



Understanding the Challenges facing Gay and Lesbian South Africans

Some guidelines for service providers



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This resource booklet was commissioned and produced by OUT LGBT Well-being. It aims to provide guidelines for service providers dealing with clients who are lesbian, gay, bisexual, transgender and intersex.

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South Africa has one of the most progressive Constitutions and Bill of Rights in the world. As service providers, in government or in civil society, we need to be aware of the human rights of South Africans so that we can:

- Provide a service that is in line with the Constitution's vision of a South Africa free of discrimination
- Begin to become aware of, and examine, our own prejudices and acts of discrimination
- Take a stand against those values, beliefs, attitudes and actions that cause unnecessary harm
- Actively inform other South Africans of their rights as part of our service provision.

This resource booklet focuses on a particularly marginalised group within South Africa – lesbian and gay citizens. It will also include discussion on other people who are not perceived as fitting into the heterosexual norm, such as bisexual, transgender and intersex people. Collectively, lesbian, gay, bisexual, transgender and intersex people are referred to as LGBTI. LGBTI issues are often neglected in the process of talking about how we are going to implement rights, plan policies, design training and develop programmes.

The Constitution provides the mandate for a focus on the rights of gay and lesbian people. The Equality Clause in the South African Constitution prohibits discrimination on the basis of sexual orientation. The Minimum Standards on Services for Victims of Crime and Violence also prohibits discrimination of victims on the basis of sexual orientation.

While this constitutional and legal protection exists, and gives gay and lesbian people the right to take legal action against any discrimination, the reality is that it takes time for the spirit of the Constitution to be embraced and implemented in all aspects of South African life. South African gay and lesbian people still experience victimisation and many are unaware of their rights or are still afraid to put them into practice. Nearly all gay and lesbian people have experienced some form of verbal, emotional or physical abuse in their lifetime. Many fear being exposed or rejected, and may feel forced to live secret inner lives.

Gay men and lesbian women are part of a marginalised population which makes them vulnerable to victimisation. Some examples of such experiences are:

Thando is a high school learner. He is perceived to be gay and as a result he is verbally abused and physically assaulted at school – by both students and teachers. On one occasion he was raped by a group of boys. When he went to the local police station to lay a charge he was told that men cannot be raped and that he must not waste their time.

Nonhlanhla is a lesbian. Her family believed that she was possessed by a demon and needed to be exorcised. This was a humiliating public event. Some of the men who saw this decided to rape her as a group in order to ‘make her normal’. Her family convinced her that she had brought the rape upon herself and that she should keep silent about it. She feels she cannot go to support groups for victims of rape in her area as they are all very religious and do not tolerate lesbians.

Charles is gay. The health care workers at the local clinic are aware of this and believe it is their moral responsibility to criticise what they imagine his lifestyle to be. When Charles becomes ill he delays seeking treatment because he knows he is going to be emotionally abused. As a result, his treatable condition is allowed to progress into something that is life-threatening.

Musa is 14 years old. Her family kicked her out of the house when they discovered that she is a lesbian. She has dropped out of school and now drifts from place to place. As she has few skills with which to make a living, she now has sex with men for money. As a result of having sex without a condom she has become HIV positive.

Zandele knows that same-sex marriage is in the process of being legally recognised. She knows that she can get her female partner, Beauty, onto her medical aid and pension plan at work. In spite of this her managers hint that she will be passed over for promotion if she continues with this “nonsense”.

Albertina is a transgender individual. While she has male sexual organs, she experiences her gender identity as female. She lives and dresses as a woman and has been battling to save money for gender reassignment surgery (a sex change). She cannot find a local clinic that will treat her and speak to her as a woman. Nurses refuse to stop calling her ‘he’.

Sipho is very interested in educating himself about sexually transmitted infections, but all the pamphlets he has seen at the clinic only give heterosexual examples which are not relevant to his homosexual lifestyle. He asks a friend of his whether this means that gay people are less vulnerable to these diseases. His friend convinces him that all it means is that the heterosexual people who developed the pamphlets don't care about gay people.

When approaching service providers gay and lesbian people should not have to deal with further discrimination. They need to be respected, understood and offered the best support possible.

This resource booklet aims to assist service providers to ensure that lesbian and gay people receive appropriate and non-discriminatory services according to the rights afforded to them by the constitutional and legal framework of South Africa.

The objectives of this resource booklet are:

- To increase understanding of the issues facing lesbian/gay people in relation to service provision in South Africa
- To inform service providers of the relevant policy framework that guides the management of lesbian/gay clients
- To increase awareness of the links between service provision and the marginalisation, exclusion and discrimination of lesbian/gay people
- To suggest ways to make services lesbian/gay friendly
- To de-stigmatise LGBTI issues
- To provide referral points for service providers

Homophobia and Hate Crimes

Homophobia is the irrational fear of, hatred against, or disgust towards homosexuals or homosexuality.

Heterosexism is the assumption or belief that everyone is and should be heterosexual and that the other sexual orientations are unhealthy, unnatural and a threat.

Homophobia and heterosexism can result in a range of behaviours: Avoidance, rejection, verbal and emotional abuse, telling negative jokes, destruction of property, denial of economic opportunities, physical violence, organised gay-bashing, rape and murder. Homophobia and heterosexism can be compared to racism and sexism.

A **hate crime** is a crime that targets a specific group with physical or mental abuse.

It appears that lesbian women and gay men are particularly vulnerable to hate crimes with most having experienced some form of victimisation in their lives, be it non-physical in the form of verbal abuse or actual physical violence.

Hate speech refers to slurring, name calling and other forms of verbal and psychological abuse. Because no physical injury is caused, verbal abuse is largely tolerated by society. It can, however, lower self-esteem, increase risk for depression and thoughts of suicide. At present, verbal harassment/abuse is not considered a crime.

Many gay, lesbian, bisexual, transgender and intersex people do not report hate crimes to the police as they fear hostile responses from the police. There is a fear, that should their sexual orientation become known, they will become a victim for a second time at the hands of the police. This type of victimisation

is termed **‘secondary victimisation’** and can take the form of verbal or physical abuse, blackmail, as well as victim-blaming, in which it is thought that the victim deserved what happened.

Some research on the experiences of lesbian and gay people

In 2003 the Joint Working Group (JWG), a national network of LGBTI organisations in South Africa, set out to investigate several under-researched issues impacting on lesbian and gay people. The studies were conducted by OUT LGBT Well-being in both Gauteng and Kwa-Zulu Natal. Here follow some of the findings of the study. These findings illustrate the nature and the extent of discrimination against gay and lesbian people in two provinces in South Africa.

Hate crimes

Verbal abuse or hate speech is the most prevalent form of victimisation experienced by more than one third of the lesbian and gay people who were interviewed in Gauteng and 45% in Kwa-Zulu Natal. Close to 10% of the black gay men and lesbian women interviewed in Gauteng and 7% of all people interviewed in Kwa-Zulu Natal, had been victims of sexual abuse or rape over the past 24 months.

Victimisation on the basis of sexual orientation is frequent in schools and gay males experience sexual abuse/rape at schools to almost the same degree that females do.

More than one third of the black, and about half of the white, gay men and lesbian women interviewed experienced discrimination from religious organisations.

15% of the participants in Gauteng and 9% in Kwa-Zulu Natal had been refused a job opportunity on the basis of their sexual orientation.

Access to criminal justice

More than half of the victims of homophobic hate crimes did not report cases to the police – mainly because they felt that the report would not be taken seriously and because ‘these incidents happen so often that I am used to them’. Many gay and lesbian people felt that if they disclosed their sexual orientation, the police would be unsympathetic and they would face secondary victimisation.

Access to health services

12% of the gay men and lesbian women in Gauteng and 13% in Kwa-Zulu Natal delayed seeking treatment at clinics because of fear of discrimination. Many people had not sought any treatment for health conditions for fear of their sexual orientation being discovered. 6% of participants in Gauteng and 5% in Kwa-Zulu Natal had been refused treatment because of their sexual orientation.

Well-being

The consequences of victimisation on the psychological well-being of gay men and lesbian women range from minor reactions such as headaches, restlessness and sleep disturbances to more long-term reactions such as low self-esteem, depression, post-traumatic stress disorder, increased alcohol and drug use and suicide. One fifth of the Gauteng participants and 17% of the Kwa-Zulu Natal participants had previously attempted suicide.

Understanding what it means to be lesbian or gay

In this section you will be introduced to a number of terms that you may or may not be familiar with. It is useful to know these terms so that you can:

- *Engage clients with knowledge and confidence*
- *Avoid the cultural assumptions that alienate people who do not fit the heterosexual norm*
- *Make a positive contribution to discussions in your department and organisation*
- *Be perceived as informed by your gay and lesbian clients*

Sex

Your physical sex is determined by your genitals – a penis for men and a vagina for women. This is determined at birth.

Intersex

Intersex people are born with full or partial genitals of both sexes. Some have underdeveloped, ambiguous genitalia or have unusual hormone or chemical combinations. Intersex is not always visually recognisable. People who are intersex were previously referred to as hermaphrodite. However, a more appropriate term nowadays is intersex. Intersex people are usually assigned a gender at birth. This process is often arbitrary and many intersex people choose either to identify with a different gender later in life or choose to embrace their identity as an intersex person who is both male and female.

The existence of intersex people challenges the idea that there are only two biological sexes.

Sexual orientation

Your sexual orientation is whether you are intimately attracted to members of the same or the opposite sex. Western society tends to think of sexual orientation as expressing itself in three forms: homosexual (gay or lesbian), heterosexual (sometimes referred to as 'straight') or bisexual (having both homosexual and heterosexual feelings).

Heterosexual people are people who are emotionally, physically and sexually attracted to people of the opposite sex.

Homosexual people are people who are emotionally, physically and sexually attracted to people of the same sex.

Bisexual people are emotionally, physically and sexually attracted to both men and women.

Understanding what it means to be lesbian or gay

More on homosexuality

The word homosexual is a very clinical and academic term. Homosexual men often prefer to speak of themselves as gay. The word 'gay' is sometimes used broadly to mean gay men and women. Many women prefer to be referred to as lesbian.

There are many different ways in which people experience themselves and express themselves as homosexual – just as there are many different ways in which people experience themselves and express themselves as heterosexual. There are no generalisations that can be made concerning homosexuals. When we use the category we tend to add our own expectations, assumptions and prejudices. We see only the category and do not allow ourselves to see the real person behind the label.

Mental health professionals agree that homosexuality is **not** a mental disorder that needs to be treated.

Gender identity

Sexual orientation is different to gender identity. Gender identity refers to a person's sense of themselves as male or female. An important part of your personality is whether you think of yourself as a man or a woman and how you play this role. In other words, gender identity is our psychological and social sense of who we are as a man or a woman – regardless of whether we have male or female sexual organs.

Gender roles

Gender roles are culturally and socially determined. In other words, every society has its own assumptions about how biological men and biological women should feel, dress, act and work. These are the cultural norms for feminine and masculine behaviour, but we all have masculine and feminine characteristics in us.

These characteristics are expressed in many different ways – regardless of our physical sex or sexual orientation.

In many societies, including some in South Africa, men are considered superior to women and are expected to play dominant roles. In these patriarchal societies, 'masculine' characteristics (such as competitiveness) and roles assigned to men are considered superior and valued above females whose characteristics and roles are considered as 'feminine' (such as nurturing).

Gender and gender roles are, however, not fixed, as society and culture are forever changing.

Understanding what it means to be lesbian or gay

Transgender

The term 'transgender' is an umbrella term for people who do not act according to the gender norms of their culture. This could mean that they simply dress differently or that they do not accept their physical sex. It also includes people who feel that they are neither male nor female – or are both. People who feel that they can express themselves as either male or female are referred to as androgynous or cross-gender.

Transgender is an umbrella term that includes transsexuals and transvestites.

Transsexual

While most people's gender identity matches their biological sex, this is not always the case. Someone may be born biologically male, yet have a female gender identity. Someone may have breasts and a vagina and yet define or identify themselves as a man. This is what we refer to as being transsexual. Transsexual people often have a feeling of being "born in the wrong body." Transsexuals often change their sex by having sex reassignment surgery (often called a 'sex change') so they can feel more whole. Some transsexuals only make use of hormones to align their bodies. This may be a result of financial constraints or personal preference. Transsexuals can be heterosexual, lesbian, gay or bisexual.

Transvestite

Transvestites are men who like wearing female clothes and adopting traditionally female character traits for personal satisfaction. Transvestites are often called cross-dressers. Being transvestite has nothing to do with being lesbian or gay or being a transgender. Most transvestites are heterosexual.

LGBTI

LGBTI stands for Lesbian, Gay, Bisexual, Transgender or Intersex. Some activists believe that these people face similar challenges and should be grouped together in discussions about their rights and needs.

Human sexuality is dynamic and diverse

While these categories are an attempt to identify and label all the varieties of physical sex, sexual orientation and gender identity, there are people who do not identify with any of these categories and who are difficult to place into a category. Human sexuality is dynamic and diverse in its expression. Categories do not always reflect a person's experience. Some people even change categories during their lives. People should be allowed to define themselves and choose which categories, if any, work for them.

The correct category to use is whatever category the individual has chosen!

Frequently asked Questions

[This section was based primarily on a manual that was co-developed by OUT LGBT Well-Being and the Triangle Project]

What causes homosexuality?

Most scientists believe that sexual orientation is caused by both genetic make-up and by socialisation. Scientists are more certain about what does not cause homosexuality than what does. What they do know is that there is no single cause for homosexuality.

We do know that being lesbian or gay is not contagious. In other words, you can't catch it from someone else. People do not become gay or lesbian because of one sexual experience and people cannot be talked into a sexual orientation that is not their own. Some parents worry that gay or lesbian teachers may influence the sexual orientation of their children. It should be remembered that most gays and lesbians had heterosexual parents and teachers and were not 'turned' heterosexual as a result.

Can lesbian and gay people be cured?

This question suggests that lesbian and gay people are sick, which is untrue. Being lesbian, gay or bisexual is not considered an "illness" by the medical profession. However some people still wrongly send their gay sons or lesbian daughters to clinics, psychologists, priests or sangomas to be "cured".

Is being lesbian or gay un-African?

Many years of research have shown that between 5–10% of people in every human community are lesbian or gay. Some people try to argue that lesbian and gay people only live in Europe or America and that homosexuality is a 'western import' in Africa. There is no evidence of this. In South Africa today, lesbian, gay and bisexual people live in every community and language group, whether they are 'Black', 'Coloured', 'White' or 'Indian'. African oral history documents the presence of same-sex sexual relationships long before white people ever came to Africa.

Are gay men and lesbian women easily recognisable?

There are many stereotypes of gay men and lesbian women. While a few people do express themselves in stereotyped ways, most gay and lesbian people do not. It is not always possible to tell whether someone is gay or lesbian just by looking at them. There is a diversity of personalities and lifestyles among homosexuals. Stereotypes lead to false assumptions and prejudice, which in turn can result in discrimination.

Frequently asked Questions

Do gay men want to be women and do lesbian women want to be men?

This is a common misconception and stereotype. There is a big difference between a man who is gay and a man who wants to be a woman (transsexual). A man can love another man and still look like a man, dress like a man, talk like a man and feel like a man. Similarly lesbians are not women who want to be men.

Are gay men more likely to sexually abuse children?

Child sexual abuse is deviant and criminal behaviour and is not restricted to any specific group of people. Studies have shown that the 'average' child sex offender is a heterosexual male who is known to the child. The adult male who does sexually abuse boys is often a man who is attracted to children regardless of their sex.

Are gay men and lesbian women more 'promiscuous' than heterosexual men and women?

It must be recognised that it is difficult to nurture a long-term relationship with someone when the social structures around you does not support that relationship. For this reason, many gay and lesbian people have had to experience intimate relationships in secret and in places that are not ideal for supporting long-term relationships. This does not mean that gay and lesbian people are not capable of having long-term relationships when the opportunity exists.

Are gay men and lesbian women a high risk group for HIV/AIDS?

Gay men and lesbian women are not a high risk group. We no longer speak of high risk groups but high risk behaviours. HIV can be spread by any two people having unprotected penetrative sex. If gay men use a condom properly (together with water-based lubricant) during anal sex, the risk is very low. It is very difficult for lesbian women to infect each other during sex unless they are sharing sex toys that are not washed properly between uses. Most lesbians who are infected were infected by having unprotected sex with men – in the form of rape or sex for money.

Frequently asked Questions

Is being lesbian or gay against religion?

There is a religious belief that the presence of homosexuals in society threatens to destroy family values. And yet many gay and lesbian people are a significant emotional and financial resource to their families. Many gay and lesbian couples even adopt children or have children of their own. South African law is increasingly recognising these diverse family structures.

Some people interpret religious texts in a way that limits the purpose of sex to having children (procreation). This kind of interpretation limits the ongoing value of physical intimacy for everyone and condemns people who do not or cannot have children as much as it condemns gays and lesbians.

Most religious books mention compassion as the most important state of mind. Most religions started a long time ago before any conception of universal human rights, but it is the same principle of love that lies at the heart of most religions that is expressed in the Bill of Rights. Remember too, that not so long ago, Biblical texts were used to justify things society now condemns, like slavery and apartheid.

Many religious people have made the decision to accept gay and lesbian people and to treat discrimination as irrational and hateful. Both Archbishop Desmond Tutu and the Dutch Reformed Church have publicly apologised for the persecution of lesbian and gay people by the Church in Southern Africa. Many religious communities in South Africa accept lesbians and gays as members, and even bless their relationships. However, many gay and lesbian people still experience difficulty in finding a community of faith that accepts them.

What is the gay and lesbian sub-culture?

While there are very visible social centres of gay and lesbian activity, like clubs and Pride marches, it must be stressed that most gay and lesbian people in South Africa do not access these opportunities. These opportunities are mainly urban and middleclass. We must not assume that all gay and lesbian people are part of a 'subculture'.

Young gay and lesbian people need positive gay and lesbian role models. This is difficult in communities where discrimination causes people to live in secret and without many gay and lesbian friends.

Becoming aware of the needs of lesbian and gay individuals

After reading the previous sections of this booklet you must already have an idea of the particular kinds of discrimination that gay and lesbian people face.

Coming Out – What it is and how it happens

It is very important to recognise that not all gay and lesbian people are open about their sexual orientation. Even if you know about their sexual orientation you need to practice confidentiality as their own family and friends may be unaware of it.

Most people have heard of the term ‘coming out’. It means to come out into the open and tell somebody else that you are lesbian or gay. Coming out is a lifelong process and happens again and again as a person’s social circumstances change, like when getting a new job, one will have to decide whether to disclose one’s sexual orientation or not. Research shows that the general age for coming out for boys is 19 and for girls 21. But it differs from person to person. Some people only come out after having been married for years. Each person comes out in different ways under unique circumstances. This all depends on the level of self acceptance, self value and the level of support in the social environment. Some people never come out at all.

Mental health needs

Being part of a stigmatised social minority causes all sorts of stress and mental health problems. Victimization, a lack of emotional support and poor social integration may lower self-esteem. This can lead to other mental health problems, including depression. In many cases, the use of alcohol and drugs as a coping mechanism accentuates the depression. A fear of victimisation can also result in a non-disclosure of one’s sexual orientation which in turn makes it harder to access support and impacts further on mental health.

Self-esteem is an indication of the degree to which one values oneself, with high self-esteem being an indication of a positive view of oneself, and low self-esteem indicating a negative view of oneself. According to the OUT research, low self-esteem amongst gay men and lesbian women is a risk factor for depression. Higher self-esteem results in a decreased vulnerability to depression. The study also showed that verbal abuse, rather than the threat of physical violence, was a major contributing factor to depression.

Considering the way that low self-esteem contributes to depression, it is important for service providers, teachers and parents of gay and lesbian individuals to be aware of the importance of building self-esteem. The increased visibility of positive LGBTI role models in the media can also help in enhancing self-esteem and reducing internalised homophobia.

Becoming aware of the needs of lesbian and gay individuals

Sexual health needs

Sexual health is a fundamental human right and requires a positive, respectful approach to sexuality – free of coercion, discrimination and violence. Programmes, policies and laws conducive to sexual well-being and non-discrimination are required for sexual health to be attained and maintained.

South Africa is a signatory to the International Agreement reached at the Fourth World Conference on Women held in Beijing in 1995 and therefore subscribes to the rights contained in the Sexual Health Charter. This means that we are obliged to ensure that the sexual rights of all persons are respected, protected and fulfilled. This includes sexuality education, which through information, skills building, and values clarification, will enable people to make choices and take control of their sexual lives.

In the early days of the HIV epidemic, there was the belief and misconception that it was spread mainly by white homosexual men. As a result of this misconception, white gay men initially became very aware of the disease and were amongst the most educated about HIV. We now know that HIV can be spread by any two people having unprotected sex. In recent times, most HIV/AIDS education has focused on heterosexuals. Gay men and lesbian women have been neglected as a target audience for HIV/AIDS education. In the OUT research in Gauteng, one quarter of the participants who had not been tested for HIV did not know how to get tested, which indicates that more education is needed on HIV testing.

Sexual violence

We know that one of the most helpful ways for people to come to terms with an experience of sexual violence is to talk about their feelings in a safe space and without judgement. It is very important to help people know that the sexual violence that has happened to them is not their fault. Friends and family can be very helpful, but many people find it easier to speak to someone they don't know, and someone who understands what they have been through.

Men may feel ashamed or embarrassed to report being sexually assaulted as this kind of attack is thought of as a crime that only affects women. The new definition of rape in the Sexual Offences Act now includes male to male rape. This will make it easier for men who have been sexually abused to seek justice and the protection of the law.

Becoming aware of the needs of lesbian and gay individuals

A person who has experienced sexual violence may access support services at many different points. At every potential entry point service providers need to know what to do.

- *The rape needs to be reported as soon as possible. The longer one waits the harder it is to collect evidence and build a case.*
- *Preserve the evidence. The person who had the experience should not wash themselves or clean or discard clothing.*
- *If the police station where the rape is being reported does not have a trauma room one can ask for a private space. If the person reporting the rape is female, she can ask for a female officer to be present to assist.*
- *Some stations have counselling units that offer guidance and support.*
- *You can always phone Life Line for information and support.*
- *The police, or the counsellor, should take the person to see the district surgeon. The district surgeon should do a number of things: Take swabs for evidence. Provide anti-biotics to prevent some of the STI's caused by bacteria. Provide the morning after pill to prevent pregnancy. Provide a prescription for Post Exposure Prophylaxis (PEP) and a PEP starter pack.*

PEP is a drug that can help prevent HIV infection if it is taken within 24-72 hours of exposure. PEP is provided for free to people who have been raped. It takes a few days before HIV starts reproducing itself in the white blood cells of your immune system. PEP drugs given within 24 hours have about an 80% chance of helping the body's immune system to stop the virus from reproducing in the infected cells of the body. If you have been sexually abused you will usually get a three day starter pack and will have to return to get the rest of your prescription. **You can get more information on PEP at www.getpep.info**

Minimum standards and guiding principles for service delivery in South Africa

Batho Pele – Putting people first

Through the Batho Pele initiative our government has committed itself to enhancing the quality and accessibility of government services by improving efficiency and accountability to the recipients of public goods and services.

Batho Pele requires that eight service delivery principles be implemented:

1. Regularly consult with customers
2. Set service standards
3. Increase access to services
4. Ensure higher levels of courtesy
5. Provide more and better information about services
6. Increase openness and transparency about services
7. Remedy failures and mistakes
8. Give the best possible value for money

What are the minimum standards for service delivery in victim empowerment?

The Sexual Offences and Community Affairs (SOCA) Unit, a directorate within the National Prosecuting Authority of South Africa (NPA), worked together with a group of service providers from government and from civil society to develop a set of minimum standards for service delivery. Standard 1, for example, states: ‘Service providers shall not discriminate against any victims on any of the following grounds: race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, **sexual orientation**, age, disability, religion, conscience, belief, culture, language and birth in or out of wedlock.’

You can get a copy of all the standards in ‘Management of victims, survivors and witnesses of domestic violence and sexual offences’ at email SOCA@npa.gov.za or at www.npa.gov.za

Minimum standards and guiding principles for service delivery in South Africa

The minimum standards were designed to complement the **Victim's Charter**.

The Bill of Rights, as contained in chapter 2 of the Constitution entrenches the right of every person to equality and to freedom and security. The Victims' Charter was adopted in November 2004 in compliance with the spirit of the Constitution. This Charter elaborates and consolidates rights and obligations relating to services to victims and survivors of crime and violence in South Africa.

Victims have the following rights:

- The right to be treated with fairness and with respect for dignity and privacy and the right to freedom and security of their person;
- The right to offer information;
- The right to receive information;
- The right to protection; and
- The right to assistance.

As a service provider you have the corresponding duty:

- To treat victims with fairness and respect their dignity, privacy and freedom and security of their person;
- To listen to and receive information provided by victims;
- To provide relevant information to a victim;
- To instil a sense of security in victims; and
- To assist victims.

The Department of Social Development's **Victim Empowerment Programme (VEP)** was created to facilitate the establishment and integration of inter-sectoral programmes and policies for the support, protection and empowerment of victims of crime and violence with special focus on women and children. For more information on this programme, please contact Tel. (011) 355 7718/7600.

Things to consider in the provision of appropriate and non-discriminatory services to gays and lesbians

You don't need to be an LGBTI expert to increase your own knowledge, decrease discriminatory practices and begin building relationships of trust and respect.

Communicating with gay and lesbian people

Maki is anatomically male but identifies herself as female. When Maki goes to her local clinic to get anti-retrovirals, she asks, very simply and politely, to be addressed as 'she' and not as 'he'. The sister at the clinic keeps getting it wrong and apologises profusely every time she does. In spite of all the sister's apologies she never uses the word 'she'.

The categories that service providers apply to clients should be the categories that the clients have chosen for themselves. On the whole, as long as you apply good communication skills you should be able to communicate with respect. If you are familiar with some of the terms we discussed above, your communication skills will be even better.

Here follow some communication guidelines:

- **Open communication** usually happens within a relationship of trust and respect. This may take time to grow. For this reason it is important for service providers to be prepared to build relationships with gay and lesbian clients. Don't assume that everything will be dealt with after one interaction.
- It is always important to introduce yourself properly and **make sure that the client understands** exactly what they can expect from you. Give out your contact details in case they need to follow-up their discussion with you.
- Speak to them in private. Assure them that you will treat what they say as **confidential**.
- Remember to **listen actively** to what they are trying to say. Use body language that communicates that you are open. Don't fold your arms or legs. Lean forward with interest.
- Let them talk first. **Don't be too quick to try and solve their problem.** If they are battling to express themselves reassure them that you will treat their information as confidential. Tell them to take their time.

Things to consider in the provision of appropriate and non-discriminatory services to gays and lesbians

- If you have to ask very personal questions, as in the case of domestic violence and rape, first explain that you are going to ask them personal questions. Check that they are **comfortable** with the process.
- You **cannot always tell** whether someone is gay or lesbian – and they will not necessarily open up to you. For this reason, when speaking to a client, do not assume that their partner is of the opposite sex. Instead of referring to specific relationship roles like ‘wife’ or ‘boyfriend’ use the word ‘partner’.
- If you do know that someone is gay or lesbian **do not make assumptions** about his or her personality or lifestyle.
- Don’t probe **people’s private lives**. This is not your opportunity to get sensational information about the kind of sex gay and lesbian people have.
- Find out what **support structures** they have access to. If they have no reliable support, refer them to organisations that are gay and lesbian friendly.
- Remember that in a homosexual relationship, a client’s lover may be their significant other. It could be important to involve this person in information sharing, counselling and decision making, as a vital support system in the client’s life.
- If you know from **previous experience** that a client is/was in a same sex relationship, don’t assume it will always be the case. A bisexual person’s next partner might be from a different sex than the previous partner.
- Help the client to **become aware of their rights**. Just because they seem confident in the way they speak doesn’t mean they are empowered.
- What are they going to do next? It is always helpful, for the client’s peace of mind, to imagine and to **plan the next few steps** ahead.
- Before concluding be sure to ask them whether they **feel they have been helped** or not. Do they have any more questions?

Things to consider in the provision of appropriate and non-discriminatory services to gays and lesbians

Creating safe spaces

A real sign of respect is active follow-up. Make the effort to show interest, follow-up and find out if a client is satisfied with the service they have received.

When Lebone went to a police station to report that he had been raped, the policemen on charge office duty laughed and called their colleagues to hear the story. He was intimidated into telling the story before a group of amused policemen and women. He was eventually told 'he had brought it on himself'.

Gay and lesbian people need to feel that there are safe spaces in which they can be vulnerable and speak openly about themselves. If your department or organisation is providing appropriate and non-discriminating services to lesbian and gay people it will develop a positive reputation. In a similar way discrimination will also give your department or organisation a negative reputation. You may consider starting a gay and lesbian support group in partnership with a local LGBTI organisation.

Creating appropriate information

Phumla calls a helpline asking for information about sexually transmitted infections. The help line worker cannot deal with the fact that Phumla is a lesbian and keeps speaking about heterosexual scenarios that are irrelevant. When it eventually dawns on the help line worker that Phumla is a lesbian the help line worker keeps answering Phumla's questions by saying "under normal circumstances" implying that Phumla's circumstances are not normal.

Are you providing appropriate information to your gay and lesbian clients? What kinds of brochures does your department or organisation provide to the public? What kinds of information have you equipped your helpline workers with? What kind of training have your counsellors received?

When you are creating information resources or educational media you should include references to gay and lesbian issues and scenarios, where appropriate. When communicating to an individual or a group about HIV, for example, you should remember to include some information on same-sex relationships and sexual activities. Include lesbian and gay issues in workshops, like workshops on gender violence.

There is a need for positive gay and lesbian role models – especially for young people who are coming to terms with their sexuality. One way to present such role models is through your department or organisation's educational media.

Things to consider in the provision of appropriate and non-discriminatory services to gays and lesbians

Networking with LGBTI organisations

Kagiso is a victim of domestic violence. He wears female clothes. When he tries to admit himself to the local hospital no one will take him seriously. News of his presence in casualty spreads quickly and hospital staff pass through casualty just to get a glimpse of him. After receiving half-hearted treatment he asks for information about local shelters. He is handed a list of numbers which he is expected to call himself. Most of the shelters in his area are for women and children and will not admit him. He battles to get admittance into other types of shelters because of the way he dresses.

Not only has Kagiso experienced an unsafe environment and secondary victimisation, he has been left isolated and without access to any support services. This is a common experience for gay and lesbian people. One way to deal with this is to invite local gay and lesbian people to become part of a focus group to review your service provision with regards to their specific needs. Network with local and national gay and lesbian organisations and involve them where possible. As a service provider it is your responsibility to develop a network of gay and lesbian friendly services that you can make available to your clients.

Helping lesbian and gay people to know their rights and assert themselves

Saul arrived at the courts looking for someone to help him with a restraining order for a violent ex-boyfriend, Mpho. One of the clerks of the court knew Saul's family. When he overheard Saul explaining that he had been in a sexual relationship with Mpho he felt obliged to tell Saul's father. Saul never got the restraining order. A few days later his father kicked him out of the house.

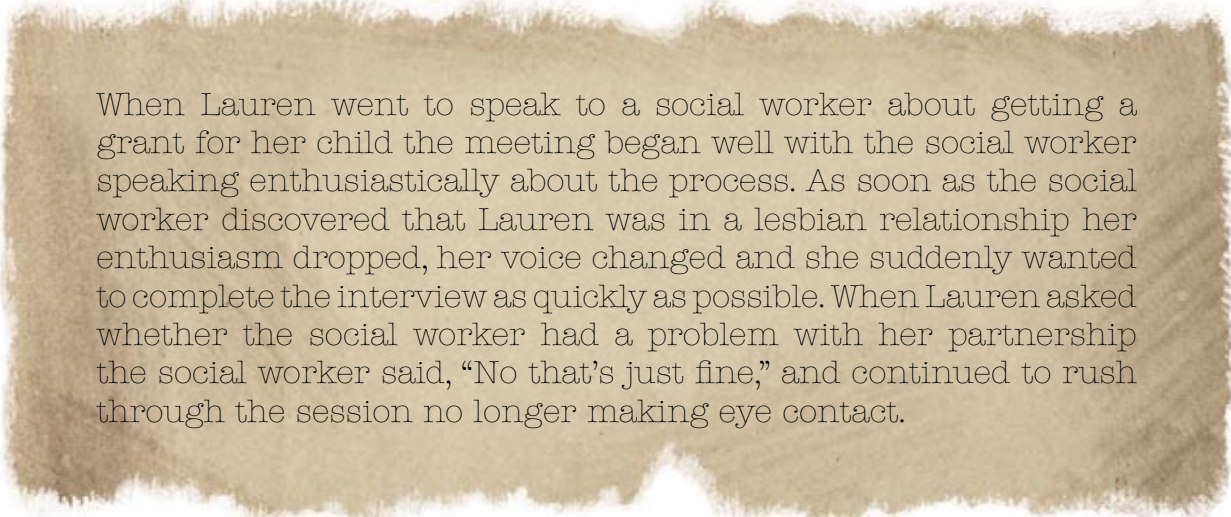
A number of Saul's rights have been violated here - his right to the same kind of service as any South African citizen, his right to confidentiality, his right to have The Domestic Violence Act apply for him just as it does for heterosexuals.

Things to consider in the provision of appropriate and non-discriminatory services to gays and lesbians

Service providers should not only be aware of the rights of gay and lesbian people they should be educating gay and lesbian people about their rights – empowering them to assert themselves. According to the research conducted by OUT, the less educated a person is, the more likely they are to experience physical violence and sexual abuse. For this reason, we should support every initiative that encourages people to learn about their bodies and about their rights.

The law, with regards to the rights of gays and lesbians, is changing all the time and is slowly coming into line with constitutional values of human dignity, equality and freedom for all. It is important that you are aware of these changes as they will affect the kind of advice you give people.

Examining your attitudes



When Lauren went to speak to a social worker about getting a grant for her child the meeting began well with the social worker speaking enthusiastically about the process. As soon as the social worker discovered that Lauren was in a lesbian relationship her enthusiasm dropped, her voice changed and she suddenly wanted to complete the interview as quickly as possible. When Lauren asked whether the social worker had a problem with her partnership the social worker said, “No that’s just fine,” and continued to rush through the session no longer making eye contact.

Personal prejudices should not be allowed to affect the quality of your service provision. It is important to deal with your own prejudices concerning homosexuality, in order to deal with clients in a professional way and in line with policy requirements.

When you hear a negative joke or hate speech about gay and lesbian people, do you take a stand and make it clear that you are working towards a society free of discrimination? Do you report homophobia when you encounter it?

If you feel that you cannot provide a service appropriately, you need to ask yourself whether this is a result of your own attitude or a lack of expertise. If there is a real lack of expertise then a service provider should make an appropriate referral in a way that shows respect for the client.

Things to consider in the provision of appropriate and non-discriminatory services to gays and lesbians

If you feel uncomfortable, here is a list of things you can try:

- Remember that it has probably taken a lot of courage for the client to be open to you about their sexual orientation;
- When speaking to your client be honest about your ignorance and show them that you respect them enough not to make assumptions based on stereotypes and prejudices;
- Make an effort to get to know at least one gay or lesbian person well;
- At least have a list of gay and lesbian support organisations as well as LGBTI friendly doctors, psychologists and lawyers, that you can give to people who need help; and
- Think critically about the source of your own prejudices.

When and how to refer

Referral should never be a response to your own lack of tolerance. You need to provide the basic services your department or organisation claims to be offering the public. Referral should only take place when there is a need for specialist services.

When referring a gay or lesbian person, you should take the time to explain clearly who you are referring them to and why. Make sure that they have all the correct contact details. Make sure the person you are referring them to has all the information they need and that the clients do not have to repeat everything again.

Appoint change agents in your department or organisation

Identify people in your department or organisation that are sympathetic to gay and lesbian issues. Give these people the role of 'change agents' with the responsibility of keeping gay and lesbian issues alive on a day to day basis. They can also network with local gay and lesbian organisations and write ongoing reports on the successes and failures of the organisation's dealings with gay and lesbian people.

Some questions to ask in your department or organisation to evaluate and design better service provision to lesbian and gay people

Try and be honest when answering these questions. They are not meant to accuse you or 'catch you out' in any way. They are a reflective tool to help you become more aware of discrimination in your department or organisation and implement changes in the nature and quality of your service provision.

- How does your department or organisation discriminate against victims on grounds of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth in or out of wedlock?
- What are the procedures for reporting homophobia in your department or organisation?
- Are gay and lesbian people afforded the same rights as other people with regard to the dignity, privacy, freedom and security of their person?
- Do you network with any gay and lesbian organisations?
- Do you ever deliberately invite gay and lesbian people or organisations to participate in workshops, focus groups and other events?
- What are your department or organisation's guidelines around confidentiality with regards to gay and lesbian people?
- What kind of training does your staff receive with regards to issues and challenges specific to gay and lesbian people?
- Do you include gay and lesbian examples, scenarios and images in your educational media and training courses?
- What are the kinds of secondary victimisation that could be experienced by gay and lesbian people in your department or organisation? How do you plan to deal with it?
- What would you do if you have a colleague who refuses to deal with gay and lesbian people and usually refers them immediately?
- What resources, mechanisms and procedures are in place to inform gay and lesbian victims about their rights?
- Does your department or organisation have a code of ethics that it has committed itself to? What does it say about your department or organisation's relationship to gay and lesbian people?
- In what ways do you adhere to the procedures and guidelines as set out in the Service Charter for Victims of Crime, the Victim Empowerment Policy, as well as the Minimum Standards for Service Delivery?

Concluding Remarks

There is a lot that needs to be done to renew gay and lesbian people's confidence in the criminal justice system, the health care system as well as other institutions and organisations that offer services to the public. A starting point could be to sensitise service providers in all sectors to LGBTI issues. OUT is already facilitating sensitisation workshops and is prepared to help with guidance in the development of policies.

Service provision that is non-discriminatory, non-marginalising and non-judgemental contributes not just to the well-being of gay and lesbian people, but to the well-being of the community as a whole.

It is hoped that this booklet will go some way in assisting you and your organisation to better respond to the needs and experiences of LGBTI people and to ensure that service delivery lives up to its motto "[Batho Pele](#)"!

If you wish to give us feedback on this booklet, or if you need more information to carry this type of discussion forward, please contact us:



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Fax: (012) 344 6501
Email: administrator@out.org.za
Web: www.out.org.za

Referrals and Resources

OUT LGBT Well - Being

Services: OUT provides direct sexual and mental services; conducts research; engages in advocacy programmes toward to promote the health and rights of lesbian, gay, bisexual and transgender people. OUT also assists mainstream organisations and service providers to better meet the needs of LGBT individuals.

Tel: (012) 344 5108

Helpline: (012) 344 6500

Email: programmes@out.org.za

Web: www.out.org.za

Gender Dynamix

Services: Gender Dynamix provides resources and assistance to transgender people and their employers, families and partners.

Tel: 083 320 7691

Email: liesl@genderdynamix.org.za

Web: www.genderdynamix.org.za

Durban Lesbian and Gay Community and Health Centre

Services: Drop-in centre providing legal, personal and health counselling for LGBT communities.

Tel: (031) 301 2145

Fax: (031) 301 2147

Helpline: (031) 301 2149

Email: gaycentre@mweb.co.za

Web: www.gaycentre.org.za

Triangle Project

Services: A health clinic, various support groups, outreach programmes as well as public education and training.

Tel: (021) 448 3812

Email: info@triangle.org.za

Website: www.triangleproject.org

Forum for the Empowerment of Women

Services: FEW conducts programmes which are aimed at empowering and improving the psychological, socio-economic and political situation of lesbian women.

Tel: (011) 339 1867

Fax: (011) 339 1882

Email: rebecca@few.org.za

Web: www.few.org.za

UNISA Centre for Applied Psychology

Services: Provision of facilitation training, psycho-therapy, counseling, mentoring and supervision around issues such as diversity awareness, HIV/AIDS, crime victimisation as well as LGBT mental health and well-being.

Tel: (012) 429 8544/8303

Email: ucap@unisa.ac.za

Referrals and Resources

Centre for the Study of AIDS

Services: Research on HIV/AIDS and provision of training on HIV/AIDS to community organizations.

Tel: (012) 420 4391

Email: Jason.wessenaar@up.ac.za

Lifeline

Services: Lifeline promotes emotional wellness for communities and individuals through the provision of telephonic counselling, life skills training and capacity building.

National Crisis Line: 0861 322 322

AIDS Helpline: 0800 012 322

Stop Gender Violence Line: 0800 150 150

Web: www.lifeline.org.za

People Opposing Women Abuse (POWA)

Services: POWA focuses on the eradication of violence against women in society and provides counselling, legal advice and shelters for victims of violence.

Tel: (011) 642 4345/6

Web: www.powa.co.za

Ikhaya Lethemba

Services: A one stop centre for survivors of crime and violence.

Services include counselling; medico-legal, shelters and crime reporting.

Tel: (011) 242 3000

The Trauma Clinic (Centre for the Study of Violence and Reconciliation)

Services: Trauma counselling for victims of violence and reconciliation processes between the victim and the perpetrator.

Tel: (011) 403 5102

Agisanang Domestic Abuse Prevention and Training

Services: Empowerment training for the prevention of domestic abuse and counselling services for survivors of abuse.

Tel: (011) 786 6608

Tshwaranang Legal Advocacy Centre

Services: Legal advocacy for women who are victims of violence.

Tel: (011) 403 4267

Websites:

www.mask.org.za (Behind the Mask: information on gay and lesbian issues across Africa)

www.gala.wits.ac.za (Gay and Lesbian Archives: Information and materials on LGBT issues)

FOR MORE INFORMATION ON LGBT RELATED ISSUES...

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