



Doing our best for LGBTIQ survivors

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A project to inform Good Practice Responding to Sexual Violence -
Guidelines for mainstream crisis support services for survivors.
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This document has been prepared by Sandra Dickson, a bisexual, queer, cis feminist woman who has been working as an activist, volunteer and paid staff member in the gendered violence sectors for more than twenty years. She has had an interest in preventing and responding to sexual violence towards LGBTIQ people for at least a decade and set up the first LGBTIQ specific project responding to partner and sexual violence in 2015, Hohou Te Rongo Kahukura - Outing Violence.

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LGBTIQ stands for lesbian, gay, bisexual, transgender, intersex and queer or questioning. LGBTIQ, like Rainbow, is an umbrella term for people with diverse sexes, gender identities and sexualities. There are many other terms used to describe people from these communities in Aotearoa New Zealand including akava'ine, asexual, fa'afafine, fakaleiti, FtM, gender fluid, gender-neutral, gender nonconforming, genderqueer, gender variant, hinehi, hinehua, mahu, MtF, non-binary, palopa, pansexual, polysexual, rae rae, tangata ira tane, takatāpui, tóngzhì, trans man, trans woman, transfeminine, transgender, transmasculine, transsexual, vaka sa lewa lewa and whakawahine. Knowing every term is less important than respecting the words an LGBTIQ survivor uses to describe themselves, their bodies and their relationships, and mirroring this language when supporting them.

Sex – biological make-up (body and chromosomes). Everyone has a sex. Although there are infinite possibilities of bodies, people are usually assigned either “male” or “female” at birth. Sex is usually determined by a variety of things including chromosomes, reproductive organs and secondary sex characteristics. For example, intersex is the term used to apply to a wide range of natural bodily variations, and is much more common than typically thought. Some intersex traits are visible at birth while others become apparent in puberty. Some chromosomal intersex variations may not be physically apparent at all.¹

Sexuality – who someone is sexually, emotionally, physically and/or romantically attracted to. Everyone has a sexuality. Sexuality can change over time, for example, someone may be usually attracted to people with similar genders to them, but sometimes also be attracted to people with different genders to them. There are infinite possibilities. For example, takatāpui is a traditional term meaning ‘intimate companion of the same sex.’ It has been reclaimed to embrace all Māori who identify with diverse genders and sexualities.²

Gender identity – how someone identifies their own gender internally – there are an infinite number of possibilities including male, female, both, neither or somewhere in between. Everyone has a gender identity. Gender identity is independent of sexuality. For example, people assigned female at birth, who are now living as men may describe themselves as FtM, transmasculine or trans men. People assigned male at birth, now living as women, may describe themselves as MtF, transfeminine or trans women. People who view themselves as neither male or female, both male and female or different combinations at different times may describe themselves as gender non-conforming, genderfluid or genderqueer.³

In this document, when research findings are specific to one part of the LGBTIQ community, this will be signified. For example, although there is little research for all LGBTIQ people in comparison to sexual violence research overall (which is itself a challenging area requiring more attention), research specifically into trans, gender diverse and sex diverse survivors is even more sparse.

It is difficult to estimate the numbers of people who identify as LGBTIQ in Aotearoa New Zealand, since questions about sex, sexuality and gender identity are not routinely asked as part of information gathering,

¹ Intersex Fact Sheet.

² Takatāpui: Part of the Whānau, (2015).

³ Thinking About the Unthinkable: Transgender in an Immutable Binary World (2010).

and fear of discrimination and stigma is still likely to create undercounting in situations where questions are asked. The best estimates for sexuality and gender identity come from the nationally representative Youth 2000 data series, based on secondary school students.⁴ In Youth '12, 8% of secondary school students identified as same, both or neither sex attracted or unsure. Four percent identified as trans (a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl) or unsure about their gender identity. These figures indicate that around 12% of New Zealand's population may identify under sex, sexuality and gender diverse umbrellas.⁵

Methodology

This project has drawn on just completed original research through Hohou Te Rongo Kahukura – Outing Violence. The full report is available here. <http://www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-20161.pdf>

In addition, the researcher completed a literature review of published material, hosted two community workshops and held assorted key informant conversations via email and in person with LGBTIQ people working in the specialist sexual violence sector or inside LGBTIQ community groups to inform this work.

Hohou Te Rongo Kahukura – Outing Violence⁶ is a project dedicated to building Rainbow communities in Aotearoa New Zealand free of partner and sexual violence. Established in 2015, the first year involved creating a website with Rainbow-specific partner and sexual violence content, holding 20 community hui around the country to raise awareness of partner and sexual violence and establish what Rainbow communities wanted to address this violence; and running an online survey asking in depth questions about experiences inside intimate partner relationships; sexual violence both inside and outside intimate relationships; and experiences of help-seeking for Rainbow survivors.⁷ Results from both the community hui and the survey, which received responses from 407 people, have informed this document.

The literature review of research and guidelines relevant to good practice for LGBTIQ survivors utilised the Hohou Te Rongo Kahukura – Outing Violence resource library; contacted the New Zealand Family Violence Clearinghouse with a generic research request; and followed up research recommendations from key informants. All references are noted. There was a high degree of agreement in identified texts regarding kinds of sexual violence experienced by people in LGBTIQ communities; challenges in responding well to LGBTIQ survivors; and LGBTIQ cultural competencies for survivor services. Most research was not focused only on crisis response services, but on holistic responses to sexual violence for LGBTIQ communities. Some resources were aimed at some groups in the LGBTIQ community, in particular trans and gender diverse people.

In January 2016, an email requesting nominations for workshops in Auckland and Wellington in February to discuss developing good practice guidelines for LGBTIQ survivors was circulated through the TOAH-NNEST

⁴ Clark et al (2014) and Lucassen et al (2014).

⁵ This simplified definition for trans was used by the Youth 2012 research team to ensure the question was understood by all secondary students. No questions were asked about intersex status.

⁶ www.kahukura.co.nz

⁷ Hohou Te Rongo Kahukura – Outing Violence uses “Rainbow” to refer to people identifying under sex, sexuality and gender diversity umbrellas, in much the same way as this project is using “LGBTIQ”.

Tauiwi Caucus network. The email invited LGBTIQ identified people working in mainstream crisis response agencies to participate. Both workshops were also open to advisory group members from Hohou Te Rongo Kahukura – Outing Violence. The original response to this email inside the sexual violence sector was limited to two nominations from specialist agencies, one from a survivor agency, and one from a harmful sexual behavior agency. To increase participation, the researcher contacted a number of specialist groups around the country with staff or volunteers meeting the criteria identified. This resulted in more attendees, and some individuals and organisations participating via email/telephone. In addition, members of the Hohou Te Rongo Kahukura – Outing Violence advisory group unable to attend either hui were all offered the opportunity to participate via email, telephone or in person meeting. Several additional key informants from LGBTIQ communities were also identified, and contacted directly. The end result was participation of some form by nine individuals working in the specialist sexual violence sector for seven agencies, and eleven individuals working in the LGBTIQ community sector for ten agencies.

The community workshops included a presentation on the Hohou Te Rongo Kahukura – Outing Violence survey results, before moving to address four key questions:

1. How does homophobia, biphobia and transphobia – or the fear of these phobias – stop help seeking?
2. How do LGBTIQ+ norms affect how sexual violence happens?
3. What are the never do's for practitioners working with LGBTIQ+ survivors?
4. What do we want for LGBTIQ+ sexual violence survivors from services – what does it look like?

These questions were also answered by those answering via email or in person meetings. Information from all these sources has been integrated into the following document.

Why focus on LGBTIQ survivors?

Mainstream crisis support services in Aotearoa New Zealand were first established in the 1980s by the second wave feminist movement, predominantly to respond to men's violence towards women. In the 1990s, the beginnings of a male survivors' support network began. This history means that LGBTIQ survivors do not always perceive existing mainstream crisis services as being for them. In the 20 community hui held by Hohou Te Rongo Kahukura – Outing Violence in 2015, LGBTIQ people attending often did not know where they could go for help if they experienced sexual violence. While all survivor agencies were not well-known, male survivor services and kaupapa Māori services were almost completely invisible in LGBTIQ communities.

In addition, LGBTIQ community groups are often dealing with disclosures of sexual violence internally, and struggle to identify appropriate services for LGBTIQ survivors.

Ethical imperative to have a comprehensive response

Mainstream crisis support services recognise and attempt to respond to the ethical imperative to respond to all experiences of sexual violence and harm because of the impacts of trauma on survivors, family/whānau and communities. In addition, the location of sexual violence within relations of power and control is well recognised by the survivor sector. LGBTIQ people are vulnerable to being targeted for sexual violence because they break gender and sexuality norms. For example, boys and men who present as 'feminine,' trans people who do not conform to gender expectations, and women who have relationships with women all challenge

and can be targeted by systems which support male privilege and sexist oppression. Therefore, responding to LGBTIQ survivors is part of having a comprehensive response to sexual violence.⁸

Scale of the problem

There has for many years been a lack of research into LGBTIQ populations in terms of experiencing sexual violence. In recent years however there has been a surge in limited, small scale studies in the United Kingdom, Australia and the USA, often driven by the LGBTIQ community themselves.⁹ While most of these studies cannot be used to deduce population scale rates of sexual violence, they consistently demonstrate sexual violence is a significant issue for the LGBTIQ community in terms of high rates of lifetime prevalence.¹⁰ There are indications across these surveys that lifetime sexual violence experience for trans people may reach 50%, and that trans women of colour are most likely to be victimised.¹¹

In 2010, the Centers for Disease Control released results of their large scale population based study which measured experiences of sexual violence and compared across sexualities. With a data set of more than sixteen thousand people, this research is able to demonstrate statistically significant differences in lifetime experiences of sexual violence across sexualities.

Table One: Data from the National Intimate Partner and Sexual Violence Survey, Center for Disease Control¹²

Sexuality and Gender	Lifetime experience of rape	Lifetime experience of sexual violence other than rape including being made to penetrate, sexual coercion, unwanted sexual contact and non-contact unwanted experiences
Lesbians	13%	46%
Bisexual women	46%	75%
Heterosexual women	17%	43%
Gay men		40%
Bisexual men		47%
Heterosexual men	1%	21%

In the USA it appears bisexual people are significantly more likely to experience sexual violence than other sexualities, for both genders (the survey did not ask questions about gender identity); but also that gay men and lesbians are also more likely than heterosexual men and women respectively to experience sexual

⁸ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009).

⁹ See for example Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians, (2012).

¹⁰ Fileborn, B. (2012).

¹¹ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009); Transgender Rates of Violence (2012); Responding to Transgender Victims of Sexual Assault (2014) and Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected Hate Violence in 2014 (2015).

¹² National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation, (2010). Rape is defined by unwanted oral, anal or vaginal penetration. The numbers for gay and bisexual men were too small to measure due to the sample size.

violence other than rape. Bisexual women are also significantly more likely to be raped in their lifetime than women of other sexualities.

In Aotearoa New Zealand, the only population-based indicator available for sexuality and experiences of sexual violence comes from Youth 2000 data. Same and both sex attracted students are more likely to have been touched in sexual ways or made to do sexual things they didn't want to do (32%) than either female students of all sexualities (26%) or male students of all sexualities (14%).¹³

The Hohou Te Rongo Kahukura – Outing Violence research in Aotearoa New Zealand in 2015/6 cannot estimate population rates as the research utilised a snowball online survey technique rather than random sampling. This technique has proven effectiveness with hard to reach populations, including the LGBTIQ community,¹⁴ and involved promoting the survey through LGBTIQ online, print, radio and social media, and using the advisory group members as 'champions' to ensure various groups in the LGBTIQ community were aware of the survey.¹⁵ It was also promoted through the community hui road trip. However, snowballing means it is unclear whether people responded to this survey because they were more likely to have experienced partner or sexual violence than the average person in the LGBTIQ community. The survey was available online from 8 September 2015 until 8 January 2016 (four months). During that time it was answered by 407 respondents. Not all respondents answered every question.

The survey¹⁶ asked general information about age, identity, ethnicity and disability status, and respondents were diverse in all these areas. The survey moved on to ask about experiences in intimate relationships; unwanted sexual experiences; the effects of any abuse; and what any help-seeking experiences were like.

The sexual violence questions were introduced as "sexual things you did not want to happen, whether it was from a partner, a family member, someone you knew, or a stranger." The survey then asked specific questions about different kinds of unwanted sexual experiences, based on international surveys investigating prevalence rates, surveys specifically targeting LGBTIQ populations, and discussions and feedback from the Hohou Te Rongo Kahukura – Outing Violence advisory group about community experiences. Respondents were asked to identify for each experience how many people had done this to them. For each block of questions, respondents were reminded to focus only on unwanted sexual experiences.

The data from this survey is consistent with similar small-scale research elsewhere in terms of indicating significant issues with sexual violence for LGBTIQ communities. More than two thirds of people responding to that question had experienced unwanted touching of sexual body parts; more than half had experienced unwanted flashing or masturbation, unwanted kissing, or been pressured into sexual acts or touching they did not want during otherwise consensual sexual encounters. Nearly half of the respondents to that question had been made to touch someone else's body parts, and around a third had been made to show sexual body parts

¹³ Le Brun et al (2005) and Fleming et al (2007).

¹⁴ Lavender Islands: The New Zealand Study, (2007).

¹⁵ The launch of the survey was covered by GayNZ, Lesbian Radio, Lesbian Net Aotearoa, Manawatu Standard, Newswire.co.nz and Diversity Promotion Through Social Networking. It was also featured on many social media LGBTIQ sites including Facebook and the Human Rights Commission online newsletter. It's uncertain quite how widely promoted it was due to the "snowball" effect.

¹⁶ See Appendix One.

to someone when they didn't want to, or received threats they would be sexually assaulted. One in five people who answered that question had been made to look at or participate in sexual photos or videos.

**Table 2: Hohou Te Rongo Kahukura – Outing Violence – Sexual violence questions.
How many people have ever...**

Answer Options (n=330)	% one or more	% three or more
Exposed their sexual body parts to you, flashed you, or masturbated in front of you?	52	15
Made you touch their sexual body parts?	44	15
Made you show your sexual body parts to them?	39	12
Made you look at or participate in sexual photos or videos?	20	4
Threatened to sexually assault you?	30	10
Kissed you in a sexual way?	60	32
Touched your sexual body parts?	69	37
Touched parts of your body you did not want touched during sex?	50	19
During a consenting sexual encounter, pressured you to have sex in ways you didn't want to?	53	12

Table 3 responses were to more specific questions regarding being made to perform or receive unwanted oral, vaginal or anal sex. A reminder that responses should be limited to unwanted acts was stated at the top of this page.

As with the responses in Table 2, there are clear indications of concerning levels of sexual violence. Around half of people responding to these questions indicate experiencing coercion or being incapacitated due to drugs, alcohol or otherwise unconscious when unwanted oral, vaginal or anal sex took place. A third experienced pressure and one in four experienced physical force or threats. Just under one in five people had unwanted oral, vaginal or anal sex due to being pressured by someone with authority over them, and slightly more than one in ten were pressured by being expected to 'prove' their sexual or gender identity.

**Table 3: Hohou Te Rongo Kahukura – Outing Violence – Sexual violence questions.
How many people have ever made you perform or receive oral, vaginal or anal sex:**

Answer Options (n=329)	% one or more	or	% three or more
When you were drunk, high, drugged, asleep, or passed out	47		12
By using their authority over you, for example, your boss, teacher, or someone else in a position of power?	18		2
By pressuring you by e.g. telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumours about you?	33		5
By wearing you down by repeatedly asking for sex, or showing they were unhappy if you refused?	50		8
By telling you if you didn't have sex with them, you were not 'really' your sexuality/gender identity	12		2
By using physical force or threats?	26		6

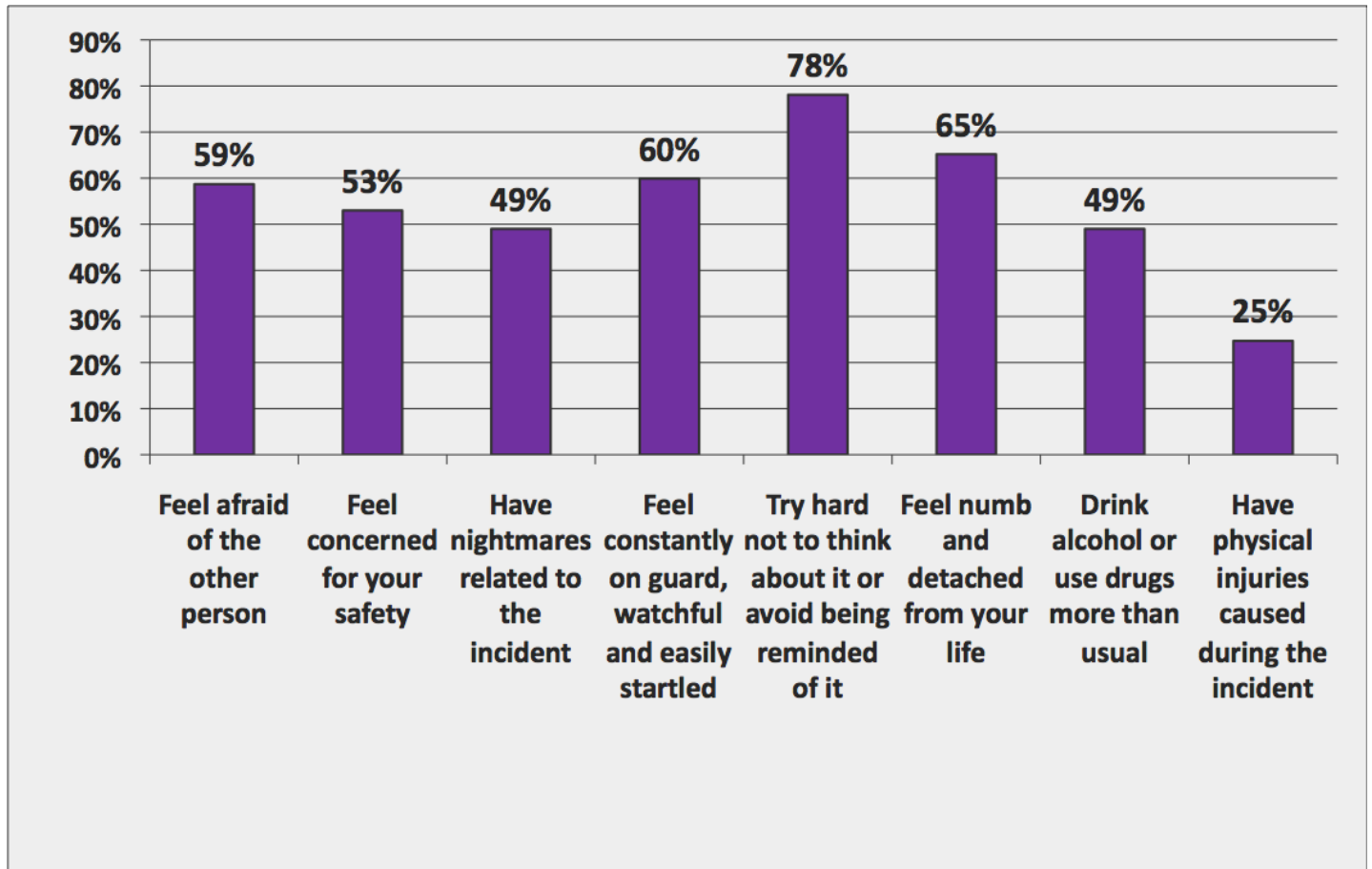
There is a growing research consensus, which the Hohou Te Rongo Kahukura – Outing Violence project adds to, that sexual violence is a significant issue inside LGBTIQ communities.

Focus on LGBTIQ Survivors – Types of Sexual Violence

People from the LGBTIQ community experience sexual violence in many of the same ways as other survivors, experience some common forms of sexual violence in different ways and experience distinct forms of sexual violence. All research suggests, as with other survivors, that the impacts of sexual violence on LGBTIQ survivors can be severe, complex and recurring over time as well as unique and individual.

The Hohou Te Rongo Kahukura – Outing Violence survey asked respondents about the impact of the worst incident of sexual violence they had experienced/described in the preceding survey questions. Chart 1 shows the responses, with percentages given for the respondents that answered this question. These percentages indicate that sexual violence experienced by respondents had severe impacts, with three quarters of respondents trying to forget the incident(s); approximately two thirds feeling numb, detached or constantly on-guard and easily startled; more than half reporting fear of the perpetrator; half feeling concerned for their safety or using alcohol and drugs more than usual, and one in four having physical injuries as a result of the sexual violence.

Figure 1: Hohou Te Rongo Kahukura – Outing Violence: Impacts of Sexual Violence (n=247)



Child Sexual Abuse

Few studies have compared rates of child sexual abuse across sexuality or gender identity, and this area is particularly sensitive to LGBTIQ communities, as homophobia, biphobia and transphobia mean people who do not conform to sexuality or gender norms have traditionally been (and often still are) pathologised. This means medical professions, in particular mental health professions, have sought to find a ‘reason’ for people being sex, sexuality or gender diverse, and frequently child sexual abuse has been suggested as a ‘cause’ of being LGBTIQ.¹⁷ This fear of being pathologised is a major barrier to LGBTIQ people seeking help for sexual violence, and will be discussed later in this document.

However, studies that have compared child sexual abuse rates across sexuality consistently find higher rates of child sexual abuse for LGBT people.¹⁸ Being a child who does not conform to gender norms and is perceived to be different appears to increase the risks of being targeted for child sexual abuse. In studies which have examined this correlation more closely, the majority of childhood sexual abuse survivors identifying as lesbian,

¹⁷ Let’s Talk About It: A Transgender Survivors Guide to Accessing Therapy, (2015).

¹⁸ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009); The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTQ, (2012); Roberts et al (2012) and Responding to Transgender Victims of Sexual Assault (2014).

gay or bisexual had some sense of their sexuality before the child sexual abuse, making researchers conclude that LGBTIQ status is not a pathological response to childhood sexual abuse.

In addition to higher rates, evidence suggests that child sexual abuse for gay and bisexual male survivors may involve higher levels of forced penetration, physical force, instances of multiple perpetrators and happen over extended periods of time in comparison to other male survivors.¹⁹

Nineteen percent of respondents to the Hohou Te Rongo Kahukura – Outing Violence survey who responded to this question indicated at least one of their perpetrators had been a family member (see Table 4).

Hate Motivated Sexual Violence – Punishment for Breaking Sex, Gender and Sexuality Norms

A range of studies in different countries indicate that LGBTIQ people experience sexual violence including verbal threats, contact sexual harassment and rape from people to punish their perceived sexuality, gender identity or gender expression. These types of sexual violence tend to be less likely to be reported to the Police and more likely to involve multiple perpetrators.²⁰ ‘Corrective rape’ is one term that has been used for one type of hate motivated sexual violence, when women believed to be lesbians are raped to ‘make them heterosexual’.

In the Hohou Te Rongo Kahukura – Outing Violence survey, 25% of people who answered that question said they had experienced physical injuries as a result of sexual violence. Hate motivated sexual violence may include attempts to cause physical damage including cutting of genitals and sexual body parts or bruising to people’s faces as well as homophobic, biphobic or transphobic verbal abuse and slurs about people’s identities or bodies.²¹ Hate motivated sexual violence towards trans and gender diverse people may also include perpetrators targeting body parts, especially sexual body parts, to oppose, deny or try to destroy gender identity or self-esteem (e.g. vaginal penetration of trans men).²²

Hate motivated sexual violence sits in a context of significant discrimination, harassment and violence experienced by LGBTIQ people (particularly those who are most marginalised such as trans and gender diverse people and Māori, Pacifica and other groups who experience racism as well as/intertwined with homophobia, biphobia and transphobia).²³ For example, same and both sex attracted students and trans students in New Zealand report significantly higher levels of fear of bullying, experiences of bullying and experiences of violence in school than do other students.²⁴

¹⁹ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009) and The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTQ, (2012).

²⁰ Practical Tips for Working with Trans Survivors of Sexual Violence (2008); Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009); Fileborn, B. (2012) and Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTQ, (2012) and Responding to Transgender Victims of Sexual Assault (2014).

²¹ Responding to Transgender Victims of Sexual Assault (2014).

²² Let’s Talk About It: A Transgender Survivors Guide to Accessing Therapy, (2015).

²³ Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence, (2010); Sheltering Transgender Women: Providing Welcoming Services (2014) and Responding to Transgender Victims of Sexual Assault, (2014).

²⁴ Le Brun et al (2005) and Fleming et al (2007).

Sexual Violence as Part of Intimate Partner Violence

While likely to vary between specific groups within the LGBTIQ community, reported rates of sexual violence as part of intimate partner violence for LGBTIQ survivors appear similar to rates non-transgender women report in relationships with men, and also appear to involve a similar continuum of behaviours including coercion, social pressure and the use of physical violence.²⁵ The forms of coercion may also involve patterns specific to LGBTIQ people, such as ideas about how gay men/lesbians have sex; pressures on bisexual women to have threesomes; or ideas about how ‘real’ women or men have sex.²⁶ Masculinity norms which suggest men should always want sex also provide the context for sexual coercion towards gay and bisexual men, and takatāpui tāne.²⁷

Normative ideas about masculinity and femininity can also operate to make it difficult for LGBTIQ survivors to recognise sexual victimization inside intimate relationships. This includes misconceptions that women cannot sexually abuse other women; that men cannot be victims of sexual violence because they always want sex; and that trans women cannot be victims of sexual abuse from non-trans women, because they are really men.²⁸

In the Hohou Te Rongo Kahukura – Outing Violence survey, respondents were asked to indicate who perpetrated sexual violence they had identified earlier in the survey. The results appear in Table 4. Sexual violence from intimate partners was the most common, with 63% of people who responded to this question indicating at least one partner had perpetrated sexual violence towards them.

²⁵ Fileborn, B., (2012) and The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTQ, (2012).

²⁶ Hohou Te Rongo Kahukura – Outing Violence (2015) – Bisexual Survivors, Gay Survivors, Lesbian Survivors and Trans and Intersex Survivors.

²⁷ Fenaughty et al (2006).

²⁸ Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010); Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence, (2010); Fileborn, B., (2012); The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTQ, (2012); Responding to Transgender Victims of Sexual Assault, (2014); Hohou Te Rongo Kahukura – Outing Violence (2015) – Bisexual Survivors, Gay Survivors, Lesbian Survivors and Trans and Intersex Survivors; Let’s Talk About It: A Transgender Survivors Guide to Accessing Therapy, (2015).

Table 4: Hohou Te Rongo Kahukura – Outing Violence – Relationship to Perpetrator

For each person who did these things to you, please describe their relationship to you when the incident(s) occurred (n=314)

Options	One	Two	Three or more	% with at least one of this perpetrator
Partner, boyfriend or girlfriend	134	43	20	63%
Friend	72	12	10	30%
Work colleague	13	6	3	7%
Someone I'd just met	64	10	26	32%
Family member	39	12	9	19%
Stranger	49	21	36	34%

Adult Sexual Violence from Other Perpetrators

The published literature makes little comment on sexual violence towards LGBTIQ adults which is not within an intimate relationship or defined as hate motivated. However, emerging evidence in the USA suggests that trans people experience sexual violence at concerning rates in a variety of professional, help-seeking contexts such as from police and health professionals.²⁹ The Hohou Te Rongo Kahukura – Outing Violence survey provided evidence in Aotearoa New Zealand that there are a range of perpetrator relationships, including sexual violence perpetrated by friends (30% of those responding); work colleagues (7%); someone just met (32%) and strangers (34%). While this will include perpetrators of hate motivated sexual violence, it also indicates, as with other survivors, that LGBTIQ survivors can experience sexual violence in many contexts as adults.

Research confirms that coercion techniques from all perpetrators towards LGBTIQ survivors may include alcohol and drugs, guilt and perceived emotional vulnerability.³⁰ In addition, sexual violence towards trans people may include pressures to be sexual (such as touching body parts which trans people do not want touched, or being touched in ways trans people do not want touched) which do not respect trans people's gender identity. Trans men may have masculinity undermined by forced vaginal penetration, or by touching their breasts, for example. It is also typical for perpetrators to tell LGBTIQ survivors that no one will believe them because of their sexuality or gender identity.³¹

Many of these strategies were used to perpetrate sexual violence against people responding to the Hohou Te Rongo Kahukura – Outing Violence survey, as noted in Table 3.

Focus on LGBTIQ Survivors – Cultural Contexts

²⁹ Responding to Transgender Victims of Sexual Assault, (2014); Let's Talk About It: A Transgender Survivors Guide to Accessing Therapy, (2015).

³⁰ Fenaughty et al (2006); Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009) and Hohou Te Rongo Kahukura – Outing Violence (2015) – Bisexual Survivors, Gay Survivors, Lesbian Survivors and Trans and Intersex Survivors.

³¹ Fileborn, B. (2009); Let's Talk About It: A Transgender Survivors Guide to Accessing Therapy, (2015).

LGBTIQ people share experiences of not fitting gender or sexuality norms, and the related discrimination, stigma and exclusion this creates. But there is no such thing as a typical LGBTIQ person – sexuality and gender identity are just one aspect of someone’s identity. LGBTIQ people vary in age, come from diverse ethnic and religious backgrounds, may be disabled or able-bodied, and come from any socio-economic background. Transmasculine (transitioning from female to male) and transfeminine (transitioning from male to female) experiences can be very different. It’s important for mainstream crisis support services to treat each LGBTIQ survivor as an individual, and honour all of who they are, in order to provide the most respectful and appropriate services.

For Māori, Pacifica and migrant and refugee survivors who identify as LGBTIQ, the most important thing may be survivor services which are kaupapa Māori or otherwise culturally specific.³² If in doubt, ask the survivor – they are the experts of what they need.

In order to recover after sexual violence, it’s critical mainstream crisis support services acknowledge the ways in which discrimination, stigma and exclusion can impact on healing processes for LGBTIQ survivors.³³ Years of messages that something is wrong with your body, your sense of your gender, and/or your attractions to others create shame, isolation and a lack of entitlement to being treated with respect which contribute to sexual violence not being recognised or being seen as ‘just how it is’ for LGBTIQ people. Seeking help after sexual violence will also typically involve needing to ‘come out’ as sex, sexuality or gender diverse.³⁴

Trans and Gender Diverse Survivors

Trans and gender diverse people in Aotearoa New Zealand often have extraordinary coping strategies and resilience in order to survive a world which often fails to recognise their experiences. It’s common to experience difficulties accessing healthcare you need (whether to transition or for other matters); discrimination in housing, education and employment; and harassment and violence.³⁵

Transitioning is not straightforward for either transmasculine or transfeminine people. Social transitioning involves acknowledging your gender identity yourself, and beginning to share with others in your life. This may include changing clothing, appearance, name and pronouns to fit with how people see themselves. Sometimes equipment such as binders (to flatten chests and appear more masculine) or breast or hip forms (to create softer curves and appear more feminine) may be used by trans people.

For other trans and gender diverse people, medical transition may feel important for safety or sense of self. In order to access hormones or other health related gender affirming procedures such as hair removal, surgeries or voice training, trans people in New Zealand must either bear the full and considerable costs themselves, or go through referrals from mental health systems which often still treat trans people as pathological.³⁶ Hormones in particular may feel very important for trans people wishing to masculinise or feminise their appearance and so be recognised in their preferred gender. Gatekeeping by mental health practitioners is

³² Fenaughty et al (2006).

³³ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009).

³⁴ Fenaughty et al (2006).

³⁵ To Be Who I Am: Report of the Inquiry into Discrimination Experienced by Transgender People, (2008).

³⁶ Let’s Talk About It: A Transgender Survivor’s Guide to Accessing Therapy, (2015).

frequently reported, and there is no consistent healthcare pathway around the country despite all available evidence indicating the significant positive impacts on mental health of transition related healthcare. This means trans people in New Zealand are not sure how to access what they need; often get conflicting advice when they try to access healthcare, and frequently report being misgendered (called 'he' when they prefer 'she' or vice versa), having confidentiality breached, and being called derogatory names as well as having to educate healthcare providers about trans issues.³⁷

It's also common for trans people to be asked invasive and inappropriate questions about their bodies, genitals and sexual practices by healthcare professionals and others. Therefore, many trans people have negative experiences of healthcare and mental health systems which may make help-seeking difficult. There are also fears for many that disclosing sexual assault may impact on access to gender affirming healthcare.³⁸

Because trans people may not have bodies typically associated with their preferred gender, the idea of trans people as 'dishonest' or 'deceptive' about their gender is a popular misconception. Being fooled about someone's trans status was used as an excuse for perpetrating violence towards people attending Hohou Te Rongo Kahukura – Outing Violence community hui. On one occasion, a trans woman called the Police after her husband sexually assaulted her. They had been married for ten years, but he successfully argued that he had been so shocked to find out she was a trans woman, that he sexually assaulted her. No action was taken by the Police.

Often this idea of 'dishonesty' or 'deception' is exacerbated by legal documents which are not in the same name or gender identity as that a trans person currently uses. The reality is, changing legal documentation can be time-consuming and expensive and may not be the first priority for trans people. This should not be taken as evidence they are not telling the truth about sexual violence or anything else.

As a small, often isolated community, trans and gender diverse people share experiences online of services they access, so people can avoid experiencing discrimination.³⁹ Fears about services, especially sex-segregated services which have not respected people's gender identities, can become widely known inside trans communities very quickly. Perceptions of sex-segregated services as unfriendly to trans people are common in Aotearoa New Zealand.

Trans, sex and gender diverse people may experience victim-blaming that focuses on their sex or gender identity, which may exacerbate the trauma of sexual violence.⁴⁰ Trans status was used as an excuse for perpetrating violence towards people attending Hohou Te Rongo Kahukura – Outing Violence community hui.

Trans people may have complex relationships with their bodies, whether they have had surgeries or not. This impacts on the kinds of sexual violence people may experience, such as having parts of your body being

³⁷ To Be Who I Am: Report of the Inquiry into Discrimination Experienced by Transgender People, (2008).

³⁸ Responding to Transgender Victims of Sexual Assault, (2014).

³⁹ Implications of the 2004-2005 Transgender Sexual Violence Survivor Research, (2005); The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012) Responding to Transgender Victims of Sexual Assault, (2014); and Let's Talk About It: A Transgender Survivor's Guide to Accessing Therapy, (2015).

⁴⁰ Hohou Te Rongo Kahukura – Outing Violence: Trans and Intersex Survivors, (2015).

touched you do not want to think about, which may increase trauma and sense of shame.⁴¹ It also may mean disrobing for health treatment or forensic examinations is particularly difficult, especially if it also means people will no longer be identified as their preferred gender. It's also very common for trans people to use different names for their body parts than are typically used (e.g. front hole might be used by trans men for their vagina, trans women may call their penises their clits).⁴²

Lesbian, Gay and Bisexual Survivors

Fears and experiences of homophobia and biphobia are common for lesbian, gay and bisexual survivors. Regular failures to acknowledge the possibility of similar-gender partners is a common occurrence for lesbian, gay and bisexual people in education, employment, social, health and other social service related contexts. Constructions of same, both and all-sex attractions as sinful and disgusting still inform many ways lesbians, gay men and bisexual people are talked about or imagined in the world. This may make it complex to disclose sexual violence, as people often feel strong desires not to open LGBTIQ communities up to negative scrutiny.

Sexuality education typically focuses on sexual relationships between (non-transgender) women and men. This may make lesbians, gay men and bisexual people who are just coming out particularly vulnerable to sexual violence in terms of pressures to be sexual in particular ways, being targeted by more experienced people and not having information to navigate desires and consent practices. Differences in age and experience have been found to enable coercion in Aotearoa New Zealand in sexual encounters between men and were frequently raised in Hohou Te Rongo Kahukura – Outing Violence community hui.⁴³ Much of lesbian and gay culture is a reaction to homophobia, and creating safe spaces to meet others, including to be sexual. Bars, clubs, casual sex sites and websites set up for gay, lesbian and bisexual people to hook up often heavily feature alcohol, and may make assumptions that consent has been established merely by being present or being online.

Gay, bisexual and takatāpui tāne may experience pressures to engage in unsafe sexual practices.⁴⁴ Bisexual people are often stereotyped as promiscuous and wanting sex all the time; bisexual women often report being pressured into threesomes.⁴⁵ Bisexual people may also be particularly isolated as biphobia often means they are perceived as undecided about their sexuality, or dishonest because they are 'really' either gay, lesbian or straight. This means bisexual people are much less likely to be 'out' than other sexualities.⁴⁶

In addition, lesbian, gay and bisexual people may experience victim blaming which focuses on their sexuality, either because their sexualities are seen as deviant, or because they are seen as over-sexed.

⁴¹ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009); Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010).

⁴² Implications of the 2004-2005 Transgender Sexual Violence Survivor Research, (2005) and The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012).

⁴³ This issue was raised in Hohou Te Rongo Kahukura – Outing Violence community hui and the workshops for this project. Also discussed in Fenaughty et al (2006).

⁴⁴ Fenaughty et al (2006) and Hohou Te Rongo Kahukura – Outing Violence: Gay Survivors, (2015).

⁴⁵ Hohou Te Rongo Kahukura – Outing Violence: Bisexual Survivors, (2015).

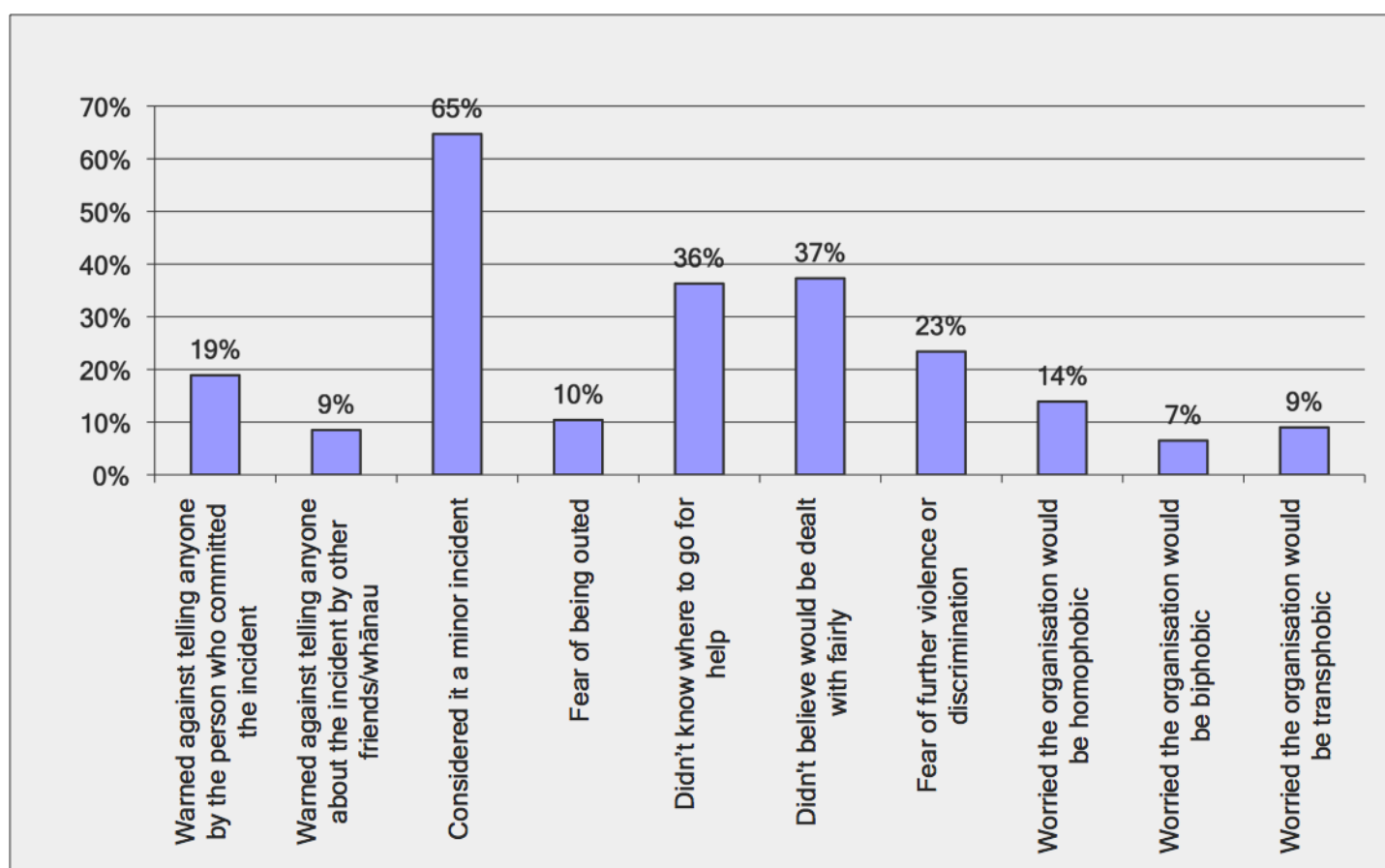
⁴⁶ Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians, (2012).

Barriers to help-seeking after sexual violence for LGBTIQ survivors

LGBTIQ survivors experience the same barriers to help-seeking as other survivors, and additional barriers, many due to shared experiences of discrimination, stigma and exclusion. In the Hohou Te Rongo Kahukura – Outing Violence survey, 150 respondents indicated they needed a specialist response to the sexual violence they experienced, yet only 40 respondents accessed a specialist sexual violence agency.

The survey asked respondents why they didn't ask for help after sexual violence. Responses are shown in Figure 2. Despite the serious impacts noted in Figure 1, respondents were still most likely to not seek help because they thought it was a minor incident (nearly two thirds). One in five respondents had been warned by the perpetrator not to seek help, and one in ten had been warned by someone else. Other reasons people did not seek help are discussed further below.

Figure 2: If you didn't report what was happening or ask for help from a professional organisation why not? (tick all that apply) (n=201)



Pathology – Sexual Violence Explains Being LGBTIQ

One of the biggest fears for LGBTIQ survivors, and a barrier to help-seeking identified in research, discussed in the workshops for this project, and noted in the Hohou Te Rongo Kahukura – Outing Violence survey, was being told they are lesbian, gay, bisexual, transgender, intersex or queer because they have experienced

sexual violence.⁴⁷ This has been experienced by LGBTIQ survivors seeking help from mainstream crisis services in Aotearoa New Zealand.

Lack of Visibility of Services

In the Hohou Te Rongo Kahukura – Outing Violence community hui, rainbow communities around the country often did not know where they could go for help. While all survivor agencies were not well-known, male survivor services and kaupapa Māori services were almost completely invisible in LGBTIQ communities. It's common for there to be a lack of outreach to LGBTIQ communities; lack of LGBTIQ-specific resources; a lack of relationship with LGBTIQ community groups, and a lack of resourcing to address these barriers.⁴⁸ More than a third of respondents in the Hohou Te Rongo Kahukura – Outing Violence survey answering the question about barriers to help-seeking said they did not know where to go for help.

Assumptions that people are straight, not-transgender, or about perpetrators

LGBTIQ survivors also report fear about experiencing, or actually experiencing, homophobia, biphobia and/or transphobia when they seek help to recover from sexual violence. This includes assumptions that they are straight or not acknowledging their gender identity. It also includes the misconceptions noted earlier that men cannot be raped, and women cannot rape, and a sense of protectiveness and not wanting to draw more negative attention to the LGBTIQ community.⁴⁹ A third of respondents to the survey also identified fear of being treated unfairly, one in four identified they did not believe they would be safe accessing services and 14%, 7% and 9% respectively identified fears of homophobia, biphobia and transphobia stopped them accessing help.

Fear of Outing

To seek help after sexual violence for most LGBTIQ survivors will involve coming out. This may be enough of a barrier on its own, particularly for trans people that are usually recognised in their preferred gender; younger LGBTIQ survivors; and LGBTIQ survivors in rural areas where everyone knows everyone or in smaller LGBTIQ communities (e.g. the only trans woman of Asian descent in a community will be very recognizable).⁵⁰ Trans people may be 'outed' if they have examinations that reveal they have body parts which are typically associated with another gender; if their identity documents have another name; or if someone discloses on their behalf.⁵¹

One in ten respondents to the survey who answered this question did not access specialist help after sexual violence because of fear of being 'outed'.

⁴⁷ Implications of the 2004-2005 Transgender Sexual Violence Survivor Research, (2005); Practical Tips for Working with Trans Survivors, (2008); Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009); Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence, (2010); Responding to Transgender Victims of Sexual Assault, (2014).

⁴⁸ Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence (2010).

⁴⁹ Fileborn, B. (2012) and The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012).

⁵⁰ Responding to Transgender Victims of Sexual Assault (2014).

⁵¹ The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012) and Responding to Transgender Victims of Sexual Assault, (2014).

Fear of the Police

Many LGBTIQ people, especially multiply marginalised groups such as LGBTIQ people who are Māori, Pacifica or from other ethnic minority groups of colour; trans sex workers and/or young LGBTIQ people may have had negative experiences with the police, which can block help-seeking.⁵² There are common misconceptions that help-seeking must include reporting to the police.

Shame

Shame and self-blame are issues for many survivors. For LGBTIQ people, taught by homophobia, biphobia and transphobia to view their bodies and/or sexual desires and attractions as deviant and wrong, sexual violence involves an additional layer of shame.

Inappropriate services

LGBTIQ survivors may believe mainstream crisis support services will be unlikely to help them or take sexual violence seriously. They may not recognise sexual violence as an LGBTIQ issue; they may not believe their sexuality or gender identity will be respected. This may have been informed by anecdotes about existing services which have been shared in LGBTIQ communities such as services judging survivor's gender identity by looking at them; LGBTIQ survivors being told they have been sexually assaulted because of their sexuality or gender identity; or partners and support people not being recognised when they attend in support of survivors.

Lack of training in LGBTIQ issues may mean that staff and volunteers at mainstream crisis support services do not recognise homophobic, biphobic and transphobic practices or barriers.⁵³

Mis-gendering a trans survivor may mean they never return to a service, as being recognised in their preferred gender may be their most important criteria for safety.⁵⁴

The elephant in the room for LGBTIQ people engaging with mainstream crisis support services is sex and gender. Many services in Aotearoa New Zealand are sex-segregated (separate for males and females) and treat sex as binary (only male and female) and immutable (does not change from birth). Because the LGBTIQ community includes people who do not identify as male or female; people who feel the sex they were assigned at birth does not describe them; and people who may have been harmed by people of all genders, sex-segregated services provide unique challenges for LGBTIQ people.⁵⁵ For trans and gender diverse people, especially those who are not always recognised in their preferred gender, sex-segregated services may be particularly uncomfortable.⁵⁶ In the USA, trans people's rights to access services in their preferred gender has been reinforced by legislation prohibiting discrimination.⁵⁷

⁵² Implications of the 2004-2005 Transgender Sexual Violence Survivor Research (2005).

⁵³ All these issues were raised explicitly in the Hohou Te Rongo Kahukura – Outing Violence community hui. See also Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence (2010) and The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012).

⁵⁴ Responding to Transgender Victims of Sexual Assault, (2014).

⁵⁵ Let's Talk About It: A Transgender Survivors Guide to Accessing Therapy, (2015).

⁵⁶ Responding to Transgender Victims of Sexual Assault, (2014).

⁵⁷ The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012) and Sheltering Transgender Women: Providing Welcoming Services, (2014).

LGBTIQ Recommendations for Mainstream Crisis Services

LGBTIQ cultural competence is an ongoing commitment to understanding and relationship with LGBTIQ communities and individuals. It's not a checklist but a process, that will change over time as LGBTIQ culture changes. It's important not to over-promise and be clear and honest about who can access your service. If you only serve lesbians and bisexual women but not trans women, gender non-conforming people or male survivors of any kind, say that, rather than describing yourself as LGBTIQ friendly. Cultural competence involves staff understanding their assumptions about LGBTIQ people, and engaging in ongoing reflection about homophobia, biphobia and transphobia.⁵⁸

Because of these things, it may be important to assess your agency's capacity to respond to LGBTIQ survivors and address organizational issues like staff training, policies and relationships with LGBTIQ community groups before reaching out to LGBTIQ survivors, to avoid responses which may alienate and be shared with other LGBTIQ people.⁵⁹

As with other survivors, the first response an LGBTIQ survivor receives will have a significant impact on whether they will continue to engage, and on how that survivor recovers over time. Be aware that many LGBTIQ people will have little trust of the Police or healthcare agencies, and this may impact on their willingness to engage.

These suggestions are not exhaustive, but may help mainstream crisis services better serve LGBTIQ survivors.

Relationships with LGBTIQ Community⁶⁰

Develop relationships with local LGBTIQ services to increase cultural competency and find out how your service is perceived in your community – do LGBTIQ survivors know what you do?

Collaborate on creating resources for your websites, posters and pamphlets which are LGBTIQ appropriate and name specific ways sexual violence happens for LGBTIQ people.

Create websites, posters and promotional material which features diverse images of LGBTIQ people, including similar gender couples.

Attend LGBTIQ events, advertise in LGBTIQ media and ensure outreach reaches LGBTIQ individuals.

Consider partnerships or supervision with gender diversity experts to address any transition related issues which come up.

Name not just homophobia but transphobia and biphobia too in your websites, posters and promotional material to send a message that your service is open to LGBTIQ survivors, not just gay and lesbian survivors.

Staff and Volunteers⁶¹

⁵⁸ Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009) and The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012).

⁵⁹ Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTIQ, (2012).

⁶⁰ Assessment: How Inclusive Is Your Agency to LGBTIQ Survivors?; Creating a Trans-Welcoming Environment: A Tip Sheet for Sexual Assault Providers; Is Your "T" Written in Disappearing Ink? A Checklist for Transgender Inclusion; Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010); Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence (2010); Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTIQ, (2012).

Advertise paid and voluntary roles in LGBTIQ media.

Include sexuality and gender identity in discrimination policies which protect staff and survivors.

Train all staff and volunteers in sexuality and gender diversity and update regularly, as the language is fluid and evolving.

Include LGBTIQ issues as a regular item on staff meeting agendas and peer supervision sessions.

Ensure all staff follow discrimination policies which interrupt and address LGBTIQ phobias with other agencies, staff members or survivors.

Physical Environment⁶²

Because help-seeking for LGBTIQ survivors may be more difficult, make sure they feel welcome in your agency. First impressions count.

Communicate that your service celebrates, not just tolerates, LGBTIQ individuals and communities through positive images, posters and signs in your public spaces.

Create an environment which celebrates gender and sexuality diversity and also understand that this may still not feel safe enough for some survivors to disclose in.

Ensure at least one bathroom is private and gender neutral, to allow all survivors somewhere safe to change and go to the toilet.

Confidentiality and Language – Survivors are the expert of their own experience⁶³

Ask and mirror the language LGBTIQ survivors use for their bodies and body parts --- trans people will often use non-traditional language for their genitals and other sex-linked body parts. Mirroring this language is particularly important, to respect gender identities which may have been undermined by sexual violence.

Ask and mirror the language LGBTIQ survivors use for their partners, relationships and identities. Do not assume partner's gender and avoid heteronormative language or pronouns. Do not assume someone with a same sex partner is lesbian or gay, ask them how they identify to avoid biphobia.

Ask and mirror the names and pronouns LGBTIQ survivors wish to use, whether they are present or not.

⁶¹ Assessment: How Inclusive Is Your Agency to LGBTIQ Survivors?; Creating a Trans-Welcoming Environment: A Tip Sheet for Sexual Assault Providers; Quick Organizational Audit: LGBT Visibility and Inclusion, (2001); Practical Tips for Working with Trans Survivors of Sexual Violence, (2008); Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence, (2009); Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010); Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTQ, (2012); The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012); Sheltering Transgender Women: Providing Welcoming Services (2014); Let's Talk About It: A Transgender Survivor's Guide to Accessing Therapy, (2015).

⁶² Assessment: How Inclusive Is Your Agency to LGBTIQ Survivors?; Creating a Trans-Welcoming Environment: A Tip Sheet for Sexual Assault Providers; Quick Organizational Audit: LGBT Visibility and Inclusion, (2001); Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010); Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTQ, (2012); Sheltering Transgender Women: Providing Welcoming Services (2014); Let's Talk About It: A Transgender Survivor's Guide to Accessing Therapy, (2015).

⁶³ Assessment: How Inclusive Is Your Agency to LGBTIQ Survivors?; Creating a Trans-Welcoming Environment: A Tip Sheet for Sexual Assault Providers; Practical Tips for Working with Trans Survivors of Sexual Violence, (2008); Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010); Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTQ, (2012); The Impact on Individuals and Communities: Sexual Violence and Individuals who Identify as LGBTIQ (2012); Pronouns and Transpeople, (2012); Terms Paradox, (2012); Responding to Transgender Victims of Sexual Assault, (2014); Sheltering Transgender Women: Providing Welcoming Services (2014); Let's Talk About It: A Transgender Survivor's Guide to Accessing Therapy, (2015).

Do not make assumptions about the gender of the perpetrator – ask open questions if the information is needed.

Explain confidentiality policies and respect LGBTIQ survivor’s rights to direct who knows about their sexuality and gender identity – inside and outside your service. Disclosing someone’s sexuality or gender without their consent mirrors patterns of power which may have been part of sexual abuse.

Intake Forms and Processes⁶⁴

If your service is sex-segregated, stated identity should be enough to access – if someone identifies as a woman, they should be able to access your service. If this is not the case, make it explicit in your outreach materials, so trans women (or trans men) survivors do not face the humiliation of not having their gender identity respected when they try to get help after sexual violence.

Do not ask gate-keeping questions about people’s body, genitals, hormones or surgery or require extra ‘proof’ for trans people as this is discrimination.

Create inclusive intake forms, client history forms and body maps which allow people to self-identify their sexuality and gender and are appropriate for LGBTIQ people.

Be aware that coming out for LGBTIQ people may take time, as survivors test whether this is a safe space in which to talk about themselves. This is not a sign of dishonesty.

Respect⁶⁵

Do not make assumptions about, or pathologise LGBTIQ identities. Do not assume sexual violence caused someone’s sexuality or gender identity.

Recognise trans people have unique relationships with mental health services as they have to navigate these in order to access transition-related healthcare, which may create lack of trust. Recognise fears around disclosing sexual violence and the impact this may have on accessed transition-related healthcare.

Acknowledge experiences of discrimination and stigma, and check in about what this means for resilience. Be aware if someone discloses their sexuality or gender identity to you, it is a sign of trust.

If you get someone’s pronoun or sexuality wrong, apologise and move on. Don’t make it a big deal, just try and get it right next time.

Explain why you are asking questions about bodies or sexual contact as LGBTIQ people, especially trans people, are used to being asked invasive questions to satisfy curiosity.

Take care and time when supporting LGBTIQ people with forensic examinations after sexual violence, as sexual violence may have involved parts of their bodies people would rather not think about which may create additional trauma. It may also ‘out’ people as trans, so survivors will need you to demonstrate respect for their preferred gender identity. Explain what is going to happen and why, and ask for permission at every stage. Use the words the trans person uses for their bodies.

⁶⁴ Assessment: How Inclusive Is Your Agency to LGBTIQ Survivors?; Creating a Trans-Welcoming Environment: A Tip Sheet for Sexual Assault Providers; Practical Tips for Working with Trans Survivors of Sexual Violence, (2008); Setting the Stage: Strategies for Supporting LGBTIQ Survivors, (2010); Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTQ, (2012); Sheltering Transgender Women: Providing Welcoming Services (2014); Let’s Talk About It: A Transgender Survivor’s Guide to Accessing Therapy, (2015).

⁶⁵ Assessment: How Inclusive Is Your Agency to LGBTIQ Survivors?; Practical Tips for Working with Trans Survivors of Sexual Violence, (2008); Creating Inclusive Agencies: Sexual Violence and Individuals who Identify as LGBTQ, (2012); Responding to Transgender Victims of Sexual Assault, (2014); Let’s Talk About It: A Transgender Survivor’s Guide to Accessing Therapy, (2015).

Using the language LGBTIQ survivors use for themselves, their bodies, partners, names and pronouns is validating and will help LGBTIQ survivors feel safe in your service. This is important after the trauma of sexual violence.

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