June 15, 2012

Thank you for participating in FORGE’s April 30, 2012 webinar, “Transgender Survivors: Statistics, Stories, Strategies.” Due to an unexpected error in our webinar software, participants were unable to ask questions during the live training. Some people sent written questions afterwards. Since we anticipate that many people may have the same questions, we are sending everyone all the questions and answers.

Service Questions

Q: What is the best way to ask someone their preferred gendered pronoun in a way that shows you just want to be clear so you're [not] assuming?

A: There are many different ways to approach this; here are two:
1. “I want to make sure I’m using the pronoun you prefer; which pronoun is that?”
2. “I’ve had clients who use gender-neutral pronouns; do you use a gender-neutral pronoun, or do you prefer one of the traditional ones?”

Q: I'm interested in some of the common pronouns that trans people use to describe themselves other than the standard 'binary' he, she, his, hers, etc. I've heard a few, but I'd like a larger vocabulary to become familiar and comfortable with.


Q: What kind of services do transgender people need most?

A: As with any sexual assault survivor, precisely what services are needed is going to vary from person to person. Some will most desire individual counseling, some will want a support group, others may need education or court advocacy or medical accompaniment. It may be more important to concentrate on making all existing...
services more “friendly” and “culturally competent” rather than focusing on only one or two services.

Q:
How to talk to trans folks about internalized transphobia (if appropriate), and the myths about CSA [Child Sexual Abuse] or SV [Sexual Violence] "causing" people to be trans

A:
Challenging someone’s beliefs about themselves is always a very difficult and sensitive matter. Depending on what kind of provider you are (advocate vs. therapist, law enforcement vs. forensic nurse examiner), you may have different approaches to addressing internalized transphobia and discussions about causation. You may just want to plant a quick seed with something like, “oh! I’ve heard that, but I must say I don’t agree with it,” and then move on. If you feel like you and the client are both ready for a more involved conversation, you could ask the client more about their beliefs, and engage in a conversation from there, planting small seeds of doubt wherever possible without invalidating their feelings or experiences.

On the other hand, do remember that some trans* people feel very strongly that being abused “made” them transgender, and it may not be either necessary or healing to try to disabuse them of this belief, although you would certainly want to do everything in your power to make them understand that they, like every human being, is worthy of respect and care, and remind them that the abuse was not their fault.

Q:
Trauma consults: we are currently trying to develop a protocol for forensic nursing response to trauma. If a transgender person is in the emergency department with trauma, statistics would point to this possibly being intentional violence. Should we suggest a consult with or without the patients initial consent. Current hospital policy dictates documentation of suspicion of IPV. Law dictates triage questioning of safety concerns. Our consult would be in addition to these protocols.

A:
The one thing that is taken from every victim during a traumatic event is control over what happens to them. Therefore, we (and many others) believe that one of the most healing things that can be done for a trauma victim is to give them back as much control over what happens to them as possible. For that reason alone, we would not recommend any service or conversation that didn’t involve the victim’s prior consent.
Obtaining prior consent may be particularly important to transgender survivors, as many transgender survivors want as few people as possible to know they are transgender and/or want to handle disclosure issues themselves.

FORGE does not offer legal advice, but we are aware that some cities and states have laws or policies related to mandatory reporting and how specific situations should/could be handled. If a transgender survivor responds to the dictated triage questions about safety in ways that indicate she/he/ze is unsafe or in danger, appropriate action should be taken – ideally with the knowledge, consent, and involvement of the transgender survivor. Safety planning and/or finding shelter is essential for all survivors who may be in danger of additional violence.

Q: How do you start a support group or shelter for transgender people?

A: Some cities are large enough to have survivor groups for LGBTQ survivors, but few have groups or shelter specific to transgender people.

It is often impractical and unnecessary to have groups or shelter specific to transgender people. (Some people who have a transgender history, for example, would likely not want to seek support or shelter in a transgender-only environment.) Including transgender people within existing support groups can be very effective when staff are appropriately trained, non-bias policies are in place and enforced, and when groups work to be inclusive of multiple types of diversity. Similarly, shelter can be comfortable and safe for transgender and non-transgender people, when staff are trained and there is an expectation that ALL shelter residents respect a wide range of diverse people and experiences.

Q: How to educate other agencies to better serve transgender clients

A: There are many answers to this question. The simplest one is to encourage your colleagues in other agencies to take advantage of FORGE’s training webinars (www.forge-forward.org/webinars). The current webinar series involves one webinar a month through 2014. You can also print/forward/distribute a flyer with webinar topics and dates to your colleagues: http://forge-forward.org/wp-content/docs/webinar-flyer-
Agencies and providers may also find the monthly FAQ sheets to be useful, as well (www.forge-forward.org/AV-FAQ).

Some agencies have started diversity roundtables or other formats where diverse and marginalized populations are the topic of a monthly staff meeting. Staff may be encouraged to read an article or view a youtube video prior to the staff meeting. Having even brief discussions can make a substantial difference in increasing staff comfort, as well as improving cultural competency.

If you want to do more, we encourage you to meet with your local transgender activists and/or other colleagues interested in this issue and begin planning a comprehensive, community-wide education campaign. We can help with this if you want; email us at AskFORGE@forge-forward.org.

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**Q:** I would be interested in more general information about how trans patients would like their health care providers to approach them.

**A:** FORGE staff is available for direct questions about health care providers and working with trans patients. We will be developing material specific to this topic and will make sure everyone on the email distribution list is notified when materials are available. In the interim, you might find the *Primary Care Protocol for Transgender Patient Care* useful; it’s available free at http://transhealth.ucsf.edu/trans?page=protocol.

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**Q:** How can providers of sexual assault shelters be more accommodating to transgender individuals as we have strict guidelines to whom we can allow in our shelters.

**A:** If your shelter only accepts women, a major step forward would be to welcome transgender women into shelter without questioning their gender and treating them differently from any other female client. Transgender men, like non-transgender men, are still not being well-accommodated by domestic violence and sexual assault shelters. This is a tremendous gap in our nation’s services to victims of violence, one that is far more complex that this format would allow us to explore. You can also request “Open Minds, Open Doors,” a manual by The Network/La Red “to help domestic violence providers become more inclusive of LGBTQ survivors. It contains information on LGBTQ
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communities, LGBTQ partner abuse, assessments, policy recommendations and resources.” Go to [http://tnlr.org/training-tools/for-providers/](http://tnlr.org/training-tools/for-providers/) FORGE will also be hosting additional webinars that may be useful in addressing challenges around sex- and gender-segregated spaces. The next webinar that may be of interest is “Sex segregated services: Finding resources for transgender clients,” offered on August 9, 2012. Go to [wwwforge-forward.org/webinars](http://wwwforge-forward.org/webinars) to learn more.

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**Q:**

How can we as a system (Department of Corrections), better serve transgender people better; having the skills, knowledge yet still follow policy and procedure as it relates to sexual assaults. How can we protect them from further victimization.

**A:**

The just-released National Standards to Prevent, Detect, and Respond to Prison Rape (also known as PREA) should be helpful to you, as they explicitly address transgender inmates and sexual assaults. The final rule is available here: [http://www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf](http://www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf)

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**Outreach Questions**

**Q:**

Where to find local transgender groups.

Local transgender group access would be nice, in that I would love to have a local speaker to come to talk to my staff and volunteers regarding issues discussed on this webinar, and regarding our services in the event (rape crisis center services)

**A:**

Within the next few months we hope to publish a guide to finding your local transgender community. In the meantime, you can either “Google” your city/state and transgender and see if you can locate any groups, or you can contact FORGE and we can search our own database to see if we can help. We have contact information for over 230 transgender/SOFA support groups.

If your community is too small to have a transgender support group or community network, connect with nearby LGBT resources to see if they can help you locate any transgender leaders in your area. A directory of more than 200 LGBT Community Centers is available at [http://www.lgbtcenters.org/](http://www.lgbtcenters.org/).
The transgender community relies heavily on word-of-mouth, checking with other transgender people about a given provider or agency’s reputation for how they handle transgender clients, so even one contact can pay off.

Q:
More concrete ideas of how to reach transgendered potential clients in a small community

A:
Reaching clients in small communities can be difficult – whether they are trans or non-trans. In smaller communities, transgender individuals and families may either be the type of people who “stick to themselves” and don’t interact much with other members of the community, or they may involve themselves in activities and community interactions in ways that are similar to their non-transgender community members.

Some transgender people may find support and connection in nearby larger cities that may have trans-specific resources, or a larger LGBT community. It may be useful to reach out to organizations in these larger cities. It may also be useful to assure that your website and materials are openly inclusive of the diversity of the population you serve (or wish to serve). In other words, make sure you include on your website that you welcome transgender survivors (along with other people you serve).

Sexual Assault Questions

Q:
Who trans survivors perpetrators are (strangers vs. acquaintances vs. intimate partner vs. family member) and if this is different than for SA survivors in general.

A:
As far as we know, the only substantive research that has asked these questions is FORGE’s 2004 survey of transgender survivors. Our data showed that of those who were sexually assaulted,

- 40% were abused by a family member
- 35% were abused by “someone else you knew”
- 29% were abused by a partner
- 25% were abused by a stranger
- 20% were abused by a date
The remaining categories we asked about were healthcare or social service providers (6%), police officer (5%) and “other” (25%). (Note that the total is over 100% because many people had more than one type of perpetrator.)

We have not compared these figures to those found by those researching other populations, but we do know that the majority of all sexual assault survivors knew their perpetrator(s).

Q: How often do trans people come forward for services?

A: We can’t answer your question directly, as no one we know has surveyed transgender survivors with this question. Here’s the best data we can offer: In our 2004 survey, 47% of transgender sexual assault survivors told “no one” about the assault/s near the time of the assault/s. 24% said they did tell someone, 10% “tried to” tell, 6% weren’t sure or didn’t remember, and 12% had another answer. Only 9% reported to police.

Basic Transgender Questions

Q: I would like to hear more about people of color, in particular about Latin@’s

A: We are in the very beginning stages of getting any data on transgender people, and data on subpopulations within the transgender community is even rarer. However, here are three very recent reports on Latin@ transgender people:

“Injustice at Every Turn: A Look at Latino/a Respondents in the National Transgender Discrimination Survey,”

“Interactions of Latina Transgender Women with Law Enforcement,”

“Transgender Latinas and HIV”
http://www.sharedactionhd.org/contentOnly/images/httpdocs/accionmutua/pdf/Transgender_Latinas_and_HIV.pdf
You may also want to check out the Trans People of Color Coalition, at http://www.transpoc.org/

Q:
Are transgender people more discriminated against than lesbians or gay men?

A:
Most studies have found that transgender people do, in fact, face more discrimination and prejudice than lesbians and gay men. The best data we have on various types of discrimination against transgender people is available in Injustice At Every Turn: A Report of The National Transgender Discrimination Survey, available here: http://www.thetaskforce.org/reports_and_research/ntds.