

# Case Study: Initial Assessment

## Enhancing the Response to Trans Survivors of Sexual Assault

Jae is a 32-year-old client who presents to the emergency department after having been sexually assaulted. Jae discloses their name and pronouns (**they or them**) to the staff at triage, but otherwise appears guarded and anxious.

Jae's medical records list them under a different name and as a "female." Based on their masculine presentation, androgynous voice, and facial hair, the staff believes this person **may be trans**. While briefing you on Jae's request for Sexual Assault Nurse Examiner (SANE) services, a triage nurse accidentally refers to Jae as "she" and then "he" – as this client is in close proximity when this happens, you suspect that Jae may have heard this exchange. Jae indicates that they are a **recent immigrant** and have a language barrier.

Jae is quiet when you introduce yourself to them. Although Jae repeats the name and pronouns they go by, they appear mostly reluctant to engage. As you begin explaining what a SANE examination often entails, Jae interrupts and indicates that they are intersex and are apprehensive about having their genitals exposed for examination.

### Reflection Questions:

#### Is Jae trans? Why or why not?

We do not know definitively whether Jae identifies as trans or not. What is more important is to take note of the name and pronouns that Jae goes by and use them in every interaction concerning this client.

#### What are assumptions about Jae that might be correct or incorrect?

There are no correct assumptions you can make about Jae, but it is important to understand that several assumptions might be made by other staff based on Jae's gender and potential status as a newcomer. It is important to be aware of and actively counteract these potential assumptions, so that they do not influence Jae's quality of care. While Jae may require different kinds of support because of their gender and status as a newcomer, we cannot make assumptions about what Jae needs without first allowing them to self-identify.

#### How might Jae be feeling in this situation?

There is no single correct answer to this question, but it is important to consider that Jae may be experiencing fear, trepidation, worry, and a variety of other complex emotions, given not only their current vulnerability as a person who has experienced sexual assault, but also potentially as a result of their past experiences in healthcare. Jae may also be distressed over having been misgendered at triage after presenting documentation that did not match the name and pronouns they go by.

#### What might be some of Jae's key concerns?

There is no single correct answer to this question, but you are encouraged to think about how some of Jae's concerns may be different from your own as a healthcare provider. Jae may be concerned that they were targeted for assault because of their identity as intersex. Due to their newcomer status and language barrier, Jae might also be feeling anxious about where and how to locate LGBTQI2S-positive services (e.g., counselling, support groups, settlement services) in their community to help cope with having been sexually assaulted. How might you ask Jae about their key concerns? How could you prioritize and address Jae's concerns to the extent possible?

#### What might be some of your concerns in initiating contact and engaging with Jae?

There are many possible answers to this question, but you are encouraged to think about how some of your concerns might reflect your personal values, beliefs, and attitudes about trans persons. Despite your best intentions, you might approach Jae with potentially harmful questions and/or assumptions. Confused by what you perceive as a discrepancy between Jae's outward appearance and the sex indicated in their records, you might wonder whether Jae is a man or a woman. This would reflect an internal bias that perpetuates cissexism. You might also incorrectly assume, based on this perceived discrepancy, that Jae identifies as trans. Remember, the terms trans and intersex should never be used interchangeably. Jae may or may not identify as trans and assuming that they are trans because they 'look' trans is another example of cissexism.

#### What are some questions that you might have for and/or about Jae?

There are many possible questions you might ask, some appropriate, some not, however, examples of questions healthcare providers might have for Jae include ones about Jae's comfort involving police, if applicable, their comfort with specific aspects of a medical examination and preferences for language use. It would not be appropriate to ask Jae about their potential identity as trans or about the specific details of being intersex, unless specifically relevant to the care being provided.

#### What might you do to help Jae feel safer and more comfortable?

There is no single correct answer to this question, however, examples of measures that could help make Jae feel safer and more comfortable include: consistent use of the name and pronoun they go by, honouring their boundaries in relation to any aspect of the assessment process, and mirroring their use of language to describe their body parts.

#### How would you approach documenting your work with Jae?

The correct answer is that while you are unable to change Jae's legal name and sex or gender marker as it may currently appear on their health card and medical record, you should document the name and pronoun that Jae goes by and refer to them accordingly in your charting.

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