TRANSGENDER SEXUAL VIOLENCE SURVIVORS

A Self Help Guide to Healing and Understanding

PHOTO BY LEIGH HOUGHTALING

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TRANSGENDER SEXUAL VIOLENCE PROJECT

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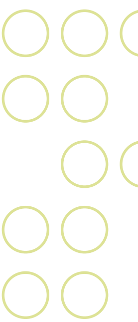

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1 Introduction

Welcome

Espavo. Thank you for taking your power and picking up this publication.

Since some people never get beyond the first page of a book or report, it is very important to us to make sure you—a transgender[1] or gender non-conforming person who at some point has experienced sexual assault, sexual coercion, sexual threats, unwanted sexual or other physical touch, sexual violence within a dating or intimate relationship, or sex with an older person who should have known you were too young to understand all the implications—hear the most important things we would like you to know. So if you read nothing else, please read this Welcome.

1. You are not alone.

Fifty percent (50%) or more of all transgender and gender non-conforming people have experienced some form of sexual abuse, sometimes from many different people over

TRANS* LANGUAGE

Throughout this document, we will use fluid language of "trans," "transgender," "gender non-conforming," and "gender non-binary." We honor and recognize the complexity and multiplicity of gender identities. We use these words in their broadest meanings, inclusive of those whose identities lie outside of these terms often limiting terms.

ABUSE/ASSAULT/TRAUMA LANGUAGE

Throughout this publication, abuse, assault and trauma will be used interchangeably. Some people will resonate more with "abuse," others with "assault," and others still, will prefer "trauma." You may have additional words that feel more meaningful to you. Please mentally substitute the language you feel most comfortable with so you can gain the most from this guide.

[1] Transgender: Throughout this document, we will use fluid language of "trans," "transgender," "gender non-conforming, and "gender non-binary." We honor and recognize the complexity and multiplicity of gender identities. We use these words in their broadest meanings, inclusive of those whose identities lie outside of these terms often limiting terms.

many years.[2] So you are not alone in what you have experienced. Right now there are people who care very much about you surviving, healing, and thriving. Support and connection is available.

2. People can understand the complexities.

As a transgender or gender non-conforming sexual abuse survivor[3], you may feel like your experience is too complex for people—possibly including you—to understand. Sexual assault already inextricably mixes up issues of sex, gender, body image, power and self image without the complication of gender identity issues; add that in, and it may seem like people just cannot get it. And it may be true that you previously have not found people capable of understanding. But that is changing. Not only has FORGE's staff been working on these issues for more than a decade (as well as a growing number of trans and LGBTQ individuals and agencies), but we have been training providers so they can better serve transgender survivors. There are now people who are prepared and want to walk with you as you sort through what happened and what you want to have happen next.

SURVIVOR/VICTIM LANGUAGE

Most of the time, this guide will use "survivor" language, since we know that many people who have experienced abuse/assault feel more empowered by it than the word "victim." There are many ways people classify what happened to them, and who they are in response to what they experienced. If one word does not feel right for you, please mentally substitute.

3. Healing is possible.

You may have been living with the aftermath of sexual abuse for decades now. You may not know what parts of you have been shaped by your sexual abuse experiences. You may think you are going to live the rest of your life carrying the scars of your experience. You may think you were not affected at all. What we want you to know is that we understand far more than we ever did before of what sexual assault does to people, and how to heal that damage. There is no cure-all, no magic wand, but we know of more tools and techniques than we ever did before.

We hope you join us in the following pages to find out more about how we can help you help yourself.

[2] Abuse/assault/trauma: Throughout this publication, these three words will be used interchangeably. Some people will resonate more with "abuse," others with "assault," and others still, will prefer "trauma." You may have additional words that feel more meaningful to you. Please mentally substitute the language you feel most comfortable with so you can gain the most from this guide.

[3] Survivor/victim: Most of the time, this guide will use "survivor" language, since we know that many people who have experienced abuse/assault feel more empowered by it than the word "victim." There are many ways people classify what happened to them, and who they are in response to what they experienced. If one word does not feel right for you, please mentally substitute.

Introduction to this self-help guide

In 2003, Michael Munson and Loree Cook-Daniels, the facilitators of FORGE's then-10-year-old transgender and SOFFA (Significant Others, Friends, Family and Allies) Milwaukee-based peer support group, realized that over half of the people who attended monthly meetings had survived sexual assault.

We never asked the hundreds of people who attended meetings over those first 10 years, but participants would often reference past (or current) abuse, and we began to mentally track the high volume of people who had experienced sexual violence. 2003 was also the year when a transgender sexual assault survivor attempted to access help from law enforcement, sexual assault service providers, crime victim compensation, lawyers, advocates, and therapists, and was repeatedly denied service or revictimized by the system. We wondered: Is sexual violence against trans* people this prevalent everywhere? Are services that are supposed to help survivors this dysfunctional and damaging to trans people in other parts of the country?

"Yes" was the answer we discovered from the national survey FORGE conducted in 2004, with 265 trans respondents.[4] Not only were sexual assault histories ubiquitous among trans people, but so were negative experiences trying to get help.

In the years since, FORGE has continued to collect and research the experiences of transgender sexual assault survivors and their loved ones, as well as develop a deeper understanding of trauma and the implications for healing.

Beginning in 2009, we have been awarded several groundbreaking federal grants to try to improve the knowledge, skills and cultural competency of victim services providers about the unique (and not-so-unique) needs of transgender survivors; and grants to provide direct services to trans survivors and loved ones.

Although it is critical to improve mainstream services' ability to appropriately and respectfully respond to the needs of transgender sexual assault survivors and their loved ones, our 2004 study found that many trans survivors turn to the internet and self-help materials rather than, or in addition to, services from therapists or sexual assault programs. Unfortunately, many self-help and internet-based materials are highly steeped in binary gender stereotypes, making them painful reading for some transgender and gender non-binary survivors. In addition, none of those materials addresses the specific complexities that face survivors who are not only trying to find their way through the morass of feelings and memories about the assault(s), but who are also trying to cope with how gender identity issues interact with and complicate the picture.

PHOTO BY KERRI CECIL

[4] FORGE. (2004). "Sexual Violence in the Transgender Community Survey," (n=265) (data has not been formally published).

This guide will help fill that void.

For example:

- If you are a transgender sexual abuse survivor who is reading this manual as a self-help tool, congratulations and good work! That action alone demonstrates hope, a willingness to work on yourself, and self-awareness. Those are things many survivors do not feel.
- At the same time, you may be picking up a self-help manual because you have learned that other people cannot be trusted to be helpful and supportive. Particularly if the people who were supposed to care for you as a child failed to do so consistently, you may have learned that the only person you can count on is yourself. Those are things that many survivors feel and have experienced, too.
- As you continue on your healing journey, you may learn enough skills, and become confident enough to seek, find, and establish relationships with people who are trustworthy, who *can* and *will* provide you with the support and connection you probably crave deep down under your fear, anger, disappointment and other protective emotions.

Guide Contents

There are six main sections to this guide.

1. The **Introduction** section talks about how the guide came about, what it contains, and how to use it.
2. **Trauma and its Aftermaths** addresses what occurs in our brains at the moment trauma happens, and why trauma memories and reactions are so different from the rest of our experience. This section also describes many of the long-term effects of trauma. Some readers will be surprised at what is here; many of us think we are personally damaged and/or that being trans has caused certain personality traits and reactions, when the actual cause often lies in the trauma(s) we have suffered.
3. The **Transgender Survivors of Sexual Assault** section reviews what FORGE and others have learned about transgender sexual assault survivors over the past decade. It reviews popular myths about sexual assault, including many that lead to trans survivors not recognizing their experience as sexual assault or abuse. It reports what FORGE has learned in its surveys of transgender sexual assault survivors about their experiences, and includes many quotations from trans survivors. The last section explores some of the unique and trans-specific issues trans survivors face, again including many quotations. Although the primary purpose of this section is to show you that you are not alone, please know that we necessarily had to leave out many comments and issues due to space constraints. If one or more of your issues are not reflected here, by no means draw the conclusion that you are the only one who is grappling with them.

One of the goals of recovery is learning how to respect and take care of your own individuality.

PHOTO BY LEIGH HOUGHTALING

4. **Options for Healing** briefly addresses talk therapy, medications, body-based therapies, movement-based therapies, other "alternative" therapies, faith-based assistance, and peer-to-peer help. It then lists and describes both mainstream and FORGE-sponsored services and resources that may support your healing efforts.
5. **Self-Help Techniques** includes a selection of exercises and essays that you may want to use to help promote your own well-being. The topics covered include: breath training, challenging maladaptive or problematic beliefs, an emotional container tool, coping with anniversary dates and triggers, emergency standard operating procedures, emotions and healing, making meaning, mindfulness and meditation, problem-solving and conflict resolution, relationship attachment styles and issues, resourcing, sexuality, time perspective therapy, and volunteering. Some of the exercises and essays include additional readings; an annotated bibliography at the end should help guide you to additional resources.
6. In the **Appendices** you will find some additional resources, including guidance on what to do if your assault just happened, and an exciting new federal law that should help improve the availability and quality of services offered to trans sexual assault survivors. There is also an appendix with information for those who may currently be in relationships that are unsafe, including a list of trans-related power and control tactics and a trans-specific safety planning tool.

Each section has been designed to stand on its own, so feel free to go right to the topic or topics you are most interested in, and put off or skip the others entirely. There is no 1-2-3 recipe for healing from trauma; in fact, one of the goals of recovery is learning how to respect and take care of your own individuality. If something in this guide does not fit you or does not make sense, let it go and move on to something else. It is your life; this guide is but one of many tools that you might find useful.

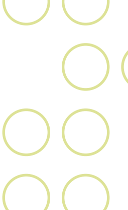


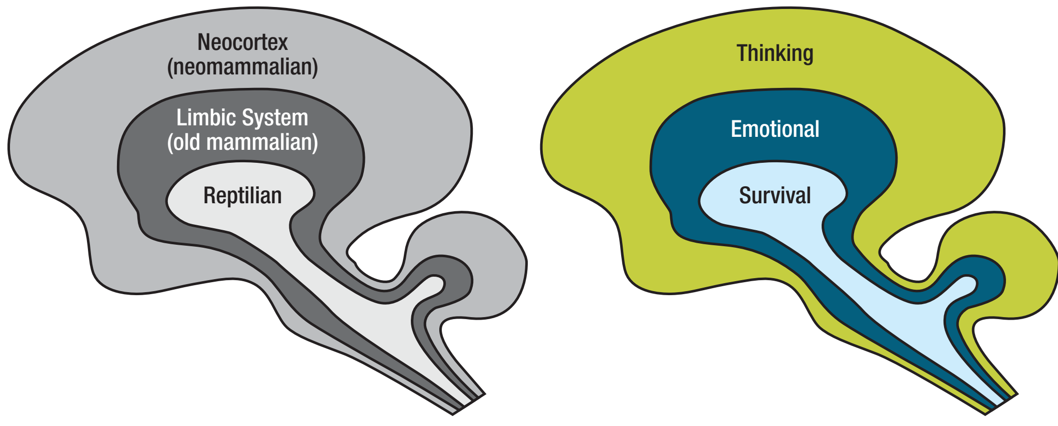
PHOTO BY BRANDON TAYLOR

2 Trauma and its Aftermaths

The brain and trauma

An intriguing and widely-accepted theory about human brains is that they evolved to become more complex.

This theory says we have a “reptilian” brain that contains the basics for survival. It processes input from the senses, keeps the system functioning, governs reproduction, and is in charge of safety. We next developed a “mammalian” or “limbic brain,” found in all mammals, that evolved around and on top of the central reptilian brain. The limbic brain contains the circuits that handle emotion, memory, some social behavior, and learning. The third, most recent and most complex layer is the neocortex. This is our thinking brain, the part that allows us to think through what is happening and override the reactions of the reptilian and limbic brains when, for instance, we realize that the person who just jumped at us unexpectedly is a friend who is smiling and seeking to engage us in play.

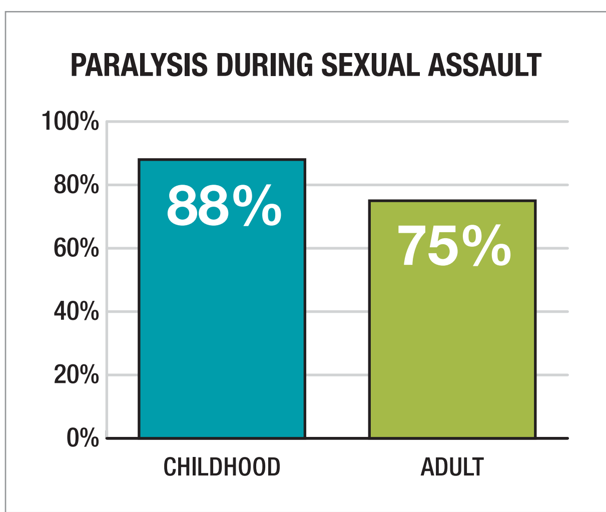


There is a built-in hierarchy among these brain functions. The highest imperative of the brain is to keep the organism alive, which is the reptilian's brain first and most basic function. Faced with a threat to life, the reptilian brain shuts down all "unnecessary" functions—including not only digestion, muscle building, and reproductive drive, but also higher-level thinking—in order to divert all available blood and energy to the heart and muscles to power either "fighting" or "fleeing." Should these two options not seem viable, the reptilian brain will choose a third, less well-known, option: "freezing," "folding," or "fainting." All of these options can be observed in animals that are faced with becoming someone's prey. While the advantages of fighting or fleeing are obvious, freezing or folding can also be life-saving, if they cause the predator to lose interest (many predators avoid dead prey in case it died of something that could kill the animal who dines on it, as well). In addition, there are pain-deadening aspects of freezing or folding that are merciful if the victim does not succeed in eluding, defeating, or distracting the predator.

88% of the victims of childhood sexual assault and 75% of the victims of adult sexual assault reported moderate to high levels of paralysis during the assault.

Levine, Peter A. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, p. 59.

What many trauma survivors do not understand is that the thinking brain, the neocortex, effectively shuts down when our lives are threatened. Many survivors harshly criticize themselves later, wondering why they were so "cowardly" or "dumb" that they could not come up with a way of avoiding or more quickly escaping the situation. Trauma survivors need to understand that it is literally, biologically impossible for people to access their thinking brain in life-and-death situations because the more primitive brain is choosing among its three basic options (fight, flight, or freeze), and creative problem-solving abilities are for the most part completely off-line. In fact, one study found that sexual assault seems particularly likely to provoke a biological freeze response: "88% of the victims of childhood sexual assault and 75% of the victims of adult sexual assault reported moderate to high levels of paralysis during the assault."[5]



What happens to the brain *after* the trauma is less clear, although there is no shortage of theories. Many theories focus on memories and why traumatic memories are so prone to come back as flashbacks (memories that feel like they are present reality rather than a memory), why they are so intrusive, and why they can be forgotten for many years and then recovered. Some of these theories suggest that the brain's chemical bath is so different from normal during a trauma that the memories are encoded differently. Other theories suggest that since certain parts of the brain are off-line during trauma, memories are stored in atypical places. These trauma theories in turn lead to trauma therapies. For example, one school believes that it is critical to use your neocortex and language centers of the brain to link your trauma memories into a story, because that process helps move memories into their more typical storage mechanisms, in the process draining them of some of their potent emotions.

[5] Levine, Peter A. (2010). *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, p. 59.

Some trauma therapies, like EMDR, involve rapidly and repeatedly shifting focus from one side of the body to the other, in order to activate both hemispheres of the brain and thereby "integrate" the memories.

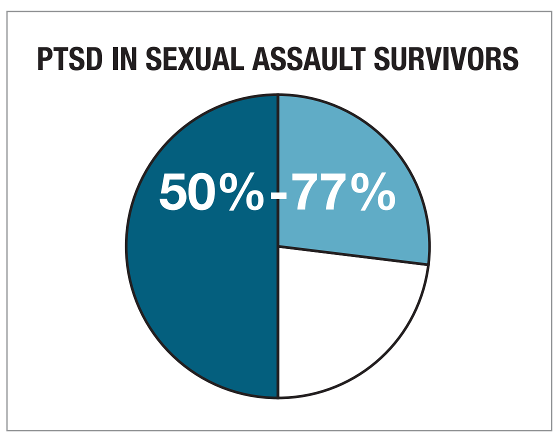
Another popular trauma theory is that humans short-circuit the biological trauma response because of judgments about it. Animals recovering from a trauma often vigorously shake themselves or engage in other physical behaviors that "re-set" their systems, whereas human trauma survivors often repress or suppress such reactions. Trauma therapies based on this view of trauma help trauma survivors gently move their body into the last known position before the trauma, and then carefully and slowly move through the "next actions" the body wants to take (such as running, shaking, etc.).

Between **50** and **77%** of sexual assault survivors suffer from PTSD at some point in their life.

Cloitre, Marylene, Cohen, Lisa R., & Koenen, Karestan C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*, p. 11.

Older therapies often focus on having the survivor continually re-live or re-tell their story until it ceases to hold so much emotional power; newer analyses indicate this method is only effective if the victim's primary feeling is fear, which can be reduced if it is re-lived enough in safe environments. (To learn more about trauma therapy options, see FORGE's companion guide, "Let's talk about it! A Transgender Survivor's Guide to Accessing Therapy.")

What is clear is that during a trauma in which someone feels their life is in danger, their brain is not operating normally. What is also clear is that memories of what happened during a trauma are qualitatively different from everyday memories. Although many people do manage to recover from these traumatic events on their own over time, many others carry psychological scars that can be debilitating. Some find that their lives begin to be defined by the trauma, with new experiences and memories all filtered through and into ways of thinking shaped by the trauma. It appears that sexual abuse is one of the traumas most likely to lead to Post-Traumatic Stress Disorder (PTSD), the condition most directly traceable to trauma, with between 50% and 77% of sexual assault survivors suffering from PTSD at some point.[6] (We talk more about PTSD in the following section, "Aftereffects of Sexual Abuse or Assault.")



Certain personal characteristics and experiences seem to increase the likelihood that a sexual assault survivor will develop long-term symptoms. Experiencing previous traumas, even if they were caused by natural disasters rather than human actions, raises the chances a survivor will develop PTSD. If a person did not experience strong, supportive relationships with their adult caretakers as a child, they will be more at-risk. If they often dissociate (seem to psychologically move out of their bodies into another place or time), they are at more risk of PTSD, especially if they dissociated at the time of the trauma itself.

[6] Cloitre, Marylene, Cohen, Lisa R., & Koenen, Karestan C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*, p. 11.

If you are a sexual assault survivor, it is critical that you not blame yourself for being unable to prevent, more quickly end, forget, or just "get past" the experiences you may now be struggling with. Certain biological processes in your brain and the rest of your body took over when you were threatened or assaulted, making certain choices literally impossible. These same chemical and physical processes made semi-permanent changes in your brain. Although spontaneous healing is possible given enough time and the right circumstances, it is more likely that you will need to engage in a long period of healing and self-care, thoroughly grounded in compassion for yourself and the facts of biology.

Additional readings on how trauma affects the brain

Cori, Jasmine Lee. (2008). *Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life.* Philadelphia, Pennsylvania: Da Capo Press.

See especially pages 16-18, "Caught in Lower Brain Centers."

Levine, Peter A. (1997). *Walking the tiger: Healing trauma.* Berkeley, California: North Atlantic Books.

This book is all about the biology of trauma, with a heavy emphasis on how animals recover from trauma and what humans can learn from them.

Ogden, Pat, Minton, Kekuni, & Pain, Clare. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* New York, NY: W.W. Norton & Company.

See especially pages 3-25, "Hierarchical Information Processing: Cognitive, Emotional, and Sensorimotor Dimensions."

In the next section we will talk about some of the possible long-term consequences of trauma.

Aftereffects of sexual abuse or assault

After any sort of trauma, most people recover, either on their own or with the help of community members or professionals.

However, sexual assault has widely been found to be the type of trauma most likely to lead to long-term challenges. Studies of Post-Traumatic Stress Disorder (PTSD), the type of condition most directly traceable to trauma, show that between 50% and 77% of sexual assault survivors end up meeting the criteria for PTSD.[7] According to the fifth edition

[7] Cloitre, Marylene, Cohen, Lisa R., & Koenen, Karestan C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*, p. 11.

of Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-V), PTSD is defined as:

(A) The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: **(1 required)**

- **(1)** Direct exposure.
- **(2)** Witnessing, in person.
- **(3)** Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- **(4)** Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

(B) The traumatic event is persistently re-experienced in the following way(s): **(1 required)**

- **(1)** Recurrent, involuntary, and intrusive memories. Note: Children older than 6 may express this symptom in repetitive play.
- **(2)** Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
- **(3)** Dissociative responses (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
- **(4)** Intense or prolonged distress after exposure to traumatic reminders.
- **(5)** Marked physiological reactivity after exposure to trauma-related stimuli.

(C) Persistent effortful avoidance of distressing trauma-related stimuli after the event: **(1 required)**

- **(1)** Trauma-related thoughts or feelings.
- **(2)** Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

(D) Negative alterations in cognitions and mood that began or worsened after the traumatic event: **(2 required)**

- **(1)** Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
- **(2)** Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "the world is completely dangerous.").
- **(3)** Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
- **(4)** Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).

(5) Markedly diminished interest in (pre-traumatic) significant activities.

(6) Feeling alienated from others (e.g., detachment or estrangement).

(7) Constricted affect: persistent inability to experience positive emotions.

(E) Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (2 required)

(1) Irritable or aggressive behavior.

(2) Self-destructive or reckless behavior.

(3) Hypervigilance.

(4) Exaggerated startle response.

(5) Problems in concentration.

(6) Sleep disturbance.

(F) Persistence of symptoms (in Criteria B, C, D and E) for more than one month.

(G) Significant symptom-related distress or functional impairment (e.g., social, occupational).

(H) Disturbance is not due to medication, substance use, or other illness.[8]

"the primary effect of trauma is a chronic inability to regulate one's emotional life."

Johnson, Susan M. (2005). *Emotionally-focused couple therapy with trauma survivors: Strengthening attachment bonds*, p. 17.

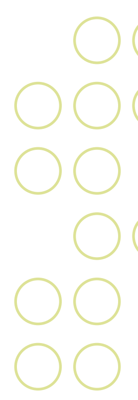
In simpler terms, trauma survivors are diagnosed with PTSD if they show signs of each of the following for longer than a month:

- **Reexperiencing** the trauma through flashbacks (memories that feel like they are present reality rather than a memory), nightmares, remembering the trauma when they don't want to, or reacting strongly to things that remind them of the trauma;
- **Avoiding** normal parts of life that remind them of the trauma;
- **Altering their thoughts and feelings in a negative way,** such as negative beliefs about the self or the world;
- **Experiencing hyperarousal,** or being overly physically and/or psychologically reactive to every day events.

Of course, what we just described are the clinical requirements of a medical diagnosis. In fact, the list of possible consequences of trauma is much, much longer. The following sections are not exhaustive, but do cover many of the problems sexual assault survivors may experience.

Emotional regulation problems

One of the most common aftereffects of trauma is having difficulty regulating one's emotions. Emotional regulation is the process of keeping your emotions at a level that does not overwhelm you. Some of this is undoubtedly due to the brain/chemical changes trauma induces, which lead to the classic PTSD symptoms of re-experiencing, avoiding,



[8] Retrieved from http://www.ptsd.va.gov/professional/pages/dsm5_criteria_ptsd.asp, April 2, 2015.

PHOTO BY MIA NAKANO

Emotional regulation skills help make you less vulnerable to intense emotions. Consider a broken thermostat in your apartment or home. When the thermostat is not functioning at full capacity, it is difficult to regulate the temperature inside your apartment/home. The inside state is more vulnerable to changes in the weather outside. (For example, if it drops below freezing outside and the inside thermostat isn't able to maintain a steady temperature, it is more likely to get cold on the inside.) Emotion regulation skills help the thermostat function better, help you realize sooner when it's not functioning effectively, and makes you less vulnerable to changes outside.

and hyperarousal. It is hard to have control over your emotions if your body and mind are constantly strongly reacting to threats or experiencing threats no one else experiences, either because you are having flashbacks or have misinterpreted an innocent event like someone suddenly coughing or laughing loudly.

If someone is traumatized as a child or youth, chances are good that they missed out on some normal skill-building due to being "distracted" by coping with the trauma. This may be especially true if the abuser was a parent, family member, teacher or caregiver who would normally be teaching that child how to cope in the world, including how to cope with their emotions. Not only will the child have a complicated, possibly fearful relationship with their abuser/teacher, but the chances are good that the abuser will themselves not have good emotional regulation skills, which helped lead them to abuse in the first place. In any case, the young person simply does not acquire the strategies for calming and self-soothing strong emotions. Asked what help they would like now, one transgender sexual assault survivor stated they would like:

> **"Therapy to help me develop the missing social skills that are a consequence of my childhood abuse, and my years and years of cognitive dissociation."** [9]

Finally, many psychologists and child development experts believe in "attachment theory," which holds that how the primary caregiver(s) interact with the infant and young child not only sets lifelong patterns of relating in that child, but actually physically molds how the child's brain develops. This theory says that even if a parent or caregiver is not an abuser, if they do not respond adequately to the infant/child's needs, that child will develop a brain that is less capable of handling strong emotions and bouncing back from adversity (in other words, resilience) than other peoples' brains.

> "And suddenly it had come to her. . .that the voice she was hearing was her own, for the first time in her life."
>
> Anna Quindlen (1992, p. 393) as quoted in Cloitre, Marylene, Cohen, Lisa R., & Koenen, Karestan C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*, p. 263.

One possible aspect of emotional regulation problems may be an inability to even identify what emotions one is having. The person who has this problem, also called alexithymia, usually answers "I don't know" or has only a very limited number of answers ("upset,"

[9] Unless otherwise specified, all quotes were given to FORGE by transgender/SOFFA survivors in our 2004 study, "Sexual Violence in the Transgender Community Survey," (n=265) (data has not been formally published); our 2011 study, "Transgender peoples' access to sexual assault services," a survey approved by the Morehouse School of Medicine's Institutional Review Board, (n=1005) (data has not been formally published); or through individual conversations via email, phone, or in person. Wherever possible quotes are verbatim from the speaker/writer, with only light editing to improve reader comprehension.

"ok") when asked how they are feeling. Not only may they not know the words to put to what they are feeling, but they may even be unable to distinguish one type of feeling from another. Obviously, if you cannot even identify what you are feeling, it becomes much harder to learn strategies for constructively dealing with that feeling. As a result, many people end up using substances or behaviors (like chronically working long hours, or playing endless video games) as a way to cope with any strong feeling.

> ## Trigger:
>
> An event, object, person, etc. that sets a series of thoughts in motion or reminds a person of some aspect of his or her traumatic past. The person may be unaware of what is "triggering" the memory (i.e., loud noises, a particular color, piece of music, odor, etc.).
>
> Sidran Institute, downloaded October 27, 2013 from http://www.sidran.org/sub.cfm?contentID=38§ionid=4

Isolation / avoidance / denial

Despite how many transgender people are sexual assault survivors, you may not know many other survivors because trauma survivors often isolate themselves and/or just do not talk about what happened to them. Some of this isolation may come from fear of being re-victimized or an awareness that one's social skills are not as good as they could be. Self-isolation can also be a way of simply trying to lower the chances of being "triggered," or having something happen that causes a flashback or otherwise reminds the person of what they've experienced in the past. Avoidance is a similar tactic; if the person can structure their days to avoid being reminded of the trauma, they will have fewer painful memories and feelings. Denial can take many forms. One is to claim that while the trauma happened, it had no effect or the person has long since recovered and has no lingering effects. Another is to wonder if it even happened, or to claim it was not nearly as bad an experience as others'.

Here are some examples of what trans survivors reported:

"It happened—I got over it."

"It had nothing to do with who I am today, except for making me a lot stronger, and a bit harder on the outside, and unable to fully enjoy sex."

"Large groups are scary—large groups being more than 2 people who I don't know or more than 6 people that I do know."

"[I] just wanted to forget about it."

"I was hesitant to claim that my abuse was real abuse, and didn't want to 'take away' services or time from 'real' survivors who needed them more."

"[I made a] deliberate effort to put events behind me and not think of them."

"This survey is somewhat upsetting. I'd rather forget."

Although it is still a controversial subject, many people forget they were ever sexually assaulted or abused, sometimes for years or even decades. Various developments may cause the memories to re-emerge:

> **"It [sexual assault history] didn't come up seriously until I started volunteering for a group for 'stopping abuse in the lesbian, bisexual women's and transgendered[10] communities'—the training I went through kicked it ALL loose.**

Other common triggers for the re-emergence of forgotten abuse memories include: parenting a child who reaches the age when the abuse happened to the parent; revelation of another family member's abuse; and illness, loss of a partner, retirement, or some other major life change. Some people believe they were in some way "protected" from their memories until they became strong enough to handle them. This does not necessarily mean the re-emergence process is easy:

> **I did not think I would have a nervous breakdown. I shattered like glass… the emotions suddenly overwhelmed me…and I became dysfunctional.**

> **It took over 10 years of psychotherapy, and 5 hospitalizations (mental health wards) to heal from these events. All of this was at my own expense.**

Shame, guilt, and self-blame

Shame is the *feeling* that you are damaged, unworthy, bad, dirty, wrong, unlovable, unfixable, dangerous, not good enough, broken, and/or don't deserve to live. Although it *should* be what is felt by the perpetrator—the one who violated another person, used someone to meet their own needs, or betrayed or manipulated someone's innocence or trust—instead, almost like a sexually transmitted infection, it ends up infecting the victim. Unfortunately, it doesn't *feel* like an outside infection to the victim; it just feels like who they truly are: not good enough or not worthy of love and compassion.

Shame can lead to a whole range of negative outcomes. It may help explain the isolation many survivors impose on themselves, and/or their avoidance of friendships or other relationships. It may be part of the reason why survivors often do not feel like they will live very long, and (perhaps consequently), why they may not bother planning for the future. It can lead people into partnering with individuals who abuse them again, because why should they deserve any better? People who feel shame often drown that feeling in alcohol or drugs, or bury it under a mountain of busy-ness and overwork.

Guilt is related to shame. Shame is about who you think you are, whereas guilt is about a behavior you may have done. Guilt is a feeling that you have done something wrong. A sexual assault survivor who feels guilt may think they should have known better than to have gone to someone's house on a first date; the survivor who feels shame may think they are so flawed they deserved to be assaulted. Although both can lead a survivor to blame themselves for the assault, guilt implies one can learn to not do something again, while the survivor with shame feels unfixable.

[10] We acknowledge that some language in quotes may not align with current community usage of some terms.

Why didn't you access services?

> **"I was ashamed of myself, my identity, my desires, my inner person. They crucify people like me. It would have been nice to know that I wasn't a freak and that there were others like me. But when they asked me what was my problem in school they always assumed I was just a bad kid. Little did they realize I couldn't stand myself. And hated what I was. I felt I needed to be bad to be respected and left alone."**

> **"Shame has kept me silent all these years. This survey is one of the few times that I have discussed these events. No wants to hear about this [sexual abuse by a therapist], because therapists are supposed to be God and cannot do any wrong."**

> **"In the beginning what stopped me [from getting help] was the belief that I somehow caused the abuse."**

> **"Self-hatred."**

> **"Shame. Mainly shame."**

> **"I was too ashamed to tell anyone."**

It is important to recognize that the new (DSM-V) diagnostic criteria for PTSD has a new emphasis on "negative alterations in cognitions and mood," specifically calling out:

- Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).[11]

In other words, shame, guilt, and self-blame are hallmarks of having been traumatized; they seem to come with the territory. That does not, however, mean that you have to continue to live with them.

Depression / anxiety / self-harm / suicide

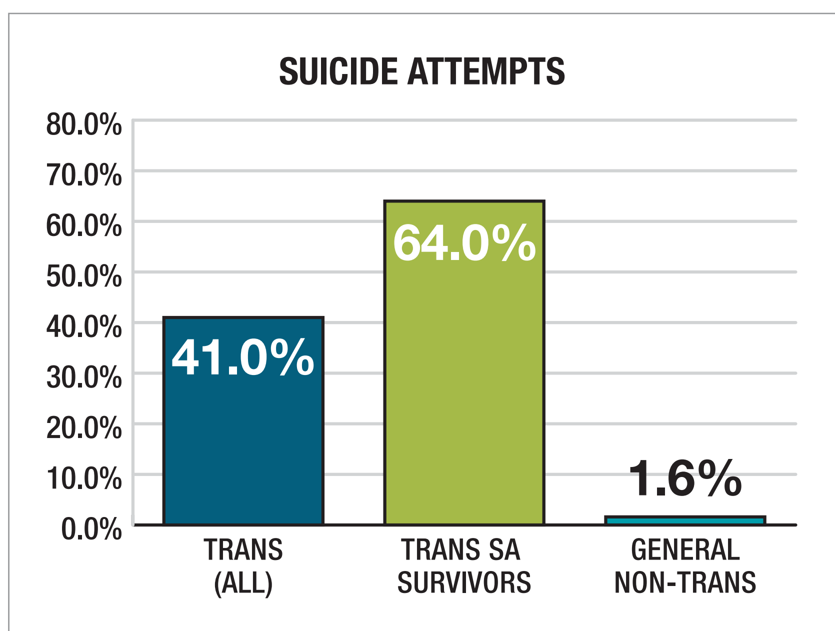
The finding that depression and anxiety both frequently accompany PTSD makes a great deal of sense. If you are having unwanted memories, experiencing emotions that seem out of control, are staying away from people and activities in order to lessen your chances of being triggered, are not sleeping well, are reacting strongly to small things most other people barely notice, blaming yourself for what happened, etc.—feeling depressed and/or anxious seems pretty normal. It may also be important to note that depression and anxiety are the most common mental health conditions affecting the general U.S. population, as well.

Some people cope with depression and anxiety by going to the doctor, a therapist, and/or obtaining prescriptions for psychotherapeutic drugs. Probably the majority, however,

11 Retrieved from http://www.ptsd.va.gov/professional/pages/dsm5_criteria_ptsd.asp, April 2, 2015.

attempt to cope on their own by "self-medicating." This can mean dampening down the negative feelings through alcohol, prescription or non-prescription drugs, food (over- or under-eating), becoming completely obsessive about exercise or work or some other distracting activity, and self-harming behaviors such as cutting. In his doctoral dissertation lore m. dickey, Ph.D. found that more than 40% of the transgender people he surveyed had engaged in non-suicidal self-injury.[12] He suggests such self-harm has three functions. One, which may seem ironic, is self-preservation: the "transgender person is making an effort to address the pain and distress they are feeling in a manner that recognizes the value that life has." In other words, some people self-harm as a way of avoiding a suicide attempt. The second reason is desperation, which he defines as "causing pain so as not to feel numb or trying to feel something even though it is physical pain." The third reason is emotional abreaction. One source defines this as "reliving an experience in order to purge it of its emotional excesses; a type of catharsis. Sometimes it is a method of becoming conscious of repressed traumatic events."[13]

Other people do, in fact, become suicidal. The National Transgender Discrimination Study[14] found that overall, 41% of its transgender and gender non-conforming respondents had attempted suicide at least once. For those who had been sexually assaulted, the attempt rate went up to 64%. These figures compare to 1.6% for the general population. In other parts of this guide you can find the numbers for suicide hotlines and an "emergency standard operating procedures" worksheet that can help you plan how to better handle suicidal feelings if you have them.



Substance abuse

As previously noted, many survivors attempt to dampen or alter their difficult symptoms or painful memories through self-medication, typically alcohol, drugs, or food. Study after study finds high correlations between those who use substances to cope and those suffering from PTSD. While substance use can sometimes temporarily diminish symptoms such as nightmares, panic attacks, depression and numbing, substance use is also associated with more trauma: violence and accidents are more likely when one or more people are drunk or high. Although many trauma treatment programs will not accept people who are actively abusing substances and many substance abuse treatment programs do not address trauma issues, there is a growing consensus that because of the interrelationships among trauma and substance use, simultaneous treatment is recommended. One such joint treatment program has been described in a manual accessible to non-therapists: *Seeking*

[12] dickey, lm, Reisner, SL, & Juntunen, CL. (2015). Non-suicidal self-injury in a large online sample of transgender adults. Professional Psychology: Research and Practice. Vol. 46, No. 1, 3-11.

[13] dickey, lm, Reisner, SL, & Juntunen, CL. (2015). Non-suicidal self-injury in a large online sample of transgender adults. Professional Psychology: Research and Practice. Vol. 46, No. 1, 3-11.

[14] Grant, Jaime M., et al (2011). Injustice at every turn: A report of the national transgender discrimination survey, National Center on Transgender Equality and National Gay and Lesbian Task Force.

Safety: A Treatment Manual for PTSD and Substance Abuse, by Lisa M. Najavits.[15]

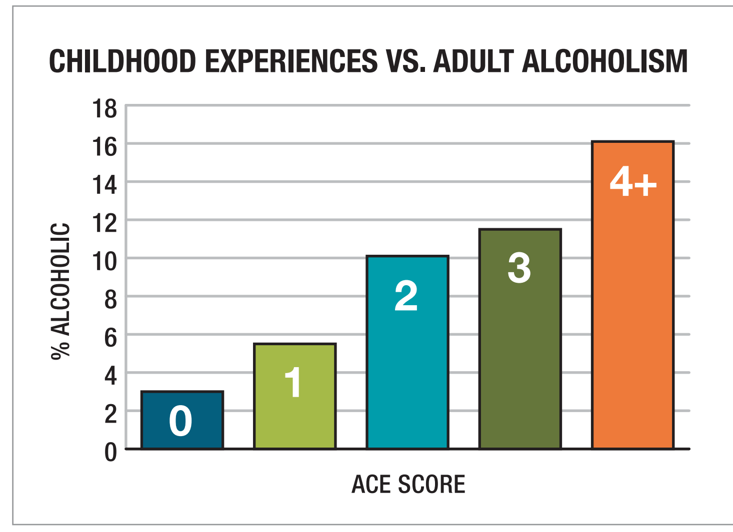
"Our findings indicate that the major factor underlying addiction is adverse childhood experiences that have not healed with time and that are overwhelmingly concealed from awareness by shame, secrecy, and social taboo."

Felitti, Vincent J. (2004). "The origins of addiction: Evidence from the Adverse Childhood Experiences study." English version of an article originally published in German. Available at http://www.nijc.org/pdfs/Subject%20Matter%20Articles/Drugs%20and%20Alc/ACE%20Study%20-%20OriginsofAddiction.pdf, p. 8.

Physical health problems

While many researchers have linked abuse to various psychological problems, awareness of their linkage to physical medical conditions that become apparent only decades later only began in the mid-1980s. That is when physicians in Kaiser Permanente's Department of Preventative Medicine in San Diego "discovered that patients successfully losing weight in the Weight Program were the most likely to drop out. This unexpected observation led to our discovery that overeating and obesity were often being used unconsciously as protective solutions to unrecognized problems dating back to childhood. Counterintuitively, obesity provided hidden benefits: it often was sexually, physically, or emotionally protective."[16] Curious about this linkage, Kaiser developed what has become known as the Adverse Childhood Experiences (ACE) Study. Initial reporting on the ACE Study included findings from 17,000 patients, mostly middle-class, who asked for comprehensive physical exams.

The ACE questionnaires asked people about their childhood experiences as well as their current health statuses. Later versions of the survey asked about ten types of childhood experiences, including child physical, emotional, and sexual abuse. Rather than attempting to measure how severe each type of maltreatment or "adverse experience" was or how often it happened, the researchers simply gave one "point" for each type of adverse experience the patient had experienced. Thus patients could have scores ranging from 0 (they had experienced none of the listed negative childhood experiences) to 10 (they had experienced them all). Only one-third of this middle-class population had an ACE Score of 0; one in six had an ACE Score of 4 or more. If any one category of abuse or adversity was experienced, there was an 87% likelihood that the person would have also experienced at least one more type.[17]



The researchers then matched these patients' ACE scores with their health records. When it came to physical health, they looked at the basic causes underlying the 10 most

[15] Najavits, Lisa M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*.

[16] Felitti, Vincent J. (2004). "The origins of addiction: Evidence from the Adverse Childhood Experiences study." English version of an article originally published in German. Available at http://www.nijc.org/pdfs/Subject%20Matter%20Articles/Drugs%20and%20Alc/ACE%20Study%20-%20OriginsofAddiction.pdf, p. 2.

[17] Felitti, Vincent J., & Anda, Robert F. (2010). "The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare." Chapter in Lanius, Ruth & Vermetten, Eric, (eds.) The hidden epidemic: The impact of early life trauma on health and disease.

common causes of death in America. These include tobacco use (estimated 400,000 deaths annually), diet and activity patterns (300,000 deaths), alcohol use (100,000 deaths), sexual behavior (30,000 deaths) and drug use (20,000 deaths). Bar charts of the results could not be more striking: for nearly every negative behavior that was measured, the bars steadily rise from the lowest number of drinkers, smokers, etc. among those who had an ACE score of 0 to, step by step, the highest reported ACE score (usually 4 or more or 6 or more). Perhaps most shocking was how much ACE scores were connected to medical conditions such as liver disease, chronic obstructive pulmonary disease (COPD), coronary artery disease, and autoimmune disease(s). Even after removing all known risk factors such as smoking and high cholesterol, there remained a step-wise increase in the risk of these diseases by how high a patient's ACE score was. In other words, it is not enough to say that adults traumatized as children smoke, eat, and drink more, and therefore have more chronic illnesses; there are additional factors. The researchers believe that not only do trauma survivors attempt to self-medicate through alcohol and cigarettes, but also that there is wear-and-tear on the biological system due to chronic stress. The precise biological mechanisms by which this is taking place have still not been determined, but that did not stop the ACE Study researchers from flatly declaring: "Adverse childhood experiences are the main determinant of the health and social well-being of the nation."[18]

> "Adverse childhood experiences are the main determinant of the health and social well-being of the nation."
>
> Felitti, Vincent J., & Anda, Robert F. (2010). "The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare," in Ruth A. Lanius, Eric Vermetten, and Clare Pain, eds., *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic*.

The list of other physical health problems that researchers have linked to a trauma history is very long. Some of those that show up in the literature most often are: chronic fatigue syndrome, chronic pain, fibromyalgia, irritable bowel syndrome, and multiple chemical sensitivities. One researcher explains how trauma might be related to developing "multiple idiopathic physical symptoms" (MIPS), or physical symptoms that are medically unexplained. In the first step, a person experiences "symptoms." What is interesting is that many child abuse survivors never properly learn about emotions, due in part to having their emotions ignored or twisted and used against them, such as being told some abuse does not hurt or that a sexual act is "how parents show love." As a result of the distortions their abusers use, the victims may not be able to identify their own emotions and/or talk about them with others. People with such "alexithymia" may confuse physical signs of emotion—say, a rapidly beating heart when one is frightened—with medical illness. The second step in development of a MIPS is the person's assessment of their symptoms. Here, too, trauma may play a role: "Psychosocial distress or mental disorders such as depression and anxiety disorders, including PTSD, may also influence an individual's appraisal of symptoms. For example, an individual with depression may develop more pessimistic or catastrophic symptom appraisals than someone who is not depressed." In the third step, "the person responds behaviorally on the basis of the symptom appraisal. For example, he or she may seek health care, avoid activities or roles, or his or her functioning may be reduced."[19] Part

[18] Felitti, Vincent J., & Anda, Robert F. (2010). "The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare," in Ruth A. Lanius, Eric Vermetten, and Clare Pain, eds., *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic*.

[19] Engel, Charles C. Jr. (2004). "Somatization and Multiple Idiopathic Physical Symptoms: Relationships to Traumatic Events and Posttraumatic Stress Disorder," in Paula P. Schnurr and Bonnie L. Green, eds., *Trauma and Health: Physical Health Consequences of Exposure to Extreme Stress*, p. 193.

of the isolation and life constriction seen in some sexual assault survivors may grow out of attempts to avoid interactions that might result in an increase of "symptoms."

High need for control versus helplessness

Trauma survivors may be highly controlling, totally submissive, or careen wildly between the two. Childhood sexual abuse expert Mike Lew explains:

> **"It is important to remember that all abuse involves lies. Children are being lied to about themselves, about love, and about the nature of human caring. They are being taught that there is no safety in the world, and they have no right to control their own bodies. Loss of control of their bodies leads to control being a central issue of their adult lives. They can become inflexible, controlling, and suspicious—or helpless and indecisive."[20]**

Other experts tie some survivors' control needs more directly to the symptoms of PTSD, pointing out that the only way to try to avoid being triggered is to control what's happening in your environment and do your best to limit surprises. This often translates into trying to control others' actions, and may be one of the mechanisms that underlie the cycle of violence wherein some victims in turn become abusers. On a related point, if a person has trouble regulating their emotional responses to another's behavior, they may instead try to control that person's behavior. On the other hand, survivors may find that it's too hard to control others or their environment, and may simply give up trying, instead becoming very passive, helpless, and submissive.

Anger

Anger plays a large role in many survivors' lives. Some are afraid of anger, as their abuser's anger may have been what came before the abuse they experienced; these survivors may not realize that it is even possible to feel anger without damaging someone. Many were taught by their abusers that they were not allowed to be angry. Others learned that anger equals power, and therefore may try to protect themselves by being the most angry/powerful one in the room. Some anger, obviously, is righteous anger at their perpetrator(s) and those who may have failed to protect them.

Because many survivors did not learn effective emotional regulation skills, anger is just one of many emotions that may be problematic for survivors and those around them, simply because it may feel out of control. In addition, strong emotions provoke chemical changes in the brain, which tend to diminish the brain's (more specifically, the neocortex's) ability to think things through and problem-solve. In the midst of strong emotions, people tend to act and react far more easily and quickly than they are able to rationally consider and weigh alternatives and possible consequences. This can result in less-than-optimal decisions that, in turn, create more problems and strong negative emotions.

Psychiatrist and psychologist John Bowlby pointed out that anger can be despairing (coming from a place of powerlessness) or it can be hopeful.[21] An anger that is hopeful points a person to where changes can be made. This distinction may be helpful to some survivors.

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[20] Lew, Mike. (2004). *Victims no longer: The classic guide for men recovering from sexual child abuse* (Second edition), p. 75.

[21] Johnson, Susan M. (2005). *Emotionally-focused couple therapy with trauma survivors: Strengthening attachment bonds*, p. 39.

Sleep disturbances / irritability

Many survivors have sleep problems. Nightmares, both specifically related to the abuse, as well as other non-abuse-related nightmares, are common. Many people also find it difficult to fall asleep or stay asleep through the night, frequently waking up. If the survivor was traumatized at night, perhaps particularly in their own bed, they may not feel safe enough to relax into sleep. Laura Davis notes that if a survivor is actively recovering previously unknown memories of their abuse, sleeplessness may precede and/or follow the emergence of new memories.[22]

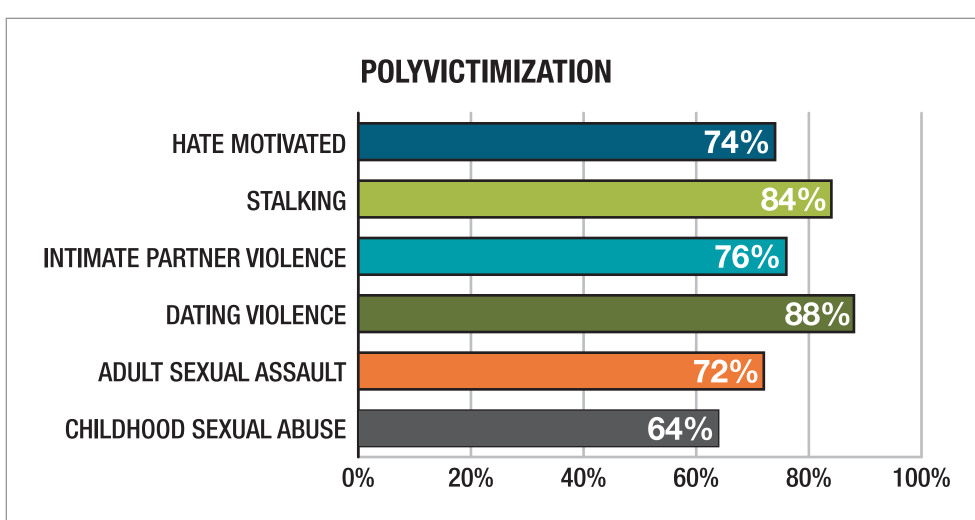
Lack of sleep can also contribute to increased mental health symptoms, such as depression and anxiety, as well as create additional challenges concentrating or focusing during the day. The lack of adequate and restful sleep can also directly impact physical health—increasing headaches, impacting blood sugar regulation, increasing blood pressure, and affecting metabolism.

Obviously, sleep disturbances can help lead to daytime irritability, which many survivors experience for a variety of reasons.

Revictimization / reenactment

> **"I've been sexually assaulted, raped, molested, harassed many times throughout my life….There have been way too many."**

Multiple studies have made clear that people who were abused in childhood have a far greater likelihood of being abused again in adulthood, and/or in becoming abusers themselves. "Polyvictimization" is the current term for people who have experienced multiple types of abuse, and a 2011 FORGE study focused on sexual assault showed how common this is among trans people. We asked trans respondents if they had experienced any of these types of abuse: child sexual abuse, adult sexual abuse, dating violence, domestic violence, stalking, hate violence, and other types of violence. Those who experienced any one type of abuse were highly likely to experience other types, as well. For example, 64% of those who had experienced child sexual abuse went on to experience at least one other type of abuse, as well.[23]



[22] Davis, Laura. (1991). *Allies in healing: When the person you love was sexually abused as a child*, p. 107.

[23] 2011 study, "Transgender peoples' access to sexual assault services," a survey approved by the Morehouse School of Medicine's Institutional Review Board, (n=1005) (data has not been formally published).

How often victims go on to become abusers themselves is less well-documented. A few mainstream studies of the general public have indicated that men[24] (women abusers are far less studied) who had been abused as children are twice as likely to abuse as adults as are men who had not experienced child abuse.

Therapist Francine Shapiro suggests one theory for why this happens:

> "...until their childhood memories are processed the offenders often have internalized responsibility for their own childhood abuse. They are blaming themselves—blaming the recipient, the victim. It is therefore no surprise that as an adult they perceive the world in the same way and also blame their own victims. Until they can place full responsibility on the one that perpetrated against them, they will be unable to take appropriate responsibility for their own abusive behaviors."[25]

A simpler theory is that people who grew up with adults who abused them may have decided there are only two types of people: victims and abusers. To avoid being victimized again, they may seek to gain and maintain the upper hand in all of their relationships.

It is critical to remember that not all victims become perpetrators.

Unfortunately, even some therapists inaccurately believe that past abuse will lead to abusive behavior in adulthood. For example, FORGE worked with a survivor who was in the process of transitioning from female to male and who was in therapy with his female partner. The couple lived in a non-abusing, healthy relationship with each other and with their children. The couple's therapist counseled the female partner to leave him in order to protect their children from abuse by him, a move that would have deprived the children of a loving parent, destroyed a family, and deeply wounded the adults.

Interpersonal problems

> "As highly adaptive social organs, our brains are just as capable of adjusting to unhealthy environments and pathological caretakers as they are to good-enough parents."[26]

Not surprisingly, some sexual assault survivors experience a higher-than-usual number of interpersonal problems. It may be hard for survivors to trust other people, especially if the individual(s) who abused them were family members or people they were close to. If they were abused in childhood, they may never have experienced respectful mutual communication styles or problem-solving, instead learning that the person with more

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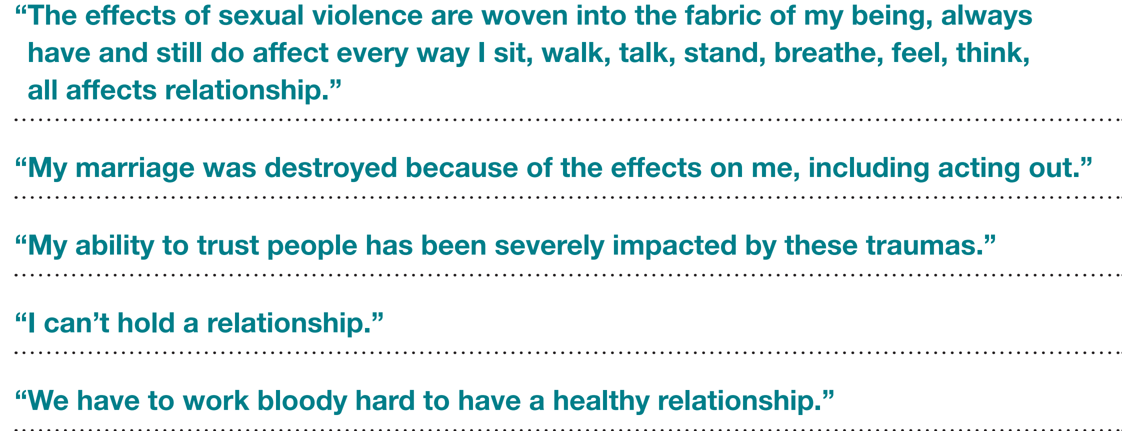
[24] When referencing studies that specify gender, most of the individuals are likely non-trans. Studies focused on trans survivors are specifically noted.

[25] Shapiro, Robin. (2010). *The trauma treatment handbook: Protocols across the spectrum*, p. 213.

[26] Cozolino, Louis. (2010). *The neuroscience of psychotherapy: Healing the social brain (Second edition)*, p. 206.

power gets everything they want, and the person with less gets nothing or, worse, is hurt. If they learned that in this world there are only two possibilities—being a victim or being the one with power—they may try to control or have power over their partner, children, and others. A related problem many have noticed is that survivors may have a hard time playing: Ogden and her colleagues noted, "Almost invariably, clients are unable to play, finding that their capacity to experience pleasure, exuberance, and joy in playful interactions or activities has either diminished, disappeared altogether in the wake of trauma, or is experienced as paradoxically dangerous and threatening."[27]

Survivors' relationships may also be affected by their intense emotions, both because they may not have learned how to regulate their emotions and because the trauma may have altered their brain chemistry in a way that makes their emotions stronger than usual. When emotions are intense, the focus of the brain shifts from the neo-cortex or "thinking" part of the brain to more basic parts of the brain that focus on survival. This is why people who are very upset may say things they later regret or even deny: brain chemistry in a highly emotional state is literally different from when emotions are calmer. What can help is learning to differentiate between when the brain is capable of problem-solving, and when the task at hand needs to be calming down and regulating emotions.



"The effects of sexual violence are woven into the fabric of my being, always have and still do affect every way I sit, walk, talk, stand, breathe, feel, think, all affects relationship."

"My marriage was destroyed because of the effects on me, including acting out."

"My ability to trust people has been severely impacted by these traumas."

"I can't hold a relationship."

"We have to work bloody hard to have a healthy relationship."

In the next two sections of this guide, we will talk about where trans sexual assault survivors can get help with these and other problems, and how we can help ourselves.

[27] Ogden, Pat, Minton, Kekuni, & Pain, Clare. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*, p. 126.

Additional readings on the aftereffects of sexual assault and/or trauma

Allen, Jon G. (2005). ***Coping with trauma: Hope through understanding (2nd edition)***. Arlington, Virginia: American Psychiatric Publishing.

A thorough book with sections on foundations, effects of trauma, trauma-related psychiatric disorders, and healing.

Bass, Ellen & Davis, Laura. (2008). ***The courage to heal: A guide for women survivors of child sexual abuse (4th edition)***. New York, New York: HarperCollins.

The Courage to Heal rightfully owns the status of must-have resource for survivors, with one big caveat: They only address female victims, and only rarely admit there are female perpetrators. If you wonder if you're "the only one who…," The Courage to Heal will show you that you are not alone. Excellent, if somewhat dated now, resource guide, divided by topic.

Catherall, Don R. (ed.) (2004). ***Handbook of Stress, Trauma, and the Family***, New York, NY: Brunner-Routledge.

This textbook contains many excellent chapters on a variety of topics related to how trauma affects the family. Written for college students and professionals.

Cozolino, Louis. (2010). ***The neuroscience of psychotherapy: Healing the social brain (2nd edition)***. New York, New York: W. W. Norton & Company, Inc.

This book is for readers who want to understand more about the science of the brain and how it relates to trauma.

Dayton, Tian. (1997). ***Heartwounds: The impact of unresolved trauma and grief on relationships***. Deerfield Beach, FL: Health Communications, Inc.

This is a particularly good self-help book for partners and partnered trauma survivors: the major sections are loss and trauma; the effect of trauma on the personality; the effect of trauma on relationships; transformation and healing through grief; and the personal journey, which includes many self-help exercises.

Fosha, Diana, Siegel, Daniel J., & Solomon, Marion F., (eds.) (2009). ***The healing power of emotion: Affective neuroscience, development & clinical practice***, New York, NY: W.W. Norton & Company.

This book is aimed at college students and/or therapists. It does contain chapters from some of the most well-known trauma specialists, and will be of interest to those who have more than a cursory interest in the roles emotion plays in both traumas and our healing efforts.

Herman, Judith L. (1992). ***Trauma and recovery: The aftermath of violence—from domestic abuse to political terror***. New York City: Basic Books.

This book is considered a classic, and is referred to by many trauma writers. Very insightful, but also quite gender-bound: she refers to people with PTSD mostly as female sexual assault victims, and male military veterans.

Lew, Mike. (2004). ***Victims no longer: The classic guide for men recovering from sexual child abuse (Second edition)***. **New York, NY: HarperCollins.**

Victims No Longer is the mirror "opposite" of The Courage to Heal: an excellent, comprehensive look at many of the results of sexual abuse. Like The Courage to Heal, Victims No Longer is written for one gender, although Lew is much better about acknowledging the existence of female perpetrators than are Bass and Davis. This is an excellent book, specifically focused on men (but may be applicable to others).

Naparstek, Belleruth. (2004). ***Invisible heroes: Survivors of trauma and how they heal***, **New York, NY: Bantam Dell.**

Belleruth Naperstek's healing imagery work is exceptional and unique. Although the second half of the book includes healing meditations, the first half is a very readable, compassionate discussion of trauma and its effects. Highly recommended.

Schnurr, Paula P. & Green, Bonnie L., (eds.) (2004). ***Trauma and health: Physical health consequences of exposure to extreme stress***, **Washington, D.C.: American Psychological Association.**

One of the first book-length looks at the physical health consequences of trauma. Very academic; written for professionals.

Siegel, Daniel J., M.D. (2010). ***Mindsight: The new science of personal transformation***. **New York, NY: Bantam Books.**

Siegel is widely regarded as a must-read for people interested in how one human brain affects another. This book is written for the general public, but requires a fairly high literacy level. Siegel is fond of acronyms, which will help some readers remember and integrate his ideas. This isn't a "trauma book," but will help those seeking to understand more about how the brain works and how it can be changed.

van der Kolk, Bessel A., McFarlane, Alexander C. & Weisaeth, Lars. (Eds.,) (1996). ***Traumatic stress: The effects of overwhelming experience on mind, body, and society***. **New York, New York: The Guilford Press.**

Van der Kolk and McFarlane are considered two of the most important trauma researchers, theorists, and practitioners. This comprehensive look at trauma is a little old, but is still used as a primary textbook in graduate trauma classes. It's very good as an intellectual introduction to trauma, but was not written as a self-help or peer counseling tool.

Wilken, Tom. (2008). ***Rebuilding your house of self-respect: Men recovering in groups from childhood sexual abuse (2nd edition)***. **Erieau, Ontario: Hope and Healing Associates.**

This book heavily quotes men who were sexually abused as children, which may be especially useful for individuals who have difficulty reading books predominantly focused on female survivors. The book posits steps in recovery.

Wilkinson, Margaret. (2010). ***Changing minds in therapy: Emotion, attachment, trauma & neurobiology***. **New York, New York: W. W. Norton & Company, Inc.**

This book is a good summary of some of the more recent research; aimed at therapists and academics.

PHOTO BY KERRI CECIL

3 Transgender Survivors of Sexual Abuse

Sexual violence statistics and myths

Society has continually reinforced the inaccurate constructs that sexual violence is between strangers (a man attacking a lone woman in a park or alley); on dates (where men are drugging their female dates); or in warring countries (again, where women or girls are the victims).

In recent years, more attention has been drawn to sexual abuse of children of all genders (such as by coaches, priests, and scout leaders).

What most people don't know—what we infrequently hear about—is that the actual statistics paint a very different picture.

- The vast majority of victims are assaulted by someone they know, not a stranger.
- At least ¼ of perpetrators are female.
- At least 33% of all sexual assault victims are male.
- An estimated 44% of victims were (first) abused as children.
- Many victims are sexually assaulted multiple times over their lifetimes by different people.

Commonly-cited statistics suggest that in the U.S., 1 in 3 girls/women and 1 in 6 boys/men experience sexual assault.

These statistics are deeply suspect, however, because many victims either do not recognize that they were sexually assaulted, or choose not to discuss their assault with anyone (and thus are never counted). This may be especially true for transgender survivors. The reasons for this include:

RATES OF SEXUAL ASSAULT

TRANSGENDER 50-66%

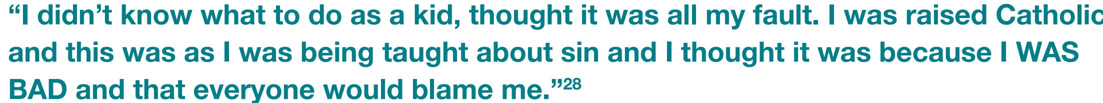
BOYS/MEN 18-25%

GIRLS/WOMEN 25-33%

0% 10% 20% 30% 40% 50% 60% 70% 80%

Being too young and/or feeling responsible

People who were sexually abused as children may not report or talk about their abuse, often because they do not understand that what happened was sexual assault and/or because they believe they were responsible for what happened.



> **"I didn't know what to do as a kid, thought it was all my fault. I was raised Catholic and this was as I was being taught about sin and I thought it was because I WAS BAD and that everyone would blame me."[28]**

> **"My opinion about the situation varies from time to time. Sometimes I look at it as just 'normal stuff that happens' among adolescents (perp[etrator] was my older brother). I don't feel all that 'damaged' by it, although it's hard to say what the real impact has been. I was not forced to participate, but I was also young and naïve and couldn't see how anything my brother wanted to do could be wrong."**

> **"I was date-raped approximately 6-8 times while I was in high school. I never talked about it with anyone because I grew up in a time where it was 'my fault for leading the person on,' getting drunk with someone ('what do you expect?'), that sort of thing."**

> **"In the beginning what stopped me [from getting help] was the belief that I somehow caused the abuse."**

> **"In the 1960s through the 1970s that was something you did not talk about. As a child growing up in the 60s you only worried about vampires and werewolves and the people that would steal candy from children. You did not know that vampires and werewolves were pedophiles and the candy was the innocence of children."**

[28] Unless otherwise noted, all quotes were given to FORGE by transgender/SOFFA survivors in one of two studies: 2004 FORGE data from "Sexual Violence in the Transgender Community Survey," (n=265), unpublished data. 2011 FORGE data from "Transgender peoples' access to sexual assault services," a survey approved by the Morehouse School of Medicine's Institutional Review Board, (n=1005), data has not been formally published.

Not understanding that "sexual assault" encompasses what happened to them

Because of the strong cultural myths of what sexual assault is (and isn't), survivors may not see what happened to them as abuse:

> **"I feel a lot of confusion around those incidents and only have discussed them a couple of times, including this time."**

> **"At the time (late 70s) 'acquaintance rape' was not a known topic."**

Individuals may not understand the healthy dynamics of consensual BDSM.[29] In these cases, a perpetrator or abusive partner may take advantage of that lack of knowledge and frame abusive behavior as BDSM:

> **"The abusiveness of my relationship was 'masked' both to others and myself by the fact that it was a same-sex relationship and a BDSM relationship. My partner took advantage of the fact that it was my first experience of the latter. I believed that I had to consent to anything or could not withhold consent, and the abuse was couched as 'play.'"**

The myth that sexual abuse is something that happens to us often leads individuals to believe that being forced to perform sexual acts on another might not be considered sexual abuse. Any unwanted sexual contact is abuse/assault.

> **"I've had trouble naming what happened as abuse. Although I know that things happened against my will, I get angry at myself and blame myself for letting it happen—particularly because I was forced to do things to my partner rather than her forcing herself on me. I don't have a name for what that is but it has deeply affected my relationship to my body and my sexuality."**

It is often believed that sexual assault has to be violent for it to be assault. Threats, persuasion, and non-forced unwanted sexual contact are all abusive.

> **"Sexual persuasion is not always violent—and in my case(s), it was *never* violent per se, but was nonetheless not desired, and was hard to extricate myself from politely, whether the events happened once or were repeated several times by the same person."**

Being male and/or having a female perpetrator

The number of female perpetrators and male survivors are likely undercounted. Both people who had a female perpetrator and those who were male at the time of the abuse may not classify what happened to them as sexual assault. People who experience either of these types of abuse dynamics are also far less likely to report these crimes to the authorities, researchers (surveys), or even loved ones in their life. Respondents to FORGE surveys have noted:

> **"D[omestic] V[iolence] theories just don't work to make sense of a lot of abusive relationships that seem to contradict social hierarchies, e.g. where the victim is a**

[29] Bondage and Discipline, Sadism and Masochism.

man or where the abuser is a person of colour. It's so much harder when you feel you need to protect a whole community, or that people might not believe you."

"I didn't recognize it as 'sexual assault' because it didn't fit the portrayed image ('man' assaulting 'woman')."

"I was considered a male at the time; [I didn't report because] no one would have believed I was raped by a female."

"The rape happened in 1984, before anyone really believed women rape other women."

Experiencing additional complications due to gender identity or politics

Transgender and SOFFA survivors may struggle with what happened to them due to their gender identity or politics:

"I got much less support than I should've, as my guilt around transphobia was key to the abuse. I 'protected' [abusive FTM partner] much longer because of the transphobia [I was afraid he would be subjected to if I told]."

"I was hesitant to claim that my abuse was real abuse, and I didn't want to 'take away' services or time from 'real' survivors who needed them more."

"For a long time I had a hard time convincing myself it was rape. Then by the time I started coming to terms with what happened, I was a feminist and there was a certain amount of shame. I then came out as queer and later became more comfortable in my trans identity—then there was fear that people would think that my queer trans identity was a result of being abused/assaulted or that the abuse/ assault compromised my trans identity in some way."

Wanting to deny or avoid thinking about the trauma

Finally, it is very common for sexual assault survivors of any gender identity or history to feel tremendous shame and/or desire to "forget" about the abuse:

"I was in denial."

"This survey is somewhat upsetting. I'd rather forget."

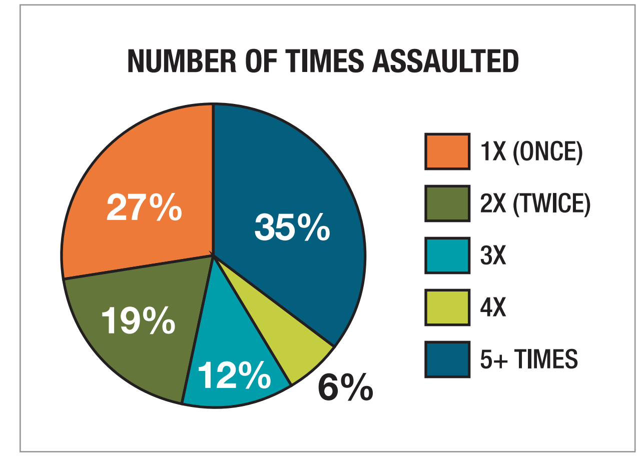
"It took a long time to even talk about it. I have never talked about some things."

Transgender sexual violence survivors data

While multiple studies have found that approximately 50% of transgender people have experienced sexual assault at least once, FORGE has conducted the only study so far focused solely on trans people's experiences around sexual violence[30]. We conducted the national study in 2004, and had 265 respondents. Nearly half (47%) were FTMs; 30% were MTFs. About 20% were non-transgender, most of them female partners. Three percent said they were assigned intersex at birth. Ages ranged from under 21 (6%) to over 61 (1%), with the largest number (36%) falling between the ages of 22 and 30. Here are the highlights of what we learned:

Most transgender survivors have experienced repeated sexual violence.

About one third of the respondents had never experienced sexual assault. Most of those who had had been assaulted had experienced more than one assault: only 27% marked that they had only been assaulted once.



Most transgender people were first assaulted as a child or youth.

More than ¾ of the respondents (78%) reported that they had first experienced "unwanted sexual touch" by age 12. About one third reported experiencing their first "unwanted sexual touch" between the ages of 13 and 40. Only 5% of sexual assault survivors reported that their first sexual assault was when they were 41 or older. Interestingly, while most of the nontransgender males in our survey never experienced sexual assault, people who were assigned male at birth who (possibly later in life) identified as MTFs experienced relatively high rates of abuse as children, youth, and young adults.

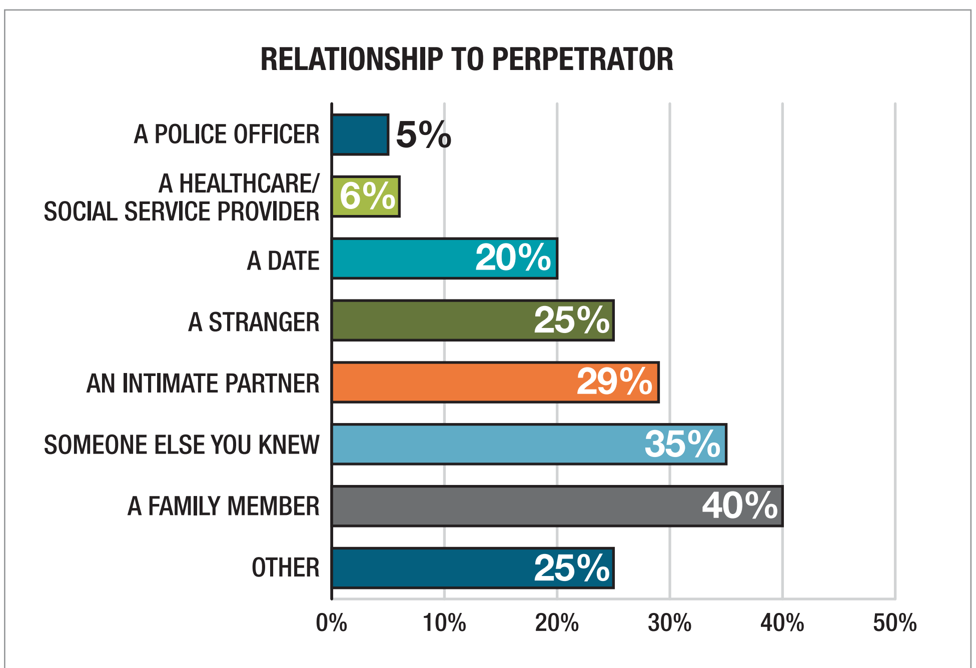
AGE OF UNWANTED SEXUAL TOUCH

	0-12	13-15	16-18	19-21	22-40	41-60	None
FTM	65	45	47	42	30	1	14
MTF	23	14	8	11	18	6	26
Intersex	2	3	0	1	2	1	1
Natal Female	21	13	9	14	13	0	10
Natal Male	0	1	0	1	1	1	5
Total	111	76	64	69	64	9	56
	56%	38%	32%	35%	32%	5%	28%

[30] FORGE. (2004). "Sexual Violence in the Transgender Community Survey," (n=265). Unpublished data.

Most perpetrators were known to the victim.

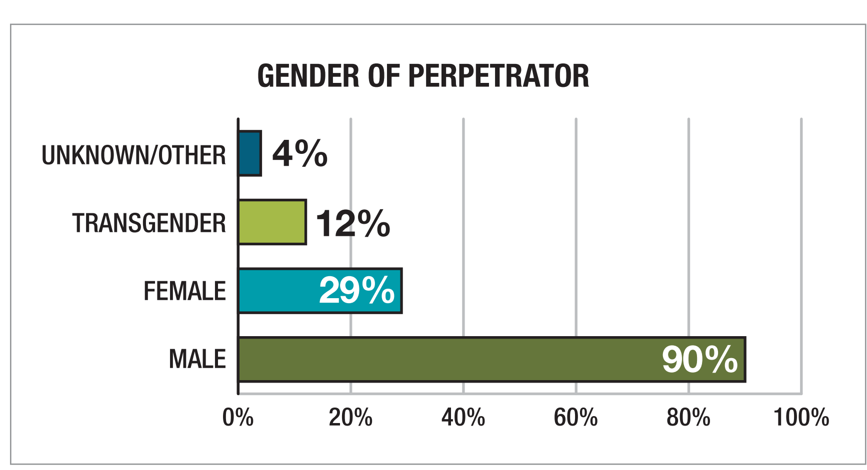
Consistent with what has been learned from the non-trans general public, the vast majority of transgender survivors knew the person who abused or assaulted them. Only 25% of perpetrators were reported to be strangers.



More than a quarter of transgender survivors have been assaulted by females.

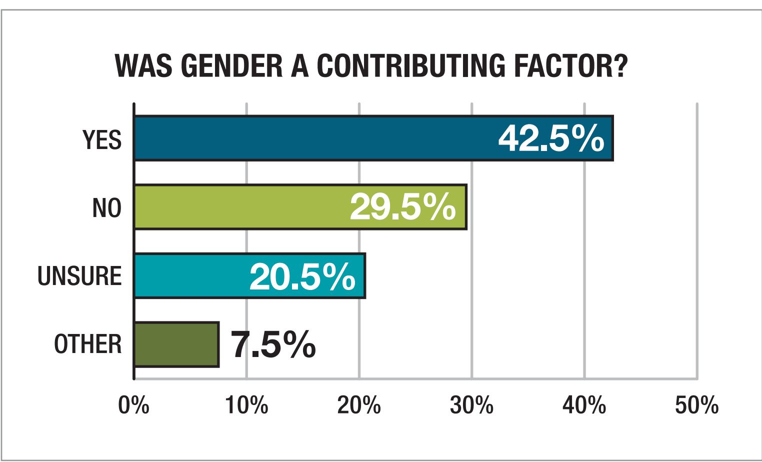
Nearly 90% of transgender survivors had been assaulted by at least one male, but nearly 30% had been assaulted by a female (many survivors were abused by both men and women). Twelve percent reported abusers who were themselves transgender.

> **"My ex abused me because I wasn't enough of a man for her, her words."**



Gender is sometimes perceived to be the motivator of abuse.

Sometimes people cannot imagine how gender identity or gender non-conformity might be linked to abuse. Forty-three percent (42.5%) of the respondents believed that gender was a contributing factor in the abuse/assault(s), while 29.5% said it was not a factor. 20.5% said they were unsure or did not know if gender was a factor.



"His abusers had been female, and as a non-trans person and non-survivor I 'owed' him sexually. It was my duty to provide for his pleasure, any needs and boundaries of my own were supposedly abusive."

Survivors rarely report the abuse.

The majority of survivors (of any gender identity) do not report their experience to law enforcement. Only 9% of transgender survey respondents reported to the police. Twenty-four percent (24%) of trans survivors told someone about the abuse near the time of the assault(s). Forty-seven percent (47%) said they told no one. Ten percent "tried to" tell, and 5% were unsure or did not remember.

"When it was a man, yes, I did tell someone, when it was a woman perp[etrator] I did not."

"Yes [I did tell], but I didn't perceive the experience as abuse at the time."

"When the police were not the perp[etrator]s I did not call. I dealt with it."

"Eventually I had my father charged some 30 years later."[31]

"I was afraid to go to the police for the last one because my attacker was a woman and I had enough trouble trying to convince them it was a real attack when my attacker was male."

The abuse can leave physical scars.

Although 50% of victims reported no long-term physical scars, long-term medical conditions, or disabilities as the result of the abuse or assault(s), 14% reported they had physical scarring, 10% had long-term medical conditions, and 4% had disabilities resulting from the incidents. Another 21% said they had "other" long-term problems, were unsure, or it was too soon to know if they would have lasting physical effects from the trauma. Despite the number of physical injuries, only 9% of respondents received

[31] It is not possible in many states to prosecute a case this old due to a statute of limitations; check with a knowledgeable local attorney if you want to explore prosecuting someone who abused you in childhood.

professional medical care at the time of the assault, while another 4% were treated at home. Two percent said they asked for medical services but did not receive any, and conversely, some people had physical medical care forced upon them against their will.

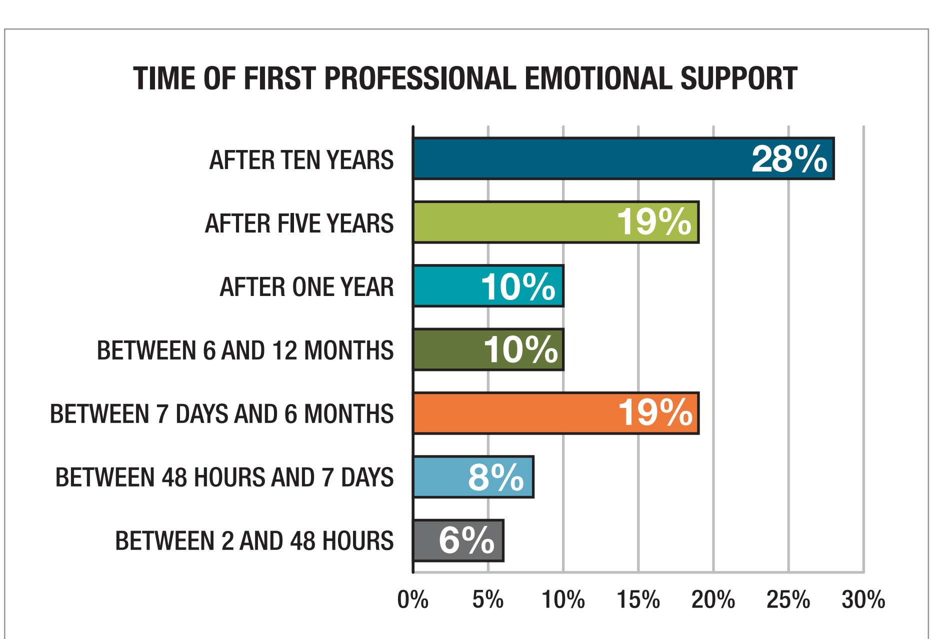
LONG-TERM PHYSICAL EFFECTS

YES: PHYSICAL SCARRING	15%
YES: LONG-TERM MEDICAL CONDITION(S)	10%
YES: DISABILITY(IES)	4%

0% 2% 4% 6% 8% 10% 12% 14% 16%

Emotional scars can last a very long time.

Perhaps in part due to the fact that so many of the assaults were in childhood, few victims received professional emotional support soon after they were assaulted. Only 14% got help within the first week, with another 19% getting help within the first 6 months, and an additional 10% getting help before the first year was up. However, 57% did not receive their first professional emotional help until more than a year after the assault(s), with 28% not receiving help until ten or more years after they were assaulted.



Overall, a slight majority (51%) reported that they had had professional mental health care at some point after their assault(s). Thirteen individuals had mental health care forced upon them against their will.

Although mental health care is not essential for healing, the earlier people can access emotional support following a sexual abuse/assault the less likely they are to experience severe long-term implications.

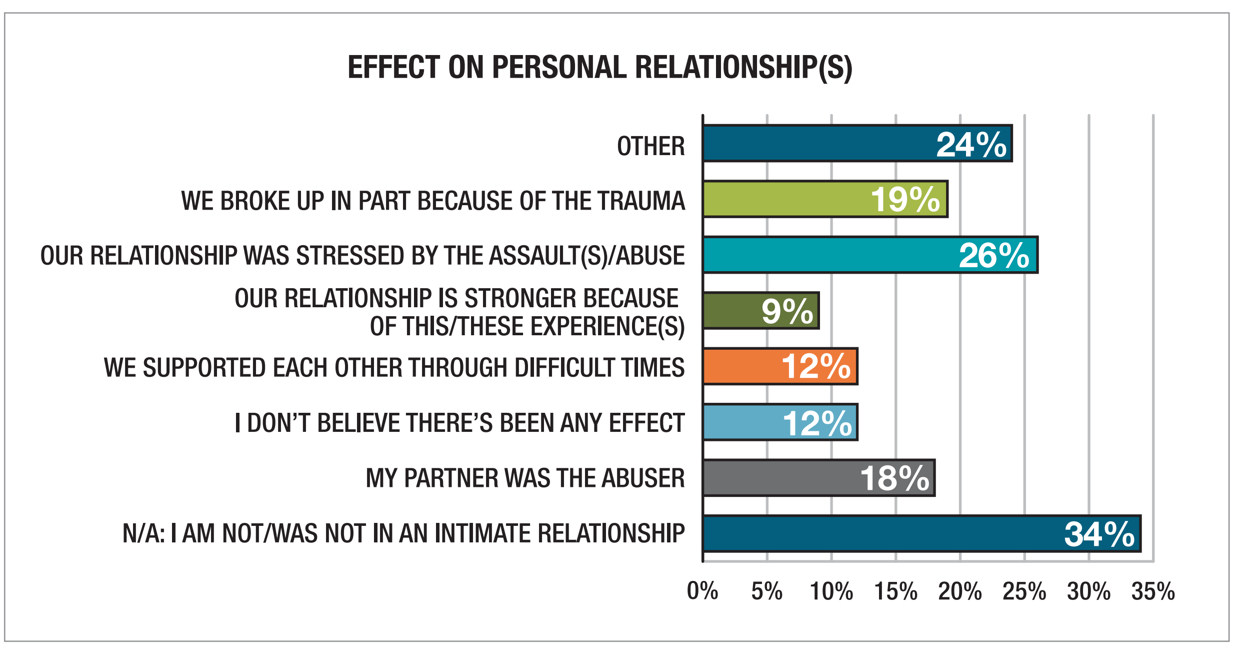
> **"[I didn't get help.] It was like I had to crawl within myself and block it out."**

> **"I finally spoke to a shrink about it at age 35."**

> **"I received mental health services against my will between the ages of 5 and 17, almost continuously. It was completely unhelpful."**

Relationships are heavily impacted.

FORGE asked respondents how the sexual assault(s) had affected their intimate relationships, allowing people to mark more than one category. The largest percentage of respondents (34%) said they were not in an intimate relationship currently or at the time the assault(s) took place, and 18% noted that their partner was the abuser. A total of 20% said the effect was positive: 9% said their relationship was stronger because of the sexual assault experience, and 12% said they supported each other through difficult times. An additional 12% said they did not believe there had been any effect. But 26% said their relationship was "stressed" by the assault(s), and 19% said they had broken up with a partner because of the trauma. Another 24% gave an "other" answer.



"The effects of sexual violence are woven into the fabric of my being, all ways have and still do affect every way I sit, walk, talk, stand, breathe, feel, think, all affects relationship."

"My marriage was destroyed because of the effects on me, including acting out."

"My ability to trust people has been severely impacted by these traumas."

"I can't hold a relationship."

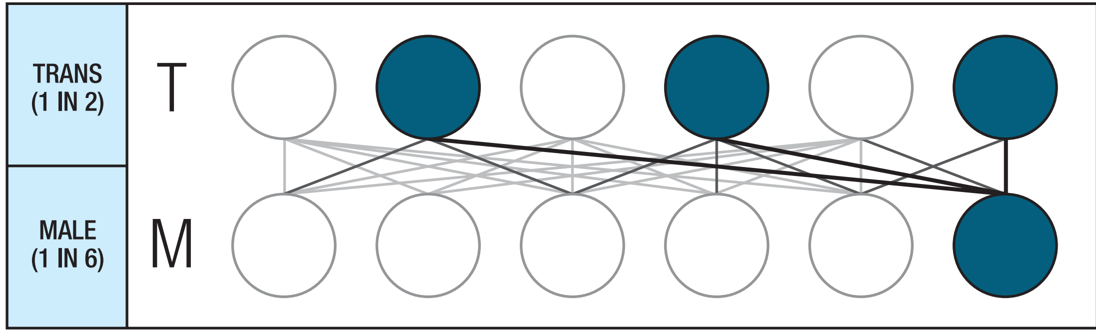
"I am sexually dead. My partner understands this."

"We have to work bloody hard to have a healthy relationship."

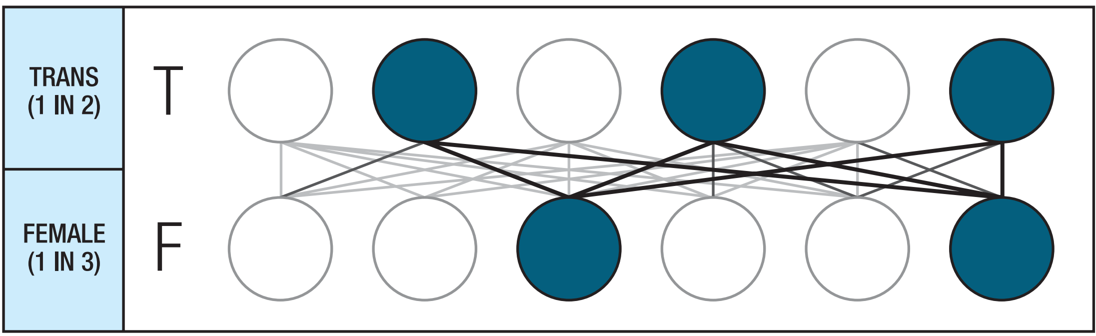
Survivors often partner with other sexual assault survivors.

Of those who answered the question, about 40% said they were themselves a survivor and had a partner or other close SOFFA who was also a survivor of sexual abuse. Twelve percent (12.5%) said they were the SOFFA of a survivor, but had not experienced abuse themselves. The remainder were survivors who were not intimately connected with another survivor. FORGE created the following diagrams based on general statistics to help illustrate how many trans couples involve two survivors. The black circles show how many sexual assault survivors are likely to be present in any six couples with one or two trans partners:

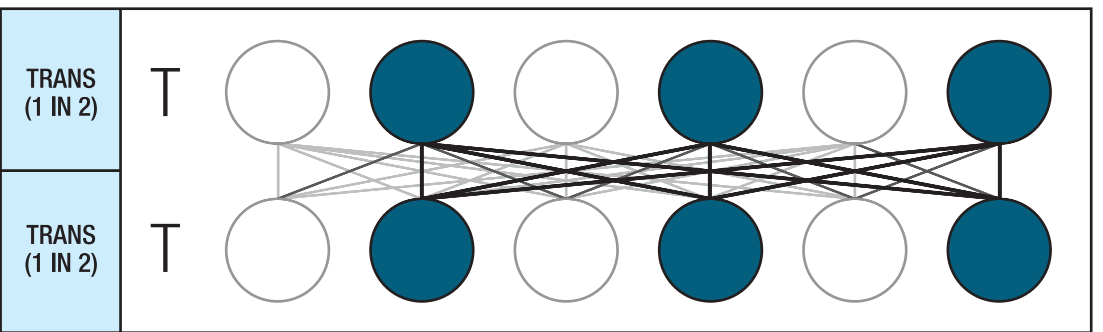
Sexual assault survivors in couples with one trans person and one non-transgender male partner:



Sexual assault survivors in couples with one trans person and one non-transgender female partner:



Sexual assault survivors in couples with two trans people:



Trans survivors access many types of help.

Nearly three-quarters of survivors (73%) had accessed one-on-one therapy as one form of emotional support. The next highest emotional support sources were friends (55%), self-help books (45%), partner(s) (43%), websites (32%), and networking with other survivors (27%). The full list of options is below:

TYPES OF EMOTIONAL SUPPORT RECEIVED

Type	Percent
ONE-ON-ONE THERAPY	73%
FRIENDS	55%
SELF-HELP BOOKS	46%
PARTNER(S)	43%
INTERNET WEBSITES	32%
NETWORKING WITH OTHER SURVIVORS	27%
GROUP THERAPY	24%
SOCIAL SUPPORT GROUP	17%
BODYWORK	17%
ENERGY WORK	12%
COUPLES THERAPY	11%
FAMILY	11%
INTERNET CHAT ROOMS	10%
INTERNET LISTSERVS	10%
PASTORAL COUNSELING	6%
FAITH-BASED SUPPORT	3%

As you can see from this chart, many trans survivors lean on friends, partners, the internet, and self-help guides for their emotional support. That data is what lead FORGE to create this guide and its companion piece, "SOFFA Guide".

Trans-specific aspects of sexual assault

Being sexually assaulted brings a particular set of issues to a person, as does having a trans or gender non-conforming identity. Put the two together, and some unique issues ensue. This section will discuss several of these intersections.

Anti-trans abuse or sexual abuse?

Some trans-savvy people may wonder, looking at the list of post-trauma symptoms (see "Trauma and its Aftermaths" section in this guide), if being transgender or gender non-conforming by itself might cause post-trauma symptoms. We are not aware of any studies that have looked specifically at this issue, but we believe the answer is yes. Plenty of people who were gender non-conforming in childhood or who insisted they were not the gender others said they were, were subjected to ongoing physical, psychological, and/or emotional abuse by adults in their family and/or community. This combination of possibly having been subjected to both gender-related abuse and sexual abuse is part of what can make healing for transgender survivors more complicated than healing for non-transgender assault survivors. Here are some things transgender sexual assault survivors have said about the intersection of these two issues:

> **"By me putting up with [the sexual abuse], I thought it would help me to be 'normal,' not transgendered or lesbian."**

> **"I went to the therapist originally 6 months after separation [from ex-spouse], for transsexualism, but realized nearly two years later, aided by people I volunteer with, that what I had experienced was abuse."**

> **"I kept blaming things on trauma from the rape that were really trans-related. But, I can see how that could be a hard call to make dealing with a queer teenager that was raped at 8 years old."**

> **"[Providers could use] *lots* more education and understanding about transgender issues, the variety of experience, and the unique way it may impact the way we feel or cope as survivors (understanding the difference between feelings that are a result of sexual abuse and feelings that are a result of being trans; not trying to reduce everything to sexual abuse in order to wash over or ignore trans issues)."**

Cause and effect

In a culture in which conformity is expected and non-conformity must be "explained," many people—trans and non-trans alike—seek explanations of how and why people are trans. Often these explanations focus on "what went wrong" in the person's development that led to a trans identity. Given this framework, being sexually assaulted as a child is frequently viewed by providers and trans community members alike as a possible "cause" of transness.

Obviously, this view can be deeply unsettling to some trans people. Some of us do not feel our transness is a problem or something whose "cause" needs to be determined. Many of us do not want people to view our trans identity as something that was "done" to us by someone else's abusive actions. Others deeply resent the implication that we "caused"

the abuse by being visibly or openly gender variant. Some of us just want to keep the two issues separate, believing they are not causally related.

> **"[I'd like providers to] not think…I am trans only because of the abuse."**

> **"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."**

> **"Mother didn't want the town to know I'd been raped for cross-dressing and blamed my cross-dressing for the incident."**

> **"…[S]everal of the mental health providers whom I saw suggested that my sexual and/or gender ambiguity was caused by the sexual abuse. I bought that at first. I don't believe that to be true anymore. I've healed from the sexual abuse—truly—and I remain sexually/gendered ambiguous."**

> **"I, all my life was told that I brought on such assaults because of who and what I was."**

> **"I had to end one course of therapy because the therapist suggested my ex had 'become' trans because he was a child [sexual assault] survivor."**

On the other hand, some trans people do trace their gender identity to their sexual assault history:

> **"All of the unwanted/persuaded sexual contact in my life has been directly because of my being seen as female-and-sexually-attractive, and this is a very strong contributing factor in my renouncing female identity altogether (no matter what declared orientation), as many straight men simply do not get the clue and assume that any personable demeanor is an invitation for their advances."**

> **"I understand that my gender dysphoria arises from the childhood abuse. I had researched this area fairly carefully, and if useful, I have literature suggesting abuse as a possible cause of gender dysphoria."**

Still others find that their gender journey has been affected by being a survivor of sexual assault:

> **"This attempted rape left me afraid of men, even my father, with whom I had been very close. I can't be sure, but I believe that this might have delayed me in beginning to explore FTM issues."**

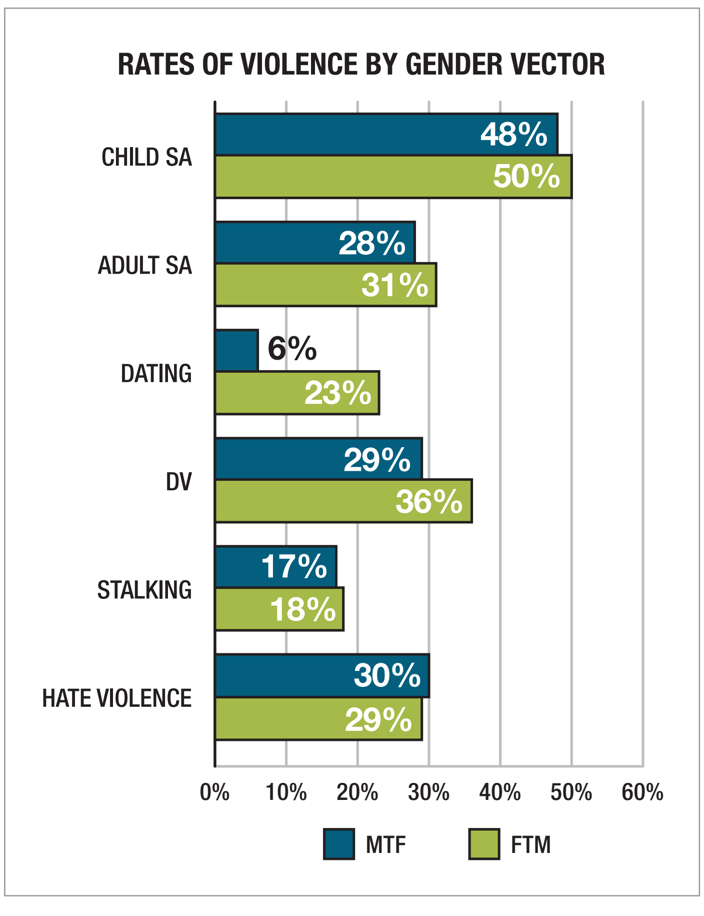
Some trans people, particularly trans-masculine individuals, feel that their current gender identity lowers their chances of being sexually assaulted:

> **"I live now as a man and hope that I'm less of a target but feel that I might have even more difficulty accepting sexual assault as a man, especially as a TS man."**

> **"Presenting as completely male has helped me to avoid sexual/nonsexual abuse."**

"I do not feel that Transwomen are a potential victim, as I have noticed that potential sex offenders are very turned off by the idea. They find something disgusting about the whole thing."

Unfortunately, these beliefs are not supported by statistics FORGE gathered in a 2011 survey, which found that of 431 trans people who had experienced a form of violence, 32% had experienced sexual assault as an adult. Transmen actually experienced adult sexual assault at a slightly higher rate—31%—than transwomen, at 28%.[32] (SA=sexual assault; DV=domestic violence.)



Trans bodies and body dysphoria

Sexual assault by its very nature is physically invasive and often involves genitals or parts of our body we perceive as centrally connected to our trans identity. For many, our genitals and/or secondary sex characteristics may feel incongruent with our gender identities (or may even be charged with feelings shame). People may have used our genitals against us to oppose, deny, or try to destroy our gender identity or self-esteem. For those who have had gender confirming surgery, the attack on our genitals may feel like an attack on everything we are. It may be hard enough to expose and talk about our bodies under typical circumstances; exposing and talking about them in the context of sexual assault may feel impossible.

"Had he [therapist] and I needed to explore it, some discussion or emphasis on how vaginal penetration uniquely emasculates a male-identified biogirl would've possibly been useful."

Not being believed or minimizing the assault(s)

A pervasive problem for sexual assault survivors of all gender identities is that they are often not believed when they report or discuss the assault(s), or are told to just "forget about it and go on." There are many reasons this happens: (other) people do not want to admit how widespread sexual assault is; they do not know how to respond helpfully and so deny there is anything to respond to; they are in denial that they themselves were (or could be) abused and cannot afford to think about the topic; and they believe common myths about sexual assault (for example, that it only happens to certain genders).

"Nobody took me seriously; many told me to suck it up and get over it."

"My family didn't have any idea what to do."

[32] The sexual assault rate for those for whom we could not determine a gender vector (N=39) was 40%; it is combining these three gender categories that results in an overall rate of 32%.

"I spoke with a friend who was a lawyer, she was the one who characterized it as a seduction."

"Most advice was just to get past it and forget it. Or that's what I heard and have "tried to do."

The ubiquitous disbelief may be even worse for some transgender survivors. Adults who believe a gender non-conforming child is confused, oppositional, or sinful may make the same assumptions if that child also reports sexual abuse. Perpetrators may use transphobia as a weapon, telling their victim no one will believe anything a transgender person says.

"My ex had me convinced she could turn everyone against me and take my kids and eventually grandkids away from me and that no one would want to deal with a queer (of whatever stripe I was) like me."

Clearly, being disbelieved or even blamed when disclosing abuse is extremely traumatic. Those who have experienced being disbelieved even once (let alone many times) may have great reluctance to again make themselves vulnerable to a new person who might also disbelieve or blame.

"I had tried to tell in the past and was either not believed or blamed for the abuse. It took me a long time to tell someone again."

Transgender perpetrators

It can be very confusing and upsetting for a trans person to be abused by another trans person. Many of us believe that if anyone can understand and support us, it should be another trans person. Because of this widespread belief, it is often difficult to imagine that another trans person could be abusive towards us. When a trans person we love or care for responds by assaulting us, the pain can be compounded.

"The most frequent sexual abuse I experienced was by my transgendered partner who always knew me and valued me as FTM....ALL of the multiple occurrences of sexual abuse/violence were with people who knew me as transgendered or who 'valued me' as such."

"My ex-girlfriend who was emotionally, sexually, and physically abusive used to use my gender questioning as ammunition. She would embarrass me by telling people about it in front of me. She made fun of my attempts to present as a boy. She is transsexual, and she always said I was just making things up for attention."

Trans people can also use their experience of being transgender and/or oppressed as an excuse to abuse others:

"He was FTM. He used him being on testosterone as one of the excuses for his 'needs.'"

"His abusers had been female, and as a non-trans person and non-survivor I 'owed' him sexually. It was my duty to provide for his pleasure, any needs and boundaries of my own were supposedly abusive."

A particularly knotty problem occurs when both the perpetrator and victim are part of the same small community.

> **"My partner's coerced/nonconsensual sex with another FTM has fractured the local community into parties who believe my partner, parties who believe the perpetrator, and parties who don't want to take sides (who are perceived to not believe my partner as a result). Moreover, there's no useful way to clear the air or hold the perpetrator publicly responsible without some degree of ostracizing him. It's a really evil situation."**

> **"My trans ex and I are part of a very small trans community, and as a result of our breakup, I have become largely alienated from our community. He is a respected leader in the trans community. He spreads rumours about me."**

> **"When I left my ex partner I called a local domestic violence hotline that's trans-friendly, but it's a small town and the person who I talked to knew who I was, and who my ex was."**

> **"I called the local LGBTQ domestic violence project after I was being stalked by my abusive (trans) ex. The person I talked to there, a transwoman, said 'is your ex a member of the trans community?" I said he was, and she said 'I can't help you, that's a conflict of interest.' …Also, people in the trans community don't take what happened seriously as domestic violence, sometimes act like I'm just being silly or petty when I talk about it, and refuse to understand/respect that I am just not comfortable around that person—indicative of larger problems in the trans community, I think."**

Service provider perpetrators

FORGE has heard many stories of trans survivors whose perpetrators were police officers, health care providers, or others from the "public service" or "helping" fields. In our 2004 survey, 5% of perpetrators were police officers, and 6% were health care or social service providers. These results are mirrored in more recent studies, such as the 2011 *Injustice At Every Turn*[33], which indicates that 7% of trans respondents experienced sexual assault by police and 10% were assaulted by health care providers. Similarly, the National Coalition of Anti-Violence Programs[34] continues to find high rates of sexual and other forms of violence perpetrated by law enforcement and other "helping" professionals.

> **One assault was in an Emergency Room at a hospital, by a female doctor who I believe was angered by my appearance (I looked male and my hospital bracelet/ chart said 'female').**

[33] Grant, Jaime M., et al (2011). Injustice at every turn: A report of the national transgender discrimination survey, National Center on Transgender Equality and National Gay and Lesbian Task Force.

[34] National Coalition of Anti-Violence Programs: http://www.ncavp.org

Many others reported being physically assaulted or verbally abused by professionals from whom they sought help:

> **"The health care providers were trying really hard to be accepting. But the officers were horrible. They accused me of deserving it; accused a friend when I went with her to report it. They actually took us in separate rooms when I went with her and tried to get me to say that she did it to herself because it was a wiccan thing."**

> **"My friend and I were both in police custody at the time…during my interrogation, I was threatened with rape by the officers and mocked for my perceived sexual orientation [gay male], but I was not physically assaulted. She, however, was shoved to the ground multiple times, put in painful pinning holds, and had her genitals grabbed multiple times while the officers mocked and harassed her about her gender identity."**

> **"I felt that the residents in the [emergency room] felt that being transgender meant I had some 'sexual fetish' and that I exposed myself to high risk situations (which wasn't the case, it was partner-abuse). It pissed me off that they didn't listen or acknowledge the things I told them! :ugh: They were very judgmental, it was annoying!"**

> **"I was homeless and desperately poor when the worst abuse took place. I was on welfare. The day I was beaten by 4 cops was at the welfare office. I reached out for help and I got bashed for it. Every time I tried to get help I was turned away. The welfare agency treated me as badly as the police did. What stopped me from getting the help I needed was the people I asked for help. Thankfully I found my own way within the system to get help. No thanks to the various agencies."**

> **"All I wanted was [sexually transmitted disease] screening, but they wouldn't pay for it unless I filled out a police report. The cops mocked and humiliated me."**

> **"The only real indignity I suffered, apart from the sexual assault itself, was that the police referred to me as 'he/she' in the police report."**

Meeting complex needs within a basic service system

The current service system[35] for sexual assault survivors was largely designed for women sexually assaulted by men. The gendered and heteronormative assumptions upon which the service system is built can make finding suitable services very difficult for transgender survivors and secondary survivors:

> **"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."**

> **"[I needed] services that either weren't gender specific or were for trans-identified people. 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."**

[35] For recent changes to sexual assault services funded by the Violence Against Women Act, see Appendix C.

"I wanted to be hooked up with other local SV survivors, but no one could do that for us. Because we are a 'heterosexual' queer couple, we were also excluded from services that were provided for one-sex only and/or because services were not available to partners."

Fortunately, even though the majority of services are still focused on non-trans female survivors, there are a growing number of healing and supportive options for trans survivors through both mainstream service providers, as well as some LGBT Community Centers and LGBT Anti-Violence Programs. FORGE also offers virtual/internet-based support for trans survivors (See page 62 for more details).

Complicated relationship with therapists

Although this is changing, for many years the only way transgender people could access hormones or gender confirming surgery was to consult with a therapist who, after as many sessions as the therapist deemed appropriate (often an out-of-pocket cost for trans people), would write a letter assuring the health care provider that it was okay to provide the requested health care services. Not surprisingly, many trans people have never told their gender therapist about being sexually assaulted and/or having trauma symptoms, to ensure that this "complication" could not be used as an excuse to deny or delay writing the hormone or surgery "permission" letter.

"I never admitted [being a sexual assault survivor] yet to a therapist."

Unscrupulous therapists could also use this system to blackmail and coerce their trans clients:

"I was inappropriately used sexually by my gender therapist…. He began sexually advancing to show me how to be a 'real man,' as a way of modeling masculine behavior. It became obvious that I needed to be sexual with him in order to receive the required letter to have chest surgery. We had sex a countless number of times—sometimes in his office, sometimes my house, sometimes he would make me take him out to dinner and pay the bill. When I realized that this was wrong, I asked him for my surgery letter so I could discontinue 'therapy.' He refused and I had to pay thousands of dollars to reestablish a relationship with another therapist in order to get a surgery letter."

It can also be very difficult to find a therapist who is simultaneously trans-savvy, trauma-informed, and affordable:

"Couldn't afford off-campus therapy while I was a student cuz I was a student that shit is expensive as is. So I couldn't access a counselor who actually knew anything about trans people and was stuck with the free folks on campus who told me I couldn't be trans cuz I wasn't masculine enough."

One couple's therapist's myths about the connections between masculinity, child sexual abuse, and re-enactment caused serious harm. When one person, a childhood sexual assault survivor, decided to transition from female-to-male, the therapist he and his partner saw "warned" his partner that because male sexual assault survivors turn into perpetrators, their child was no longer safe alone with him.

And, of course, some therapists simply are not skilled enough to meet some clients' needs:

> **"When I was looking for other therapists, I was met with resistance and disbelief that my former therapist was sexually abusive. There seemed to be an 'old boys network' where all the therapists protect each other—even when there is great harm perpetrated by one of them."**

> **"I've never been in an emotional support environment where I felt safe discussing transgender issues."**

Intersectionality

"Intersectionality" refers to the piling-on of issues that happens when people are members of more than one minority group, or are dealing with multiple issues at the same time. Belonging to multiple stigmatized minorities seems to raise the chances of running into problems with service providers, as illustrated by this person talking about facing barriers to accessing services:

> **"Yes—race (& sexuality) [were other barriers to service]. Being pathologised as a mixed-race bisexual, being the only bi [person of color] in my [domestic violence] groups, not being able to afford long-term therapy."**

Survivors themselves may become overwhelmed by how many issues they seem to be facing:

> **"My partner's father is his grandfather & he was beaten & sexually abused. Mom was a junkie. What kind of services can really make a difference after those kinds of traumas?"**

Although survivors of sexual assault face many issues in their healing journey and transgender survivors may face even more, it is critical to remember that just by surviving as a trans or gender non-conforming person, you have already demonstrated tremendous resilience. Sexual assault specialist Mike Lew defines the recovery goal this way:

> **"Recovery is the freedom to make choices in your life that aren't determined by the abuse."[36]**

Just by being trans, you already have demonstrated an ability to not be defined by what others have said and done to you. Other sections of this guide will, we hope, give you further tools and ideas about what else you can do to shape your life in the way you want and deserve.

[36] Lew, Mike. (2004). *Victims no longer: The classic guide for men recovering from sexual child abuse (2nd edition)*, p. xxiv.

PHOTO BY KERRI CECIL

4 Options for Healing

There are more ways to heal and recover from sexual assault or abuse than there are survivors. What any given survivor finds helpful may seem strange or even counterproductive to another.

This section will briefly address some of the primary methods some survivors have used, and then list both mainstream services and FORGE services that you might find helpful. In the last section of the guide you can find a small selection of self-help techniques that will illustrate the diversity of what is available to you.

Talk therapy

FORGE has found that around 75% of the trans people we have surveyed have seen individual therapists at some point. Because there are so many types of therapists and so many issues for potential therapy clients to think about, we have written a companion guide specifically on this issue: "Let's talk about it! A transgender survivor's guide to accessing therapy."

Therapy has many different styles and theoretical approaches. Similarly, therapy may be one-on-one, focused on healing within an intimate relationship, or may even involve resolution or support with an abusive family member. Therapy can also be group vs. more individual/personal.

Often people choose both therapy and other forms of healing, wellness activities, or services, or may end up trying many different things until they find something that works for them. What follows are just some of the major options.

Medication

Many people are opposed to psychoactive medications, preferring to avoid chemicals or simply "do it on my own." As this guide's section on the brain and trauma indicates (see page 13), however, trauma experiences change the chemistry and the workings of your brain. Medication may help with some of these imbalances, thereby giving you a more stable platform on which to build the life you want. In other words, medications are not a cure-all; they simply may make it easier to get on with your other healing and life-creation work.

Although medical science continues to advance, how some medications work is still unknown or unclear. We still do not know how an individual may react to any given medication until they try it, so prescribing can be viewed as a try-and-try-again process. If one medication does not work for you, it is often worth trying another, since even medications within the same class of drugs will often have different results. Try to find a medication prescriber—a psychiatrist, a primary health care provider, or a free or low-cost clinic—that you feel comfortable with, as the two of you will need to be a well-communicating team to find what will work for you.

There are many tried-and-true medications to address depression, anxiety, sleep disturbances, and some of the other common symptoms of PTSD. If you would like to read more about medication options, there are good sections in the following books:

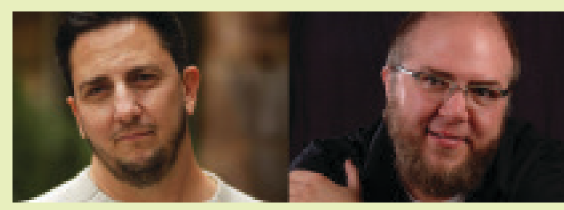
Additional readings on medications

Briere, John & Scott, Catherine. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, California: Sage Publications, Inc.
See especially pages 185-230, "Biology and Psychopharmacology of Trauma."

Shapiro, Robin. (2010). *The trauma treatment handbook: Protocols across the spectrum*. New York, NY: W. W. Norton & Company, Inc.
See especially pages 131-135, "Medications."

Body-based therapies

Many people believe that trauma memories are stored in the body's tissues as well as in the brain, and that certain types of body-based modalities like massage or craniosacral therapy can help your body physically release them. You do not have to believe that to find it healing to be touched in a consensual, respectful, professional way. In fact, negotiating a massage with a professional can be an excellent way to practice setting boundaries and experiencing what it is like to be touched by someone who will respect those boundaries. It may also teach you things about your body and its reactions; FORGE interviewed a survivor who is both trans and living with multiple disabilities who talked about his first massage, and what he has learned about massage and survivors; you can find directions to the audio clip in a sidebar.



JOE MICHAEL

JOE'S PHOTO BY RICK MOTZKUS / MICHAEL'S PHOTO BY COLLEEN SWARTZ

RECORDED INTERVIEW WITH JOE AND MICHAEL

If you are interested in hearing a trans survivor sexually abused by his mother as a child talk about his experiences both receiving and giving therapeutic massage, go to www.forge-forward.org/event/disability-trans-survivors and click on the second recording on page, "Interview with Joe." The relevant section is from 22:00 to 26:00.

Some survivors have also found energy-based work to be very helpful. These modalities, such as Reiki, are based on the idea that we have energy fields around our bodies that can be influenced by others, even from far away. You can do an internet search for Reiki practitioners in your area, or you can access a free, Reiki-based distance healing service that many trans Reiki practitioners are involved with at http://www.the-dhn.com/

Acupuncture is another modality some survivors use. In this practice, thin sterile needles are placed in particular places on the body to increase energy flow and resolve physical and emotional "blockages."

"Tapping" modalities such as Thought Field Therapy, Emotional Freedom Technique, and Tapas Acupressure Technique work on a similar premise, in which at least part of the technique involves the person (or someone else) tapping them on particular parts of the body in a set pattern.

The list of body-based and/or energy-based therapies is long and constantly growing. If your area has a "New Age" type newspaper or magazine, that is often a good place to look for body or energy based services in your area.

Additional readings on body-based and alternative therapies

Cori, Jasmin Lee. (2008). Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life. Philadelphia, Pennsylvania: Da Capo Press.
This is one of the best self-help books we have seen for trauma survivors. The author is both a therapist and a trauma survivor, and her book draws on both experiences. She addresses the reader as "you," so it's an easy read for those who don't see themselves in works that talk about "men" and "women." Although not exactly a workbook, each chapter does include questions readers can ask themselves to help apply the chapter's topics to their own experience. This book contains one of the more complete discussions of various types of body-based trauma therapies.

Levine, Peter A. (2010). In an unspoken voice: How the body releases trauma and restores goodness. Berkeley, California: North Atlantic Books.
Peter A. Levine, Ph.D., is one of the leaders of those helping people work through their trauma by moving their bodies in the way they would have wanted to move to escape or fight back in the original trauma. This book also contains a long exploration of how he sees this work connected with spirituality.

Ogden, Pat, Minton, Kekuni, & Pain, Clare. (2006). Trauma and the body: A sensorimotor approach to psychotherapy. New York, NY: W.W. Norton & Company: 139-161.
*Although this is a book for therapists, it is devoted to a topic that is rarely discussed elsewhere: why and how the *body* has to be involved in trauma resolution. It may therefore be very interesting if you have found that more traditional "talk" therapies are not working for you. Unfortunately, it does not include advice on finding a therapist who uses "a sensorimotor approach to psychotherapy."*

Shapiro, Robin. (2010). The trauma treatment handbook: Protocols across the spectrum. New York, NY: W. W. Norton & Company, Inc.
This is a good book to consult if you are trying to figure out what kind of trauma therapy might fit you best. Also includes some techniques from various schools of therapy that might be useful to SOFFAs or for self-help.

Movement-based therapies

Just about anything you can do to move your body can help your emotional well-being. Study after study has found that exercise (of virtually any intensity level or duration) provides physical and emotional benefits, including the reduction of depression and anxiety. Part of the improvement is immediate, due to the brain's release of endorphins (the "feel good" chemicals), and part is more long-term, resulting from increased circulation and possibly improving your sleep. So anytime you can make yourself get up and take a walk, let alone engage in something more strenuous, do so!

People living with physical or other body-based disabilities can also benefit from movement. For some, this will be passive movement, where others are moving our bodies, or activities such as floating in a pool.

In addition, certain practices, such as yoga or Pilates, have other benefits for trauma survivors. These exercise programs can help the sexual assault survivor re-connect in a good way with their body, re-learning what the body feels like and what it is like to be "in." They can also help survivors strengthen their muscles and feel more confident in what their body can do. Keep in mind that yoga and Pilates are not just for those who are thin, flexible or able-bodied. There are many emerging resources for people who have limited range of motion and/or who are larger bodied.

Martial arts or other types of self-defense classes have the above benefits plus can help a survivor feel more able to defend themselves in an emergency and can provide a feeling of greater safety in the world.

Apart from the health benefits from exercise, many survivors find that just being in nature—walking, gardening, or even just sitting—is by itself healing and "grounding," a word that some interpret to mean feeling more like you belong on the earth, as well as in your body.

PHOTO BY KERRI CECIL

Other "alternative" therapies

Guided imagery is a powerful way for survivors to reshape their mind and thoughts. Although there are many books and audio recordings, Belleruth Naparstek is an author and guided imagery specialist who is also trauma-informed. She wrote the book *Invisible Heroes: Survivors of Trauma and How They Heal* (2004) and maintains a multi-media store at http://www.healthjourneys.com/default.asp. Naparstek's guided imagery materials guide the listener through an imaginary journey designed to provide relief and soothing of a particular troublesome issue. Her inventory includes many topics of interest to trauma survivors, including imagery to address posttraumatic stress, insomnia, depression, and addictions. Many people find her voice extremely pleasant and so buy her CDs or downloads, but for those who would like to make their own recordings (or have a loved one make them), scripts for many are in her *Invisible Heroes* book.

Hypnosis is another option that some survivors pursue. A trained hypnotherapist can help you go into a deeply relaxed state where the "judgmental" part of the mind is bypassed and the subconscious part of the mind is open to positive suggestions for change. Trans hypnotherapist Samuel Lurie (www.tghypno.com) notes that "even without addressing specific 'issues,' the deeply relaxed state is itself an invigorating, pleasant experience." His website explains more about how this modality can be helpful; the page at http://www.tghypno.com/Trans.html addresses how he works with clients long-distance.

Another extremely common modality—one that is incorporated into many other types of therapy—is breathwork, or using your breathing to help calm your emotions and thoughts. A couple of breathing exercises are included in the Self-Help portion of this guide (See page 90).

Faith-based support

A personal non-religious spirituality or belonging to a religious or faith tradition is an important part of many trans survivors' lives, and can be the source of a great deal of comfort. Spiritual or religious gatherings can also be a source of community and person-to-person support. If you were part of a religious tradition as a child but moved away because of its anti-trans teachings or practices, you may want to re-investigate whether there are LGBT-affirming congregations or faith-based organizations now in your area. Many faith traditions have developed LGBT-affirming policies, and you may be pleasantly surprised to be able to re-connect with a faith tradition that now overtly includes you. Another alternative is to seek an LGBT-affirming faith-based group such as the Metropolitan Community Church (http://mccchurch.org/) or Unitarian-Universalists (http://www.uua.org).

You do not have to be part of a religion or group to use prayer, read spiritual texts or connect to a Higher Power. Feel free to find and connect with what brings you comfort, regardless of whether it brought comfort to or was meaningful for others in your family or ancestry. You don't necessarily need to join a church, synagogue, or other religious home to talk with a pastor, priest, rabbi or other religious leader and/or to join a prayer group or faith-based discussion group. If you are unsure how they might react to a trans survivor, ask a local LGBT Community Center or other LGBT organization for leads to religious leaders they know are LGBT-affirming.

There are a growing number of trans-focused spiritual resources available online and in person.

- **TransFaith**
  TransFaith is a national non-profit that is led by transgender people and focused on issues of faith and spirituality. They work closely with many allied organizations, secular, spiritual, and religious, transgender-led and otherwise. They bring people together to develop conversation, strategy, and community in order to help us all reach our full potential.
  http://www.transfaithonline.org/
- **The Spirit of Transgender**
  The Spirit of Transgender and The Tree House is located in Black Mountain, North Carolina. They host multiple spiritual retreats, specifically for transgender individuals and loved ones, at a beautiful, secluded, wooded mountainside private retreat home.
  http://www.trans-spirits.org/spirit_of_transgender.html
- **Cauldron Farm**
  Cauldron Farm is located in central Massachusetts and hosts many pagan-focused retreats, rituals and events throughout the year, many of which are free or very low cost. The Farm has ample space for camping during the retreats.
  http://www.cauldronfarm.com/

- **Raven Kaldera**
  Raven Kaldera is an author, shaman, educator, activist, and priest. He is available for in-person shamanic healing at his office in Massachusetts. His website links to many of his books focused on spirituality, including *Hermaphrodeities, Urban Primitive, MythAstrology, Pagan Polyamory, The Northern Shamanic Herbal*, and *Talking to the Spirits: Personal Gnosis in Pagan Religion*.
  http://www.ravenkaldera.org/

- **Easton Mountain**
  Easton Mountain is a community, retreat center, and sanctuary created by gay men as a gift to the world. Through workshops, programs, and events they provide opportunities to celebrate, heal, transform, and integrate body, mind, and spirit. Some of their events are gender segregated (and some are open to any gender). They have been welcoming of trans* individuals participating in their events and many have found both the space and fellowship to be healing and transformative.
  http://eastonmountain.org/

Peer-to-peer help

It can be tremendously healing to share your experiences with another survivor or a supportive listener. Sharing is particularly important as an antidote to shame, since shame thrives in secrecy. Being able to talk about what happened to you, how it made you feel, or how your life has been affected with someone who understands or can listen with compassion can help relieve some of the toxicity.

Peer-based assistance can be formal or informal, set up by someone else or arranged by you. Although most trans support groups are not designed to be therapeutic in nature, you may benefit from attending as a way of gaining general support and connecting with others who are also survivors. (Since at least 50% of trans people have experienced sexual assault, you will have a 1-in-2 chance that you may meet another survivor.) Even if you meet people who are not survivors, you may discover you connect on a friend-to-friend level and want to pursue deeper conversations outside of the support group structure.

(If you do attend a trans support group, consider pointing the facilitator(s) to FORGE's companion guide, "Facilitators' Guide")

You may also want to look online for people to connect to, who share similar backgrounds and experiences. FORGE offers a variety of listservs and social media options specifically for sexual assault survivors (see http://forge-forward.org/anti-violence/for-survivors/survivors-listserv/ for one). There are also user areas specifically for trans survivors and loved ones in the online worlds FetLife (http://www.fetlife.com) and Second Life (http://www.secondlife.com). These places may be more comfortable for some people, since anonymity may be easier in these settings, and people may feel more comfortable interacting through the avatars and profiles they create on these websites. If you find someone you feel particularly drawn to in one of these online settings, do not forget that you may talk with them privately by phone, Skype, FaceTime, chat areas…the options expand daily.

You may also want to consider creating your own support group. One model is a Hachoka, which is the Lakota word for sacred circle. In a Hachoka, a group of people meet on a regular basis to support each other in healing (this could be a single-focus group or

focus on healing whatever participants bring to the circle). Various healing circles are described in many of psychiatrist Lewis Mehl-Madrona's books, which seek to suffuse Native American healing knowledge into modern medicine. The last chapter of *Narrative Medicine: The Use of History and Story in the Healing Process* (2007) contains accounts of several healing circles.

FORGE also offers workshops entitled Writing to Heal: Soothing the Soul (through words, images, and experiential activities). These dynamic, experiential and reflective writing-based courses encourage and allow participants to transform feelings about past abuse, assault or violence into empowered hope. Participants use writing, art, and movement exercises to address topics that impact many survivors and loved ones. You can find out more or sign up for the next course at http://forge-forward.org/anti-violence/for-survivors/writing-to-heal/

Mainstream and LGBT services

Nearly every community has agencies and professionals who can help sexual assault survivors.

Using the information below, you will likely find a resource that serves your geographic area or that can connect you to providers and services that are close to you. Many of these resources support people who are at various points in their healing and address different needs—from crisis to ongoing therapeutic support.

Note that inclusion of a resource here does not mean it will be trans-welcoming or trans-savvy. Trans and gender non-conforming survivors should use caution when approaching an agency for services.

LGBT anti-violence programs (AVPs)

A growing number of communities have agencies that specifically focus on LGBTQI victims of crime. The majority of these agencies are members of the National Coalition of Anti-Violence Programs. (You can find a complete listing of all AVPs at www.ncavp.org.) All should be able to help survivors of sexual assault. These are typically multi-faceted agencies that can help with advocacy and referrals. Many offer direct services such as support groups.

State sexual violence coalitions

Every state has a sexual violence coalition, although some are "dual" coalitions that address domestic violence as well. These coalitions "provide direct support to member rape crisis centers through funding, training and technical assistance, public awareness, and public policy advocacy" (U.S. Office on Violence Against Women webpage, http://www.ovw.usdoj.gov/ovwgrantprograms.htm). They usually do not provide direct services, but they should be able to direct you to local programs that do. You can locate your state's coalition at www.justice.gov/ovw/local-resources. *[Note: Not all coalitions or member organizations have received training to work with transgender/gender non-conforming clients, although all Coalitions are required to serve survivors of all genders.]*

National sexual assault hotline

1-800-656-HOPE (4673). This is a 24/7 hotline run by the Rape, Abuse, and Incest National Network (RAINN). It uses a computer program to automatically connect each caller to the nearest rape crisis center or community rape treatment center, where trained volunteers will answer. RAINN says of this arrangement, "Each local center is the best resource for victims in its community, not only for counseling but also for information about community resources and emergency protocols. In addition, because rape and sexual assault laws vary by state, local centers are in the best position to advise survivors on the legal aspects of the crime." You can read more about the hotline at http://www.rainn.org/get-help/national-sexual-assault-hotline.

PHOTO BY KERRI CECIL

Rape crisis hotlines or community rape treatment centers

Your community may or may not have its own hotline and/or drop-in center for sexual assault survivors. The exact services offered will also vary and may include:

- Directing survivors to available local services
- Sympathetic listening or even on-the-spot counseling
- Accompaniment (for example, going with a survivor to the police or hospital)
- Support groups and/or individual counseling
- Advocacy for individual survivors and/or wholesale systems change.

As noted above, you will automatically be connected to the hotline or treatment center nearest you by calling **1-800-656-HOPE (4673)**, or you can search online for your city and rape crisis center.

Sexual assault treatment centers, sexual assault nurse examiners, and hospitals

There are formal training programs for registered nurses to become Sexual Assault Nurse Examiners (SANE). SANEs can conduct a medical forensic exam which can include interviewing the victim, documenting injuries, and/or collecting physical and photographic evidence of the assault that may be used in later court proceedings. SANEs may work within a comprehensive sexual assault treatment center that is either free-standing or, more likely, part of a hospital, or they may have other duties and only occasionally be called upon as a SANE. They may also be part of a collaborative, multidisciplinary group of professionals that helps develop a plan of care for the survivor after they are discharged from the medical facility. Normally a victim will need to be seen within 72 hours of an assault to capture evidence that might help in court. Note that drinking or eating, bathing, changing clothes, and even using the toilet can all destroy evidence. To find a local SANE, go to http://www.forensicnurses.org/search/custom.asp?id=2100 *[Note: Many survivors will access a Sexual Assault Nurse Examiner after calling a Rape Crisis Center or other sexual assault agency. These agencies can link a survivor with an advocate who will help support the survivor through the exam and beyond.]*

Sexual assault response teams (SART) or coordinated community response (CCR)

Both SARTs and CCRs are multidisciplinary, interagency teams that address sexual assault. They typically include representatives of rape crisis centers, sexual assault nurse examiners, advocacy programs, law enforcement agencies, prosecutors' offices and other professionals who serve sexual assault survivors. The Kansas Coalition Against Sexual and Domestic Violence says, "Ultimately, a SART should coordinate to ensure that victims of sexual assault receive appropriate services and referrals that promote the safety and dignity of victims." Usually the SART or CCR itself does not serve survivors; its member programs are the service providers. *[Note: You may be receiving services from providers who are part of a SART or CCR. They will respect your confidentiality, but their multi-disciplinary approach to supporting survivors will benefit you and other survivors by helping all team members know what resources are available and/or helping create services where there are gaps.]*

Victim assistance programs

Many kinds of programs fall under this category. In this online http://ovc.ncjrs.gov/findvictimservices/search.asp directory, you can search by state, type of crime, and what kind of services you are seeking (such as an agency that can help you get a free phone that will call 911). Other service options you can search for include: assistance in filing for victim compensation claims, civil legal services, criminal justice support advocacy, crisis counseling, crisis hotline counseling, emergency financial assistance, emergency legal advocacy, follow-up contact, forensic examinations, fraud investigation, group therapy, identity theft counseling, information and referral, personal advocacy, safety plans (for domestic violence), shelter/safe house, supervised visitation, support groups, telephone contacts, therapy, transportation, and victim rights legal services. You can also search by type of agency (hospital, sexual assault center, area agency on aging, etc.). *[Note that this directory is not necessarily up-to-date.]*

Victim compensation

A federal fund, administered by state agencies, will reimburse some victims for some of the costs they incurred in a violent crime, including health care costs for treating injuries, therapy, replacing personal items taken as evidence, and even lost hours/pay from work after a crime. Most of the time, however, you can only access these funds if you promptly report the crime, "cooperate" with law enforcement (which must agree with you that a crime took place), and file your claim within a specified time period. A directory of such programs is available at http://www.nacvcb.org/index.asp?sid=5 *[Note: If you are working with an advocate, many will assist you in filing for victim compensation.]*

LGBT community centers

Some LGBT Community Centers house an LGBT anti-violence program (see that listing above), while others provide other types of supports to people who have experienced abuse. Many maintain referral lists for LGBT-friendly therapists and other professionals. You can find the LGBT Community Center nearest you through http://www.lgbtcenters.org/Centers/find-a-center.aspx

Support groups

Support groups for sexual assault survivors might be sponsored by any number of agencies, including therapists and survivors themselves, rape crisis centers, culturally-specific agencies, and other organizations. Some of the directories above will indicate whether a sexual assault agency offers support groups; otherwise, try calling your state sexual assault coalition and/or rape crisis center first to see if they maintain a list of available support groups. *[Note: Sexual assault support groups are frequently segregated by sex or gender.]*

Therapy

If you would like to find a qualified therapist to work with, read FORGE's companion document, "Let's talk about it! A transgender survivor's guide to accessing therapy." It will help you think through the type of therapist that might be best for you and how to find one that is both trans-savvy and has expertise in working with sexual assault survivors. If you would like a referral to a trans-aware therapist in your area, FORGE maintains a large database of providers online at our website, www.forge-forward.org.

PHOTO BY LEIGH HOUGHTALING

Restraining orders

Restraining orders are legal documents that direct the individual(s) who assaulted you to keep away from you. They are issued by a court and enforced by law enforcement (police or sheriffs). Some restraining orders are temporary and may only be valid for a few weeks, while others may be for a much longer duration. Restraining orders can specify how far away a person must be from you and make other stipulations about the type of contact they can or cannot have with you. They are by no means fool-proof, but they may help you obtain a better law enforcement response if you are being stalked or harassed by your abuser(s). The process of obtaining an order varies by jurisdiction, so call a local police station, lawyer, advocate, or other service agency for advice.

Law enforcement

Although many trans people have had difficult or even abusive relationships with law enforcement, 911 and calling the police through non-emergency numbers is often useful for your protection. Calling 911 can be lifesaving and critical if you have been injured, recently assaulted, and/or if your perpetrator is actively harming you or threatening you (or violating a restraining order). You will also need to report the crime to law enforcement (usually within 5 days after an assault, although this deadline varies by state) if you think you may ever want to press criminal charges against your abuser(s), or if you might want to apply for victim compensation. Many urban police departments have sensitive crimes units, which generally handle sexual assault-related calls. Beyond these limited circumstances, many trans and gender non-conforming people have found interacting with law enforcement not necessarily helpful or healing, although there are many advocacy groups and individual officers who are working hard to change this. Some larger cities have LGBT police liaisons or police task forces focused on LGBT issues.

Trans support groups

Many communities have transgender support groups. These are usually organized and facilitated by trans community members, activists, or by therapists. They are a good source for connecting with other trans people and getting referrals to providers who have knowledge about how to respectfully serve trans clients. If you are or become associated with a transgender support group, consider bringing some of FORGE's materials to the attention of your support group facilitator(s). If you would like to get connected with a trans support group near you, you can find a group by checking FORGE's online support group database at www.forge-forward.org.

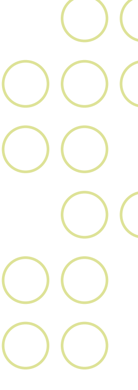
12-step programs

Alcoholics Anonymous, Narcotics Anonymous, and related groups are all confidential, peer-based, usually drop-in groups that provide support to people who have used substances to cope with their past victimization or for other reasons. Many survivors use alcohol, drugs, food, or other substances to help manage their symptoms following an assault. This coping technique can be effective for a while, but often results in addiction that needs the support of a 12-step program (or therapist). You can find a directory of local numbers at http://anonpress.org/phone/. Note that some 12-step programs are organized specifically for LGBT people.

Suicide hotlines and support

It is very common for both trans people and sexual assault survivors to have depression and feel suicidal. If you are feeling suicidal, reach out for help. The Trans Lifeline U.S. hotline number is **877-565-8860**. The Samaritans hotline (located in Boston, MA) has been specifically trained to receive calls from and support transgender individuals who are feeling suicidal. You can reach them at **877-870-HOPE (4673)**. Another option is to call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**. It is available 24/7, and will automatically route the caller to the suicide prevention hotline nearest them. Suicide hotlines literally save lives, but not every staffer is trans-savvy. If the first person you talk to is not helpful, try the Trevor Project Lifeline at **1-866-488-7386**. This service is aimed at LGBTQ youth ages 13-24, but their trained counselors will talk to anyone in a crisis.

Fenway Health's Transgender Program has designed a brochure specifically for transgender community members who might be feeling suicidal and for those who want to help someone who is feeling the desire to end their life. You can access their brochure at the bottom of this webpage: http://fenwayhealth.org/care/medical/transgender-health/



FORGE Services

FORGE has been serving the transgender and SOFFA (Significant Others, Friends, Family, and Allies) community since 1994. Although located in Milwaukee, Wisconsin, the majority of our work is conducted nationally (either virtually, or traveling to other locations for conferences and trainings). In Wisconsin, we have provided monthly peer support since 1994, as well as other advocacy, resource development, and emerging issue support for trans-related issues. We have also had a national presence from early on, organizing programming for many of the American Boyz True Spirit Conferences, founding the Transgender Aging Network in 1998 (which became a program of FORGE in 2000), and hosting the Midwest's largest trans-masculine and SOFFA conference in 2007.

We formally began some initial work with transgender survivors of domestic violence in 1999, and became highly focused on transgender sexual assault survivors (and the systems that serve them) in 2004.

Our national services for transgender and SOFFA survivors of violence and the professionals who serve them have evolved over time and with the availability of funding. FORGE staff currently devotes 100% of their time to anti-violence issues.

For survivors

The free, core services we expect to offer indefinitely include:

- **Peer support:** FORGE offers several peer support listservs and forums on social media such as FaceBook. Many survivors find it empowering to know that they can reach out and connect to other trans* survivors and loved ones at any time of the day or night. For more information or to sign up, go to http://forge-forward.org/anti-violence/for-survivors/survivors-listserv/
- **Referrals:** FORGE can help transgender and SOFFA sexual assault survivors find local resources, including (but not limited to): therapists who are knowledgeable about transgender issues (including those that have expertise in working with sexual assault survivors); local transgender/SOFFA support groups; and LGBT anti-violence programs. Check the online databases on our website, www.forge-forward.org, or request referrals by emailing AskFORGE@FORGE-Forward.org or calling 414-559-2123.
- **Social media:** FORGE maintains an active presence on the most popular social media sites, currently including Facebook, Twitter, and Instagram. In some of these venues we offer peer support (see above). We also use these to update people on general trans news, policy developments, survivor-specific links and

issues, upcoming FORGE events and publications, and resources. You can find us on Facebook at http://www.facebook.com/FORGE.trans. Our Twitter handle is @FORGEforward (http://twitter.com/FORGEforward). On Instagram, we're at @forge_forward.

- **Publications:** This Guide is part of a series that is available, along with other self-help and information resources, at our website at www.FORGE-forward.org.
- **Transgender conference workshops and tables:** FORGE frequently travels to transgender conferences, often presenting on topics of interest to trans/SOFFA sexual assault survivors. Our upcoming travel itinerary is available at http://forge-forward.org/trainings-events/national-events/. Email us at AskFORGE@FORGE-forward.org or call us at 414-559-2123 if you would like us to attend a conference in your area.

FORGE is also currently offering the following free services to transgender, gender non-conforming and SOFFA sexual assault survivors and loved ones:

- **Online Writing to Heal Workshops:** Writing to Heal: Soothing the Soul (through words, images, and experiential activities) workshops and courses are dynamic, experiential and reflective writing-based groups that encourage and allow participants to transform feelings about past abuse, assault or violence into empowered hope. Participants use writing, art, and movement to address topics that impact many survivors and loved ones. You can find out more or sign up for the next course at http://forge-forward.org/anti-violence/for-survivors/writing-to-heal/
- **The Espavo Project:** "Espavo" means "Thank you for taking your power." The ESPAVO Project is a photographic and narrative project designed to increase personal healing and empowerment for trans, gender non-binary, and gender non-conforming individuals and loved ones who have experienced sexual violence. Survivors and loved ones have the opportunity to have their photo taken by a professional photographer, or can submit their own image. The image is paired with a statement of survival and resilience, crafted by the survivor (with support from FORGE staff, for those who would like it). Each participant receives a frameable copy of their portrait, and all are invited to share their image with others via online and/or traveling galleries. Portraits are taken at transgender conferences and in cities where our associated photographers live or travel. For more information, see http://forge-forward.org/anti-violence/for-survivors/espavo-project/

For providers

FORGE also maintains an extensive array of free trainings, publications and technical assistance for professionals who serve transgender and SOFFA individuals. We encourage you to bring the following resources to the attention of service providers you work with:

- **Training webinars for victim service providers.** FORGE produces and facilitates a 90 minute training webinar every month on a topic related to better serving transgender survivors of violence. These webinars are free to anyone who wishes to sign up (although they are aimed at those who work with survivors of domestic violence, sexual assault, dating violence, stalking, and hate violence). More information and sign-up information can be found at http://forge-forward.org/trainings-events/upcoming-webinars/ These webinars are also recorded and are available free on-demand at http://forge-forward.org/trainings-events/recorded-webinars/
- **Professional conference workshops & other in-person training.** FORGE frequently presents workshops on transgender survivors' issues at professional conferences across the country for those working with domestic violence, sexual assault, dating violence, stalking, and hate violence survivors. In addition to conferences, FORGE staff support agencies, Coalitions, and other victim service providers through by-request, in-person trainings. Our upcoming travel itinerary is available at http://forge-forward.org/trainings-events/national-events/; email us at AskFORGE@FORGE-forward.org or call us at 414-559-2123 for more information or if you would like us to provide training in your area.
- **Publications for professionals.** FORGE maintains a large library of free, downloadable publications at our website, http://forge-forward.org/publications-resources/anti-violence-publications/. These include a gender-neutral pronoun conjugation chart, fact sheets on various topics related to transgender and SOFFA people in general as well as focused on those who are survivors of violence, policy reports, essays, and best practice guides.
- **Technical assistance and referrals.** FORGE is currently funded to provide individualized assistance to anyone who works with transgender survivors of sexual assault, domestic violence, stalking, and dating violence. This assistance can be in the form of a simple referral all the way through a several month long, multifaceted consultation and training program. Professionals can contact us via email at AskFORGE@FORGE-forward.org or by calling us at 414-559-2123.

To access any of these services or to learn more about what FORGE can offer you, visit our website at forge-forward.org or call us at 414.559.2123.

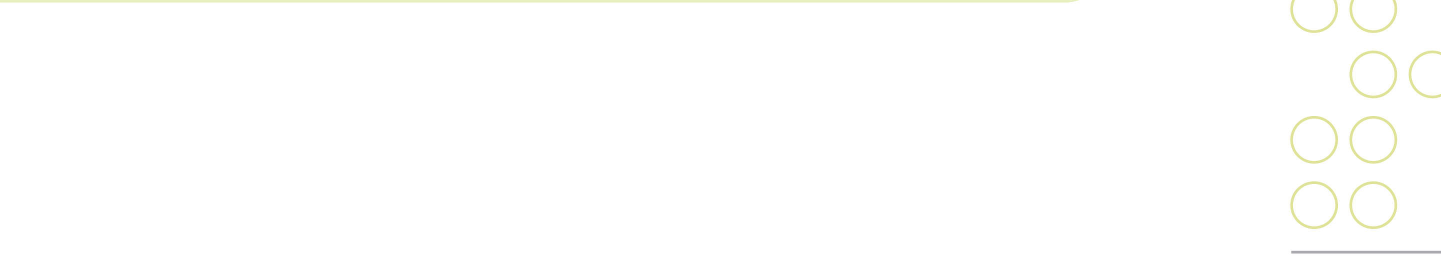


PHOTO BY LEIGH HOUGHTALING

5 Self-Help Techniques and Concepts

"Survivors who have actively faced their healing are some of the most lively, spunky, brave, funny, wonderful people I know. There's something about diving into the deepest pain of life and coming out whole, that leads us to enjoy each precious moment of life, because we know it's all we've got. Instead of responding to the pain of the past, survivors learn to appreciate the wild beauty of the present."[37]

There are hundreds of books, webpages, therapists, specialists, bloggers, and scholars with many good (albeit sometimes contradictory) ideas about healing from trauma. Which ones will work for you depends a lot on your beliefs about trauma and healing, as well as your personal preferences.

"Healing" does not necessarily mean you will never have uncomfortable memories and feelings related to your abuse. "Acceptance and Commitment Therapy," for example, teaches trauma survivors how to accept some of these uncomfortable pieces as part of life and replace trying to stop or control these thoughts/feelings with value-based decision-making. Instead or in addition, you can always learn new skills and patterns that will improve your life experience. Indeed, one of the most exciting emerging scientific research areas is around neuroplasticity: the discovery that the human brain is constantly remaking itself throughout the lifespan, and that we can direct these changes in positive directions. It is never too late to change your brain and the way it operates.

Sometimes one concept or idea can be life-changing. A new thought or experience can lead to a dramatically different (and transformative) understanding. For example, some people have found it very helpful to realize that shame—the feeling of being unworthy of love and belonging, of being broken or not good enough—cannot survive when

[37] Davis, Laura. (1991). *Allies in healing: When the person you love was sexually abused as a child*, p. 238.

What we know with certainty is that change is possible. Healing is possible.

PHOTO BY MIA NAKANO

there is empathy.[38] Shame cannot exist when you are with a caring friend who listens with empathy.

Similarly, some people find that journaling, talking with others, making art or using other means of self-expression, reading self-help books or doing self-help workbooks can also lead to "ah-ha" moments that can radically shift a survivor's feelings about themselves or what happened to them.

Other times, what is needed is more patience and persistence. This is the case when you need to re-train your brain so that it discontinues going down negative or harmful pathways (like the spiral that often starts with self-doubt or self-criticism) and instead pursues more positive pathways. For instance, you may find it helpful to keep in your pocket, backpack, or purse/wallet a short written list of things to put your mind to when it keeps wandering down unwanted pathways. You may have a song that you can start singing to yourself (or out loud!). Or perhaps you have a favorite poem or spiritual passage that you want to mentally recite and reflect on. Maybe your brain can be more actively creative, thinking about a project you want to start, or a piece of art you'd like to create, or an assignment you are working on in class. If you do not have a project to focus on, think about topics that help you feel connected to others: Who could you thank for a recent (or long-past) kindness? What is a new way to show your partner or a friend how much you care about them? What new experience might bring delight to you, either alone or with someone else? What random act of kindness could you do for a stranger?

Still other times, we need to acquire new skills. This is especially the case for those of us who need to learn more techniques for calming down raging emotions, ramping up our emotions or thoughts, or shifting what we do or how we perceive our world or our selves. The breathing exercises in this section are examples of emotional regulation tools. Most of us also need better skills for negotiating and resolving conflict with others; we have included some essays and exercises for those, too.

Healing is hard work.

Healing is often only possible if some basic needs have been met:

- Are you eating well? (enough food / not too much, nutritious food, often enough)
- Sleeping enough? (or not too much)
- Exercising? (or doing something else that moves your body in healthful ways)
- If you are on medication, are you taking it regularly and as prescribed?
- Have you built into your life things that sustain and rejuvenate you?

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[38] A concept proposed by author and researcher Brene Brown. For just one example of Brown's work, listen to her TED talk on shame: http://www.ted.com/talks/brene_brown_listening_to_shame.html

Living with the aftermath of trauma can be exhausting and debilitating; having regular experiences of the good things life has to offer can be important to overall health, wellness, and healing. Some people find that having a reminder list taped to their refrigerator or tucked into their wallet can serve as a useful reminder of what brings enjoyment. These types of lists or other forms of reminders can help encourage us to bring things that sustain us and rejuvenate us into our lives on a more regular basis. Just paying attention to the basics of self-care can be tremendously helpful.

What follows are a selection of exercises and essays that provide some other ideas for addressing common post-trauma issues. Much, much more is available; these are just samples and examples of the wide range of self-help techniques that exist. You can find many more by reading one or more of the books we have included in the annotated bibliography (see page 106).

PHOTO BY LEIGH HOUGHTALING

6 Techniques for Coping with Strong Emotions

Everyone experiences strong surges of emotions every once in a while.

Trauma survivors frequently have emotional spikes and valleys that are sometimes difficult to resolve without some form of intervention. When we feel strong emotions, our thinking brain often is inaccessible, so it's useful to have some pre-planned, pre-practiced skills readily available to you that will help you get out of intense emotional states more quickly.

In general, most people who are experiencing strong emotions will need to take actions that fall into one of these three categories:

1. **Ramping up:** getting out of stuck emotions, getting moving
2. **Slowing down:** literally slowing down breathing, movement and thoughts
3. **Modulating:** shifting emotions from their current state where the primal survival brain is dominant to a state where the thinking brain is back online.

Although there is no magic answer for everyone, some of the techniques presented in this section, as well as the exercises in the longer-term healing techniques section, may be useful to help regulate your immediate and long-term strong emotions.

Getting out of the basement

The amygdala in our brains takes over when we are in highly emotional states, or are triggered by a traumatic memory or stimulus. The amygdala is located in the lower portion of the brain. Some researchers talk about "being in the basement" when our emotions (amygdala) is in control. It is important to:

1. **Recognize** you are in the basement
2. **Get out** of the basement
3. **Hold off on any decision-making** until you are out of the basement

The mere concept of "being in the basement" may be useful in and of itself as a way to put a label on what you are feeling and that your emotions are in control.

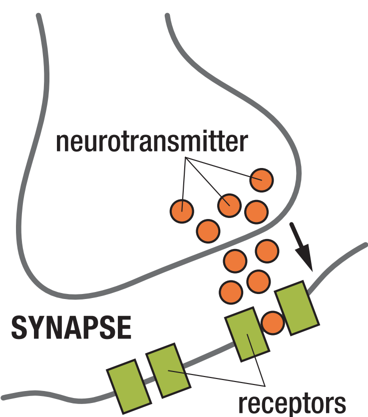
[Hint: Some of the techniques below will help you get out of the basement.]

Breathing

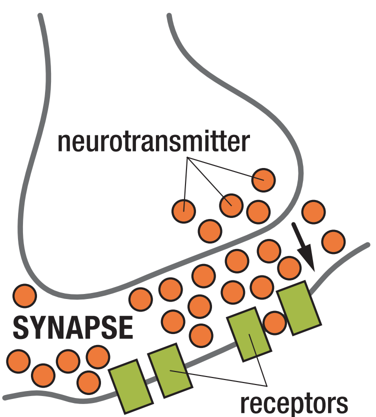
If at all possible, be aware of your breathing. See if you can determine if your breathing is fast, slow, shallow, deep, even or sporadic (for example, if you notice you are holding your breath). Even if you cannot focus on determining how you are breathing, you might benefit from focusing on trying to breathe in a more steady way. The goal isn't necessarily to breathe deeply, but rather to return to a more natural state of breathing for you. The trick is concentrating on your breath and trying to smooth it out to a more even pace.

90 seconds

Our brains and brain chemistry are remarkably efficient—and quick. Neurotransmitters are chemicals in the brain released in response to a stimulus. [Most of us are familiar with neurotransmitters like adrenaline.] They are how neurons—nerve cells in the brain—communicate with each other. For people living with trauma, the powerful impact of neurotransmitters can render us paralyzed or cause extreme agitation or distress.



Neurotransmitters are released from one neuron into the synapse (gap). The adjacent neuron has a receptor that will absorb the neurotransmitters that are in the synapse.



Sometimes the neurotransmitters stay in the synapse and are not absorbed by the receiving neuron. When there are too many neurotrans-mitters in the synapse the result is often a strong physical and emotional response. *[Think about when you feel really anxious or jittery; this can be the result of an abundance of neurotransmitters that haven't yet been absorbed.]*

In general, neurotransmitters will clear the synapse in less than 90 seconds if the neuron is not re-stimulated. What that means is that if we can stop the neurons/neurotransmitters from re-firing, the intense emotions we are feeling will STOP!

When you are not in a state where your neurotransmitters are unbalanced, think about all of the things you can easily do for 90 seconds that will keep your mind busy, so the unwanted neurotransmitters will not continue to stay in the synapse.

Some sample activities might include making a cup of tea or coffee (especially if it involves grinding, heating, pouring, and other multi-step brewing methods), walking in place (taking 90 steps), drawing a small sketch, or listening to one piece of music. Many people have found it useful to set up a play list on their phone or computer with 90-second songs.

Getting moving / getting physical

Many people find they feel paralyzed or immobile when they are experiencing strong emotions. The process of literally starting to physically move will often quickly shift these emotions.

The type of physical movement can range from very small to very large. Nearly everyone, including individuals living with disabilities and people with limited energy or flexibility, can engage in some form of movement.

Some examples of "small" movement include: tapping your leg/arm/desk with your finger, crossing or uncrossing your legs, standing up, getting out and chewing a new piece of gum, scrolling through photos on your phone, stretching your arms above your head, taking off your shoes or tightening the laces, or making a fist and letting it go.

Some examples of "medium" movement include: moving to a different room or place, getting a drink of water, going across the room to open a window, moving to a different chair, deciding to stand up for a few minutes (perhaps to look out a window or stare at a bookshelf), tossing a ball for your dog, taking a shower, changing your clothes, or making a meal.

Some examples of "large" movement could include: taking a walk around the block (or farther), going for a bike ride, getting in the car to drive to a park, going to the grocery store, running any other kind of errand, engaging in any kind of house cleaning (vacuuming, picking up clutter), doing yard work (gardening, mowing), walking your dog, etc.

Using your voice

Although it may sound silly to some, using your voice can be a very powerful way to stop traumatic memories or symptoms our body is experiencing related to trauma. Frequently, during sexual abuse or assaults, we were told to be silent, or others afterward told us to not talk about what happen to us. If you are stuck in an intense emotion, try using your voice to break the pattern.

If you are alone or in a space where it is safe to make noise, allow your body to make the noises that may want to come out—from a soft trembling breath, to saying out loud "yes" or "no" or "stop," to talking to a pet or object in your environment, to calling a friend to talk to, to screaming into a pillow.

Cross brain actions

There are many actions we can take that use both sides of our brain. When we do things that involve multiple parts of our brain—especially when it crosses the middle—we can start to process memories and emotions more effectively, and begin to think better.

If you remember the childhood challenge of patting your head and simultaneously rubbing your stomach in circles, this is just one of thousands of examples of using both sides of your brain.

One easy suggestion for using both sides of your brain is to position yourself in a "butterfly hug." As the photo shows, it's quite simply hugging yourself, crossing your arms across your chest.

In addition to the hug, you can gently alternate squeezing each arm with your hands, or tap each arm/shoulder - going back and forth between sides of your body. The tapping technique can be done without using a hug, too. Placing your hands on your thighs and tapping one thigh then the other will be just as effective.

PHOTO BY JOHN HALCYON STYN

Checklists

Checklists can be very useful to help you remember what to do if you feel paralyzed, anxious, or cannot think of how to shift your emotional state to one that is more tolerable. One of the most powerful checklists is described in more detail on page 72: Standard Operating Procedures. We encourage you to review and complete this exercise (or modify it to meet your needs).

If you prefer a more simple checklist, you may want to jot down some of the 90 second activities mentioned above, or a list of ways to start moving your body, or a reminder of what you have agreed with yourself to do when you get in an intensely emotional state.

We all need reminders, but we especially do when we are "in the basement" and our emotions have taken control.

Use technology

The constantly growing types and accessibility of technology is improving many peoples' lives. You can store your checklists in your phone or on your computer. You can set up a play list of 90-second songs. You can find one of dozens of apps that help you breathe in a more consistent and conscious way.

Your phone, tablet or computer can act as a timer (for the 90 seconds) or to help you gauge how long you have been "in the basement." You might want to highlight a prioritized list of people to call when you are in crisis.

There are unlimited ways you can use technology to help you shift your emotions and return to a place that feels more emotionally tolerable and comfortable.

Emergency Standard Operating Procedures (SOP)

When we feel very strong emotions, our brain literally changes. Various chemicals, depending on the emotion, are released by the brain, and these chemicals can change the way the brain works. Particularly likely to be affected is the neocortex, the "thinking" part of the brain. Many of us seem to developmentally devolve when we are very emotional, and that is, in many ways, true: the thinking part of our brain loses dominance, and our more primal emotions take control—often in ways that are destructive to self or others.

This is one of the reasons why it is such a good idea to think through your "Standard Operating Procedures" (SOP) for emergencies—i.e., when your emotions are getting (or threatening to get) the better of you. Preparing an SOP is particularly important for those who are prone to feeling suicidal. We need to be able to have a pre-prepared list where we can easily find it of what we have committed to doing when we feel out of control or self-destructive.

FORGE's SOP worksheet (see page 74) starts with a checklist:

- **Sleep** (have I had the right amount of sleep in the past 24 hours?)
- **Eat** (have I eaten in the past 8 hours?)
- **Medication** (did I take my prescription and over-the-counter medications today?)
- **Human contact** (have I had human contact with anyone in the past 24 hours?)
- **Shower** (have I showered/bathed in the last 24 hours?)
- **Relax** (have I had any time off, time to do something fun or relaxing, in the past 24 hours?)

These questions are meant to help you determine, when you are feeling emotionally overwhelmed or in crisis, if you have overlooked any of your basic bodily maintenance needs. Sometimes we get cranky because we have forgotten to eat or have not had a break from concentrating in way too long. The checklist helps us make sure the basics have been covered. If not, that might be the place to start!

The second part of the SOP is the things you have found to be helpful when you feel intense, strong, or overwhelming feelings of sadness, hopelessness, severe depression, and/or overwhelm. The worksheet asks you to write down:

- People you can call when you are in crisis (a partner, best friend, family member, therapist, spiritual leader, co-worker, etc.)
- Things that bring you pleasure and/or calmness from the following categories:
  - Things you can see (flowers, TV, a favorite object, funny animal videos…)
  - Things you can hear (music, silence, kids, animals, traffic, leaves rustling…)
  - Things you can smell (coffee, grass, shampoo, incense, your favorite cookies baking…)

- Things you can taste (chocolate, fruit, tea...)
- Things you can touch (your favorite stuffed animal, soft sheets, firm chair, human caress, pet's fur, sexual stimulation, shower...)

- Things you can do or ways you can move (write, walk, drive, play music, make arrangements to meet with a friend, make plans for later in the day, start on a project or puzzle...)
- Other (an herbal calming agent like Rescue Remedy, go to the Emergency Room, set up time with a therapist, read, take a bath, go to bed....)

We also include a category for people or things to avoid when you are overwhelmed or in crisis because past experience has taught you these things or people tend to make you feel worse or threaten your safety when you are already having emotional difficulty. Examples might be staying away from public places, avoiding your ex-partner, not driving, not drinking, etc.

Once you fill out your SOP worksheet, make copies. Ideally, if you feel comfortable doing so, give a copy to those on your "people to call" list so that they can help remind you of good options when you may not be able to remember them on your own. Also place copies where you can readily see or find them: in your wallet, on the bathroom mirror, at your desk, on your phone.

Checklist:

- ☐ **Sleep** (have I had the right amount of sleep in the past 24 hours)
- ☐ **Eat** (have I eaten in the past 8 hours?)
- ☐ **Medication** (did I take my prescription and OTC meds today?)
- ☐ **Human contact** (have I had human contact with anyone in the past 24 hours?)
- ☐ **Shower** (have I showered / bathed in the last 24 hours?)
- ☐ **Relax** (have I had any time off, time do to something fun or relaxing in the past 24 hours?)

If you are unable to check off all of the above, consider starting with what is unchecked. e.g. being hungry or tired can totally alter your ability to think clearly, rationally, and non-depressively.

SOP… for when I feel intense, strong or overwhelming feelings of sadness, hopelessness, severe depression and/or overwhelm:

	People to call
	See
	Hear
	Smell
	Taste
	Touch
	Move/Do
	Other
	Avoid

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SOP Worksheet **PROMPTS/EXAMPLES**

Checklist:

- ☐ **Sleep** (have I had the right amount of sleep in the past 24 hours)
- ☐ **Eat** (have I eaten in the past 8 hours?)
- ☐ **Medication** (did I take my prescription and OTC meds today?)
- ☐ **Human contact** (have I had human contact with anyone in the past 24 hours?)
- ☐ **Shower** (have I showered/bathed in the last 24 hours?)
- ☐ **Relax** (have I had any time off, time do to something fun or relaxing in the past 24 hours?)

If you are unable to check off all of the above, consider starting with what is unchecked. e.g. being hungry or tired can totally alter your ability to think clearly, rationally, and non-depressively.

SOP… for when I feel intense, strong or overwhelming feelings of sadness, hopelessness, severe depression and/or overwhelm:

People to call
(e.g. partner, best friend, family member, therapist, pastor/rabbi, co-worker...)

See
(e.g. flowers, couch, TV...)

Hear
(e.g. music, silence, kids, animals, traffic, leaves rustling...)

Smell
(e.g. coffee, grass, shampoo or personal care product, incense, garden dirt...)

Taste
(e.g. chocolate, fruit, toothpaste, tea...)

Touch
(e.g. soft sheets, firm chair, human caress, pet's fur, sexual stimulation, shower, something cool, something warm...)

Move/Do
(e.g. write, walk, drive, play music, make arrangements to meet with a friend, make plans for later in the day, start on a project...)

Other
(e.g. Rescue remedy, go to Emergency Room, set up time with therapist, read...)

Avoid
[e.g. People or things to avoid (e.g. stay away from public places, don't engage with ex-partner, don't drive, don't drink...)...]

PHOTO BY LEIGH HOUGHTALING

7 Techniques, Exercises and Concepts for Healing

Container exercise

If you have overwhelming emotions or physical sensations that are too much to process all at once, try "containing" them.

This exercise is adapted from Robin Shapiro's book *The Trauma Treatment Handbook: Protocols Across the Spectrum*.[39]

1. Imagine a container that is big enough and strong enough to hold all your feelings and distressing sensations. It could be anything from boxes to bottles to small-town water tanks or huge oil tankers.
2. Pour your distressing emotions into that container. Make sure you get them all in.
3. When they are all in, find a way to lock that container up so that nothing leaks out.
4. Now install a tap or special airlock on your container so that when the time is right, preferably with a therapist or other support person, you can bring the sensations and emotions out a little at a time, for clearing.
5. If anything new triggers you into big, distressing feelings, or a flashback, you can send all those feelings into the container, as well.

[39] Shapiro, Robin. (2010). *The trauma treatment handbook: Protocols across the spectrum,* p. 51.

Coping with anniversary dates

Many trauma survivors have emotional reactions on or around the anniversary dates of their assault(s) or trauma(s).[40] Some people even have emotional upsets on anniversary dates when they are not consciously aware that it is an anniversary date, as though the body is keeping score without the mind's involvement.

If you know you have difficulty around trauma anniversary dates, you have the opportunity to plan how you want to cope. There are many options, including:

Distraction

For most people, it is nearly impossible to not think about something after it has come into your awareness. You can, however, busy your mind with something else to think about. Distractions need to be very mentally involving. If you get carried away watching movies and do not think about other things while you are involved in the story, that is one option. Another option is getting involved in a mentally engaging task (such as building a model ship, helping a child with homework) or a physically taxing task (such as building a garden wall or vigorously cleaning the garage). It is important to not choose a task that is repetitive, since these tasks can easily allow your mind to wander other places once it has established the routine.

Create new memories

One couple meticulously planned a long, romantic, and involved date designed to create new memories on the anniversary of one of their sexual assaults. You can create compelling memories by visiting a museum or other place you have long wanted to see, by indulging in something adrenaline-producing like going to a major amusement park or adventure movie, or holding a game night with friends.

Grieve

You may choose to mark an anniversary date by being fully present with it. Maybe you will want to journal about what happened, what your losses were, and what you have learned from it. It might appeal to you to create a ritual to honor your survival. Perhaps you could write a letter you will never send to your perpetrator(s). Some people tap into below-the-surface feelings by watching a sad movie or listening to melancholy music. Remember that tears can be very cathartic.

Help others

Many, many people feel most whole and human when they are helping someone else. You may find that you prefer to help people you know or volunteer your time with others you may not already have a relationship with. Offering to drive your neighbor to the store, helping a family member with a household repair project, calling an ill friend and offering to cook them a meal or clean their bathroom can be highly rewarding. Just the process of thinking about how you can help someone can be useful! If you prefer to volunteer, you can help out at a soup kitchen or see if your neighborhood nursing home will let you come in and entertain the residents or simply sit with a few residents and

[40] If you were regularly abused, you likely cannot point to any specific dates.

massage lotion into their hands (nursing home residents typically suffer greatly from lack of caring touch). Your geographic area may have an online volunteer bank that lists volunteer opportunities that may include one-time efforts. You could take a local homeless person to lunch.

Self-care day

Trauma survivors frequently have trouble taking time to care for themselves. An anniversary date is a good time to plan a period of time (or even a whole day if you are able) for self-care. You might find that it feels good to cook your favorite meals, or take yourself out to a restaurant. Watch your favorite movie, take a long hot bath, indulge in a re-read of your favorite book. If touch is something that feels good to you, see if you can arrange for a massage (either by a friend, partner, or professional who feels safe). Pretend that you are charged with making a "special day" for your favorite person—even if your favorite person is not yourself—and plan as indulgent of a day as your creativity will allow. (Remember, there are a lot of ways to engage in self-care that are free.)

To help plan how you want to spend an anniversary date, consider filling out this worksheet to brainstorm some ideas for each category.

Distraction Ideas

Create new memories ideas

Grieving ideas

Serving others ideas

Self-care day ideas

What type of day feels most compelling to you? Do you want to combine ideas from two or more boxes?

Write down what you intend to do.

On anniversary date ________________________________, I am going to:

1.

2.

3.

4.

5.

Coping with triggers

Many sexual assault survivors get "triggered," meaning they have some sort of (usually unpleasant) response to something that consciously or unconsciously reminds them of the trauma they survived.

Triggers: dialogues

Staci Haines, in her book *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*, goes beyond identifying and strategizing about triggers, instead suggesting that it is possible to have a productive dialogue with them. She calls the exercise, "Feeding the Triggers: A Tool for Healing Triggers."[41] (We have neutralized some of her gendered language.)

This is a very powerful and effective exercise for healing and attending to triggers. Although it might seem daunting at first, once you get the hang of it, it is really quite simple. This exercise can be done alone or with a friend, partner, or therapist whose role will be to facilitate, witness, and be present for the experience.

1. Arrange two pillows or chairs so that they are facing each other. Sit on one. Close your eyes and get in touch with the trigger you want to work with. Where is it in your body? How does it feel? (e.g., *I feel a constriction in my chest and back*, or *My stomach gets tight and I feel terrified*.) Fully feel the trigger and be clear about where in your body you feel it.
2. Next, let the trigger float out of you onto the pillow across from you, taking some form. It could look like a monster, a small child, a color or shape. Just let it take shape. An image or sense will appear. Now describe the creature/shape sitting across from you as specifically as you can. What color is it? How large? Does it have a face, a look in its eye?
3. Once you have a clear sense of the representation of the trigger, ask it out loud, "What do you need?"
4. Switch seats, so that you now occupy the creature or shape's seat. Take a moment to imagine yourself becoming the creature or shape. What does it feel like to be this creature/shape? Now respond as the creature/shape. Tell the "you" on the other pillow/chair what it is you need. Speak in "I" statements: "I need," "I want."
5. If the trigger wants you, for example, to die, to quit ignoring it, or to eat all the food in the house, ask it (or have your partner ask it) what purpose that would serve. "If I died, quit ignoring you, or ate all that food, how would that make you feel?" You want to discover the need beneath the need. Continue to ask these questions until you get to the base of the trigger's needs. Most often, the needs at this point will be for love, safety, acceptance, and forgiveness.
6. Once you have discovered the needs of the trigger you are working with, switch seats and become yourself again. Then, as if by magic, evoke an infinite quantity of love, safety, acceptance, and forgiveness, or whatever it is the trigger needs. Feed the trigger sitting on the other pillow/chair what it needs until it is fully and completely satisfied. If you find it difficult to imagine yourself feeding the creature to complete

[41] Haines, Staci. (2007). *Healing sex: A mind-body approach to healing sexual trauma, second edition*, pp. 168-169.

satisfaction, then just imagine that it has been fully fed. Know that all triggers can be fed to their complete satisfaction. Different triggers take in this sustenance in different ways; some eat it, others breathe it in or absorb it into their bodies. Still others take it in best as sounds or colors. Be creative and use what works for your trigger creature.

7. Once the trigger is completely satisfied, or you have imagined that it is, sit quietly. Sit in the emptiness or wholeness. Don't fill it with the next problem, or the next trigger; just sit quietly for a few moments. At this point, many triggers will transform in shape and size. Just notice whatever yours does and be with that. When you are ready, complete the exercise by thanking the creature and yourself.

8. Repeat this exercise with the same or different triggers as needed. Because of the depth of childhood sexual abuse, many triggers will need this feeding more than once. Repeated over time, this approach to healing triggers can be amazingly successful. With practice you can also begin to do this exercise in your own mind. It is a handy tool to carry with you.

Triggers: coping via a "series of tasks"

Triggers can be hard to deal with, but John Briere and Catherine Scott, in their book for therapists, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment* (2006), say that identifying and coping with triggers can be "taught as a series of tasks."[42] We have lightly revised their three steps to make them more user-friendly.

1. **Identify a given thought, feeling, or intrusive sensation as posttraumatic.**
   This is relatively easy in some cases. For example, it may be easy to identify the sound of a door slamming as the trigger that reminds you of a loud noise you heard during your traumatic event. In this case, the feeling of being startled or fearful are the feelings associated with the trigger of the loud noise. In other cases, however, the thought, feeling or intrusive sensation may be more difficult to identify as posttraumatic—for examples, diffuse feelings of fear or anger, or intrusive feelings of helplessness that emerge within conversation. Typical questions to ask include:

   a. Does this thought/feeling/sensation 'make sense' in terms of what is happening around me right now?

   b. Are these thoughts or feelings too intense, based on the current context?

   c. Does this thought or feeling carry with it memories of a past trauma?

   d. Am I experiencing any unexpected alteration in awareness (dissociation, depersonalization, etc.) as these thoughts/feelings/sensations occur?

   e. Is this a situation in which I have been triggered before?

2. **Find the trigger.**
   Sometimes the trigger might be obvious (as in the door slamming in the above example). However, usually finding the trigger involves a certain level of detective work. Objectively evaluate the environment to see what might be "trauma

[42] Briere, John & Scott, Catherine. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment,* pp. 104-105.

reminiscent," and thus potentially a trigger. Types of triggers you might learn to recognize, depending on your trauma history, include:

- **a.** Interpersonal conflict
- **b.** Sexual situations or stimuli
- **c.** Interactions with an authority figure
- **d.** People with physical or psychological characteristics that are in some way similar to your past perpetrator(s)
- **e.** Boundary violations
- **f.** Sirens, helicopters, gunshots, or other loud noises
- **g.** The sound of crying
- **h.** Smells

3. Construct an adaptive strategy.
The goal here is to "improve the moment" by reducing the likelihood of your emotions escalating. Some possibilities include:

- **a.** Intentional avoidance or 'time outs' (for example, leaving a party when others become intoxicated; intentionally minimizing arguments with authority figures; learning how to discourage unwanted flirtatious behavior from others)
- **b.** Reanalyze "until a greater understanding changes one's perception and thus terminates the trigger" (for example, carefully examining the behavior of an individual who is triggering posttraumatic fear, and eventually becoming more aware of the fact that he or she is not acting in a threatening manner; or coming to understand that a given individual's seemingly dismissive style does not indicate a desire to reject or ignore as much as it does interpersonal awkwardness)
- **c.** Increasing support systems (for example, bringing a friend to a social gathering where one might feel threatened, or calling a friend to 'debrief' an upsetting situation)
- **d.** Positive self-talk (for example, working out beforehand what to say to oneself when triggered, such as 'I am safe,' 'I don't have to do anything I don't want to do,' or 'This is just my past talking, this isn't really what I think it is')
- **e.** Breathing / relaxation exercises (for example, use a phone app to help remind you to breathe, or excuse yourself to go to the bathroom if in a public setting so you can have a private moment to focus on your breath)
- **f.** Strategic distraction, such as starting a conversation with a safe person, reading a book, or going for a walk, as a way to pull attention away from escalating internal responses such as panic, flashbacks, or "catastrophic cognitions" (i.e., thoughts that a catastrophe is seconds away)

[Note: Sometimes when triggers occur, it is difficult—or sometimes nearly impossible—to engage our thinking brain. This technique may be out of reach for some people or in some situations. Different techniques will work at different times, in different situations, and for different people.]

Additional readings on coping with triggers

Boon, Suzette, Kathy Stelle, & Onno van der hart (2011). Coping with trauma-related dissociation: Skills training for patients and therapists. New York, New York: W.W. Norton & Company, Inc.
See especially pages 165-200, "Coping with Trauma-Related Triggers and Memories."

Making meaning

"Freedom is what you do with what's been done to you."[43]

"If your goal is only a relief from symptoms, you're not aiming high enough."[44]

Nearly every trauma survivor asks themselves, "Why did this happen to me?" This could be a very helpful question except that it is nearly always focused in the wrong direction: the past.

Human brains are story-tellers. We automatically try to link things into a cause-and-effect story. Someone cuts us off on the highway, and without consciously thinking about it, our brain gives us a reason they did so: they are an idiot, they are distracted by their phone, we were in their blind spot. When we experience a trauma, our brains seek the cause. What did we do wrong that led to this horrible event? Note that it is almost impossible to ask, "What did I do right that led to this horrible event?" Brains do not work that way. If something bad happens, something bad must have caused it.

Unfortunately, the answer to "something bad must have caused it" almost never focuses on the perpetrator. Instead, we focus on what we did wrong. We should have known better, we should have seen that person was untrustworthy, our gender non-conformity caused it. Not only does this make us responsible for something that the perpetrator did, but it undermines our whole sense of self. If we were the cause of the horrible things that happened, we cannot be trusted in the future, either. This is part of the dynamic that keeps past traumas present in our day-to-day life and allows them to contaminate our future.

A far better alternative is to "make meaning" out of the trauma by projecting into the future. Pretend you are 20 years in the future. Looking back, ask yourself what good came out of the trauma? Did it lead you into a new career or volunteer work helping others? Did you meet the love of your life at a trauma survivors' support group? Did it make you appreciate the moment-by-moment little things in life in a way you never did before the trauma?

Obviously, some of the good that will come out of your trauma is unknowable until you have lived it; it will be recognizable only in retrospect. The magic in taking the future perspective on "making meaning out of the trauma" lies in choosing to make something positive happen. Practice trying to imagine what good you can make happen as a result of being a sexual assault survivor. Write some possibilities in the box below.

[43] Jean-Paul Sartre, quoted in Cloitre, Marylene, Cohen, Lisa R., & Koenen, Karestan C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life,* p. 311.

[44] Cori, Jasmin Lee. (2008). *Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life,* p. 107.

To hopefully inspire you, let us offer you this: This Guide was conceived in just that way.

Additional readings on making meaning

Maisel, Eric (2007). The Van Gogh blues: The creative person's path through depression. New World Library.
Eric Maisel specializes in coaching artists and writers, but the point of his book is that the way to get out of depression or other mental ruts is to create meaning. This book gives lots of advice on that.

Mindfulness and meditation

> **"Building the human brain is vastly complex. Rebuilding it is a difficult and fascinating challenge."[45]**

For many trauma survivors, the mind is a scary place. That is where those horrible memories reside, memories that can sneak up and tackle us when we least expect them. That is where the voices are that tell us we are not worthy, we are damaged, we are in danger. For some of us, that is where the overwhelming emotions of terror, anger, helplessness, hopelessness, and all the rest come from. Even those of us who live in our minds, cut off from our bodies and *their* feelings, may at times feel at the mercy of what our brains produce.

As a result, many trauma survivors avoid "meditation" and "mindfulness" like the plague: Why would you want to cut out all activities and distractions and focus solely on your breath or what is going through your mind? What a disaster that would be!

In truth, however, meditation and mindfulness—two very related practices—are extremely potent healing tools. J.L. Cori, author of Healing From Trauma: A Survivor's Guide to Understanding Your Symptoms and Reclaiming Your Life, says: "Training the mind has some real benefits to trauma survivors who need to be able to drop a negative impulse or train of thought, move away from a mesmerizing image, or back out of a difficult emotion."[46]

Meditation is one of the best ways to train the mind. Meditation usually involves sitting or lying comfortably in silence or with calming music and concentrating on the breath going in and out of your body or on a "mantra" or saying. Although the goal is to keep your mind on your breath or your mantra, the real point is the endless practice of noticing your mind has wandered off and bringing it back to its task. Like the "reps" one does with

[45] Cozolino, Louis. (2010). *The neuroscience of psychotherapy: Healing the social brain* (Second edition), p. 9.

[46] Cori, Jasmin Lee. (2008). *Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life*, p. 202.

weights, the constant repetition of noticing your mind has wandered and bringing its focus back where you want it builds a sort of mental muscle. P. Ekman, in *Emotions Revealed: Recognizing Faces and Feelings to Improve Communication and Emotional Life*, says that focusing on "an automatic process that requires no conscious monitoring [like breathing] creates the capacity to be attentive to other automatic processes… benefiting emotional behavior awareness and eventually, in some people, impulse awareness."[47]

There is no sharp line between meditation and mindfulness; the following exercise from Bass and Davis's seminal book, The Courage to Heal (2008), combines them both. In this meditation, you become "mindful" of what is going on in your body.

> **"If any particular sensations become strong and call your attention, allow those sensations, instead of the breath, to become the primary object of mindfulness. You might feel heat or chills, tingling, aching, twisting, stabbing, vibrating. With a soft, open awareness just feel the sensations as they are. Are they pleasant or unpleasant? As you fully attend to them, do they become more intense or dissipate? Notice how they change. When the sensations are no longer a strong experience, return to the mindfulness of breathing. Or if the sensations are so unpleasant that you are unable to regard them with any balance or equanimity, feel free to rest your attention again in the breath. In a similar way, you can bring mindfulness to strong emotions—fear, sadness, happiness, excitement, grief...What does this emotion feel like as sensations in the body? Where do you feel it most strongly? Is it static or moving? How big is it? Are your thoughts agitated and vivid? Are they repetitive and dull? Does your mind feel contracted or open? As you pay attention, notice how the emotion changes. Does it becomes more intense or weaken? Does it change into a different state? Anger to grief? Happiness to peace?"[48]**

Notice that the directions above assume that your emotions and the feelings in your body will change as you pay attention to them. This is another aspect of the muscle-building purpose of meditation: it helps you really learn that whatever you are feeling, it will change. For those of us whose depression or rage or some other strong emotion sometimes feels overwhelming and endless, truly internalizing that our feelings always change can be literally life-saving.

Focusing on your body as a meditation is also designed to help those of us who have survived in part by cutting off or ignoring our bodies. Among the problems with this survival strategy is that it can also limit how much enjoyment we can get from our bodies, and it certainly limits the amount of information we have about ourselves. Learning to feel and deal with your emotions is an important part of healing, and learning how various parts of your body feel in conjunction with certain emotions is a great way to start. Another benefit of learning the unique ways in which your body reacts to emotions is that labeling a feeling—"when my stomach feels all knotted up like this, I'm angry"—engages different parts of the brain. John Arden, in *Rewire Your Brain: Think Your Way to a Better Life*, says, "The process of labeling emotional states with words reduces anxiety and negative emotions."[49]

Moving further along the spectrum, pure mindfulness allows you to always be able to be an "observer" of your mind—one step removed from whatever ideas and emotions are floating

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[47] Ekman, Paul. (2007). Emotions revealed: Recognizing faces and feelings to improve communication and emotional life, p. 239, emphases in the original.

[48] Bass, Ellen & Davis, Laura. (2008). The courage to heal: A guide for women survivors of child sexual abuse (4th edition), p. 181.

[49] Arden, John B. (2010). Rewire your brain: Think your way to a better life, p. 202.

through—even in the midst of daily life. Some therapists suggest you pretend you are in the audience of a theater, watching a movie of your life. You can see the emotions and activities, but you are not in them. This can be particularly helpful when dealing with trauma memories. You can even be in a theater watching yourself in a theater watching yourself on the screen; move back as many times as necessary to recognize that there can be a "you" above and beyond the one who is experiencing things. Mindfulness therapy guru Dan Siegal suggests placing yourself on the outside hub of your wheel of life, watching the spokes flow by. This mindfulness perspective helps you maintain perspective by separating you from your thoughts/memories/emotions, so that you can recognize that as compelling as those are, they are not all of who you are, and they will change. This is critically important for those of us who are prone to suicidal helplessness and hopelessness; if we can remember in the moment of crisis that *things always change*, we have gained a very important self-help tool. Mindfulness can also help you remember that if your mind generates a thought or memory that is uncomfortable, you can change it by focusing somewhere else.

Mindfulness is also a useful therapy tool that you may be able to use for self-help. For instance, a therapist might ask a client in the middle of a flashback to try to focus on and describe how their body feels right now, asking questions like, "What sensation do you feel in your body as you remember this incident? What happens inside as your hand makes a fist?" Or, a therapist may ask a client to focus in the opposite direction, pulling away from a panicky feeling in the body to describe the items they can see in the room they are in now. Therapists Pat Ogden, Kekuni Minton, and Clare Pain, in their book *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*, recommend helping trauma survivors practice these in-and-out observations as "a means to help them observe, firsthand, how their chronic orienting tendencies[50] toward reminders of the past recreate the trauma-related experience of danger and powerlessness, whereas choosing to orient to a good feeling can result in an experience of safety and mastery."[51]

Here, too, "[t]hese orienting [mindfulness] exercises need to be practiced again and again for mastery."[52] As the opening quote reminds us, it takes a lot of practice to lay down new positive thinking patterns in a brain shaped by surviving trauma, but the end result is worth the work.

Additional readings on mindfulness as a healing tool

McKay, Matthew, Wood, Jeffrey C., and Brantley, Jeffrey (2007). The dialectical behavior therapy skills workbook: Practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance. Oakland, California: New Harbinger Publications, Inc.

Siegel, Daniel J., M.D. (2010). Mindsight: The new science of personal transformation. New York, New York: Bantam Books.
Siegel is widely regarded as a must-read for people interested in how one human brain affects another. This book is written for the general public, but requires a fairly high literacy level. This isn't a "trauma book," but will help those seeking to understand more about how the brain works and can be changed.

[50] The direction in which your mind usually wanders, an insight you can pick up from meditation, as well.

[51] Ogden, Pat, Minton, Kekuni, & Pain, Clare. (2006). Trauma and the body: A sensorimotor approach to psychotherapy, p. 175-6.

[52] Ogden, Pat, Minton, Kekuni, & Pain, Clare. (2006). Trauma and the body: A sensorimotor approach to psychotherapy, p. 176.

Resourcing

It is not possible to survive as a transgender, gender non-binary, or gender non-conforming person without developing considerable internal strengths. Unfortunately, it is easy to lose sight of these strengths when you are confronting a new problem or dilemma that may feel overwhelming. This exercise, adapted from Robin Shapiro's 2010 book *The Trauma Treatment Handbook: Protocols Across the Spectrum*,[53] is designed to help you remember and access your strengths.

1. Think of a current problem.
2. Think about what internal quality or strength you will need to surmount this problem.
3. Now think of a time when you used that quality effectively.
4. When you think of that time, what emotion do you feel right now? Where do you feel that in your body?
5. What word would go with that quality and your feeling when you think of it?
6. Think of a recent time when it would have been helpful to be in touch with that internal resource and imagine using it more.
7. Now think of using it successfully on the current problem.
8. And think of more times in the future when you could successfully use that resource.

Sexuality

As in other areas, trauma survivors often find themselves going to black-and-white extremes with sexuality. Some swear off sex entirely, at least when it comes to being touched themselves. Others seem to have internalized the abusers' belief that their body and sexuality belong to other people, and have sex whenever asked or demanded. A healthier goal is to own your own sexuality. An expert in working with sexual assault survivors to reclaim their sexuality, Staci Haines, puts it this way in her book *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*: "You now have the first, middle, and last word on what you choose sexually."[54]

So what will you choose? The options are endless, but sexual assault survivors are often limited by having internalized myths from the culture at large or from their perpetrators. Here we briefly list some sexuality facts that sexual assault survivors often do not know or remember:

- It is okay to choose to have sex, and okay to choose not to have sex. Being in a relationship is not a requirement or bar to either choice. It is okay to take a break from sex, even if you are at the moment engaged in sexual activity. What is important is that you remember to retain choice and control over when, where, how, and whether to engage in sexual activity. Sexual activity does not have to be reciprocal or "have parity": it is okay for one person to focus on giving or receiving pleasure in any given encounter.

[53] Shapiro, Robin. (2010). *The trauma treatment handbook: Protocols across the spectrum*, pp. 50-51.

[54] Haines, Staci. (2007). *Healing sex: A mind-body approach to healing sexual trauma, second edition*, p. 105.

Therapist Mike Lew points out that many people confuse sexual assaults or abuse with sex. He points out the difference: "If you hit someone over the head with a frying pan, you wouldn't call it cooking."

Lew, Mike. (2004). *Victims no longer: The classic guide for men recovering from sexual child abuse* (Second edition), p. 64.

- Having boundaries—things you do not want to ever do, or might want to do under the right circumstances, body parts that you do not want touched, or words you do not want to hear in a sexual encounter—is more than okay; they are almost essential, particularly for sexual assault survivors who have experienced "sex" with someone who used them only for their own needs. It is also okay for boundaries to be fluid, changing over time or even in the midst of a sexual experience. You have a right to have sexual partners who respect these boundaries.
- A lot of things can be part of being sexual. If you can only think of one or a few ways "sex" is done, consider expanding your options by reading books, watching videos, or talking to others, especially those with a focus on sensuality as opposed to sexuality. Perhaps thinking of sex as being touched and remembering that all of your skin can be a "sexual organ" may help you realize other options you might want to try.
- Orgasm is not the only appropriate goal for sex. Indeed, many people find their sexual experiences are deeper and more fulfilling when the goal is having a high-quality connection with your partner (or yourself!).
- It is okay to talk about sex. In fact, talking about sex outside of as well as in the middle of a sexual encounter is recommended! Talking allows you and your (potential) sexual partner to understand what you each like and do not like, including what makes each of you feel good, loved, or connected and what does the opposite. If you are sometimes triggered during sex, it is particularly important to talk to your partner about this beforehand and when it happens (or at least soon after), so that your partner knows that you are not rejecting them and so the two of you can decide together what you are going to do if/when triggered. It can be very helpful to set up a "safe word" you can say when you become triggered to signal to your partner what is happening (one couple used "ghosts"). If you are among the survivors who find it difficult or impossible to talk when triggered, consider developing a hand signal or other non-verbal cue.

"One day, our therapist asked Roger, 'How do you feel when Karen's not responding to you [during sex], when she's closed off?' And he started talking about being flat-out terrified. To hear him talk about being terrified that our relationship was going to end made me stop and realize that I wasn't the only one who was going through terrible, awful feelings. Here was another human being, who I loved very deeply, who was bleeding, and some of that was a wound I had inflicted by being so wrapped up in myself."

Bass, Ellen & Laura Davis (2008). The courage to heal: A guide for women survivors of child sexual abuse, 4th edition, pp. 307-308.

- Never sacrifice your long-term safety. Even if you are already HIV+, it is critical to avoid engaging in behaviors that may transmit sexually transmitted infections. Too often a trans person—whether they are a survivor of sexual abuse or not—may sacrifice or skip safer sex negotiations because they are

desperate for connection and affirmation. You are worth more than that; do not risk your long-term safety and well-being by engaging in unsafe sex. If you are unsure what sexual behaviors are considered safe and unsafe, particularly when it comes to trans bodies, check out some trans safer sex guides. We have listed a couple at the end of this section. We also recommend that people look into the new HIV-prevention medication regime, PrEP (pre-exposure prophylaxis). You can find out more at the U.S. Centers for Disease Control and Prevention PrEP website, http://www.cdc.gov/hiv/prevention/research/prep/.

One exercise you might like to try with a partner is to have a sexual encounter where you or your partner agree to ask for explicit consent before every new type of touch or activity. Both of you may find this exercise very eye-opening as it slows the action down and requires both partners to think about what they really want. If the two of you end up laughing and/or crying as a result, good job! You have just had a successful communication that you can build on for future encounters.

Additional readings on sexuality

Bass, Ellen & Laura Davis (2008). The courage to heal: A guide for women survivors of child sexual abuse, 4th edition. New York, New York: HarperCollins Publishers.
See particularly, "Healthy Intimacy" and "Reclaiming Your Sexuality." Note that this book was explicitly written for women.

Davis, Laura (1990). The courage to heal workbook: For women and men survivors of child sexual abuse. New York, New York: HarperCollins Publishers.
The Appendix, "Guidelines for Healing Sexually," includes several worksheets and exercises that may help you think through sexual issues.

FORGE. Hot, safe sex for transfeminine folks and partners. http://www.forge-forward.org/wp-content/docs/HIV-MTF-web.pdf

FORGE. Hot, safe sex for transmasculine folks and partners. http://www.forge-forward.org/wp-content/docs/HIV-FTM-web.pdf

Fradkin, Howard (2012). Joining forces: Empowering male survivors to thrive. Carlsbad, California: Hay House.
See particularly, "Dare to Dream You Can Connect Safely, Intimately, and Romantically." Note that this book was explicitly written about men.

Haines, Staci. (2007). Healing sex: A mind-body approach to healing sexual trauma, 2nd edition. San Francisco, California: Cleis Press, Inc.
We highly recommend this book. Haines explicitly supports all sexual orientations and a wide range of sexual practices, including polyamory and BDSM. We particularly recommend the chapters on embracing triggers and the emotions of healing. Note, however, that Haines has the unfortunate tendency to write as though all sexual abuse survivors are female.

Lew, Mike (2004). Victims no longer: The classic guide for men recovering from sexual child abuse, updated and revised. New York, New York: HarperCollins Publishers.
See particularly, "Sex, Trust, and Caring" and "Sexual Feelings." Note that this book was explicitly written about male victims of child sexual abuse.

Breath training

This protocol is adapted from John Briere and Catherine Scott's book, *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment.*[55]

Learning to pay attention to breathing, and learning to breathe deeply, can both help with relaxation and reduce anxiety. When we get anxious or have a panic attack, one of the first things that happens is that our breathing becomes shallow and rapid.

Initially some people become dizzy when they start breathing deeply, which is a normal reaction. For this reason, it is encouraged that you try breathing exercises sitting down (vs. standing up) until you have become experienced and comfortable with them.

Breathing exercises may feel strange at first because it is something many of us take for granted and don't think about. They may feel awkward, too, since many breathing exercises instruct us to breathe more deeply into our belly, which is not common for many people. Most of us are used to holding our stomachs in, because of tight clothes or because we are conscious of weight or how we look. Try to give yourself literal and figurative room to breathe. Until you internalize the steps of this exercise, it may help to have someone slowly read you the steps as you go through them.

1. Sit in a comfortable position.
2. Close your eyes or, if it is more comfortable, focus them on a spot on the wall or floor, softening your gaze.
3. Try to stay "in the moment" while doing breathing exercises. If your mind wanders (e.g., begins thinking about what to make for dinner or ruminating over an argument with someone), note where it has wandered to and then gently bring it back to the immediate experience of breathing.
4. Begin breathing through your nose, paying attention to the breath coming in and going out. Pay attention to how long each inhalation and exhalation lasts. Do this for 5 or 6 breaths.
5. Start breathing more deeply into your abdomen. This means that the belly should visibly rise and fall with each breath. This sort of breathing should feel different from normal breathing, and you should notice that each breath is deeper than normal. Do this for another 5 or 6 breaths.
6. Imagine that each time you breathe in, air is flowing in to fill up the abdomen and lungs. It goes into the belly first, and then rises up to fill in the top of the chest cavity. In the same way, when breathing out, the breath first leaves the chest, and then the abdomen. Some people find it helpful to imagine the breath coming in and out like a wave. Do this for another 5 or 6 breaths.
7. Once you are breathing deeply and fully into the belly and chest, the next step is to slow the breath down. Slowly count to three with each inhalation and exhalation—in for three counts, out for three counts. With practice, you may be able to slow your breath even further. No specific time is necessary; the goal is to try to slow your breathing. Do this for 5 or 6 breaths.

[55] Briere, John & Scott, Catherine. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*, pp. 279-280.

Briere and Scott recommend that their clients practice this breathing 5 to 10 minutes a day, ideally at a specific time of day to make the exercise a regular part of your daily routine. Eventually you should be able to extend this exercise to other times in the day as well, especially when relaxation would be a good idea (e.g., before important meetings, in stressful social situations, or whenever you feel especially anxious). Remember to count during each inhalation and exhalation, since counting, by itself, will come to stimulate the relaxation response.

Some people may find that 5-10 minutes feels too difficult, or that this series of instructions may not be reachable. There are many phone apps that may offer briefer and overtly guided support for focusing on your breath. One example is Centering Practice, an app by Channel Capital. Explore and find what is right for you.

Emotions and healing

Emotions and their regulation are typically major concerns for survivors of trauma. As noted in "The Brain and Trauma" section in this Guide, trauma actually changes the brain in lasting ways. In addition, experiencing emotions releases different chemicals in our brains, changing the way our brains operate in the moment.

If you were abused as a child, you are particularly likely to have problems with emotional regulation. Therapists Sandra C. Palvio and Antonio Pascual-Leone, in their book *Emotion-Focused Therapy for Complex Trauma: An Integrative Approach*, say, "Children learn to rely on avoidance to cope with the painful, powerful, and confusing feelings generated by these [abuse] experiences. When experiential avoidance is chronic, it is associated with a number of disturbances, including substance abuse, self-injurious behavior, interpersonal problems, and impoverished social support… Moreover, chronic avoidance is thought to perpetuate trauma symptoms, interfere with recovery, and contribute to immune system breakdown…"[56] Because so many survivors choose to handle their emotions by trying to control or avoid them, what follows is a discussion of the stages of emotion and why going through them can be very healing for survivors. It is lightly adapted from Staci Haines' book *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*, 2nd edition.[57]

"The ability to tolerate and regulate affect [emotion] creates the necessary condition for the brain's continued growth throughout life."

Cozolino, Louis. (2010). The neuroscience of psychotherapy: Healing the social brain (Second edition), p. 47.

The five stages of emotions

"Emotions and emotional expression follow a predictable cycle. The cycle of emotions can be like a wave building to fullness and crashing on the beach, then reintegrating into the ocean only to come to shore once more.

1. First, the emotion shows up as a sensation or feeling. The emotion may be a response to either a current or past experience. Of course, emotions from the past will emerge as you heal.

[56] Paivio, Sandra C., & Pascual-Leone, Antonio. (2010). *Emotion-focused therapy for complex trauma: An integrative approach*, p. 37.

[57] Haines, Staci. (2007). *Healing sex: A mind-body approach to healing sexual trauma, second edition*, pp. 175-177.

2. Then you have a choice. You can turn away from the emotion or you can open toward it. There are times when putting an emotion on hold is a good way of taking care of yourself. (See "Container Exercise," above, for an example of a tool to put emotions on hold.) Holding emotions down doesn't work as a way of life, however. The longer you brace against emotions, particularly those wrought by abuse, the longer those emotions will run your life.

   Instead of turning away from emotions, you can choose to welcome them. In stage two of the cycle, you attend to the emotion, feeling your way into the sensation. When you do this, the emotion tends to intensify and reveal itself. This stage can often be the scariest. Just as in healing from dissociation, feeling your emotions means learning to tolerate these sensations in your body.

3. Stage three brings the emotion to fullness. The emotion grows in its charge and sensation. You may feel like you are about to cry. Your chest may overflow with joy and pleasure. You may want nothing more than to throw a major tantrum.

4. Stage four brings release. Depending upon the emotion, you may experience this release as gentle or very intense. You may sweat or blush, sob, shake, tremble, kick, laugh, yell, or become overheated or chilled. This expression is the release of the emotion. Surprisingly, the full expression of even the most intense and scary emotions usually lasts only twenty minutes at most.

5. After the full expression of the emotion, you may find relief, peace, renewed energy, and a sense of healing or transformation. This is the completion of the cycle, or what some people call *integration*. Take time to be with yourself. Breathe. Check in with your internal sense of safety and well-being. Notice that you are alright, that you are complete with this piece of your healing; it can be helpful to say this out loud. Bring intentionality to this part of the process.

"...[M]any survivors of child abuse have learned to be externally vigilant at the expense of attention to their own internal experience and have difficulties recognizing and describing their feelings."

Paivio, Sandra C., & Pascual-Leone, Antonio. (2010). Emotion-focused therapy for complex trauma: An integrative approach, p. 50.

Pay attention to the completion stage. Sometimes you may find yourself pouring out emotion with no experience of change or integration. You could be recycling the trauma rather than healing it. This does not happen often—most people who are not ready for healing try to repress emotions related to the abuse. But if this is happening to you, ask yourself, 'What would it take to complete this feeling?' If you don't know the answer, make one up. Imagine you know what completion would feel like. Try it on for size.

Take a moment to consider which stages in the cycle of emotions you are good at and which you need to practice. Are you able to express your emotions, or do you tend to hold or repress them? Can you complete a cycle of emotion and move to integration? Where can you use more support or learning?"

Being witnessed in your emotions

Staci Haines, in her book *Healing Sex: A Mind-Body Approach to Healing Sexual Trauma*, 2nd edition, also has described a partnered exercise you may want to try.[58] (Again, this passage has been lightly edited.)

> **"Being witnessed in the midst of your emotions is a powerful experience. Being witnessed means just having someone be present with you as you feel your feelings. Your friend, lover, or support does not need to change or fix your feelings. She or he can simply witness. You can learn from others' acceptance of your emotions that you are truly okay. Other survivors are often relieved and happy when they see someone finally express anger, grief, or longing. Everyone seems to breathe a big sigh of relief.**
>
> **You can ask for specific support from your witness or support person. You may want to be held or to rant and rave uninterrupted for twenty minutes. You can ask your support person to take care of his or her own needs and boundaries. If the experience gets too intense, he or she can take a break.**
>
> **Some people are comfortable with certain emotions and not with others. Your friend may be fine holding you when you cry, but freak out when you get really angry. Your emotions are not 'too much' or 'too intense.' Expressing any degree of anger, loss, or shame in a safe way is just fine. Your partner may simply not have developed the capacity to hang with that depth of emotion. Let your partner take care of his or her needs and limitations. Find a support person who can go with you where you need to go.**
>
> **You may find yourself wanting to ask for reassurance. Go ahead and ask. Look at your partner. Let yourself see that someone is there. Ask, 'Do you think this is bad?' 'Am I hurting you?' 'How is this for you?' You may need a reality check as you are learning to express this depth of emotion."**

Additional readings on emotional regulation

Boon, Suzette, Kathy Stelle, & Onno van der hart (2011). Coping with trauma-related dissociation: Skills training for patients and therapists. New York, New York: W.W. Norton & Company, Inc.
Pages 263-322, "Coping with...Anger, Fear, Shame and Guilt, the Needs of Inner Child Parts, Self-Harm."

McKay, Matthew, Jeffrey C. Wood, and Jeffrey Brantley (2007). The dialectical behavior therapy skills workbook: Practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance. Oakland, California: New Harbinger Publications, Inc.
The subtitle says it all.

Weisinger, Hendrie D. (1985). Anger work out book: Step-by-step methods for greater productivity, better relationships, healthier life. Oakland, California: New Harbinger Publications.
Old but good workbook and manual for those dealing with anger issues.

58 Haines, Staci. (2007). *Healing sex: A mind-body approach to healing sexual trauma, second edition,* pp. 187-188.

Challenging maladaptive or problematic beliefs

"[To recover, it] may be necessary to think, react, and behave in ways that feel impossibly dangerous."[59]

"I have learned that I am more than other people's reactions to me."[60]

One of the most common and damaging aftermaths of abuse is that the victims often draw dangerous conclusions and develop destructive beliefs about themselves as a result of the abuse. These beliefs might include: believing that they deserved the abuse; believing that they could have stopped the abuse; believing that they are "broken" or "destroyed" because of their experience, etc. Many of these beliefs become deeply embedded in survivors and require a lot of work to uproot. Some people depend heavily on logic; if you are one of those, you might find the following cognitive approach useful.

In their book chapter, "Cognitive Therapy for Posttraumatic Stress Disorder," Jillian Shipherd, Amy Street and Patricia Resick lay out a series of questions that have helped some survivors successfully challenge the beliefs they hold as a result of being traumatized.[61] We have listed the questions first and given their example next.

Below is a list of questions to be used in helping you challenge your maladaptive or problematic beliefs. Not all questions will be appropriate for the belief you choose to challenge. Answer as many questions as you can for the belief you have chosen to challenge.

1. What is the evidence for and against this idea?
2. Are you confusing a habit with a fact?
3. Are your interpretations of the situation too far removed from reality to be accurate?
4. Are you thinking in all-or-none terms?
5. Are you using words or phrases that are extreme or exaggerated (i.e., 'always,' 'forever,' 'never,' 'need,' 'should,' 'must,' 'can't,' and 'every time')?
6. Are you taking selected examples out of context?
7. Are you making excuses? (e.g., 'I'm not afraid. I just don't want to go out.'; 'Other people expect me to be perfect,'; or 'I don't want to make the call because I don't have time').
8. Is the source of information reliable?
9. Are you thinking in terms of certainties instead of probabilities?
10. Are you confusing a low probability with a high probability?
11. Are your judgments based on feelings rather than facts?
12. Are you focusing on irrelevant things?

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[59] Lew, Mike. (2004). *Victims no longer: The classic guide for men recovering from sexual child abuse (Second edition),* p. 153.

[60] Cloitre, Marylene. & Rosenberg, Anna. (2006). "Sexual revictimization: Risk factors and prevention." In Follette, Victoria M. & Ruzek, Josef I. (eds.) Cognitive-behavioral therapies for trauma (second edition), p. 354.

[61] Shipherd, Jillian C., Street, Amy E., & Resick, Patricia A. (2006). "Cognitive therapy for Posttraumatic Stress Disorder." In Follette, Victoria M. & Ruzek, Josef I. (eds.) *Cognitive-behavioral therapies for trauma (second edition)*, pp. 109-111.

Example belief:

I take blame for the abuse and feel I did something bad to cause it.

1. **What is the evidence for and against this idea?** For—I should have walked away or said no. I feel as if I could have done something. Against—they would have done what they wanted, regardless of what I said or did.
2. **Are you confusing a habit with a fact?** Yes. I have always told myself that it happened to me because I was bad or did something wrong. I have always told myself, 'if only I had done something different,' like it was all about what I did or was doing.
3. **Are your interpretations of the situation too far removed from reality to be accurate?** Yes. I have distorted the reality of the situation. I have blamed myself for being bad and allowing this to happen to me. In reality, I had no control or power over the situation. The abusers were in total control or power over the situation. The abusers were in total control and they are to blame.
4. **Are you thinking in all-or-none terms?** Yes. I have always used terms such as 'bad' and 'wrong' and considered the events as my fault. 'I was bad,' 'I did something wrong,' is what I have told myself.
5. **Are you using words or phrases that are extreme or exaggerated (i.e., 'always,' 'forever,' 'never,' 'need,' 'should,' 'must,' 'can't,' and 'every time')?** Yes. I used a lot of 'shoulds' in my statements when describing the abuse.
6. **Are you taking selected examples out of context?** Yes. I am saying that there was something I could or should have done or changed myself to have prevented it from happening.
7. **Are you making excuses?** (e.g., 'I'm not afraid. I just don't want to go out.'; 'Other people expect me to be perfect,'; or 'I don't want to make the call because I don't have time'). Yes. I am afraid that I might let this happen again. I make excuses not to go into the world and excuses that if I take blame then nobody else has to deal with it.
8. **Is the source of information reliable?** No. All the sources were straight from the mouths of my abusers. They were only interested in hurting me, and nothing they said was true of me or who I was.
9. **Are you thinking in terms of certainties instead of probabilities?** Yes. I have never been objective about abuse. It has always made me feel unsafe with others, and when things felt uncomfortable, I always wondered, what is wrong with me?
10. **Are you confusing a low probability with a high probability?** The probability of this happening again is low, but I still feel as if it could, and I believe the probability to be higher than it actually is.
11. **Are your judgments based on feelings rather than facts?** Yes. I feel guilty so I assume that I did something wrong. That is not the fact at all.
12. **Are you focusing on irrelevant things?** My focus has always been on what I did or could have done—things I had no control over. The abuse took place because the abuser wanted it to, not because of something I did.

Additional readings on coping with maladaptive beliefs

Boon, Suzette, Kathy Stelle, & van der hart, Onno. (2011). Coping with trauma-related dissociation: Skills training for patients and therapists. New York, New York: W.W. Norton & Company, Inc.

Pages 236-253, "Identifying Cognitive Errors" and "Challenging Dysfunctional Thoughts and Core Beliefs."

Rosenbloom, Dena, Williams, Mary Beth, & Watkins, Barbara E. (2010). Life after trauma: A workbook for healing (2nd edition). New York, New York: The Guilford Press.

Pages 34-40, "Coping with Negative Feelings about Yourself," pages 49-75, "Thinking Things Through," and pages 204--210, "Thinking Through a Belief about Value and Self-Esteem," and "Weighing the Evidence on Beliefs about Value and Self-Esteem."

Problem-solving and conflict resolution

If you grew up in an abusive household and/or were in an abusive relationship, your very survival is testimony to the fact that you have developed very effective tools and strategies for surviving in an abusive relationship. That does not mean, however, that you have developed the communication and problem-solving skills you need to have peaceful, nonviolent relationships. In fact, you may believe many things about conflict and relationships that are counter-productive to respectful collaboration.

Some of those beliefs may be:

- **Every conflict ends with one winner and one loser.** Victims often learn that in relationships, one person gets his or her way and the other gets nothing.
- **People lie and manipulate.** Abusers lie and manipulate. They make promises they do not keep. They may have said what they were doing was in the victim's best interests, but in actuality the abuser was acting on her or his own behalf. Abusers also manipulate, providing something the victim may desperately need (like access to food or shelter, attention, or touch), but taking something much bigger (like total compliance or dignity) from the victim in return.
- **Don't know or say what you need or want.** Victims in abusive relationships learn that even if they can identify what they want, asking for it is usually not a good idea. Not only are you likely to be disappointed, but you may have your want used against you through manipulation or via belittling comments.

These sorts of beliefs are life-saving in abusive settings, but are actually damaging when applied to relationships between equal, respectful adults. Not only may you not have problem-solving skills, but you may well approach conflicts angry and/or fearful, making it hard for you to access any memories of when the two of you have previously found mutually-acceptable solutions.

Since many of us have not learned problem-solving skills, we are presenting four skills that, put together, can help you and someone else reach positive, mutually-pleasing, solutions. The four skills are:

- **Why Chains** can help people identify what it is they really want, a digging-deep process that opens up many more options.
- **Joint Problem Statements** help couples stay focused on finding options that meet *both* people's needs.
- **Brainstorming** is a very useful method of generating multiple options to choose from.
- **Fixing Bad Ideas** is a technique for turning bad ideas into ones that may be perfect for resolving a difficult issue.

Why Chains

Many people think there are only a handful of ways to resolve a problem where one person wants one thing and the other person wants something else: One can give in, they can take turns, or someone—maybe even both of them—can compromise and get only part of what they want. In actuality, there are *many* ways these sorts of problems can be solved. One of the most useful techniques is to figure out why each person wants what they want. Each time someone can answer "why" they want something, they nearly always see that there are more ways to fulfill their needs than they initially thought. Let us illustrate with an example.

Partners Chris and Kerry have carefully saved a part of every paycheck for a vacation for a very long time, and the sum is finally big enough to spend. Unfortunately, their first conversation on the topic results in a conflict: Chris wants to go on a guided tour to India, and Kerry wants to spend a week in a rented cabin in the forest. When Kerry asks Chris why ze[62] wants a guided tour, Chris explains that for hir, the purpose of vacations is to explore the world. Kerry realizes the thought of traipsing around and looking at various tourist sites sounds like work, and that leads Kerry to realize that what ze really wants from a vacation is lots of time to nap, read, and do nothing. Just this one round of "why chain" has opened a broader set of options: Chris wants to explore the world on their vacation, and Kerry wants plenty of time to just lounge around. Those needs still feel like they conflict, so we will return to the couple in the Joint Problem Statement section.

Conflict resolution specialists call this process moving from your *position*—the thing you initially asked for—to your *interest*—what you expect or hope to get from that thing.

Joint Problem Statements

In workshop settings, we often ask participants to pair up on opposite sides of a table narrow enough that when they put their right elbows on the table, they can meet and grasp hands in the middle. "This is the M&M game," we say, "Where the purpose is to win M&Ms. You will earn an M&M every time the back of your partner's hand touches the table. You will have 60 seconds. Any questions? Then, 1-2-3-go!" When the 60 seconds are up, we ask to whom we owe one M&M, to whom we should give two M&Ms, etc. After asking about people we owe four to, we ask, "And is there anyone we owe more than four

[62] Ze and hir are two of many non-gendered pronouns. You can learn more at http://forge-forward.org/wp-content/docs/gender-neutral-pronouns1.pdf

M&Ms to?" Nearly always there is at least one pair where each partner has earned more than 30. This shocks everyone else, who can't understand how they did that, until we have them demonstrate: holding hands, they quietly and calmly take rapid turns touching the back of their hands to the table.

As we noted above, both survivors and non-survivors often believe that conflicts are win/lose propositions. When a conflict is identified—just like the workshop participants when asked to place their elbows on a table and grasp hands—we tend to get into position to compete, to ensure that we win and our "opponent" loses. At best, we look for a compromise, where both people get some—but not all—of what they want.

Joint Problem Statements are designed to remind us there is another option, one where both parties can win. Joint Problem Statements encourage us to work harder at coming up with one or more options that meet all of what both people want. The first step is to use at least one round of a Why Chain to get to both individuals' interests. The next step is to write down both people's goals with a large "and" in the middle:

> **"OUR GOAL IS TO FIND A VACATION IDEA THAT…**
>
> Allows Chris to explore the world
>
> **AND**
>
> Gives Kerry plenty of time to lounge around."

It may be particularly important for couples with one or two survivors to physically write out their joint problem statement and keep it in front of them as they continue to work. Make sure you draw a circle or other border around the joint problem statement to help the two of you to remember that neither person's needs are to be sacrificed in this process.

Brainstorming

The next stage is to begin brainstorming. Brainstorming, for those who are not familiar, is a process in which there should be no judgment or censorship. The goal is simply to come up with as many ideas as possible in a short time, without cutting down the number of ideas through censorship ("people would think I am weird if I said that") or practicality ("they are not taking civilians to the moon yet"). The nice thing about brainstorming is the more brains involved in storming, the better. This is an excellent place in which to use your friends and acquaintances via social media. Simply post your joint problem statement and invite people to suggest possible solutions. Make sure you encourage people to build on each others' ideas, as that can be especially fruitful.

When Chris and Kerry brainstormed, their list included such items as:

- We could go on separate vacations
- We could have a restful vacation for Kerry in the first half of our vacation, and then go world exploring next, when Kerry might feel more up to it
- We could get a whole bunch of travel documentaries for Chris and have a stay-at-home vacation
- We could go on a cruise and Kerry could stay aboard while Chris went on the shore excursions

Fixing "Bad" Ideas

This technique comes from Barbara Sher's classic 1979 book, Wishcraft: *How to Get What You Really Want; A Unique Step-by-Step Plan to Pinpoint Your Goals and Make Your Dreams Come True*.[63] Take one of the "worst" ideas in your brainstormed list. In one workshop, a single man who was looking to meet people but who felt shy in social situations picked the idea "wear a big sign saying, 'I'm single'" as the worst idea on the list workshop attendees had brainstormed for him. The first step in fixing a "bad" idea is to identify what is good about the idea. After working at it awhile, the man finally said what was good about the idea is that it got people's attention. The second step is to identify what is bad about the idea. For him, a sign was just too obvious. In step three, the goal is to keep what is good about the idea and fix what is bad. So the group brainstormed a second list of things that get people's attention but aren't too obvious. His final choice from this list: he began wearing buttons with various sayings on them to social events. They caught people's attention and often prompted them to ask him what the saying meant, thereby opening a conversation he could then pursue.

Chris and Kerry were pleased with the idea of a cruise since it did combine both lots of opportunity for rest and visits to new places. However, Chris was not too happy with the thought of going on those shore excursions alone; exploring just did not seem too fun without someone to share it with. So the couple tried to fix the bad part of the idea and came up with a solution that turned out to work perfectly: they asked an adventurous friend if he would like to join them on the cruise, and he and Chris went on all the shore tours together, then came back at night and shared their experiences with a rested and therefore much more appreciative Kerry.

Putting It All Together

In addition to run-of-the-mill issues like vacations and spending money, survivors and their partners may find themselves in conflict over issues related to the abuse. For instance, Jesse and Sam were arguing over whether to visit Jesse's father, who had failed to intervene when told of child sexual abuse. Asked why ze wanted to visit, Jesse said ze didn't want to feel like an orphan. Sam opposed the visit because ze felt the visit would be emotionally damaging to Jesse. This round of the Why Chain didn't seem to get them too far, so they pursued it for another round. Jesse said hir fear of feeling like an "orphan" was about having no one to talk to who knew about hir childhood. Sam said what ze wanted was for Jesse to feel loved, not ignored or unworthy of protection, which was how Jesse had felt after previous visits with Dad. This round of the Why Chain seemed to hold more promise, so they wrote down their joint problem statement:

"OUR GOAL IS TO FIGURE OUT HOW TO HAVE A VISIT WHERE…

Jesse can talk about hir childhood with someone who knows about it

AND

Jesse leaves feeling loved."

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[63] Sher, Barbara. (1979). *Wishcraft: How to get what you really want; A unique step-by-step plan to pinpoint your goals and make your dreams come true*, pp. 131-134.

Their brainstorm included ideas like:

- Jesse could write a letter to hir father explaining exactly what ze wanted out of the visit
- Sam could accompany Jesse, and if the visit ended up making Jesse feel bad, Sam could work on helping Jesse feel loved by Sam
- Jesse could ask hir father to answer some questions by letter or email, and Sam could edit out any bad parts before ze gave it to Jesse to read

When they asked their social network for ideas, one friend wrote:

- "Bring me a photo album, and we can go through it together."

Although the idea of going through a photo album excited Jesse, one of the things Jesse realized ze wanted was someone who could add to what ze remembered about hir childhood. Holding on to the photo album idea and looking for someone who knew something about Jesse's childhood led Jesse think of hir father's best friend Joe, whom ze had always liked. They called Joe, who turned out to be very happy to go through a photo album with the two of them and talk about what he knew about Jesse's family. The result was both informative and healing for both Jesse and Sam.

Relationship attachment styles and issues

"Relationships are our natural habitat…"[64]

"A look not given, a message not understood, a yearning for closeness not met, become magnified into a re-creation of emotions around early trauma. Feelings related to dependency needs and deep unfulfilled yearnings are replaced by rageful feelings and blaming attacks."[65]

"Once partners know how to speak their need and bring each other close, every trial they face together simply makes their love stronger."[66]

"There is no injury-proof relationship. But you can dance together with more verve and panache if you know you can recover when you step on each other's toes."[67]

"New evidence indicates that reparative adult experiences enable those with attachment traumas to increase their ability to cope with stress and restore a sense of security."[68]

There is now little scientific debate over whether we are more influenced by our genes ("nature") or our experiences ("nurture"): the consensus is they both influence the other.

And so it is when a baby is born. Totally dependent for its survival on a handful to people—or as few as just one—the baby's inborn personality interacts with the

[64] Cozolino, Louis. (2010). *The neuroscience of psychotherapy: Healing the social brain (Second edition)*, p. 179.

[65] Solomon, Marion F. (2003). "Connection, disruption, repair: Treating the effects of attachment trauma on intimate relationships." In Solomon, Marion F. & Siegel, Daniel J. (Eds.), *Healing trauma: Attachment, mind, body, and brain*, p. 324.

[66] Johnson, Susan. (2008). *Hold me tight: Seven conversations for a lifetime of love*, p. 48.

[67] Johnson, Susan. (2008). *Hold me tight: Seven conversations for a lifetime of love*, p. 184.

[68] Solomon, Marion F. (2003). "Connection, disruption, repair: Treating the effects of attachment trauma on intimate relationships." In Solomon, Marion F. & Siegel, Daniel J. (Eds.), *Healing trauma: Attachment, mind, body, and brain,* p. 331.

characteristics of its caregiver(s) in a way that literally shapes its brain. If the caregiver is "good enough" in responding appropriately to the baby's needs, the baby learns to trust that both it and the world are good and safe. If, on the other hand, the caregiver(s) repeatedly fail to meet the baby's needs and hence threaten its sense of wellbeing and safety, or, even worse, actively frighten the baby by yelling at it, shaking it, or seeming indifferent to the baby's cries, the baby's brain gets organized in a very different way.

That, in a nutshell, is "attachment theory": how secure you felt in the care of your first caregivers will influence not just how you see the world and how you relate to other people, but also actually influences how your brain developed.

Well-cared-for infants and children learn they can depend on adults (i.e., the world they live in) to meet not just their physical needs, but their emotional needs, as well. When they are hurt or upset or frightened and turn to these adults, the adults will comfort and soothe their upset feelings. Robin Shapiro explains what children learn from this kind of care: "When our parent or caregiver mirrors our affect, soothes us, or appropriately responds to us, we learn that we can expect a response, that we are worth responding to, and that we can be soothed."[69] These well-cared-for infants grow up "secure," able to have positive intimate relationships as adults. Attachment expert Louis Cozolino explains it this way: "A secure attachment indicates that we have learned to successfully utilize our relationships with others to quell our fears and modulate our arousal."[70]

On the other hand, if the primary caregiver is depressed, mentally ill, abusive, or traumatized themselves, they are frequently unable to help the child soothe themselves. Worse, they may even "create alarming experiences" for their child such as being completely unresponsive, yelling at the child, or punishing the child for being upset or bothering them. If the child has nowhere else to go for soothing, the caregiver's response creates a Catch-22: "the more an individual is injured or terrorized, the stronger his or her need for protection and comforting."[71] These children grow up with "attachment styles" that are variously described as fearful, preoccupied, avoidant, insecure, anxious, ambivalent, and disorganized. A "normative" sample found that about half of adults are securely attached, but samples of abuse survivors show that the vast majority fall into one of the non-secure categories.

What does it mean to have a non-secure attachment style? Psychotherapist Marion Solomon has three very good descriptions:

> **[T]he relationship always feels tentative, and there is a tendency to test the love to alleviate the constant doubts, even when things are going well. At the same time, any sign that needs might be ignored or denied is met with avoidance, numbness, and criticism, often along with self-doubt and self-blame. The internal message, 'I am defective, destructive, and unlovable,' is repeatedly confirmed.**
>
> **From their early experience, they have learned that it is not safe to depend on others, and when disagreements erupt, they become defensive. In stressful situations they utilize various coping strategies, including walling themselves off from another to avoid emotional engagement, hiding a true self while showing a façade that seems more acceptable, or acting out angrily when they experience disruptions**

[69] Shapiro, Robin. (2010). The trauma treatment handbook: Protocols across the spectrum, p. 32.

[70] Cozolino, Louis. (2010). The neuroscience of psychotherapy: *Healing the social brain (Second edition)*, p. 233.

[71] Cloitre, Marylene, Cohen, Lisa R., & Koenen, Karestan C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*, p. 15.

with significant others. These are methods of self-protection developed over time during repeated painful encounters with important figures in their lives.

It is the proneness to overreact to differences, the inability to accept another's views, and inability to reengage after disrupted interactions that are so harmful to intimate relationships.[72]

> "If both of you are needy children at the same time and no one is the adult, you've got two unsupervised kids going at it, and that generally means trouble."
>
> Davis, Laura. (1991). Allies in healing: When the person you love was sexually abused as a child, p. 59.

Securely attached adults have good self-esteem and generally trust that their partnerships will withstand the ups-and-downs and disagreements all relationships experience. Insecurely attached adults doubt themselves and their partners and so are prone to overreaction and panic when they experience a relationship problem. Some insecurely attached adults try to compensate by saying they do not need relationships at all, but a growing number of experts are saying that this is biologically impossible: humans depend on each other in really critical and not always obvious ways. Susan Johnson, for example, says flatly: "We need emotional attachments with a few irreplaceable others to be physically and mentally healthy—to survive."[73]

Can attachment style be changed? Although most theorists say the pattern, once laid down, is hard to break, "…recent studies confirm that insecurely attached people who are married to securely attached partners can, within a period of 5 years' time, modify an insecure attachment pattern."[74] More importantly, couples can learn skills to help them understand that, as Susan Johnson says, "most fights are really *protests* over emotional disconnection."[75] Once that is understood, they can work on making each other feel secure before attempting to resolve the issue at hand.

A chart from Leah Leonard, Victoria Follette, and Jill Compton may help you keep in mind the possible difference between what your partner may say and what they may actually want in terms of being reassured that the two of you are securely connected:[76]

WHAT MAY BE SAID	WHAT MAY BE MEANT
"I am feeling vulnerable."	"Please sit with me," "Please give me a few minutes to myself," or "Please hold me while I cry."
"I am feeling angry."	"Listen to what I am telling you," "Let me tell you about what is bothering me," or "You do not have to fix this situation—all I want is for you to let me talk about it."
"I am feeling scared."	"Please sit with me." "Please let me tell you what I am afraid of," or "Please use a quieter voice when we talk.
"I am feeling happy (excited)."	"Let me tell you about why I am excited," "Celebrate with me," or "Let me be happy.

[72] Solomon, Marion F. (2003). "Connection, disruption, repair: Treating the effects of attachment trauma on intimate relationships." In Solomon, Marion F. & Siegel, Daniel J. (Eds.), *Healing trauma: Attachment, mind, body, and brain*, pp. 326-327.

[73] Johnson, Susan. (2008). *Hold me tight: Seven conversations for a lifetime of love*, p. 15.

[74] Solomon, Marion F. (2003). "Connection, disruption, repair: Treating the effects of attachment trauma on intimate relationships." In Solomon, Marion F. & Siegel, Daniel J. (Eds.), *Healing trauma: Attachment, mind, body, and brain*, p. 331.

[75] Johnson, Susan. (2008). *Hold me tight: Seven conversations for a lifetime of love*, p. 30.

[76] Leonard, Leah M., Follette, Victoria M., & Compton, Jill S. (2006). "A principle-based intervention for couples affected by trauma." In Follette, Victoria M. & Ruzek, Josef I. (eds.) *Cognitive-behavioral therapies for trauma (second edition)*, p. 379.

One way to put these relationship "attachment" concepts to use is a technique called "Three Reasons." When you find yourself reacting negatively to something someone has done, try to come up with at least three different "stories" of what may have motivated their behavior, at least one of which must be positive. For example, if your partner is late meeting you *again*, possible reasons might be: they are meeting with a (secret) lover; they have been in an auto accident; or (the positive one) they suddenly remembered how much they love you, and stopped to buy you flowers. Here is another example which combines attachment theory and "Three Reasons." You and your partner have an argument, and your partner suddenly clams up and refuses to speak to you. Possible reasons might include: your partner has decided to leave you (a thought that might occur to someone who is insecurely attached); your partner is thinking how they are going to get back at you (another thought that might occur to someone who is insecurely attached); or your partner very much loves you and values the relationship, and is afraid if they say anything more in their current (very upset) state, it will be hurtful and so is being silent until they get their emotions under better control. Trying to come up with three possible reasons why someone is acting the way they are can be extremely helpful. Most importantly, our brains tend to look for evidence to bolster whatever we are thinking. If you make yourself actively consider several possible reasons, your brain stays open to seeing more of what is *actually* going on. This is an excellent conflict resolution tool, helping prevent you from escalating a situation that may not actually call for escalation. In addition, for those of us who did not benefit from "securely attached" childhoods, making ourselves think of a way in which a conflict might be a sign of how much our partner loves us and wants a continued relationship may help us avoid creating the very break we most fear.

> "Love is everything it's cracked up to be… It really is worth fighting for, being brave for, risking everything for. And the trouble is, if you don't risk anything, your risk is even greater."
>
> Erica Jong, quoted in Johnson, Susan. (2008). *Hold me tight: Seven conversations for a lifetime of love*, p. 9.

Additional readings on attachment theory and couples

Jonson, Susan. (2008). Hold Me Tight: Seven Conversations for a Lifetime of Love. [Add rest of citation here].
Add a note here if you want, just notice the length of the box.

Allen, Jon G. (2005). Coping with trauma: Hope through understanding (2nd edition). Arlington, Virginia: American Psychiatric Publishing.
See especially pages 25-41, "Attachment."

Dayton, Tian. (1997). Heartwounds: The impact of unresolved trauma and grief on relationships. Deerfield Beach, FL: Health Communications, Inc.
Includes sections on the effect of trauma on the personality and on relationships.

Fruzzetti, Alan E. (2006). The high-conflict couple: A Dialectical Behavior Therapy guide to finding peace, intimacy & validation. Oakland, California: New Harbinger Publications, Inc.
This is a good self-help book for couples or others in intimate partnerships.

Karen, Robert (1994). Becoming attached: First relationships and how they shape our capacity to love. Oxford: Oxford University Press.
This large book is as much of a history of the development of attachment theory and its major researchers as it is an explanation of attachment theory.

Time perspective therapy

> **"We heal out of the past and into the present."[77]**

Many trauma survivors feel like they are constantly revisiting—voluntarily or through unwanted flashbacks—their past trauma and/or negative beliefs stemming from the trauma. This focus on the "negative past" tends to lead people to feel that they cannot control what happens to them, so they become fatalistic about the future and therefore do not feel very motivated to do much in the present. Because they are not able to make and carry out positive plans, they are more vulnerable to others' decisions, which are not always in their interests. The subsequent negative outcome reinforces the cycle and their belief that they are not in control of what happens to them.

To address this problem, psychologists Philip Zimbardo and Richard and Rosemary Sword developed Time Perspective Therapy (TPT), an extremely simple process that they claim has had remarkable success in reducing PTSD symptoms, including anxiety and depression.

The theory says that our personal mix of views about our past, present, and future determines how we make decisions:

> **"Past-oriented people make decisions based on negative or positive memories of similar situations. Present-oriented people take immediate action based on pleasure or avoidance, without thought for consequences. Future-oriented people make decisions based on a reasoned assessment of the future consequences."[78]**

The focus of TPT is developing habits and strategies that focus on coping with the mental injury of trauma, which can unbalance survivors' time perspectives as described above. They explain the process to their clients this way:

> **"Then we engage them in a visualized narrative, a time metaphor that contrasts the current negatives being experienced with imagined positives that could be possible for them. First, we ask them to imagine that they have one foot stuck in the quicksand of the past, and the other resting on the mud of the fatalistic present. The fatalistic view is reasonable given that nothing has worked to help them out of the quicksand. In this state of imbalance they are emotionally immobilized. To make a start, all they need to do is lift that one foot out of the muck and mire of the past and put it on the solid ground of the future. Then they need to bring the other foot out of the mud of present fatalism and rest it on the more solid ground of present hedonism. Now they are beginning to get a firm footing."[79]**

Step one of the therapy is to identify past positive memories and substitute one of those whenever a negative past memory pops up.

Step two is to replace "present fatalism" (the idea that there is not much a survivor can do to make their own life better) with "selected present hedonism." By that the therapists mean choosing to engage in pleasant activities, ideally with other people. This could be

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[77] Cori, Jasmin Lee. (2008). Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life, p. 227.

[78] Zimbardo, Philip, Sword, Richard, & Sword, Rosemary. (2012). *The time cure: Overcoming PTSD with the new psychology of time perspective therapy,* p. 60.

[79] Zimbardo, Philip, Sword, Richard, & Sword, Rosemary. (2012). *The time cure: Overcoming PTSD with the new psychology of time perspective therapy,* p. 74.

spending time with friends or family, joining a support group, starting an exercise regime, attending religious services, or engaging in volunteer work helping others. This step breaks the isolation that is common to trauma survivors, and begins to chip away the survivor's sense that they will never feel good again.

Step three is selecting and working on "a brighter future."

> **"We've found that the best way to help PTSD sufferers overcome their past traumas is to encourage them to envision a better future. This is accomplished by setting goals and figuring out specific means by which these goals can be achieved. In turn, this encourages feelings of a sustainable and secure future."[80]**

Additional resources on time perspective therapy

Time Perspective Inventory

http://www.thetimeparadox.com/zimbardo-time-perspective-inventory/

This free online, automatically scored 61-question self-test will help you determine what your past, present, and future time orientations are. You can compare your scores to the average of other people's and to the author's "ideal" time perspective.

Time Cure: Overcoming PTSD with the New Psychology of Time Perspective Therapy. (2012) Philip Zimbardo, Richard Sword, & Rosemary Sword. San Francisco, California: John Wiley & Sons, Inc.

Volunteering

Many of the self-protection impulses trauma survivors have are actually counter-productive. A key example is the impulse to withdraw from people and social activities. The theory behind that impulse is that if you do not leave the house, you have more control over what happens in your vicinity; if you do not have contact with anyone, you cannot be hurt by them.

The problem with the isolation impulse is that while it may feel self-protective, part of the core damage of trauma comes from feeling alone and helpless at the time. Sexual assault advocate Mike Lew says, "Abuse is committed in isolation; recovery takes place in the company of others."[81] Trauma expert Judith Herman concurs, "Recovery can take place only within the context of relationships; it cannot occur in isolation."[82]

In our search for healing spaces and relationships, some of us focus only on trying to locate those that are specifically labeled for "healing": support groups, therapists, a tremendously compassionate friend, etc. Our options become much wider when we realize that we create a healing space whenever we help another person. Judith Herman prescribes such outreach, urging people to adopt a "survivor mission": "In taking care of others, survivors feel recognized, loved, and cared for themselves…As each participant

[80] Zimbardo, Philip, Sword, Richard, & Sword, Rosemary. (2012). *The time cure: Overcoming PTSD with the new psychology of time perspective therapy*, p. 74.

[81] Lew, Mike. (2004). *Victims no longer: The classic guide for men recovering from sexual child abuse (Second edition)*, p. 325.

[82] Herman, Judith L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*, p. 133.

extends herself to others, she becomes more capable of receiving the gifts that others have to offer. The tolerance, compassion, and love she grants to others begin to rebound upon herself."[83]

Here are some of the ways transgender sexual assault survivors told FORGE they healed:[84]

> **I contacted GLBT organizations after the fact and I became an activist as a result of police abuse. I have been doing activism for over 7 years now. They did not help me at the time so I took matters into my own hands and got involved in change and community support. Getting beat up and abused inspired me to work for change. Showed them assholes!**

> **I volunteered for Take Back the Night and other anti-violence organizations and events, to help feel a sense of empowerment.**

> **I am very involved in support group and educational services in my area. I do outreach to schools, service providers, and do the quarterly education for first-response teams at a local sexual assault response organization.**

Note that you do not need to volunteer specifically with sexual assault survivors; virtually any kind of volunteer work can be healing as it will connect you with others and give you a sense of purpose and meaning. A national volunteer-matching clearinghouse is available at http://www.volunteermatch.org/; you may also want to try doing a web search for your geographic area and "volunteering" or "volunteer clearinghouse."

Annotated bibliography of self-help books

There are literally hundreds of books on sexual assault and healing. The books in this section are ones we feel may be particularly useful to trans, gender non-binary, and gender non-conforming survivors.

Allen, Jon G. (2005). Coping with trauma: Hope through understanding (2nd edition). Arlington, Virginia: American Psychiatric Publishing.
Some people hate workbooks and/or self-help books. If that describes you, you may want to pick up this book, which focuses on helping the reader "understand" trauma. Includes sections on foundations, effects of trauma, trauma-related psychiatric disorders, and healing.

Boon, Suzette, Stelle, Kathy & van der hart, Onno. (2011). Coping with trauma-related dissociation: Skills training for patients and therapists. New York, New York: W.W. Norton & Company, Inc.
This book is especially good for anyone who has multiple personalities or distinct parts and/or those who have problems with dissociation. However, a lot of its advice and exercises would be useful to trauma survivors who do not experience dissociation.

[83] Herman, Judith L. (1992). Trauma and recovery: The aftermath of violence—from domestic abuse to political terror, pp. 209-216.

[84] FORGE. (2004). "Sexual Violence in the Transgender Community Survey," (n=265) (data has not been formally published).

Cori, Jasmin Lee. (2008). Healing from trauma: A survivor's guide to understanding your symptoms and reclaiming your life. Philadelphia, Pennsylvania: Da Capo Press.

This is one of the best self-help books we've seen for trauma survivors. The author is both a therapist and a trauma survivor, and her book draws on both experiences. She addresses the reader as "you," so it's an easy read for those who don't see themselves in works that talk about "men" and "women." Although not exactly a workbook, each chapter does include questions readers can ask themselves to help apply the chapter's topics to their own experience. This book contains one of the more complete discussions of various types of body-based trauma therapies.

Davis, Laura. (1990). The courage to heal workbook: For women and men survivors of child sexual abuse. New York, New York: HarperCollins Publishers, Inc.

If you want a self-help manual, this is a great place to start. Davis sets out a step-by-step process for addressing sexual assault trauma, asking the reader many questions and providing ample room to write the answers in the book.

Dayton, Tian. (1997). Heartwounds: The impact of unresolved trauma and grief on relationships. Deerfield Beach, FL: Health Communications, Inc.

This is a particularly good self-help book for partners and partnered trauma survivors: the major sections are loss and trauma; the effect of trauma on the personality; the effect of trauma on relationships; transformation and healing through grief; and the personal journey, which includes many self-help exercises.

Fradkin, Howard. (2012). Joining forces: Empowering male survivors to thrive, Carlsbad, California: Hay House, Inc.

The author of this book is a co-founder of MaleSurvivor and helps run weekend recovery workshops for men. This book tries to translate those materials and experiences to the written page, with some success. Includes multiple commentaries from a selection of survivors and their partners. Each chapter addresses a specific topic, so it's possible to skip around to what most calls you. Includes affirmations, some exercises, and t-shirts designed, created, and annotated by survivors. Acknowledges the existence of female survivors, and male survivors are of different sexual orientations, ages, and partnership structures.

Lew, Mike. (2004). Victims no longer: The classic guide for men recovering from sexual child abuse (Second edition). New York, NY: HarperCollins.

Victims No Longer is the mirror "opposite" of The Courage to Heal: an excellent, comprehensive look at many of the results of sexual abuse. Like Courage, No Longer is written for one gender, although Lew is much better about acknowledging the existence of female perpetrators than are Bass and Davis. If the focus on men doesn't faze you, this is an excellent book. Although the subtitle includes "Guide," this is not a workbook and does not include exercises. Rather, Lew tells you what he has learned from other (male) survivors.

McKay, Matthew, Wood, Jeffrey C., and Brantley, Jeffrey. (2007). The dialectical behavior therapy skills workbook: Practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance. Oakland, California: New Harbinger Publications, Inc.

This is a very practical training manual and workbook.

Najavits, Lisa M. (2002). Seeking safety: A treatment manual for PTSD and substance abuse. New York, New York: The Guilford Press.

If you deal with both trauma and substance abuse, get this book! Although it is written as a manual for therapists, it includes all the materials, worksheets, and homework for clients, and can easily work as a self-help manual.

Naparstek, Belleruth. (2004). Invisible heroes: Survivors of trauma and how they heal, New York, NY: Bantam Dell.

Belleruth Naperstek is the best healing imagery expert there is. This book contains word-for-word scripts if you would like to tape your own healing meditations. She offers many, divided into three stages of healing from trauma. The early part of the book explains how imagery works with trauma survivors, and contains many stories. Extremely compassionate and highly recommended.

Rosenbloom, Dena, Williams, Mary Beth, & Watkins, Barbara E. (2010). Life after trauma: A workbook for healing (2nd edition). New York, New York: The Guilford Press.

This is a very comprehensive handbook that has whole sections on basic trauma information, coping, thinking things through, safety, trust, control, valuing yourself and others, feeling close to others, and healing for the long term.

Shapiro, Francine. (2012). Getting past your past: Take control of your life with self-help techniques from EMDR therapy. New York, NY: Rodale Inc.

*This is an absolute must-read for people who are trying to heal themselves. Shapiro helps you figure out what's too complicated or dangerous to do on your own, but gives lots of easy-to-understand techniques for helping yourself with many other outcomes. Perhaps most importantly, she explains—in part through *many* examples—how memories affect what's happening in the present, which can be extremely helpful to trauma survivors who don't quite understand what the big deal is about "healing."*

PHOTO BY LEIGH HOUGHTALING

8 Appendices

Appendix A: If your assault just happened

If you were just recently sexually assaulted, you likely have pressing short term issues you need to take care of and decisions you need to make. The majority of this guide focuses on longer-term healing. We encourage you to access what you need from this guide now—and keep it in mind for later review after your urgent needs are addressed.

Reach out

If there is someone you know and trust, consider reaching out to them as soon after the assault as possible. For nearly every survivor, the sooner you can have support around you, the better off you will be in both the short and long term.

Get a forensic exam?

You have the right to choose whether or not to have a forensic exam. If you were assaulted within the last 72 hours, your body may still have evidence that could be collected and used to prosecute your assailant(s). In many places, you can have a "rape evidence kit" collected and decide later whether to involve the police, but this may not be the case where you are. Call the National Sexual Assault Hotline (1-800-656-HOPE) or your local hospital to find out the best place to go if you decide to pursue forensic evidence collection. If you are going to have an exam done, try to avoid going to the bathroom, bathing, changing clothes, and even eating and drinking, as all these activities can wash away evidence. If possible, bring a complete change of clothes with you to the exam site (usually an emergency room or hospital). These examinations can be very invasive and upsetting all by themselves, and many times law enforcement is less than helpful. On the

other hand, there is very little chance your assailant(s) can be prosecuted if evidence is not collected.

Involve law enforcement?

You have the right to choose whether or not to involve law enforcement. If you are in immediate danger from your perpetrator, you may want to contact law enforcement. Likewise, if you are considering pressing charges or pursuing legal action against your perpetrator, you may want to contact law enforcement. Sexual assault victims are usually eligible for crime victim compensation (which can pay for medical and other expenses associated with the crime), however, in order to qualify, you must report the crime to the police. Many transgender survivors and sexual assault survivors of all gender identities have found encounters with law enforcement to be less than helpful.

PHOTO BY MIA NAKANO

Rally immediate support

Friends and loved ones can be a great source of support by helping, listening, and just being with you, as can advocates accessed through rape crisis lines or LGBT anti-violence programs. A companion or advocate can be particularly helpful if you are pursuing evidence collection or interacting with the police. A trained advocate can advise you about the process as well as help you with both emotional and practical concerns. As soon as possible, start mobilizing emotional support for yourself.

Healing

Healing is a long-term goal. What you may want to find is "crisis counseling," often available at no charge from the local rape crisis hotline or sexual assault center. These counselors may not be equipped to deal with any trans-related concerns or questions you have, but they are trained about how to help sexual assault victims and their loved ones get through the first few days and weeks.

This guide will be here for you whenever you need it.

Appendix B: If your current relationship is abusive

More than one-quarter (29%) of the transgender sexual assault survivors FORGE surveyed in 2004 had been assaulted by their intimate partner, and another 20% said they had been assaulted by a date. When we surveyed transgender people in 2011,[85] results indicated that of the 1005 respondents, 29% of trans-feminine and 36% of trans-masculine individuals had experienced domestic violence. In addition, statistics from studies conducted by both FORGE and those researching the general public show that many sexual assault survivors are re-victimized, often by their partners. This re-victimization may or may not be sexual in nature; sexual assault survivors make up a large percentage of victims of domestic violence.

How do you know if your relationship is abusive? The following has been adapted from a webpage FORGE co-wrote. (http://www.rm2bsafe.org/index.php/familyfriends/recognizing-unhealthy-relationships)

Warning signs of an unhealthy relationship:

PSYCHOLOGICAL ABUSE

Abuse can come in many forms. Even if an abuser doesn't leave physical marks on their partner, a relationship may still be abusive. Some people are emotionally abusive. Emotional abuse can take many forms such as: making a survivor feel guilty, blaming a survivor for their anger, having extreme mood swings, or denying the existence of their relationship. The following example describes a case of emotional abuse.

> **David and Kyle, two out gay men, are both highly involved in the trans community. David leads an LGBT teen group and Kyle participates in Pridefest meetings at the local community center. The two men are known to be friends and begin dating. While their closest friends know that they are dating, Kyle insists on keeping the relationship a secret. At a recent event, Molly sees Kyle flirting with another man while David is in the room. Molly asks Kyle about the relationship and David lets her know that Kyle insists on keeping their relationship a secret and refuses to give up dating other men.**

HUMILIATION / LACK OF RESPECT

Lack of respect is another sign of an abusive relationship. An abusive partner can demonstrate lack of respect by name calling, criticizing, belittling their partner's thoughts or looks, ignoring their partner, or being unavailable when their partner wants to do something special. The example below highlights what lack of respect or humiliation might look like in a relationship.

> **Sandy and Jesse have been dating for a year and a half. Sandy works as part of the AIDS resource center. The AIDS resource center holds a major fundraiser every March. The couple has invited a number of their friends over to their house to get**

[85] FORGE. (2011). "Assessing training needs to better serve transgender victims of sexual violence," a survey approved by the Morehouse School of Medicine's Institutional Review Board. Data is the process of being analyzed.

ready for the event. Jesse finishes getting ready and sits in the living room to wait while some of their other friends finish getting dressed. When Sandy comes out Jesse says, "Are you really wearing that? You know that you don't look good when you dress like that! Why don't you dress more butch?" An argument continues regarding Sandy's appearance.

CONTROLLING BEHAVIOR

Abuse can also take the form of an abuser tightly controlling what happens in their relationship or in their partner's life. Most forms of abuse involve some sort of controlling behavior. This type of behavior may be a warning sign of other abuse in the future. A controlling person might isolate their partner from friends and family, discourage a survivor from being involved with trans- or survivor-focused groups, become jealous easily, tell their partner what to wear or how to behave, use technology to stalk their partner, monitor or take control of their Facebook pages, text or call constantly, or force their partner to be out or to be closeted.

Tina just started dating Jason. Once a month Jason goes out to dinner on a Friday night with his friends from work. On Thursday Jason reminded Tina that he would not be able to hang out, because he is going out with friends after work. During the dinner Friday night, Tina texts Jason ten times asking him what he is doing and when he would be free to meet her.

THREATS/INTIMIDATION

Survivors don't have to be hit or sexually assaulted to be abused. Abusers may use threats to control their partner. Threatening a person without carrying out the threat is a form of abuse. It is used to manipulate a survivor into doing what an abuser wants them to do. An abuser may threaten to hurt themselves, hurt their partner, reveal a survivor's trans or LGB identity, or disclose their HIV status. An abuser may also scare their partner with looks or gestures, demand time even when their partner is busy, or use violence or objects to scare their partner.

Taylor is an out, straight, transgender man who is dating Jackie. Taylor wants Jackie to move in with him and start dating more seriously. Jackie just ended a 5-year relationship and does not want to move in with him right away. Taylor threatens to kill himself by overdosing on pills if she does not agree to do what he wants.

VIOLATES BOUNDARIES

Another way abusers attempt to control their partners is by violating their boundaries. Abusers may read their partner's diary, email, letters, or texts without permission. They may constantly pressure their partner for sex when their partner is uninterested. They may also constantly tease, make fun of, or pick on their partner even after being asked to stop.

Adam is a gay male who is in a relationship with Jay, a bisexual man. Adam is jealous and suspicious of Jay's female friends. Adam often says he is afraid that Jay will leave him for a woman. After having a phone conversation with a female co-worker Jay finds Adam going through the call history on his cell phone.

Other Signs

Some relationships are unhealthy even if there are no major signs of abuse. Similarly, some people engage in behaviors that may not be abusive, but are certainly unhealthy. Signs that a person might be an unhealthy partner include: abusing alcohol or drugs and using it as an excuse for negative behavior, having a history of troubled relationships, treating pets poorly, being violent toward others, having a history of cheating on their partner, or shaming their partner about their sexual orientation or gender identity.

Abusers often can seem wonderful when they are not engaging in abuse. Prior to and/or after an episode of abuse, abusers may be sweet or apologetic. This periodic charming and loving behavior might make it hard for a survivor to label other negative behavior as abusive.

What behaviors might a survivor engage in?

There are some behaviors that a survivor might engage in as a result of being abused. Sometimes people who have been abused make sacrifices like giving up friends, activities, or ambitions due to a controlling partner. At times survivors blame themselves or make excuses for their partner. A survivor might think "If only I hadn't bugged my abuser, they would not have gotten mad," or "My abuser is only like this when they are stressed or drinking." A survivor might feel more insecure than they did prior to being in the unhealthy relationship. They may rehearse what they will say to their abuser, apologize often for their behavior, try to predict their partner's mood, or find that someone is expressing concerns about their relationship.

Trans-specific tactics

In addition to the kinds of tactics any abusive partner might engage in, both transgender people and their partners (trans or non-trans alike) have additional vulnerabilities that an abusive partner might exploit. See the two pages after this section, which reprints a FORGE handout on trans-specific power and control tactics. (You can download the Tactics separately at http://forge-forward.org/2013/04/power-and-control-tactics/)

Becoming safer

If your current partner makes you feel unsafe, you may want to consider strategies to increase your safety. After the two page chart on trans-specific power and control tactics is a reprint of FORGE's "Safety Planning: A Guide for Transgender and Gender Non-Conforming Individuals Who Are Experiencing Intimate Partner Violence," which can help you investigate and think through your options. (You can download the Safety Planning guide directly by going to: http://forge-forward.org/wp-content/docs/safety-planning-tool.pdf)

Trans-Specific Power and Control Tactics

http://forge-forward.org/2013/04/power-and-control-tactics/

	TACTICS USED AGAINST TRANS PARTNERS	TACTICS USED BY TRANS PARTNERS
Safety. Outing. Disclosure.	▪ Threatening to "out" you to your employer, friends or family members ▪ Threatening to take the children or turn them against you	▪ Threatening to tell your family, friends, employers that you aren't who you say you are (e.g. straight, lesbian…) ▪ Turning the children against you
Community Attitudes	▪ Ridiculing or belittling your identity as bisexual, trans, femme, butch, genderqueer… ▪ Claiming they are more "politically correct" and using their status as an L, G, B, and/or T person against you ▪ Stating you would harm the LGB and/or T community if you exposed what was happening	▪ Ridiculing or belittling your identity as bisexual, trans, femme, butch, genderqueer… ▪ Claiming they are more "politically correct" and using their status as an L, G, B, and/or T person against you ▪ Stating you would harm the LGB and/or T community if you exposed what was happening ▪ Using "cisgender" as a slur and insult
Gender Stereotypes (& Transphobia)	▪ Telling you they thought you liked "rough sex" or "this is how real men/women like sex" ▪ Declaring you are not a real man/woman ▪ Telling you that nobody will ever love you ▪ Telling you that you don't deserve better and/or would never find a better partner ▪ Claiming they know what's best for you, how you should dress or wear makeup (or not), etc.	▪ Claiming they are just being "butch" or that "it's the hormones" (to explain their violent behavior) ▪ Telling you that there is no way to have safer sex with trans bodies, so you'll have to have unprotected sex ▪ Threatening suicide, especially while reminding you of how many trans people commit suicide ▪ Demanding a greater share of clothing/grooming funds because their safety is at stake ▪ Claiming they make a better or more attractive man or woman than you do

Trans-Specific Power and Control Tactics

http://forge-forward.org/2013/04/power-and-control-tactics/

	TACTICS USED AGAINST TRANS PARTNERS	TACTICS USED BY TRANS PARTNERS
Using or Undermining Identity	▪ Using pronouns not preferred by you or calling you "it" ▪ Calling you pejorative name ▪ Ridiculing how your body looks ▪ Telling you that nobody would believe you because you're transgender	▪ Accusing you of not allowing hir to have a "proper adolescence" ▪ Claiming that your identity "undermines" or is "disrespectful" to theirs ▪ Stating that trans people are superior because they don't limit themselves to a restrictive binary and sex role stereotypes
Violating Boundaries	▪ Eroticizing/fetishizing your body against your will ▪ Touching parts of your body you don't want touched, or using terms about your body they know you find offensive ▪ Forbidding you to talk to others about transgender topics	▪ Denying that you are affected by transition or by being partnered with a trans person ▪ Charging you with "not being supportive" if you ask to discuss questions of transitioning timing and/or expense ▪ Forbidding you to talk to others about transgender topics
Restricting Access	▪ Denying access to medical treatment or hormones or coercing you to not pursue medical treatment ▪ Hiding or throwing away hormones, clothes, prosthetics or other trans-specific items ▪ Negating your personal decisions ▪ Controlling finances to not allow for purchase of hormones, surgery, clothes, make up, prosthetics	▪ Not allowing you to talk to or see your friends ▪ Denying access to parts of the house or apartment (where hormones or clothes may be stored) ▪ Negating your personal decisions ▪ Controlling finances in order to prioritize paying for hormones, surgery, trans-related items (even if risking not paying for rent, food or mutual expenses)

Safety Planning: A Guide for Transgender and Gender Non-Conforming Individuals Who Are Experiencing Intimate Partner Violence

Click on the link below to download and/or print the standalone PDF version of this safety planning tool:

http://forge-forward.org/wp-content/docs/safety-planning-tool.pdf

About This Document

There are many sections to this safety planning document in order to provide a more comprehensive tool. It may feel long and overwhelming. Consider reading only a few sections at a time. Remember also that any step you take to improve your safety is important; you do not need to take them all.

Ideally, people using this Safety Planning tool should write out their answers and notes, to help solidify their thinking and so they can access help remembering their plans if they are under stress, such as during an episode of violence. HOWEVER, it is EXTREMELY important that these notes—whether they be on paper or electronic—NOT be left anywhere where an abuser could find them. Possible places where it may be safe to make and leave notes include: your computer at work; on a thumb drive you always carry with you or hide at a friend's house, a public (i.e., library) computer where you can store the answers "in the cloud"[86] under a password your abuser doesn't know; a friend's computer; or at a helping agency or professional's office, such as your therapist's office or your local domestic violence program. It is also advised that any lists of friends' contacts, bank accounts, service options, etc. that you generate be kept separately, to minimize the risks should one fall into your abuser's hands.

The Purpose of Safety Planning

There are some very common, but mistaken, beliefs about intimate partner violence (IPV).

Some of the primary myths include:

- The victim[87] believes it is their/zir/his/her behavior that causes the abuser[88] to "lose control." This belief is often fostered by the abuser, who usually blames the victim for "provoking" the victim. That means the abuser doesn't have to take responsibility for their abusive actions. It also, perversely, helps the victim imagine they[89]/ze/he/she has some control over the situation.

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[86] GoogleDrive, Dropbox, SugarSync and other cloud-based providers offer small amounts of free storage.

[87] "Victim" may be a word that doesn't resonate with you. This document uses victim to include anyone who is currently or previously experiencing abuse or violence by their partner (from dating partners or long term relationships).

[88] "Abuser" may also not be a word that feels comfortable or relatable. Throughout this document, the use of "abuser" is a date or partner who is exhibiting abusive behavior, power, control, or violence against you.

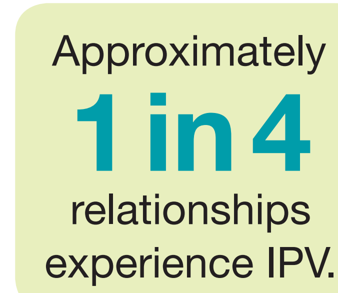
[89] To be inclusive of all genders of victims and abusers, this document will list multiple pronouns or use "they" as a singular pronoun.

- The victim and/or abuser may believe that relationship violence is normal and to be expected.
- The victim and/or abuser may believe that the violence was a one-time occurrence that will not be repeated.
- The victim and/or abuser may believe that it's only domestic violence if it's a man abusing a woman.

Through safety planning, friends, family, advocates, and concerned professionals can help victims understand that these beliefs are dangerous myths and help the victim focus on where they/ze/he/she actually does have power and control: planning for and taking concrete actions that can enhance their/zir//his/her safety.

What is Intimate Partner Violence (IPV)?

IPV is known by many names, including domestic violence, family violence, abuse, and battering. While most people think IPV involves physical violence, it can also include forced sexual activity, financial exploitation, stalking, blackmail, coercion, isolation, harassment, and emotional abuse. The line between normal disagreements or tension between within a relationship and IPV may be subtle. Many people say that it is IPV when one person routinely tries to control the other through violence, threats, and manipulation. If you feel afraid at home or when you are with your partner, there's a good chance you are experiencing IPV.



Another sign of IPV is realizing that your partner has slowly managed to isolate you, separating you from your normal supports, activities, and friendships. Abusers tend to do this to make their victims more dependent on them, and to lower the chances that the victim will decide to leave. A third possible sign of IPV is realizing that your partner has made you feel chronically ashamed of yourself or worthless.

Some abusive relationships will only contain one or two of these components, while other relationships will have many, complicated, forms of abuse woven throughout multiple aspects of their relationship dynamic. Any amount of abusive behavior is abuse. You deserve to access support that will help you live without abuse. Everyone deserves relationships that are free from abuse of all kinds.

How Often Does IPV Occur?

IPV is very common. A lot of research indicates that roughly 1 in every 4 intimate relationships—be they heterosexual or lesbian, gay, or bisexual; people who are transgender, gender nonconforming, or non-transgender; people of any race, age, level of disability, income level, religion—experiences IPV. Despite how common it is, it is not something you have to live with.

Many people grew up in abusive households and never learned that living together peacefully is normal and something they should have. Transgender[90] people, often having

[90] FORGE uses "trans," "transgender" and "gender non-conforming" as very large umbrella terms that are fully inclusive of hundreds of gender identities, histories, experiences, and expressions. Although this document will primarily use the terms "trans" and "transgender," FORGE includes and presumes that many individuals will more closely align with terms such as genderqueer, gender fluid, bi-gender, omni-gender, two-spirit, androgynous, femme, butch, transsexual, crossdresser, woman of transsexual experience, man of transsexual history, trans man, trans woman, boi, T-girl, stud, aggressor, and many other terms.

grown up subject to others' hurtful name-calling and/or abuse because they are gender non-conforming, seem particularly likely to believe that they are lucky to ever find love, even if that love turns violent. No person should have to be in a relationship that is abusive. Transgender people can and should have loving partnerships that are free from violence or coercion.

Can Abusers Change?

Some abusers do eventually learn how to have an intimate relationship without hurting or trying to control their partner. However, this is not an easy process and almost never happens after an abuser simply promises they will never be violent again. Instead, violent or coercive partners have to unlearn habits of thought and behavior that lead them to try to control their partners' behavior rather than their own behavior and emotions. Oftentimes, they have to work through and heal their own experiences of having been abused. Then they have to learn and practice new interpersonal skills to a point where even under substantial stress, they are able to control their emotions and behavior, which result in making choices that are healthy for both partners. Making these changes takes a lot of time and effort, and usually requires therapy or other professional assistance.

Some domestic violence advocates urge partners who are being harmed to not attend couples counseling with their abuser. Their fears include:

- the therapist may agree with the abuser that the victim needs to make all the changes;
- the victim may say something in therapy the abuser may use against him or her later; and
- the abuser may use therapy as just another setting in which to make the victim feel bad.

However, you know your abuser better than anyone else, and only you can decide if couples counseling will be safe for you and might be helpful to both you and your partner.

For a variety of reasons, many people who experience IPV choose to stay with their partner, either temporarily or permanently. (Individuals who experience harm from their partners also frequently leave and then return, sometimes more than once before they are able to permanently stay away.) If this is true for you, you can and should think about how you can lower the chances of you and/or your children and pets being harmed by your abusive partner. Safety planning can help you do this.

What Is a Safety Plan?[91]

A Safety Plan is a set of actions you can take if you stay with the abuser, while preparing to leave the abuser, and/or after you have left. This document will help you identify ways of being more prepared to keep yourself (and your children and pets, if you have them) safe.

Work through the sections in this safety planning tool that are relevant to you—by yourself, or ideally with a friend, advocate or provider.

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[91] FORGE is grateful for other LGBTQ organizations who have constructed safety plans. Some content in this document has been adopted from the online Safety Planning guide of the Gay Men's Domestic Violence Project (http://gmdvp.org/domestic-violence/safety-planning) and the "Intimate Partner Violence Safety Plan" developed by Outfront Minnesota (http://www.outfront.org/programs/avp).

Remember that a Safety Plan can't prevent abuse, because that's under the control of the abusive partner (no matter how much they claim you provoked it). But if you:

- Plan what to do ahead of time;
- Prepare to carry out your plan; and
- Rehearse the steps you need to take…

you are far more likely to be successful at avoiding the worst.

Note that the suggestions in this Safety Plan are written for a wide range of situations. You know your situation best, so make sure you think through what is best for you and make whatever changes or additions feel right to you.

Laying the Groundwork

You can't always predict an incidence of violence, and many victims find that they are either gradually or suddenly being subjected to much worse violence than they were at first. For both these reasons, seriously consider laying important groundwork that may later prove lifesaving, even if you think your current situation doesn't warrant such measures.

IDENTIFY SERVICE AND SUPPORT OPTIONS

Find out what domestic violence services are offered in your area, and what their phone numbers are. There are over 40 LGBTQ[92] anti-violence programs (AVPs) across the country. AVPs exist to support people who have or are experiencing abuse or assault. They work hard to identify local, state and regional resources for LGBTQ people who have experienced violence and need help. You can find a list of the AVPs at http://www.avp.org/storage/documents/NCAVP_member_and_affiliate_list_October_2012.pdf). If one is near you (in your state or region), include them first on your resource list.

Identify other local domestic violence services. One place to start looking for referrals is The National Domestic Violence Hotline at 1-800-799-SAFE (7233). (Their TTY number is 1-800-787-3224).

When you are ready to call an AVP, the National Domestic Violence Hotline, or any other DV program, call them from a safe place (see "Become aware of your electronic trail," below) and find out what their policies are about serving transgender people and what services, if any, they may be able to offer you while you remain with your abuser and/or if you choose to leave.

Start a dated journal of your abuse.

Include threats, stalking, and destruction of property. Add photos if you can. This information will be useful in securing a restraining order or any other legal action you may need to take later on. Obviously, it is critical that this journal be kept somewhere where your abuser will never find it. Consider renting a safety deposit box to keep hard copies of journal entries or photos. A second relatively secure option is to use a password protected cloud-based electronic file service, so no electronic file is on your computer's hard drive, and no photos are on your phone or hard drive.

[92] LGBTQ = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

Begin recruiting supporters and develop code words. Transgender people may need to think very carefully about who they know who they can trust to keep confidential information from the abuser. Such individuals may be friends (particularly if they are not also friends with the abuser), neighbors, co-workers, or other people you know. When you identify such individuals, begin sharing your situation and ask them specifically if they would be willing to help you if the situation got worse. Set up a code word or phrase that will tell them you are in danger and need them to call for help (make sure you are explicit about what kind of help you want them to call). Find out if they would be able to offer other concrete help such as housing you in an emergency, storing duplicate copies of important papers, or keeping your safety bag of packed clothes/supplies.

Stock your wallet and its backup

Keep your wallet with important identification, credit cards, and other material with you at all times. Make copies of critical documents and account numbers and keep them someplace safe, such as a friend's house, at work, or in a password protected computer file stored outside of the house. A following list includes most of the documents you might need if you leave for a lengthy period of time:

- Driver's license/state identification card, car registration, and proof of insurance
- Work ID/work permit
- Health care insurance or Medicaid/Medicare ID cards
- Social Security card
- Birth certificate
- Passport
- Green card, visa, or other immigration papers
- Carry letter if your identification has not been completely updated
- Surgeon's letter if your identification has not been completely updated
- Court order for name/gender change
- Copies of any restraining order, if you have obtained one
- Welfare identification
- Lease or home deed, house or renters insurance information
- Children's identification/adoption records
- Paternity or custody records
- School and vaccination records (self and children)
- Marriage license or divorce papers
- Medical records
- Other court documents
- List of possible service organizations (see Laying the Groundwork)
- List of friends' and therapist's addresses and phone numbers

It is common for abusers to become angry and increase the level of violence when their partner leaves, even if they intend to come back. Leaving is therefore a very dangerous time for victims. Begin planning for this eventuality by developing **two useful habits.**

1. **Become aware of your electronic trail.** With many people carrying cell phones that can be tracked by GPS and using computers that keep traces of users' searches and communications, it is becoming increasingly easy for knowledgeable individuals who wish to control or stalk their partners to track down where their victims have gone. Your travels may be traceable through credit card bills, debit card statements, your cell phone, and, of course, your social media updates. If you search for shelters on your home computer or a tablet you leave behind, your abuser may be able to learn where you might be. Don't trust your cell phone to keep all of your friends' and resources' phone numbers (it might be left behind or broken), but don't leave a paper or computerized directory around where your abuser can find it, either. Make sure you have multiple ways of accessing important numbers, and that they are kept in places your abuser doesn't have access to, like at friends' houses, work, or electronic storage not accessed by computers/phones at home. Whenever possible, do your resource scouting at public computers and/or public phones, or borrow a friend's. Hide critical computerized information behind passwords your abuser would never guess, not your usual ones.

CULTIVATE 2 HABITS:

1. Become aware of your electronic trail.
2. Develop habits that regularly take you out of the home.

2. **Develop habits that regularly take you out of the home.** Develop a regular habit that takes you out of the house, such as daily taking out the garbage, going for a walk, or getting a newspaper. This activity can be used as an excuse to leave if you have warning that abuse is about to occur. Or if you are planning to leave, the activity can be a safe way to get out of the home.

Staying Safe at Home

SCOUT OUT YOUR HOME

Sometimes when it's not possible to avoid a peak violent episode, a victim can still maneuver that outburst to a safer spot.

You want to avoid:

- Being cornered in closets, small spaces, or bathrooms;
- Rooms where weapons (guns) or potential weapons (knives, fireplace tools, or fire extinguishers) are stored; and
- Stairways, unless you are using them to flee the home.

You do want:

- Rooms with a phone and/or a door or window you can escape out of.

Try not to have your abuser standing between you and an exit. Think ahead. Before an incident, practice how to get out. Teach the escape plan to your children, if you have any. If you live in a tall building, consider what elevators, stairwells, or fire escapes you can use.

RECRUIT YOUR NEIGHBORS

While some trans and gender non-conforming people do not feel like calling the police is helpful, others do. If you do want the police called when you are indanger, consider talking to trustworthy neighbors and asking them to call the police if they hear suspicious noises coming from your house. You may also want to develop a code phrase or visible sign (like a towel hung in a window) that will signal them that you are in trouble and want them to call the police.

Emergency Safety Bag

Abuse can get worse over time or quite suddenly. If you have ever felt in danger from your abuser, consider preparing an "emergency safety bag" that can save you precious time if you suddenly need to leave your home. This bag should be stored in a safe and easily accessible place, such as a friend's or family member's home, at work, in a car trunk, or any place to which the abuser will not have access.

POSSIBLE CONTENTS INCLUDE:

Finances

- Cash
- Credit cards and ATM cards[93]
- Checks[94]

Essential resources

- Keys to car, house, work, safety deposit/post office boxes
- List of possible service organizations (see Laying the Groundwork)
- List of friends' and therapist's addresses and phone numbers
- Spare glasses or contact lenses
- Medications, prescriptions, contact information for doctor(s) and pharmacy
- Cell phone and charger[95]
- Any assistive devices you need
- Photos of the abuser
- Your journal of abuse, if you do not already store it elsewhere, and/or photos of injuries your partner has inflicted on you
- Public transportation schedule

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[93] If your credit card and bank charges statements go to an address you share with the abuser, they can be used by the abuser to trace where you are. Ideally, change the address where these statements go so they do not fall into your abuser's hands. If the accounts are in both names, the abusive partner can still request access to the account information from the bank. It is safest to consider using only cash and/or opening new accounts if you leave.

[94] See above.

[95] Your cell phone may have a GPS that your abuser can use to track you. You definitely do not want to leave your cell phone where your abuser has access to it—it will contain too much information about your friends and contacts—but it may be safer for you to stash it someplace after you leave and purchase a new, limited-use phone. You can also ask a domestic violence program to assist you in obtaining a free cell phone that can only dial 911 in emergencies.

Identification and paperwork

- Driver's license/state identification card, car registration, and proof of insurance
- Work ID/work permit
- Carry letter if your identification has not been completely updated
- Surgeon's letter if your identification has not been completely updated
- Health care insurance or Medicaid/Medicare ID cards
- Social Security card
- Birth certificate
- Passport
- Green card, visa, or other immigration papers
- Court order for name/change change
- Copies of any restraining order, if you have obtained one
- Welfare identification
- Lease or home deed, house or renters insurance information
- Children's identification/adoption records
- Paternity or custody records
- School and vaccination records (self and children)
- Marriage license or divorce papers
- Medical records
- Other court documents

Hormones and prosthetics

- Hormones, prescriptions, contact information for doctor and pharmacy
- Binders
- Stand to urinate devices
- Packies or penile prosthetics
- Wigs
- Gaffing materials
- Shaving/plucking tools
- Breast/hip forms or other feminizing prosthetics
- Makeup

Clothing

- Change of clothes and shoes
- Note: if you have difficulty finding clothes and/or shoes in your size, consider buying extra items when you find them and asking friends or colleagues to keep them for you. Also add your favorite clothing sources to the list of addresses and phone numbers you take with you.

Other things to consider taking

- Jewelry, personal photographs, and other valuables
- Personal items that bring you comfort or peace
- Small saleable items
- Items of special sentimental value

If you do leave and you have the time, clear the browser history on any computer left where the abuser can access it.

Note that if you want to leave, you do not have to wait for the violence to escalate or something terrible to happen. It's ok for you to go whenever you want to or can.

Financial Planning

Many transgender people are living paycheck (or benefits check) to paycheck and find it extremely difficult to put aside money that can be used in an emergency. Whatever you can put aside, however, even if it is just the change from your pocket every day, will increase your options should the abuse you have experienced gets worse.

Just as important, you can take some steps now to make you safer in the future. Remember that account information now typically includes all uses of your debit card as well as checks, and can be accessed online as well as by mail and in person; if your abuser shares your account(s) or even simply knows your passwords, they/ze/he/she may be able to access information that might help track down where you are if you leave. Therefore, if possible, open a new account that does not have your abuser's name on it, and have the statements sent to an address you do not share with the abuser (such as a post office box). (Alternatively, find an online bank that doesn't send statements at all. Make sure, however, that you use a password your abuser doesn't know and wouldn't guess.) Use only this account if you leave your abuser.

Open an account in your name only.

Ensure statements and notices do not go to an address you share with the abuser.

Also pay attention to what happens to paperwork concerning any large asset you both own, such as a house or other property. Abusers may work to put assets in their names only, often offering very convincing reasons why this is a good idea (tax benefits, avoiding potential problems with antagonistic family members, avoiding the confusion that might result if you are planning to change your name, etc.). Given how few transgender people are protected by marriage and/or community property laws, allowing any asset to be held only in your abuser's name may mean you will lose whatever equity you put into the asset. Make sure you consult a trans-knowledgeable lawyer so that assets are held in a way that protects you and your interests.

If you hold any joint credit cards with your abuser, find out which ones you are liable for and make sure you monitor how much your abuser charges to them. You can request one free credit report every 12 months by contacting Central Source at www.annualcreditreport.com or calling them at 877-FACT-ACT (322-8228). You may then need to call each credit card issuer to determine how the card is held and what your liability is. If you need to start disentangling yourself from debts your abuser should be responsible for, contact your local credit counseling agency, domestic violence program, or United Way for a referral in your area that can help you begin the process. If you do leave and end up

responsible for credit card debt, be sure to contact the issuing company or companies to discuss the situation and see if they will suspend late fees or interest, let you negotiate lower payments, or otherwise accommodate your situation. Any proactive effort you make to address debt problems will result in a better outcome than simply abandoning those accounts and financial responsibilities.

Safe Havens

Transgender people who experience domestic abuse have fewer options for finding safety than most non-transgender (female) victims. Most domestic violence shelters do not house men (non-transgender or transgender), and many will not accept transgender women, either. Some will provide hotel vouchers, but these are typically only for a very few nights. If you live in an area with an LGBTQ anti-violence program (a list is available at http://www.avp.org/storage/documents/NCAVP_member_and_affiliate_list_October_2012.pdf), contact them first, as they may know who might serve you and will advise and advocate for you no matter what other services you may be able to access. If there is no local AVP, you can call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) for a list of local referrals. (Their TTY number is 1-800-787-3224).

Every shelter has a different policy about who they house and what specific requirements need to be met. For example, there is no consensus among shelters as to whether transwomen who live in a female gender role, have identification in their current name and female gender will be allowed access into a women-only shelter. There are also pros and cons about if a transgender person should disclose their trans status to shelter staff (prior to or after being accepted into shelter). Some individuals have found it safer to have disclosed, others have noted it has increased their risk of discrimination or even ability to access shelter services. You will need to make the decision about whether or not you disclose your transgender status/history based on your own values, safety considerations, and what other options, if any, you have.

Options beyond public shelters may be limited, as well. Family members may be estranged, and friends may feel divided loyalties if they are also friends with the abuser. If you need to get out but can't find a place to stay, hospitals, airports, bus terminals, convenience stores, and some restaurants are often open 24 hours. If you choose to go to an emergency room, you do not need to go into detail with the staff about your situation, but alerting a triage nurse that you are in flight from your abuser will allow you access to some assistance. Most emergency rooms have social workers on call who are available to help secure shelter, work with police, and contact family or friends. You will also be safe, while you are at the emergency room, which may buy you some time to consider your next steps. If you wish to remain anonymous and/or not contact the police or try to enter an emergency shelter (which are often unprepared to shelter transgender people and/or keep trans people safe), simply ask the triage nurse if you can stay in the waiting room because you are not safe on the street.

Obviously, LGBTQ community centers, transgender support groups, service organizations, and social groups may be unsafe if you leave your abuser and your abuser frequents these settings, as well, or knows that you do. Consider calling ahead and discussing the situation with staff members to problem-solve and/or make emergency plans in case your abuser should seek you out at these sites.

Safety in Your New Place

Abusers tend to be very emotionally tied to their victims, and frequently attempt to find them to "bring them back" if or when they leave. Here are some ways to increase your safety after you have relocated. (If you relocate to a domestic violence shelter, the staff can also help you think about how to stay safe.)

- **Consider getting a restraining order.** If you have not previously done so, now would be a very good time to think about getting a restraining order. See the "Restraining Order" section for more information.
- **Recruit allies.** Give neighbors, any security guards, workplace security or colleagues, landlord or rental property manager and friends a picture of your abuser, tell them that the abuser does not live with you, and ask them to call the police if they see them/zir/him/her near your home. If you have a restraining order against your abuser, by all means share copies of that with others, as it may make them realize the seriousness of your situation and encourage them to help you. Make sure that friends and family members know to never give your new address to the abuser.
- **Revisit your safety plan and repack your emergency safety bag.** Now that you have new surroundings, develop and rehearse a safety plan in the event the abuser shows up at your new home, including an escape route and where you would go in an emergency.
- **Repack an emergency safety bag** in case you need to leave suddenly.
- **Install home security measures.** Add a peephole to outside doors and increase outside lighting if appropriate. Consider an alarm system, security cameras, as well as a smoke alarm and fire extinguishers. Make sure all windows have locks or window bars to prevent them from opening from the outside. If your outside doors are wood, consider replacing them with metal doors. Purchase home rope ladders to be used for escape from a second floor window.
- **Stop your electronic trails.** Change all passwords and PIN numbers, such as on telephones, ATMs, computers, etc. If you have any kind of credit card, bank, or cell phone statements going to the abuser's home, change those immediately by closing the accounts and reopening new ones. If your abuser may be able to track you using the GPS on your cell phone, discontinue using that phone and obtain a new phone and cell phone plan, which might be a limited-use one. Change to an unlisted number. If you cannot afford another phone and cannot borrow one from someone, consider asking police or a domestic violence program if they can give you a free 911 phone that will at least allow you to call police in an emergency. If you are on government assistance programs, you may qualify for a free cell phone with 240 minutes per month through SafeLink (http://www.safelinkwireless.com). An additional benefit of this program is that they don't have billing statements or require a credit check.

  If you change your address with the department of motor vehicles, be sure to ask them to use a number other than your Social Security number to identify you, and ask them to code your address to keep it confidential. (You may have to explain that you have a pursuing abuser who you need to shield your new address from.) If your abuser seems to know where you go, there is a possibility

that they/ze/he/she may have placed a GPS device on your car or somewhere in your possessions. Carefully go through all your belongings and have your car inspected to see if you can find and then destroy or disable any such device.

- **Screen incoming and outgoing calls.** Use caller ID and voice mail or answering machines to avoid accidentally answering a call from your abuser. If you want to try to block calls coming from telephone numbers you know your abuser might use, read a how-to guide at http://electronics.howstuffworks.com/blocking-incoming-call.htm. To limit how many people know your new number (and can therefore accidentally share it with your abuser), start all calls by dialing *67 before the number, so that the caller's phone will display only "Blocked Number."
- **Keep records of abuser attempts to contact you.** Keep copies of all emails and phone messages and logs of all of your abuser's attempts to contact you. These may be useful if further legal efforts are necessary.

Safety on the Job and In Public

- **Recruit allies.** Abusers commonly come to the workplaces of victims who have left them. If your company or building has security personnel, give them a photograph and name of the abuser and tell them you are not interested in speaking with them/zir/him/her. If you have a restraining order, give security a copy and tell them to call police if the abuser shows up. You may want to do the same with your Human Resources department and/or supervisor. If your abuser has visited your workplace on a friendly basis in the past, you may need to inform your co-workers about your situation and ask them to help. If possible, have someone screen your calls at work, especially if your workplace does not have caller ID.
- **Create a workplace safety plan.** As you did with your home, scout out your workplace to identify where you will go and how you will get help if your abuser shows up. You may need to recruit help from co-workers. Check if your workplace has policies regarding domestic violence and/or workplace violence and remind receptionists not to give out your home address or telephone number to anyone other than authorized individuals. If you encounter resistance from your supervisor or co-workers, consult with a domestic violence program or attorney to see what laws protect you.
- **Vary your route to and from work.** Use a variety of routes and times to arrive and depart work, if you can. Travel with others when possible. Rehearse a safety plan in the event that something were to happen on the way to or from work. If you will be leaving after dark or working late, try to move your car closer to the entrance during lunch or a break, and if possible, leave the building with a co-worker. If you commute by bus, consider getting off at a different stop than your abuser might expect, or only get off when other people are exiting as well.
- **Vary your other routines.** Consider switching your usual grocery store, bank branch, etc. Go at times that are different from what you habitually did when you were partnered with the abuser. Arrange for direct deposit, or ask someone to make deposits for you.

Orders of Protection

All states permit some people to obtain a legal order of protection (also called restraining order, a "stay away" order, and other names) against someone who threatens them. However, state laws differ and some do not cover same-sex couples and/or people with varying household and legal arrangements. You can do an initial check of whether your state's domestic violence order of protection law may cover your situation by checking the chart at http://www.americanbar.org/content/dam/aba/migrated/domviol/pdfs/dv_cpo_chart.authcheckdam.pdf.

Although procedures for obtaining an order of protection vary from state to state, they all involve contact with the court and, possibly, law enforcement, and some trans people therefore do not wish to try to obtain one. It is also true that the court may not grant you the order, and that the abuser may not obey the order even if it is granted. However, having an order of protection may help get you faster and more cooperative help from law enforcement and other security personnel if your abuser does show up at your home or workplace.

A general description of orders of protection and state-specific information is available at http://www.womenslaw.org/laws_state_type.php?statelaw_name=Restraining%20Orders&state_code=GE (note that some descriptions only describe abusers as "he" which may not correspond with your situation).

Most LGBTQ anti-violence programs (a list is available at http://www.avp.org/storage/documents/NCAVP_member_and_affiliate_list_October_2012.pdf), and most domestic violence programs (The National Domestic Violence Hotline at 1-800-799-SAFE (7233) can give you local referrals; their TTY number is 1-800-787-3224) can provide advocates and/or advice on how to file for a protective order in your jurisdiction.

If you obtain an order, make sure it is listed in the registries of counties where you live, work, and travel by calling the Clerk of the Court and/or the sheriff's office for each county. Make copies of your order and keep them at work, in your car, and on your person. Give copies to security personnel at home and work.

PHOTO BY LEIGH HOUGHTALING

Protecting Children and Pets

If you have children living with you, they are almost invariably already aware of your partner's anger and/or abuse. They will most likely be less afraid, not more, if you teach them what they can do when you are abused and/or they are afraid.

Therefore, teach them not to get in the middle of a fight between you and your abuser. Develop a signal you can use if you want them to summon help or call 911. Make sure they know their own names, addresses, and phone numbers, and teach them how to call 911 and what to say. If you do not want them calling the police, teach them who else to call. Teach them about where to go to be safer during an incident, based on whether your abuser is likely to go after them as well, or will concentrate on you. You may want to teach them to run to a neighbor's house or nearby public place. Tell them how to call you (including making a collect call) if your abuser takes them somewhere without your knowledge or consent. If your children are very young or liable to get confused in an emergency, prepare a laminated card for them to carry with important information on it. Make sure your

children know what other adults you trust and what information you do not want shared with others.

Make sure that the people who care for your children—teachers and school administrators, day care staff, babysitters, Sunday school teachers, and others—know who has permission to pick up your children, and give them a copy of any restraining order. Make sure the school or daycare knows not to give your address and phone number to anyone, and set up a password so they can be sure it is you on the phone when you call for information. Make sure your children know who to tell at school if they see the abuser.

If you have pets, you will need to make plans for them in case you need to or decide to leave. Some shelters will temporarily board the pets of people who are fleeing domestic violence, so call your local shelter ahead of time to find out if this is a possibility for you. Perhaps a friend or relative who cannot shelter you would be willing to shelter your pet(s). Your vet may even be willing to donate some boarding time if you let them know the reason and how soon you think you can make alternative arrangements.

Emotional Support

A common hallmark of domestic violence is that the victim has become isolated from other people. This may have happened slowly and subtly, without your conscious awareness, or it may be clear that your abuser is trying to control who you see. Either way, it is important to recognize that everyone needs other people, and that if you are isolated, you need to take steps to bring more people into your life. This may be by attending support groups, volunteering in places where you work with other people, or by reaching out to people who are already around you, like coworkers. Remember that while some people prefer to pretend domestic violence doesn't exist, 1 in 4 people have been in a situation similar to what you are experiencing. You are not alone, and you need others' input to help you stay safe and sane if you are living with an abusive partner or have just left one.

Domestic violence programs and LGBTQ anti-violence programs often have emotional support services at no cost. Ask about support groups that are open to any gender, therapists, social workers, or other supports that can connect you with others.

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Appendix C: New non-discrimination protections for trans people

Due to persistent and effective lobbying, a strong coalition, and maybe some elements of luck and timing, the 2013 Reauthorization of the Violence Against Women Act (VAWA)—the federal program that funnels around $400 million dollars a year into programs addressing sexual assault, domestic violence, stalking, and dating violence—included a groundbreaking new nondiscrimination provision.

The 2013 VAWA Reauthorization included, for the first time in the history of federal laws, a provision forbidding discrimination based on "gender identity."[96] Specifically, what has been labeled "the New Civil Rights Provision" added sexual orientation and gender identity to VAWA's prohibition against discrimination:

> **No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United State Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under the Violence Against Women Act of 1994 (title IV of Public Law 103-322; 108 Stat. 1902), the Violence Against Women Act 2000 (division B of Public Law 106-386; 114 Stat. 1491), the Violence Against Women and Department of Justice Reauthorization Act of 2005 (title IX of Public Law 109-162; 119 Stat. 3080), the Violence Against Women Reauthorization Act of 2013, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women.**

PHOTO BY LEIGH HOUGHTALING

Unlike many new non-discrimination statutes, the new VAWA law has the potential to remodel the system it affects—in this case, the nation's sexual assault and domestic violence service system. VAWA's name itself demonstrates who the system was originally designed for: women. Many programs have not served men at all, or have provided men with vastly inferior separate services, such as a limited number of hotel vouchers instead of accepting them into a group shelter where more integrated and supportive services are provided. Transgender people have routinely reported being denied services and even denigrated when they tried to access services. Although the new law may allow some sex- or gender-segregated services to exist, the exemption is quite narrow: sex segregation or sex-specific programming is permitted only when it is "necessary to the essential operation of a program." Depending on how the law is interpreted and implemented, this provision, could result in substantial integration of nearly all programs, including emergency shelters for victims of domestic violence and sexual assault.

[96] "Gender identity" was referenced in only one previous federal law, the 2009 Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act.

As of October 1, 2013, the non-discrimination provisions in the re-authorized VAWA take effect. Because the re-authorized VAWA is inclusive of LGBT individuals, survivors who are lesbian, gay, bisexual or transgender (both trans-masculine and trans-feminine) should be able to access the majority of services offered by agencies that receive funding from the Office on Violence Against Women. Since some programs may still be allowed to be sex-segregated, it is unclear as to how programs will determine who is eligible for gender-based services. It is our hope that more and more programs that currently divide by gender, will value trans peoples' rights to self-determination and honor every individual's gender identity. For those who are gender non-conforming or identify outside of binary gender, it is also our hope that programs will offer equal options for involvement, support, and services.

Individuals who experience discrimination or unequal treatment when attempting to access services can file a complaint with the Department of Justice's Office of Civil Rights (OCR). The OCR webpage offers a complaint form as well as more information: http://www.ojp.usdoj.gov/about/offices/ocr.htm We also recommend that trans people claiming discrimination send FORGE a copy of their complaint, so that we can provide you with support (and possibly additional referrals) and follow-up.

FORGE
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