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# Supporting Lesbian, Gay, Bisexual and Transgender (LGBT) Survivors of Sexual Assault

*A chapter update to the “Support  
for Survivors” Training Manual*



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## **Preface**

This publication is a recent chapter update to the Support for Survivors Training Manual, which was first published in 2001 by the California Coalition Against Sexual Assault (CALCASA). The Support for Survivors manual was developed as a comprehensive training tool for staff and volunteers working with sexual assault and/or rape survivors. The training manual contains several chapters written by numerous experts from the sexual and gender violence fields. Collectively, these experts generously imparted their wisdom, knowledge and experience by writing specific chapters in the training manual. As a result, hundreds of staff and volunteers at local rape crisis centers have benefited from the manual's information and have positively changed the life of a sexual assault and/or rape survivor.

But as Marybeth Carter, CALCASA's Executive Director in 2001, noted in the manual's introduction, it is CALCASA's goal to ensure the Support for Survivors Training Manual remains "a fluid, living document that continues to evolve." As the 10<sup>th</sup> anniversary of the manual's original publication approaches, CALCASA has begun updating various chapters of the manual to acknowledge the many changes that have occurred in the field and in our society since 2001. Updating these chapters will also ensure crisis counselors and advocates receive the most current and accurate information. CALCASA will make these new chapter updates available online through its website at [www.calcasa.org](http://www.calcasa.org).

CALCASA is deeply grateful to the many people who contributed to the original Support for Survivors Training Manual and championed its creation, as well as to those who are now contributing their time, knowledge and expertise to update the manual's various chapters. CALCASA also wishes to thank the California Emergency Management Agency (Cal EMA) for their leadership, guidance and financial support for this chapter revision process and for their continued support of California rape crisis centers to provide critical services to sexual assault and rape survivors.

With gratitude,

Sandra Henriquez  
Executive Director  
CALCASA

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## **About this publication author:**

**Jennifer Valles** has extensive experience working in both the anti-sexual violence and LGBT communities. For several years, Jennifer served as the Community Programs Coordinator at the San Francisco LGBT Community Center, managing numerous community education and outreach programs. Jennifer also served as a trainer for the YWCA of Metropolitan Chicago Rape Crisis Hotline, where she trained hundreds of incoming volunteers and professionals in rape crisis intervention and prevention. While at the YWCA, she developed and incorporated additional materials specifically on sexual assault in the LGBTQ community. As a result, Jennifer increased queer-oriented sessions by 300 percent and started new queer-focused sessions including a Transgender specific session. In 2005, she was recognized as a "30 Under 30" honoree for her outstanding work on behalf of the local LGBTQ community.

While in Chicago, Jennifer also worked at the Coalition for Education on Sexual Orientation (now known as the Illinois Safe Schools Alliance), a group dedicated to end anti-gay and anti-transgender violence in Illinois schools. Jennifer provided trainings to school-aged youth on gender identity and sexual orientation and worked on developing curriculum for those trainings as well as external organizations. She wrote a "Real Life Issues Curriculum Infusion" document for Northeastern University on LGBTQ students and also developed a white paper on the intersections between the Queer Communities and the Disability Communities for a local agency.

Jennifer holds a Bachelor's degree in Psychology from the University of Illinois at Urbana-Champaign and is currently working on completion of her Master's degree. She is currently serving as the Accessibility and Awareness Chair for the Femme Conference, an annual conference event hosted by the Femme Collective ([www.femmecollective.com](http://www.femmecollective.com)), who are dedicated to: creating a Femme-positive environment, selecting programming to honor differences in ethnicities, physical abilities and gender expressions; and highlighting the intersection of queer Femme identity with issues of race, class, age and body.

CALCASA also wishes to recognize and thank **Danielle Tillman** for writing the original chapter in the 2001 Support for Survivors Training Manual regarding LGBT survivors, some portions of which are included in this update.

## **Introduction to Supporting Lesbian, Gay, Bisexual and Transgender (LGBT) Survivors of Sexual Assault**

Lesbian, gay, bisexual, and transgender (LGBT) individuals have always comprised a large part of society and have included many well-known figures throughout history. From such notable figures as artist Frida Kahlo and writer Gertrude Stein to composer Peter Tchaikovsky, LGBT people have undeniably shaped and influenced a large and invaluable part of our society.

Until recent times, LGBT individuals were part of a community not readily recognized by many people. Through strife and endurance, the LGBT community has struggled to become a strong and formidable force in our society. From increased attendance and visibility at LGBT celebrations, to characters on prime time television, the LGBT community has accomplished many goals in an attempt to attain equal rights for everyone.

Understanding the importance of different cultural practices, race, ethnicity, age, education, political affiliation, socioeconomic status and whether a person identifies as LGBT, plays a dominant role in forming a person's life. Other factors, such as homophobia, transphobia, and questioning one's identity, increase the difficulties an LGBT person may face. If an LGBT person is sexually assaulted, it only compounds the existing problems.

Sexual assault not only traumatizes a person, but also complicates the daily challenges that can exist in an LGBT person's life. Sexual assault is notoriously under-reported to law enforcement. Whether someone identifies as LGBT or is still questioning his/her sexuality, reporting the sexual assault creates new obstacles. The survivor may wonder whether law enforcement will be respectful and take the survivor seriously if he/she decides to report. The survivor may also wonder whether there are services to meet individual needs, or simply, if anyone will believe that a sexual assault occurred. These are some of the questions that rape crisis counselors may encounter when providing services to LGBT sexual assault survivors.

### **LGBT Definitions**

In order to define and better understand the LGBT community, one must keep in mind that not everyone conforms to the labels of *lesbian*, *gay*, *bisexual* or *transgender*. Each person identifies with words that make the individual feel comfortable. The use of language is important when working with survivors of sexual assault. In order to help decipher the different terminologies and compliment counseling skills, use the glossary provided (see Appendix A) to help work with survivors of sexual assault.

For some people, using the words *lesbian*, *gay*, *bisexual* or *transgender* is considered appropriate, while using the words *queer*, *dyke*, *switch-hitter* or *tranny* may not. Nevertheless, many have reclaimed the use of words such as *queer* or *dyke* to identify oneself. Even within the LGBT community, there exists an array of diversity; not everyone identifies by using the same names. Some may identify more with a particular culture or ethnic community and being LGBT may, in fact, be secondary or vice-versa. Different opinions and viewpoints exist when discussing the LGBT community and some

LGBT individuals may not always see eye-to-eye about defining the community or each other.

When working with LGBT survivors of sexual assault, it is helpful to let the survivor know that you have an understanding of the diverse identities that exist within the LGBT community and will not judge in any way. Mirroring the survivor's language can help minimize any discomfort he/she may be experiencing.

## **Sexual Assault in the LGBT Community**

### **A Common Myth**

Most people view sexual assault as a heterosexual crime where the typical perpetrator is male and the survivor is female. However, sexual assault can happen to anyone, including LGBT persons. As people work to dispel the myths about sexual assault, rape crisis centers can also dispel the myths about sexual assault in the LGBT community.

### **Underreporting**

The biggest weapon relied upon by perpetrators of sexual assault is the expectation of silence from victims. This silence, proliferated by fear, shame, self-blame and threats of retaliation by the perpetrator, makes sexual assault one of the most underreported crimes. According to the National Coalition of Anti-Violence Programs (NCAVP), in 2009, there were more than 2,000 violent incidents against LGBT persons tracked by Anti-Violence Projects throughout the United States, 22 of which were hate murders. Of the murders, 79 percent were people of color and 50 percent were transgender women. Only 74 of those incidents involved reported cases of sexual assault/rape of an LGBT person. Perpetrators are aware that in some communities, LGBT persons must deal with potential discrimination, disbelief by the criminal legal system, unwanted media attention and disclosure of sexual orientation. For that reason, the LGBT community, which includes "closeted" married women and men, military personnel or single parents, has been a vulnerable target for many perpetrators of sexual assault. Disclosing the sexual assault poses a risk of losing one's job, family or friends.

### **Same-Sex Sexual Assault**

Same-sex sexual assault occurs more frequently than is reported to law enforcement. The dynamics of underreporting are complicated, and involve several different factors:

- Sexual assault is commonly perceived as male-against-female violence. This stems from the misperception that men cannot be victims of sexual assault. Similarly, women are rarely considered perpetrators in same-sex violence.
- In heterosexual relationships, there are certain gender roles that exist. In same-sex relationships, this is not always the case. For the most part, there are no gender-dominant roles that exist in a same-sex relationship. Nevertheless, an intimate partner can also be sexually assaulted in the relationship; it is not exclusive to a heterosexual relationship. The sexual assault is usually a part of a bigger issue known as intimate partner violence (IPV). IPV can exist in both heterosexual and homosexual relationships, as it is not about sex, but rather power and control.

- If an LGBT person is struggling with coming out, he/she may believe that the sexual assault could have simply been a first-experience — something everyone must go through when coming out. This way of thinking might cause someone to remain closeted. The survivor may not be able to make the distinction between consensual sex and sexual assault.
- A person, who is sexually assaulted by an acquaintance, may be less likely to report the sexual assault. Since many homophobic individuals portray LGBT people as being sexually promiscuous and predatory, disclosing the assault only reinforces the stereotype. The person may believe that disclosing the sexual assault would somehow betray the LGBT community.
- Some people are reluctant to utilize support services offered at an LGBT center. Since the LGBT community is close-knit, confidentiality may be a concern for many survivors. They may know someone who works at the center, or the perpetrator may be an employee of the center, thus creating an unsafe place for the survivor to disclose information about the sexual assault.

Finally, LGBT survivors may not know that they are able to utilize services at a rape crisis center. They may feel that they can only receive services through an agency that would understand their sexual orientation and gender identity. Rape crisis centers may need to model that they are a competent resource for LGBT survivors. Creating collaborations with LGBT centers or groups is a way to reach the community to provide support and advocacy on issues pertaining to rape and sexual assault.

### **Bisexuals and Sexual Assault**

Bisexual survivors may have the same concerns, issues and challenges as lesbians, gays and straight people, but they risk not receiving any compassion from victim service providers (e.g. LGBT centers, social services agencies) because of the stigma. Some providers may even blame bisexual survivors for the sexual assault, since they *choose* to have both men and women as their sex partners. A bisexual survivor may not feel comfortable going to an LGBT center; he/she may also feel uncomfortable going to a mainstream provider for assistance, for fear of homophobia. Similarly, if a bisexual survivor is in an abusive relationship or assaulted by someone of the same sex, he/she may still feel reluctant to seek services at an LGBT center because of the fear of betraying the community. He/she may also be harboring feelings of internalized homophobia.

There is limited information or data on sexual assault specific to the bisexual community. Typically, bisexuals are grouped with the entire LGBT community in terms of data collection or resources. They are generally not seen as having different, specific needs, apart from the rest of the LGBT community, when it comes to sexual assault support services. By contacting bisexual organizations, rape crisis centers can connect with the bisexual community and create an opportunity to educate staff, advocate for services specific to bisexual survivors and increase public awareness on issues related to bisexual survivors.

### **Transgender People and Sexual Assault**

Transgender persons are often treated as outsiders, even within the LGBT community. Of all the members of the LGBT community, they are the most misunderstood group

because their transgender identity is not based on sexual orientation but rather on gender identity. It is also important to note that sexual orientation and gender identity are not the same; many transgender individuals are heterosexual. As a result, some transgender persons may identify as part of the LGBT community, while other transgender individuals may not.

Prejudice makes transgender people the targets of some of the most horrific and vicious violence. The prejudice comes not only from individuals (strangers and acquaintances), but also from institutions (law enforcement, medical professionals and other service providers). Because of a lack of understanding of transgender issues, many service providers feel uncomfortable or threatened, and are unable to provide services to transgender survivors.

As a result, many transgender survivors may not disclose the sexual assault. Furthermore, if the survivor identifies as both transgender and lesbian, gay or bisexual, he/she may face the additional discrimination of homophobia along with transphobia. Since transgender-focused services are scarce in many areas, most of these survivors do not receive the necessary counseling and advocacy. Transgender persons typically face rejection from family and the community, thus having limited access to education and employment opportunities.

Transgender persons are also often subjected to violence solely based on their appearance. Many are stalked and eventually sexually assaulted specifically for their *gender-bending* appearance. Co-authors Witten and Eyler point out that “violence against members of the transgender community shares many similarities with violence stemming from anti-female hatred and anti-LGBT (and other hate crime) attacks.”<sup>1</sup> For example, a male-to-female transsexual may simultaneously experience a sexual assault and hate crime. His perpetrator may be sexually assaulting the transsexual as a woman, gay male, and/or *gender-bender*. An example of the violence against transgender individuals can be seen in the case of Brandon Teena. Brandon Teena was a teenage transgender male who was sexually assaulted and murdered in a rural Nebraska town because he had been living his life as a male and not as his assigned gender of female. This brutal crime of hatred was a result of society being threatened by someone simply living as his chosen gender, and retaliating with lethal violence.

Because of their lack of awareness on transgender issues, many medical professionals and law enforcement officers may not be equipped to handle the possible needs of a transgender survivor. They may respond with judgment and even withhold services. By increasing awareness through collaborations with LGBT centers and transgender groups, rape crisis centers can educate law enforcement and medical professionals in providing services to transgender sexual assault survivors in a sensitive, non-judgmental manner

People can increase awareness of the issues facing transgender survivors (stigma, hate and violence) as a result of their gender identity. Rape crisis centers can enhance services by connecting and collaborating with local transgender programs and

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<sup>1</sup> Witten, T.M. & Eyler, A.E. (1999). Anti-transgender violence: The “Invisible” Human Rights Violation. *Peach Review: An International Quarterly*. 1-10. (In Press).

community groups, or contacting regional or state agencies for further information about transgender issues or needs.

## **Survivors in the Military**

The Armed Forces are aware of the sexual violence that is rampant in the military. The Navy, for example, boasts a program called SAVI (Sexual Assault Victim Intervention). Sexual assault survivors are referred to this program and counseling advocacy services are made available. Other branches of the military provide services through a Family Advocacy Program. Rape crisis centers can also collaborate with these agencies to offer survivors a different option when seeking fully confidential services for a sexual assault.

LGBT sexual assault survivors who are military personnel must deal with the issue of possible discharge after reporting a sexual assault. Since service women and men are not afforded confidentiality, reporting the sexual assault may disclose the survivor's sexual orientation; thus, leading to her/his discharge for violating the "Don't Ask, Don't Tell" policy on homosexuality in the military.<sup>2</sup> Since homophobia is quite pervasive in the military, if a person's sexuality is brought to question, it may be further scrutinized or investigated (perpetuated by the myth that all male-male sexual assault is gay in nature, or if a lesbian is assaulted by a fellow serviceman, then reporting may prompt the perpetrator to disclose the survivor's perceived sexuality as a method of defense). Survivors are then discharged from the military and are denied any benefits, including counseling services for the sexual assault.

If LGBT survivors are discharged, they may or may not be referred to local rape crisis centers for follow up services. It is advisable for rape crisis centers to collaborate with military programs in helping provide a continuity of support services to these survivors. By creating a strong relationship with military programs that deal with sexual assault, rape crisis centers can help LGBT survivors in the military receive sexual assault services in a confidential setting. Here are a few recommendations to help reach survivors in the military:

- Provide training for military sexual assault intervention programs or family advocacy programs;
- Invite military sexual assault program or family advocacy program staff to attend your Sexual Assault Crisis Intervention Training, Sexual Assault Response Team (SART) meetings, fundraisers and events;
- Establish a protocol with military sexual assault or family advocacy programs in making referrals to rape crisis centers for LGBT survivors. Provide a contact person at your agency to create a more consistent relationship; and
- Have your rape crisis center brochures and hotline number available at the military sexual assault or family advocacy center.

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<sup>2</sup> On December 22, 2010, President Barack Obama signed a new law repealing the 17-year old "Don't Ask, Don't Tell" policy that forced gay men and women to hide their sexual orientation or face dismissal. Its repeal comes as the American public has become more tolerant on such issues as gay marriage and gay rights in general. However, at the time of this publication, it is still unclear on how the new law will be implemented by the Pentagon and what new procedures will take place. CALCASA will update this publication when clearer details are provided by the Pentagon, hopefully in 2011.

## **Recommendations for Working with the LGBT Community**

Accessing the LGBT community can be a challenge for some rape crisis centers with limited resources. To enhance service capacity, below is a list of recommendations to assist rape crisis centers in providing services to LGBT survivors in a comfortable and safe environment. As centers enhance knowledge on LGBT issues and gain support from the community, they will be able to expand their existing sexual assault prevention and intervention services in the community. Initiating collaborations with the LGBT community is crucial in reaching survivors that may not be aware of the services of rape crisis centers.

### **Considerations for Counselors**

- When training new staff and volunteers, encourage them to examine their comfort level when working with LGBT survivors. Have them also examine the stereotypes they may be holding.
- Remember that not all survivors label themselves as LGBT. Be cognizant of the language you use.
- Keep in mind that survivors can be either LGB or straight. Avoid assumptions based on a person's appearance. Use neutral words such as "partner" or "significant other."
- If a survivor discloses her/his identify as LGBT, reflect his/her language: use terms such as "partner," "life partner," or "significant other," instead of "friend," "girl/boyfriend," or "wife/husband." Also have this reflected in any intake forms.
- Understand that there are cultural differences among LGBT survivors.
- Mirror words that survivors use to describe the sexual assault. They may not be comfortable or familiar with words such as sodomy or intimate partner violence.
- Survivors who live in rural areas or where there are fewer LGBT organizations and resources may need extra assistance in finding support.
- When referring LGBT survivors to other providers, ask if they would like LGBT specific resources, as some may not identify with the LGBT community.
- When counseling significant others, who may also be LGBT, be aware that they may have distinct needs in helping their loved ones. Because the majority of institutions do not recognize LGBT relationships, partners may have difficulty in helping survivors navigate legal systems, medical care and other social services.
- Reassure and inform survivors that they are entitled to the same treatment from centers and other service providers like heterosexual survivors. It may be helpful to refer a survivor to a legal advocate who is familiar with state laws regarding same-sex sexual assaults, hate crime laws and laws regarding LGBT survivors' legal rights.

### **Considerations for Rape Crisis Centers**

- Foster an inclusive, supportive environment when working with survivors.
- Connect with the LGBT community to familiarize yourself on current issues such as domestic partnerships and LGBT persons in the military.
- Contact your local or regional LGBT agency for more information and as an opportunity to begin a collaborative relationship.
- Subscribe to LGBT magazines at your agency (i.e., *The Advocate*, *Human Rights Quarterly*) or have local LGBT newspapers available at your center. Contact the LGBT center nearest you for subscription information.

- Provide information specific to LGBT issues, such as pamphlets on coming out or same-sex sexual assault.
- Invite LGBT community speakers or survivors of sexual assault to present a workshop at your agency. Invite them as guest speakers at your sexual assault crisis training for staff and volunteers.
- Provide a table or booth at LGBT events with information on sexual assault and the services your agency provides (e.g. LGBT pride festivals). Remember to ensure that the language in the information is neutral (“partner” vs. “spouse”).
- Provide agency information and sexual assault information at local LGBT centers.
- Advertise your rape crisis hotline in local LGBT newspapers, LGBT center newsletters or on the LGBT center’s website.\*
- Advertise the rape crisis line in your local paper or a community center with emphasis on LGBT outreach. \*\*
- Provide a website link on an LGBT center website and vice-versa.
- Invite local law enforcement, fire department and medical personnel to trainings on LGBT issues or offer to present on LGBT issues at their next training.
- Provide information on LGBT sexual assault at your agency. If there is none available, contact your local or regional LGBT center for information or ideas on creating a pamphlet that highlights the agency’s commitment to helping LGBT survivors.
- Recruit board members, staff and volunteers who represent the LGBT community.\*\*\*
- Post flyers announcing your agency’s next volunteer training at LGBT centers.
- Advertise job openings where LGBT persons are likely to read them. (e.g. LGBT websites, centers, etc. )

**NOTE:**

\* Ensure your staff and volunteers are educated and able to support LGBT-identified survivors before doing outreach to the LGBT community.

\*\*In rural areas, keep in mind that some LGBT people may not be comfortable coming to a rape crisis center. Your center may be perceived as the place where only rape survivors go; their presence may automatically create assumptions and/or begin rumors about them. In rural areas, many LGBT people know each other and keeping the sexual assault confidential may be a challenge. Reassure LGBT survivors that all information will be kept in strict confidence and will not be released to anybody in the community. Providing a confidential meeting space, such as your local library, church or community center where survivors can feel comfortable can help them feel more at ease and more likely to access services from your agency.

\*\*\*It is important that your agency has made a commitment to LGBT inclusion in policy and practice before actively recruiting members of the LGBT community. You should not expect that the presence of LGBT-identified staff, volunteers or board members will in and of itself make your agency inclusive. Furthermore, these individuals should be able to expect to join an organization that is welcoming and inclusive if being actively recruited, not be put in a position to do that work themselves.

## **GLOSSARY**

**Biphobia:** The invisibility of bisexuals as an existing group that cannot be identified by their sexual partners; and the belief that everybody is either straight or gay. Also, a fear or hatred of bisexuals because of their perceived ambivalence in choosing an intimate or romantic partner.

**Bisexual:** One who has significant sexual and romantic attractions to members of both sexes.

**Butch:** "Masculine" or macho dress and behavior, regardless of sex or gender identity. A sub-identity of lesbian or gay men, based on masculine or macho dress and behavior.

**Cisgender:** Anyone who is not transgender.

**Cissexism:** The belief that everyone is non-transgender.

**Closeted:** Used to describe someone who has not yet "come out" or disclosed his or her sexual orientation to another person, i.e. he is closeted at work, meaning he is not open about his sexuality at work.

**Come Out:** To disclose one's own sexual identity to another person.

**Cross Dresser/Transvestite:** A person who desires to dress and occasionally act as the opposite gender than the one with which they primarily identify. Most are usually heterosexuals, often married, who never desire sexual reassignment surgery.

**Drag (In Drag):** Clothes, often unusual or dramatic, used mostly by drag queens/kings as part of entertainment for a show or act.

**Drag Queen:** A male who cross-dresses and uses stereotypically feminine and dramatic clothes, makeup and mannerisms often as part of entertainment for a show or act, and is usually a gay male.

**Drag King:** A female who cross-dresses and uses stereotypically masculine clothes, dialogue, voice, and mannerisms often as part of entertainment for a show or act, and is usually a lesbian.

**Dyke:** Reclaimed slang. Refers to lesbians and/or bisexual women. When used by straight people, it is often viewed as derogatory.

**FTM:** Female to male. Used to specify the direction a person is going when changing sex or gender role from female to male.

**Femme:** "Feminine" or effeminate dress and behavior that is regardless of their sex or gender identity.

**Gay:** One who has significant sexual and romantic attractions primarily to members of the same sex as oneself. Often refers only to gay men, others use this term to refer to gay men and lesbians.

**Gender Bending/ Blending:** Dressing in such a way as to question the traditional feminine or masculine qualities assigned to articles of clothing or adornment.<sup>3</sup>

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<sup>3</sup> GLBT Definitions: Gender Bending/Blending. Out Front Minnesota, Minneapolis, MN 55409-1337, [www.outfront.org](http://www.outfront.org), 2000.

**Gender Identity:** An identity, usually based on the body we are born with, i.e. the sexual organs. Someone who is assigned one gender at birth may not feel comfortable in that gender and struggle with feelings that identify more with another gender. Some may go through sexual reassignment surgery (SRS) to help their body (sex) match their feelings. See Sexual Reassignment Surgery (SRS).

**Genderqueer:** Someone who transgresses traditional gender boundaries and considers their gender as neither “man” or “woman”, but outside of the gender binary.

**Gender Neutral Pronoun:** A pronoun that is not associated with any gender. Examples of gender neutral pronouns are “hir” (to be used in place of her/him), “ze” (to be used in place of she/he) and “sie” (another form of “ze”).

**Heterocentrism:** Based on the term “egocentrism,” heterocentrism refers to the view that heterosexuality is all that exists. People who think from a heterocentrist perspective assume that single men they meet must be looking for a woman to date or that two middle-aged women who live together must be “very good friends” or “old maids” just waiting for the right man. Heterocentrists may not intend to be harmful, they just cannot see beyond their own values and experiences. Heterocentrists may be equally as discriminatory as heterosexists in the lack of recognition and acknowledgment of the needs of the lesbian or gay community.<sup>4</sup>

**Heterosexual:** One who has significant sexual and romantic attractions primarily to members of the opposite sex.

**Heterosexism:** The institutional and societal reinforcement of heterosexuality as the privileged and powerful norm. The assumption that heterosexuality is good and acceptable, and that other sexual identities and attractions are bad and unacceptable.

**Homophobia:** Originally, an irrational fear of homosexuality and homosexuals. Developed into a term for the oppression of lesbians and gay men, and later into a term for all aspects of oppressions of lesbians, gays, and bisexuals. This oppression ranges from anti-gay prejudice/discrimination, verbal harassment, sexual assault, and rape, to murder based on the targeted person's (perceived) sexual orientation. May also include self-hatred and resistance to self-acceptance (internalized homophobia) by LGB persons.

**Homophobe:** One who is afraid of or oppresses people because of the actual or perceived sexual and romantic attractions to members of the same sex.

**Homosexual:** Formal or clinical term for gay, usually meaning gay male, sometimes meaning lesbian and gay persons, and occasionally including bisexual persons. The terms “homosexual” and “homosexuality” are often associated with the proposition that same-gender attractions are a mental disorder (a myth that was dismissed in 1973), and are therefore not often used by some people.

**Internalized Homophobia:** A self-hatred and resistance to self-acceptance by LGBT persons.

**Lesbian:** A woman who has significant physical, psychological and emotional attractions to some other women.

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<sup>4</sup> Hardin, Kimeron Ph.D. *The Gay and Lesbian Self-Esteem Book: A Guide to Loving Ourselves*.

**LGB/LGBT/LGBTQ/GLB/GLBT/GLBTQ:** Acronyms used to refer to persons who identify as Lesbian, Gay, Bisexual, Transgender), or are Questioning their sexual orientation or identity.

**MTF:** Male to female. Used to specify the direction of sex or gender role change.

**Omnisexual** (also Pansexual): People who have significant physical, psychological and emotional attractions to some other people regardless of sex or gender. Rejects that there is a gender binary.

**(To Be) Out:** To be open about one's sexual identity with someone or in a situation (*I am out at work.*)

**Preoperative Transsexual (Pre-op TS):** One who is actively planning to switch physical sexes.

**Queer:** Reclaimed slang for the population of persons who identify as LGBT. Not accepted by all LGBT persons, especially those who recall the memories of abuse this word caused when used against them as youngsters. Queer is also used as a primary sexual identity. People who identify as queer often do so as a way to indicate progressive or radical political leanings and/or to resist the gender binary. For example, a woman who identifies as queer indicates that she has significant physical, psychological and emotional attractions to people of all sexes and genders.

**Rainbow Flag:** A multicolored flag that was originally designed for the 1978 Gay Pride celebration in San Francisco. The six rainbow colored stripes symbolize the diversity among the gay and lesbian population. The flags have become an international symbol of lesbian, gay, and bisexual freedom and pride.

**Sexual Identity:** How we label ourselves (heterosexual, bisexual, gay or lesbian)

**Sexual Orientation:** The direction (toward males, females, or both genders) of our emotional, social, psychological, and physical attractions. It is a continuum ranging from LGBT on one end to straight at the other end. Sexual orientations occur normally throughout the continuum.

**Sexual Preference:** This is an outdated term used to describe one's sexual orientation. Preference was changed to sexual orientation because it suggested people had a choice in how they developed their sexual and romantic attractions.

**Sexual Reassignment Surgery (SRS):** A surgical procedure that changes one's primary sexual organs from one sex to another (penis to vagina or vagina to penis).

**Straight:** Colloquial for heterosexual.

**Survival Sex:** Exchanging sex for money, shelter, food, etc., as a way to survive.

**Transgender:** The groups of all people who are inclined to cross the gender line, including transsexuals, cross-dressers, and gender benders. This is how the word is commonly used today. Referred to as the "umbrella definition" as it covers all behaviors that transcend traditional gender norms.

**Transitioning:** The process by which a person goes from being one gender to another. Since there is a broad spectrum when it comes to being one gender or the other, a person may exist anywhere along the continuum. That is, they may choose not to have SRS, they may choose to live their lives as non-op transsexuals, or cross-dressers.

**Transphobia:** A fear or hate of people whose gender identity or perceived gender identity does not match the societal norm or the sex with which they were born.

**Transsexual:** A person who thinks and may seriously act upon changing sexes through sexual reassignment surgery (see SRS). Pre-operative transsexuals include those not yet undergoing surgery; post-operative transsexuals are those who have received surgery; non-operative transsexuals are those who cannot or choose not to have surgery. Important note: all transsexuals refer to themselves by the pronoun of the gender they identify with, regardless if they are pre, post, or non-operative.