legal and other resources in the community that can assist in addressing the varying needs of LGBTQ victims of sexual violence.

Medical Advocacy

WHY WE CARE:

In the acute crisis phase, the crisis worker serves as medical advocate by providing the survivor information, support and safety during the medical forensic examination. However, there are often sexual assault-related medical issues that continue beyond the crisis phase, which may serve as barriers to accessing or full engagement in on-going therapeutic services. It is the role of the advocate to recognize and address these barriers, either resolving or ameliorating them, so that the survivor can more fully engage in therapy.

2011 BEST PRACTICE STANDARDS:

- *SA Centers should serve as a central point for survivors, and, in that capacity, provide on-going information and referrals related to the survivor's medical needs.*
- *It is important to provide direct assistance with any financial claims, forms, or procedures that the survivor needs to address.*

"LGBT people--and especially us transgenders--don't trust the health system—period. There is so much bad blood there. Health providers need a lot of training, mostly about respect and understanding where we are coming from."

LGBTQ CONTEXT:

- Most health care providers have received little or no training on the provision of relevant and culturally-sensitive health care to LGBTQ individuals, particularly those who are transgender.
- Many LGBTQ individuals have experienced discrimination, harassment, assault and other mistreatment by health care professionals and within health care systems.
- Fearing mistreatment or being "outed" by health care providers, or believing health professionals are not trained to provide appropriate LGBTQ health care, many LGBTQ individuals avoid accessing routine health care. Others access care but choose not to share their sexual orientation or gender identity with their provider, therefore receiving suboptimal care.
- The inability to access culturally-competent LGBTQ health care is directly related to susceptibility to sexual violence and the ability to heal following sexual trauma.

- All major professional medical organizations call for the respectful and culturally competent care of LGBTQ patients. They also recognize the need for increased training of health professionals and health care systems in the area of LGBTQ health care provision.
- Transgender individuals, especially, are in need of higher levels of health care, but are among the least able to access appropriate services. They have been pathologized by the health profession and often have been subjected to insensitive and abusive treatment and uninformed care. Many have been refused health care altogether and, therefore, have sought out transition-related and other health care outside traditional medical settings.
- Although transition care has not been covered by many insurance plans in the past, more and more are mandating coverage of transitions services, including gender-affirmation surgery, deeming them medically necessary. Medicare, the Veterans' Administration and a growing number of private insurance companies provide coverage for comprehensive transition-related medical services. The Affordable Care Act (ACA) is expected to further increase transition coverage for more transgender Americans.
- Transgender barriers to health care include:
    - ✓ Insurance companies' refusal to pay for "preexisting conditions": for example, prostate exams for transwomen, and breast cancer screening, pelvic exams, and mastectomy for transmen.
    - ✓ The ACA will help improve coverage for transition services but not everyone will be covered under the ACA.
    - ✓ Many are without insurance due to unemployment, low income, and gender-incongruous identification documents.
- There are several professionally-recognized protocols on how to provide comprehensive, culturally-competent health care to LGBTQ individuals. (See Resource list)

LGBTQ-ENHANCED RECOMMENDATIONS:

- In collaboration with LGBTQ-affirming community partners, develop a statewide list of LGBTQ-competent medical and mental health providers and health care settings where LGBTQ victims/survivors can receive welcoming, informed and comprehensive LGBTQ health care.
- Assist in developing LGBTQ cultural-competency training for health care providers and clinics in the community.

- Offer the option of having an LGBTQ-friendly advocate accompany victims to all medical visits, given the history of mistreatment of LGBTQ individuals by health care professionals.
- Offer to assist LGBTQ clients in contacting health providers or clinics to allay any patient concerns about their ability to receive respectful, culturally-competent care (for example, staff comfort and experience with LGBTQ patients and their openness to using preferred names and pronouns).
- With client permission, send letters of concern to all health providers and health settings that prove unable or unwilling to provide culturally-competent care. These should be accompanied by attached statements by professional organizations and published protocols supporting the provision of respectful and comprehensive LGBTQ health care.
- Transgender victims should be informed of medical and mental health professionals who can provide comprehensive trans-relevant primary health care, including services related to transition.
- Assist transgender clients in obtaining insurance coverage that will cover all transition-related services, since this is directly related to vulnerability to violence and the ability to heal.

Legal & Law Enforcement Advocacy

WHY WE CARE:

An advocate can provide reassuring assistance as a survivor accesses and navigates the legal and law enforcement systems. A critical role of the advocate is to assure that the various responses within the system remain survivor-centered at all times. Research has shown that survivors who understand the system, feel supported and feel that they are treated respectfully are more likely to participate actively in the legal process.

2011 BEST PRACTICE STANDARDS:

- *The provision of effective legal and law enforcement services requires cooperation and coordination among many service providers including the police, prosecutors, Victim Witness representatives, and the SA Centers.*
- *If the survivor does choose to file a PPO, the crisis worker, case worker, or victim witness representative should provide assistance and guidance throughout the process.*
- *If survivors are eligible for assistance from CVCC, state, or charitable organizations, the crisis worker, case worker, or victim witness representative should provide assistance, and help the survivor to understand and complete any necessary forms.*
- *For survivors who file police reports, it is a best practice to provide continuous support to the survivor throughout the legal process.*

"Some police are good and some are not. Overall, the police on this island are terrible, especially with how they handle domestic and sexual violence. It's all threats and power and control. As a whole, they're awful."

LGBTQ CONTEXT:

- Many instances of sexual violence experienced by LGBTQ victims represent hate-motivated crimes based on sexual orientation, gender identity, and other stigmatized aspects of identity. However, these crimes often are not charged as such. Hawai'i and federal law include both sexual orientation and gender identity in hate-crimes statutes. In addition, state and local jurisdictions receive federal funding to investigate and prosecute hate-crime cases.
- Most law enforcement and legal professionals receive little or no training about the experience and needs of LGBTQ communities, or how to provide culturally-competent care to LGBTQ victims of sexual assault and other forms of violence.

- LGBTQ communities have experienced discrimination, harassment, violence and other forms of mistreatment by law enforcement authorities and legal professionals. Many LGBTQ individuals therefore have little trust in law enforcement or the legal profession to assure their safety, bring about justice, or facilitate their healing process.
- Mistrust of police is a reason that most LGBTQ victims of sexual assault and other forms of violence do not report these crimes to law enforcement authorities.
- When sexual and other forms of violence have been reported, LGBTQ victims of violence often have felt re-traumatized by their interactions with law enforcement and the legal system. This has been especially true for transgender individuals.
- Because of the legacy of mistreatment by authorities, LGBTQ victims of violence have a need for immediate and robust advocacy at each step of the law enforcement and legal/judicial process.
- Given the distrust of the law enforcement and legal/judicial systems held by many LGBTQ victims of violence, and their unwillingness to report violence and access the established sexual assault response/service delivery system, some advocates have suggested exploring alternative means of seeking justice and promoting healing outside the criminal justice system. One approach would include the use of the traditional Hawaiian practice of hoʻoponopono and other forms of restorative justice.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Inform victims that hate-motivated sexual and other forms of violence based on sexual orientation and gender identity are addressed by both state and federal laws and should be charged and prosecuted as such by law enforcement and legal professionals.
- In collaboration with community partners, develop a statewide list of LGBTQ-supportive attorneys and other sources of legal support. (Many of the life issues faced by LGBTQ individuals involve being subjected to discrimination and violence beyond the immediate experience of sexual assault but that are directly related to their vulnerability to future violence and the ability to heal.)
- Identify and train LGBTQ-friendly advocates to accompany LGBTQ victims to all encounters with law enforcement and attorneys throughout the legal process, as felt appropriate by the client.

- Assist victims in filing official complaints if they feel they have been mistreated or discriminated against in their encounters with law enforcement or the legal system.
- Assist in arranging cultural-competency training for law enforcement and legal professionals working with LGBTQ victims of violence.
- Join with community partners to explore creating alternative paths to justice and healing for LGBTQ victims, including hoʻoponopono and other forms of restorative justice. (This addresses the reality that the majority of LGBTQ victims of violence are unwilling or unable to report their victimization or access supportive services through the established sexual assault response/service delivery system.)

Supportive Counseling & Therapy

WHY WE CARE:

Supportive counseling and/or therapy are a crucial part of the healing process, while recognizing that survivors of differing cultures may seek alternative routes to healing. Goals may include gaining an understanding of both the short and long-term impact of sexual violence on survivors' health and well-being and on other aspects of their lives. Coping strategies are explored and supported. Having these discussions in a caring and supportive survivor-centered manner can promote healing and reduce the emotional and psychological impact of the assault.

2011 BEST PRACTICE STANDARDS:

- *It is important for the SA Centers across Hawai'i either to house appropriate support/ counseling personnel and/or maintain formal agreements with personnel or organizations in the community that can provide these services.*
- *Supportive counseling and therapy services include personal interaction with the client either at the Center's facilities, at a location agreed upon by the client and counselor, or over the telephone.*
- *Therapy services may last from three months to several years, with therapists determining the appropriate duration of services based on each client's individual needs.*

"It's all about respect. Be open to listening to and learning from the stories of your clients. It's not just about the sexual assault. It's about the whole life experience, about non-acceptance, about oppression and being open to talk about all those things. This may be the only time in a person's life when they're able to do that, and I think that's part of the healing process. So I think this manual is not optional reading."

LGBTQ CONTEXT:

Culturally-competent care:

- Following sexual violence, therapeutic approaches generally involve 1) identifying strategies to maximize safety, 2) helping the client move from a place of shame and self-blame to recognition that what took place was pure violence in which he or she shares no blame or responsibility, and 3) establishing a supportive and nurturing community. (See VAWnet.com for further discussion and resources.)

- Cultural competency includes: 1) Self-awareness (“How do I feel about LGBTQ people, and how do my feelings affect my ability to provide services and care?”); 2) Knowledge (“What are the effects of oppression on LGBTQ people and how is it related to their experience of violence and their ability to access meaningful services and care?”); and 3) Skills (“What approaches can be used to demonstrate affirmation, compassion, and worthiness of trust, so that a client will allow a provider to join them on the path toward healing?”) (See VAWnet for a more detailed discussion.)
- Counselors and therapists already possess the understanding and skills to provide compassionate, affirming and supportive care to victims of sexual violence. In order to provide culturally-competent care there is an additional need to understand a community’s experience in historical and sociological terms, and how this experience affects vulnerability to violence, challenges and needs, and paths to healing.
- Welcoming, affirming messages in the clinical setting will help bring people in for needed services. These might include LGBTQ-specific brochures, posters, magazines, programming, visible LGBTQ staff and clientele, and simple demonstrations of respect and welcome such as the use of preferred names and pronouns and the genuine warmth of staff toward LGBTQ clients. This is especially important for those people who historically have been denied such services or made to feel unwelcome.
- Choosing appropriate words and language is not a matter of political correctness, but is how we show respect, compassion, affirmation, and understanding. They become a part of the healing process.
- Gender-neutral language (for example, using “partner” or “spouse” instead of “husband” or “wife”) gives the message that a provider makes no assumptions and is open to all possibilities around relationships.
- It is important to use preferred names and pronouns with transgender clients, not only in direct interactions but also in discussing clients with colleagues.
- Sexual orientation and gender identity may not be a primary concern for some LGBTQ victims of sexual violence. For others, it may be of central importance. Respectful, affirming conversations about these matters, with appropriate assurances of confidentiality, will clarify whether these are important issues and whether the client wishes to address them in counseling or therapy.
- Some people that others might consider LGBTQ may not use these labels or identify with LGBTQ communities.

Legacy of Oppression:

- LGBTQ people encounter homophobia, biphobia and transphobia and heterosexism in all aspects of their lives, at societal, organizational and individual levels. These prevailing forces increase the vulnerability of LGBTQ people to violence and decrease their ability to seek and find supportive services.
- Many LGBTQ people do not seek out supportive counseling or therapy because they fear blame, ridicule, harassment, disbelief or other mistreatment by care providers. These fears are justified.
- The fear associated with coming out, or being "outed," is often profound—a sense that the world as one knows it may forever change, with a loss of friends, family, community, and even one's own life—and often limits LGBTQ individuals' willingness to report victimization or access supportive counseling or other services.
- Many LGBTQ individuals, being raised in an often non-accepting and hostile world, experience their own internalized homophobia/biphobia/transphobia, feeling they are sick, sinful, perverted and unworthy of safety, respect or love. Experiencing sexual and other forms of violence, with little evidence of societal concern or support, may serve to reinforce these feelings.
- LGBTQ victims of violence face the stigma of sexual assault in addition to that of being LGBTQ in an often virulently homophobic society. Some, too, face other layers of stigma, including those related to race, ethnicity, ability, gender, immigrant status, socioeconomic status, incarceration, involvement in sex work and many others.
- LGBTQ people may lack the words and conceptual frameworks to name or describe the sexual violence they may have experienced, since conversations around sexual violence seldom occur in LGBTQ communities.
- Many LGBTQ victims may decide not to access counseling through the sexual assault service delivery system. This is a valid choice, but hopefully is made as a matter of personal preference, and not for fear of mistreatment by the established system of care.

Issues to Anticipate in Counseling:

- Shared across LGBTQ communities:
  - ✓ As with other victims, there is often a deep sense of shame, guilt, fear and self-blame.

- ✓ Many fear being mistreated or "outed" by providers, or being pressured to make a police report or to discuss personal aspects of their lives they do not wish to share.
- ✓ If the sexual violence was hate-motivated, the attack is not only physical, but goes to the very essence of who one is as a human being, an attack on one's identity.
- ✓ Being LGBTQ is often just one aspect of a person's identity, although often a very important one. But many other aspects of identity intersect with sexual orientation and gender identity in ways that demonstrate the complexity of individual lives, and the importance of addressing the individual as a whole person, rather than simply in terms of their LGBTQ identity.
- ✓ In same-sex sexual violence, victims may be uncertain what sexual violence (or domestic violence) looks like, how to negotiate sexual boundaries, or how to create and maintain healthy relationships, since these discussions seldom take place within LGBTQ communities.
- ✓ Sexual assault may raise concerns about physical and sexual health issues, including the ability to experience and share intimacy with others.
- ✓ Sexual assault may raise mental health issues such as anxiety, depression, PTSD, substance use, and self-harm.
- ✓ Expect that, like others, LGBTQ people may be monogamous or part of the "hook-up" culture, BDSM culture, or other "scenes." Make no assumptions. Whatever a client's life choices, the goals are safety and personal responsibility.

- Regarding transgender sexual assault victims: (See FORGE Webinars)
  - ✓ Transgender individuals often have faced the most brutal forms of societal disapproval and punishment, including rejection, discrimination, harassment, violence and murder. These have come, at times, from institutions pledged to protect safety and promote well-being. Transgender individuals often have felt re-traumatized by the experience of reporting violence or seeking services. This has led many to distrust "systems" and those who say they want to help, making the building of trust one of the most important aspects of working with transgender clients.
  - ✓ Addressing issues of sexuality and gender (identity, relationship with their bodies and with others, trust) may be especially complex when taking place in the context of repeated sexual and other trauma, and other betrayals of trust.

- ✓ Many transgender people feel that most professionals have very little training about working in a culturally-competent manner with transgender clients, and therefore lack the appropriate attitudes, understanding or skills to provide relevant support. (Many also feel that it is not their job to educate uninformed providers in crisis and other help-seeking settings.)
- ✓ Often survival in the here and now (safety, shelter, food, money) is seen as more important than a medical-forensic exam or counseling.
- ✓ Negotiating the intricacies of sexuality, intimacy and health can be especially challenging for those who have experienced repeated instances of sexual and other violence in their lives. This violence may have been hate-motivated or perpetrated by someone they trusted and loved. For transgender persons there are additional issues of gender identity, possible body dysphoria, and the general lack of information and visible role models related to healthy relationships. (See FORGE Webinars)
- ✓ Other issues of possible concern and potential discussion:
  - Accessing transition services (See Resource Section in Appendix)
  - Effects of transition on fertility and on physical and mental health
  - Effects of transition on clients' partners, children, friends
  - "Passing" as male or female
  - Discomfort related to their bodies and identity, and often lacking the words to explain to counselors and health providers how they feel
  - Confusion around the reasons for being targeted (gender identity or expression, race, other factors)
  - "Coming out"
  - Risk behaviors around sex, substance use, self-harm and transition treatments accessed on the streets, such as silicone injection and unauthorized hormones
  - The experience of sex work
  - The experience of incarceration

- Regarding lesbian sexual assault victims:
  - ✓ If the sexual violence was perpetrated by another woman, including possibly by an intimate partner or spouse, there may be a deep sense of betrayal not only by that individual, but by the broader lesbian community as well.

- ✓ If sexual violence was perpetrated by another woman, it may lead to questioning one's sexuality, relationships, and place within the lesbian community.

- Regarding gay male sexual assault victims:
  - ✓ Many men may minimize or deny the impact of the assault.
  - ✓ Some may see sexual assault as "coming with the territory" of being gay.
  - ✓ In the context of same-sex assault, a victim's sense of masculinity may be diminished.
  - ✓ Sexual assault may raise uncertainty or conflict about their sexual identity, especially if early in the coming out process.
- Regarding bisexual sexual assault victims:
  - ✓ "Invisibility" as a bisexual person and non-acceptance by both LGBTQ and straight communities may result in few supports in times of crisis.

Special Populations:

- LGBTQ individuals in the military face unknown but likely heightened risk of sexual violence. Although LGB individuals may now serve openly, disapproval of LGBTQ people in the military is still widespread and may limit the reporting of sexual assault to military authorities and accessing services. Transgender service members are still not allowed to serve openly in the military but are present in significant numbers. Reporting sexual assault could possibly "out" them, leading to their discharge from the armed forces and other negative consequences.
- Detained and incarcerated LGBTQ individuals, particularly those who are transgender, face extraordinarily high rates of sexual violence. They have few advocates and those who are responsible for their safety are often indifferent to their plight or feel they deserve the violence they experience. Although the Prison Rape Elimination Act has established improved safeguards, the risk of sexual violence faced by detained and incarcerated LGBTQ people is still extremely high.

LGBTQ-ENHANCED RECOMMENDATIONS:

Knowledge

- Understand the historical, political, and cultural forces that have influenced LGBTQ communities in Hawaiʻi and on the continent. These often involve the intersection of homophobia, biphobia, transphobia, heterosexism and other forms of intolerance that increase LGBTQ vulnerability to sexual and other forms of violence.

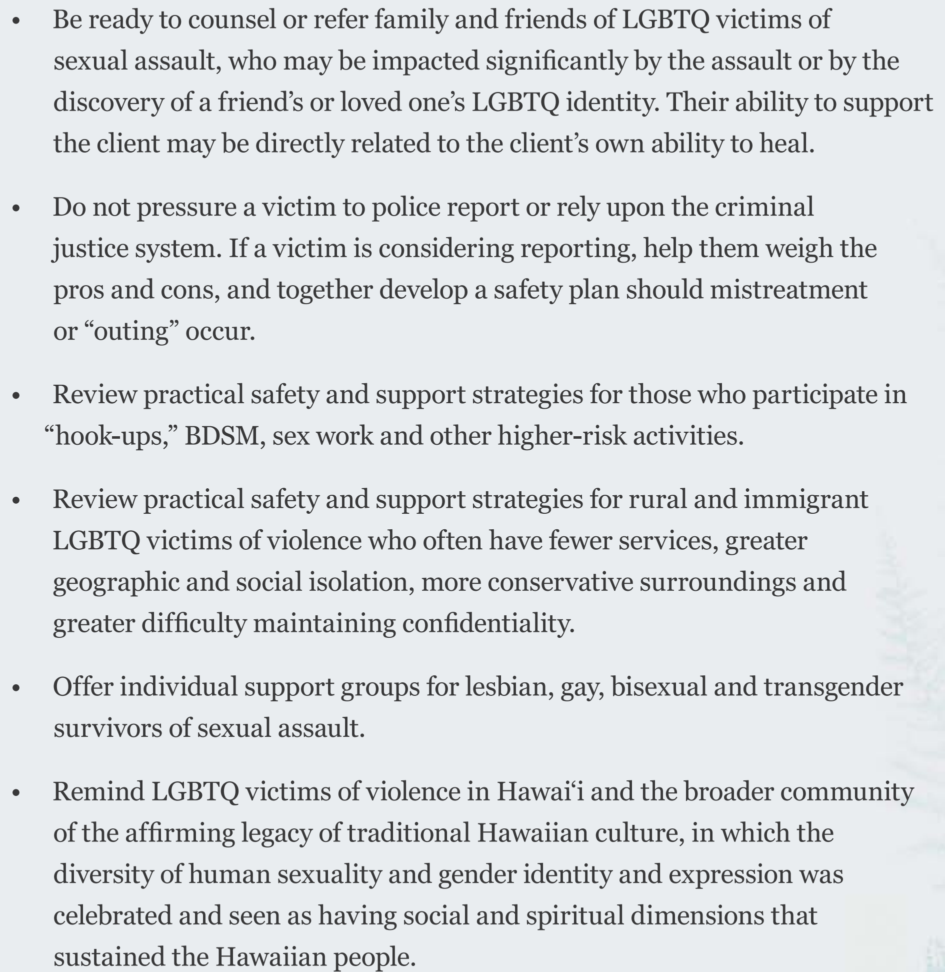
- Recognize the diversity of LGBTQ communities and the importance of not making assumptions about an LGBTQ individual's experience or needs based on his or her sexual orientation or gender identity.
- Become familiar with available community resources that are supportive of LGBTQ victims of violence.
- Become familiar with the special issues and challenges that arise for LGBTQ victims who have experienced sexual violence in the contexts of "hook-up" and BDSM cultures, detention and prison settings, sex work, the military, immigrant and rural communities, and other settings and subcultures. (See Resource list).
- In working with transgender clients, address the complex issues related to sexuality and gender faced by transgender victims, including identity, relationships, behaviors and sexual health. (See FORGE webinars)
- In working with transgender clients, become familiar with local transgender (māhūkāne and māhūwahine) cultures, history, mores and expression, in order to achieve understanding, demonstrate respect and invite trust.

Attitudes

- Engage in personal introspection, examining how feelings and beliefs about LGBTQ people (for example, one's degree of comfort with and acceptance of same-sex attraction and gender diversity) may affect the ability to provide supportive services.
- Make no assumptions based on stereotypes of what LGBTQ people are like: their appearance, mannerisms, interests, relationships, sexual practices, life experiences, needs, strengths. Listen for understanding of their individual lives.
- Consider and treat LGBTQ victims as whole people, with complex identities and diverse experiences, not simply through the lens of their sexual orientation or gender identity. On the other hand, being LGBTQ may be one of the more important parts of who they are, and key to understanding the meaning and impact of trauma in their lives, and possible paths toward healing.
- Refrain from expressing judgment or blame, no matter in what setting or circumstance the sexual assault took place, and reaffirm that what occurred was violence and that it resulted in harm to the client.

Skills

- Consider adopting a “talk story” approach with LGBTQ clients, particularly those who are transgender, being open to learning about the breadth of their life experience (discrimination, rejection, past instances of violence and trauma, sources of support, examples of strength and resilience), not solely about the instance of sexual violence that led them to seek support. At the same time, clients should not feel pressured to share any more than they wish or are ready to share.
- Use inclusive gender-neutral language with all clients until the client identifies the words that best reflect their identity and relationships.
- In working with transgender clients, use clients’ preferred names and pronouns, not only in direct client-provider interactions but also in consultation with colleagues.
- Ask questions that are relevant to the services sought by the client, including those related to safety and healing, which may or may not include issues related to sexual orientation and gender identity. Being LGBTQ is an important part of the lives of many LGBTQ people. It is often implicated in the oppression, discrimination and violence that have been a defining aspect of their lives. At the same time, it is important to avoid questions that are asked only to satisfy a provider’s curiosity or educational needs, but are not related to the needs of the client.
- Be prepared to address issues that may affect a client’s ability to remain safe and to heal: an individual’s degree of self-acceptance as LGBTQ, mental health issues (depression, anxiety, PTSD, substance use), the experience of coming out, degree of job and financial security, how other aspects of their identity intersect and interact with their LGBTQ identity, their sources of support, the quality of their relationships, their sense of safety in the home and community, their personal experience of resilience and many others.
- Be prepared to discuss legal, medical, mental health, cultural, spiritual and other resources that might facilitate safety and the healing process.
- Explore creative approaches to addressing issues of safety and healing with LGBTQ clients, many of whom have faced a life of oppression, discrimination, violence and betrayal of trust (See VAWnet in Resource list). Draw upon the natural resilience many have shown in surviving, and often thriving, in a homo/bi/transphobic world.
- Connect the client to LGBTQ-friendly and culturally-competent medical and mental health providers, substance use treatment programs and other social services in the community, as needed.



- Be ready to counsel or refer family and friends of LGBTQ victims of sexual assault, who may be impacted significantly by the assault or by the discovery of a friend's or loved one's LGBTQ identity. Their ability to support the client may be directly related to the client's own ability to heal.
- Do not pressure a victim to police report or rely upon the criminal justice system. If a victim is considering reporting, help them weigh the pros and cons, and together develop a safety plan should mistreatment or "outing" occur.
- Review practical safety and support strategies for those who participate in "hook-ups," BDSM, sex work and other higher-risk activities.
- Review practical safety and support strategies for rural and immigrant LGBTQ victims of violence who often have fewer services, greater geographic and social isolation, more conservative surroundings and greater difficulty maintaining confidentiality.
- Offer individual support groups for lesbian, gay, bisexual and transgender survivors of sexual assault.
- Remind LGBTQ victims of violence in Hawai'i and the broader community of the affirming legacy of traditional Hawaiian culture, in which the diversity of human sexuality and gender identity and expression was celebrated and seen as having social and spiritual dimensions that sustained the Hawaiian people.

X. General System Coordination & Training

System Coordination

WHY WE CARE:

System coordination is a vital component of service delivery. A goal of system coordination is a seamless delivery of services that assures continuity of care and that are comprehensive and survivor-centered. A coordinated system of care means that all disciplines responding to a sexual assault are communicating with and learning from each other, with the victim/survivor being at the center of and actively involved in this conversation. If the system works well, it empowers survivors to take back control of their lives and make their own decisions about the care and services they receive.

2011 BEST PRACTICE STANDARDS:

- *Mutually accountable agreements and documented guidelines should be developed whenever possible to ensure a "continuity of care" even when there are changes or fluctuations in an organization's personnel and/or internal procedures or policies.*
- *Information should flow freely and efficiently between the survivor, medical personnel, legal personnel, and the SA Centers as illustrated by the interdisciplinary model.*
- *As recommended best practice, the survivor should be immediately informed of all options available to them so they can make their own decisions about what will lead them back toward a feeling of personal empowerment.*
- *The SA Centers to have the authority to initiate a forensic exam and activate a SAFE.*
- *Formal guidelines and procedures should be established when at all possible to maintain and enhance more informal working relationships to strengthen the efficiency and effectiveness of these more formal agreements and protocols.*

"Professionals working with LGBTQ individuals in all settings–police, crisisline workers, advocates, counselors, the legal system, correctional settings, schools, health providers—need to develop performance standards specifically around working with LGBTQ individuals."

LGBTQ CONTEXT:

- "Systems" (institutions, organizations, and agencies -- and those individuals who work within them) often reflect prevailing societal attitudes, beliefs, and mores.

- Historically, as well as at the present time, there is a prevailing societal disapproval and sometimes hatred of LGBTQ people.
- This societal disapproval becomes reflected in laws, ordinances, administrative directives, policies, procedures, rules, regulations, and the "common understanding" and shared beliefs of communities that affect LGBTQ people each day of their lives. Many of these increase the vulnerability of LGBTQ people to violence and decrease their ability to find and access supportive services.
- Even agencies and organizations dedicated to helping people in need have not always opened their doors to LGBTQ people and have sometimes met them with disapproval, harassment and violence.
- The sexual assault response/service delivery system, if it is to meet its goals of providing compassionate, comprehensive, coordinated and efficient services, must be safe, affirming and capable of delivering culturally-competent services to LGBTQ victims in each component of the system. If it is not, it will continue to be inaccessible to many LGBTQ victims and will share in the responsibility for their continuing victimization.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Provide respectful, nondiscriminatory and culturally-competent services to all LGBTQ victims of sexual violence. This is the kuleana of all component partners of the sexual assault response/service delivery system, as well as allied programs and service providers.
- Provide opportunities to LGBTQ victims of sexual violence to give formal feedback on their experience of receiving services from all components of the sexual assault response/service delivery system, and from other agencies to which they have been referred, including whether they feel these services were safe, respectful, informed and culturally competent.
- Discuss on an annual basis improvements made in the provision of care to LGBTQ victims of sexual violence. This conversation should take place among all sexual assault response/service delivery partners.
- Identify any gaps in services for LGBTQ victims of sexual violence, or special challenges in providing services, and develop action plans to address these issues. All partners in the sexual assault response/service delivery system should participate in this process.

Training

WHY WE CARE:

Training is vital for all sexual assault service providers, in all disciplines that respond when a sexual assault has occurred. This includes law enforcement, crisis-line staff, crisis workers, counselors, therapists, health care professionals and member of the legal profession. Training is essential in order to provide informed, comprehensive and survivor-centered services. Although financial resources for training are limited, there are creative ways to provide training by sharing resources and expertise across organizations and creating shared training opportunities.

2011 BEST PRACTICE STANDARDS:

- *Organizations should include training costs in their operating budgets and search for outside funding, to support both basic sexual assault sensitivity training and more task specific training (e.g. forensic examination and "chain of custody" procedures, etc.)*

"We desperately need training for everyone on working with LGBT people—from the ground up—law enforcement, advocates, medical professionals, mental health providers, everyone. They clearly don't know what to do, no cultural competency, and that's why we stay away."

LGBTQ CONTEXT:

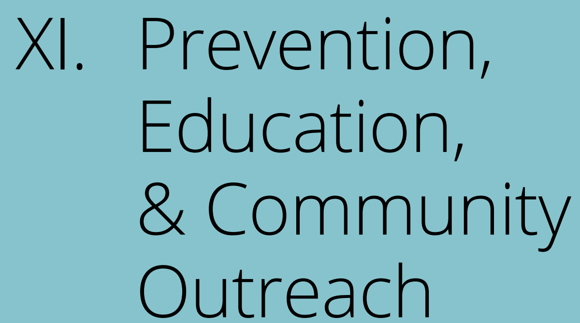
- Most professionals have received little or no training related to working with LGBTQ people. They are least likely to have received training related to those most likely to have experienced sexual violence: bisexual and transgender individuals.
- Many LGBTQ victims of violence do not report victimization or access services because they feel law enforcement, health, social service, legal and other professionals lack training and expertise, resulting in insensitive or traumatic interactions or the provision of uninformed services and care.
- Most professionals want to serve and support LGBTQ individuals in need but admit they lack the knowledge and skills to do so respectfully and effectively.

"I know it's not possible to have everyone trained as experts in LGBT care but you can train everyone in respectful treatment and to be knowledgeable about referral resources."

- Training usually addresses 3 areas: knowledge, attitudes and skills.
    - ✓ **Knowledge** includes such area as terms and concepts related to sexuality, sexual orientation, gender identity and gender expression; the impact of oppression, discrimination and violence on LGBTQ individuals and communities; the specific safety, health, social, and legal needs of LGBTQ individuals; the challenges they face and the resilience they display; and the need for informed and robust advocacy.
    - ✓ **Attitudes** examine such questions as, "How do I feel about LGBTQ people and how do these feeling affect my ability to provide service and support?"
    - ✓ **Skills** provide practical approaches to working with LGBTQ people that demonstrate acceptance, respect, knowledge and worthiness of trust.

LGBTQ-ENHANCED RECOMMENDATIONS:

- All partners in the sexual assault response/service delivery system should receive comprehensive and on-going training on the delivery of affirming and culturally-competent services to LGBTQ victims of sexual violence. (See Resource list for sites with model training curricula.)
- Conduct specialized LGBTQ cultural competency training for all law enforcement officers, detectives, crisis-line staff, crisis workers, forensic examiners, advocates, counselors, therapists and legal/judiciary officials and staff.
- Conduct general LGBTQ cultural competency trainings for all agency administrators, staff, "new hires," volunteers and board of director members.
- Place a strong emphasis on training related to the specific experiences and needs of transgender victims, given that they often experience the most egregious forms of societal and institutional disrespect and the most brutal forms of harassment and violence.
- Assure that trainings are mandatory and occur on a regular basis.
- Include the participation of representatives of LGBTQ communities both in curriculum development and in the presentation of all trainings.
- Encourage all allied providers in the community who provide services to victims/survivors of sexual assault to conduct comprehensive and on-going LGBTQ trainings within their agencies and organizations.



XI. Prevention, Education, & Community Outreach

General

WHY WE CARE:

Prevention, education and community outreach are central to service delivery. They are as essential as crisis intervention and therapy, since the best services in the world are not helpful if survivors are not aware of them and do not access them. Multiple strategies need to be employed because of the diversity of Hawai‘i's people. No one strategy or approach will work for all communities.

2011 BEST PRACTICE STANDARDS:

- *SA Centers should provide a balance of outreach and intervention services.*
- *SA Centers should engage in a variety of outreach services that reach community members of all ages.*
- *SA Centers should maintain consistency in outreach programming.*

"The message we give to our LGBT community on this island is, 'Stay in the closet, put your rainbow flag away, don't hold hands'; all these are things that push people back into a place of their own internalized homophobia, their own perspective that 'I'm not a valuable individual.' And it affects our helping agencies too. The staff of my agency will say, 'We're not a gay agency. Please don't tell people we're a gay agency.' I'm embarrassed by this. We are a gay agency! We're a straight agency. We're a 'little people' agency, a people-who-don't-have-sex agency, a people-who-do-have-sex agency. We're all of these things! As soon as you start saying, 'You can't say that,' you reinforce the idea that maybe you aren't ok."

LGBTQ CONTEXT:

- Advocacy on behalf of LGBTQ victims of sexual violence must occur at both individual and community levels. Individual victims benefit from the safety and support provided by advocates and counsellors in the aftermath of personal trauma. At the same time, like other marginalized and stigmatized populations, the reason LGBTQ communities face high rates of violence and decreased access to supportive services is largely due to societal oppression. Therefore, at a foundational level, advocacy work on behalf of LGBTQ victims of sexual violence must become social justice work, and requires a commitment to challenge societal homophobia, biphobia, transphobia and heterosexism at multiple levels and on many fronts.

- Most sexual assault and other anti-violence agencies and organizations have been reluctant to be seen as front-line advocates for LGBTQ victims of sexual assault, despite the extraordinarily high rates of sexual assault among some segments of LGBTQ communities. This is often due, in part, to fear of negative reactions from the public, funders, sponsors, clients, volunteers, board of director members, community collaborators and others. It also may reflect an underlying institutional homophobia, biphobia and transphobia.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Anti-violence organizations should openly and confidently present themselves as LGBTQ allies and advocates, not only through providing excellent clinical services, but also by being visibly and actively involved in front-line efforts to end oppression and discrimination against all vulnerable populations, including LGBTQ people.

Prevention & Education

WHY WE CARE:

Education provides an opportunity to challenge and change the attitudes and behaviors that support or tolerate sexual violence. It is important that education be provided both to the younger generations through age-appropriate school curricula, as well as in multiple venues and through multiple approaches throughout the broader community.

2011 BEST PRACTICE STANDARDS:

- *Prevention education programming should be available in all schools and be based on age-appropriate curricula.*
- *Prevention programs should target a range of community-based delivery locations, including schools.*

"It was the acceptance of my grandmother, who laid down the law and wrote the rules and definitely wouldn't allow anybody to call me the wrong name or condemn me or make me feel I wasn't a part of the family. She just said, 'This is her. Accept her. And love her anyway.' I wasn't a different person. I still was the same person."

LGBTQ CONTEXT:

- Youth are the perpetrators of most hate crimes against LGBTQ people, including sexual violence.
- In most schools, LGBTQ people are "invisible" in school curricula and student program planning. Curricula focused on diversity and respect of others usually do not mention LGBTQ communities specifically, even though they are among the most at risk for violence on and off campus, especially those who are transgender or who have gender-atypical expression. This silence within the educational system allows prevailing homophobic, biphobic and transphobic attitudes to go unchallenged, leaving LGBTQ communities even more vulnerable to violence.
- Research shows that LGBTQ students in supportive schools are happier, healthier and less subjected to violence than their peers in non-affirming, non-supportive schools.

"Our tourist bureau, our churches, everyone knows that this island is a dangerous place for LGBT people. But they do nothing to change that—the physical violence, the sexual violence that happens here. They don't want people to know that bad things happen here. A powerful thing would be to get the message out through newspapers, radio, TV, online: 'Let's make our island safe for our LGBT sisters and brothers!' That would be so helpful. And the first step is to talk about it openly and confidently."

LGBTQ-ENHANCED RECOMMENDATIONS:

- Work with school administrators, curriculum specialists, Board of Education members, LGBTQ organizations and others to assure that LGBTQ students are recognized and the risks they face addressed through LGBTQ-affirming curricula and student support services, such as Gay-Straight Alliances.
- Assure that sexual assault prevention curricula presented in schools and other community settings specifically and routinely provide same-sex examples, and specifically identify LGBTQ individuals as among those deserving respectful treatment by students, teachers, other school staff and the broader community.
- Challenge all instances of individual or institutional displays of homophobia, biphobia, transphobia and heterosexism, using the opportunity as a "teachable moment" to raise awareness of these issues and the harm they cause.

Community Awareness & Outreach

WHY WE CARE:

Community outreach helps assure that those individuals and institutions that may be in a position to support victims of sexual assault (schools, churches, community groups, special populations and the general public), understand the nature of sexual assault and how they can support victims of sexual violence. It also informs victims and survivors directly about the support services available in their communities and how to access them.

2011 BEST PRACTICE STANDARDS:

- *SA Centers should actively engage in outreach to community partners that are, or have the potential to, interface with victims of sexual assault.*
- *SA Centers should promote awareness of sexual assault among the general public in a variety of ways, including partnering with the media and offering training and technical assistance to other community service organizations.*

"I think it would be helpful if the sexual assault agencies worked along with places like the Life Foundation or Kulia Na Mamo....Especially if an agency representative came to the Life Foundation and talked to our executive director and said, 'Do you see sexual assault in the LGBTQ communities happening?' And make our staff aware of it as well. Then if you're in a counseling session with a transgender person, and they say this or this is going on, then 'Oh. Well, I have a friend at the sexual assault agency and she's great, a really good person'.... Or say, 'We have a close connection with this agency'.... Or vice versa, if a transgender person calls you at the sexual assault center or one of your people recognize that it is a transgender person, you can use Life Foundation or any of us as a referral and, like, 'Oh, yeah, you know Auntie So-and-so? Well, I know Auntie, too.' And then say, 'We work closely with them. It's them you'd want to talk to. We can make that connection for you, so that you feel safe and we can get you what you need. What was done to you was not right.' It could be a good collaboration."

LGBTQ CONTEXT:

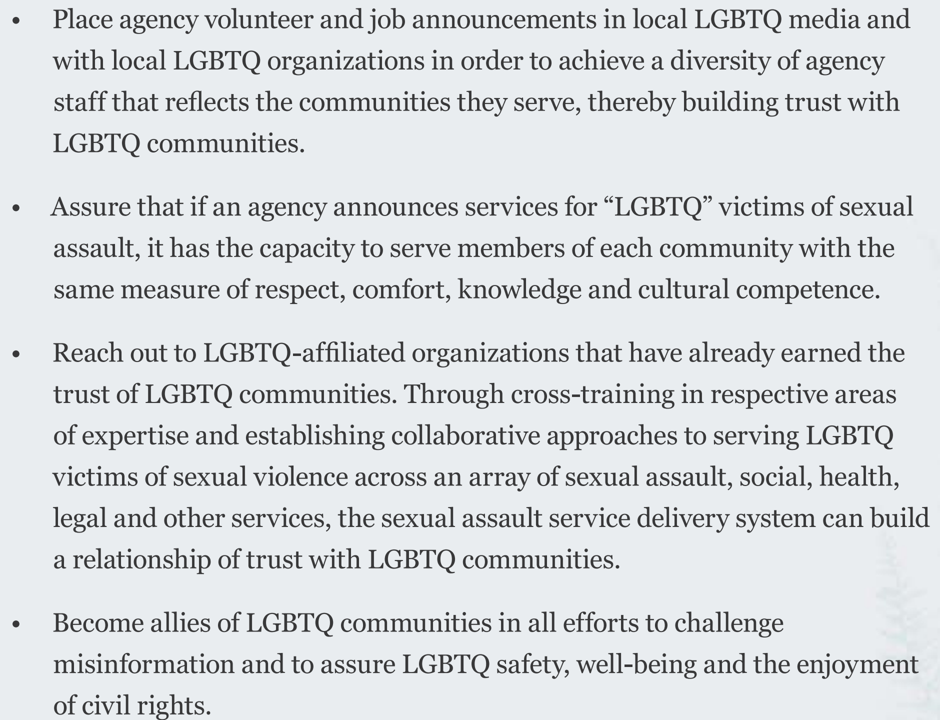
- Both within LGBTQ communities and broader society there is little awareness of or discussion about sexual victimization of LGBTQ individuals or available support services.
- In the past, outreach to LGBTQ communities by many anti-violence organizations either has been tentative and "in the shadows," or non-existent.

- Outreach to LGBTQ communities is not simply a matter of advertising services through LGBTQ media or setting up information tables at community events. In order to overcome a legacy of neglect and mistreatment, it must include a public and genuine invitation to LGBTQ victims to access services and a pledge that an organization is committed to providing services that are respectful, informed and culturally competent.
- Before outreach is initiated, agencies must be certain that they have the individual and organizational capacity to serve LGBTQ clients in a meaningful way. This is especially important when outreach means asking LGBTQ communities to trust and believe in the sincerity of systems of care that traditionally have ignored or turned them away or caused them harm. Therefore, organizations need to conduct a formal assessment of their readiness to serve LGBTQ clients. Within organizations, individual providers need to feel motivated to support LGBTQ clients and be provided the knowledge, skills and resources to do so effectively. At an organizational level, structures, policies, procedures, and programming should all reflect and facilitate an agency's robust commitment to serving all LGBTQ victims of sexual violence. Once an organization has conducted a self-assessment, and carried out an action plan to correct identified deficits, outreach should begin.
- Outreach to LGBTQ communities is more difficult if an organization is perceived to be "women-only" or "women-focused." If organization-sponsored literature, websites, presentations, newsletters and reports primarily use "she" and "her" in referring to sexual assault victims/survivors, a message of exclusion is perceived by many gay and bisexual men and transgender persons. If the word "lesbian" does not appear in agency messages, lesbians may be uncertain if, even though women, they will receive respectful and supportive services.
- Many LGBTQ individuals are well-integrated into general society. Many are not connected with or may not identify with more visible and organized aspects of LGBTQ communities, including LGBTQ-associated organizations, media, websites, apps or social and cultural activities. Outreach to these individuals must occur outside traditional (and often stereotyped) LGBTQ venues.
- Organizations can enhance their reputation by collaborating with organizations that are already well-respected and trusted by LGBTQ communities, and by proving over time that they have the knowledge, attitudes and skills to provide respectful, informed and culturally-competent services and care.

"People do respond to images and messages. If you see ads for a sexual assault agency that include same-sex women or men, those messages are really strong. It tells me that you are skilled in dealing with people like me. Those messages are really strong for all of us. We take those visuals in without realizing it, knowing which services we can access safely."

LGBTQ-ENHANCED RECOMMENDATIONS:

- Acknowledge both female and male victimization in all outreach messages, in all settings and with all audiences.
- At an agency level, engage in a formal assessment of individual and organizational capacity to serve LGBTQ clients. Initiate a plan to address any identified deficiencies in providers' knowledge, attitudes and skills and in organizational structure, policies, procedures, programs or practices. This essential activity should precede formal outreach efforts. (For two model agency self-assessment tools, see M. Quinn, 2011)
- Increase awareness of and knowledge about sexual violence experienced by LGBTQ communities through a variety of outreach activities. These should be directed both to the general community as well as to LGBTQ communities. Special outreach focus should be on those who serve as access points to the sexual assault response/service delivery system, including police, crisis lines, teachers, social service and health providers, and religious and other community leaders.
- Bring outreach to LGBTQ communities "out of the shadows," conducting it visibly, confidently, and with pride in being a role model for other community organizations.
- Specifically identify LGBTQ people as among communities served on agency websites, and in brochures and newsletters.
- Create local Hawai'i-focused brochures, DVDs and other resources on LGBTQ sexual violence, in collaboration with LGBTQ-affiliated organizations.
- Conduct outreach that is on-going and accomplished through many different routes, including media (both LGBTQ and general), press releases, presentations/trainings, information tables at community events, agency websites, LGBTQ-affiliated and non-affiliated clubs, bars and other "hook-up," entertainment, social and cultural venues, sex work venues, and through social media, apps and other approaches.
- Conduct robust outreach efforts to those segments of LGBTQ communities who are most at risk of sexual violence and/or least able to access supportive services, including adolescents, transgender and bisexual persons, immigrants, members of the military, sex workers, rural residents, and those in detention and correctional settings.
- Create links to local LGBTQ-competent sexual assault centers and services on LGBTQ-affiliated organizations' websites statewide.



- Place agency volunteer and job announcements in local LGBTQ media and with local LGBTQ organizations in order to achieve a diversity of agency staff that reflects the communities they serve, thereby building trust with LGBTQ communities.
- Assure that if an agency announces services for “LGBTQ” victims of sexual assault, it has the capacity to serve members of each community with the same measure of respect, comfort, knowledge and cultural competence.
- Reach out to LGBTQ-affiliated organizations that have already earned the trust of LGBTQ communities. Through cross-training in respective areas of expertise and establishing collaborative approaches to serving LGBTQ victims of sexual violence across an array of sexual assault, social, health, legal and other services, the sexual assault service delivery system can build a relationship of trust with LGBTQ communities.
- Become allies of LGBTQ communities in all efforts to challenge misinformation and to assure LGBTQ safety, well-being and the enjoyment of civil rights.

Special Populations

WHY WE CARE:

It is important to understand that Hawaiʻi is home to many cultural groups and special populations. Among these are men, women, recent immigrants, Native Hawaiians and other ethnic groups, individuals living with mental illness, people with disabilities, residents of rural areas, teens and runaways, individuals in the sex industry, victims of human trafficking, members of the military, foreign students, tourists, individuals in detention and correctional settings, and people who are lesbian, gay, bisexual, transgender, queer and intersex. Each community has an individual understanding and experience of sexual violence that influences how sexual violence is defined, and whether members of that community are willing or able to report an incident of violence and/or access and receive sexual assault services.

2011 BEST PRACTICE STANDARDS:

- *In designing an outreach program for your community it is best practice to consider members of special populations and cultural groups.*

"I want to boldly disagree that there should be special services for the LGBTQ community. It's great that we do have teams of people that specialize, but that's only a band aid for now. The 'normal' should be that all first-responders, health care and other providers should be able to provide good, informed, respectful, and compassionate care –it's not rocket science."

LGBTQ CONTEXT:

- Best practice standards are informed by knowledge, and therefore are "works in progress," ever evolving. There is much still unknown about the experience of violence against LGBTQ communities, and the challenges and needs that arise for victims and survivors, as well as for those who seek to serve them.
- Addressing the incidence and impact of sexual violence faced by LGBTQ communities is "social change" work, a matter of supporting human rights in the face of oppression. "Clinicians have a proud history of joining survivors in naming and addressing the causes and impacts of trauma. Working to ensure equal attention and efficacy in serving LGBTQ survivors of sexual violence in our research, clinical, education, prevention, advocacy, legislative and policy efforts is an appropriate next step in our work." (VAWnet, 2009)

- There is a need for more local "home grown" models of how a community service agency can transform itself into an openly LGBTQ-affirming organization with the motivation, knowledge and skills to serve all members of LGBTQ communities.
- Increased funding opportunities now exist since the 2013 reauthorization of the Violence Against Women Act designated LGBTQ communities as underserved populations and specifically authorizes funding of projects to address violence directed against these communities.
- It is important always to trust that sexual assault first responders and service providers want to do the best job possible in their work with all communities, but they often have not been given the permission, the knowledge, or the tools to do the best job they can.

LGBTQ-ENHANCED RECOMMENDATIONS:

- Engage in the process of making each organizational entity within the sexual assault response/service delivery system LGBTQ-affirming and culturally competent at all levels, as outlined below: (Adapted from The Network/LaRed's Open Mind Open Door [Quinn, 2011])
  - ✓ Make a commitment to begin, enlisting buy-in and support from all levels of the organization. An LGBTQ or Diversity Committee should be established to carry the project forward, and an individual within the organization should be responsible for monitoring progress in meeting identified objectives.
  - ✓ Carry out a comprehensive organizational assessment to determine present capacity to serve LGBTQ clients. (See The Network/LaRed for model assessment tools: www.ntlr.org)
  - ✓ Conduct in-depth LGBTQ cultural competency training for all agency staff, including administrators, service providers and other staff, board of director members, and volunteers. Among other issues, training should address the nature and impact of oppression, discrimination and violence on LGBTQ communities and individuals, and how to respectfully and effectively address the challenges and needs of LGBTQ victims of sexual violence. (See Resource list for model curricula.)
  - ✓ Establish collaborations with LGBTQ community organizations early in the process, relying on them for technical assistance in training, program planning and on-going quality assurance.
  - ✓ Review all personnel policies to assure that those related to antidiscrimination, hiring, family leave, transgender employee and volunteer "transition," and other issues are all specifically affirming of LGBTQ individuals.

"In the end, LGBT survivors need to know they have options for reporting and accessing services, and that each and every one of those options is safe, respectful and knowledgeable. The trust is going to have to be built and then proven. That's how we've always done it."

- ✓ Create an LGBTQ-welcoming environment through LGBTQ-inclusive employee/volunteer/client non-discrimination and anti-harassment policies, LGBTQ-competent services, an LGBTQ-affirming network of partner organizations, LGBTQ-aware survivor screening, use of gender and sexuality-inclusive forms, use of preferred names and pronouns, identification of safe and accessible bathrooms, and provision of LGBTQ-inclusive and -affirming messages through agency websites and displayed literature, posters, and magazines, and the welcoming and affirming demeanor of all agency staff.
- ✓ Develop LGBTQ-competent direct services (See relevant sections of this manual)
  - Case management
  - Personal advocacy
  - Medical advocacy
  - Legal advocacy
  - Supportive counseling and therapy
- ✓ Engage in open, confident and on-going outreach to LGBTQ communities. (See relevant section of this manual)
- ✓ Draw upon the traditional Hawaiian acceptance and honoring of sexual and gender diversity in the process of program development.
- ✓ Engage in organizational reflection and invite feedback from LGBTQ communities.
  - Are LGBTQ victims of sexual violence accessing our services?
  - How are we doing in understanding and addressing the needs of our LGBTQ clients?
  - What is our reputation among Hawai'i's LGBTQ communities?

- Seek funding to address gaps in local LGBTQ sexual assault services and prevention efforts.
- Join with other anti-violence and LGBTQ community organizations to form a multidisciplinary task force to address issues of violence faced by LGBTQ communities in Hawai'i, including sexual and domestic violence.
- Gather client and community data in order to better understand the experience and needs of Hawai'i's LGBTQ victims of sexual violence and thus enhance, on an on-going basis, the development of best practice standards in working with LGBTQ communities.

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APPENDIX A

HELPFUL TERMS

AIKĀNE: The intimate same-sex companion of an aliʻi (chief) in traditional Hawaiian culture. Aikāne enjoyed a respected social and political position in society.

ALLY: A non-LGBTQ individual who actively supports and advocates for LGBT individuals and communities. An ally challenges heterosexism and homo/bi/transphobia and helps facilitate the creation of an LGBTQ-inclusive society.

ANATOMICAL SEX: An individual's sex based on her/his genitals and/or reproductive organs.

ANDROGYNOUS: Having and displaying both feminine and masculine characteristics, as culturally defined.

ASEXUAL: Not sexually or romantically attracted to any gender; not sexually active.

BACK: Transgender term indicating agreement.

BARE-BACKING: Engaging in anal intercourse without a condom.

BDSM: "Bondage, Discipline/Domination, Submission/Sadism & Masochism." These terms refer to sexual or erotic play in which there is an exchange of power and privilege between consenting adults. BDSM sub-cultures exist within both straight and LGBTQ communities, although often "invisible" to non-participants. If practiced correctly, BDSM involves agreed upon rules governing safety, limits and consent. Sometimes referred to as "leather." (See below)

BICURIOUS: Being curious about having sexual and/or romantic relationships with both women and men.

BIGENDER: Having a gender identity that is a blending of male and female qualities, as culturally defined. (See "Androgynous")

BINDING: The practice of flattening the chest/breasts with tight binding, often used by FTM transgender individuals to attain a flatter or more masculine-appearing chest.

BIOLOGICAL SEX: An individual's sex based on her/his sex (X, Y) chromosomes. It may also include a person's hormones (testosterone and estrogen), and internal and external reproductive organs and genitalia.

BIPHOBIA: The intense fear or hatred of, aversion to or prejudice toward bisexuality or individuals who are bisexual. Biphobia often leads to discrimination, harassment and violence against bisexual individuals.

BIRTH-ASSIGNED GENDER: The gender ("male" or "female") assigned at birth, based on a culturally-influenced interpretation of external genitalia.

BIRTH-ASSIGNED SEX: The sex assigned to an individual at birth, based on the child's genital anatomy.

BISEXUAL / "BI": Having the capacity to be sexually, romantically, emotionally and/or spiritually attracted to both women and men. Persons who are bisexual may not be attracted equally to both men and women and they may be attracted to each in different ways. These terms are adjectives, not nouns. (Correct usage: "She is bi"; not "She is a bi.")

BOTTOM: The more submissive partner in sexual activity.

BOTTOM SURGERY: Gender affirmation surgery involving the genitalia and/or reproductive organs. (As distinguished from "Top surgery" involving the chest/breast)

BUTCH: A term used by some to describe their masculine gender identity or expression.

CISGENDER: Refers to individuals whose gender identity conforms to their birth-assigned sex and gender. This term reflects an understanding that there is no single "normal" gender experience, and that being cisgender or transgender are both valid representations of the human experience of gender.

CLOSETED: Not revealing one's sexual orientation or gender identity to others. (Same as "in the closet")

COMING OUT: Revealing one's sexual orientation or gender identity to others. Also may refer to an individual's own increasing awareness of his/her orientation or identity (that is, coming out to oneself). Often considered to be a lifelong process as individuals meet new people and enter new social situations, at the same time growing in their own self-awareness and self-acceptance. Family members, friends and allies of LGBTQ individuals also experience a coming-out process. (See "Out")

CROSS-DRESSER: An individual who dresses in the clothing of another sex for comfort, enjoyment, personal expression, or erotic satisfaction. May live only part-time in a cross-gender role. Many cross-dressers are straight and cisgender. (See "Transvestite")

CULTURAL COMPETENCE: An in-depth and broad understanding of the features of a culture (including LGBTQ cultures) that is important in developing a relevant, respectful and supportive therapeutic relationship. This may include an awareness of a culture's history of oppression and marginalization, religion and spirituality, beliefs, practices, traditions, experiences, icons, communication style, and intra-cultural diversity.

DRAG: To perform or entertain as the opposite gender. The gender presented on stage may or may not reflect the performer's own gender identity. Whether it does or not, the individual on stage is performing and their persona in daily life, including their gender identity and gender expression, may be very different from his/her persona on stage. Additional meaning: to dress up as the opposite gender or in an exaggerated manner, not necessarily implying as part of performing or entertaining.

DRAG KING: A biological woman who entertains or performs as a male. (See "Drag")

DRAG QUEEN: A biological man who entertains or performs as a female. As a slang term, this also may be applied, sometimes with derogatory intent, to any transgender woman, not only one involved in entertainment. (See "Drag")

DYKE: Historically, a derogatory term referring to lesbians, bisexual women, or women considered to be more masculine in their gender expression. This term has been reclaimed with pride by some lesbians, but should be used with caution by people outside lesbian communities since it retains a pejorative connotation in many situations and settings.

FAGGOT / FAG: A derogatory term used against males who are, or are perceived to be, gay or bisexual. Also used against transgender individuals or men who are perceived as being more feminine in their gender expression. This term has been reclaimed with pride by some gay and transgender individuals, but should be used with caution by people outside LGBTQ communities since it retains a pejorative connotation in many situations and settings.

FEEDING: Transgender slang meaning to give compliments sarcastically.

FEMME: A term used by some to describe feminine gender identity or expression.

FISH: Transgender slang that is applied to anything that is feminine or lady-like. Often used in a complementary way, but may be derogatory depending on the intent.

FTM: "Female to Male." Used as a descriptor for transgender men whose assigned birth-sex was female but whose gender identity is male.

GAY: Sexually, romantically, emotionally and/or spiritually attracted to the same sex. Used more commonly in reference to men, although women also may use this term to describe themselves in terms of their sexual orientation. This term is an adjective, not a noun. (Correct usage: "He's gay"; Not "He's a gay.")

GAY/LESBIAN/BISEXUAL/TRANSGENDER LIFESTYLE: A term to be avoided as it has no meaning and is felt to diminish the experience of being LGBTQ. The lives of LGBT individuals are as diverse as the lives of non-LGBT individuals. A "gay/lesbian/bisexual/transgender lifestyle" does not exist.

GENDER: A social construct, varying among cultures. In Western culture, gender traditionally has been defined as either male or female, with differing roles, responsibilities, expression and behaviors defined for each.

GENDER AFFIRMATION SURGERY: An alternative and increasingly preferred term for "Sex Reassignment Surgery" (SRS) (See below)

GENDER BINARY: The view that there are only two genders, male and female, separated by clear culturally-defined boundaries in terms of appropriate dress, speech, grooming, mannerisms, behaviors, interests, and other forms of expression. However, there is a growing understanding that gender extends along a continuum rather than being limited to two discrete categories, female and male.

GENDER DYSPHORIA: A medical term referring to distress or discomfort related to the variance between one's inner gender identity and birth-assigned sex. This also is the present diagnostic term appearing in the American Psychiatric Association's Fifth Edition of the Diagnostic and Statistical Manual (DSM-5) applied to transgender individuals who experience, or are at risk of experiencing, such distress. It replaces the previous DSM-4 designation of "Gender Identity Disorder." (See below)

GENDER EXPRESSION: The ways in which an individual expresses her/his gender (in terms of dress, mannerisms, speech, interests, grooming, and other gendered characteristics), regardless of biologic sex, sexual orientation or gender identity.

GENDER IDENTITY: An individual's innate and deep inner sense of being female or male, somewhere in between, or another gender. Usually established by about age 3. Everyone has a gender identity. Some individuals feel that their inner sense of gender may or may not be consistent with their assigned gender at birth, which was based on genital anatomy. These individuals may consider themselves "transgender." Gender identity is not the same as sexual orientation (see below).

GENDER IDENTITY DISORDER: A diagnostic term appearing in previous editions of the American Psychiatric Association Diagnostic and Statistical Manual (DSM) in reference to transgender individuals. Because the term was considered pathologizing, and its diagnostic criteria imprecise, it was replaced with the designation "Gender Dysphoria" (distress coming from a sense that one's gender identity is inconsistent with one's birth-assigned gender) in the most recent DSM (2013).There was also a recognition that not all transgender individuals experience significant distress related to their gender identity, particularly after transition.

GENDER NEUTRAL LANGUAGE: The use of words and phrases that do not presume an individual's sexual orientation or gender identity.

GENDER NON-CONFORMING: Having characteristics and/or expression that do not conform to culturally-defined expectations around male and female appearance and behavior.

GENDER ROLE: The culturally-defined activities, responsibilities, and tasks that are considered typical and acceptable for males and females.

GENDER VARIANT: Similar to "Gender Non-conforming" (see above), except that this term emphasizes the normalcy of variations in gender expression rather than deviations from a norm.

GENDERFUCK: The playful crossing of gender boundaries or mixing up of "gender cues," often in terms of clothing and grooming, in order to confuse ("fuck with") generally accepted gender norms.

GENDERQUEER: A term of self-identification used by those who do not identify with or wish to challenge the constrictive gender binary of "male" and "female."

GORGE: Transgender slang meaning "gorgeous," "fabulous."

HATE CRIME: Defined by law as a crime committed because of hatred related to actual or perceived race, color, ethnicity, national origin, disability, sexual orientation, gender, or religion.

HATE-MOTIVATED VIOLENCE: Includes hate-motivated crimes, but also includes such legal but harmful violence as hate speech. The targets of such violence may go beyond legislatively-specified groups to include groups defined by immigration status, language, physical attributes, gender identity and others.

HERMAPHRODITE: An outdated and pejorative term to be avoided. Historically, a medical term referring to those intersex individuals (or individuals with "differences of sexual differentiation") who possess both male and female reproductive tissue. (See "Intersex")

HETERONORMATIVE: The world view that nearly everyone is "heterosexual" and that heterosexuality is the normal or preferred sexual orientation. These heteronormative assumptions influence most societal institutions, resulting in the marginalization of LGBTQ communities.

HETEROSEXISM: The belief that almost all people are heterosexual and that heterosexuality is the preferred form of sexual orientation and expression. This belief often permeates society and its institutions, resulting in discrimination against those who are not heterosexual, including a failure to recognize and address their needs, concerns and life experiences.

HETEROSEXUAL: Sexually, romantically, emotionally and/or spiritually attracted to the opposite sex. Heterosexual individuals are often referred to as "straight."

HETEROSEXUAL PRIVILEGE: The often unrecognized and assumed social, economic, health and political privileges that come from being heterosexual in a heteronormative homophobic society, which LGBTQ individuals are often denied. Related concepts include "male privilege," "cisgender privilege," and other forms of societal oppression and disadvantage based in differentials in power and influence among groups.

HIV-PHOBIA: The intense fear, hatred of, aversion to or prejudice toward individuals infected with HIV.

HOMOPHOBIA: The intense fear, hatred of, aversion to or prejudice toward homosexuality and individuals who are, or are perceived to be, gay or lesbian. Homophobia often leads to discrimination, harassment and violence against LGB individuals.

HOMOSEXUAL: Sexually, romantically, emotionally and/or spiritually attracted to members of the same sex. Avoid using this term as a noun ("He is a homosexual"). More appropriately used to describe behaviors than individuals. Most LGBTQ people do not use the term "homosexual" in referring to themselves, using instead the terms "lesbian" or "gay," in order to emphasize that their sexual orientation is not primarily about sex, but also encompasses love, affection, and affiliation.

HOMOSEXUAL LIFESTYLE: See "LGBT Lifestyle."

HOOK-UP: Connecting for casual sex that is facilitated by on-line internet sites and apps, cruising, or attendance at bars, clubs, and sex parties.

HORMONE THERAPY: Also known as "Hormonal Sex Reassignment" or "Hormone Replacement Therapy." Hormone therapy is for the purpose of promoting the development of secondary sexual characteristics so that an individual's physical and emotional status is consistent with gender identity.

IN THE CLOSET: See "Closeted."

INSTITUTIONAL OPPRESSION: Oppression due to the assumption, norms, and beliefs that inform the institutional policies and programs of organizations, agencies and broader society.

INTERNALIZED HOMOPHOBIA: An LGBTQ individual's self-hatred or diminished sense of self-worth due to prevailing societal disapproval and oppression of LGBTQ individuals.

INTERNALIZED OPPRESSION: See "Internalized homophobia."

INTERSECTIONALITY: A theory examining the intersection and interplay of multiple facets of identity related to being a member of more than one disenfranchised community. As an example, truly understanding the experience of a young Micronesian lesbian would require not looking at her separate experiences as a woman, and as a lesbian, and as Micronesian, but rather at how these three potentially stigmatized identities interrelate, possibly compounding her experience of oppression, discrimination and isolation.

INTERSEX: A term including many different medical conditions where an individual's sexual and reproductive anatomy varies from those considered typical of males or females. Some individuals may have "ambiguous genitalia" that are not typical of most females or males. Intersex status does not predict sexual orientation or gender identity or expression.

INTIMATE PARTNER VIOLENCE (IPV): Physical, sexual or emotional harm inflicted by a present or former spouse or partner.

LEATHER: See "BDSM."

LESBIAN: A woman whose primary sexual, romantic, emotional and/or spiritual attractions are to other women. Because of its European origins, this term sometimes is felt to be unrepresentative of the experience and identities of African-American and other non-Euro-American heritage. Unlike "gay," this term may be either an adjective or noun. (Correct usage: "She's lesbian," or "She's a lesbian.")

LGBTQ: One of several acronyms referring to various combinations of the lesbian (L), gay (G), bisexual (B), queer (Q), and questioning (Q) communities. Other acronyms also include two-spirit (T or 2S), intersex (I) individuals, and allies (A).

LGBTQ-FRIENDLY: Refers to places, policies, people and institutions that are open, supportive and welcoming to LGBTQ people.

LIPSTICK LESBIAN: A lesbian who has a more feminine gender expression.

MĀHŪ: A Hawaiian term for individuals who, although biologically male, possess traits considered as representing both female and male qualities. As such, they were highly respected in traditional Hawaiian culture, with important responsibilities, including spiritual and healing powers. Similar, in some aspects, to the Western designation "transgender." Although originally a respected term in traditional Hawaiian culture, it later came to have a derogatory connotation. It is now being reclaimed with pride by many in the transgender and Hawaiian communities

MĀHŪKĀNE: A contemporary Hawaiian term for individuals who are biologically female, embrace and celebrate the masculine/male aspects of their nature. Similar, in some aspects, to the Western designation "FTM transgender." (See "Māhū")

MĀHŪWAHINE: A contemporary Hawaiian term for individuals who are biologically male but embrace and celebrate the feminine/female aspects of their nature. Similar, in some aspects, to the Western designation "MTF transgender." (See "Māhū")

MEN WHO HAVE SEX WITH MEN (MSM): Used to identify men who have sex with men but may not self-identify as gay or bisexual. This term describes only sexual behavior, separate from sexual orientation and gender identity. That is, a man may have sex with other men but consider himself straight, gay or bisexual, or may reject all labels.

MICROAGGRESSION: Repeated smaller-scale experiences of demeaning slights, jokes, discrimination and invisibility that come from societal disapproval of a particular group or individual, resulting in a decreased sense of self-worth and increased stress.

MISOGYNY: Hatred or mistrust of women or individuals who display characteristics considered feminine.

MTF: "Male to Female." Used as a descriptor for transgender women whose assigned birth-sex was male but whose gender identity is female.

MUFFY: Transgender slang meaning a male with more effeminate mannerisms, whether gay or not.

MUG: Transgender term meaning face or make-up. Sometimes used in referring to sex-work.

OMNISEXUAL: Sexually, romantically and /or emotionally attracted to individuals of all genders and biological sexes. (Same as "Pansexual," below)

OPENLY GAY / LESBIAN /BISEXUAL: To be open with others about one's L/G/B orientation; Not closeted.

OPPRESSION: The placement of severe social, economic and political restrictions on an individual or group by those in a position of power. This is often accompanied by efforts to devalue, denigrate, exploit, deprive of privileges, or eliminate the oppressed individual or group.

OUT: 1) "To be out": Being open about one's sexual orientation. Someone may be out in certain situations and with certain people, but not with others.

2) "To out someone": to reveal a person's L/G/B orientation to others without his/her consent.

3) "To be outed": to have one's L/G/B orientation revealed to others without giving consent.

P: Transgender slang meaning "pretty," "perfect."

PACKING: To put padding or a phallic object of some kind in the front of one's pants or undergarments in order to give the appearance of male genitalia. Sometimes practiced by FTM transgender individuals or those who cross-dress as males.

PANGENDERED: To identify oneself as having characteristics of all genders.

PANSEXUAL: Sexually, romantically and /or emotionally attracted to individuals of all genders and biological sexes. (Same as "Omnisexual," above)

PASSING: 1) For transgender individuals, to be successfully viewed by others as the gender inherent in their gender identity rather than birth-assigned sex.

2) For LGB individuals: hiding one's sexual orientation (that is, passing as straight).

PATRIARCHY: Social organization where power, control, authority and privilege reside in males. This generally means that the interests, viewpoints, concerns and needs of women are subordinate.

PHALLOPLASTY: A surgical procedure to construct a phallus (penis), sometimes done in gender affirmation surgery for FTM transgender individuals.

PINK TRIANGLE: A symbol of pride adopted by LGBTQ communities. (LGBTQ individuals were forced to wear the pink triangle in Germany under Nazi rule.)

POLYAMORY: Being in more than one intimate relationship at a time. This is done with the consent of all involved.

POOCHING: Transgender slang meaning "cruising for sex," either for money or pleasure.

PREJUDICE: Attitude of disapproval and dislike based on no information or misinformation.

QUEER: Formerly a derogatory term, it has been reclaimed by some in the LGBTQ communities and by others who consider themselves outside the heterosexual and monogamous stereotypic norm. A growing number of individuals prefer to refer to themselves as "queer" rather than adopt what they view as the more constrictive and dividing terms "lesbian," "gay," "bisexual," or "transgender." While "queer" may be used by some individuals in the LGBTQ communities, others still consider it offensive in any situation, and especially if it is used by a person who is not a member of these communities. Therefore, use this word with caution.

QUESTIONING: Uncertainty about one's sexual orientation or gender identity and questioning society's dominant messages enforcing heterosexuality and gender conformity. Questioning is a normal phase in the process of exploring and better understanding one's sexual orientation and gender identity and may occur at any age. For those questioning individuals who eventually identify as LGBTQ, "coming out" to others often follows.

RAINBOW FLAG: A traditional symbol of pride and diversity among LGBTQ communities.

REPARATIVE THERAPY: "Curative" therapy intended to change an individual's sexual orientation or gender identity. This practice has been rejected by almost all professional associations, believing it to be both ineffective and harmful.

S & M: Sadism and Masochism. See "BDSM."

SAME GENDER LOVING (SGL): A term preferred by some African-America individuals and others in place of the terms "lesbian," "gay" and "bisexual," which are felt to be Eurocentric and therefore do not reflect African-American experience and culture.

SEX: 1) Any activity resulting in erotic arousal and sensory stimulation.

2 In medical terms, the combination of chromosomes, hormones, reproductive anatomy, and secondary sexual characteristics. Often divided into male, female and a variety of intersex conditions.

SEXUAL IDENTITY: Sometimes defined as how a person self-identifies in terms of physical sexual characteristics: male, female, intersex, or another designation. Others use it in the sense of how one identifies one's sexual orientation to self or others. At other times it is used in the same sense as sexual orientation. Because of this imprecision in meaning and usage, many avoid use of this term.

SEXUAL ORIENTATION: A person's enduring sexual, romantic, emotional and spiritual attraction to people of the same or different sex, often shaped at an early age and for many, perhaps, prenatally.

SEXUAL PREFERENCE: A term to avoid as it suggests superficiality and choice. (Many LGBTQ individuals do not consider their sexual orientation a choice.)

SEX-REASSIGNMENT SURGERY (SRS): Increasingly referred to as "gender affirmation surgery." Surgery for the purpose of altering the body (chest, genitals, other) so that it conforms to inner gender identity. At present, many states still require SRS (usually "bottom" or genital surgery) in order to change gender designation on birth certificates, although the American Medical Association and other professional organizations have taken a stand against this requirement. Other documents (driver's licenses, medical records) sometimes have less stringent criteria.

SICKENING: Transgender slang used as a compliment. Similar complimentary terms includes "lovely," "ova" and "flawless."

STEREOTYPE: Broad over-generalizations about a group of people , often based on assumptions rather than fact, that do not account for individual differences.

STONEWALL: In 1969, New York City police raided the Stonewall Inn a well-known gay bar in Greenwich Village, leading to violent demonstrations in protest by members of the gay and transgender communities. The "Stonewall riots" are considered by many to represent the beginning of the gay rights movement in the U.S.

STRAIGHT: A term referring to those who identify as heterosexual.

STRAIGHT-ACTING: Acting in a way that others would consider typical of a straight man or woman. A strategy often employed by LGB individuals who do not want their sexual orientation known to others.

T: Transgender term of address for friends. May also mean "truth."

TG: A generally-accepted abbreviated form of "Transgender." "TG" is an adjective, not a noun. (Correct usage: "He is TG," not "He is a TG.")

TOP: The more dominant partner in sexual activity.

TOP SURGERY: Gender affirmation surgery involving the chest. May involve removal of chest tissue in FTM transgender individuals or breast augmentation in MTF transgender individuals. See "Bottom Surgery."

TRADE: A straight (heterosexual) person who seeks out transgender individuals or gay males for sexual pleasure, often implying casual encounters.

TRANNY: A slang term for "transgender," considered a derogatory term by many. To be avoided by service providers.

TRANS: An accepted shortened form of "transgender." For example, culturally competent services for transgender individuals are often described as "trans-friendly." "Trans" is an adjective, not a noun. (Correct usage: "She is trans"; not "She is a trans.")

TRANS* SPECTRUM: An umbrella term that includes the many different identities that appear within the gender identity/gender expression spectrum. It may include "trans" (without the asterisk) men and women, transsexuals, transvestites, drag kings and queens, and those who consider themselves māhū, two-spirit, genderqueer, genderfluid, pangender, bigender, third gender, agender and any other non-cisgendered identity. Many individuals who consider themselves a part of the trans* spectrum will refer to themselves as trans* (with the asterisk, but pronounced "trans.")

TRANSFORMATIONAL MINISTRIES: Faith-based ministries that attempt to change a person's sexual orientation or gender identity. These approaches are rejected by almost all professional organizations, being regarded as unethical and dangerous.

TRANSGENDER: 1) An umbrella term including individuals whose gender identity and/or expression do not fit society's stereotypic definitions of what it means to be male or female. (In this sense, "transgender" may include individuals who are transgender (in the narrower sense described below), transsexual, cross-dressing, androgynous, genderqueer or androgynous.)

2) Individuals whose inner gender identity differs from their birth-assigned gender, and who may or may not seek surgical, hormonal or other treatments to align their body to their inner gender identity.

"Transgender" is an adjective, not a noun. (Correct usage: "She is a transgender woman" or "She's transgender." Not "She is a transgender." Also avoid the term "transgendered.")

TRANS(GENDER) MAN: An identity label adopted by some transgender individuals who were assigned the gender "female" at birth based on anatomic sex but who self-identify as male and wish to live their lives as men. A transman may be straight, gay or bisexual in his sexual orientation.

TRANS(GENDER) WOMAN: An identity label adopted by some transgender individuals who were assigned the gender "male" at birth based on anatomic sex but self-identify as female and wish to live their lives as women. A transwoman may be straight, lesbian or bisexual in her sexual orientation.

TRANSITION: The process of physical, emotional, social, legal and spiritual change experienced by transgender individuals to increasingly reflect their inner gender identity. Transition may, but does not necessarily include gender affirmation surgery or hormonal treatment. It often includes living as the inner-identified gender, often reflected in change in dress, change in social presentation and relationships, adoption of a preferred name, change of name and gender on legal forms, and a request that others use appropriate pronouns that reflect and respect an individual's inner gender identity.

TRANSPHOBIA: An intense fear or hatred of, aversion to or prejudice toward transgender and other gender non-conforming people. Fear or hatred of one's own transgender identity is often referred to as "internalized transphobia." Transphobia often leads to discrimination, harassment and violence against transgender individuals.

TRANSSEXUAL: An older term, referring to individuals who identify and live as a gender different from their birth-assigned gender. They may or may not choose to have surgical, hormonal or other transition treatments to change their bodies, although some may use this term specifically for those who have changed their body physically as part of the transition process. Many transsexual individuals may refer to themselves as "transgender" and in fact the line of distinction between the two terms is not always clear in terms of definition or usage.

TRANSVESTITE: Same as "Cross-Dresser" (see above). Considered a pejorative term by many, so should be avoided.

TRICK: To exchange sex for money, drugs, food, shelter or other needs.

TWO-SPIRIT: A contemporary term referring to those Native American/First Nation individuals who traditionally fulfilled unique and respected mixed-gender roles in their societies, and in certain communities continue to do so. They often cross-dress and perform the work of both genders. In some Native American/First Nation cultures, they are felt to embody both male and female spirits, imbuing them with special spiritual significance within their communities. Sometimes seen as a separate or third gender within their cultures.

VAGINOPLASTY: A surgical procedure to construct a vagina, sometimes done as part of gender affirmation surgery for MTF transgender individuals.

VICTIM / SURVIVOR: An individual who has experienced sexual violence. The term "victim" emphasizes the criminality and violence of the act that has occurred with its attendant pain. The term "survivor" emphasizes the resiliency and healing that humans are capable of after a violent event has occurred in their lives.

WOMEN WHO HAVE SEX WITH WOMEN (WSW): Women who engage in sex with women but may not self-identify as lesbian, gay or bisexual. This term describes only sexual behavior, separate from sexual orientation and gender identity. That is, a woman may have sex with other women but consider herself straight, lesbian or bisexual, or may reject all labels.

ZE / HIR: Two examples of gender-neutral pronouns, replacing the gendered pronouns "he" and "she." Used by some transgender individuals and their allies, although not commonly used in Hawai'i at this time.

APPENDIX B

RESOURCES

HAWAIʻI RESOURCES:

Oʻahu:

Domestic Violence Shelter Hotline
Tel.: Windward Oʻahu (808-526-2200);
Honolulu/Leeward Oʻahu (808-841-0822)

Faith-based communities (LGBTQ supportive):

Affirmation (Mormon):
Tel. 808-941-0578

Church of the Crossroads (United Church of Christ).
Tel. 808-949-2220.
www.ChurchOfTheCrossroadsHawaii.org

Dignity Honolulu (Catholic):
Tel. 808-352-7558.
www.Honolulu-DignityUSA.org

First Unitarian Universalist Church
Tel. 808-595-4047.
www.UnitarianofHI.org

Integrity Hawaii (Episcopal):
Tel. 808-383-7542

KeAnuenue O Ke Aloha (Protestant):
808-924-3060

Mary Magdalen Society (Lutheran).
Tel. 941-2566. (A social group for LGBT congregants)

Religious Society of Friends (Quaker).
Tel. 808-988-2714.
http://www.hawaiiquaker.org

Gay & Lesbian Alcoholics Anonymous
Tel. 808-946-1438
Meetings are held at the Waikiki Health Center, 277 Ohua Ave.

Life Foundation
Tel. 808-521-2437
http://lifefoundation.org
Life Foundation's mission includes stopping the spread of HIV and AIDS and empowering those affected by HIV/AIDS and maximizing their quality of life by providing a wide variety of support services. It has a long history of working closely with Hawaiʻi's LGBTQ communities, including LGBTQ youth.

Sex Abuse Treatment Center (SATC)
Tel. 808-535-7600
24-hour Hotline: 808-524-RAPE
www.satchawaii.com
SATC provides crisis intervention, counseling and advocacy for victims and survivors of sexual assault, including members of Oʻahu's LGBTQ communities.

University of Hawaiʻi at Mānoa, LGBT Student Services
Tel. 808-956-9250
www.hawaii.edu/womenscenter
The Lesbian, Gay, Bisexual, Transgender (LGBT) Student Services Office strives to maintain a safe and inclusive campus environment for all students of the University of Hawaiʻi at Mānoa regardless of their gender identity or sexual orientation.

Waikiki Health Center
Tel. (808) 922-4787
www.waikikihc.org
The Waikiki Health Center has a long history of supporting and caring for Hawaiʻi's LGBTQ communities.

Hawai'i County:

Bay Clinic
http://bayclinic.org/2013BCI
Bay Clinic Inc. is a health system providing a wide array of health services to communities across the Big Island, including LGBTQ communities.

Domestic Violence Shelter Hotline
Tel.: Hilo (808-959-8864);
Kona (808-322-7233)

Hawai'i Island HIV/AIDS Foundation
(HIHAF)
http://hihaf.org
The Hawai'i Island HIV/AIDS Foundation is a nonprofit organization dedicated to building a healthier, stronger community with an emphasis on HIV and related health issues, including those specific issues faced by LGBTQ communities

Pride Hilo
http://pridehilo.tumblr.com
Pride Hilo is a registered independent student organization at the University of Hawai'i at Hilo. Over the past 20 years, Pride has given a voice and offered support to the LGBTIQA community, both on campus and off.

Sexual Assault Crisis Hotline
Tel. 808-935-0677

Sexual Assault Support Services (SASS) Program. YWCA Hawai'i Island
Tel. 808-334-1624, ext. 301
www.ywcahawaiiisland.org
YWCA Hawai'i Island is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom and dignity for all, including LGBTQ individuals. The SASS Program serves the needs of victims and survivors of sexual assault across Hawai'i Island, including those who are LGBTQ.

UHH Women's Center, University of Hawai'i at Hilo. Hannah Wu (Coordinator).
Tel. 808-974-7306
http://hilo.hawaii.edu/studentaffairs/womenscenter
The Women's Center is dedicated to servicing the school, the students, and the others in dealing with domestic violence, sexual harassment, gender discrimination, and hate crimes. It also seeks to provide support to and meet the needs of members of the Big Island's LGBTQ communities.

Maui County

Both Sides Now
www.mauigayinfo.com.
Both Sides Now, Inc. is a non-profit organization, dedicated to the education and celebration of gay, lesbian, bisexual, transgender, intersex, and queer people on Maui. It maintains a website offering a listing of community events and resources.

Crisis Hotline
Tel.: Maui (808-873-8624); Moloka'i (808-213-5522); Lāna'i (866-443-5702)

Domestic Violence Crisis Hotline
Tel. 808-877-9888

Domestic Violence Shelter Hotline
Tel.: Maui and Lāna'i (808-579-9581);
Moloka'i (808-567-6888)

Maui AIDS Foundation
Tel. 808-242-4900
www.mauiaids.org
The Maui AIDS Foundation provides prevention, care and advocacy services to those in need, including members of Maui's LGBTQ communities.

Maui Sexual Assault Center, Child and Family Service
Tel. 808-877-9888
www.childandfamilyservice.org/cfs2.php?id1=7#maui
The Maui Sexual Assault Center provides crisis counseling, emergency medical care, legal advocacy, and longer-term psychological support services, including to members of Maui's LGBTQ communities.

Women Helping Women (WHW)
Tel.: Main Office (808-242-6600);
West Maui (808-661-7111);
Lānaʻi (808-565-6700)
www.womenhelpingwomenmaui.com
Women Helping Women provides emergency shelter and support to victims of Domestic Violence, including members of Maui's LGBTQ communities.

Kauaʻi County

Domestic Violence Crisis Hotline
Tel. 808-245-6362.

Ke Alana Sexual Assault Services for LGBTQ Communities. YWCA Kauaʻi
Tel. 808-245-5959
Contact: www.ywcakauai.org
The YWCA of Kauaʻi is dedicated to eliminating racism, empowering women and promoting peace, justice and dignity for all, including domestic and sexual assault services for members of all LGBT communities. The YWCA sponsors discussion groups for both LGBTQ adults and teens.

Mālama Pono Health Services
Tel. 808-246-9577
www.malama-pono.org
Mālama Pono's mission is stop the spread of HIV/AIDS, STDs and infectious Hepatitis on Kauaʻi and to serve those infected with or affected by these diseases, including members of the island's LGBTQ communities.

Parents, Family and Friends of Lesbians and Gays (PFLAG) Kauaʻi
Tel. 808-634-0127
Contact: pflagkauai@gmail.com
PFLAG Kauai provides support to the LGBTQ communities of Kauaʻi as well as to their parents, families and friends.

Sexual Assault Crisis Hotline
Tel. 808-245-4144

Hawaiʻi Statewide

American Civil Liberties Union of Hawaiʻi
Web: www.acluhi.org
ACLU Hawaii works to protect the fundamentals of freedom guaranteed by the U.S. and Hawaiʻi State constitutions, with a long history of supporting the rights of Hawaiʻi's LGBT communities.

Da Moms
Contact Jo Chang at (808) 383-2111
Email: ocsjosie@hotmail.com
A local support and advocacy group for parents and their LGBTQ children.

Equality Hawaiʻi
www.equalityhawaii.org
Equality Hawaiʻi advocates for LGBTQ communities in Hawaiʻi across a broad range of issues.

eXpression! Magazine
www.expression808.com
Expression! Magazine, both in its print and web-based forms, focuses on a wide variety of issues of interest and importance to Hawaiʻi's LGBT communities.

Harm Reduction Hawaiʻi
Contact: Tracy Ryan (808) 534-1846
www.harmreductionhawaii.org
HRH is a coalition of individuals and agencies working toward the implementation of effective and respectful services to improve the health and well-being of drug users and other marginalized people in Hawaii.

Hawaiʻi LGBT Legal Association
Email: hawaii.lgla@gmail.com
In addition to providing support to LGBT legal professionals, the Association's goals include fostering pro bono activities supporting the LGBT community, eliminating homophobia and transphobia in the justice system, and assuring fair and just treatment of members of Hawaiʻi's LGBT communities.

Hawaiʻi State Coalition Against Domestic Violence
http://hscadv.org
The Hawaiʻi State Coalition Against Domestic Violence engages communities and organizations to end domestic violence through education, advocacy, and action for social justice.

Hawaii State Department of Health, Maternal & Child Health Branch, Sexual Violence Prevention Program
Tel. 808-733-9038
The Maternal and Child Health Branch has developed a statewide sexual violence primary prevention plan which it is in the process of implementing. At this writing, eleven sexual violence prevention community action teams have been created, including an LGBTQ community action team.

Hawaii Youth Services Network
Tel. 808-531-2198
www.hysn.org
HYSN is a statewide coalition of youth serving organizations, engaged in education and advocacy initiatives directed toward both communities and decision makers, including issues related to LGBTQ youth.

The Imperial Court of Hawaiʻi
www.theImperialCourtofHawaii.org
The Imperial Court seeks to support the civil rights of all people and end discrimination and prejudice through a wide variety of outreach activities and projects.

Mental Health America of Hawaiʻi
Tel. 808-521-2437
www.mentalhealth-hi.org
MHA Hawaiʻi provides advocacy and anti-bullying training related to LGBTQ youth.

Planned Parenthood of Hawaii
www.plannedparenthood.org/hawaii
Tel.: Honolulu Clinic (589-1149);
Kahului, Maui Clinic (871-1176);
Kailua-Kona, Big Island Clinic (589-1149);
Kaua'i Clinic (482-2756)
Planned Parenthood of Hawai'i is dedicated to serving all people of Hawaii, including LGBTQ communities, through its clinical, advocacy, education and training activities. Specifically, it offers hormone therapy to FTM transgender individuals in its clinics across the state.

Victim/Witness Kokua Services/ Department of the Attorney General
Tel. 808-527-6231
The main goal of the Victim/Witness Kokua Services is to provide specialized services to victims/witnesses of violent crimes who are going through the criminal justice system, including victims of sexual assault and domestic violence.

Hawai'i Informational "Clearinghouses" on Current Transgender Transition Services (Medical and Counseling)

The Hawai'i Island HIV/AIDS Foundation
www.hihaf.org

Kua'ana Project, Life Foundation
(Oahu)
Tel. 808-521-2437
Web: KuaanaProject@lifefoundation.org

Mālama Pono Health Services
(Kaua'i)
Tel. 808-246-9577
www.malama-pono.org

Maui AIDS Foundation
Tel. 808-242-4900
www.mauiaids.org

NATIONAL RESOURCES:

A. LGBTQ Anti-Violence Resources

AARDVARC ("An Abuse, Rape, and Domestic Violence Aid and Resource Collection")
http://www.aardvarc.org
AARDVARC provides a large collection of resources related to sexual and domestic violence, including that experienced by LGBTQ communities.

The American Bar Association Legal Assistance for LGBT Victims of Domestic Violence Project
Available at:
www.abanet.org/irr/enterprise/LGBT
Provides resources for legal professionals on how to work in a culturally competent way with LGBT victims of domestic violence.

Asian and Pacific Islander Institute on Domestic Violence (APLIDV)
www.apiidv.org
APLIDV provides many resources related to domestic and sexual violence in API communities, including the special experience of LGBT individuals within these communities.

Communities United Against Violence
www.cuav.org
A San Francisco-based organization supporting the healing and leadership of those impacted by abuse in order to replace cycles of trauma with cycles of safety and liberation.

End to Silence: The Project on Addressing Prison Rape. American University, Washington College of Law
www.wcl.american.edu/endsilence
This project addresses the issue of sexual assault in detention and correctional settings, including the experience and needs of LGBT inmates and detainees. Webinars and other resources address these specific issues.

Fenway Community Health Violence Recovery Program (VRP)
Fenway LGBT Helpline: 888-340-4528.
Fenway Peer Listening Line: 800-399-PEER
www.fenwayhealth.org
The VRP provides counseling, support groups, advocacy, and referral services to LGBT victims of bias crime, domestic violence, sexual assault, and police misconduct.

Gay and Lesbian Anti-Violence Project
Hotline: 212-714-1141
http://www.avp.org
The New York City Anti-Violence Project empowers LGBTQ and HIV-affected communities and allies to end all forms of violence through organizing and education, and supports survivors through counselling and advocacy.

Gay and Lesbian National Hotline
Tel. 888-843-4564
www.glnh.org/hotline
The Gay, Lesbian, Bisexual and Transgender National Hotline provides telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States.

Gay, Lesbian, Bisexual and Transgender National Help Center
www.glbtnationalhelpcenter.org
This organization provides telephone and email peer-counseling for LGBT individuals as well as information and local resources across the U.S.

Gay, Lesbian, Bisexual and Transgender Helpline and Peer Listening Line
Tel. 800-399-7337
Fenway Health's Lesbian, Gay, Bisexual and Transgender Helpline and The Peer Listening Line are anonymous and confidential phone lines that offer gay, lesbian, bisexual and transgender adults and youths a "safe place" to call for information, referrals, and support.

Just Detention International
www.justdetention.org
An organization that seeks to end sexual violence in all forms of detention, including that experienced by LGBT detainees, providing survivor support services and advocate resources, including webinars, factsheets, Advocates' Manual, SART Toolkit and survivor testimonies.

National Coalition of Anti-Violence Programs (NCAVP)
Warmline: 855-287-5428)
www.ncavp.org
NCAVP is a national coalition of local member programs that seeks to prevent, respond to and end all forms of violence against and within LGBTQ and HIV-affected communities. Among its projects: The National LGBTQ Training and Technical Assistance Center, offering a national listserve, resource bank and webinar trainings (archived).

National Domestic Violence Hotline
Tel. 800-799-SAFE
www.thehotline.org
The hotline provides 24-hour support to victims of domestic violence, including LGBT individuals.

National Online Resource Center on Violence Against Women (VAWnet)
www.vawnet.org
A project of the National Resource Center on Domestic Violence with resources on domestic violence, sexual violence, funding, research, and international issues, including those related to LGBT communities.

National Resource Center on Domestic Violence (NRCDV)
www.nrcdv.org
NRCDV is a source of information, training, technical assistance and resource development related to domestic violence, including that experienced by LGBTQ communities.

National Sexual Assault Hotline
Tel. 800-656-HOPE
A national referral line sponsored by RAINN (Rape, Abuse & Incest National Network) that forwards calls from victims of sexual assault to the nearest local RAINN-affiliated sex assault hotline. Welcomes calls from everyone, including LGBT victims of sexual assault.

The Network/LaRed
Tel. 617-695-0877
Confidential hotline: 617-742-4911
www.tnlr.org
The Network/La Red is a survivor-led social justice organization working to end partner abuse in LGBTQ communities. It has published an excellent manual (See References) designed to help mainstream domestic violence programs become accessible to LGBTQ survivors of partner abuse, which is very relevant to serving LGBTQ survivors of all forms of violence.

The Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse
www.nwnetwork.org
The Northwest Network provides trainings, resources, consultations and technical assistance to promote the safety and self-determination of LGBT survivors of abuse.

Office of Violence Against Women (OVW), U.S. Department of Justice
http://www.ovw.usdoj.gov
OVW is a federal agency responsible for many projects directly relating to the experience of domestic and sexual violence. In 2013 the OVW mandated that all programs receiving funding through the agency must be accessible and provide culturally competent care to LGBT victims/survivors of violence throughout the U.S.

Pandora's Project
www.pandys.org/lgbtsurvivors.html
The Project provides online tools, resources, blogs and message boards for LGBTQ survivors of sexual violence.

PREA Resource Center
www.prearesourcecenter
This Center has extensive informational and training resources related to implementation of the federal Prison Rape Elimination Act, including those related to assuring the safety of LGBT individuals in confinement.

Survivor Project
Email: info@survivorproject.org
This project addresses issues related to LGBTQ elder abuse and neglect.

B. General LGBTQ Resources

American Civil Liberties Union (ACLU) Lesbian, Gay, Bisexual and Transgender Project
www.aclu.org/LGBT-Rights
The ACLU's LGBT Project fights discrimination through community education, legislation and litigation.

American Psychological Association
www.apa.org/pi/lgbc/transgender
The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. It has many resources related to serving LGBT communities.

Association for Gay, Lesbian, Bisexual & Transgender Issues in Counseling (AGLBTIC)
http://www.aglbic.org.
AGLBTIC's mission includes promoting greater awareness and understanding of gay, lesbian, bisexual, and transgender (GLBT) issues among members of the counseling profession and related helping occupations.

Children of Gays and Lesbians Everywhere (COLAGE)
www.colage.org
COLAGE unites people with LGBTQ parents into a network of peers and supports them as they nurture and empower each other to be skilled, self-confident, and just leaders.

Deaf Queer Resource Center (DQRC)
www.deafqueer.org
DQRC is a national resource and information center for, by and about the deaf LGBTQI communities.

Fenway Health
www.fenwayhealth.org
The mission of Fenway Health is to enhance the wellbeing of LGBT communities in the Boston area and beyond through access to the highest quality health care, education, research and advocacy. It is often viewed as one of the model comprehensive LGBT health programs in the country and has specialized programs to address the needs of LGBTQ victims of sexual violence.

Gay Asian Pacific Alliance (GAPA)
www.gapa.org
GAPA is an organization addressing issues directly affecting gay and bisexual Asian/Pacific Islanders.

National Leather Association Domestic Violence Project
www.nla-i.com
The Association seeks to establish a national/international communication, information, education and support network for all members of the Leather/BDSM/Fetish community. It has created a domestic violence project in order to address issues of non-consensual coercion and power within the BDSM community, both straight and LGBTQ.

The National LGBT Bar Association
www.lgbtbar.org
The Association seeks to promote justice in and through the legal profession for the LGBT community in all its diversity.

Trikone
www.trikone.org
A website for LGBT people of South Asian heritage.

Gay and Lesbian Medical Association
http://www.glma.org
GLMA is dedicated to ensuring equality in health care for LGBT individuals. It provides information on accessing quality health care, and hosts a national referral base of LGBT-friendly LGBT providers.

Human Rights Campaign (HRC)
www.hrc.org
HRC is the largest national LGBT civil rights organization, seeking to assure basic equal rights, so that LGBT individuals can be open, honest and safe at home, at work and in the community.

Immigrant Legal Resource Center (ILRC)
www.ilrc.org
Among other activities, ILRC provides legal information and assistance to immigrant communities, including to individuals who are LGBT.

Lambda Legal
http://www.lambdalegal.org
A national organization committed to achieving full recognition of the civil rights of LGBT people and those living with HIV through litigation, education and public policy work.

National Black Justice Coalition (NBJC)
http://nbjc.org
NBJC is a civil rights organization dedicated to empowering Black LGBT people. NBJC's mission is to end racism and homophobia.

The National Gay & Lesbian Task Force (The Task Force)
www.thetaskforce.org
The mission of The Task Force is to build the grassroots power of LGBT communities.

National Resource Center on LGBT Aging
www.lgbtagingcenter.org
The agency is a technical assistance resource center to improve the quality of services and supports offered LGBT older adults.

Parents, Families and Friends of Lesbians and Gays (PFLAG)
www.pflag.org
PFLAG is a national education, advocacy and support organization for LGBT individuals, their families, friends and allies.

Servicemembers United
www.servicemembers.org
Servicemembers United is a support and advocacy organization for LGBTQ troops and veterans of the U.S. armed forces, as well as their partners and civilian allies.

C. Lesbian-specific Resources

National Center for Lesbian Rights (NCLR)
www.nclrights.org
NCLR is a national organization focused on advancing the civil and human rights of LGBT people through litigation, policy advocacy and education.

D. Gay Men-specific Resources

Gay Men's Domestic Violence Project (GMDVP)
www.gmdvp.org
GMDVP provides community education and direct services to gay, bisexual and transgender men who have experienced domestic violence, including shelter, counseling and other resources.

E. Bisexual-specific Resources

BiNet USA
www.binetusa.org
BiNet USA is an umbrella organization and voice for bisexual, pansexual, fluid, and queer-identified people as well as lesbian, gay, transgender, "straight but not narrow" and questioning friends and allies. It promotes visibility, particularly of the bisexual and pansexual communities, and collects and distributes educational material related to the spectrum of human sexuality and gender.

Bisexual Resource Center
www.biresource.net
The Bisexual Resource Center is a national organization that advocates for bisexual visibility and raises awareness about bisexuality throughout the LGBT and straight communities.

F. *Transgender-specific Resources*

FORGE (For Ourselves: Reworking Gender Expression)
www.forge-forward.org
FORGE is a national education and advocacy organization supporting transgender individuals and their significant others, families, friends and allies, including around issues of sexual and domestic violence. FORGE has an excellent monthly series of webinars addressing transgender issues that are archived and accessible through its website (http://www.forge-forward.org/trainings-events/recorded-webinars), including past recorded webinars on the following topics:

- Stalking Basics and Transgender Individuals
- Forensic Exams with Transgender Sexual Assault Survivors
- New Laws and Policies Improving Transgender Survivors' Lives
- Transgender Sexuality and Trauma
- Transgender People, Intimate Partner Violence and the Legal System
- State of Transgender Policy 2013
- Trans-specific Barriers to Accessing Health Care
- Working with Rural Transgender Survivors
- Anti-Transgender Hate Violence: Mobilizing Communities after High-Profile Crimes
- Working with Transgender Survivors of Sexual Assault in Detention
- Disability and Transgender Survivors
- Transgender Survivors: Enhancing Culturally-Responsive Services
- Power and Control Tactics Specific to Transgender People
- Creating a Trans-Welcoming Environment
- Safety-Planning with Transgender Clients
- Transgender 101 for Victim Service Providers
- The Intersection of Sex Work and Violence
- Transgender Day of Remembrance: When Violence Becomes Deadly
- Sex-Segregated Services: Finding Resource for Transgender Clients
- Violence Against Transgender Individuals
- Transgender Survivors: Statistics, Stories, Strategies
- LGBT Language
- Transgender 101 for LGBT Aging Professionals
- Transgender Youth Survivors: Understanding, Serving, Celebrating
- Strategies for Improving Trans-Police Relations

FTMInternational
www.ftmi.org
This organization addresses the experience and needs of FTM transgender individuals worldwide.

Gay and Lesbian Advocates and Defenders' Transgender Rights Project (TRP)
www.GLAD.org
The TRP seeks to establish legal protection for transgender communities through education, legislation and litigation.

National Center for Transgender Equality
www.transequality.org
A national organization seeking to bring about transgender equality, including resources for advocates and providers on issues related to sexual violence.

Survivor Project
http://www.survivorproject.org
An organization dedicated to addressing the needs of transgender and intersex survivors of sexual and domestic violence. Able to provide consultation to agencies working with transgender and intersex victims of violence.

Sylvia Rivera Law Project (SRLP)
www.srlp.org
SRLP is dedicated to improving the access of all people who are transgender, intersex, or gender non-conforming to respectful and affirming social, health and legal services.

Trans-Health.com
www.trans-health.com
Trans-Health.com is an on-line website providing information on health, fitness, transition, sexuality and many other topics of interest to transgender individuals.

Parents, Families and Friends of Lesbians and Gays (PFLAG) Transgender Network (TNET)
www.pflag.org/TNET.tnet.0.html
PFLAG is national organization that in addition to its many LGBTQ supportive materials and projects, is actively involved in reaching out to transgender communities.

Transgender Law Center
www.transgenderlawcenter.org
The Center has resources on transgender law and innovative projects designed to create non-discriminatory education, health care, employment and business environments for transgender individuals.

Transgender Health Program, Vancouver Coastal Health
www.VCH.ca/TransHealth
This program oversees the development of internationally respected best practice standards for health care delivery for transgender individuals, and educational materials for both health providers and patients.

Transgender Law and Policy Institute (TLPI)
www.transgenderlaw.org
TLPI focuses on law and policy initiatives designed to advance transgender equality. It also provides resources to support those involved in litigation and advocacy on behalf of transgender individuals.

Trans Youth Family Allies (TYFA)
www.imatyfa.org
TYFA partners with individuals, families, educators, service providers and communities to develop safe and supportive environments respectful of all expressions of gender and gender identity.

World Professional Association for Transgender Health (WPATH)
www.wpath.org
WPATH is an international multisdisciplinary organization which publishes the well-known and authoritative document: Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People, Version 7 (2011).

G. Intersex-specific Resources

Accord Alliance
www.AccordAlliance.org
The Accord Alliance partners with patients and families, healthcare administrators, clinicians, support groups, and researchers to facilitate open communication and collaboration among all persons working together to improve care of those affected by intersex conditions (disorders [differences] of sexual development [DSD]).

Intersex Society of North America
www.isna.org
An organization seeking a world free of shame, secrecy and unwanted surgery for intersex people. Website provides FAQs and links to local resources.

Sylvia Rivera Law Project (SRLP)
www.srlp.org
SRLP is dedicated to improving the access of all people who are transgender, intersex, or gender non-conforming to respectful and affirming social, health and legal services.

Survivor Project
http://www.survivorproject.org
An organization dedicated to addressing the needs of transgender and intersex survivors of sexual and domestic violence. Able to provide consultation to agencies working with transgender and intersex victims of violence.

H. LGBTQ Youth-specific Resources

Advocates for Youth
www.advocatesforyouth.org/glbtq-issues-home
A national organization providing resources related to adolescent sexuality, including supportive resources for LGBTQ youth, their parents and those who work to support them.

Child Welfare League of America (CWLA)
www.cwla.org
An organization playing a leading role in assuring the respectful and supportive treatment of LGBTQ youth in the child welfare system through education, establishment of best practice standards, advocacy and policy initiatives.

The Equity Project
www.equityproject.org
A national project seeking to assure that LGBTQ youth in the juvenile justice system are treated with dignity, respect and fairness.

Gender Spectrum
www.genderspectrum.org
Gender Spectrum provides education, training and support to help create a gender sensitive and inclusive environment for children of all ages.

GLBT National Youth Talkline
Tel. 800-246-PRIDE
www.glnh.org/talkline
A talkline providing telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States.

GLBT Youth Support Project and OutHealth!
www.hcsm.org/glys
A project seeking to ensure safe and supportive communities for gay, lesbian, bisexual, transgender and questioning (GLBTQ) youth, adults, and their families through providing training, technical support and resources.

The Trevor Project
Tel. 800-850-8078
An organization focusing on LGBTQ youth suicide and its antecedents, hosting a 24-hour crisis and suicide prevention line for LGBTQ youth.

I. FILM

Wilson, J. & Hamer, D. (Producers & Directors). (2014). Kumu Hina. Honolulu, HI: Qwaves Films.

Xian, K. & Anbe, B. (2001). Ke Kulana He Mahu: Remembering a Sense of Place. Honolulu, HI: Zang Pictures, Inc.