

## voices from the frontline

# Supporting transgender survivors of sexual violence: learning from users' experiences

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Transgender individuals are particularly vulnerable to sexual violence, yet many do not seek, or receive, adequate support following unwanted sexual experiences. This study explores the needs and experiences of transgender survivors when accessing sexual violence support services. The study examines the barriers that transgender survivors may face in accessing services and ways that organisations can reduce these barriers. Our findings provide valuable insights for sexual violence agencies and other providers about how to engage meaningfully with transgender survivors.

**key words** sexual violence • transgender • rape • access • gender identity

## Introduction

Over the last 20 years, research on sexual violence has shown the severity, extent and widespread prevalence of this crime (Basile et al, 2007). While there are many kinds of sexual violence (including, but not limited to, sexual harassment, unwanted sexual touching, sexual assault and rape), they all share at their basis the abuse of power, control and trust by those who perpetrate these acts (Jewkes et al, 2002). As a consequence, although everyone can experience sexual violence, members of marginalised groups are often the most targeted because negative attitudes, isolation and social exclusion make them more vulnerable to perpetrators (Stozer, 2009).

This paper explores the experiences of a particular marginalised group: transgender individuals. Transgender (hereafter referred to as trans) people are those who feel that the gender assigned to them at birth does not correspond with their gender identity or expression (whereas 'cisgender individuals' refers to people who experience a match between the gender they were assigned at birth, their bodies and their personal identity; Human Rights Campaign, 2015). Trans\* individuals may identify between, beyond or outside of the binary way (male/female) in which society describes gender. Some may also make changes to their outward identity expression (eg, changing name/pronouns) or pursue medical interventions (Human Rights Campaign, 2015).

Trans\* individuals are often marginalised and face significant levels of abuse, harassment and violence, including sexual violence (Hill and Willoughby, 2005). More specifically, research in the United States has shown that approximately 50% of trans people experience sexual violence at some point in their lifetime (Stotzer, 2009), compared with 20% of cisgender individuals (Black et al, 2011). Moreover,

the 'Trans Mental Health Survey' (McNeil et al, 2012), the largest survey of the trans population in the United Kingdom (UK) to date, shows that between 40 and 60% of trans people know someone in their trans community who has experienced sexual violence.

While trans people appear to be at particularly high risk of sexual violence, they may also find it more difficult to access services that would be able and willing to support them in their recovery. Recent research in a variety of social care settings, including mental health (McNeil et al, 2012), crime protection (Moran and Sharpe, 2004) and domestic violence (Bornstein et al, 2006; Roch et al, 2010; Miles-Johnson, 2013), has highlighted that trans people face significant barriers in accessing support and are discriminated against in relation to the quality of care they receive. However, there is little literature (Stotzer, 2009; Rothman et al, 2011; Balzer and Hutta, 2012) that specifically addresses equitable access to support services for trans survivors of sexual violence.

The present study begins to address this gap in the literature by exploring the experiences of support received by trans survivors of sexual violence in the South East of England. The study's aims were twofold:

- to reveal barriers that trans survivors may face in accessing services;
- to identify interventions for overcoming these barriers.

Survivors were asked about their experiences accessing specialist support. Reflecting the UK landscape of service provision, options included:

- reporting to the police;
- accessing a Sexual Assault Referral Centre where forensic examinations are undertaken;
- seeking out healthcare related to their experience of sexual assault (eg, sexually transmitting infection or pregnancy testing, emergency contraception);
- accessing support provided by charitable or private organisations such as telephone helplines, drop-ins and advocacy or counselling services.

## **Methods**

### *Procedures*

The present research was funded by Survivors' Network, the Rape Crisis Centre for Sussex. Forty-two trans survivors, aged 18–65, answered closed and open-ended questions about barriers to accessing services and suggestions to improve service accessibility through a web-based questionnaire (June to September 2013). Participants were recruited through a link posted on the Survivors' Network website, and Facebook and Twitter pages. The link was also distributed via email to Sussex-based lesbian, gay, bisexual and trans (LGBT), domestic and sexual violence services. Flyers were distributed in LGBT pubs and clubs across Brighton and Hove, at Sussex and Brighton Universities and at Brighton-based Trans Pride 2013. Word of mouth was also an important way of publicising the questionnaire.

Additionally, six respondents took part in semi-structured interviews to gain a more in-depth understanding of their experiences (Morgan and Krueger, 1998).

Three of the six interviewees were trans survivors of sexual violence and three were professionals who work with trans survivors. All participants gave their informed consent. The study received ethics approval by the Social Care Research Ethics Committee (code: 13/IEC08/0023).

### *Data analysis*

All quantitative data (eg, percentages) reported in the study were calculated from individual questionnaire responses using Google Analytics (for some questions, respondents were allowed to choose multiple answers, and thus the percentage totals add up to greater than 100%). In addition, the two authors independently analysed open-ended questions from the questionnaire and interview transcripts via thematic analysis and cross-checked their individual results to avoid lone researcher bias (Burnard et al, 2008). Consistent with this approach, coding categories were not prescribed, but emerged from coding the data iteratively (Starks and Trinidad, 2007).

## **Findings**

### *Levels of access*

Seventy-eight per cent of respondents disclosed that they did not access support, including statutory (eg, police, healthcare) or specialist (eg, Rape Crisis Centre) services for survivors of sexual violence. Of those, 40% did not access services for fear of being discriminated against because of their gender identity, while a further 20% reported being unaware of services available to them. Almost a third of participants also reported that feeling ashamed (21%) or not ready (19%) prevented them from seeking help.

Of those participants who accessed services (22%), the majority accessed a counsellor (60%) or health professional (57%), while 34% accessed a helpline. Twenty-eight per cent also reported to the police. Almost all (92%) participants who accessed services following an experience of sexual violence reported that their gender identity influenced their experience of support.

### *Barriers to accessing services*

Data were also analysed for information about what specifically stopped trans individuals from accessing services. We found that, overall, trans individuals did not access services due to fear of, or direct experience of:

- transphobia;
- outing;
- ignorance about trans experiences;
- a general mistrust of services.

### *Transphobia*

Both respondents who ultimately accessed services and those who did not were asked about potential barriers when considering accessing services. Almost all respondents

reported being afraid of discrimination from workers (98%) or other service users (87%). Many were concerned that they would be refused access to the service or be mis-gendered while using the service. As one respondent put it: 'I was concerned they would hear my voice on the phone and think I am a man pretending to be a woman. Worried I'd be turned away without any help.'

Fifty-eight per cent of respondents expressed concerns about the language used by workers or other service users, such as using the wrong pronouns to describe a trans person: 'I didn't have the resources to explain my gender on top of talking about my experiences of rape ... [the] rape counsellor ... kept referring to me as a woman and I'm not.'

Over half (58%) of respondents were also worried about being expected to use language they were not comfortable with to describe their assault or having others use language to describe their anatomy or gender identity that felt incorrect or offensive to the trans person. One participant who was assaulted before they transitioned commented:

It is really daunting to talk about sexual abuse that happened when you were presenting as your birth gender after you have transitioned. I was not ready to talk about it for a long time after it had happened. However, when I was ready to disclose, I was presenting as a man and then I encountered two problems; one) I didn't want to remember when I was a girl and two) men are perceived as not having experienced sexual abuse so I wasn't sure how I would be received.

Another participant reported that having such conversations would increase feelings of dysphoria: 'As a trans man, I would have to use terminology for my genitals that is incredibly painful and dysphoria-inducing in order to explain what he did to me.'

### *Outing*

Seventy-eight per cent of respondents expressed a concern about the wider repercussions (including personal safety, loss of job and personal relationships) of coming out as trans while using support services if their gender identity was disclosed outside the service. As one participant commented: 'I was fearful that exposure in the national press would have resulted in my losing my job and everything that I had worked to achieve.'

### *Lack of understanding of the complexities around sexual violence and gender identity*

Ten out of the 12 respondents who gave additional comments and all interviewees also voiced fears about a lack of understanding of how trans identity and sexual violence can interrelate: 'People would tell me that I shouldn't have been "out" about being trans or that I shouldn't have transitioned because this would happen to me.' Moreover, while the reality of how trans people experience their bodies and their sexual assault is varied and highly individual, many felt that services did not provide a safe space in which they could explore this complex relationship. An interview participant noted that a major problem he faced was "staff making expectations or policing how people relate to their body emotionally or physically".

### *Mistrust towards services*

Finally, participants revealed mistrust towards services due to negative past experiences of accessing services. They reported that they had been failed by services many times over and had experienced a great deal of discrimination. As a professional commented:

People are not coming forward because they have a very strong learnt experience of being excluded.... You have to take a long-term, slow trust building approach. It has to become an integral part of what you do, not a 6-months project. A lot of trans people have a really good bullshit raydar [sic]. They know when an organisation is being tokenistic [sic], and when genuine.

In order to overcome this learned mistrust, organisations must invest in long-term capacity building and training in order to become trans-inclusive organisations. As the above quote evidences, piecemeal changes will not create genuinely safe, trans-inclusive organisations. Recommendations for specific changes that will increase the inclusivity of an organisation are discussed in the following section.

### *What would a good service look like?*

After discussing their own difficulties in accessing services, participants were asked questions about what would make a sexual violence recovery service welcoming and accessible to trans survivors.

### *Gender as a continuum*

The vast majority (83%) of respondents reported that they would feel uncomfortable accessing a service that advertises itself simply as ‘for men’ or ‘for women’. The language used to describe services can play an important role in signalling to trans people that a service is trans-inclusive: ‘I get read as a cis woman while identifying as a non-binary femme, and the services I used were “for women”, which made me feel alienated and erased.’

### *Challenging transphobia*

Another marker of an inclusive service is that the organisation actively challenges transphobia as it would any other form of discrimination. It was important to participants that organisations offered their staff the necessary training to equip them to address transphobia whenever it occurs: ‘If I go to the toilets and get challenged and report it, that the organisation doesn’t say to me you better use the accessible toilets.’ A professional said that inclusive organisations must:

Ensure all employees from a front desk to senior levels are educated in human rights and that an ‘equal opportunities’ policy does not simply ‘exist’ to gloss the image of that organisation but is a constant reminder that should you meet people with a protected characteristic they must be treated with respect and dignity.

### *Understanding specific issues in relation to trans identity and sexual violence*

Training should also equip staff with a detailed understanding of the struggles commonly faced by trans and non-binary survivors. As one participant put it: ‘There needs to be full understanding of the unique issues that trans and non-binary people face, and compassion for the gender dysphoria that often comes when trans and NB [non-binary] people discuss their bodies.’ Such training should equip staff to discuss the service user’s assault using language that feels comfortable to the survivor. An interview participant described a positive experience with a support service by saying: ‘They were brilliant. They asked me what language I wanted to use to refer to my body, what language I was comfortable with, and then just stuck to using that language.... They made sure my body was referred to in ways I felt comfortable with.’

### *Service promotion*

Interviews with professionals who successfully engaged with trans users highlighted the importance of ensuring that services are known and trusted within the trans community by including this as a long-term priority in the organisation’s publicity strategy. Successful examples included building relationships with existent service providers that are well known and trusted in the community – for example by offering regular training swaps and by providing outreach services in their premises. They also highlighted the importance of using trans-inclusive language (with terms such as ‘self-identifying women’ or ‘all genders’ rather than ‘male’ and ‘female’) in all publicity material and organising regular awareness events not only to promote the organisation’s service, but also as a tool to gather the opinions of trans people about proposed new services for them.

### *Type of organisation and services*

The majority (70%) of respondents said that they would feel comfortable accessing a service that worked with the LGBT community, even if the organisation itself did not only serve LGBT individuals. This was echoed by the reported level of success experienced by all three professional interviewees, despite the fact that two of them were working for organisations that were not LGBT-specific. Over half (56%) of survivors said that it was also important or very important that the staff/volunteers at the service are also trans or non-binary, while 64% said that it would be important or very important that they were not the only trans or non-binary person using the service. Almost all respondents reported that they would find face-to-face support useful and 94% also reported on the importance of having access to a helpline.

## **Discussion**

The present study explored the accessibility of services offering support to survivors of sexual violence as it is experienced by individuals who identify as trans, as well as their recommendations to increase access. Survivors’ views were complemented with those of professionals who support them.

Our research showed that feeling ashamed or guilty to talk about their experience often prevents trans survivors from seeking professional help. These barriers are shared

by cisgender individuals (Mahoney, 1999) and are in line with societal beliefs that survivors of sexual violence have somehow invited the violence they have suffered (O'Hara, 2012; McKimmie et al, 2014). In the case of trans survivors, myths about sexual assault may be further complicated by transphobia (Ullman, 2006). For example, participants in this study expressed concerns that their experience of sexual violence could be viewed as a result of their gender identity and therefore their experience would be both discounted and blamed on them rather than on the perpetrator. Support services therefore not only need to ensure that survivors are listened to and believed (Ullman, 2006), they must also be aware of such myths and be careful not to collude with them.

The present study also highlighted that further specific barriers for trans individuals are often grounded in the fears of experiencing direct discrimination from service providers and other users accessing services because of their gender identity. These fears were at least partly informed by survivors' past experiences of inequality and discrimination in accessing services generally. Indeed, one Brighton and Hove questionnaire found that 47% of trans individuals felt discriminated against on account of their gender identity by public and private sector organisations in relation to health, housing, recreation and employment (Browne and Lim, 2008). These experiences also reflect national statistics on the alarming levels of transphobia among service providers (Whittle et al, 2007) and society in general, including hate speech, harassment and bullying (Turner et al, 2009). Discrimination faced in accessing services can have severe consequences on the survivor's journey to recovery from sexual violence, including re-traumatisation, and may lead the individual to stop seeking support (Ard and Makadon, 2011). Indeed, national and international research in a variety of fields, including mental health (Grant et al, 2010) and domestic violence (Ard and Makadon, 2011), demonstrated that perceived past discrimination deters LGBT individuals from seeking further help and negatively impacts individuals' health and wellbeing.

In order to address these fears, our findings suggest that services should be explicit about what has been put in place to protect trans service users, for example by developing (and making public) clear guidelines about how staff and volunteers will handle any instances of discrimination against trans service users. Clear confidentiality policies are also necessary for service users who are concerned about being 'outed' while using the service. Furthermore, such policies should be consistently adhered to throughout the organisation and training provided to all staff and volunteers so that they feel equipped in putting them into practice. These steps echo recommendations on trans inclusion that have been recently developed by GALOP, a London-based, LGBT, anti-violence and abuse charity (Gooch, 2011).

Even when services did not directly discriminate against trans individuals, survivors feared that providers may have little understanding of trans issues, particularly in relation to sexual violence – for example by framing sexual violence as the cause of their gender identity, or by forcing them to talk about their bodies using terms that are incorrect or uncomfortable. Indeed, research suggests that there is widespread ignorance about gender expression and identity of trans people. Two studies of trans healthcare in Scotland found that many health professionals confused trans issues with issues of sexual orientation (Scottish Needs Assessment Programme, 2001; Inclusion Project, 2003). Our research indicates that trans awareness training for staff is required so that frontline workers can provide services that are safe and supportive

environments in which trans individuals can have difficult and nuanced discussions about their experiences of sexual violence.

The present study also revealed that one fifth of respondents were not aware of what services were available to them. While more research is needed to determine the true extent of service provision for trans survivors of sexual violence at both local and national levels, this may also indicate that existing trans-inclusive services are not reaching those they aim to serve. Indeed, service providers themselves often acknowledge a lack of outreach to LGBT victims (Ciarlante and Fountain, 2010). Because the trans community appears to be relatively small and geographically widely spread (although a comprehensive picture is lacking – Reed et al, 2009), potential clients might know service providers only through shared networks. Our findings indicate that to successfully raise their profile (and gain trust) within such networks, providers need to build up relationships with organisations and individuals who already successfully engage with the trans community, and take a wider interest in challenging LGBT discrimination both within and outside of their own organisation.

The findings also suggested that promotional material and support resources should be revised to show that the organisation has an understanding of the complexity of gender identity and has thought about how to make their services more inclusive of trans people, for example by reflecting the burden of violence in the LGBT community in their content (eg, through statistics) and by using trans-inclusive wording (for example by advertising services as open to all ‘self-identifying women’ rather than as ‘open to females’; Gooch, 2011).

While it is important that existing services become more inclusive of trans people, the research also demonstrated a clear need for specialist services for trans survivors of sexual violence. Since their experience of sexual violence and their support needs are often affected by their gender identity, specialist services could offer more supportive and clearly targeted services. For some of the participants in this study, it was important to them that they were not the only trans person using a service; specialist services would also provide spaces where trans people do not feel like a minority within the service. Importantly, specialist services would also offer support for non-binary people who are unable to access women-only or men-only services.

## Conclusions

The present study offered preliminary insights into the problems that currently exist in the accessibility of sexual violence recovery services for trans service users, and identified possible solutions. Service providers and policy makers need to continue highlighting the gendered nature of sexual violence (Reed et al, 2010), but they must do so in ways that do not exclude those who do not conform to the male/female gender binary. In particular, while research (Women’s Resource Centre, 2007; Sullivan, 2011) clearly demonstrates the importance of single-gender spaces in the healing process of many survivors, it is difficult to determine which individuals should have access to such spaces, given the variety of gender identities and presentations among survivors, and to what extent such spaces match the needs of an increasingly gender-diverse population (Gottschalk, 2009). While our findings are limited in sample size and geographical reach, they nevertheless indicate that trans people are willing to be actively involved in articulating their needs and shaping services and therefore can and should play a key role in this debate.



**Note**

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