Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ) Language

This FAQ resource was created using questions and comments from individuals in the anti-sexual violence movement. Responses and guidance were provided by practitioners working to further the LGBQT movements. This resource is intended as a guide for personal reflection, individual and agency education, and strengthening culturally-specific responses to our communities.

What words can advocates use with all clients to create affirming spaces?

There are many different ways to communicate. Creating an affirming space takes both verbal and nonverbal communication. Verbal communication includes the words you say to a victim*, but also the words they hear and see throughout your agency. Addressing all forms of communication, from speaking to creating signs, helps create an inclusive environment. Nonverbal communication includes body language and posture – how do we physically respond when someone discloses? Do we lean in? Do we back away?

Speaking practically, the language you use should mirror the language of the person you are serving. For example, if a survivor identifies her significant other as her "partner," use that language. Validating the language and using open-ended questions to allow for flexibility are best practices when trying to create a space where individuals feel comfortable sharing personal information.

A useful approach might be to see the inclusiveness of a center is only as strong as the staff member or volunteer who is least comfortable or knowledgeable. It is important that all staff feel skilled in serving survivors who identify as LGBTQ – it should not be the focus of one staff member alone. In order for inclusive practices to be effective, they must become part of agency practice and overall approach.

What words/terms are NOT recommended?

When discussing language, remember the "Terms Paradox" (see the FORGE handout list below for more details). In short, the paradox states that while language and terms are important, they are also meaningless. In other words, how one person may identify may not be how another person identifies. For example, a survivor identifies her partner as a woman, but does not identify as a lesbian. It is not your responsibility or role as an advocate or practitioner to "help" her come out, but to respect her relationship and her way of describing that relationship. Listen carefully and with the intention of understanding. There are some words, however, that may be inappropriate or offensive if used in marketing, outreach materials, or agency signs.

- **Do not use "homosexual"** This term has a long history with the medical and psychiatric fields – it was long used to put down or insult individuals who identified as lesbian or gay. Although some people may identify with this word on an individual level, it should not be used in outreach materials or published resources. Staff and volunteers should be trained not to use this word, but should also be prepared to have someone identify this way.

- **Do not use "tranny," "transsexual," "transvestite," or "crossdresser"** when referring to or doing outreach to individuals who identify as transgender. These words do not reflect the majority of identities in the transgender community. They can be incredibly offensive given the stigma and stereotypes our society has around these words.

What about the word "queer"?

The word "queer," much like "homosexual," has a history in our society. This word has been used to put down or belittle individuals who identify as LGBTQ. Recently, however, people who identify as LGBTQ have begun to reclaim this word and use it in a positive way to create a sense of community. They may use it as an umbrella term to describe LGBT communities or as an individual identity. Out of respect, individuals who do not identify as LGBTQ should not use the word "queer" because of the violent and difficult history, however, much like other words, people should be prepared and comfortable for individuals to identify using this language.

What about the ways a victim may identify? Can we use those words when speaking with other systems such as law enforcement or doctors?

As with all survivors of sexual violence, it is important that you check in with them and see what they are comfortable with you sharing to law enforcement or doctors. Simply ask, "What are you comfortable with me sharing with the police or any medical professionals?" It is not the victim's role to educate or inform others. However, it is your role as an advocate to make sure the process is one that is driven by the survivor's needs. Remember to "know and tell why" educating members of other systems may be helpful to the victim.

How do you have an effective "teachable moment" with a client who uses offensive language?

First off, it is always important to make sure that (1) A person feels that they are heard and (2) That they are gently given new language and reasons for the use of that language. Discovering the intent behind the words can also help to understand if someone meant something the way you heard it. Asking something like, "I heard you say [word or language]. Could you elaborate on that for me?" or "I heard you use [word or language]. What does that mean to you?" can help get at the meaning behind what they said. It is also important that you identify if it is a problem that should be addressed – you could be upset with a certain term, but it is not your role to educate in that moment.

Establishing ground rules such as "use mindful and respectful language" or "promote inclusiveness" can also help in setting a foundation for what could be called "oops and ouch" opportunities. This could be used in one-on-one and group settings. This gives people language and freedom to clarify what they meant, or to be held accountable for anything they may have said.

> **It is important for a counselor or advocate to recognize the reasons for wanting to know how a client may identify. This "know and tell why" rule could help avoid asking questions for the sake of curiosity alone.**
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> **For more on language, counseling, and prevention, listen to the recording "Creating Inclusive Healing Communities" found here: http://www.pcar.org/lgbt-community-and-sexual-violence.**

What open-ended questions can you use to allow all clients to self-identify?

It is important for a counselor or advocate to recognize the reasons for wanting to know how a client may identify. This "know and tell why" rule

could help avoid asking questions for the sake of curiosity alone. Coming out is a negotiation of safety.

Here are some helpful tips for communicating in a mindful and intentional manner:

- **Name.** "Hi there. My name is Suzanne, you can call me Suzie." This opens up the door for an individual to give you the language they want to use.
- **Pronouns.** "I prefer female or feminine pronouns. Can I ask what pronouns you prefer?"
- **Body Parts.** During a forensic exam, the SANE uses the term "penis" to describe the body part she is examining. You know that the client identifies as a woman. "Is that a term you feel comfortable with? Is there something you would prefer the nurse to use in the future?"
- **Relationship status.** "I noticed you left relationship status blank on the form. I want you to feel safe and comfortable – is there anyone I can call to be here with you?"The effort you put into creating a safe space for a survivor to share their own way of describing themselves and their relationships builds trust. As you begin working with a survivor ask for guidance on how much information they would like you to disclose (e.g. "When we talk to the police would you like me to share anything about your sexual orientation or gender expression"). This allows them to make a decision and you can take on the role of assisting in a teachable moment with other systems. If you are comfortable in your conversation with the other system it allows for them to share in this new found safe space.

How do we engage our center staff, volunteers, and communities in conversations about language and respect?

It is important to lead by example. Practice respectful and inclusive language consistently, both individually and as an organization. Assess the skills and knowledge of staff and volunteers and work to address those gaps through training and education. Silence might be the most pressing issue – no one is

talking about it at all and information can help break that silence.

Be as proactive as possible in establishing a plan for training, policy, and practice. Give people opportunities to practice language and get feedback in a space that is focused on learning and growth, not judgment or punishment. People should be held accountable for any disrespectful language, but this can be done by providing examples of appropriate language and practice.

Other reflections:

- We cannot be effective if we don't feel safe. Allow yourself to step aside if you ever feel as though you cannot intervene or provide a "teachable moment" without endangering yourself. There are other ways to support inclusiveness and respect – find the strategy that works best for the context. It is important to note that, when safe, public action is going to be the most effective in changing social norms and attitudes.

- When engaging community partners who may not be receptive to using inclusive language or practices, focus on shared goals and values. For example, faith communities may seek to cultivate justice and peace in their world – these values are central to your work too!

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*Throughout this resource, the terms "victim" and "survivor" are used interchangeably to be inclusive of the various ways people who have experienced sexual violence may identify. The Pennsylvania Coalition Against Rape (PCAR) recognizes and supports the use of person-first terminology that honors and respects the whole person, which is also reflected in this guide. PCAR acknowledges that individuals should ultimately choose the language that is used to describe their experiences and therefore supports advocacy approaches that are person-centered and that use the terminology preferred by individuals they serve.

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