



GENDER AND SEXUALITY CAMPUS CENTER

PEER MENTOR HANDBOOK

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Welcome to the LGBTQ Peer Mentor Program!

We're so glad you've volunteered your time, experience, and wisdom to the program -- our mentees are excited and grateful to have someone to connect with. And we're excited and grateful to work with you!

This handbook is meant to be a starting guide and resource compilation for you in your role as peer mentor. Feel free to skip around or otherwise use this document in a way that makes most sense for you.

Chapters 1-4 are more like modules: they include guiding questions and activities to help prepare you. Chapters 5-9 are more like reference material: they include information and contacts for on- and off-campus organizations for "just in case" purposes. Additional information can be found in our public Google drive, linked on the last page of this packet.

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Peer Mentoring 101

Learning Objectives

After this module, peer mentors will be able to:

- Define what a mentor is
- Identify key elements that make a mentor-mentee relationship successful
- Identify behaviors that might harm a mentor-mentee relationship
- Understand why romantic and sexual relationships are not allowed between mentors and mentees
- Know how to address romantic feelings in a mentor-mentee relationship

Questions to get you started

- What does it mean to be a mentor? What distinguishes a good or effective mentor?
- Why do you want to be a mentor? What motivated you to sign up for this role?
- What mentors have had an impact on you? What qualities did they have or actions did they take?
- What could be the dangers of getting romantically involved with your mentee? What about using substances together or in their presence?
- What are some ways you can think of to handle feelings of attraction toward your mentee? What about if they felt attracted toward you?
- What personal boundaries will it be important for you to set as a mentee? How can you set these boundaries early in the relationship, or if they come up later?

What is a mentor?

Did you know that “Mentor” was actually the name of a character in The Odyssey by Homer? When Odysseus went to fight in the Trojan war, Mentor

ruled Odysseus's kingdom in his stead, and taught and looked after Odysseus's son, Telemachus.

The Random House Dictionary defines a mentor as: “A wise and trusted counselor or teacher; an influential senior sponsor or supporter.”

There are several important aspects of that definition.

- First, a mentor is **wise**. This doesn't mean you have to know all the answers, but you should be willing to share your insights and experiences openly in a way that is constructive.
- A mentor is **trusted**. It is essential to build trust with your mentee through maintaining their confidentiality, and talking with them and listening to them in a way that is respectful and honest.
- In this definition a mentor is a **counselor**. Of course, you are not actually licensed therapists, and it is important that your mentees be aware of that and not use their relationship with you to substitute for needed mental health services. However, mentors should be supportive of their mentees and offer them a nonjudgmental safe base for emotional support and advice, as well as promote healthy identity exploration and development.
- Mentors are also **teachers**. One of the most important aspects of any mentoring program is that it allows people to have positive role models to learn from as well as easily accessible sources of information about the community.
- Mentors are **influential**. In fact, research has found a connection between LGBTQ youth who have accessible role models, like mentors, and lower levels of psychological distress (Bird, Kuhns, & Garofalo, 2012). Being a mentor can have a significant positive impact on your mentee's life!
- Mentors are more “**senior**” than their mentees. This often, but doesn't always, mean older: they generally have more life experience to draw from, and they can use that experience to help teach and serve as a role model for their mentee. In this program, your mentee might not be much younger than you, but they might be new to this campus or in an earlier stage of exploring their sexual identity. You can help serve as a more experienced guide to help them feel at home in this community and accepting of themselves.

- Finally, mentors are **sponsors and supporters**. They do not solve their mentees' problems for them, but they help them find their own solutions. As sponsors and supporters, mentors are advocates for their mentees and stand up for them in situations where they need support.

What makes a peer mentor effective?

Mentors are both advocates and role models for their mentees. As mentors, you are responsible for establishing a warm, genuine and open relationship with your mentees, and for keeping in frequent contact with your mentees.

Through this program you will arrange a structure for communicating or meeting with your mentee that makes sense for both of your needs and abilities. You are also welcome to consult with the co-facilitators, any Gender and Sexuality Campus Center staff, and/or other mentors to meet your needs as a mentor.

Give your mentee voice and choice when arranging what to do during your meetings with them to ensure that your activities are within their comfort zone.

It is also important to establish realistic expectations for the relationship during the initial meetings, and to develop a sense of trust based on open communication and following your mentee's lead in what the two of you talk about and how you talk about it.

You are expected to honestly share your own experiences and insights at your comfort level and to encourage your mentees to ask questions, but to also not be afraid to admit when you don't know everything about a topic.

In general it is most important that you offer your mentee help and support in the areas that feel most pressing to them.

Activity

Before you meet with your mentee, make a personalized list of things you can do to fulfill your role as a mentor, potentially including things like:

- Act as an advocate, ally, and role model
- Be accessible to your mentee
- Take initiative in scheduling meetings with your mentee
- Allow mentee to direct the topics of conversation and choose meeting locations
- Respect mentee's level of "out"-ness or identity disclosure
- Set realistic relationship expectations in the beginning
- Communicate openly
- Share your own insight and experiences (good and bad!)
- Set personal boundaries
- Encourage mentee to ask questions
- Follow through on meetings
- Seek support and help when needed
- Be positive
- Encourage healthy sexual and identity development
- Be supportive
- Be nonjudgmental
- Listen to your mentee - use active listening skills
- Anything else?

(Adapted from Penn State University, *Mentoring Points to Remember in Building a Good Relationship*,
http://architect.lgbtcampus.org/mentorship_program)

What is a mentor *not*?

There are several things it is important for mentors to **not** do:

- Break the mentee's confidentiality
- Give too much unsolicited advice
- Fail to follow through
- Drink or use other substances with their mentees
- Be judgmental
- Engage in a romantic or sexual relationship with their mentee

Overall, it is important for you to be there to help your mentees, but you are not there to meet all of your mentee's needs by yourself.

Be clear about the boundaries of the relationship - being a mentor incorporates aspects of being a teacher, a counselor, and a friend, but it is important to remember that being a mentor is not *the same* as being a teacher, a friend, or a counselor.

(Adapted from Penn State University, *Mentoring Points to Remember in Building a Good Relationship*,
http://architect.lgbtcampus.org/mentorship_program)

Boundaries and relationships

This relationship is designed to provide a safe emotional base for your mentee as well as resources and guidance for healthy identity development. If you entered into a sexual or romantic relationship, the power difference between the mentor and mentee role mean that it would be inherently coercive, even if it wasn't meant to be.

You would no longer be a safe base for your mentee, and if the romantic relationship ended, your mentee would be left without the resources and guidance they need, which could cause intense emotional distress.

Because of these reasons, engaging in a romantic relationship with your mentee is not okay.

If you're mindful of what is going on and take active steps to address the way you feel, your relationship with your mentee is much less likely to be jeopardized.

You also have the right to set boundaries for yourself and expect them to be respected. These boundaries might include privacy, time, meeting places, or anything else you need to feel safe and secure. A mentor-mentee relationship cannot thrive if *either* person feels uncomfortable or disrespected.

If romantic or sexual feelings enter your mentor-mentee relationship

When you're reacting strongly to your mentee...

1. The first thing to do is ask yourself "what is this about?" What reaction is your mentee pulling from you? Is this about you and what's going on in your life? Why do you think your mentee making you feel that way? Are they subconsciously trying to get something from you - attention? Advice? Emotional support? What do you seem to want from them? Is it something that is particularly lacking in your life at that moment? How else could you meet that need?
2. Talk to someone at the Gender and Sexuality Campus Center about the feelings! It can be really frustrating and confusing to deal with feelings of attraction, even in the best scenarios, but even more so when they're feelings that occur in a situation where you know you won't be able to act on them. Consult with one of the co-facilitators or professional staff to get support so you don't have to deal with it on your own. Having the feelings themselves is totally natural and normal, and not something you should be worried to talk to us about. We're here to support you!
3. After you have recognized the emotions, clarify the reality of your relationship. If you are the one experiencing romantic feelings for your mentee, you can do this by just reminding yourself in the moment with your mentee that this is a mentor-mentee relationship, and therefore turning it into a romantic one is out of bounds. Check yourself to make sure that you're not treating your mentee differently than you would treat any other younger student you were advising.

If your mentee has feelings for you, bring attention to their behavior without shaming them, so the dynamics of your relationship can be discussed openly. Clarify the nature of your relationship with them. Be kind and empathetic, but remind them of what being a mentor is (you can even use the definition we came up with earlier!) and what it is not, and why it would be inappropriate for you to get together.

Activity

Consider the following scenarios and think of suggestions for the people involved.

Scenario 1:

Mentor: Hey Charles, how are you today?

Mentee (visibly flirting): I'm doing well now that you're here.

Mentor: Umm, great, I guess... Last week you mentioned having some trouble in your calculus class. How is that going?

Mentee: Not great. It's so hard to study at my place because my roommate is always playing his music. Maybe I could come over to your apartment to do my homework tonight.

Mentor: I'm sorry to hear you've been having difficulty studying, but I don't think it would be a good idea for you to come over.

Mentee: Why not? (fake pouting) I can cook you dinner...

What would you do or say in this situation as a peer mentor?

Scenario 2:

Trainer: You mentioned that you were worried about Megan's current relationship. Have you followed up with her about it lately?

Mentor: No, not really. It seems sort of like I'm prying. Plus, I might have just been exaggerating things.

Trainer: What makes you say that?

Mentor: I don't know. I've been feeling weird about seeing Megan lately.

Trainer: What do you mean by weird?

Mentor: I feel guilty about it because I know we're not supposed to, but I think I like her.

Trainer: So you're attracted to her?

Mentor: I guess...

What should the mentor do? What should they do when they see their mentee? How could the trainer help the mentor?

Let's Talk – Communication Skills

Learning Objectives

After this module, mentors will be able to:

- Demonstrate active and reflective listening
- Use open and closed questions, and know the difference between them along with the benefits and drawbacks of each
- Identify their own primary interpersonal style
- Understand how that style might affect their interactions with their mentees
- Be able to flexibly use other styles of interacting when appropriate

Questions to get you started

- What makes you feel heard, validated, and/or affirmed when sharing something important with others?
- What are some different ways you can tell that someone is listening carefully to you? What are some different ways that you show others you are listening?
- Take a moment to think about your style of communicating with others. Do you try hard to please other people and to be seen as generous and good? Do you try to be seen as a leader or outstanding among your peers?
- How do you think you learned that pattern of interacting? What patterns existed in your family or peer group? How well does this style of interacting work for you? Do you use different styles in different settings or with different people?
- How do you think you would react if your mentee has a style different from your own? What might be some opportunities or difficulties because of that? What if you both have the same style? What might be some good or bad things about that?

Active and Reflective Listening

Active listening is a way to increase understanding between people by showing genuine interest and respect for what each person is saying. It

includes what you're doing with your mind, as well as with your body, and your words.

Mind: When you are listening to your mentee, really pay attention!

- Don't try to think of what point you'll make next while they're talking.
- Try not to get side-tracked by environmental or mental distractions.
- If you find yourself getting distracted, it can be helpful to focus on the words your mentee is saying and repeat them in your head, to bring you back to the conversation at hand.
- Be aware of both what your mentee is saying with their words and their body language. What emotion is behind what they're saying?

Body: Your body language can help show that you are listening.

- The acronym "SOLER" can help you remember one way active listening can look like:
 - **S**quarely face your mentee,
 - **O**pen your posture,
 - **L**ean in slightly toward your mentee,
 - **M**aintain **E**ye contact, and
 - **R**elax while listening
- There are other ways to show active listening (such as nodding or using facial expressions), and active listening doesn't always include all of those indicators!
- Keep in mind that all of these recommendations might vary depending on your and your mentee's cultural background, neurotype, and other factors. Go with what feels right for you and your mentee!

Words: There are many ways to help your mentee feel heard and understood through what you say in response.

- Use small verbal comments like "yes" and "uh huh" to encourage them to keep speaking.
- Don't interrupt your mentee!

Reflective listening takes active listening a step further by reflecting what your mentee is saying through constructive paraphrasing. This can be useful in several scenarios:

- You can make sure that you've correctly understood what they've said.
Ex. "So it sounds like you're having a hard time meeting other students who are out on campus..."
- You can also reflect the emotions in what they're saying.
Ex. "What I'm hearing is that you want to ask her out but feel really anxious about it..."
- If something seems confusing or you get lost, you can pause to re-orient the discussion.
Ex. "Let me see if I'm following you correctly. Your roommate has an ex-boyfriend who wants to spend the weekend, and you like him but you're not sure if you want him to stay because he drinks a lot and you're worried it will get your roommate into trouble. Is that right?"
- After your mentee has talked for a little while, you can synthesize what they've communicated by pulling the key ideas and emotions together.
Ex. "We've talked about a handful of different things, but it sounds like in general it's been hard for you to know if you can trust people enough to share your questions about your sexuality, including your family and friends. This is making you feel like there's distance growing between you and the people in your life, and it's scary because it feels like there isn't much you can do about it. Does that sound about right?"

Things ***not*** to say when engaging in active and reflective listening:

- Do not tell your mentee that they'll "get over it" or "outgrow it" - even if you think this is true, saying it does not help your mentee feel heard and understood, just that you're being patronizing toward them. Instead, show that you hear where they're coming from.
Ex. "I can see that you were hurt by that. It's a lot to go through, especially with school on top..."
- Do not nit-pick about grammar or other details that are unrelated to the content of what they're saying.
- If your mentee is in the middle of sharing something, do not derail the conversation even to share a similar experience. When they've finished sharing, you can offer your story if you think hearing it will help your mentee.

Ex. "I've been there too - I experienced something similar when I was living in the dorms. Would you like to hear about it?"

Open and Closed Questions

One way of showing that you are invested in what your mentee is saying is to ask questions to better understand where they're coming from.

There are two main forms of questions you can ask, and both of them have slightly different functions and outcomes.

Open questions:

- Open questions often begin with question words, such as "How," "Why," or "What," or with prompts such as "Can you tell me about...?"
- They encourage people to talk in depth, tell stories, give more details, etc.
- They are most effective when your mentee is already comfortable sharing with you.
- Some examples:
 - How were you feeling in that moment?
 - Can you tell me about your relationship with your roommate?
 - Why wouldn't you feel comfortable going to a GSCC event?
 - How do you think your brother would react if you came out to him?

Closed Questions:

- Closed questions are often yes/no questions or ask for short, specific, factual responses.
- They narrow a conversation's focus and can clarify information.
- They can be used to "warm up" a conversation when followed with open questions.
- They can also make your mentee feel interrogated, so use them appropriately and sensitively. Don't push your mentee to share something they seem uncomfortable with.
- Some examples:
 - What's your major?
 - Is this your first time dating anyone?

Where have you looked for community on campus?
Do you feel supported at home?

Other rules of thumb to keep in mind about asking questions:

- Only ask one question at a time.
- Give your mentee time to think and respond.
- Try not to ask loaded questions that are really your own opinion framed as a question. It is better to state your experience directly so you can have an open discussion about it rather than assuming your opinion is correct.
Ex. Instead of “Don’t you think you would feel better if you ate healthier?,” you can say something like “I sometimes feel wonky if I haven't eaten greens recently -- I need that vitamin A! What foods have you found make you feel better?”
- Sometimes asking “why” can make people feel defensive or attacked, especially if it seems like you’re criticizing their choices. You might want to come up with alternate ways of phrasing the question that seem more empathetic.
Ex. Instead of “Why didn’t you just tell the person to leave you alone?,” you can say something like, “That seems like a really difficult situation. Can you tell me about what you were thinking and feeling when you reacted?”
- Different cultures have different norms about asking and answering questions. Be sure to pay attention to your mentee’s nonverbal language and check in with them to see how they’re feeling.

Activity

Consider the following scenarios and come up with some questions you can use to guide the conversation with your mentee.

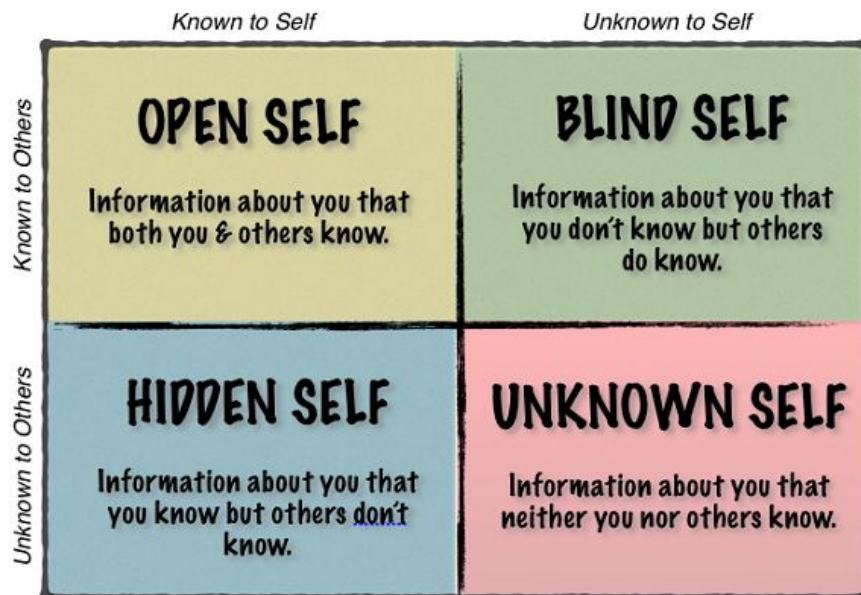
- Your mentee has just ended their first romantic relationship and now find themselves with a much more erratic sleep schedule than normal. Even their schoolwork is being affected because they are having trouble concentrating during class and have missed several assignments.
- Your mentee overheard the instructor of one of her classes make openly homophobic comments on more than one occasion. It is so offensive that it makes it difficult for her to feel motivated to attend class. She has missed the class a couple times now, but just received a low grade on a

quiz and believes she should probably attend more to make sure she passes the class.

- Your mentee was out dancing this weekend and ran into a group of students from one of his class discussion sections who he was not out to. While he were chatting with them, one of his other friends joined the conversation and made a joke that accidentally disclosed his sexual orientation. He couldn't judge your classmates' reactions very well in the dark club, and they left the conversation shortly after your friend's joke. Now he is worried about seeing them again in class and doesn't know how to approach the situation. Your mentee tells this story to you as if it is an amusing anecdote to see how you will respond, but you can tell he is feeling anxious.

When you're building your relationship with your mentee, not only is it important to know how to actively listen and ask questions in general, but it is also important to understand what your own general style of interacting with other people is.

Consider the quadrant graph below, called a Johari Window - one of the many systems to guide reflection on interpersonal patterns. Each quadrant is described below:



- **Open:** There are some things about ourselves that we know and that others know about us, which is part of the “open” section of the chart. This includes any salient aspect of our identity, like the fact that we’re students.
- **Unrecognized** (sometimes called “Blind”): There are also things that we aren’t aware of about ourselves but that others might notice -- for example, that we snore, or that we flirt with other people when we don’t mean to.
- **Hidden:** Some things are “hidden” from others, even though they’re things we know about ourselves. A relevant example of this would be someone who realizes they’re trans but has not come out to anyone yet and isn’t read by others as trans.
- **Unknown:** Then there are some things that are unknown to us and to others, that might be deeper in our subconscious. This might be an aversion we don't realize we have, or a talent we haven't yet developed.

So far the training has mostly addressed areas that fall into the “open” area of the Johari Window. Next we are going to talk about our style of interacting with others, which might include more of the other sections. It is important to think about this because it affects our relationships and how we react to others, which will include how we interact with our mentees.

Another model of interpersonal patterns, developed by psychological theorist Karen Horney, categorizes how people react to a risk of rejection:

- **Moving Towards:** people who adopt the “moving towards” strategy minimize the risk of rejection by being nice and good. They try to please everyone so that others will not have cause to leave them.
- **Moving Against:** those who adopt this strategy try to ward off discomfort by being intimidating and impressive. They can focus on controlling others and controlling the situation around them. They tend to be very competitive and perfectionistic, “the best.”
- **Moving Away:** these individuals avoid the risk of rejection altogether by avoiding close relationships. They tend to emotionally withdraw from social interactions and take pride in being self-sufficient and independent.

According to this model, although people are often flexible and use different styles of interacting in different situations, individuals usually have one primary way of interacting with people.

These are only two models of interpersonal styles, and there are many, many more: including the Myers-Briggs Type Indicator, many astrological systems from all over the world, Strengths Quest, the Keirsey Temperament system, etc! It's very likely that some will make more sense to you than others, or maybe none of them will.

Whatever method you use to guide self-reflection on your interpersonal communication, having a deeper awareness of your own habits, tendencies, personality, and patterns will help you navigate your relationship with your mentee with care, deliberation, and empathy.

It is good to have flexible ways of interacting, which doesn't mean you should give up your natural style. It just means that if your style isn't serving you well in a particular situation, it can be useful to try a different approach!

What's Your Story?

Learning Objectives

After this module, mentors will be able to:

- Identify salient experiences and events of their own life story
- Make meaning out of those experiences and events
- Understand how stories can be used for social change

Questions to get you started:

- Is there a particular narrative or story your life is expected to follow? Where did that story come from? How is your actual story similar or different from that one?
- How did you come to realize that your story can be different?
- What could be some risks or benefits of sharing your story?
- Do you find yourself sharing different parts of your life story in different contexts? How do you decide what to share and when?

Making meaning from your story

One of the things you will be doing with your mentee is sharing your story, and encouraging them to share their story with you.

According to novelist John Barth, “everyone is necessarily the hero of his own life story.” Narrative identity theory argues that not only are people the heroes of their own stories, but also that through the act of creating their life stories, they also create their identities and make meaning out of their experiences. The process of trying to blend conflicting elements into a cohesive life story often begins in adolescence but continues throughout your life.

Being able to view your life as a story can have mental health benefits as well - specifically, being able to integrate and make meaning out of difficult and traumatic life experiences has been associated with greater well-being.

Activity

Sketch out a few threads of your own personal timeline. How does your story start? What are some moments that have helped shape who you are? Take a moment to think about what you learned from the story you have outlined.

Ex.: If you had a relationship and it lasted a year, but then ended, so you wound up dating someone else, how do you view that first relationship? Would you talk about it as a failure – a relationship that didn't last and led to heartbreak? Or was it a relationship that was good while it lasted but happened to end like so many do? Or was that relationship just a stepping-stone that allowed you to get to the next relationship? There are multiple ways to interpret every story...

The way you tell your story might affect the way you live it because it affects the way you see the world around you. If you can see yourself as the hero of your story, and help your mentee see themselves as the hero of theirs, you may help both of you live happy stories.

Social change through storytelling

Telling and making meaning out of your story is not only an important part of identity development and encouraging mental health, but sharing it with others can also be a powerful tool to promote social justice.

Lee Anne Bell's book *Storytelling for Social Justice* highlights the way that stories can be used to create discourse and community around topics like race and sexual orientation. Sharing stories that have not been given voice in the dominant culture can change the way people think about social structures and relationships.

According to Bell's model, there are four different kinds of stories:

- **Stock stories:** Stock stories are those that are standard and typical in our society and that help support the status quo and prevailing stereotypes. One example of this kind of story is "The American Dream."

Can you think of others? What about ones related to gender and sexuality?

- **Concealed stories:** Concealed stories shake up the status quo but are generally “hidden in plain view.” It takes more effort to expose them within ourselves and others. These are basically the other side of the stock stories – the truths the stock stories hide.
- **Resistance stories:** Resistance stories emerge when concealed stories are documented and passed down. These might include things like enslaved people's narratives that were published and openly challenged the dominant slavery narrative of their time. They have the potential to inspire people and get them to take action.
- **Emerging/Transforming stories:** Emerging/transforming stories are resistance stories that have not been heard before. They tell the stories of people’s experiences today in ways that allow for categories, boundaries, and relationships to be re-imagined.

We can use our own stories to counter the dominant narrative in society about gender and orientation to help give others a new and more complex way of seeing the world.

References:

Bell, L. A. (2010). *Storytelling for Social Justice*. New York, NY

Identity and Inclusion

Learning objectives:

After this module, mentors will be able to:

- Use specific language to discuss various dynamics of power and identity
- Understand some LGBTQ identity development models
- Assess the utility of these models for your or your mentee's situation

Vocabulary: Some Useful Social Justice Concepts

Cisgender:

denoting or relating to a person whose personal identity and gender corresponds with the gender they were assigned at birth

Coded language:

A word or set of words used to indirectly describe a person or group of people that perpetuates dominant narratives

Collusion:

Thinking, feeling, and acting in ways that support dominant systems of power, privilege, and oppression. Both privileged and oppressed groups can collude.

Discrimination:

The unjust treatment of a person or group of people based upon a certain (perceived) identity

Dominant narrative:

Stories told by the dominant culture that define reality and guide our lives. Often this is what most of society believes to be "true" or "normal"

Inclusion:

The active, intentional, and ongoing engagement with diversity - in people, in the curriculum, in the co-curriculum, and in communities (intellectual, social, cultural, geographical) with which individuals might connect - in ways that increase one's awareness, content knowledge, cognitive sophistication, and empathetic understanding of the complex ways individuals interact within systems and institutions

Internalized dominance:

Behaviors, thoughts, and feelings of those who, through their socialization as members of the dominant group, learn to think and act in ways that express internalized notions of merit and privilege

Internalized oppression:

When a member of an oppressed group accepts the negative attributes, stereotypes, or narratives applied to their oppressed group(s) by dominant groups. Identity development often involves a process of unlearning internalized oppression

Intersectionality:

The study of the interconnected nature of social identities such as race, class, gender, and sexual orientation

Oppression:

The unequal and/or unjust treatment of a person and/or group of people through societal laws, policies, rules, norms, customs, practices, and institutions. These institutions include religions, government, education, the media, and the health care system.

Prejudice:

A pre-judgement or unjustifiable, and usually negative, attitude of one type of individual or groups toward another group and its members. Such negative attitudes are typically based on unsupported generalizations or stereotypes that deny the right of individual members of certain groups to be recognized and treated as individuals with individual characteristics

Privilege

A group of unearned cultural, legal, social, and institutional rights extended to a group based on their social group membership. Individuals with privilege are considered to be the normative group, leaving those without access to this privilege invisible, unnatural, deviant, or just plain wrong. Most of the time, these privileges are automatic and most individuals in the privileged group are unaware of them. Some people who can "pass" as members of the privileged group might have conditional access to some levels of privilege

Social justice:

Social justice is both a process and a goal. The goal of social justice is full and equal participation of all groups in a society that is mutually shaped to meet their needs, the distribution of resources is equitable, and all members are physically and psychologically safe and secure. The process for attaining the goal of social justice should be democratic and

participatory, inclusive and affirming of human agency and human capacities for working collaboratively to create change

Target group:

A social identity group that is disenfranchised, exploited, and victimized in a variety of ways, including being subject to containment, having restricted movement and choices, being treated as expendable and replaceable, and lacking individual identities apart from the group.

Courtesy of Khaled Ismail, Social Justice and Communications Specialist at the Multicultural Student Center

Sociologists have developed several identity models to understand how one comes to terms (or not) with their minority sexual identity. No one model is the truth or “right” way to develop, and in some cases a sociological approach might not be the most appropriate. These models are just some of the ways to help you think about the process not only for your mentee, but yourself and how your identities have developed or continue to develop.

The purposes of these models are to serve as a guideline or reference point. Not all students will follow these models in their identity development. Your mentees may be in various stages of these models and may go back and forth in between stages, especially when it is compounded with the other adjustments they will be experiencing on campus.

Intersecting Identities

LGBTQ people of color have a doubly minoritized status, on campus and elsewhere. They experience racial discrimination as well as discrimination for their gender and sexuality, in ways that are compounded and different than what white LGBTQ people or cis/straight people of color face. Identities can also intersect along class, dis/ability, citizenship status, religion, body shape/size, and many other factors. As a mentor, it’s important to recognize that systems of oppression are never isolated from one another, and be aware of their roles in your relationship with your mentee.

Cass Identity Model (edited for inclusivity)

LGBTQ Identity Development Model

"Coming out" is a lifelong process of exploring one's gender and/or sexual identity and sharing it with family, friends, co-workers and the world. It is one of the most significant developmental processes in the lives of LGBTQ people. Coming out is about recognizing, accepting, expressing and sharing one's sexual orientation with oneself and others.

- **Stage 1: Identity Confusion**

This is the "Who am I?" stage associated with the feeling that one is different from peers, accompanied by a growing sense of personal alienation. It is rare at this stage for the person to disclose inner turmoil to others.

- **Stage 2: Identity Comparison**

This is the rationalization or bargaining stage where the person thinks, "Maybe this is just temporary," or, "My feelings of attraction are simply for just one other person of my own sex and this is a special case." There is a heightened sense of not belonging anywhere with the corresponding feeling that "I am the only one in the world like this."

- **Stage 3: Identity Tolerance**

In this "I probably am" stage, the person begins to contact other similarly-identified people to counteract feelings of isolation and alienation, but merely tolerates rather than fully accepts their identity. The feeling of not belonging with cis/straight people becomes stronger. Positive contacts can have the effect of making other similarly-identified people appear more significant and more positive to the person at this stage, leading to a more favorable sense of self and a greater commitment to a self-identity.

- **Stage 4: "Identity Acceptance"**

There is continued and increased contact with other similarly-identified people in this stage, where friendships start to form. The individual thus evaluates other similarly-identified people more positively and accepts rather than merely tolerates the self-image of their identity. The earlier questions of "Who am I?" and "Where do I belong?" have been answered.

Coping strategies for handling incongruity at this stage include continuing to “pass” as cis/straight, and limiting contacts with unsupportive cis/straight people (e.g. some family members and/or peers). The person can also selectively disclose their identity to cis/straight people significant in their life.

- **Stage 5: "Identity Pride"**

This is the "these are my people" stage where the individual develops an awareness of the enormous incongruity that exists between the person's increasingly positive concept of self and an awareness of society's rejection of this identity. The person feels anger at cis/straight people and devalues many of their institutions (e.g. marriage, gender-role structures, etc.) The person discloses her or his identity to more and more people and wishes to be immersed in LGBTQ subcultures by consuming its literature, art, and other forms of culture.

For some at this stage, the combination of anger and pride energizes the person into action against discrimination and produces an activist.

- **Stage 6: "Identity Synthesis"**

The intense anger at cis/straight people -- the "them and us" attitude that may be evident in stage 5 -- may soften at this stage to reflect a recognition that some of them are supportive and can be trusted. However, those who are not supportive are further devalued. There remains some anger at the ways that similarly-identified folks are treated in this society, but this is less intense. The person retains a deep sense of pride but now comes to perceive less of a dichotomy between the cis/straight and their own communities. An LGBTQ identity becomes an integral and integrated aspect of the individual's complete personality structure.

Adapted from Vivian Cass (1979, 1984, 1990). In Ritter and Terndrup (2002) Handbook of Affirmative Psychotherapy with Lesbians and Gay Men.

Fassinger's Model of Identity Formation (edited for inclusivity)

The Fassinger model represents two separate but reciprocal processes of identity formation: one that involves an internal, individual process of

awareness and identification, and one that involves changed identification regarding group membership and group meaning.

- Because the two branches are separate and not necessarily simultaneous, an individual could be located in a different phase in each branch.
- Assumes a cyclical process: individuals recycle through phases as developmental processes shift in response to external circumstances.
- In this model, self-disclosure is not an indicator of developmental advancement.

	<u>Individual Identity</u>	<u>Group Membership Identity</u>
Awareness	of feeling or being different	of existence of different identities in people
Exploration	of gender expression, of identity labels, of feelings for same sex people or a particular same sex person, etc.	of one's position regarding LGBTQ people as a group (in terms of attitudes and possible membership)
Deepening Commitment	to self knowledge, self fulfillment, and choices about gender and sexuality	to personal involvement with similarly-identified people, including awareness of oppression and consequences of choices
Internalization/Synthesis	of love for similarly-identified people and of choices into overall identity	of identity as a member of a group, across contexts

Adapted from Fassinger, Ruth E. "Lesbian, Gay, and Bisexual Identity and Student Development Theory." In Working with Lesbian, Gay, Bisexual, and Transgender College Students. Ed. Ronni L. Sanlo. Greenwood Press, 1998.

Bilodeau's Transgender Identity Development Process

This system describes some of the processes that often compose part of a trans person's identity development. As with other models, not all of these stages will be part of every trans person's story, or necessarily in this order.

- **Exiting a traditionally gendered identity [by]:**
Recognizing that one is gender variant, attaching a label to this identity, and affirming oneself as trans/gender variant through coming out to others.
- **Developing a personal transgender identity [by]:**
Achieving the stability that comes from knowing oneself in relation to other trans/gender variant people and challenging internalized transphobia.
- **Developing a transgender social identity [by]:**
Creating a support network of people who know and accept that one is trans/gender variant.
- **Becoming a transgender offspring [by]:**
Coming out to family members and reevaluating relationships that may be disrupted by this disclosure.
- **Developing a transgender intimacy status [by]:**
Creating intimate physical and emotional relationships.
- **Entering a transgender community [by]:**
Making a commitment to political and social action through challenging transphobia.

Adapted from Bilodeau, B. L. (2005). Beyond the gender binary: A case study of two transgender students at a midwestern university. Journal of Gay and Lesbian Issues in Education, 3(1), 29-46. In Evans, N. J., Forney, D. S., Guido, F. M. Guido, Patton, L. D., & Renn, K. A. (2010). Student development in college (2nd Edition). San Francisco, CA: Jossey-Bass

Life on Campus

Learning Objectives

After this module, mentors will be able to:

- Gain familiarity with services and resources on campus for LGBTQ students

With adjusting to college also comes finding a community to call “home”. Navigating such a large campus can be an overwhelming task for some. This can be compounded by also knowing you are a point of smaller community within the university that maybe everyone does not agree with. As a mentor, you can begin to create that community all students on this campus need to find to be academically successful. Below is a list of important campus resources that you should be or become familiar with during your time as a mentor.

Campus Resource	Their function on campus	More Information
Bias Reporting	Confidential program to address incidents of hate/bias	https://doso.students.wisc.edu/bias-or-hate-reporting/ (608)263-5700 dean@studentlife.wisc.edu 70 Bascom Hall
Black Cultural Center	Support and community building for Black students	https://msc.wisc.edu/black-cultural-center/ (608)262-2014 BCC@studentlife.wisc.edu Red Gym
Bursar’s Office	Financial and student loan services	bussvc.wisc.edu/bursar (608)262-3611 tuition@bussvc.wisc.edu 333 Campus Mall

Campus Women's Center	Support service and resource center for all students	campuswomenscenter.org cwc.supportservices@gmail.com SAC suite 4416
Cross-College Advising Service (CCAS)	Campus-wide advising service for undecided undergrads	ccas.wisc.edu (608)265-5460 ccas@ccas.wisc.edu 10 Ingraham Hall
Division of University Housing	Residence halls, housing disputes	housing.wisc.edu (608)262-2522 info@housing.wisc.edu 625 Babcock Drive
EVOC (End Violence on Campus)	A unit of UHS integrating violence prevention and confidential victim advocacy	evoc.wisc.edu (608)265-5600 (option 3) survivorservices@uhs.wisc.edu violenceprevention@uhs.wisc.edu 333 East Campus Mall
GUTS (Greater University Tutoring Services)	Student-run tutoring help and study skills	guts.wisc.edu (608)263-5666 director.guts@gmail.com gutsstudentorg@gmail.com 333 East Campus Mall
International Academic Programs	Study abroad	studyabroad.wisc.edu (608)265-6329 peeradvisor@studyabroad.wisc.edu Red Gym - Third Floor
LGBTQ Mental Health: Individual	1. LGBTQ Support & Empowerment Group	333 East Campus Mall UHS: (608)265-5600

and Group Support	2. Transgender & Gender Non-Conforming Support & Empowerment Group	To Access Appointment for UHS Mental Health Services: 608.265.5600 (option 2) or log on to My UHS
Morgridge Center for Public Service	Opportunities for community service	morgridge.wisc.edu (608)263-2432 info@morgridge.wisc.edu Red Gym
Multicultural Student Center	Social justice and support center for students of color	msc.wisc.edu (608)262-4503 Red Gym - Second Floor
Office of Student Financial Aid	Financial aid, scholarships	financialaid.wisc.edu (608)262-3060 finaid@finaid.wisc.edu 333 East Campus Mall
Open Seat	Food pantry for students	asm.wisc.edu/theopenseat openseat@asm.wisc.edu SAC suite 4209
OutReach	Community (non-university) LGBTQ center	outreachmadisonlgbt.org (608)255-8582 info@lgbtoutreach.org 2701 International Ln #101
PAVE (Promoting Awareness & Victim Empowerment)	Student advocacy group for ending sexual assault, dating violence, and stalking	win.wisc.edu/organization/pave (608)890-2139 chair.pave@gmail.com SAC suite 3147
Rape Crisis Center	Community (non-university)	thercc.org (608)265-6389 (campus office)

	support service for survivors of sexual violence	(608)251-7273 (24hr crisis line) info@theRCC.org 333 East Campus Mall, #7901
Registrar's Office	Official transcripts and DARS reports	registrar.wisc.edu (608)262-3811 registrar@em.wisc.edu 333 East Campus Mall
SAFEwalk	Two-person walking accompaniment on campus	transportation.wisc.edu/safewalk (608)262-5000 (call or text for service) uwSAFE@fpm.wisc.edu 610 Walnut Street, Room 124
Tenant Resource Center	Community (non-university) organization for housing justice and resources	tenantresourcecenter.org (608)257-0006 asktrc@tenantresourcecenter.org SAC suite 3156 1202 Williamson St #102 Campus Office: 333 East Campus Mall SAC Room 3156
The Writing Center	Comprehensive writing and project assistance	writing.wisc.edu (608)263-1992 wcenter@writing.wisc.edu 6171 Helen C. White Hall 600 North Park Street
Trans Health at UHS	Trans medical support through UHS using an informed consent model	uhs.wisc.edu/medical/trans-health (608)265-5600 333 East Campus Mall

TGNC and LGBTQ Mental Health Specialists	Mental health providers at UHS specializing in LGBTQ+ care	Sidra Dillard Robyn Rauman 333 East Campus Mall
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LGBTQ Health and Mental Health

Learning Objectives

At the end of this module, mentors will be able to:

- Describe different health and mental health needs among LGBTQ students
- Discuss the unique social and psychological stressors that affect the health and well-being of LGBTQ people
- Explain strength and resilience as key features of LGBTQ wellbeing
- Identify informational resources and referrals at local and national levels for potential future use with mentees

Overview of LGBTQ Health and Mental Health Needs

Alongside the same health and mental health concerns as everyone faces, LGBTQ young people often deal with unique, additional stressors and risks that may negatively impact our wellbeing. Some of these things include: coming out processes; a lack of LGBTQ specific support structures and networks (family, friends, social, etc.) which can make understanding their orientation or gender difficult; external and internalized homophobia and transphobia; and anxiety that many may feel as they navigate the complex feelings and emotions associated with struggling to understand their identities and cope with prejudice, discrimination, and oppression.

Many of us may also face rejection from parents, families, and friends after coming out or “being discovered.” Many LGBTQ young people leave home as a result or enter alternative living arrangements (e.g. with a friend, lover, etc.) Almost 40% of homeless youth in major U.S. cities are without housing because of conflicts related to their sexual orientation or gender identity. Some also experience or be threatened with verbal or physical abuse related to their sexuality or gender identity/expression. LGBTQ young people may use legal and illegal substances as a coping mechanism to deal with homophobia, transphobia, discrimination, and concerns about their safety. Self-acceptance and self-esteem are critical issues for all young people, but they are particularly important for marginalized young people, especially if they live at the intersections of marginalized identities.

With all of these factors in play, it is not surprising that LGBTQ young people

are at an increased risk for depression and other serious mental health issues. That risk can be hugely mitigated, however, if they are able to find safe people they can trust and who will support them as they figure things out. Like you!

Differences in Health Needs

The LGBTQ community is very diverse, so it is important that we recognize that LGBTQ health needs may vary depending on the individual or the communities with which a person may identify.

For example, healthcare needs for trans, genderqueer, nonbinary, and GNC people may include hormone replacement therapy (HRT), surgery, and/or other transitional care. Bisexual students are at greater risk for intimate partner violence and sexual assault than even lesbian and gay students, so more bi students may have need of survivor support resources. Additionally, rates of new HIV infections are increasing among some LGBTQ communities (although advancements in treatment and prevention (such as PrEP) have hugely improved long-term outcomes for HIV positive people), and many people still do not receive basic information on HIV/AIDS in schools.

The best way to know what particular needs your mentee may have is by talking with them one-on-one. As your relationship develops with your mentee, work together to identify what health needs are most prevalent in their life and support them in seeking the resources and care that will be helpful.

Strengths and Resilience

Although we face many challenges as a community, it is vital that we take note of our equally plentiful strengths (individual and collective).

Positive Aspects of LGBTQ Identity

There are lots of amazing things about having an identity (or several!) under the LGBTQ umbrella. We are beautiful, strong, dynamic, creative, resilient, and more! It will likely help your mentee (and you!) to remember the good things about their identities. For inspiration, we recommend the project - and,

now, book available in the GSCC library - "What I Love About Being Queer."
You can browse their archive at whatiloveaboutbeingqueer.tumblr.com - and maybe add your own!

Some common themes include:

- Belonging to a community
- Creating families of choice
- Forging strong connection with others
- Serving as positive role models
- Developing empathy and compassion
- Living authentically and honestly
- Gaining personal insight and sense of self
- Involvement in social justice and activism
- Exploring gender expression and identity
- Exploring sexual relationships

What Supports Our Resilience?

- Positive social relationships moderate the relationship between stress and distress
- Affirming faith experiences can counteract internalized homophobia and transphobia and contribute to spiritual and psychological health
- Family (given or chosen) support and acceptance bolsters comfort and resilience in later life

Mental Health Resources

Campus:

- Trans Health (hub for medical and mental health care):
uhs.wisc.edu/medical/trans-health
- Group Counseling, including LGBTQ Support and Empowerment:
uhs.wisc.edu/mental-health/group-counseling
- Couple/partner counseling:
uhs.wisc.edu/uncategorized/couple-partner
- Individual counseling: uhs.wisc.edu/mental-health/individual
- 24-hour Crisis Services: uhs.wisc.edu/mental-health/crisis
- GSCC Healthy Relationships resources:
lgbt.wisc.edu/support/healthy-relationships

Off-Campus:

- Trevor Project Support Center:
thetrevorproject.org/resources/trevor-support-center
- National Alliance on Mental Health, LGBTQ support:
nami.org/find-support/lgbtq

Suicide Prevention and Response

Trevor Project Crisis Line

866-488-7386

Text "Trevor" to
1-202-304-1200

Trans Lifeline

877-565-8860

UHS Crisis Services

608-265-5600 (option 9)

Learning Objectives

At the end of this module, mentors will be able to:

- Discuss risk and protective factors for suicidal ideation and behavior
- Identify and practice ways to help a suicidal person
- Assess and address attitudinal barriers that may hinder ability to be direct and comfortable with talking about suicide

As with the previous section on health care, we don't expect mentors to be experts on suicide prevention or to feel solely responsible for their mentee in this situation. Mentors in the program are *not* mandated reporters. We simply want to provide information on this issue in our communities so that you feel more prepared if it ever comes up.

Recognizing Warning Signs of Suicide

Often, a suicidal person may indicate in some way that they plan to attempt suicide. Here are some warning signs and facts you should be aware of.

Have you heard someone:

- Describe a specific plan for suicide: "I've thought about how I'd do it."
- Express hopelessness or helplessness: "Things will never get better for me."
- Talk positively about a suicide death: "I think she was brave for going

through with it.”

- Say goodbye to important people: “You’re the best friend I’ve ever had. I’ll miss you.”
- Express a lack of interest in the future: “It won’t matter soon anyway.”
- Express a negative attitude toward self: “I don’t deserve to live.”
- Express suicidal feelings: “Lately I’ve felt like ending it all.”

Suicide Risk Factors

Research has shown that there are certain risk factors which can increase a person’s risk of suicide. The list below provides some biological, psychological, environmental, social and cultural risk factors that may (or may not) influence someone to consider suicide more than others.

Keep in mind that experiencing one or more of these issues does not automatically mean a person is considering suicide. It’s important to look at both warning signs and risks factors to understand the full picture.

Mind and Body:

- History of mental illness (depression, bipolar disorder, anxiety disorder, etc.)
- History of being abused or mistreated
- History of self-injury or self-injurious behavior
- Previous suicide attempt(s)
- If a person begins to improve after an episode of major depressed they may be at a higher risk for suicide, since now they might have enough energy to follow through on a suicide plan.

Surroundings:

- Barriers to mental health services
- Lack of community support
- Loss such as a death or relationship break-up
- Loss such as a job or financial security
- Feeling unsafe or losing a sense of security
- Family history of suicide
- High stress social dynamic
- Easy access to lethal materials

Experiences:

- Lack of support from social networks such as peers, family, etc.
- Cultural or religious beliefs that suggest suicide as a solution to personal problems
- Recent exposure to suicide through the media, family, friends, etc.
- Unwillingness to seek help because of the stigma attached to mental health or suicide
- Difficulty in school (e.g. discipline problems, failing grades, bullying others)

Sources: Centers for Disease Control and Prevention, AFSP, SPRC, Yellow Ribbon Suicide Prevention Program, APA

Lowering the Risk for Suicide

Fortunately, there are several factors that can help lower someone's risk of considering suicide:

- Easy access to effective, culturally competent care
- Support from medical and mental health care professionals
- Coping, problem solving, and conflict resolution skills
- Restricted access to highly lethal means of suicide
- Strong connections to family
- Family acceptance of one's sexual orientation and/or gender identity
- A feeling of safety, support, and connectedness at school through peer groups
- Positive connections with friends who share similar interests
- Cultural and religious beliefs that discourage suicide
- Positive role models and self esteem

Sources: U.S. Department of Health and Human Services 2011; Borowsky et al 2001; Eisenberg & Resnick 2006; Fenaughty & Harre 2003; Goodenow et al 2006; Kidd et al 2006; Resnick et al 1997; Ryan et al 2010

Y-CARE: A model provided by the Trevor Project for supporting a suicidal person

YOU

are never alone. You are not responsible for anyone who chooses to take their own life. As friends, family and loved ones, all you can do is listen, support and assist the person in getting the help they need.

CONNECT

the person to resources and to a trusted support system

ACCEPT

and listen to the person's feelings and take them seriously

RESPOND

if a person has a plan to attempt suicide and tell someone you trust

EMPOWER

the person to get effective support

Activity

Consider the following scenarios and how you would respond using the guiding questions:

Scenario 1: Your mentee confides in you about a recent suicide attempt (it happened six months ago), but assures you that “that was all in the past” and everything is “fine” now.

- *How do you feel? What is your emotional reaction?*
- *How do you respond? What do you say?*
- *What cultural factors do you need to consider?*
- *What additional information do you want?*
- *What additional information do you want to give your mentee?*

Scenario 2: Your mentee is a freshman and lives in the dorms. He is not out to his roommate or his family, but he has told a few close high-school friends that he is gay. He tells you at your first meeting that he has been feeling “down” and alone since moving to Madison. He says he feels isolated and is constantly worried that his roommate and other guys on his hall will find out

that he is gay. His high school friends have gone to different schools, and you're the only other LGBTQ person he knows on campus and feels comfortable talking to. You notice over the next 3 weeks that your mentee's appearance has changed, and he seems more and more "depressed." He stops returning your calls. One night, however, he leaves a voicemail message saying that the loneliness and pain he is feeling are getting to be "too much" for him and he feels hopeless about ever feeling happy again.

- *How do you feel? What is your emotional reaction?*
- *How do you respond? What do you say?*
- *What cultural factors do you need to consider?*
- *What additional information do you want?*
- *What additional information do you want to give your mentee?*

Domestic/Intimate Partner Violence Prevention and Response

Learning Objectives

At the end of this module, mentors will be able to:

- Understand LGBTQ relationship/partner violence in relation to homophobia, transphobia, and other systems of oppression
- Identify LGBTQ-specific resources and services related to relationship/partner violence

Questions to get you started

- What feelings come up as we talk about violence in our own community?
- How do you see homophobia and transphobia intersecting with other forms of oppression (e.g. racism, sexism, etc.) to affect how LGBTQ people experience relationships?
- What are your concerns about talking to a mentee about these issues? What additional information do you need to assuage these concerns?

Domestic/Intimate Partner Violence

Again, mentors in the program are *not* mandated reporters. We do not expect you to be experts or to handle these issues on your own. We simply want you to be generally aware of dynamics of DV/IPV, because unfortunately they are just as prevalent in LGBTQ communities as without. If you suspect your mentee is experiencing partner violence, we strongly encourage you to seek help from professional staff at the GSCC or with people and agencies with expertise in this field.

Contrary to popular myth, domestic violence does not need to be physical to be abuse. In truth, domestic violence occurs in many forms. Most importantly, each is marked by a pattern of one-sided power and control. Domestic violence can be:

- **Physical.** This includes (but is not limited to) slapping, hitting, punching, kicking, physical restraint, aggravated assault, and forcing someone to take drugs.
- **Emotional.** This includes (but is not limited to) extreme displays of jealousy and/or possession, intimidation, blaming you for their problems, degrading and/or disrespectful behavior and comments, withholding communication, social isolation (i.e. preventing you from seeing friends or family), and threats of physical or sexual violence
- **Verbal.** This includes (but is not limited to) name-calling; yelling; criticizing your appearance, actions and/or beliefs; humiliating you in public
- **Sexual.** This includes (but is not limited to) sexual activity following a physically abusive incident, threats of infidelity, coerced sex acts, and forcible intercourse.
- **Economic.** This includes (but is not limited to) refusing to share control of family finances; destroying, giving away or selling your property without your consent; and using money as a tool to control your behavior or get what they want.

An Important Reminder:

Any attempt to control the behavior and/or emotions of an intimate partner and diminish or prevent their free choice can constitute domestic abuse.

Victims do not cause the abuse, and nothing a victim says or does can excuse the abuse. Abusers bear sole responsibility for their actions.

Adapted from the Wisconsin Coalition Against Domestic Violence

Myths and Facts about LGBTQ Relationship/Partner Violence

Myth: Domestic violence only affects certain groups of marginalized people.

Fact: Although research has shown that trans people and bisexual women are especially vulnerable to domestic partner violence, violence and abuse can be found in any parts of LGBTQ communities. No group regardless of race, class, ethnicity, age, ability, education, politics, religion or lifestyle is free from domestic violence. Being abusive is not determined by a person's size, strength or economic status. LGBTQ people who perpetrate abuse can be

friendly, physically un-intimidating, sociable and charming. LGBTQ people who have experienced abuse can be strong, capable and dynamic.

Myth: Among LGBTQ people, the problem is really fighting or “mutual abuse,” not domestic violence.

Fact: The core issue in domestic violence is unilateral control. In abusive relationships, survivors' needs are subordinated and they often must change their behavior to accommodate or anticipate the abuser's demands. This unequal power relationship distinguishes abuse from fighting. In an abusive relationship, fighting back is self-defense, not “mutual.”

Myth: Lesbian, bisexual, gay, and trans survivors can leave abusive or violent relationships easily.

Fact: Abusive relationships are rarely only violent. Love, caring, and remorse are often part of the cyclical pattern of abuse. This can leave survivors feeling confused and ambivalent about what they are experiencing. Emotional or economic dependency, shame or isolation can make leaving seem impossible.

Myth: Factors such as substance abuse, stress, childhood violence or provocation really causes battering and abuse.

Fact: Abusers choose to be violent and are fully responsible for their behavior. Individuals and communities often deny this responsibility: we want to find excuses. Alcohol and drugs do not cause domestic violence. Stopping substance abuse does not guarantee that the abuse will stop. Most lesbian, bisexual, gay, and trans people experience some kind of stress and many have experienced childhood violence, but there is no direct cause and effect relationship between these factors and domestic violence. There is no provocation or justification for domestic violence.

Adapted from materials developed by the LGBT Caucus of the Texas Council on Family Violence

Survivor Support and Crisis Services

Local:

UHS Violence Prevention and Survivor Services
www.uhs.wisc.edu/vpss
608-265-5600 (option 3)

Domestic Abuse Intervention Services (DAIS)
608-251-4445 or 1-800-747-4045 (24 hr Help/Crisis Line)
www.abuseintervention.org

Dane County Rape Crisis Center
(608) 251-7273
www.thercc.org

National:
National Domestic Violence Hotline
1-800-799-SAFE
www.ndvh.org

Gay Men's Domestic Violence Project
1-800-832-1901
www.gmdvp.org/

National Coalition Against Domestic Violence
303-839-1852
www.ncadv.org

Final Remarks and Additional Resources

Whew! That is some heavy stuff. Again, we include those last few chapters in this document as a resource in a worst-case scenario - mentors are not mandated reporters and (unless they have training from somewhere else) are not trained counselors or crisis responders. You are a resource and support for your mentee, and we at the GSCC are a resource and support for *you*. You're always welcome to come to us for advice, for help, for additional training, to talk anything through, anything you need!

In our experience, most mentees come to the program simply looking for someone with identities and experiences like theirs who they can connect to and who will listen with compassion and maybe share some of their own stories. If that sounds like you, you're perfectly qualified!

We have compiled a public Google folder with much more information and resources, which you can access at this link:

<https://goo.gl/9RgA9w>

Feel free to browse through, and if you'd like to add anything to the resource pool, you can send it to us! We'd like it to be a living document that can grow and update with the needs of our participants.

Thank you for volunteering your time and energy to the mentor program! It means so much to our mentees (and to us!) that you're invested in building connections in our communities. We know you'll do a great job.