

# Services Outside of the Box

Helping transgender clients navigate sex-segregated<sup>1</sup> services

## Introduction: Setting the Stage

The sexual assault and domestic violence (SA/DV) service provision systems in the United States are highly gender-segregated, prioritizing and/or exclusively serving female victims, implicitly defined in a rather narrow manner—people who were assigned the female gender at birth and still identify as such. Although many agencies and individual providers are increasing their awareness, cultural competency, and services available to non-female survivors, the majority of service providers are still stymied as to where and how to best serve their non-female survivors.

Although this article will focus on transgender<sup>2</sup> survivors, many of the outlined concepts are directly applicable to non-transgender/cisgender<sup>3</sup> male survivors, as well as other survivors who may not fit existing service structures.<sup>4</sup> [To learn more generalized information about transgender individuals, please visit the FORGE Web site at [www.forge-forward.org](http://www.forge-forward.org) to access many articles on transgender issues. {Note: Throughout this publication, FORGE will use several types of pronouns that transgender people may use, including the familiar (he/she), gender neutral (ze, hir), and plural/singular (they).<sup>5</sup>}

<sup>1</sup> Throughout this article, the phrases "sex-segregated" and "gender-segregated" will be used interchangeably. There is a significant difference in ideology between these phrases, but addressing that is beyond the scope of this article.

<sup>2</sup> FORGE uses transgender in the broadest possible way, including anyone who self-identifies as transgender, as well as those who non-transgender people may classify as transgender. Some identities included under this umbrella include individuals on a male-to-female (MTF) vector and on a female-to-male (FTM) vector, genderqueers, bois, two-spirited individuals, grrls, gender outlaws, studs, femmes, those identifying as many genders, those identifying as no gender, those who disclose and those who do not disclose, those who use hormones/surgery/legal name changes and those who don't, partners, loved ones, friends, family, and allies.

<sup>3</sup> Cisgender is a term used in growing frequency to describe someone whose birth gender and current gender identity are in alignment. In other words, a cisgender individual is someone who is not transgender or "someone who is comfortable in the gender they were assigned at birth," according to Calpernia Addams.

<sup>4</sup> FORGE is a strong supporter of the universal design concept. If services can support the most marginalized, or the most diverse population, they can and do better serve all individuals.

<sup>5</sup> Transgender individuals, especially those who transition from one gender to another, often change from using one set of pronouns to another. The majority of transgender individuals consistently use masculine (he, him, his) or feminine (she, her, hers) pronouns and prefer others to use those pronouns for them (consistently), as well. Some transgender individuals (for example, those who do not transition, who identify as more than one gender, who identify as a gender other than male or female, some youth, and individuals who may live part of their life in a male role and part in a female role), may use a combination of traditional and gender-neutral pronouns or may use one set of pronouns in some settings and another set in other settings. FORGE will use several types of pronouns in this document, including the familiar (he/she), gender neutral (ze, hir), and plural/singular (they). [Note: the use of the pronoun "they" in these cases is singular, not plural, referring to one person.] To learn more about pronouns, see FORGE's pronoun conjugation chart at [http://forge-forward.org/docs/gender\\_neutral\\_pronouns.pdf](http://forge-forward.org/docs/gender_neutral_pronouns.pdf)

Often, which transgender survivors will be included or excluded from services is somewhat arbitrarily determined, frequently without forethought, and usually absent written policies detailing who can or cannot access services. In many agencies, there are long-standing traditions of serving only particular populations. This message might be conveyed to potential clients through advertisements and Web sites, direct contact with persons answering crisis lines or responding to general inquiries about services, or in cues that signal "only \_\_\_ people are welcome here" at the agency itself.

Fortunately, more and more agencies are expanding services to cover *all* sexual assault, intimate partner violence, and hate violence survivors. These organizations toil over modifying existing (written or assumed) policies, implementing changes in who is included or excluded from the services they offer, and carefully codifying what characteristics are needed to fulfill entrance requirements.

Every agency/individual has the right to establish policies for participation—restrictive or expansive. They also have a responsibility to staff and clients to be clear about those policies. The questions to consider are:

- How were eligibility requirements developed, and what do they require?
- Are eligibility requirements in alignment with the organization's mission and/or nondiscrimination policy (if there is one)?
- Have eligibility requirements been determined through a process that involves input from all levels of employees (CEOs to front desk staff)?
- Are clients allowed to self-determine their eligibility or is it decided by agency staff?
- Are eligibility requirements written into policy or guidelines that are clear and understandable by all staff and potential clients?
- If an agency is unable to serve a potential client, does it have an adequate network of connections to appropriately refer the client?

## Sex-segregated services: A few examples

Any service can limit access or participation. The following is a short list of sexual assault-related services that may be segregated by gender:

- *Support groups.* Groups may be segregated into female only, male only, female primary survivor only, secondary male survivor only, transgender only, FTM only (female-to-male transgender), MTF only (male-to-female transgender), heterosexual couples only, same sex couples only, etc.

- *Shelter.* Nearly all domestic violence shelters are female only, while places like the YMCA or Salvation Army may be male only. Some youth hostels or places of refuge are single gendered, or may have double occupancy rooms that require same-gender roommates. In either male- or female-exclusive space, children of the opposite gender may be allowed up to a specific age (but denied entrance if older).
- *Transitional housing.* Many transitional living facilities are male or female only, including post-DV shelters, mental health transitional living, and post-inpatient substance abuse housing.
- *Hospitals, inpatient treatment facilities, and nursing homes.* The majority of hospitals, inpatient treatment centers, and nursing homes in the United States have same-gender double occupancy rooms, or single rooms that share a bathroom with another single room. Both physical health units and mental health units may pair roommates by gender.
- *Specialty physician offices.* Some OB/GYN offices prefer only female patients in the waiting areas (and some even restrict exam areas to female clients only). Some urologists have predominantly male clients.
- *Jails.* Unfortunately, some survivors end up in jail following a sexual assault/physical altercation. Jails typically use a process called “genital sorting,” which simply means that people with penises are placed in male wards and people with vaginas are detained in female wards. Some jails believe that the best way to keep a transgender/gender-variant person “safe” from other inmates is to place the person in “protected custody” (also known as solitary confinement).
- *Clothing banks.* Many service agencies provide personal grooming products as well as clothes to survivors. In the majority of cases, these items are female-focused; few men’s clothes or toiletries are available.
- *Health/fitness services.* Part of recovery for some survivors includes adding in a fitness routine, possibly including a self-defense class, or just for general stress reduction and improved overall health. Some gyms (e.g., Curves) only serve one gender. An even larger number of facilities offer specific classes to only one gender (e.g., yoga for women or basketball for men).
- *Mentoring programs.* Many survivors benefit from mentoring programs (Big Brothers Big Sisters) to help reduce isolation and offer something to another person in need. Many programs only match boys with men and girls with women.
- *Self-empowerment groups.* These services may include things like men's empowerment retreats such as The Mankind Project, or local or national groups that work toward empowering women.
- *Spiritual healing.* Often, spiritual retreats, mosques, synagogues, or sweat lodges may be restricted to one gender only.

## Why do we have sex-segregated services?

Organizations or individual providers may have many reasons why they start or continue segregated services. These reasons may or may not be in the best interest of the majority of clients they wish to serve. Some of the reasons why services are segregated include:

### **Tradition**

We stick with what we know and often find it hard to try something different. While social changes can be rapid, service models and policies may be slow to change, if they change at all. For example, single-stall, non-gender-labeled bathrooms are highly useful for families, individuals who may be disabled or aging and need assistance, people who have large bodies, people who simply prefer more privacy, and transgender individuals who may feel uncomfortable with binary choices. Yet it took several decades for the concept of unisex/single-stall bathrooms to become an acceptable architectural design option.

### **TV dinner model: Convenience**

Continuing an existing model or approach is far more convenient than modifying or developing a new program or policy. For example, if an agency is already serving female SA survivors, it is far easier to keep doing so exclusively than to increase marketing efforts to include non-female clients. Staying with the status quo also eliminates the need for additional staff training and changes in policies and practices.

### **The Adam and Eve Complex: Body privacy**

Western culture is fixated on genitals and consumed with body shame. We elaborately create systems that increase shame and stigma around all bodies, as well as reinforce the idea that there is increased danger when people of non-similar genders might be unclothed around each other. For example, locker rooms are always divided by gender. Even in more well-resourced gyms that have single-stall showers and private dressing rooms, locker rooms are always sex-segregated.

### **Venus and Mars syndrome**

For centuries, there has been a perception that men and women are inherently different and want different things. Not only have these differences been exaggerated, but there is no place for transgender individuals within this framework. A belief that assigned sex is an influential factor in communication, innate skills, and needs creates a parallel belief that services should therefore be tailored by gender. For example, many believe that women only want to work

with female mental health providers and men only want to work with other men, because people who are not of the same gender will not fully understand them or their experiences.

### **Made to order: Tailored services**

Somewhat paradoxical to the Venus and Mars framework is the idea that male and female brains (and/or socialization) results in people who do have uniquely different service needs. Thus, agencies may need to expand or re-envision some services to accommodate more than one gender. For example, Rick Goodwin of The Men's Project notes that female survivors are often encouraged to embrace their anger and to work towards expressing their rage at what happened to them. In contrast, male survivors are typically in touch with their anger and may instead need special help with reducing shame, talking about what happened, and expressing vulnerable emotions such as fear or embarrassment.

### **Perceived safety**

Probably the most common reason for gender segregation is the perception of increased safety that may occur when people who believe they share the same identity or experience access services together. Most commonly, though, gender-based segregation relates only to the safety of women. Services are not segregated to increase the perceived safety of *men*, but are segregated only for the perceived benefit of their female clients. Unfortunately, this division fails to recognize that at least 29 percent of sexual assault survivors had a female perpetrator.<sup>6</sup> Does a female-only support group increase the feeling of safety for survivors who had female perpetrators? Similarly, 1 in 4 couples (of any sexual orientation or gender identity) has experienced interpersonal violence.<sup>7</sup> If your agency serves lesbians or gay men, it is likely that among them is an individual who will have experienced same-sex interpersonal violence and may not feel comfortable in a group with only other same-gendered individuals. (Counter example: Where do we draw the line between identity-based segregation and discriminatory exclusion? If a white woman was assaulted by a woman of color and wanted to be in a group with other white women only, would it be ethical to create a whites-only support group? Or, if a Muslim woman said she felt uncomfortable around people who were Jewish, would we create groups and services so that she did not have to interact with any Jewish person? Why is gender any different?)

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<sup>6</sup> FORGE's 2004 study revealed that 29 percent of survivors had a female perpetrator. FORGE, 2005. *Sexual Violence in the Transgender Community*. Multiple documents available at [www.forge-forward.org/transviolence/survey\\_results.php](http://www.forge-forward.org/transviolence/survey_results.php).

<sup>7</sup> National Center for Victims of Crime and the National Coalition of Anti-Violence Programs, 2010. *Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, and Transgender Victims of Hate Violence and Intimate Partner Violence*, a joint policy report. Retrieved from [www.ncvc.org/ncvc/AGP.Net/Components/documentViewer/Download.aspxnz?DocumentID=47632](http://www.ncvc.org/ncvc/AGP.Net/Components/documentViewer/Download.aspxnz?DocumentID=47632).

## The buck stops here: Funding

Regrettably, funders sometimes require that we serve only (or primarily) a certain population. Until recently, VAWA (Violence Against Women Act) funding was granted only to agencies serving female victims. Although this is changing as there is increasing recognition of the discriminatory nature of such policies, funders may still have a focus on one gender or another. [Example: Many transgender individuals are excluded and/or mis-categorized in order to receive HIV services. MTFs who have sex with men are considered MSMs (men who have sex with men) by the CDC (Centers for Disease Control and Prevention). In order for some MTFs to access services, they must agree to be classified as men, regardless of their identity as women.]

## The impact of sex-segregated services run rampant

Men (straight, gay, bisexual, and transgender) and transgender individuals (MTF, FTM, gender variant, etc.) are unable to access the majority of sex-segregated services designed to provide resources, support, and healing to sexual assault survivors.

When it comes to sexual assault, no class of people is “privileged” or has it “easier” than another. Being a survivor means living with the immediate and long-term impacts of trauma. Everyone deserves the right to heal.

## Pick a box: Four ways to serve your clients

There are four major approaches to helping transgender (or male) clients navigate sex-segregated services. Two of these approaches work within existing boxes: 1. Buying the box off the shelf; and 2. Interchangeable lids: don't be boxed in. The other two involve longer-term systemic change: 3. Building it yourself; and 4. Rebuilding the ark—major renovation. A chart of these options is included at the end of this document.

## Working with(in) existing boxes

### 1. Buying the box off the shelf

Some services may already be a perfect fit for your client. Perhaps your MTF client “passes” well and would be perfectly happy in a women-only group. Perhaps the local support group for survivors is already a mixed-gender group and your client can enter the group without any challenges or advocacy. Perhaps one of your local gynecologists has a long history of working

with FTM clients—the local FTM support group has already created the alliances needed and is providing ongoing education and support to the provider—so there is seamless integration of a new transgender patient into this provider's practice. Or perhaps the sexual assault crisis treatment team has had extensive training about transgender needs and concerns and has existing protocols developed for serving transgender clients.

**Remember:** If it works, don't fix it, use it!

## 2. Interchangeable lids: don't be boxed in

- Sometimes great services exist, but may need slight modification in order for your client to fit.
- Some services may not be as well known as the traditional options.
- Other services might be available to your client, but may need a bit of advocacy or creativity on your part to make the pieces line up for your client's participation or to meet your client's needs.

Creativity is the key to this approach. It is also vital to have deep knowledge about diverse resources. If you are not aware of the resources, or don't have the connections, you can always start today. [Check out [www.forge-forward.org](http://www.forge-forward.org) or [www.avp.org](http://www.avp.org)]

Another critical component is determining your client's core needs. Does your client need what you think your client needs? Or are they looking for something else? Although all clients should be central in the decision-making process of their treatment, healing, and recovery from sexual assault, it might be even more crucial for transgender clients to discuss their needs and preferences, be given ample choices, and be encouraged to select the choice(s) that feel most comfortable and least threatening.

Some transgender clients may want your support in advocating for their participation in a sex-segregated service, while others may want to find other options to fulfill their need for connection, knowledge, physical and emotional healing, and even safety. Weighing the options, and determining which one is the best of what might be less-than-ideal choices, must involve your transgender client (and their loved ones, when possible or desirable).

One way to assess and better serve your clients who may want or need sex-segregated services is to use FORGE's "Decision-Making in the Short Term: Sex/Gender Segregated Services" flow chart (see Attachment B).

Here are a couple of examples to help illustrate some options and approaches providers can offer:



Emergency room physician and MTF patient. You are an emergency room physician who sees a recently sexually assaulted MTF patient. This woman has been vaginally penetrated, and her surgically constructed vagina is torn and in need of a specialist's care. Talk to your client about the options you have identified for her care: a) a referral to a specialist who could ideally repair the physical damage, b) offering your services to provide minimal care that may not result in optimal healing, c) suggesting she see her established (and trusted) primary care physician the next day (offering to have an emergency room staff person call to set up the appointment for her, if she wanted), and d) taking no action and explaining to her the associated risks. If your client would like to see a specialist, talk with her about your desire to refer her to an OB/GYN you know who specializes in pediatric gynecology, since you believe that this provider would be accustomed to working with bodies that need more gentle care due to tissues that are more fragile than adult non-transgender women's. Ask for her permission (and get a signed release) to call the OB/GYN prior to her appointment to explain the medical situation. Ask her permission before you disclose her transgender status to another physician.<sup>8</sup> If your client has already had control taken away from her during the assault, it is essential for her to have control over her body and what is said about it now.

Client isolation. Another example is a client who feels isolated and alone several years after an assault. Ze<sup>9</sup> may benefit from group therapy, which is often a default/standard recommendation; however, after carefully listening to your client, you realize that hir need for connection is what is most important to hir. The two of you review options, including a mixed-gender therapeutic art group (vs. a sex-segregated talk therapy group), individual therapy (vs. any type of group), online supportive resources (listserves, blogs, chat rooms), churches/spiritual groups (to connect with others around similar issues or to enhance connection to people and a higher power), buddy programs (adult/youth, partnering with older adults or adults with disabilities, or any structured program where people bond and have regular contact), friendship development (encouraging more time with existing friends or pursuing new friends), enhancing relationships with family (chosen or of origin), spending more time in public spaces (such as coffee shops or other venues where conversation may happen and people get to know each other), joining a gym or other club (to interact more with other people), getting a pet (for nearly constant companionship and unconditional positive regard), and many other options. Your client may feel that creating a combined approach to reducing isolation is more desirable (and healing) than joining a segregated support group that specifically focuses on sexual assault recovery. (Your client may also decide that the segregated support group is the option ze most wants to pursue.) By giving choices (which means you need to know what some of the options are), discussing them in detail with your client, and

<sup>8</sup> Not all transgender individuals are "out" (or choose to disclose their transgender status or history) to their providers. Some clients prefer to not reveal their transgender-related medical history, or the fact that they previously lived in another gender. Some prefer to "come out" themselves, rather than having someone else do it for them.

<sup>9</sup> Some transgender individuals use gender neutral pronouns, rather than "he" or "she." Ze, sie, s/he, and they are common gender-neutral pronouns. Asking your client which pronouns they prefer, and then using those pronouns, even when your client cannot hear you, is a sign of respect and will improve your relationship with your client and the care your client will be open to receiving from you.



then being willing to advocate for your client if necessary, you empower your client to receive the most benefit at the least cost to hir personal integrity and gender identity.

In-patient services. Your role may call on you to be an advocate in ways you never trained for. In some situations, you may need to advocate for your client to participate in traditional, mainstream services. If your client is required (or voluntarily decides) to enter an inpatient program for mental health services related to trauma, depression, and/or substance abuse, you may need to pursue multiple advocacy steps to ensure this client enters and leaves without added trauma to their gender identity. For example, after discussing the options with your client, you may need to make calls or meet in-person with the hospital behavioral health staff to assert that your client a) needs a single-bed room, b) has the right to wear hir preferred (gendered) clothing (within the harm-reducing rules of the facility), c) should be referred to by the client's preferred name and pronoun by all staff members (even if the client has not legally changed hir name), d) should have the right to experience a non-biased environment (which includes staff addressing any and all discriminatory words and actions associated with gender identity, as well as other factors like race, sexual orientation, religion, etc.), and e) can self-determine which gendered group ze wishes to participate in, if the program divides activities or groups by gender.

A key point to remember is that not all transgender individuals wish to disclose their transgender history or body status/configuration. Carefully check in with your client before any advocacy steps are taken. Get pre-approval for what information they are comfortable with you sharing with another provider or agency and what information they wish to keep private. The desire for privacy does not indicate the client holds shame or stigma about their identity or experience, or is in any way attempting to deceive or mislead. For some transgender individuals, it's akin to having diabetes—not everyone needs to know this information, which is mostly a private matter between the client and physician. Before talking with other providers to advocate for your client, check in with yourself about whether you would say similar things if you were talking about someone who was not transgender. Would you talk about their genitals? Would you talk about their “real” name? Would you share more information than was necessary for the type of referral or advocacy you were providing? In some cases, sharing these sorts of details is necessary and central to the conversation. In most cases, these details are tangential and unnecessarily exhibitionistic.

**Remember:** The three primary interchangeable lids to this box are: 1. Be creative; 2. Listen for core needs; and 3. Respect privacy preferences.

### ***Architectural redesign: Longer-term systemic change***

### 3. Building it yourself

If you find that existing options don't work for many of your clients, you might want to consider creating new services (or services delivered in ways that are accessible to more clients). You may find that *creating* services enhances the lives of a wider range of people than you initially intended to serve.

#### **New direct service**

If you are a therapist, or are in an agency that offers support groups (provider- or peer-led), consider starting a support group that is open to all genders. When doing so, be clear in your advertising, on your Web site, and with front desk staff who describe the program to clients and other providers that these groups are open to people of all genders.

If you are an individual provider (therapist, physician, etc.), you may want to learn as much as you can about transgender individuals, communities, and issues, and begin specifically offering services focused on transgender consumers. There is a dearth of providers who overtly let clients and other professionals know they work with transgender individuals.

#### **Policies / Procedures**

Does your agency have a non-discrimination policy that includes gender identity and expression? If not, why not? Can you advocate for this addition to existing policies?

Does your intake form easily allow people to identify themselves as genders other than male or female? Does the form allow for relationships other than heterosexual ones? If not, consider creating a new and more inclusive form that acknowledges a broader range of identities.

#### **Staff and Boards**

Building it yourself can also include who is hired, who serves on an agency's board of directors, and who is invited to be part of an advisory committee. Many transgender individuals are seasoned professionals in areas that overlap with your service population, and they may greatly contribute to your organization's success not only in reaching transgender consumers, but in serving all your clients.

Does your company have a diversity committee? Many times, organizations focus solely on racial diversity. If this is the case, would this committee be open to expanding its scope? Consider joining that committee or group, regardless of your personal identity. Join because of your passion to serve everyone, including the transgender community.

#### **Structural differences**

Some structural changes are fairly simple. A primary concern for many transgender clients is simply whether they can safely use a bathroom. Gender-neutral bathrooms (or even just the

addition of one single-stall, unisex restroom) are one way to create something new that will greatly enhance the comfort of your transgender (and other) clients.

### **Shelter**

If you house survivors, it's likely that your agency only serves women and children of any gender under a specific (young) age. Although potentially costly, consider options around how to provide shelter to survivors of all genders. For guidance, research youth programs that offer multi-gender housing, or read Caroline White's 2002 article, *Re/defining Gender and Sex: Educating for Trans, Transsexual, and Intersex Access and Inclusion to Sexual Assault Centres and Transition Houses* at [www.transalliancesociety.org/education/documents/03cwhitethesis.pdf](http://www.transalliancesociety.org/education/documents/03cwhitethesis.pdf).

### **In words and images**

Sometimes you may not need to create something totally new. Instead you can re-envision existing services, forms, practices, policies, and training. One key way to do so is through the use of carefully selected words and images.

A new form or new language may alert potential clients that your agency is open and welcoming to all survivors. Saying “open to all survivors,” or a similarly general phrase, is an excellent way to begin. When you have space in printed or Web-based material, consider spelling out who you include in “all.” For example, specifically state that you serve transgender individuals, people with disabilities, low income people, male survivors, or survivors with female perpetrators.

Accompanying inclusive language with corresponding images can create an even more compelling effect. Check to make sure that your brochures, bulletin boards, Web site, and the photos/art on your agency’s walls have images of a wide variety of people in terms of race and ethnicity, genders, relationship dynamics, ages, and levels of dis/ability. When clients can see themselves represented, they feel more welcomed and accepted.

If your existing brochures, Web site and other materials cannot be changed easily or cost-effectively, consider creating a population-specific brochure or handout. (This is a great idea, even if you can change your other materials.) Consider a tri-cut info sheet about services available to transgender individuals and/or your agency's welcoming nature and cultural competence in serving transgender individuals and loved ones. A palm card might be more effective and would allow staff and volunteers to pin them up at coffee shops or neighborhood venues where transgender and lesbian, gay, bisexual, and transgender (LGBT) individuals gather.

If you use print or Web-based advertising, consider listing LGBT or transgender in the list of people you serve. Add “proudly serving the LGBT community” or some other simple phrase that acknowledges that you know about and serve LGB and T individuals.

**Remember:** “Building it yourself” could be a massive redesign of your programs and services and/or just simple changes like altering forms or changing how your staff greets clients.

#### 4. Rebuilding the ark: Major renovation

*“The master's tools will never dismantle the master's house.” ~Audre Lorde*

The persistent, uphill efforts of feminists from the 1960s on have transformed our collective vision about respect and responsibility, empowerment and equality.

Their work has been extremely successful, starting from creating ad hoc, grassroots safe houses to developing the philosophical framework that now shapes how the whole world sees (and funds) domestic violence. They forged the way to create safety and healing for hundreds of thousands of individuals (women). Their work shifted our culture from a “John Wayne” mentality into a world where a woman can now run for president, major TV personalities can embody metrosexual/ubersexual ideals, and musicians and others can (and do) change the world through their activism.

Is the work to achieve full equality of all people complete? Definitely not; however, the prevailing ideas that only women and girls are victims and only men and boys are perpetrators are no longer useful. We now recognize that people of any gender identity, sexual orientation, or any other demographic variable can be victims or perpetrators of violence.

Nearly every survivor at some point in their healing feels silenced or shamed about the abuse perpetrated against them. Men and boys often experience even greater societal demands and expectations to not talk about (or even reveal) their sexual assault history and may experience higher levels of shame. LGBT individuals may feel closeted about both their sexual orientation/gender identity and their abuse history.

The feminist movement played a major role in the creation of sensitive services that empower survivors and support their healing.

Because of the extraordinary success of creating ample, exemplary services for female survivors, individuals and organizations have strongly adhered to this service model. Fortunately, many are recognizing the hypocrisy—the lack of equality within the existing system—and no longer want to perpetuate a structure that denies that same level of support and healing to some types of survivors.

The original ark is overcrowded. Its boards are warped from the weight of all those it served for so many years. Rebuilding a new ark, with new technology, new ideology, new knowledge, new labor, and new residents will better serve all survivors.

Our only chance of real success, though, requires that we work together, not apart. It demands that we acknowledge each other and our clients in all our humanness, truly seeing each other as complex individuals.

Robert Fulghum had it right in his book *All I Really Need to Know I Learned in Kindergarten*:

Share everything.

Play fair.

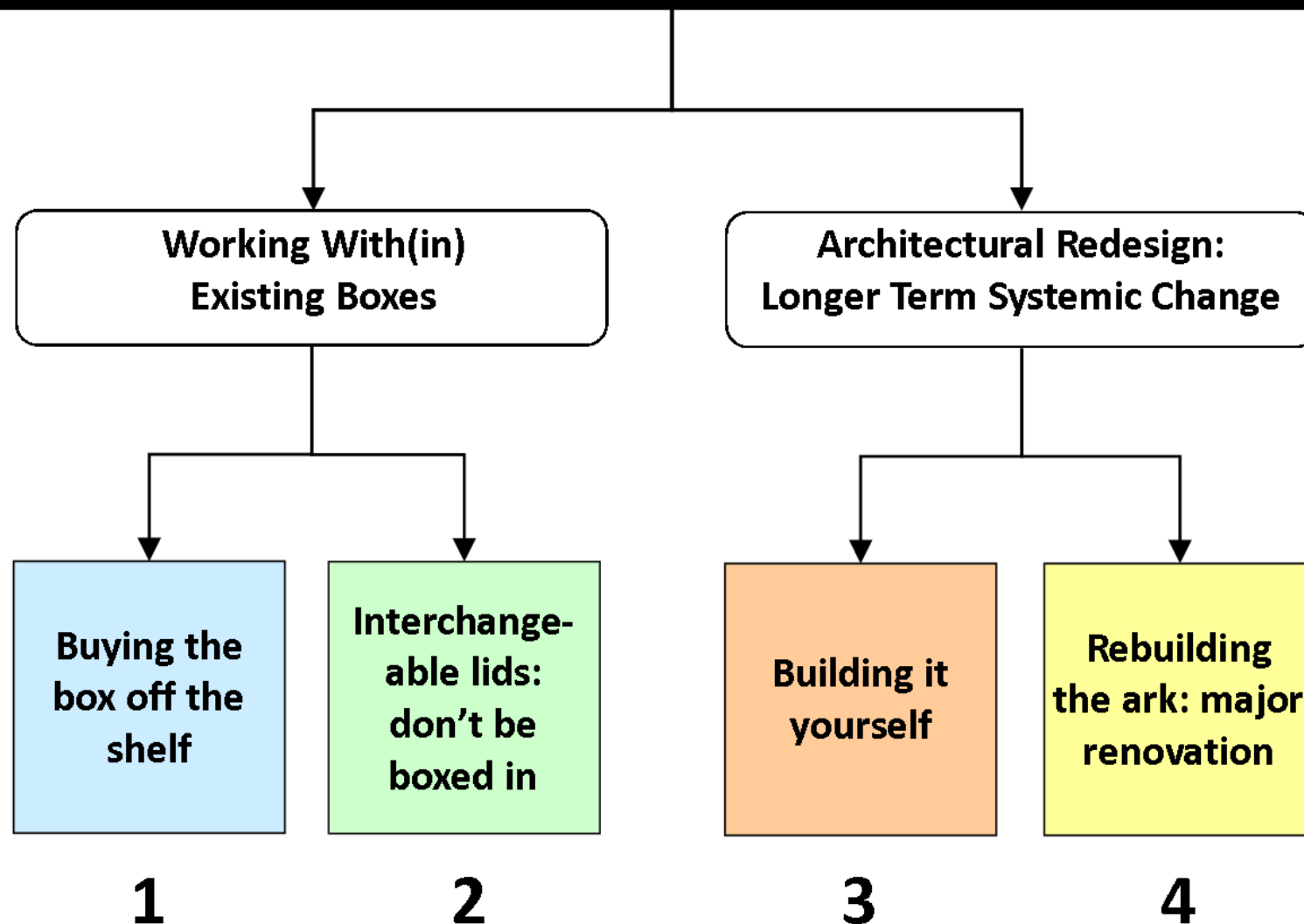
Don't hit people.

Say you're sorry when you hurt somebody.

When you go out into the world, watch out for traffic, hold hands, and stick together.

Together, we can all make a difference in serving sexual assault survivors. We can join together, listen to each other with open ears, and make a commitment to finding solutions that serve every survivor.

# Approaches to serving (transgender) clients within a sex-segregated framework



Provider suggests \_\_x\_\_ service to client.

## Decision-Making Flowchart: Serving clients within sex-segregated systems

