Moving from Friendly to Competent
*Raising the bar to provide affirming care to transgender victims of violence*

Rebecca Navarro, RN, MSN, CEN, SANE-A
*she/her/hers*
Morgan Younger, MSW, LSW CCM
*she/her/hers*

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Disclosures

We have no actual or potential conflicts of interest in relation to this presentation.

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Objectives

• Outline five components of competent, affirming care for transgender victims of violence to improve trauma-informed care to this population.

• Identify culturally sensitive sexual orientation and gender identity questions that can be used by members of a sexual assault response team.

• Illustrate three methods to improve delivery of interventions by members of a sexual assault response team to transgender victims of violence through case study examples.
Sex and Gender

• **Sex**: biological differences
  – Genetics, anatomy

• **Gender**: social and cultural distinctions
  – Multidimensional
  – Psychological, social, behavioral
  – Identity, expression, and roles

• **Gender/sexual minority (GSM)**: those who identify as LGBTQ+

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Sexual Orientation

• **Sexual orientation**: how a person characterizes their sexual, emotional, and romantic attraction to others
  – **Heterosexual (straight)**: emotionally and sexually attracted to the binary opposite sex/gender
  – **Gay/Lesbian**: emotionally and sexually attracted to people of the same sex/gender
  – **Bisexual**: emotionally and sexually attracted to people from their own gender and people from other genders

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Sexual Orientation

• **Pansexual**: sexual attraction, romantic love, or emotional attraction toward people of any sex or gender identity, including those who identify as transgender

• **Asexual**: lack of sexual attraction to anyone

• **Queer**: umbrella term for all LGBTQ+ individuals or individuals who feel that other sexual/gender identity labels do not adequately describe their experience
Gender

- **Gender expression**: how a person presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles

- **Gender identity**: a person's internal sense of their gender

Gender Identity

- **Transgender**: describes people whose gender identity differs from their sex assigned at birth
  - Transgender woman, trans woman, male-to-female (MTF), trans feminine: A person assigned male at birth (AMAB) who identifies as a woman
  - Transgender man, trans man, female-to-male (FTM), trans masculine: A person assigned female at birth (AFAB) who identifies as a man

- **Cisgender**: a person whose gender identity is the same as their sex assigned at birth

- **Non-Binary**: a person whose gender identity falls outside the traditional gender binary
  - Gender fluid, gender expansive, gender non-conforming, gender queer, pangender, agender

- **TGNC**: transgender and gender non-conforming
Transitioning

Transitioning is not a singular, linear experience. The process is individual for everyone. Some people have an “end” while others do not.

- **Social**: hair, clothing, using different name and pronouns, coming out to others
- **Legal**: changing name and/or gender marker on identity documents (ID, birth certificate, passport, social security card)
- **Medical**: hormones, surgery, hair removal

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**Gender Pronouns**

Please note that these are not the only pronouns. There are an infinite number of pronouns as some ones emerge in our language. Always ask someone for their pronouns.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Possessive</th>
<th>Reflexive</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>She</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
<td>She is speaking. I listened to her. The backpack is hers.</td>
</tr>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>Himself</td>
<td>He is speaking. I listened to him. The backpack is his.</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Theirs</td>
<td>Themselves</td>
<td>They are speaking. I listened to them. The backpack is theirs.</td>
</tr>
<tr>
<td>Ze</td>
<td>Her/Herre</td>
<td>Hers/Herres</td>
<td>Herself/Herself</td>
<td>Ze is speaking. I listened to her. The backpack is hers.</td>
</tr>
</tbody>
</table>

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**“Plural” Pronouns**

- Many people do not understand why an individual would choose “they, them, theirs” for singular pronouns or how to use these pronouns to speak about an individual.
  - You already do this.
  - “The use of they, their, and themselves as pronouns of indefinite gender... is well established in speech and writing, even in literary and formal contexts.” (Merriam-Webster.com)
  - Pick your battles.
Outdated Terms to Avoid

- **Hermaphrodite**: Intersex or Disorders of Sex Development (DSD)
- **Homosexual**: gay or lesbian
- **Sexual preference**: sexual orientation
- **Transgendered, a transgender, tranny, transvestite**: transgender or a transgender person
- **Sex change, sex reassignment surgery**: gender affirmation surgery or gender confirmation surgery

Why do we need a separate session on transgender victims of violence?
US Transgender Population

- Across the US, an estimated 0.6% of adults identify as transgender, or almost 1.4 million people.

2011 National Transgender Discrimination Survey

- Experienced or hid identity to avoid harassment, mistreatment, or discrimination on the job (90%)
- Refused a home or apartment (19%)
- Experienced homelessness at some point during lifetime (19%)
- Victim of physical assault (61%)
- Victim of sexual assault (64%)
- Experienced police harassment or disrespect (29%)
- Experienced harassment or disrespect in an emergency department (16%)
- Attempted suicide (41%, compared to 1.6% of general population)
2015 U.S. Transgender Survey

Violence Against Transgender People

- Sexually assaulted in past year (10%)
  - Working in underground economy (36%)
- Sexually assaulted lifetime (47%)

"I went into the man's bathroom, being a man and all. I was using a stall, and I came out only to find one person who apparently thought it was okay to go after me. I was just washing my hands when he first punched me in the back and then went for my vagina. I nearly passed out due to the blow."

"I was found in a ditch after being brutally raped for three days. I was taken to an ER. There I met an officer who told me I deserved it for attempting to be a woman and should have died. He also refused to take a report."

Violence Against Transgender People

- Experienced some form of intimate partner violence over lifetime (54%)

"My trans status was used as a tool to [make me] stay with my former partner. She would say things such as "no one else would ever love you.""
Violence Against Transgender People

- Physically attacked in the past year (13%)

% of those physically attacked

- 45% Once
- 26% Twice
- 15% Three times
- 19% Four or more times
- 8% Don’t know

“Family physically assaulted me and kicked me out of the house. He screamed at me, calling me pathetic, a waste, worthless, and so on. I sat in silence.”

Violence Against Transgender People

“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I am afraid of what harassment or discrimination I may experience in a hospital or clinic.”

Transgender Victim Support

Know Your Rights!

- Explanes how service providers receiving VAWA money must serve transgender survivors
- Addresses issues/needs specific to trans survivors
- Resource list
- How to file a complaint
Exam and Evidence Collection

• Most transgender people (who have access and means) will use hormones to affirm their gender identity.

• The effects of feminizing and masculinizing hormones impact body shape/size

• Only some people will have surgery due to the cost and lack of insurance coverage.

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Exam and Evidence Collection

• Proceed slowly with evidence collection to maintain patient emotional safety.
  – Removal of wig, binder, prosthetics, clothing, etc. is exposing a body that may not match a person’s gender identity.
  – Use gender-neutral body maps.
  – Explain before touching.
  – Ask about language.

“I'm going to use medical terms to talk about body parts. Just tell me if there are different words you want me to use.”

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Exam and Evidence Collection

Communicate clearly with the crime lab to correctly label and preserve evidence.

“Victim is a transgender male. Legal name is Jennifer Smith. Victim goes by James Smith and uses he/him pronouns. Victim was assigned female at birth and pelvic exam was completed.”

“Victim is a transgender female. Legal name is Stephanie, pronouns are she/her, and gender marker has been legally changed to female. Victim was assigned male at birth and does not have anatomy requiring a pelvic exam (see organ inventory).”
Transmasculine People

- Dysphoria about genitalia combined with high incidence of trauma among transgender people may cause additional triggers during a pelvic exam.
- Avoid using medical terms for body parts unless discussed beforehand that these are the patient’s preferred terms.
- Make clear to the lab/other team members that the patient is AFAB, especially if gender marker has been legally changed to male.

Transmasculine People

- Organ inventory is very important.
  - If the person has a uterus and ovaries, assess for risk of becoming pregnant.
- Determine if the person is using LARC.
- “Binders” are used to minimize breasts.
- “Packers” can be used to imitate the look and feel of a penis.
Transfeminine People

- “Tucking” or using a gaff are common ways to feminize the appearance of genitals under clothing.
- There is a black market for hormones and silicone.
- Vaginoplasty surgery is extremely expensive and not accessible for most people.
- For those that have had surgery, an exam and evidence collection will be much different than from a natal vagina.

Neovagina Anatomy
Implications for Exam and Evidence Collection

- Neovaginas are not self-lubricating.
- Size and elasticity are directly related to how often a patient dilates and what size dilator is used.
- A healthy part of neovagina maintenance is douching.
- Damage to the colon and bladder are common in cases of sexual assault.

1. Understand the historical context of trans discrimination

- Transgender people and police
  - Stonewall riots of 1969 were led by many transgender women of color who were sex workers.
- Transgender people and mental health providers
  - Trans identities have been pathologized and providers have been gate-keepers to hormones and surgery.
- Transgender people and health care providers
  - Trans Broken Arm Syndrome and #TransHealthFail
- Transgender people and daily microaggressions
Rape is traumatic. Trans people may experience a variety of traumatic responses that present in a number of ways. These may include, but are not limited to: guilt, shame, depression, increased startle response/jitteriness, anxiety, irritability, anger, suicidal thoughts, isolation, self-harm, difficulty trusting people, difficulty making decisions, sexual dysfunction, substance abuse, and being flooded and overwhelmed with recollections of the hate they experience in daily life.

2. Recognize your unconscious bias

- Introduce yourself using name and pronouns.
- Ask for, and use, a person’s affirming name and pronouns.
  - Determine with your client when it may not be safe to use their language.
- Hold yourself and others accountable.

“If I have to fight over my own pronouns, there is no chance they are going to be able to hear and meet my other needs.”
3. Name, Pronouns, and Language

- Use inclusive, gender-neutral language when possible.
  - Avoid gendered honorifics and Sir/Ma’am
  - Use last names to call patients

- Mirror the language your clients use to describe themselves and their bodies.
  - Use a gender-neutral body map to identify injuries/evidence
  - Do not attempt to "correct" a person’s word choices.

<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>When addressing new patients, avoid pronouns or gender terms like &quot;he&quot; or &quot;her&quot;.</td>
<td>“How can I help you today?”</td>
</tr>
<tr>
<td>When taking medical history from new patients, use gender-neutral and gender terms. Or, use gender-neutral terms such as &quot;he&quot;, “her”, “they”, or &quot;someone else&quot;.</td>
<td>“How are you feeling today?”</td>
</tr>
<tr>
<td>Politely and sincerely ask if you are unsure about someone’s preferred gender pronouns or terms.</td>
<td>“Are you sure you would like me to use ‘he’, ‘she’, or ‘they’?”</td>
</tr>
<tr>
<td>Ask respectfully about issues if they do not match in your records.</td>
<td>“‘He’ or ‘she’ or ‘they’ is not correct?”</td>
</tr>
<tr>
<td>Avoid assuming the gender of patient’s driver’s license.</td>
<td>“Can you spell your name on your license?”</td>
</tr>
<tr>
<td>Use the terms people use to describe themselves.</td>
<td>“If someone calls himself ‘Guy’, do not use the term ‘feminized’ to describe them.”</td>
</tr>
<tr>
<td>Only ask for information that is required.</td>
<td>“What do you need a driver’s license for?”</td>
</tr>
<tr>
<td>Did you make a mistake? Apologize.</td>
<td>“I’m sorry for saying the wrong pronoun. I did not mean to be disrespectful.”</td>
</tr>
</tbody>
</table>

4. Educate yourself
5. Assess your workplace environment

- Is the name of your organization specific to women?
- Are there visible symbols of the LGBTQ+ community (stickers, flags, pronoun buttons)?
- How are LGBTQ+ people represented in office media (brochures, magazines, advertising)?
- Are there single occupancy bathrooms? Is it clear that people may use the bathroom that aligns with their gender identity?
- How do your EMR and/or forms ask for sex, gender, parents, or partners?

How to ask SOGI questions

Best practice is to ask all three of these questions to get the most accurate information.

"We ask all of our patients these questions to make sure we are providing the best care."

It’s all about Reputation

What is important to trans people when seeking victim services?

- 65% Reputation
- 59% Forms/Gender
- 55% Police
- 54% Background Check
- 52% Agency Name Familiarity
- 49% Forms/Relationship
- 46% Bathrooms
- 35% Advocate
- 25% Literature
Case Study - Part 1

An emergency call comes in from a person stating they were just physically and sexually assaulted by 3 men. The person on the phone has a very deep voice. The operator says, “Sir, can you confirm your location so I can send emergency personnel?”

When an ambulance arrives, paramedics find an African American person in their mid 50s wearing a skirt and heels and visibly shaken. While radioing back to the hospital, the victim overhears people talking about “the transvestite.”

Case Study - Part 2

Once at the hospital, the victim shows a health insurance card and ID. The picture on the ID is very masculine and the name is Joseph Smith. Soon, a medical assistant calls for “Mr. Smith” but no one gets up. After a second call for “Mr. Joseph Smith,” the victim finally decides to get up, grabbing a purse and pink jacket from the chair. The victim is led down a hall past a door to the “Women’s Center of Hope.” The MA stops at an ED exam area with a curtain around the bed. She puts a hospital bracelet on the victim and asks the person to verify their name and date of birth.

Case Study - Part 3

The hospital has a partnership with local police, and an officer comes to the victim’s bed to take a statement. She makes a mental note to check the victim’s record for any prior prostitution arrests.

The officer later visits store owners on the street where the victim was assaulted. She asks if anyone knows Joseph Smith and describe a tall black man from the neighborhood. No one she speaks with has heard of this man.

She attempts to call the victim, who has not responded to outreach from a hospital advocate but does not leave a message because the voicemail identifies the number as belonging to “Patrice.”
Thank you!

References

### References