

Challenge / Barrier	Solutions (general)
<p>Abused = Trans / Trans = Abused?</p> <p>Perpetrators, victims, and others sometimes "blame" the attack on the person's gender identity. Some people say abuse causes people to be transgender.</p>	<ul style="list-style-type: none"> ▪ Always reiterate that victims are never responsible for the actions of their perpetrator(s). ▪ Stress in literature and outreach that you provide services to all without discrimination.
<p>Access to Basic Resources</p> <p>Maslow's hierarchy. <i>Trans people may have basic needs that are not being met.</i></p>	<ul style="list-style-type: none"> ▪ Determine that the client has... <ul style="list-style-type: none"> ○ A place to live ○ Food ○ Access to safe school/work ▪ What services need to be offered for core needs before SA-specific care?
<p>"Atypical" Perpetrator/s</p> <p>Many people believe that only men can be perpetrators.</p>	<ul style="list-style-type: none"> ▪ All staff should be trained that approximately ¼ of sexual assault perpetrators are female, using case studies and discussion to ensure myths are debunked. ▪ All public education materials and events must note some perpetrators are female.
<p>Charting (medical)</p> <p>Body and charting options don't align.</p>	<ul style="list-style-type: none"> ▪ Gender neutral body maps are available on the FORGE website. An alternative: adapt what you have. ▪ If you must use a gendered body map, know and tell the victim why. ▪ Reflect client's language and notate for clarity.
<p>Complex Relationship with Providers</p> <p>WPATH Standards of Care create barriers.</p>	<ul style="list-style-type: none"> ▪ Ask local transgender groups for referrals to trans-sensitive providers. ▪ Work with providers who use an informed consent (rather than SOC) model. ▪ Help survivor prioritize their needs.
<p>Cost</p> <p>Widespread employment discrimination, lack of health insurance and/or low income make care unaffordable.</p>	<ul style="list-style-type: none"> ▪ If your services are free, make sure your website, your advertising, and your public events all emphasize that fact. ▪ Create and maintain a list of providers who accept sliding scale fees. ▪ Work with transgender groups or trans-friendly professionals to create lower-cost group services.
<p>Denial of Care</p> <p>1 in 5 transgender individuals has been <u>refused</u> medical care.</p>	<ul style="list-style-type: none"> ▪ Persistence in advocacy (keep going)! ▪ Additional emotional support. ▪ Local trans groups may be good sources for referrals. ▪ Educate providers in hopes of systemic change.
<p>Discrimination</p> <p>28% of trans people have postponed needed medical care due to fear of</p>	<ul style="list-style-type: none"> ▪ Accompaniment to appointments. ▪ Additional emotional support

20 Common Barriers to Serving Transgender Sexual Assault Victims

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discrimination.	<ul style="list-style-type: none"> ▪ Local trans groups may be good sources for non-discriminating referrals. ▪ Educate providers in hopes of systemic change.
Documentation “Mis-matching” identification. <i>(Client may have identification in a name or gender other than their gender identity or expression.)</i>	<ul style="list-style-type: none"> ▪ Ask! Name / pronoun. ▪ Use! Name / pronoun. ▪ Discuss confidentiality, billing, paperwork. ▪ Respectfully chart “mis-match” so client doesn’t need to repeatedly disclose.
General Respect All clients deserve basic respect.	<ul style="list-style-type: none"> ▪ Use correct/preferred name and pronouns to convey respect ▪ Remember your job ▪ Treat all clients equally ▪ Take your curiosity elsewhere!
Hopelessness The belief that healing is not possible is pervasive.	<ul style="list-style-type: none"> ▪ Develop and use case studies or stories that are explicit about how survivors have been helped to feel and/or function better. ▪ Educate the transgender community about the long-term consequences of sexual abuse, so survivors can identify what characteristics may be abuse-related.
Housing / Shelter Women-only shelters or homeless shelters (where there is a high rate of abuse against trans people).	<ul style="list-style-type: none"> ▪ Consider alternative “safe havens” such as consensual hospitalization. ▪ Locate ad hoc or more formal “safe houses” within the transgender community. ▪ Recruit a live-in companion to provide more safety at home. ▪ Be creative! ▪ Advocate for shelter non-discrimination policies.
Internalized Transphobia Shame and low self-esteem. Internalized belief that trans people ARE NOT WORTHY OF care or services.	<ul style="list-style-type: none"> ▪ Redouble your efforts to treat the transgender survivor with great respect and care; your actions will speak loudly. ▪ When and where possible, disagree with self-disparaging remarks: “Well, some people might believe that, but I don’t!” ▪ Ask if the survivor is active in the local trans community; if not, give them referrals to local support groups or organizations.
Lack of Training Not enough information about the unique needs and concerns of trans survivors.	<ul style="list-style-type: none"> ▪ Get trained! Train others! ▪ All staff need to be trained and empowered; much damage is done by receptionists and other front-line personnel. ▪ Stay up-to-date; one training is not enough. ▪ Arrange to have an advocate accompany a transgender person when accessing service providers who may be untrained.

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Nonconsensual Outing	Medical services requiring disrobing. Intake forms and documentation. Inappropriate behavior.	<ul style="list-style-type: none"> ▪ Rigorously follow HIPAA and other privacy rules; inform clients of their rights and your agency's policies. ▪ Give clients options (not disrobing, whether information gets shared or not). ▪ Discuss pros and cons of various choices.
Non-traditional Employment	Sex work, other increased risks. (11% of trans people have engaged in sex work vs. 1% of the non-trans population.)	<ul style="list-style-type: none"> ▪ Reiterate that victims are not responsible for perpetrators' behavior. ▪ Check whether victim's survival needs are met. ▪ Advocate around police involvement (victim may fear reporting / arrest). ▪ Connect survivor to free follow-up care/services. ▪ Reinforce confidentiality protections.
Police	Fear of police. (46% uncomfortable seeking police help)	<ul style="list-style-type: none"> ▪ Acknowledge fear. Be aware the perpetrator/s may be police officers. ▪ Help victim weigh pros and cons of involving police. ▪ If the victim chooses to involve police, help the victim identify advocates to accompany them and/or develop other safety measures. ▪ Advocate for police training and oversight.
Privacy / Confidentiality	HIPAA and other privacy regulations. <i>Trans clients have more concerns about privacy and confidentiality.</i>	<ul style="list-style-type: none"> ▪ Give assurances regarding privacy and confidentiality. ▪ Don't presume because a victim has told you they are transgender that they are "out" to everyone. ▪ The maxim that sexual assault survivors should be given maximum control over what happens to them applies to who is told a victim is transgender. ▪ Be mindful about charting and who may see those records.
Sex-segregated Services	Many survivor resources are only available to women.	<ul style="list-style-type: none"> ▪ Creativity and partnering closely with the client are both musts in finding solutions that serve the transgender client. ▪ See FORGE article, "Services outside the box: Helping transgender clients navigate sex-segregated services."
Smallness of Community	Everyone knows everyone.	<ul style="list-style-type: none"> ▪ Maintain confidentiality and privacy. ▪ Help client develop new support structures. ▪ Link client to FORGE services for survivors: <ul style="list-style-type: none"> ○ Peer support listserv ○ Online Writing to Heal course.