Practical Tips for Working With Transgender Survivors of Sexual Violence

Who Are Transgender People?

Transgender is an umbrella term which encompasses the whole "gender community," including transsexuals, cross-dressers, intersexed individuals, androgynes, bigendered persons, genderqueers, SOFFAs (Significant Others, Friends, Family and Allies) and others. Transgender may also refer to people who do not fit neatly into either the "male" or "female" categories, instead crossing or blurring gender lines. The term can also refer to butch lesbians and effeminate gay men. In some communities, "transgender" refers only to cross-dressers.

By definition, transgender individuals piece together a self-identity that is different from or in opposition to what everyone tells them they are. Although the rise of the Internet and growing public visibility of transgender people and issues are making it easier for individuals to tap into preexisting identity models, the transgender experience is still largely an isolated, individual one.

This might be the primary reason why the nomenclature for the trans experience is both unsettled and, among trans people themselves, very hotly contested. There are literally hundreds of words used to describe a trans identity or experience (See last page). Therefore, definitions and examples should be used gingerly and in a way that makes it possible for each trans individual hirself to use the term(s) s/he[i] considers most reflective of hir self-conception and experience.

Key Concepts

Our culture strongly promotes the idea of an immutable gender binary in which people are supposed to fit into only one of just two gender boxes, and stay there from birth to death. Because transgender people challenge this assumption, many people react to transness with anxiety and/or hostility. Some people – including some trans people – manage this anxiety by accepting only the possibility that someone could be mistakenly assigned to the wrong sex, a problem that is corrected as soon as the trans person has surgery and otherwise modifies hir body and presentation to fit comfortably into the "opposite" box. Other people are willing to overthrow more of what they were taught and accept the idea that gender is too diverse to fit into two boxes. These people understand that many things go into both gender identity (one's internal sense of themselves) and gender presentation (clothing, name, mannerisms, hairstyle, jewelry, etc.), and that individuals may choose to live without their identities and presentations being aligned and/or present a "mixed" set of gender cues. Those who accept this larger "transgender" definition believe that the trans population is very large because it can include anyone who challenges gender norms and those brave enough to associate with them.

It is also important to note that as with cisgender[ii] individuals, trans people and their partners come in all sexual orientations. Many couples that include a trans person are "mixed orientation" relationships, in which one person may identify as lesbian, gay, or bisexual, and the other as heterosexual. There are also a significant number of trans-trans relationships.

Who Are Transgender Survivors?

Transgender individuals may have experienced child sexual abuse (in the sex/gender they were assigned at birth or another gender), adult sexual assault (in any gender), adult intimate partner violence (in any gender, with any gendered partner), or a hate crime specifically targeting them because of their perceived transgender status or sexual orientation.

Prevalence

The prevalence of sexual violence (SV) among transgender individuals is a matter of guesswork that depends on who you ask and who they know. For instance, at a recent gathering of more than 30 trans survivors and providers who serve them, one "genderqueer" person who straddles both the lesbian and FTM (female-to-male transgender) communities noted that s/he felt "(non-)survivor's guilt" because s/he was the only person in hir circles of friends and acquaintances who was NOT a survivor of childhood or adult sexual violence. At the same gathering, an FTM survivor and anti-rape activist said that lesbians in his anti-violence group were resisting addressing transgender survivors, arguing that "only 2%" of trans people had experienced sexual violence.

It is a fairly well accepted statistic that about 1 in 3 women and 1 in 6 men have survived sexual violence. Given that all trans people were assigned one of these two genders at birth and typically live in one of those two genders in adulthood, it would be logical to conclude that trans people experience at least the same rate of violence as their cisgender peers -- somewhere between 16 and 30%. However, many trans activists believe that the overall prevalence of violence (including SV) is higher amongst trans people.[iii]

Increased risk?

Some transgender individuals may consciously or unconsciously live in ways that increase their risk of sexual violence. For instance, although the vast majority of transgender individuals are not sex workers, some trans people end up in prostitution, either because it is lucrative and a means to an end or because they are unable to find and maintain other employment. Since violence on the streets and in sex work is high, this occupation automatically raises their risk. Some activists believe the rate of violence against trans sex workers is even higher if the worker has not had genital surgery and does not voluntarily disclose his or her status before it is discovered.

Being "read" as trans is also risky for people who are not sex workers. Even people that want to be seen as fully male or fully female may not successfully "pass" as that gender due to lack of access to hormones and surgery, core body shape/size/configuration, unconscious mannerisms or vocal patterns, legal concerns, or balancing relationship or job needs with personal expression. Others, including genderqueers, androgynes, gender radicals, etc., consciously transcend gender. Because of our culture's investment in gender and sexuality conformity, all of these individuals may be at greater risk for violence of any form. This includes children, who may attract negative attention by being a "tomboy" or "effeminate." Perpetrators may use the child's non-binary gender as an excuse for abuse: "don't be such a sissy" or "take it like a man" or "I'll show you how to be a girl/woman."

Despite the transgender community's diversity, respectfully working with trans survivors of sexual violence is not difficult, provided professionals keep their training in mind and pay attention to a few key matters.

Ten Tips for Working With Transgender Survivors of Sexual Violence

1. Train Staff.

One of the biggest complaints of transgender individuals is how often they have to pay their mental health or medical service professionals at the same time that they are asked to train those professionals. Providers must take responsibility for learning about transgender issues *before* a trans client is in their office.

Unfortunately, even *informed* providers may not have the opportunity to work with trans clients if front-line staff is not appropriately trained. If office staff uses a pronoun that feels dissonant to the caller, doesn't reflect back the client's stated name, or acts awkwardly, that caller may never bother walking through the front door.

Front-line and non-clinical staff can be easily trained to be sensitive to transgender clients by ensuring they know that transgender people exist, by reminding them to carefully listen to and reflect back client's language (including, especially, the client's name and pronoun), and by setting the expectation that all clients will be treated respectfully.

2. Examine Your Own Sexism.

Although many people (especially from a feminist background) think of "sexism" as bias against women, it actually means to stereotype anyone on the basis of gender. Therefore, all of us are sexist to some degree; the very lens through which we see the world is deeply influenced by our

beliefs about gender. If someone is walking down the street towards us, we typically notice their race and gender first. We generally then make assumptions based on those characteristics. How many women cross the street when a black man is approaching them? How many of those same women would not cross the street if it were a white woman (or a woman of any racial background)?

Many people believe these sorts of broad generalizations serve us, keep us "safe," or help us navigate the world. However, these deeply rooted, generation-after-generation-reinforced belief sets may well get in the way when we are trying to provide services. Because many sexual violence providers and advocates have deeply rooted female-focused theories, practices, and agencies, our experience is that many providers' difficulties in handling transgender survivors stem mostly from their views about men. All transgender people, at some point in their lives, have embodied or have been perceived as men, male, or masculine, and this masculinity (present or past) may challenge providers' beliefs about power and who victimizes whom.

It is therefore critical for providers to address how we feel about and how we serve male survivors before we examine how transgender people fit into our systems. If we don't, our beliefs and actions may invalidate a transgender person's gender identity, by discounting their gender (especially their male past, present or future), or holding it against them.

3. Use Inclusive Forms & Write Clear Policies.

If a transgender client successfully navigates making an appointment and/or interacting with front desk or other administrative staff, s/he may find the next discouraging roadblock on the intake form. Make sure forms offer Male, Female, and Transgender boxes, or simply make "gender" a write-in question. Forcing transgender clients to choose between only two options (neither of which may fit) can feel erasing or even set the stage for a later confrontation. In one case in which a client chose for self-empowerment reasons not to check either "male" or "female," the therapist opened their conversation by accusing the client of being "noncooperative" for not completing the forms. Having a transgender box (or the ability for a client to self-identify) is both empowering and indicates to the client that you and your office are sensitive to transgender issues.

If your agency has a patient bill of rights, make sure it includes a statement pledging nondiscrimination on the basis of gender, gender identity and expression, and sexual orientation. (Of course, it you only serve women, make sure you are accurate and clear about that in your agency's policies.)

If you sponsor gender-segregated groups, develop clear policies about which group(s) different types of trans people can access. However, because many trans people don't feel comfortable in

gender-segregated groups (see quotes from survivors below), challenge yourself to consider offering (some or all) services that any survivor can attend.

> *"There was a survivor of male childhood sexual abuse group in my community, but until I transitioned completely physically, I could not attend it. Once I transitioned, I didn't need the group."* [iv]

> *"My [experience] and emotions surrounding the incest etc. are different from bio-males or bio-females. I didn't belong in any men's groups or women's groups."* [v]

4. Reflect Client Language.

Pronouns and names are one of the easiest ways to show respect for a client. Most of us feel a resonance with our name and pronoun (regardless of if they were chosen or given to us at birth), and feel dissonance when we hear something else. Gently ask if you are unclear about a client's preferred name or pronoun. Most transgender people appreciate the opportunity to state their preference, and feel great gratitude when they hear their choice reflected back.

Some transgender individuals use more than one pronoun or name for many reasons, including having a genderqueer/genderfluid/bigender/androgynous gender identity, living in more than one gender for necessity, or because they use one set of pronouns for their childhood and another for other periods in their lives.

Similarly, transgender clients may use specific words to describe parts of their body (e.g. breasts vs. chest, "front hole" vs. vagina).

Listen carefully, and follow your client's lead.

5. Listen, Believe and Ask Relevant Questions.

When clients seek services, they generally have one or more specific goals in mind and rightfully expect that providers will help them address their primary concern(s). Transgender clients, though, frequently report that as soon as they "come out" to providers, those providers give in to their own curiosity and begin asking questions about transgender topics. When therapists or other providers/advocates redirect conversations by asking about surgical status, client's legal gender, orgasmic potential, or any number of other intrusive and off-topic questions, it invalidates the survivor's experience and needs.

Every survivor deserves the full, engaged attention of a provider who is working together with hir to serve the survivor's, not the provider's, needs. Don't lose sight of that goal by asking questions that should be asked in an educational setting rather than a treatment room.

6. Don't Assume Causality.

It's easy to want to assume that sexual violence caused transgender feelings, or that being transgender caused or provoked sexual violence. Some transgender survivors do believe there is a connection between their transgender identity and sexual violence; others do not.

> *"I'm afraid to go anywhere for help, because they will say my transgenderism is related to abuse, or that I somehow egged it on by being a freak. I do not want to have it affect my ability to rightfully claim my own identity. I was transgendered before I was ever abused, but I don't think they will understand."* [vi]

> *"Years after the abuse by family member, [the perpetrator] mentioned that he felt he had made me different (sexual orientation/gender presentation) due to abuse. Pissed me off…as if it was something else he had taken from me. I made it clear that my identity was MY choice…that what he did was fucked up, but completely separate from my sexual orientation and gender identity."* [vii]

> *"[The assault]…was perp's idea to show me what a 'real man' was about."* [viii]

7. Separate Disclosure From Truthfulness

Some transgender people are out, while others prefer being stealth. Both are viable life choices that should be equally respected. Lack of disclosure about transgender status shouldn't be taken as a sign of non-compliance, deceit, or denial. Often, survivors feel stripped of their right to control their body and regulate the information that is given about them, so for some, not revealing this information may be a form of self-empowerment. Some transgender people view their transness as a medical condition and consider this information to be a private matter that only needs to be discussed with hir doctor. 0ther transgender clients may not come out for fear that disclosure of their trans status or their survivor status may adversely influence their ability to access care: trans people have a unique relationship with mental health professionals, since many medical providers who write prescriptions for hormones or perform gender-related surgeries require letters from therapists declaring that a client is mentally competent and emotionally stable to make transgender medical choices. Having mental health providers serve as gatekeepers[ix] opens trans people to abuse and idiosyncratic bias; therapists have been known to deny trans-related medical care when clients reveal sexual violence in their history. Trans

survivors may also fear that if they reveal their transgender status, providers may express transphobia or even deny them access to survivor-related services.

> *"I'm afraid to go to a mainstream provider because I don't want to have to justify my [existence] to [receive] help, but I am afraid to go to a trans-knowledgeable provider because I know the SOC are more harsh if you are an assault survivor. I feel like I'm falling through the cracks and no one cares."* [x]

Trans people who have "noncongruent" bodies (bodies that have not been surgically altered to match the public's image of what a "man" or "woman" looks like) do not have the option of being closeted when disrobed. For that reason, many trans people will resist accessing health care that requires disrobing.

Let clients come out when they are ready.

8. Consider Dysphoria.

Not all trans people have the same kind of relationship to their bodies. Some may literally hate parts (or all) of their body, while others have no underlying body dysphoria and simply claim an identity that differs from what other people think it should be. Still others do not hate their body, but feel no personal connection to it, either. Because sexual violence survivors of all types often develop body dysphoria or dissociation, it may be difficult for transgender sexual assault survivors and their helpers to untangle what is gender dysphoria, what is body dysphoria, and what stems from the assault(s). As one survivor put it, "I kept blaming things on trauma from the rape that were really trans-related."[xi]

Dysphoria (body or gender) may be a barrier to seeking care. Sexual violence may involve parts of the body a trans person would rather not think about, let alone have examined, making post-assault care even more traumatic than it might be for a cisgendered client.

Additional layers can be involved in negotiating and reclaiming sexuality. For example, many trans people have difficulties navigating sexual relationships and being comfortable in their body, sexually. Due to concerns about violence, rejection, and "honesty," some trans people feel that they are lucky to find any sexual partner, and may be unable to also negotiate issues such as "no-touch" zones or other self-protecting boundaries (including safer sex). They may also prefer an abusive relationship to none at all.

9. Communicate Complexity.

What "invisible" minorities often wonder is, "Do you know that my kind of person exists?" When you don't yet know details, use language that signals you recognize diversity in types of people and experiences. Be multi-cultural in many different ways, showing you don't just see a limited range of experiences, constructs and emotions.

You can easily do this by using diverse examples with your clients, asking broad non-leading open-ended questions, and using non-gendered language.

10. Be Bold and Creative.

Most medical forms don't match transgender bodies. Many services are denied based on gender. Problem-solve with and for your client, so that s/he can access the services s/he needs and in a way that is respectful and not re-traumatizing.

Identity Labels used by Some Transgender Individuals

Here are just a few words that transgender people may use to define themselves:

acault
admirer
agender
ally
ambigender
ambiguous
androgyne
androgynous
anomalous
asexual
bent
berdache
bigender
bioboy
biogirl
boi
both
boy
boychick
boydyke
brother
bull dyke
burl
butch
butchdyke
crossdresser
diesel dyke
drag hag
drag king
drag prince
drag princess
drag queen
dyke
effeminate
either
enaree
epicene
FTM
FTX
faerie
fairy
female
female-assigned
female-bodied
feminine
feminist
femme
fluid
fourth gender
freak
galla
gender bender
gender defender
gender gifted
gender
normative
gender outlaw
gender refusenik
gender
transcender
gender variant
genderbent
gendered
genderfuck
genderqueer
genderstraight
gink
girl
girlfag
goy
grrl
gurl
guy
guydyke
gynandroid
gyrl
herm
hermaphrodite
hermaphrodyke
heterosexual
hijra
homoemotional
homovestite
human
intergender
intersex
khal
lady
MTF
MTFTM
MTM
MTX
mahu
male
male-assigned
male-bodied
man
man-chick
masculine
me
merm
mesbian
metamorph
mixed-gendered
mohabbazin
monogender
mukhannathun
multigender
mutarajjulat
nadle
neither
neuter neutral
neutrois
new man
new woman
ninauposkitzipsp
e
no-gender
no-op
none of the
above
none of your
business
nongender
omnigender
omnisexual
other
other-gendered
pangender
pansexual
pansy
person
plumber femme
polysexual
post-op
pre-op
prettyboy
queen
queer
questioning
salmacian
scrat
sekrata
self-defined
sererr
shaman
shapeshifter
shemale
single-gender
sir
sissy
sister
soft butch
static gendered
stone butch
stone femme
switch third
gender
tomboy
tomgirl
tranny
trannyboy
trannychaser
trannygirl
trans
transboy
transdyke
transexual
transfag
transfagdrag
transfaghag
transfeminine
transgender
transgenderist
transgirl
transguy
transhag
transman
transmasculine
transperson
transsensual
transsexual
transvestite
transwoman
trisexual
twin-spirit
two-spirit
undecided
undeclared
undefined
unspecified
walyeh
woman
womyn
XO
XTF
XTM
Xanith

End Notes

[i] S/he, hir, ze, sie are epicene pronouns. “Gender-neutral or epicene pronouns are pronouns that neither reveal nor imply the gender or the sex of a person.” http://en.wikipedia.org/wiki/Gender_neutral_pronouns (website accessed 9/27/06)

[ii] "'Cisgender' is an adjective that means non-transgender. In other words, a cisgender woman is someone who was female at birth, raised as a girl, and who identifies as a woman. In contrast, a transgender woman is someone who was male at birth, was most likely but not necessarily raised as a boy, and who identifies as a woman. That is, it provides a name for a gender identity that society considers to match or be appropriate for one's sex. The word is used in many transgender-inclusive and aware communities that want to challenge to notion that transgender is 'abnormal,' and instead reflects the view that there is a broad range of gender experience, rather than one 'normal' one." http://en.wikipedia.org/wiki/Cisgender (website accessed 9/27/06)

[iii] GenderPAC’s First Survey on TransViolence, published in 1997, indicated that 48% of respondents reported having been victims of some kind of assault (including assault with weapon, assault without a weapon, sexual assault, and rape). http://www.gpac.org/violence/news.html?cmd=view&msgnum=0089 (website accessed 9/27/06)

[iv] Quote from the FORGE 2004 survey of 265 transgender/SOFFA survivors of sexual violence. http://www.forgeforward.org/transviolence (website accessed 9/27/06)

[v] IBID

[vi] IBID

[vii] IBID

[viii] IBID

[ix] Many physicians, surgeons and therapists follow the Harry Benjamin Standards of Care, which strongly suggest that transgender individuals can only receive medical care (hormones, surgery) if they have a letter from a therapist stating that they have met certain requirements. http://www.hbigda.org/soc.htm (website accessed 9/27/06)

[x] Quote from the FORGE 2004 survey of 265 transgender/SOFFA survivors of sexual violence. http://www.forgeforward.org/transviolence

[xi] IBID