A GUIDE FOR

Facilitators of Transgender Community Groups: Supporting Sexual Violence Survivors

PHOTO BY LEIGH HOUGHTALING

michael munson
Executive Director

Loree Cook-Daniels
Policy and Program Director

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FORGE

Thank you

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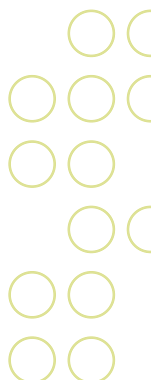

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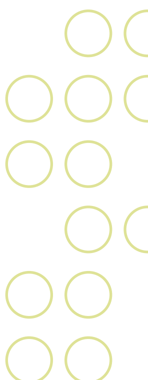

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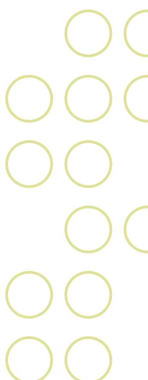

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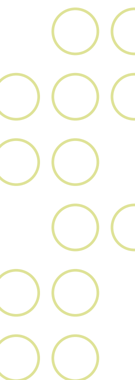

Authors

Loree Cook-Daniels, Policy and Program Director

michael munson, Executive Director

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Publisher

FORGE is the nation's leading organization focused on violence against transgender and gender non-binary people. FORGE is the Office on Violence Against Women's designated training and technical assistance provider focusing exclusively on transgender and gender non-binary survivors and issues. FORGE helps agencies funded by the Office on Violence Against Women better serve transgender and gender non-binary survivors of domestic violence, sexual assault, dating violence, and stalking. FORGE also provides services and resources directly to those survivors and loved ones. FORGE was founded in Milwaukee, Wisconsin, in 1994.

Pictures

Pictures in this guide are from the Espavo Project. *Espavo* means "thank you for taking your power" and features professionally-created portraits that embody the resilience, empowerment and healing of transgender and gender non-binary survivors and loved ones whose lives have been affected by sexual violence. Not every Espavo Project participant identifies as transgender and/or is a direct survivor of sexual violence.

Date

March 2016

Introduction

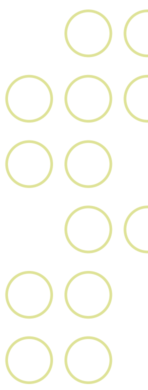
Over 50% of trans[1] and gender non-binary people have experienced sexual violence at some point in their lives. One in two.

Our community has one of the highest incidences of sexual violence ever documented. What does this fact mean to us as individuals and a community? Obviously, the answers to that question are virtually endless, as each person reacts to their unique history as both a trans or gender non-binary person and a sexual assault survivor in their own way. The reactions range the gamut between these two poles, both said to FORGE in answer to our 2004 question of trans sexual assault survivors,

"how have you been affected by your experience of sexual violence?"

"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."

"It happened — I got over it."



[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 often limiting terms.

As a transgender support group leader, you are a key member of the transgender community. People look up to you as a source of information and referrals, as a role model, and as someone who "gets it." Despite all these expectations, you may have had no specific training for your role and may feel unprepared for some of the challenges group members bring you. This Guide is part of FORGE's effort to help our community develop the skills and approaches we need to heal and thrive.

PHOTO BY LEIGH HOUGHTALING

About FORGE

FORGE was founded in Milwaukee in 1994, originally as a support group for those on the trans-masculine spectrum and SOFFAs (Significant Others, Friends, Family, and Allies) in the Milwaukee/Chicago area. Over the years we have grown into a national organization that addresses the broad spectrum of all gender identities within the diverse trans/gender non-binary community, with specialties in aging issues, trauma, and anti-violence work. We still host Milwaukee-based support group meetings and events and participate in local LGBT coalition efforts to provide direct services, offer professional and community training and education, and undertake public advocacy, but most of our current work is focused nationally.

FORGE's focus on transgender survivors of sexual assault began with a 2004 national survey, the results of which have informed all of our subsequent services. Since 2004, we have conducted additional research on sexual violence against transgender individuals, provided direct service to survivors, and engaged in extensive training of providers who work with transgender survivors. We have received multiple grants from the U.S. Office on Violence Against Women (OVW) and completed a 3-year project for the U.S. Office for Victims of Crime, which, among other things, resulted in a ground-breaking online toolkit for professionals working with transgender sexual assault survivors (http://ovc.gov/pubs/forge/index.html).

This guide is one of several that we have written to help transgender sexual assault survivors and our larger transgender/SOFFA community heal from the violence and abuse we have experienced.

Guide contents

There are seven main sections to this guide.

1. The **Introduction** section talks about how and why this guide came about, what it contains, and how to use it.
2. **Trauma and its Aftermaths** addresses what happens in human brains at the moment trauma happens, and why trauma memories and reactions are so different from the

rest of human experience. This section also describes many of the long-term effects of trauma. Some readers will be surprised at what is here; survivors often think we are personally defective, and/or that being trans causes certain personality traits and reactions. In fact, many traits that are common in the trans community actually appear to lie in the trauma/s trans and gender non-binary people have suffered.

3. The **Transgender Survivors of Sexual Assault** section reviews what FORGE and others have learned about transgender and gender non-binary 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 having been sexually assaulted or abused. 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. Please know that we necessarily had to leave out many comments and issues due to space constraints. If one or more of the issues or questions you have are not reflected here, by no means draw the conclusion that you are the only one who is grappling with them.
4. **Services for Sexual Assault Survivors** 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 the survivor's healing. We have also included a section on what we have found are common reasons why trans people do not want to access services, and how you as a support person may be able to help.
5. The **Meeting Planning and Preparation** section addresses self-care for the facilitator, what a facilitator should be informed about, and some key aspects of planning a meeting, particularly as they relate to working with survivors of violence or trauma: who runs the meeting, what happens at the meeting, pre-meeting preparation, materials to bring with you, and personal pre-meeting preparation.
6. In **Meeting Skills and Strategies,** we talk about ways to communicate acceptance and inclusion; ground rules; the importance of letting participants know the structure of the meeting; resources and referrals you should have at hand; the importance of believing survivors; working with imbalances in the room and difficult emotions during the meeting; coping with trauma triggers; what to do when you have a survivor and their abuser in the same meeting; and what you should think about when the meeting is over.
7. In the **Appendices** you will find some additional resources, including guidance on what to do if a sexual assault has just happened, information on what abusive relationships look like and how you can help the victim through safety planning, how to develop an Emergency Standard Operating Procedures for people with depression and/or suicidal feelings, and a new federal law that should help improve the availability and quality of services offered to trans sexual assault survivors.

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.

Language in this guide

Transgender

Throughout this document, we will use fluid language of "trans," "transgender," "gender non-binary," and "gender non-conforming." 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 often limiting terms.

Abuse/assault/violence/trauma

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

Survivor/victim

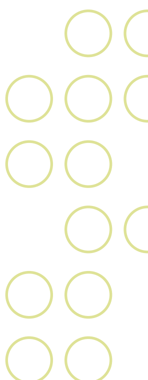
Most of the time, this guide will use "survivor" language, since we know that many people who have experienced abuse/assault feel more empowered by it than the word "victim." There are many ways people classify what happened to them and who they are in response to what they experienced. If one word does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

Secondary Survivor

A secondary survivor is someone who was not directly physically assaulted, but was deeply affected by the assault of a loved one. Many partners and friends are also survivors of sexual assault, but this term uniquely reflects the experience that many support people have when supporting a survivor of an assault that the support person did not directly experience.

Partner, friends and loved ones

Throughout this guide, the language of partner, friend, loved one, and supporter may be used. We recognize that many partners, friends and loved ones may be survivors of sexual violence or other forms of victimization, as well as partnered with someone who is a survivor. We also recognize that many partners, friends and loved ones may be trans, gender non-conforming, or gender non-binary as well as partnered with someone who is trans. We acknowledge that relationships may be friendship-based, familial, or non-sexual. We also acknowledge that intimate relationships might be monogamous, polyamorous or non-monogamous, dating, asexual or aromantic, or may have a BDSM dynamic. Intimate relationships may be heterosexual, gay, lesbian, bisexual, queer, or hundreds of other descriptive words.



Citations

We intentionally did not use many citations throughout this document. Information presented within these pages is supported by research, anecdotal evidence, or from other sources of reliable information. If you have questions or would like more details about any of information provided, please feel free to contact us.

Quotes

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.

PHOTO BY LEIGH HOUGHTALING

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.

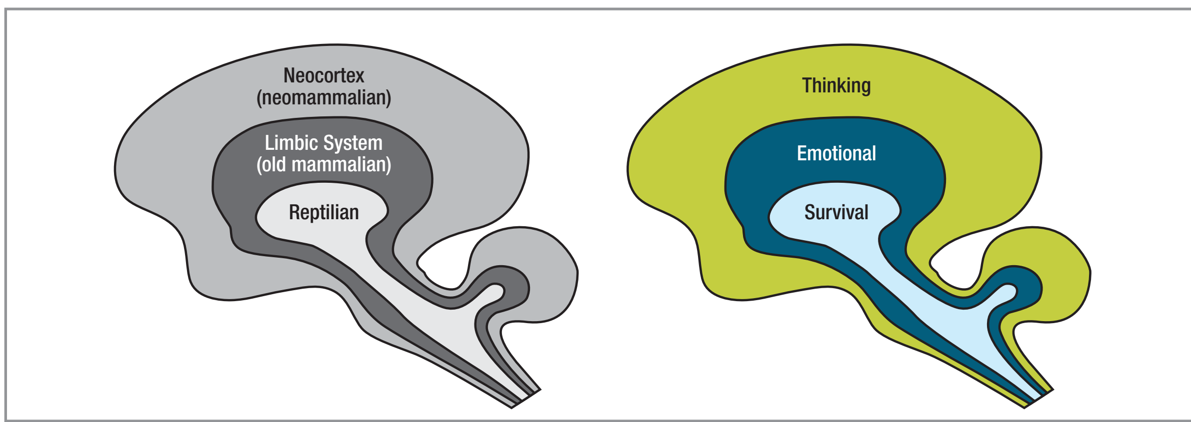


FIGURE 1: THREE-PART BRAIN

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."[2]

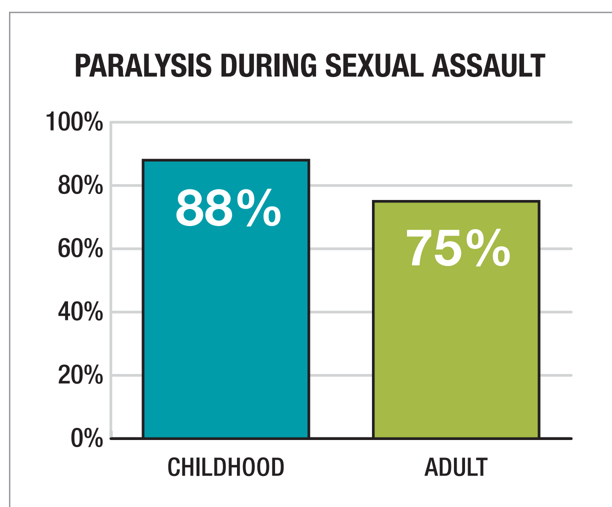


FIGURE 2: PARALYSIS DURING SEXUAL ASSAULT

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

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

more typical storage mechanisms, in the process draining them of some of their potent emotions. 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.

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.

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.).

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," available at https://forge-forward.org/wp-content/docs/Lets-Talk-Therapist-Guide.pdf, as well as this guide's "Options for Healing" section.)

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.[3] (We talk more about PTSD in the following section, "Aftereffects of Sexual Abuse or Assault.")

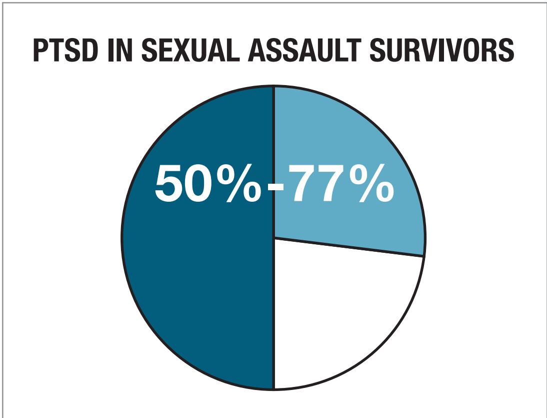
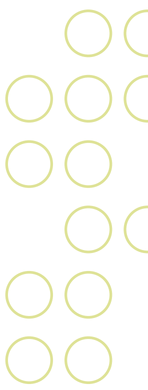


FIGURE 3: PTSD IN SEXUAL ASSAULT SURVIVORS

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.



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

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.

PHOTO BY KERRI CECIL

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.

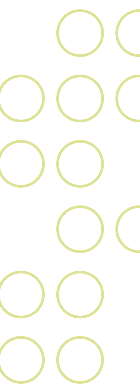
Additional readings on how trauma affects the brain

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.[4] According to the fifth edition 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).

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

(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.[5]

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.

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[5] Retrieved from http://www.brainlinemilitary.org/content/2014/06/dsm-v-tr-criteria-for-ptsd.html, October 27, 2013.

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 difficulty is undoubtedly due to the brain/chemical changes trauma induces, which lead to the classic PTSD symptoms of reexperiencing, avoiding, 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.

"...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.

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."[6]

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.

[6] 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 for purpose of reader comprehension.

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 make you less vulnerable to changes outside.

PHOTO BY KERRI CECIL

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," "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.

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'.

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.). Learning not to overreact to triggers is a therapeutic task in the treatment of dissociative disorders.

Sidran Institute, downloaded on October 27, 2013 from https://www.sidran.org/resources/glossary

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[7] communities' — the training I went through kicked it ALL loose."

PHOTO BY LEIGH HOUGHTALING

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,

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

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.

> **"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."**

Why didn't you access services?

> **"Self-hatred."**

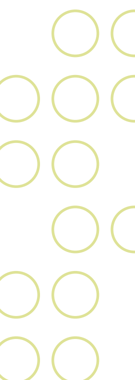
> **"Shame. Mainly shame."**

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

It is important to recognize that the new (DSM-V) diagnostic criteria for PTSD have 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).[8]

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 survivors have to continue to live with them.



[8] Retrieved from http://www.brainlinemilitary.org/content/2014/06/dsm-v-tr-criteria-for-ptsd.html, October 27, 2013.

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, are 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, 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.[9] 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."[10]

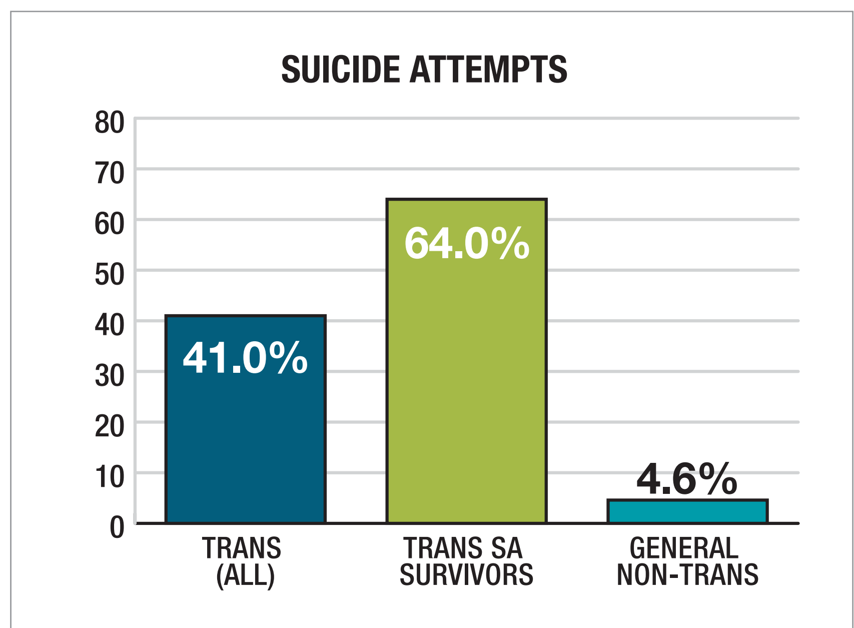


FIGURE 4: SUICIDE ATTEMPTS

Other people do, in fact, become suicidal. The National Transgender Discrimination Study[11] found that overall, 41% of its transgender and gender non-binary 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 4.6% for the general population. In other parts of this guide you can find the numbers for suicide

[9] dickey, lore m. (2011). Non-suicidal self-injury in the transgender community. (Unpublished dissertation). University of North Dakota, Grand Forks, ND.

[10] dickey, lore m. (2011). Non-suicidal self-injury in the transgender community. (Unpublished dissertation). University of North Dakota, Grand Forks, ND.

[11] 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.

hotlines and an "emergency standard operating procedures" worksheet that can help you or the victim plan how to better handle suicidal feelings if the victim has 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 Safety: A Treatment Manual for PTSD and Substance Abuse,* by Lisa M. Najavits.[12]

> *"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."[13] 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

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

[13] 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.

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.[14]

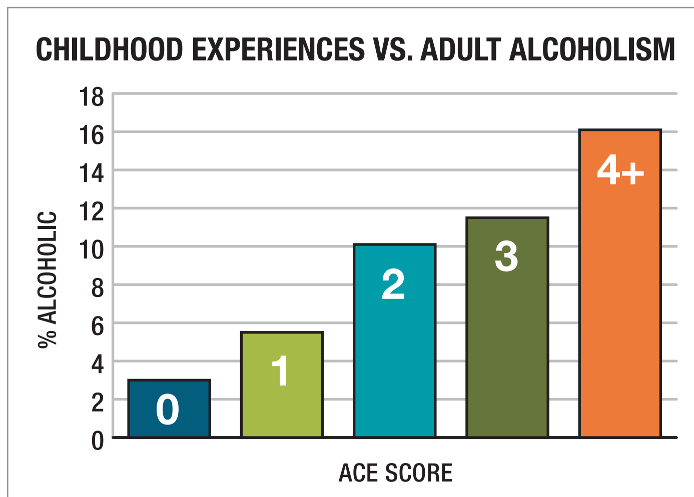


FIGURE 5: CHILDHOOD EXPERIENCES VS. ADULT ALCOHOLISM

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 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 diseases. 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."*[15]

"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.*

[14] 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.*

[15] 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."[16] Part 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."[17]**

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.

[16] 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.

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

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.

PHOTO BY MIA NAKANO

Psychiatrist and psychologist John Bowlby pointed out that anger can be despairing (coming from a place of powerlessness) or it can be hopeful.[18] An anger that is hopeful points a person to where changes can be made. This distinction may be helpful to some survivors.

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.[19]

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.

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

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

Re-victimization / 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, intimate partner violence, stalking, and hate 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.[20]

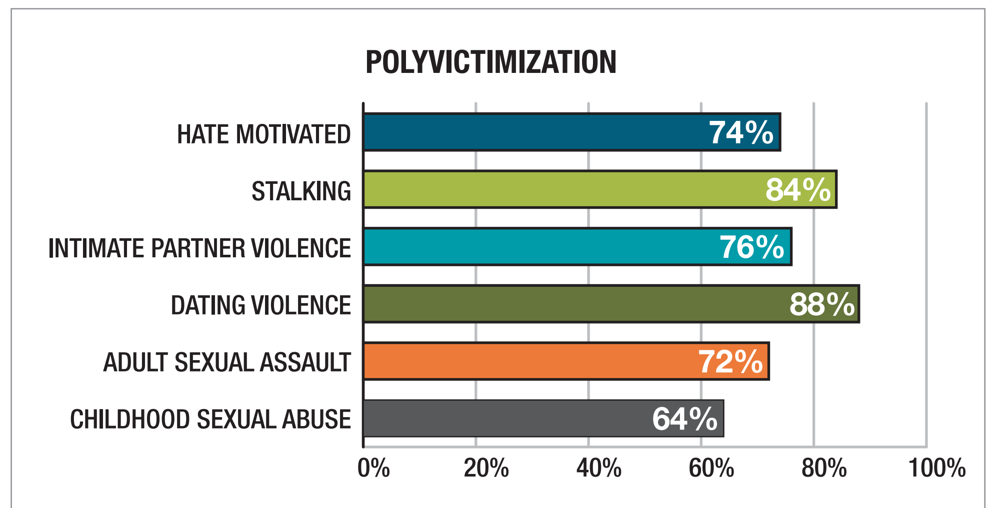

FIGURE 6: POLYVICTIMIZATION

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[21] (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."*[22]

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[20] 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).

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

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

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 her partner 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

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 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."[23]

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

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.

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

“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.”

“We have to work bloody hard to have a healthy relationship.”

PHOTO BY DAN MOUER

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.

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 (2nd 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 lays out "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 LEIGH HOUGHTALING

Transgender Survivors of Sexual Abuse/ Assault

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 25% 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.

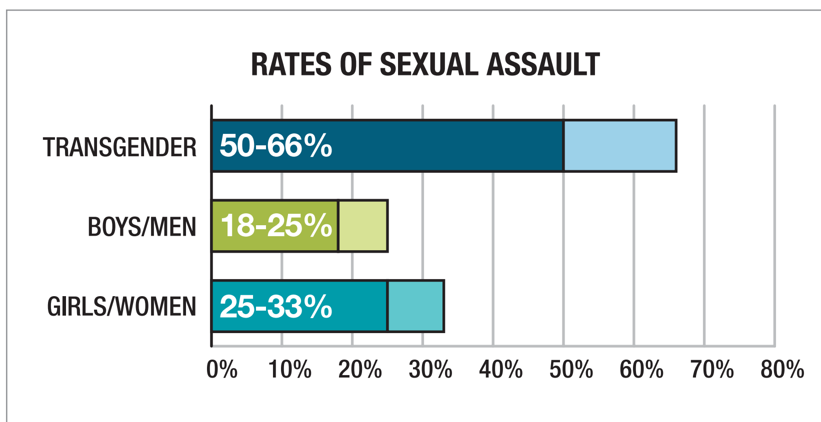


FIGURE 7: RATES OF SEXUAL ASSAULT

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:

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."** [24]

> **"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."**

[24] 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.

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.[25] 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 is still 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.**

[25] BDSM = Bondage and Discipline, Sadism and Masochism. BDSM can be a consensual form of sexuality and erotic behaviors between individuals who agree to specific relationship dynamics and certain behaviors. Healthy BDSM is often paired with guiding principles such as "Safe, Sane and Consensual." Healthy BDSM relationships are guided by mutual respect, input by all individuals involved, and a mutual set of agreements to not cause emotional harm or go beyond agreed upon limits.

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 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."**

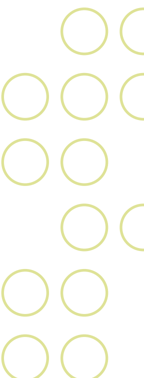
Experiencing additional complications due to gender identity or politics

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.[26] We conducted the national study in 2004, and had 265 respondents. Nearly half (47%) were FTM (female-to-male, the language used in this survey); 30% were MTF[27] (male-to-female transgender individuals). About 20% were non-transgender[28], 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 been assaulted had experienced more than one assault: only 27% marked that they had only been assaulted once.

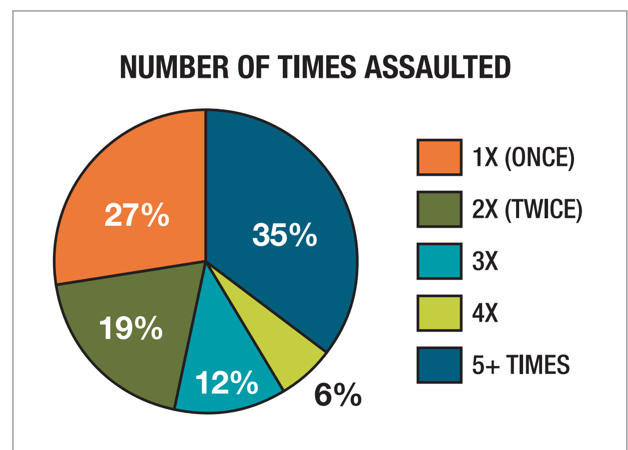


FIGURE 8: NUMBER OF TIMES ASSAULTED

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 non-transgender males in our survey never experienced sexual assault, people who were assigned male at birth who (possibly

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

[27] At the time of the survey, the dominant language within the trans community was "MTF" (male to female) and "FTM" (female to male). When possible, without changing the content of survey results, we have expanded the language to be more reflective of the trans community's language in 2016, the date of this publication.

[28] FORGE chooses not to use the term "cisgender" because we find that this gender identity is currently commonly assigned to people without their knowledge and/or consent. We prefer to continue using "non-transgender," by which we mean, "someone who is not known to identify as transgender or have a transgender history."

later in life) identified as MTF[29]s 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 / Trans-masculine	65	45	47	42	30	1	14
MTF / Trans-feminine	23	14	8	11	18	6	26
Intersex[32]	2	3	0	1	2	1	1
Non-transgender Female	21	13	9	14	13	0	10
Non-transgender Male	0	1	0	1	1	1	5
TOTAL	111	76	64	69	64	9	56
	56%	38%	32%	35%	32%	5%	28%

FIGURE 9: AGE OF UNWANTED SEXUAL TOUCH

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 13% of perpetrators were reported to be strangers.

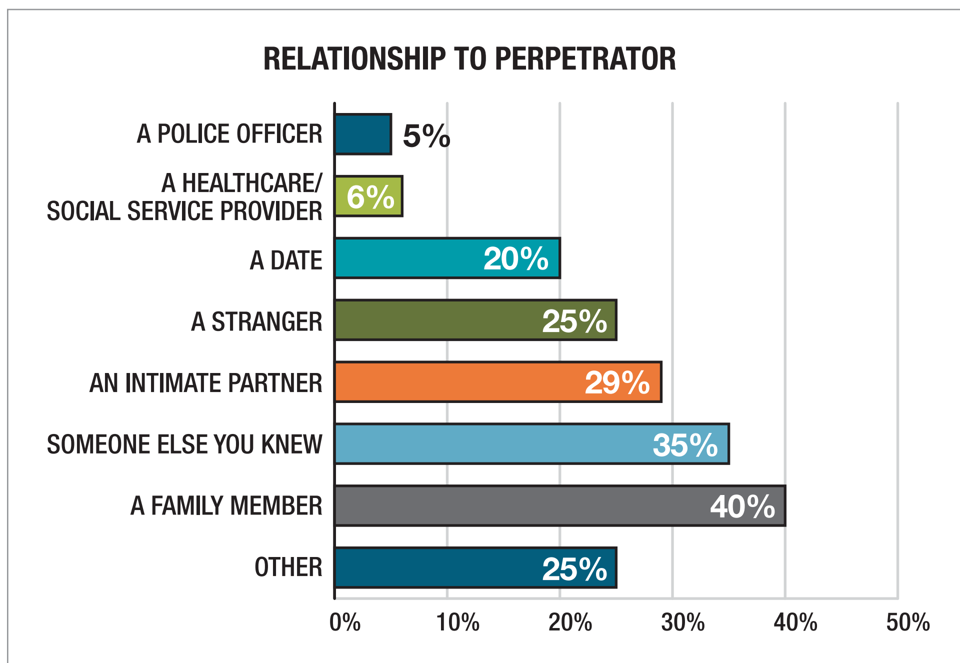


FIGURE 10: RELATIONSHIP TO PERPETRATOR

[29] At the time of the survey, the dominant language within the trans community was "MTF" (male to female) and "FTM" (female to male). When possible, without changing the content of survey results, we have expanded the language to be more reflective of the trans community's language in 2016, the date of this publication.

[30] Since three percent of the survey respondents noted they were assigned intersex at birth, FORGE includes their data in this chart. Those who were assigned intersex or identify as intersex may or may not also identify as transgender or gender non-binary.

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."

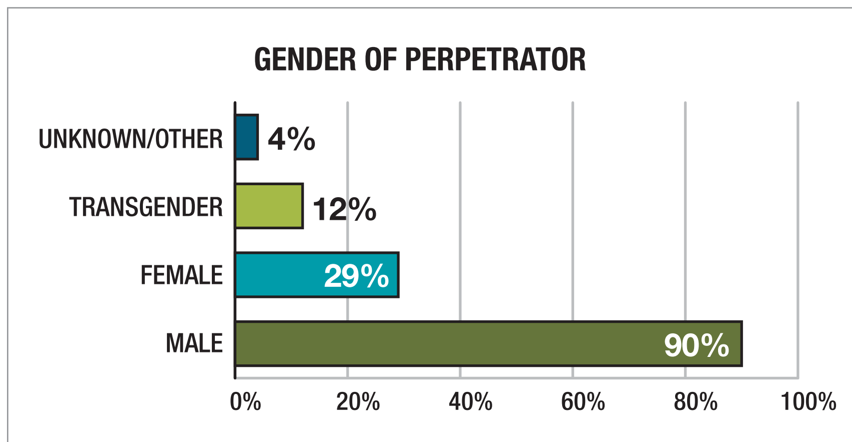


FIGURE 11: GENDER OF PERPETRATOR

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. Nearly 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.

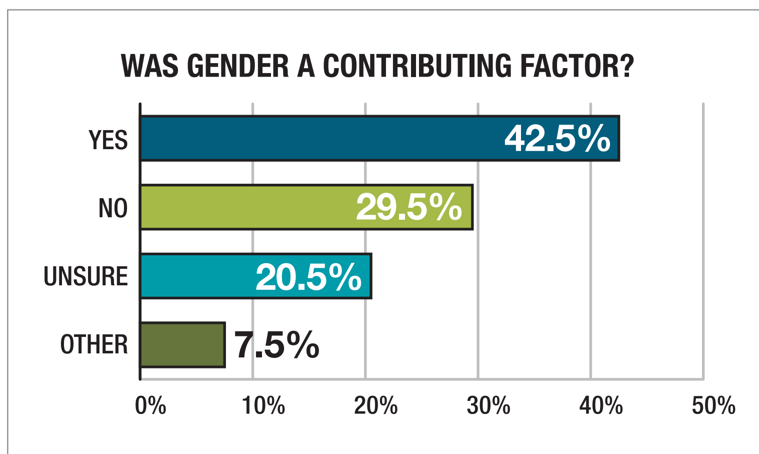


FIGURE 12: WAS GENDER A CONTRIBUTING FACTOR?

"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 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. Conversely, some people had physical medical care forced upon them against their will.

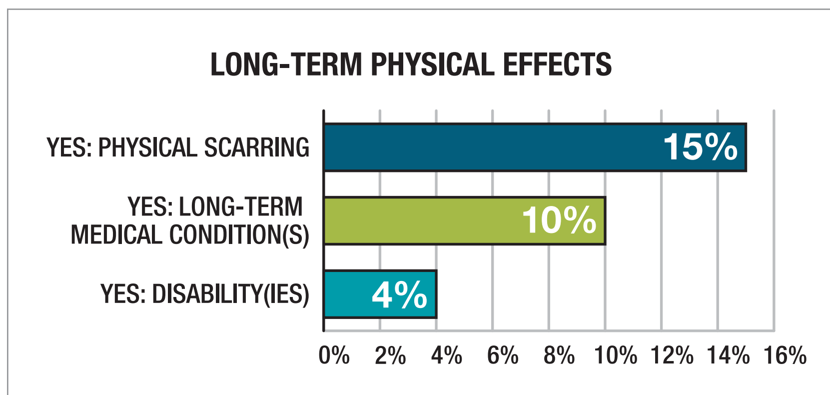


FIGURE 13: LONG-TERM PHYSICAL EFFECTS

[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.

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.

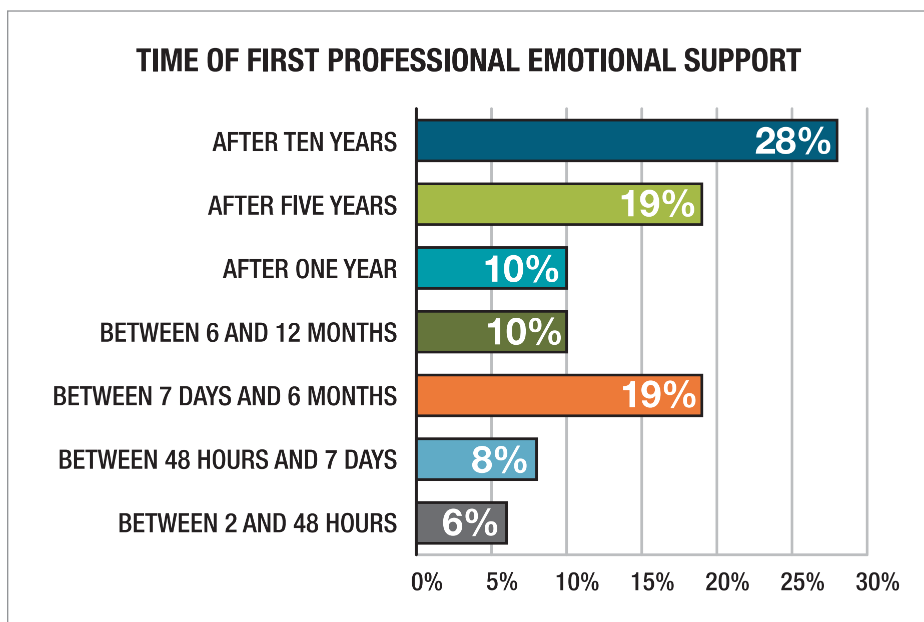


FIGURE 14: TIME OF FIRST EMOTIONAL SUPPORT

"[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.

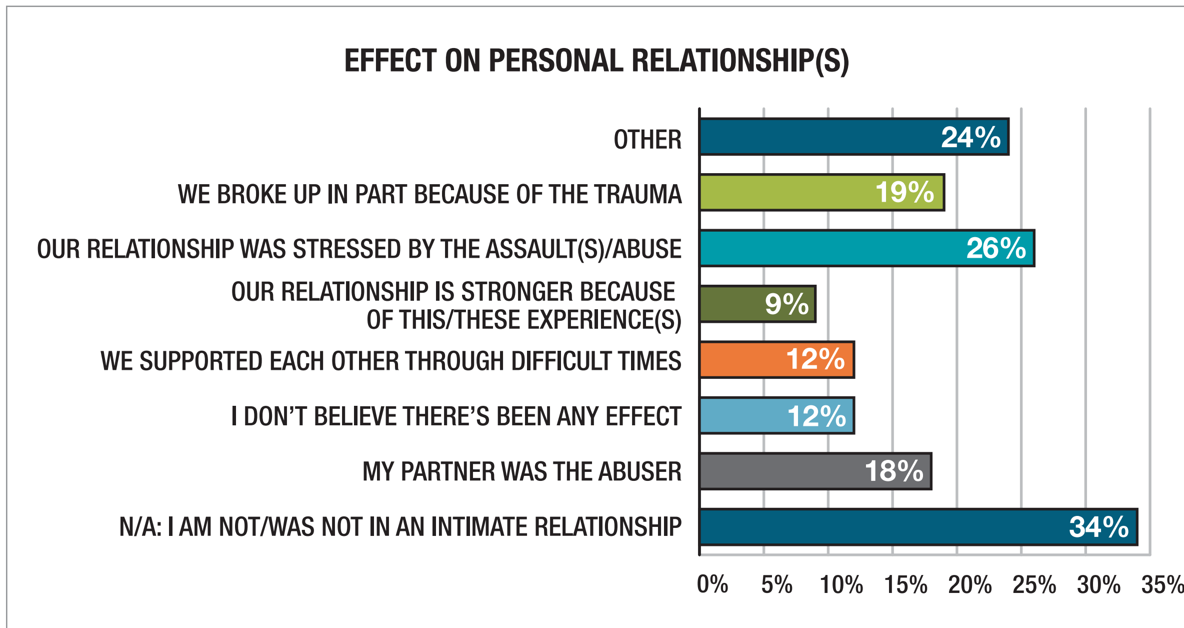


FIGURE 15: EFFECT ON PERSONAL RELATIONSHIP(S)

"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."

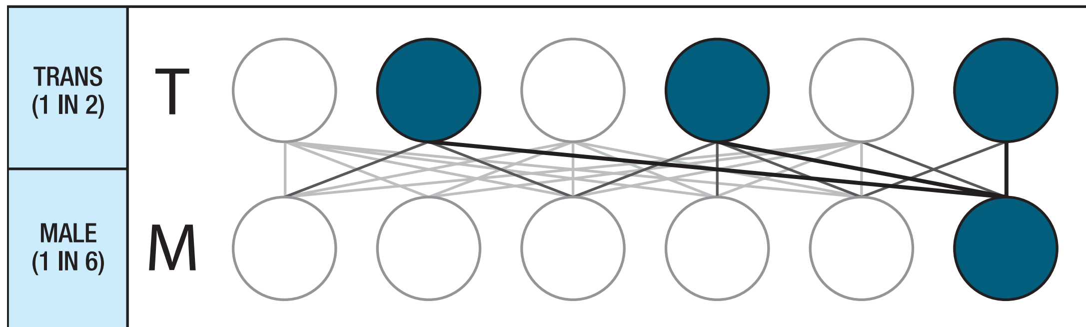
"I am sexually dead. My partner understands this."

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

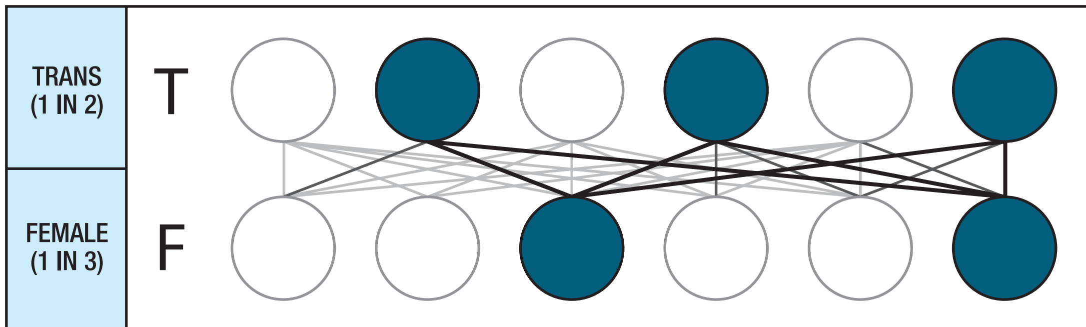
Survivors often partner with other sexual assault survivors

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:

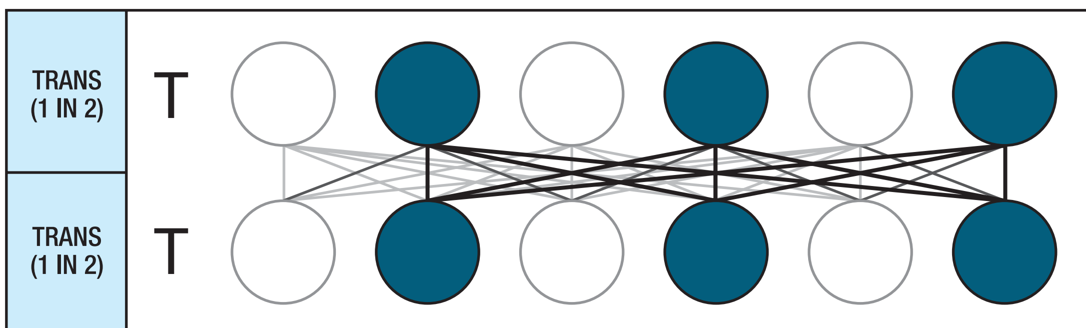
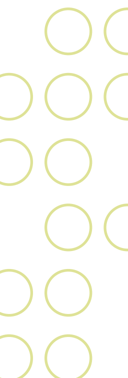


FIGURE 16: SURVIVOR PAIRINGS WITH OTHER SEXUAL ASSAULT SURVIVORS



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:

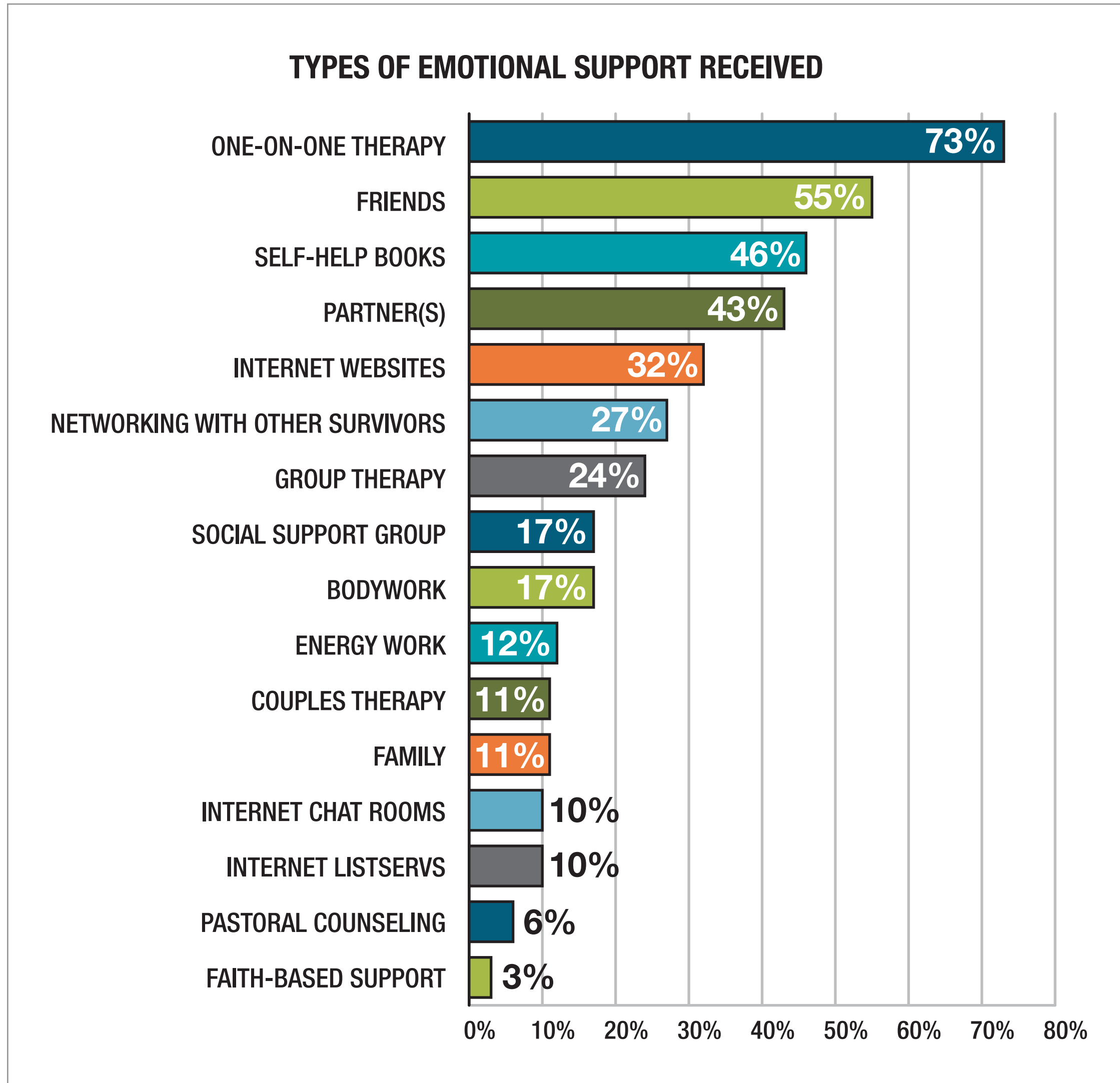


FIGURE 17: TYPES OF EMOTIONAL SUPPORT RECEIVED

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 led FORGE to create this guide and its companion piece, “A Guide for Partners and Loved Ones of Trans Sexual Violence Survivors,” available at www.forge-forward.org/2016/05/sv-partner-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-binary 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-binary 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."**

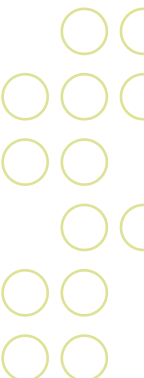
On the other hand, some trans people do trace their gender identity to their sexual assault history:

> **"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 sexual assault survivor:

> **"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] (In the chart to the right, SA=sexual assault; DV=domestic violence)

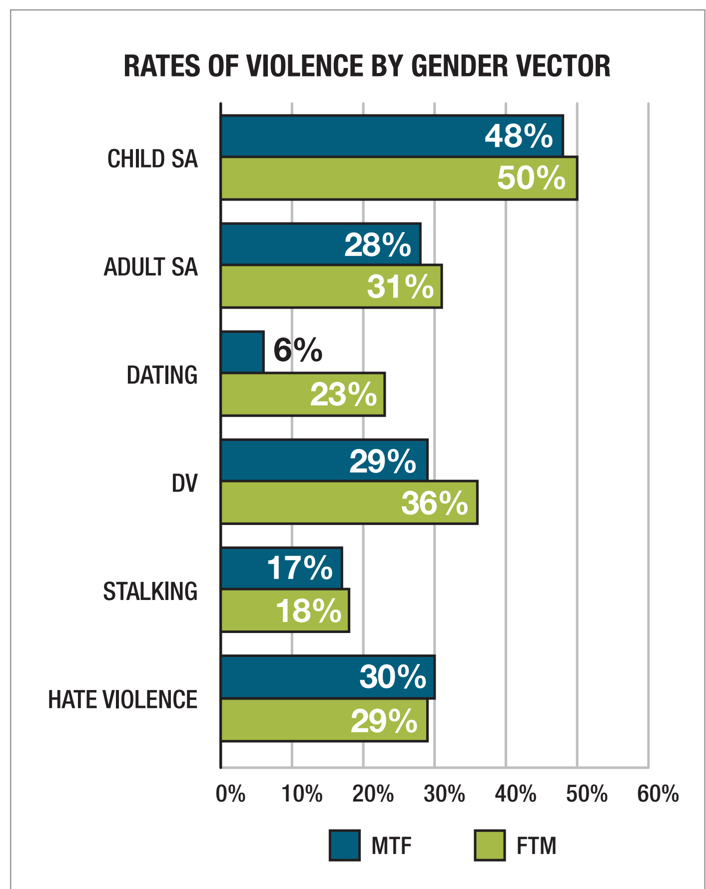


FIGURE 18: RATES OF VIOLENCE BY GENDER VECTOR

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 of 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."

[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%.

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).

PHOTO BY KERRI CECIL

> **"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."**

> **"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.'"**

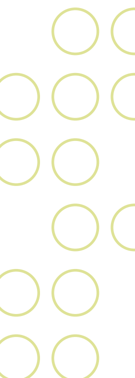
> **"His abusers had been female, and as a non-trans person and non-survivor I 'owed' him sexually. It was my duty to provide for his pleasure, any needs and boundaries of my own were supposedly abusive."**

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')."

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."

[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.avp.org

"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."

"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 FORGE Services section in this guide for more details).

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

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 demonstrates 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]

Sexual abuse and transition

Choices. We all need to figure out how we want to live our lives, what choices we want to make, and in what order we may want to make those choices. When people have a trauma history, some may need and want to look at those issues in depth before making transition or gender-affirming steps. Others may feel like they need or want to take gender-related steps first (or at the same time) as looking at or healing from their traumatic history, believing that transition steps may actually help in their healing process. Or they may not want to give more power to past victimization by delaying something they know they want — e.g., transition.

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

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 the people you work with 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 the survivors you work with.

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" (available at https://forge-forward.org/wp-content/docs/Lets-Talk-Therapist-Guide.pdf).

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, however, trauma experiences change the chemistry and the workings of the brain. Medication may help with some of these imbalances, thereby giving the survivor a more stable platform on which to build the life they want. In other words, medications are not a cure-all; they simply may make it easier to get on with the survivor's other healing and life-creation work.

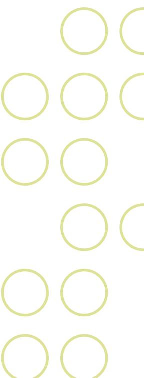
Although medical science continues to advance, how some medications work is still unknown or unclear. We still do not know how an individual may react to any given medication until they try it, so prescribing can be viewed as a try-and-try-again process. Survivors should assume that if one medication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

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 the body physically release them. Survivors do not have to believe that theory 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 for a survivor to practice setting boundaries and experiencing what it is like to be touched by someone who will respect those boundaries. It may also teach the survivor things about their 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.

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 or the survivor can do an internet search for Reiki practitioners in your area, or access a free, Reiki-based distance healing service that many trans Reiki practitioners are involved with at http://www.the-dhn.com/.

JOE MICHAEL

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 the page, "Interview with Joe." The relevant section is from 22:00 to 26:00.

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 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.

Movement-based therapies

Just about anything the survivor can do to move their body can help their 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 sleep. So anytime you can encourage a survivor to 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 their 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" it. 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.

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 a survivor 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 breathing to help calm emotions and thoughts. We have included a couple of breathing exercises in our companion guide, "Transgender sexual violence survivors: A self-help guide to healing and understanding," available at http://forge-forward.org/wp-content/docs/self-help-guide-to-healing-2015-FINAL.pdf.

Additional readings on 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.

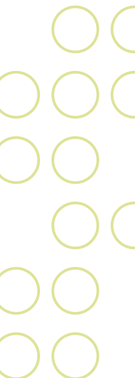
Peter A. Levine, Ph.D., is one of the leaders of those helping people work through their trauma by moving their bodies in the way they would have wanted to move to escape or fight back in the original trauma. This book also contains a long exploration of how he sees this work connected with spirituality.

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 for survivors who have found that more traditional "talk" therapies are not working for them. 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 the survivor is trying to figure out what kind of trauma therapy might fit them best. Also includes some techniques from various schools of therapy that might be useful to SOFFAs or for self-help.



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 a survivor was part of a religious tradition as a child but moved away because of its anti-trans teachings or practices, it may be time to re-investigate whether there are LGBT-affirming congregations or faith-based organizations now in the survivor's area. Many faith traditions have developed LGBT-affirming policies, and the survivor may be pleasantly surprised to be able to re-connect with a faith tradition that now overtly includes them. 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/).

One does 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 encourage exploration; what is important is that the survivor find what brings them comfort, regardless of whether it brought comfort to or was meaningful for others in their family or ancestry. Also suggest the survivor talk with a pastor, priest, rabbi or other religious leader and/or join a prayer group or faith-based discussion group. If you are unsure how they might react to a trans survivors, 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

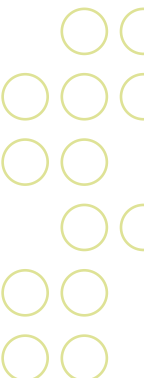
The Spirit of Transgender and The Tree House is located in Black Mountain, North Carolina. They host multiple spiritual retreats, specifically for transgender individuals and loved ones, at a beautiful, secluded, wooded mountainside private retreat home.

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 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 and how it made the survivor feel with someone who understands can help bleed away some of the toxicity.

Peer-based assistance can be formal or informal. Although most trans support groups are not equipped to do therapy, many survivors use them to meet other trans people they can invite to join them for coffee. Survivors may also want to look for people online. FORGE hosts a listserv specifically for sexual assault survivors (see http://forge-forward.org/anti-violence/for-survivors/survivors-listserv/). 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 the survivor finds someone they feel particularly drawn to in one of these online settings, remind them they may talk with the new acquaintance privately by phone, Skype, FaceTime, chat areas...the options expand daily.

It is also possible for survivors to create their 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 uses several social media platforms to connect survivors and to provide support, ideas, and inspiration. Since new ones are being developed in 2016, check out our website (www.forge-forward.org) and/or primary Facebook page (https://www.facebook.com/FORGE.trans/) to keep track of new options.

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 the survivor's geographic area or that can connect the survivor to providers and services that are close to them. 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-binary 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.avp.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 survivors to local programs that do. You can locate your state's coalition at http://www.justice.gov/ovw/local-resources. *[Note: Not all coalitions or member organizations have received training to work with transgender/gender non-binary clients. Although all Coalitions are required to serve survivors of all genders, some Coalition and member organizations still primarily focus on non-transgender female survivors.]*

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.

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.

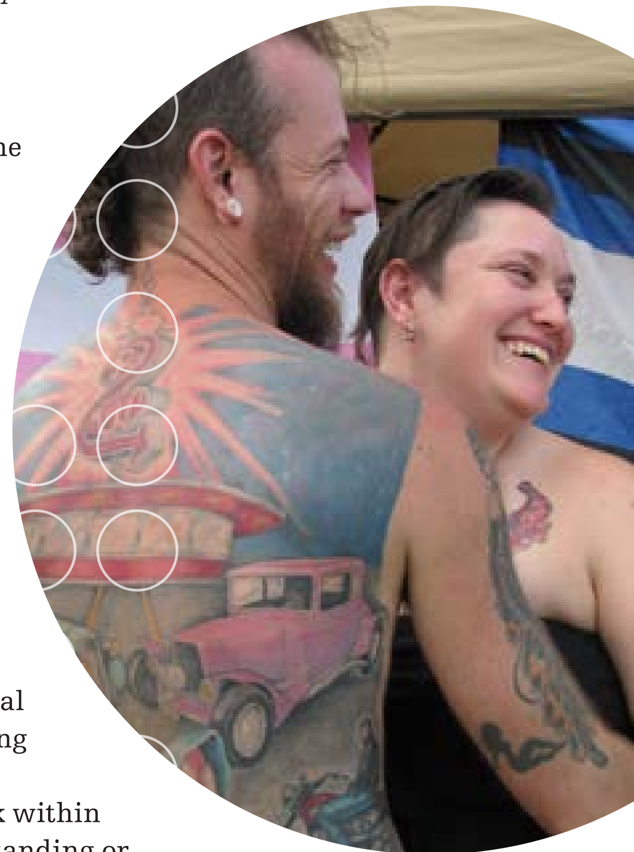


PHOTO BY LEIGH HOUGHTALING

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 team (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: Survivors may receive services from providers who are part of a SART or CCR. They will respect the survivor's confidentiality, but their multi-disciplinary approach to supporting survivors will benefit the survivor and other survivors by helping all team members know what available resources exist 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 reimbursement if the survivor lost work hours and pay after a crime. Most of the time, however, survivors can only access these funds if they promptly report the crime, "cooperate" with law enforcement (which must agree that a crime took place), and file their claim within a specified time period. A directory of such programs is available at http://www.nacvcb.org/index.asp?sid=5 *[Note: If the survivor is working with an advocate, many will assist them 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

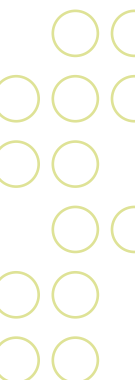
If the survivor would like to find a qualified therapist to work with, suggest the survivor read FORGE's companion document, "Let's talk about it: A transgender survivor's guide to accessing therapy" (https://forge-forward.org/wp-content/docs/Lets-Talk-Therapist-Guide.pdf). It will help them think through the type of therapist that might be best in their situation and how to find one that is both trans-savvy and has expertise in working with sexual assault survivors. If the survivor would like a referral to a trans-aware therapist in their area, FORGE maintains a large, searchable database of providers at http://forge-forward.org/directories/therapists/.

Restraining orders

Restraining orders are legal documents that direct the individual(s) who assaulted the victim to keep away from them. 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 the survivor and make other stipulations about the type of contact they can or cannot have with the survivor. They are by no means fool-proof, but they may help the survivor obtain a better law enforcement response if they are being stalked or harassed by their 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 (where it is available) and calling the police through non-emergency numbers is often useful for the survivor's protection. Calling law enforcement can be lifesaving and critical if the victim has been injured, recently assaulted, and/or if the perpetrator is actively attacking or threatening the victim, or violating a restraining order. The victim will also need to report the crime to law enforcement (usually within 5 days after an assault, although this deadline varies by state) if the victim might ever want to press criminal charges against the abuser(s), or if the victim 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.



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 trans people and sexual assault survivors, as well as their loved ones and support people, to have depression and feel suicidal. If you or the survivor are feeling suicidal, reach out for help. The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) is available 24/7 and will automatically route the caller to the suicide prevention hotline nearest them. Suicide hotlines are often staffed by highly-trained volunteers and save lives, but not every staffer is trans-competent. The Samaritans hotline (located in Boston, MA) has been specifically trained to receive calls from and support transgender individuals who are feeling suicidal, and is available to non-trans people as well. You can reach them at 877-870-HOPE (4673). The Trevor Project Lifeline is a service aimed at LGBTQ youth ages 13–24, but their trained counselors will talk to anyone in a crisis; their phone number is 1-866-488-7386, and they also offer texting and web-based chat support (see their website: http://www.thetrevorproject.org/). If the main goal of you or the survivor you are working with is to talk to someone who is themselves trans, the Trans Lifeline U.S. hotline is staffed only by transgender people and can be reached at 877-565-8860.

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://www.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 trans-specific 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 and loved ones 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, http://forge-forward.org/directories/, 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 platforms 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 service to transgender, gender non-binary, gender non-conforming, and SOFFA sexual assault survivors and loved ones:

- **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 services providers you and/or the survivor work with:

- **Training webinars for victim service providers.** FORGE regularly produces and facilitates 90-minute training webinars 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 and 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 supports 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, contact us at:

P.O. Box 1272
Milwaukee, WI 53201

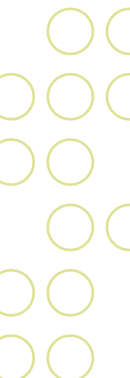
tel: 414.559.2123

www.FORGE-forward.org
AskFORGE@FORGE-forward.org

www.facebook.com/FORGE.trans

@FORGEforward

@forge_forward



Service barriers and discrimination

Although many trans people have fears — often very valid! — about accessing mainstream services, mainstream services have a lot to offer trans sexual assault survivors. The section above outlines many mainstream agencies' services, and our companion "Let's talk about it! A transgender survivor's guide to accessing therapy" (available at https://forge-forward.org/wp-content/docs/Lets-Talk-Therapist-Guide.pdf) discusses the pros and cons of various trauma therapies. You may find, however, that recommendations that the survivor access services are resisted. If that is the case, what follows may help you understand why and figure out how you might be able to support.

Transpeople often experience barriers when we try to access services for victims. *Injustice at every turn* (2011) found that trans people who tried to access rape crisis centers, for example, experienced unequal treatment (5%), verbal harassment/disrespect (4%), and physical assault (1%).[37] Trans people may not even be willing to try to access services for sexual assault survivors: in our 2011 FORGE survey of over 1,000 trans people, only 37% said they would be willing to seek services at a rape crisis center, and 12% said they would not. The rest said whether they would "would depend" on such things as the agency's reputation around serving trans survivors. In fact, when FORGE looked at all the respondents' concerns about accessing various types of victim service agencies, a dozen major concerns were identified. In roughly the order of how often they were referred to, the concerns were these:

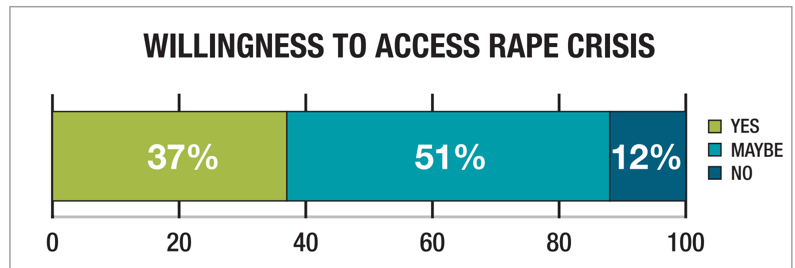


FIGURE 19: WILLINGNESS TO ACCESS RAPE CRISIS

1. Fear

Trans people talked about their fears of abuse, hostility, rejection, derision, judgment, discrimination; of being outed; of other clients; of being denied services; and of being the only trans person in the group.

"[I would not access a sexual assault victim service program because of]..."

"Fear (of being ridiculed, not receiving sensitive services, being turned away)."

"Fear. Is there REALLY any other answer here??"

"I am living stealth and do not want to out myself."

"I would not want to be re-traumatized by ignorant or insensitive staff."

"Fear of being judged."

"Fear of being looked at as someone who was inviting abuse, looked down at as a 'freak.'"

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[37] 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, p. 134.

"Good lord. We get treated like freaks without them seeing our genitalia. My spouse and I are both intersex by birth and have both gender transitioned. We'd be treated like circus freaks."

"Fear of retribution on a small campus/small town. Fear of retribution in the workplace. Massive feelings of helplessness and isolation in the relationship. Scared I'd be in trouble with school, parents, to be laughed at when little because I wasn't a pretty 'girl' so of course no 'boy' would want to kiss/touch me, and I already got made fun of so much for being an outcast/tomboy/having speech impediments."

2. Worry about welcome

FORGE describes an agency as "trans-welcoming" when a new trans or gender non-binary client senses that an agency's environment and attitude are friendly and respectful. Will people be "comfortable" with me? Will I be "accepted"? Will people be hostile?

"My MTF girlfriend was raped and laughed out of the office by the police. I wouldn't subject myself to that. This shit is serious."

"I would only be willing to use a rape crisis service if they explicitly stated that they worked with transpeople, even if they didn't specialize in it or anything. As long as they made some mention of it (on a website or similar), I would feel totally comfortable calling."

"It's a 50/50 chance you get someone that hates trans people."

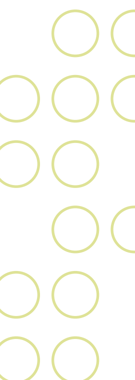
"There are plenty of services that cater to survivors but none openly state that they are open to and knowledgeable about trans issues."

3. Worry about cultural competency

Once a trans person feels "welcomed" by an agency, the next question may well be about its cultural competency, which FORGE defines as an agency whose staff are informed on how to respectfully treat trans people. Trans people wonder, Will I be asked invasive questions? Will they use my name and pronouns correctly? Will I have to educate my provider? Can they deal with my body?

"[I would not access my local rape crisis center because] There's so much ignorance that, despite someone's intentions, it could be too big of a risk to call, be vulnerable, only to have to put up with that shit (again). Plus, do they really understand?"

"[I would not access a sexual assault program out of] Concern that counselors and staff would be ignorant, shocked, or not knowledgeable in working with trans survivors."



"The therapist I see specializes in sexual assault / sexuality but she doesn't know jack about trans issues beyond what wikipedia offers — I have to educate you [sic] all the time and sometimes, she's not up for it — it sucks."

"They don't understand the assault from a transgender perspective."

"They don't know about trans people and they sometimes laugh."

4. Don't know what agency is or how to find it

Most people have reason to use victim service agencies infrequently, and so may not know what services exist, what they offer, or how to find them. FORGE asked trans people about 14 types of services, and many responded with variations of "What is this? I never heard of it."

THE 14 TYPES OF SERVICES WE ASKED PEOPLE ABOUT INCLUDED:

1. Rape Crisis
2. Urgent care following sexual assault
3. Forensic Exam
4. Victim Compensation
5. Support Groups
6. Therapists
7. LGBT Anti-Violence Program
8. LGBT Community Center
9. LGBT Health Clinic
10. Advocate
11. Restraining Order
12. Victim Witness
13. Case Management
14. Shelter Resources

In addition, services may not be available everywhere; rural survivors may find it particularly difficult to access services.

"I'm not sure how it would help."

"Never heard of it."

"I'm not sure what this service is."

"Not well-advertised, don't know what services are offered."

5. Reputation

Many trans people will only approach a new service agency if they have heard from others that it treats trans people well. The trans community is very interconnected and tightly knit. When one person has a negative experience at an agency or with a particular provider, the word spreads VERY quickly. One person's negative experience — shared with someone else — can dramatically influence the entire community and paint the service agency as "unwelcoming" or "culturally incompetent" or any number

of negative things. The end result, though, is that the agency's reputation is severely damaged AND, more importantly, survivors who need services do not get them.

> **"[I wouldn't access my local rape crisis center because it is] Not trans friendly. Others have tried and were told that there was no way they could be rape victims."**

> **"[I wouldn't access services because I have] heard too many horror stories from survivors."**

> **"There have been quite a few problems with our local area provider not taking seriously those who call in with a masculine voice — a problem potentially for transwomen, transmen, and genderqueer folk."**

> **"A lot of the people there don't care about trans people and basically want us to go away."**

6. Woman-focused agency

The domestic violence and sexual assault fields developed out of the women's movement, as women in consciousness-raising groups realized how pervasive these forms of violence are. Unfortunately, because the groups were generally for women only, they did not hear men's stories of abuse and so concluded that domestic violence and sexual assault are *women's* problems rather than *human* problems. The name of the services funded by the U.S. government to address domestic violence and sexual assault says it all: they are provided under the Violence Against Women Act. Consequently, trans people of any gender identity are often unsure if they will be welcomed at these services (and they often haven't been). When talking about their reluctance to access some services, trans respondents to FORGE's survey cited the name of the agency as suggesting they only serve women (such as "the Women's Crisis Center"), unclear policies about who the agency serves, and website and brochure language that talks only about women and children. Trans people reported that these signals that they may not be welcome at the agency led to feelings of erasure and hopelessness about where to seek services.

A huge recent advancement occurred when the Violence Against Women Act was reauthorized in 2013. The new provision forbids programs funded under the Act from discriminating on the basis of gender identity and sexual orientation. Although this is a huge step forward, there is always a lag between the enactment of a new law and its full implementation. See Appendix D for more details on the law and how a survivor can file a complaint if they are discriminated against.

> **"I am afraid they would treat me as a woman who was raped instead of a transgendered individual who was violated- maybe for the sole fact that I am trans. I feel that there is the potential for aggravating emotional situations and adding alienation on top of trauma."**

“The only domestic violence shelters I’m aware of in my area are for ‘women born women,’ so they are explicitly not welcoming to people of trans experience and I would not use them.”

“Most of the services are advertised for “female” or “male.” The titles of the group don’t feel inclusive.”

“I wouldn’t trust the people on the other end to respect my gender. I wouldn’t trust them to respect the fact that someone with my voice could be raped.”

“We had a local girl recently raped and was told that “a man like you can’t be raped” and “our services are for WOMEN that need it! We don’t have the resources for this.”

7. Shame, stigma, and embarrassment

Shame, embarrassment and stigma are common for nearly all survivors. Trans survivors, too, may experience these strong emotions. Trans people may also have some additional concerns. For example, if they need or want medical care (or a forensic exam), they are likely going to have an additional layer to wade through that may create a sense of shame or embarrassment. If a transman was vaginally sexually assaulted, it may be difficult to seek care for that part of his body — AND it might be more physically and emotionally painful to have physical examination or care related to that part of his body.

There may also be concerns around trans people who are surviving through sex work. These trans people may be worried how others will react to their employment, may wonder if they will be blamed, and may be concerned they won’t be treated respectfully. There is clearly stigma associated with sex work. Similarly, some people may want to “protect” the reputation of the community and uphold the notion that sexual violence or IPV does not happen to or within trans or LGBT communities. They may not want to come forward because they want to protect that reputation.

“[It would be] Too embarrassing to admit being sexually assaulted as a transman [to seek sexual assault services].”

“Feel like they would say I deserved it and blame me.”

“I was ashamed of myself, my identity, my desires, my inner person. They crucify people like me.”

“The police would just say we got what we deserved or, worse, for some of the African-American trans women in our area, arrest them for prostitution.”

8. Seeking help might make things worse

Many trans survivors fear that seeking services will make things worse. Fears around being re-triggered are common. For some trans people, past abuse happened in institutions, in a medical office, with interactions with police. Just the fact that they had been previously assaulted may be enough to trigger them again. If they attempted to find services and help in the past and were not successful, they are going to be less likely to try again now. Because so many trans people have been denied services or treated poorly in the past, they have a realistic fear that seeking services now will make things worse (again).

> **"[I wouldn't seek a restraining order out of] fear of police discrimination, which may be worse than the problem that requires a restraining order."**

> **"Get real, [accessing services is] not worth the risk."**

> **"Sticking your neck out as a victim is like painting a huge target on your psychological well-being, esp. as trans."**

> **"I was homeless and desperately poor when the worst abuse took place. I was on welfare. The day I was beaten by four 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."**

> **"Reporting rape never does any good, and it often makes everything worse."**

> **"The police told me I must have asked for it dressing in a skirt like a girl."**

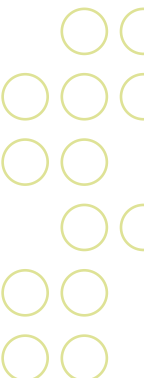
9. Lack of trust

Trans people may lack trust in specific providers, in types of services, in systems as a whole — based on previous negative experiences, rumors or reputations spread throughout the community, or projection. There can be deep concerns about police and potential police misconduct. Many trans people have experienced inappropriate behavior at the hands of police and are VERY hesitant to have any kind of interaction with law enforcement.

> **"In general trans people do not report or access criminal legal system options due to transphobia at many levels"**

> **"If service was provided by law enforcement, [I would have] fear of mistreatment or being ignored entirely."**

> **"I would [access services] if I absolutely needed to, but I do not feel safe around cops. I could easily see them turning me away for not matching what they think I should (both based on my legal sex and their concept of victimhood)."**



10. Wants to seek help elsewhere

We all have our individual preferences. Some of us would never feel comfortable in a support group, for instance, or in a group shelter. We would rather sleep on a friend's couch. Many trans people are far more comfortable seeking help from the general practitioner they have known for years rather than seeing a new specialist, particularly if that might mean having to disclose trans status or history. Some trans people would choose to be around other trans people (such as a trans support group) even if the setting has nothing to do with directly helping with trauma symptoms.

> **"Other sources of support/help would probably be more appropriate and trans-friendly."**

> **"i would call the therapist i used to see i guess, b/c i know her and have an existing relationship with her."**

> **"i have friends who could help."**

> **"I cannot speak for everyone, but I know if I were that person, I would be too traumatized to seek anyone out except for close friends."**

> **"We are in a committed relationship and I'm not sure we would need the support/ help of a stranger working a hotline."**

> **"Talking to strangers about personal shit is hard, especially when it's that traumatic. I would rather talk to my friends who have training in survivor support."**

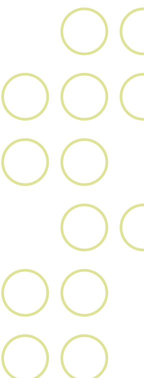
11. Service is unwanted or unneeded

In a similar vein, some trans people told us they would not access some types of services because they do not think they would ever need or want them. Sometimes trans people do not want to access services because they simply don't know what the benefit would be or they think there will be more red-tape or hassle involved than there actually would be.

> **"I don't do group therapy or non-queer support groups. A group can be deemed 'trans welcoming' by the moderator, but they don't control the attitudes / beliefs / speech / behavior of the members."**

> **"My partner has a trauma history that includes institutional abuse — support groups are often triggering for her."**

> **"I always figured it would be too much trouble."**



12. Systemic problems

It is widely known that few sexual assault perpetrators are convicted, and the process involved in bringing them to trial is often extremely painful and exposing to victims, no matter what their gender identity is. Survivors of all gender identities may not be believed. Survivors often need to jump through hoops in order to access services, and there sometimes is a wait list for services. All of these problems may be even more troubling for trans survivors, who may believe they have fewer overall resources to begin with and/or who may have concerns about the double and triple layers of potential discrimination and re-victimization they may experience within these systems.

> **"The legal system would blame us for our own rapes and say we had it coming."**

> **"If something like [a violent crime] happens, I just want to get over it and forget about it. Trying to get restitution or help is just more hoop-jumping and misery."**

> **"I know someone who was raped and had a kit done. The kit found forensic evidence. She knew who raped her, and even still no arrest was made."**

What can be done to address barriers to accessing help

If the survivor you are talking with resists accessing services that you think might be helpful, remember first that taking control over what happens to them is a critical part of healing for survivors; support their right to choose. At the same time, you may be able to provide additional support. Consider the following approaches.

Listen and validate

Many people complain that others try to solve their problems when what they really want is to be heard. Listening carefully to what the survivor says and reflecting back in some way what you have heard (such as through "active listening") is probably the most important and valuable thing you can do. All of us want to be seen for who we are, but that happens so infrequently that when it does happen, it can feel like a tremendous and very precious gift. You can give that gift. It merely requires that you not try to fix the person, get them to change their feelings, or try to shut them up. Many conversations go awry because the "listener" begins talking about themselves or tries to fix the problem, and the other person either begins to repeat (and maybe escalate) what they are trying to convey, and/or shuts down. Avoid this negative spiral by concentrating on only two things: understanding what the person you are listening to cares about and feels, and then reflecting that back to them so they understand that they have been accurately witnessed.

If possible solutions to the person's concerns or alternative ways of looking at things occur to you as the person talks, make a mental note but do *not* share your thoughts right away. Make sure you listen to everything the person has to say and that they agree that you have understood them. Then you can ask if they want to hear your thoughts. They may not, and that is okay. Or they may agree to hear your thoughts, but

react negatively when you share them. If you sense resistance, back off. You may have much better luck giving the person time to appreciate having been heard, and bringing the subject up again at some later time.

PHOTO BY LEIGH HOUGHTALING

Problem-solve

It is not wise to begin problem-solving with someone unless they specifically ask for your advice or help. It is far better to concentrate first on listening to them, and then schedule a later meeting where you can say, “You know, I’ve been thinking about what you told me, and I was wondering if you would like to hear some thoughts I have.” Listening well the first time will help you identify what is most important to the person and/or what they are afraid of or do not accurately understand. If you do not try to problem-solve with them right away, you will also have time to do research, such as calling an agency to find out more about their procedures or services, for example. Although there is still no guarantee the person will be open to your ideas, you have a better chance if what you say indicates that you heard their concerns accurately and take them seriously.

Consider accompaniment

One of the most tried-and-true strategies for improving anyone’s treatment by service providers is to bring a companion, and this can be especially helpful for trans and gender non-binary people. A companion can hold the person’s hand, be another set of ears and memory to listen to and remember what is said, help ensure that the person’s questions are fully and accurately heard and answered, and provide advocacy if needed. Companions also silently provide a witness, which can sometimes stave off inappropriate questions or remarks, or even provide corroborations if the person needs to complain. Knowing someone has your back can make accessing a new service feel much more do-able.

Gently challenge distorted thinking

If the survivor is avoiding accessing services due to shame or embarrassment, it may be helpful to try to get them to understand that victims often learn distorted thinking from their abusers and/or from society at large. For instance, no matter what the sexual assault survivor did, they are not *responsible* for the abuse: the perpetrator is always responsible for assaulting, abusing, or taking advantage of someone. Although you want to validate the survivor’s feelings — in other words, assure them you have heard and understood their feelings — you can continue to insist that it is the perpetrator’s fault. If the victim says they are not worthy of receiving help or services, you can point out that victims often learn that attitude from their abusers, and it is not true. One sexual assault survivor turned expert says, “Shame, I realize now, is an infectious

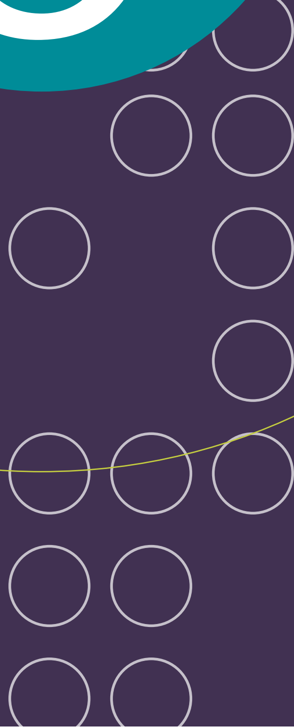
disease. Shame can be sexually transmitted." [38] One of the best ways to combat shame is to accompany the survivor to venues where other survivors share their stories and where they can learn that similar things have happened to other people.

Advocate for system change

Ultimately we can only reduce and then eliminate the kinds of barriers trans people face in accessing mainstream services when we educate service providers and counter bias and misinformation. FORGE has created some tools that can help you if you decide to undertake this work; check out our website (www.forge-forward.org) to access our free online training webinars and many publications.

[38] Stern, Jessica. (2010). *Denial: A memoir of terror.* New York, NY: HarperCollins, p. 107.

Meeting Planning and Preparation



We know that most support group leaders are volunteers who have limited time, energy, and resources. This "meeting planning and preparation" section represents best practices. It may not be practical for you or your group to address all of them, but this discussion may help you decide what you would like to pursue or work on, or where you might want to recruit others to help.

Self-care

"When you start taking responsibility for your needs and feelings, you model for the survivor that [they] can do the same."[39]

Given the statistics, there is a very good chance you yourself are a survivor of sexual assault. Even if you are not, you would not be facilitating a transgender support group if you did not care deeply about this community. Working with survivors can be hard (yet also rewarding!) work. In the well-known airplane analogy, you cannot effectively

[39] Davis, Laura. (1991). *Allies in healing: When the person you love was sexually abused as a child*, p. 72.

help someone else to put on their breathing apparatus if you yourself are struggling for air. Your first responsibility, then, is to put yourself first as often as you possibly can. It simply is not possible to be a primary support for trans sexual assault survivors and do it without your own support network. Your support network could include your own therapist, a formal support group, an informal set of friends, or any number of other options, but you must have one.

You also need to build into your life things that sustain and rejuvenate you. Living with the aftermath of trauma can be exhausting and debilitating; you need to have regular experiences of the good things life has to offer. Make a list of what you enjoy and figure out how to make those things happen regularly in your life. Also, pay attention to the basics: good nutrition, enough sleep, exercise. Remember, you cannot give effective support to others if you yourself are exhausted, depressed, or just plain empty.

Become informed

People often expect support group facilitators to be knowledgeable about a wide range of subjects. Although it is impossible to be up to date about everything, there are a few things you as a trans support group facilitator should be aware of.

Know trauma's effects

FORGE has come to believe that many things we take for granted as just being a part of being trans are, in fact, the result of having experienced trauma. If this theory is true, "healing" from our traumas gives us the possibility of being trans *without* experiencing things such as feeling suicidal, overly-defensive, depressed, alienated from our bodies, etc. Looked at through a trauma lens, common experiences and traits of trans people and communities begin to look a little different. Possibilities become a little more open and hopeful. We therefore urge you to read "Trauma and Its Aftermaths" in this guide if you have not already done so. You will understand even more about trans sexual assault survivors if you also read the section, "Trans Survivors of Sexual Assault."

Know your local sexual assault system

Oftentimes we only learn about the existence of various types of services when we realize we need help and start researching what is available. Given how prevalent having a sexual assault history is for trans and gender non-binary people, we urge you to get a sense ahead of time of what sorts of resources are available in your community. At a minimum, you should make and keep accessible a list of key local resources, including your rape crisis hotline number and where a victim can go for a sexual assault forensic exam. Find out if you have a local LGBT anti-violence program, and keep their number handy, as well. This guide's section on "Services for Sexual Assault Survivors" discusses the primary parts of the sexual assault service system, and where and how you can start to determine how they work in your community. In an emergency, call the National Sexual Assault Hotline at 1-800-656-HOPE (4673) to be connected to a local agency serving your area.

Ideally, trans support group facilitators should also establish relationships with key sexual assault or anti-violence programs and personnel. One of the best ways to do this

is to ask to meet with them so you can make sure they know about local and national resources for their transgender clients. This meeting can be as simple as an informal one-on-one meeting at a coffeehouse or as formal as a presentation at a staff meeting. Consult the FORGE website (www.forge-forward.org) to download information about our upcoming training webinars, our archived training webinars, our publications, or anything else you think might be of interest to them. Bring them any printed information you have on your own group and/or other local transgender resources and activities.

At this meeting, you can ask them questions such as whether they know they have served trans clients in the past and how that went. As the conversation goes on, you will automatically begin assessing who (if anyone!) you would feel comfortable sending a trans survivor to. You can also begin to explore how open they are to becoming more trans-savvy, and talk about training options. Make sure you get added to their mailing lists and they to yours. Discuss whether they have a newsletter you could contribute to (or ask FORGE to contribute to), whether they might be willing to send a speaker and/or observer to your support group or event, or if there is some other way your group and their agency can remain in contact and perhaps even collaborate.

If your area is served by an LGBT anti-violence program, definitely contact it to introduce yourself and make sure they have your support group listed in their local resource bank. If you can, have a getting-to-know you meeting with them, and/or have them present something at your support group or event. Anti-violence programs are experts at navigating local systems and advocating for sexual and gender minority survivors. If you can do nothing else, make sure you can give their number to a survivor.

Develop mental health provider referral list

Since many trans people need to access therapists because of provider-required standards of care letters and protocols, you may already have a list of therapists who have a substantial trans client base, or who are experienced in working with trans individuals.

If you don't have a collected list of therapists, you may want to consider creating one. The list can be a formal, printed list that can be handed out and shared with people seeking referrals, or it can be more informal or for internal use only, to be consulted when an individual asks for help.

Many times the therapists who work extensively with trans and gender non-binary clients may be very good at addressing common trans issues and general mental health issues like depression, anxiety, or adjustment challenges. Some therapists specialize in specific areas — for example, eating disorders, substance abuse, or relationship issues.

Ideally, trans survivors of sexual violence will benefit from seeing a therapist who is both well versed in trans issues *and* is knowledgeable about sexual abuse or assault. When you can, seek information about which providers seem to have some level of knowledge about sexual assault, violence or trauma, in addition to having a good reputation for working with trans clients.

For more information on making a decision whether to seek therapy and what kind of therapist to look for, see our companion therapy guide, "Let's talk about it! A transgender survivor's guide to accessing therapy" (available at https://forge-forward.org/wp-content/docs/Lets-Talk-Therapist-Guide.pdf)

Planning meeting structures and content

Most trans support groups have a formal or informal structure and procedures. Trauma survivors (and those who may be new to the group, shy, or introverted) often value having a "format" or "formula" for each meeting that they know in advance and can depend on. Therefore, if your meetings have been very unstructured, you may want to develop a structure. For example, many support groups start with participants introducing themselves with their name and pronoun. Some meetings include these types of introductions followed by a review or creation of ground rules, which we will talk about a little more later on. Finding and sticking with a consistent practice will solidify your group's dynamics and help sexual assault survivors feel more secure and comfortable.

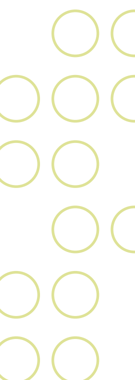
Who runs the meeting?

There are two general models for who runs the meeting. In a facilitator-led meeting, the facilitator's role may include securing a meeting location, publicizing events, scheduling topics or content, responding to meeting requests, and starting discussions. Facilitator-driven meetings may place the responsibility of moderating the conversation solely on the facilitator, or this responsibility may be shared more generally. If it works for you, having a co-facilitator can be very helpful in dealing with trauma survivors, who may need to leave the room or otherwise get individualized support and attention during the meeting time. Some groups are created and sustained without an identified leader or facilitator. They may be egalitarian, consensus-focused, or rotate responsibilities among members.

What happens at meetings?

The purpose and structure of groups can vary greatly. Some groups incorporate many different aspects and styles, while others stick with one type of meeting. Some examples include:

- **Open discussion** — Meetings do not have a defined agenda or pre-set topic, instead discussing whatever members bring up on the spot.
- **Topic-focused discussion** — Meetings are wholly or mostly devoted to one general topic, which can be either pre-determined or decided at the meeting by whoever is in attendance.
- **Personal sharing vs. skills-building or information-driven** — Groups may be structured to encourage active sharing by participants, or may be designed to enhance specific knowledge through presentations or a style of discussion that helps people leave with increased knowledge or skills.
- **Guest speakers** — Meetings may occasionally or regularly feature guest speakers. These may be drawn from within the group or be invited guest specialists such as therapists, electrologists, lawyers, or other professionals who come in to share knowledge about a specific content area.
- **Films** — Some groups regularly or sporadically host films or other entertainment events. Post-film or -event discussions can encourage interaction and increase understanding of what was presented.



- **Interactive activities** — Adult education theory says most adults learn new information and skills best when they can interact with the materials in some way. Interactive exercises include such things as role plays, small group discussions, worksheets, making collaborative charts or artwork, and other dynamic forms of interaction beyond "just" talking.
- **Activism-oriented or political events** — Some groups focus solely on activism or political action, so their meetings are devoted to planning and organizing such things as lobbying for non-discrimination laws, hosting a transgender day of remembrance event or day of silence, or hosting a trans pride march.

Preparing for meetings

PUBLICITY

Sexual assault survivors are often among those who value knowing ahead of time what topics are likely to come up at a meeting, so posting upcoming topics where potential meeting attendees can find them can be very helpful. Some topics may feel unsafe or too difficult for some survivors. For example, topics that focus on sexuality, dating, coming out to family, experiences with mainstream social services agencies, or other subjects may be uncomfortable territory for some survivors, who may choose to skip those meetings if they are aware of the topic ahead of time.

GUEST SPEAKERS

As you well know, trans and gender non-binary people, both those who have survived sexual assault and those who have not been victimized, often experience hostile, insensitive, clueless, and offensive behavior from others, and may turn to trans support groups specifically as a respite from this type of behavior. For that reason, some support group facilitators carefully pre-screen potential speakers to be as sure as they can be that the speaker will not be intentionally or inadvertently offensive around trans issues, make sexist or racist comments, or make any other socially insensitive remarks. If such remarks do happen, they will create tension within the group and possibly make some participants distrustful of the group's leadership. Vet your speaker by attending other presentations they make; reviewing any YouTube videos, websites, or publications associated with them; and asking other members of the trans community what their experiences with this person have been like. You can also have a conversation with the potential speaker ahead of time to review what they would like to present, as that will give you an opportunity to assess their approach to addressing the trans community.

DISCUSSION QUESTIONS

If your meeting will discuss a specific topic, prepare a list of questions to refer to in the event that participants are quiet or not sure where to start the conversation. Also be prepared to shift gears if it turns out the topic is not useful or relevant to those who show up.

ICEBREAKER AND CLOSING QUESTIONS

Typically trans support groups have a small core group of individuals who regularly attend and a constantly changing group of newcomers who may only attend one or

a few meetings to acquire the information or support they are seeking in the short term. The challenge for facilitators is to create a space where people can enjoy the relationships they have built over time and still create a sense of welcome and inclusion for the newbies. There are many ways to do this. FORGE meetings always start with the facilitators welcoming everyone and explaining that we will go around the room so that everyone can share their name, pronoun they want people to use for them, and give a brief answer to an opening question, but that anyone can say "pass" and not share further. (On the rare occasions when someone does pass, we usually go back to them when everyone is done and ask, "do you still want to pass?" in case they simply could not come up with a response fast enough and/or now feel more comfortable sharing.) Giving permission to "pass" is critical for those who are very shy or scared, and may even have the paradoxical effect of allowing them to feel safe enough to participate.

PHOTO BY LEIGH HOUGHTALING

Because FORGE meetings are open to anyone who is interested, regardless of whether they identify themselves as transgender or gender non-binary or are a SOFFA (Significant Other, Friend, Family, or Ally), our opening questions are designed to relate in some way to the topic, but be answerable by anyone. For example, if the topic was coming out, we might ask people to share something about themselves people may not know. For the topic safety in the streets, we might ask people to name a place they feel safe, if there is one. Opening questions should be broad enough that people can be as revealing or non-revealing as they want. Looking around the room, we pick the starting place and direction of the circle so that the first few respondents are people who have attended many times before and "know the drill." This gives newbies more of a chance to understand and become comfortable with the protocol. Although the answers to the opening question may help the facilitators (and speaker, if there is one) gauge the "temperature" of the room and/or something about how people feel about the topic, their primary purpose is to establish a baseline equality in the room where every voice is equally welcome, heard and valued.

Although FORGE's facilitators make every effort to solicit the participation of those who tend to be more silent during discussions, we know that many people are more comfortable just listening than participating. This is one of the reasons why we always have a closing circle in which we again (as we did in the first part of the meeting) ask everyone to speak, again creating safety by reminding everyone that "pass" is an option. Usually we ask a question designed to help everyone leave on a positive note, even if the discussion was hard or painful. Closing questions we commonly use include:

- What positive thought or idea or feeling are you taking away from tonight's meeting?
- What did you learn from tonight's meeting?
- Please express an appreciation for someone who is in the room, or for something that was said tonight.

Again we try to start and move the circle so that newbies have more time to think about how to answer and get comfortable with the routine.

Materials for meetings

GROUND RULES

Some groups have standing ground rules that apply to every meeting. Ideally, these should be posted on flipchart paper or printed in handouts so that new people can see them and so they are available if the facilitator needs to refer participants back to them. Other groups establish ground rules at the beginning of every meeting by asking people what they need to feel comfortable. Another approach which FORGE has used is to spend time establishing ground rules only at those meetings where the topic is expected to be particularly "hot" or controversial, as a way of helping the group recognize the need for heightened sensitivity to differences and everyone's need to feel safe.

RESOURCE LISTS

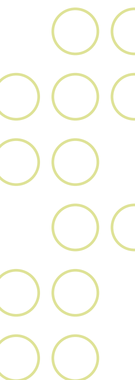
Many groups have some form of therapist or other provider resource list. Whenever possible, bring a printed copy to every meeting (even if it is just one copy), or have an easy way to access the list online during the meeting, so that people can get the referrals they need without having to wait for a follow up email or call from you.

STAPLE ITEMS

Every group will want and need different types of staple items at each meeting. These might include:

- Sign-in sheet and pens/pencils
- Snacks
- Beverages
- Napkins
- Flyers on upcoming meeting topics and/or events
- Name tags (if you sit around a table, you can make cheap name tents by simply folding a blank piece of paper into three parts and having the person write their name on two sides (so people beside them can see their name as well as the people across the table)
- Facial tissues
- Flipchart, markers, and tape, if ground rules will be generated or brainstorming done during the meeting
- Note cards or paper and pens/pencils so people can exchange contact information

It may be helpful to actually write down and keep on your phone or other easily-accessible place a list of what you normally bring to meetings so that you do not have to tax your brain remembering everything every time.



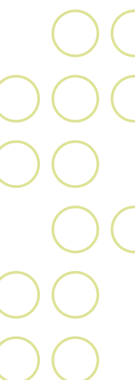
Personal pre-meeting prep: Are you ready?

Being prepared for meetings isn't just about doing your homework, having handouts and resources, and being prepared to handle participants who may be showing trauma symptoms.

Support group leaders are often running on empty because we are often activists and leaders in many ways outside of our role as a support group facilitator. We encourage you to review the tools in the self-help techniques and concepts section of FORGE's companion guide, "Transgender sexual violence survivors: A self-help guide to healing and understanding," available at http://forge-forward.org/wp-content/docs/self-help-guide-to-healing-2015-FINAL.pdf, for a rich list of ideas. Here are a few meeting-day recommendations to keep in mind:

- **Try to not over-schedule on days when you host support groups.** Having multiple events in one day can be tiring and possibly generate stress that will make it harder for you to concentrate on the group's needs.
- **Arrive early.** Arriving early helps you feel less rushed and frazzled. Arriving early also can allow you to take care of any unexpected glitches in room set up or other logistics.
- **Sleep.** When possible, try to get the amount of sleep your body needs to function at its best the night before a support group meeting.
- **Food.** Eating healthy and nutritious meals is important for all of us. Eating at regular intervals also helps us stay sharp and more focused.
- **Have enough water or fluids available for the whole meeting.**
- **Take bathroom breaks!**

Remember that analogy of putting your own air mask on before you assist others: you will do a better job of meeting others' needs if you have met your basic bodily needs first.



Meeting Skills and Strategies

Being human means — or should mean! — constantly learning more about how to "play well with others."

What follows is by no means a comprehensive collection of everything you should know to be a good support group leader. Instead, think of it as a baseline selection of ideas from which you can choose and upon which you can build.

Communicating acceptance and inclusion

Trans and gender non-binary people often go through the world feeling like we do not fit or belong and/or are invisible, or worrying that if someone notices or is told who we are, we will be shunned or worse. Nearly everyone who approaches an existing group for the first time worries about whether they will be welcomed and accepted. Given these two facts, communicating welcome, acceptance, and inclusion should be a top priority of anyone running a trans support group.

Try to make an effort to greet each person as they enter your meeting room, even if the best you can do is wave at them from across the room and shout, "welcome!" If you have a gregarious member who also has a knack for putting people at ease (a rather unusual combination, in our opinion), see if they would be willing to be your official greeter.

Most people are very affirmed by being called by their name. Asking people to make and wear nametags (or use name tents if you sit around a table; see above) therefore can be very helpful. (On occasion this will challenge someone who is in a questioning or early transition phase and who is not sure what they want to be called. It may help to tell

such a person that you won't require them to use this name forever, that participants often use two names or change their name over time. You can also suggest that the meeting might be a good place to "try on" a name they are considering.)

As noted above, FORGE meetings always start with the facilitators welcoming everyone and explaining that we will go around the room so that everyone can share their name, the pronoun they want people to use for them, and give a brief answer to an opening question, but that anyone can say "pass" and not share further. (On the rare occasions when someone does pass, we usually go back to them when everyone is done and ask, "do you still want to pass?" in case they simply could not come up with a response fast enough and/or now feel more comfortable sharing.) Giving permission to "pass" is critical for those who are very shy or scared, and may even have the paradoxical effect of allowing them to feel safe enough to participate. Opening questions should be broad enough that people can be as revealing or non-revealing as they want. Looking around the room, we pick the starting place and direction of the circle so that the first few respondents are people who have attended many times before and "know the drill." This gives newbies more of a chance to understand and become comfortable with the protocol. Although the answers to the opening question may help the facilitators (and speaker, if there is one) gauge the "temperature" of the room and/or something about how people feel about the topic, their primary purpose is to establish a baseline equality in the room where every voice is equally welcome, heard and valued.

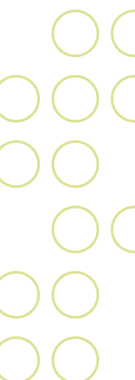
Throughout the rest of the meeting, use participants' names whenever possible. Both trans people and sexual assault survivors often feel invisible, or like people do not see them for who they are. Using a person's name sends the message that you are listening, you see them, and you want to connect to them on a deeper level. It also reinforces their name for other participants, which will create a closer bond and, ideally, greater levels of within-group support.

Ground rules

The more FORGE has learned about trauma, the more we have been able to understand some of the behaviors we frequently see in our support group meetings. People who were severely traumatized as children spend their time figuring out how to survive. They simply do not have time or energy to pay attention to gaining the social skills other children are learning. If they are being traumatized by their parents or caregivers, there is a good chance that those adults do not themselves have good social skills to model for the child, making it doubly hard for the child to learn how to relate well with others. In fact, abusers may teach children very bad behaviors, such as to always be the most aggressive person in the room to ensure that no one else can victimize you.

Setting "ground rules," "working agreements," or "guiding principles" for your support group meetings therefore not only may help the meetings run more smoothly, but also help people learn the basic human relationship skills they may have missed out on. (Although of course you do not want to make that latter goal explicit!)

Developing ground rules as a group allows participants to help create a space that is as comfortable as possible for them, and communicates that you as group leader want them to feel comfortable and safe. Ground rules both hold people accountable for their



behavior and let people know what behaviors are expected and welcome in the meeting (and which are not).

The following are just a few examples of some ground rules your group may want to adopt. We start with a short phrase that will work on a flipchart, followed by further discussion of what it may mean.

Confidentiality

Most group members — regardless of the type of group it is — desire and expect confidentiality. Confidentiality can be particularly important in trans/SOFFA groups, since a lack of confidentiality can result in a person being "outed" or even having their safety compromised.

In general, confidentiality means that what is talked about in the group stays in the group. People are encouraged not to share information about someone in the group with anyone outside of the group. This can feel restrictive to some people who want to be able to talk with others about their experiences within the group. These people can be reminded that they can talk about the concepts and ideas that were explored within the group without tying those ideas or stories to a specific person.

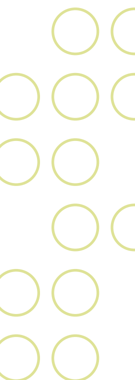
Don't talk about others

Related to confidentiality is our rule of not talking about or for other people, whether they are present or not. Talking about others who are at the meeting takes away the autonomy and power of each individual to share what is important to them and may result in sharing information the other person may not feel comfortable disclosing. (This rule is particularly important if abusers and their victims are present, as we have witnessed many abusers taking public "digs" at their partners.) Talking about people who are not in the room — even if the content is positive — has the same result of not allowing an individual to determine what is or is not shared about them. (This rule can be eased in cases where someone has shared their story at a public event such as a speech, or published it in a widely-accessible online post.) FORGE also tries to shut down extended criticism of organizations, as such criticism may have a very chilling effect on people who have ties to that organization and/or who are afraid their own organization might be criticized when they are not present to defend it.

One person at a time

People who attend support groups frequently want connection, information, and/or to be heard. When multiple people speak at the same time, information sharing becomes impossible. When others are allowed to speak over them, people get the message that they are not valued enough by other group members to deserve their full attention. If instead people are reminded that everyone who wishes to will have an opportunity to speak, it may help people wait their turn, knowing others will listen to them, too.

If your group has active talkers, you may want to use a prop like a "talking stick" or "magic wand" or other object that is passed around and indicates who has the floor, as a visual reminder of this ground rule.



“I” statements

“I” statements encourage people to speak from their own experience. Requiring first person language can minimize generalizations which may not be true of everyone in the room and hence result in people feeling excluded, “invisibilized,” and/or combative. “I” statements help the speaker focus on their own personal history, process, or experience. The use of “I” statements can also minimize some people’s tendency to share confidential or private information about other people. When people use “I” statements, they are less likely to talk about another group member or someone else’s experience.

Oops, ouch, and snap!

These three words (and action!) are great ways to efficiently and smoothly help acknowledge if/when something has been said that is painful (or exciting) to someone else. Having a specific — and largely unthreatening — word to use when something is painful can help the group avoid more divisive arguments or long discussions. Both “oops” and “ouch” can help groups move more quickly to “reset” without necessarily requiring in-depth discussion that may derail the group’s goals or conversation flow. (Of course, sometimes that extra discussion is required and may even be very helpful, instructive, or constructive.)

“Oops” can be used when someone *accidentally* says or does something that was hurtful to hear/experience. Take for example a regular attendee who has just asked the group to now refer to them with plural pronouns (they, them, theirs) instead of the male pronouns which they had been using for the past six months. Another group member forgets the new request and thus says “he” instead of “they.” Anyone who notices or feels discomfort with this can call out “oops.” This gives the person who made the error the opportunity to apologize, and generally the meeting can then move on. (If a participant is consistently mis-pronouning another member, or if the speaker seems to intend disrespect, there may need to be a more lengthy discussion about the expectation of respect and affirmation of identity.)

“Ouch” can be used when something is said that is painful to one or more attendees. Sometimes “ouch” statements come about when a participant is feeling strongly about a particular issue and makes superlative (“always,” “never,” “all trans people”) statements. Other times a participant may not be aware of others’ sensitivities and thus says something that is inadvertently hurtful to other participants. Or the participant may create an “us” vs. “them” dynamic within the group by saying that one group of people has it “worse” than another. For example, someone might say, “testosterone makes people aggressive.” Listeners can say “ouch” to this statement, since it is generalizing a perceived causality between a hormone and a specific behavior. Often, when the speaker hears “ouch” called out, they will recognize that what they just said was offensive and hurtful. Most of the time, an apology and restatement (ideally using “I” statements — such as, “sorry, I felt more aggressive when I started testosterone; I shouldn’t speak for anyone else”) can get the conversation back on course and back to a more respectful tone. (Note, as with “oops,” sometimes more detailed discussion may need to happen. This may be especially true if someone repeatedly makes the same types of statements and/or does not apologize for causing others distress.)

“Snap,” in contradiction to “oops” and “ouch,” is a great way to acknowledge something fun and wonderful that someone shares. It is a quick and affirming way for group members to non-verbally say, “way to go!” or “that’s great” while allowing the speaker to continue sharing without disruptive verbal comments or dialogue. In many ways, “snap” is akin to Facebook’s “like” button!

Assume good intentions

Assume good intentions asks people to stop before they jump on someone for something they said, and consider the possibility that the speaker did not intend to be as offensive as they may have sounded. Pairing “oops, ouch, and snap” with “assume good intentions” gives offended participants a concrete way to simply and quickly test whether the speaker really did have good intentions. If the speaker did have good intentions, “oops” or “ouch” will likely elicit a quick apology. If “oops” or “ouch” does not work to resolve the problem, you as facilitator may need to step in and help each side respectfully communicate about their differences.

Move up / move back

Nearly every group is comprised of people who like to talk a lot and those who are shy or who may not talk as much. Ideally, group dynamics can be constructed in a way where everyone who wants time to speak can do so. Some groups have dominant members who fill a great deal of air time, which can make it very difficult for others to contribute and share, especially people who are new or who may be hesitant to be assertive in order to speak. The move up/move back guiding principle helps remind people that all voices are valued and encourages those who typically talk a lot to move back and listen more, and those who tend to be more quiet to move up and share more (if they would like to). Facilitators may need to help reinforce this ground rule by saying things like, “We have heard from a lot from people on this side of the room. I know some people have been quiet and may like a chance to join the discussion. Does anyone who hasn’t spoken much yet have something they’d like to say?”

Why am I talking? (WAIT)

Similar to “move up / move back,” “WAIT — Why Am I Talking?” — is a reminder to people to think about why they are speaking. Sometimes people talk a lot because they are nervous, because they are used to being the one doing all the talking, because they are excited and want to contribute, because this support group is the one place where they can actually feel free to say whatever is on their mind…there are many possible reasons. The WAIT rule can help people reflect on why they might want to say something. It gives people the opportunity to refrain from speaking, to make a mental note to talk to someone after the meeting about something they said, or to go ahead and share something if they feel it is appropriate to talk. If a participant has a lot of trouble controlling themselves, try giving them paper and a pen and asking them to make notes when they have something they want to remember to say, to help them more comfortably wait for their turn.

Shake not shout (cell phones)

Even though most people are regularly reminded to turn off or silence their cell phones, people often forget or seem to believe this form of courtesy does not apply to them. "Shake not shout" is a kind and fun reminder to turn cell phone ringers off. (You may need a separate rule to keep people from answering their phone in the middle of a meeting and/or using it to text or surf while others are talking.)

Don't yuck my yum

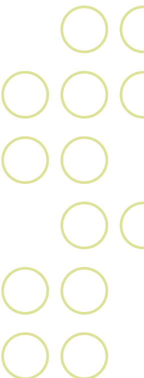
We learned this rule first from Project Q, an LGBTQ youth group in Milwaukee. It means, basically, "Let me enjoy something even if you think it is gross." You may want to suggest this rule if you have one or more regular participants who tend to be verbally negative or judgmental about other participants.

Providing structure

There are multiple ways of providing structure that will help both survivors and non-survivors feel more comfortable. Even if you believe all participants have already been to the meeting location, help orient everyone to where the bathrooms are, where water or beverages are available (if applicable), and where people can go to smoke or get a breath of fresh air (remember to tell them how to get back in if the building is locked!). Remind people that they can move around if they need to (this can be very helpful if someone is feeling anxious or nervous). Remind people they can participate at whatever level they feel comfortable. If the meeting has a routine structure (e.g., introductions, brief check in, main discussion, break, more discussion, closing) — let people know that format, so that they can do things like plan their bathroom break or work on taming their anxiety if they know that people will generally be expected to introduce themselves, etc.

Have resources and referrals available

You can never know when someone may want or need a referral to a therapist, other support group, or different kind of resource. Since so many transgender and gender non-binary individuals are survivors of sexual abuse or assault, any person who attends your group may ask for a referral to a therapist or other providers. They may not overtly state that they want a provider to talk to about sexual violence and, in fact, they may not even realize that that is one of the reasons they are seeking therapy. Having a list ready and being familiar with who is on the list is always a good idea, so people can access the resources they need quickly and you do not have to remember to do follow-up. (FORGE also now has a national, online directory of therapists with trans and/or trauma expertise; it is available at http://forge-forward.org/directories/.)



Believe survivors

If people talk about experiences that include discrimination, harassment, verbal abuse, physical abuse, sexual abuse, or any other experiences about their life or history, it is critical to believe them. This may sound really simple and obvious, but often, survivors are not believed. In fact, frequently survivors are told they are lying, exaggerating, or making up the abuse narrative to gain attention, or for some other reason. If you find the story incredible and therefore have trouble "believing" it, keep a mantra repeating in your head: "How would I respond if this *were* true?" That may help you continue to respond attentively and compassionately. Remember that you do not need to determine what really happened; your role is to support the person who is feeling pain.

Working with imbalances in the room

Nearly every support group meeting has one or two people who like to (and do) talk a lot, and one or two people who are quiet (or talk very little). Similarly, there is usually at least one person at meetings who may believe they know everything or have all the answers, and feel like it is their duty to share their wisdom at every opportunity. At the same time, there are others who might be shy or believe they do not have much to contribute and so remain silent or do not fully participate. Interestingly, all of these behaviors may be the result of trauma. Silent people may have learned from their abusers that they are worthless and can offer others nothing. Talkative people may avoid internal silence because that leaves space for trauma memories and thoughts to come in. Those who want a lot of attention may be using that as a way to counter their nagging sense of shame. Of course, there may be other reasons for these behaviors, as well, and it is not your responsibility to figure out the cause(s). Your responsibility is to try to support each individual participant.

Although it is important to recognize and respect people who come to a meeting simply to listen to others' stories and experiences, it is also important to regularly invite their participation so they know their thoughts are valuable, too. FORGE meetings always include at least two times — opening and closing — where we invite everyone to speak in turn, as discussed above in the "icebreaker and closing questions" and "communicating acceptance and inclusion" sections.

In between, of course, we try to make space for those who are more quiet or not as quick on the draw to have a chance to speak. This can be done in a variety of ways; here are some examples:

- "We have heard a lot from this corner of the room. What do the rest of you think?"
- "Can we take a moment of silence to breathe and give some of the people who haven't spoken yet a chance to break in?"
- If you have enough experience with a participant to know they can handle it, you may want to specifically ask the person, "Lindsay, you haven't said anything yet. Do you have any thoughts on this?" This may be an especially good tactic to use if someone who is silent also seems distressed or agitated.

If informal ways of rebalancing air space do not work and you still have one or more people who interrupt or take more than their fair share of turns, you may want to begin passing a "talking stick" or other object so that people can see who is supposed to be speaking (and who, by contrast, is not!). This technique will allow other members to help you divide air time, as they are unlikely to pass the talking stick back to someone who has dominated the air waves if there is someone else they can pass it to instead. If you still have a problematic participant who cannot seem to share space, you may have to speak with them privately and explain that in fairness to everyone else who comes for support, the two of you are going to have to develop and honor some strategies for helping the person make more space for others. Is there a "secret symbol" you can use to signal to the person that they are speaking too much? Would it help to give the person some Play-dough to manipulate? Could the person have a pad and pen and write down their comments to give to the facilitator (or not) after the meeting is over? If worse comes to worse — as it has three times in FORGE's 22-year history — you may have to ban the person from the meetings, to preserve the space for the others who need it and who can better honor their fellow participants.

Addressing mis-pronouning and wrong names

Addressing mis-pronouning and/or calling someone by the wrong name can require a delicate balancing act. Some people feel very affirmed when someone corrects their pronoun or name on their behalf, while others feel that others stepping in is infantilizing or presumptuous.

FORGE also has different approaches to handling mis-pronouning or wrong-naming, depending on whether there is a pre-existing relationship between the speaker and the person they are addressing or referring to. Because we want the meeting space to feel as safe as possible for everyone who attends, we assume that partners, family members, or close friends who are there with trans people are: 1) well-intentioned; and 2) have engaged in (or will soon engage in) conversations about what pronouns and names are acceptable. Therefore, we do not "correct" partners, family members, or close friends when they "mis-pronoun" or use the "wrong" name for the person they're attending with; we leave that up to the trans or gender non-binary person to handle when and how they think best.

On the other hand, when other attendees accidentally use an incorrect pronoun or name for other attendees, we tend to simply, quickly, and respectfully insert the correct pronoun or name, without making a big deal of it. This usually shows people that we know, respect, and will defend their identity, thereby increasing trust and rapport. (We also make sure we observe the "victim's" reaction to our intervention because, as noted, some people view such interventions as unwanted. We may later apologize to someone who seemed distressed by our intervention, and we most certainly will try not to do it to them again!) If an attendee routinely mis-pronouns or misnames others, individual intervention will need to occur.

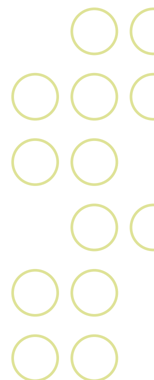
Working with difficult emotions

Emotions can run high or strong for many different reasons and in many different ways. A meeting may have content that is controversial or participants who have very strong beliefs about a subject and may be very assertive and even argumentative or angry. Someone may say something someone else finds very offensive or flat-out "wrong." In a similar way, some people may exude an air of extreme confidence. Although this isn't exactly an emotion, it carries some emotional weight that others may react to negatively.

In the section of this guide on "Trauma and the brain," we talked about how there are different levels and functions of human brains, and that the thinking brain goes "off-line" when chemicals are released from the part of the brain responsible for survival. These chemicals shut down all "non-critical" functions — which includes the creative thinking brain — in order to focus solely on survival. A very similar thing happens to the thinking brain when chemicals are released by certain very strong emotions. The problem is, when we're in the grip of those "emotion chemicals," we seldom recognize that our higher thinking abilities are off-line. We *are* thinking and responding to what's going on; we just don't realize that what we are thinking about is more instinct and what we have learned from the past than creative imagining of new possibilities. In other words, under the influence of high emotions, our brains become less creative than normal and are more likely to rely on older, less evolved, behavior and thought patterns. And, as you have undoubtedly seen and experienced many times, highly emotional people often set off emotions in others, setting a group on a spiral of ever-escalating emotions. This can be especially threatening and upsetting to trauma survivors, who may unconsciously associate high emotions with being abused, assaulted, or threatened.

Therefore, although a group facilitator would not want to shut individuals down or banish all (negative) emotions from the room, neither do you want to let them rampage unchecked. Here are some actions you can take when emotions start to get and stay hot:

- Say, "I think we might be able to get a different perspective on this if we have two minutes of silence / breathe deeply together three times / sing a song together / or change the subject to...."
- Call a bathroom or refreshment break. This does not have to be explicitly linked to the emotions in the room; a simple "let's take a 10-minute break" is all you need to say.
- During that break, if one person is the primary source of the emotions, see if they would be willing to go someplace private with you to talk. Your purpose here is primarily to listen to assure the person that their emotions and concerns have been heard and acknowledged, and to (silently) try to calm them down through modeling deep breathing and a steady tone. If for some reason you can't have the whole group take a break in order to talk to the person privately, it may work if you ask the person if they would be willing to step out for a few minutes to get their emotions under control, and then ask another stable participant if they would sit with them outside the room.



If the person remains very emotionally agitated, try to get permission to walk them through this "container" exercise to see if it helps. This exercise is adapted from Robin Shapiro's book, *The Trauma Treatment Handbook: Protocols Across the Spectrum.*[40]

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 the feelings into the container, as well.

If someone is feeling extremely sad, hopeless, and/or suicidal, a group break may also be called for. Try to get the person into a private place where you can work on helping the person calm down. (Note: make sure you do not back the person into a corner or otherwise limit their ability to move; many trauma survivors are very triggered by feeling "trapped.") Try to get them to do deep breathing. Ask before you touch them, but holding hands or hugging may help them calm down. Do not try to talk them out of their feelings — that never works! — but do try to do active listening, which means you reflect back to them what you hear them saying and ask them if you got it right. If you didn't get it right, ask them to try again until you do get it right. Active listening not only helps people feel like someone understands them, but often lets the person begin to move in their emotions and thinking. Only after they have calmed down should you talk about whether they want to take further action, such as calling their therapist, finding a therapist, or calling a suicide or other type of helpline. If you suspect they may continue to have problems (or you know this person regularly has depressed and/or suicidal feelings), you may want to suggest that they develop an Emergency Standard Operating Procedures (ESOP) (see Appendix F for a copy and instructions). You can even devote a support group meeting to depression and suicide prevention and have everyone develop their own ESOP as a group exercise.

PHOTO BY LEIGH HOUGHTALING

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

If you know ahead of time that a topic is likely to be distressing or hard, consider providing some anxiety-reducing tools. Good ones are Play-dough (which you can buy in very small individual containers), Silly Putty, or other manipulatives that people can shape and squish. Also consider building into the agenda a fun, physical activity or two that will allow people to move and give them a chance to laugh and bond. Here are some possibilities.

- **Koosh ball toss.**

  Bring a koosh ball or other ultra-soft ball and have everyone stand (or sit, if they use a chair) in a circle. Tell everyone dropping the ball is encouraged (and congratulate the first person who does so), so that no one needs to be nervous about that. Tell people they will answer a question when the ball is thrown to them. These should be easy, fun questions such as, "What's your favorite food?" "Where were you born?" "What's the last movie you saw?" "Are you an introvert or extravert?" Try to track who has been thrown the ball and do not stop until you know everyone has received it at least once. This may sound like a somewhat dumb game, but if you act playful with it, it can be a surprisingly fun and bonding activity.

- **Line-ups.**

  Variation one: Prepare questions ahead of time that lend themselves to gradations:

  - Line up with the youngest on this side of the room and the oldest on this side of the room;
  - Everyone who was born in [current city] cluster over here, and the rest of you arrange yourselves based on how far away geographically you were born (i.e., if your group is on the East Coast, the ones who end up on the other end of the line should be from Alaska/Hawaii/overseas);
  - Line up from the person least interested in organized sports to the person who is the most die-hard fan.

  Variation two: Prepare questions ahead of time that require people to choose sides:

  - If you had to choose, would you prefer to: 1) Stay at home alone with a good book; 2) Go to a movie with your favorite friend; 3) Go to a party; or 4) Go shopping? Then point to where in the room people should stand depending on their choice.

Coping with triggers

Survivors can be triggered (remember and sometimes re-experience) their abuse by smells, comments, visual cues, sounds, or any number of things. It is very possible for a person to be triggered in a meeting by someone else who says or does something that is totally innocuous. (People may also be triggered by things that are overtly offensive or painful to others, too.) As a facilitator, recognizing when people in the room are in distress is a vital key to good facilitation. Has someone "checked out" or started to

dissociate? Do they look like they want to jump out of their chair? Have they already left their chair and quickly exited the room? Has their breathing changed from normal to either more shallow or more quick and labored?

It is very common for trauma survivors to "dissociate," which can be described in many ways: "leaving your body," "going into yourself," "going back in time," "watching from the ceiling," etc. A related common experience is for trauma survivors to become overwhelmed by their own emotions and/or memories. If no one else seems to have noticed or be upset by the person's dissociation, you may want to simply quietly watch them during the discussion and let them come back on their own. If the dissociation seems extreme (the person is talking about things that are not present, for example) or others are upset by what is happening, you may find it helpful to use various "grounding" techniques to help bring the survivor back into their body and/or help them regain control over their emotions. Here are several:

GROUNDING #1

1. Attempt to focus the person's attention on what is happening in front of them as opposed to whatever internal processes are occurring.
2. Ask them to *briefly* describe their internal experience.
3. Ask the person to describe the room or other aspects of the immediate environment.
4. If needed, help the person focus on their breathing or other methods of relaxation.
5. Repeat Step 2.

GROUNDING #2

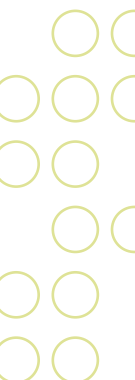
Ask the person to name things in their immediate surroundings, using their senses. You might ask them to name three things they can see that are red, or three sounds they can hear, or three textures they can feel. If it feels safe, you can invite them to connect with you by looking into your eyes, touching your hands, or listening to your voice and describing what they see/feel/hear.

GROUNDING #3

Ask the person to move around the room, noticing how the parts of their body move and their ability to move toward and away from objects and people. You can also start having them notice particular things in the room you are in.

GROUNDING #4

Ask the person to focus on what they are feeling in their body. If the body overall is not a safe space or the request is overwhelming, ask them to focus on the sensations of a particular small part of the body, such as the hands or the bottom of the feet. You can also ask the person to focus on different parts of the body and their sensations and/or on how the sensations change over time. Gradually direct the person's focus until the two of you can connect. You might connect through eye contact, nodding at each other, holding your hands together or near each other, or some other form of connection that works for both of you.



*If **you** are the one who is triggered, you are going to need to make a quick decision about whether you think you can get yourself focused back on the agenda/discussion relatively quickly, or whether you will need to leave the room for a while.*

PHOTO BY LEIGH HOUGHTALING

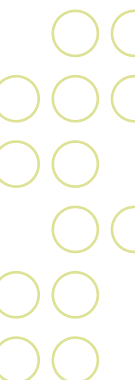
If *you* are the one who is triggered, you are going to need to make a quick decision about whether you think you can get yourself focused back on the agenda/discussion relatively quickly, or whether you will need to leave the room for a while. If you have a co-facilitator you may just be able to leave, perhaps with a signal to your co-facilitator (this is one of the reasons we recommend having a co-facilitator). If you do not have a co-facilitator and need to leave the room, it is your call whether the group can keep going peacefully without you, or if you need to say, "I'm sorry, but I need a break right now" and pause the discussion.

Once you are out of the room, you will need to use breathing protocols, grounding techniques, emotional regulation tools, or other skills to help yourself regain your footing. If you would like to learn more about these tools, see the self-help techniques and concepts section of FORGE's companion guide, "Transgender sexual violence survivors: A self-help guide to healing and understanding," available at http://forge-forward.org/wp-content/docs/self-help-guide-to-healing-2015-FINAL.pdf.

When survivor and abuser are at the same meeting

Even in large cities, the trans community is often quite small and "incestuous." It is not at all uncommon for a trans person who has experienced partner abuse (with or without sexual abuse involved) to show up at the same meeting as their abusive ex-partner, especially if both are trans. There are also many instances where trans people remain with abusive partners and attend meetings together even though the existence of abuse is known to you or others in the community. It may even happen that abuse dynamics show up within the meeting itself, even in couples where they may seem unexpected. These dilemmas are difficult to handle practically and emotionally.

FORGE does not recommend blanket banning or shunning of trans or gender non-binary people who are thought or known to have abused partners. We believe that most abusers were themselves victims who deserve support as well. Also, it is entirely possible that the stories you have heard about the abuser's actions are less than the full, accurate truth about who did what. At the same time, it is crucial that your support group not be yet one more venue in which people may experience abuse.



There are a number of strategies you can take in these instances.

1. Have a private conversation with at least the (identified) victim before the meeting, to express your concern that everyone experience safety within the meeting, and to ask them to think about what could happen in the meeting to keep them safer. Let them know about the availability of FORGE's Safety Planning Tool (see Appendix B) and offer to schedule a time to meet to help them work through the tool. If the (identified) abuser has been inappropriate in past meetings or threatened the (identified) victim with doing something during the meeting, meet privately beforehand with the abuser, as well, to discuss explicitly what behavior will not be tolerated in the meeting and what the consequences will be.
2. Position the couple, if you can, so they are not seated next to each other, are surrounded by people they like, and/or are seated near the facilitator.
3. Even more strongly than usual, stress the ground rule of using only "I statements," so that abusive partners are limited in what they can say about their partner.
4. Be ready to use the oops and ouch ground rule. However, be aware this may not be enough to minimize the damage that can happen when two people who are in an abusive dynamic are in the same space. If abuse tactics get used in the meeting, one person may need to leave the meeting, either on their own or after being directly asked to leave.

   If the abuser leaves and the victim stays, it may be appropriate to have a meal after the meeting or take other action to give the victim time to cool down, get their head together, and possibly do some safety planning. Note that if one of the abuser's tactics is to monitor where the victim is and "punish" the victim when they are not home when they "should" be, delaying the victim's return home may actually increase the victim's risk.

   The victim — or even the abuser — may need a ride home or to someplace else if the one who leaves the meeting takes the car or money for public transportation. If the one who is left has a car or other way home, make sure someone walks them to the car or bus stop and waits with them until they are safely on their way.
5. The co-facilitator or a trusted ally can step out with either member of the couple if one storms out or if some "cooling down" needs to happen to allow the meeting to continue for everyone else.
6. If either person is open to it or asks, be prepared to provide referrals to mental health providers or victim service agencies (such as the local LGBT anti-violence program, if your area has one).
7. If it is clear that one person is in danger and their abuser is in the room, it is difficult territory. However, sometimes there are opportunities to help the victim safety plan to minimize the amount of harm that might happen within the meeting or afterwards. You cannot resolve the couple's problems, obviously, but you may be able to find an opportunity to speak privately with the victim and help them figure out some ways to stay safer. Again, consult the Safety Planning Tool (Appendix B) in this guide for ideas.

After the meeting is over

When the meeting is over, there are still some things that can be done to promote safety and support.

1. You may want to encourage people to walk to cars or the bus stop together, especially if people park on city streets or might be a distance away from the meeting location. (You can also encourage people to carpool.) This practice both literally increases street safety — a place where survivors may feel more vulnerable for many reasons — and promotes friendships, community, and support and reduces people's feelings of isolation.
2. Before people leave the meeting, think about whether you need to make 1-on-1 contact with anyone who was upset in the meeting to offer support or referrals. Does anyone need help safety planning?
3. Do you need to follow-up with anyone after the meeting? This could be needed because someone had been upset and might welcome a call, email, or Facebook message to see how they are doing. You may need to follow up with a specific resource that was requested or that you think might be helpful (even if it was not overtly asked for). If someone left the meeting early and no one had a chance to talk with them to know why they left, you may want to follow up.
4. If decisions were made during the meeting, are there any follow-up tasks that need to be done (calls to make, changes for the next meeting)? Can any of these tasks be delegated, or do you need to complete them?
5. Did someone act inappropriately during the meeting? If it was addressed during the meeting, there may not be any need for additional contact. On the other hand, additional action — a phone call, email, etc. — may be required to discuss what happened at the meeting, open a dialogue, hear their perspective, and possibly make a request about what behavior is expected in the meeting (i.e., what change in behavior you would like to see).
6. If you have a co-facilitator, check in with them. Although this may not be necessary, a quick call, text, or email can help everyone feel connected and make sure there are no loose ends or things anyone feels the need to discuss. If the two of you are really committed to self-development, a longer de-briefing will allow the two of you to discuss what went well and what did not and whether you want to try different strategies next time.
7. Take care of yourself! Being emotionally available to and attentive to others is hard, draining work. Reward and restore yourself.

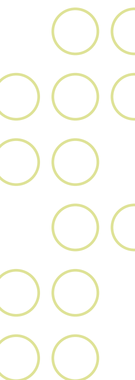


PHOTO BY LEIGH HOUGHTALING

Conclusion

"No one heals without community."[41]

People in the transgender and gender non-binary communities have had more than our fair share of traumatization. To name but one trauma, around half of us have been sexually assaulted, often many times. Although each survivor has to take responsibility for actively engaging in their own healing, individual efforts aren't sufficient. Part of the aftermath that trauma creates is a break between the survivor and their community or communities. We can help heal that break by reaching out and helping survivors re-connect. Thank you for caring enough to improve your ability to do so.

[41] Mehl-Madrona, Lewis. (2010). *Healing the mind through the power of story: The promise of narrative psychiatry*, p. 10.

Appendices

Note: If this guide has whet your appetite to learn more about recovering from trauma and/or sexual assault, we suggest reviewing Appendix E, Annotated bibliography.

Appendix A: If the assault just happened

If someone who has just been sexually assaulted comes to you, there are some immediate issues that must be addressed.

Get forensic exam?

If the person was assaulted within the last 72 hours, their body may still have evidence that could be collected and used to prosecute the assailant(s). In many places, a survivor can have a "rape evidence kit" collected and decide later whether to involve the police, but this may not be the case where the victim is. Call the National Sexual Assault Hotline (1-800-656-HOPE) or your local hospital to find out the best place to go if the victim decides to pursue forensic evidence collection. If the victim is going to have an exam done, they should 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 for the victim to the exam site (usually an emergency room or hospital). The victim should be able to give permission for you to be present with them if that will be helpful to them. However, if you are yourself extremely upset, it may be better for both of you to ask for a trained advocate or locate calmer companions for the victim (first) and then you. Note that this exam should *not* be billed to the victim.

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 the assailant(s) can be prosecuted if evidence is not collected.

Involve law enforcement?

If the victim is in active danger from their assailant(s), may want to try to bring their assailant(s) to court, or may want to file for government help with medical and other expenses associated with the crime, then consider going to police. Otherwise, many transgender survivors and sexual assault survivors of all gender identities have found encounters with law enforcement to be less than helpful.

Rally immediate support.

If the victim decides to get a rape evidence kit done and/or report to law enforcement, see if your local rape crisis hotline can find an advocate to accompany the victim, or ask a friend. A trained advocate can advise the victim and/or you about the process as well as help with both emotional and practical concerns. As soon as possible, start mobilizing emotional support for both the victim and you.

Healing.

Emotional 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 the victim or 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.

Appendix B: Recognizing unhealthy relationships

Surviving victimization does not magically make someone an angel. Indeed, there is some evidence that survivors of violence are more likely to engage in violence themselves than are those who have not been victimized (particularly if they have not engaged in efforts to actively heal from their experiences). Plenty of data shows that sexual assault survivors are also far more likely to later be victimized by an abusive partner. Determining whether a relationship is abusive or not and then, if it is, deciding whether or not to intervene, can be difficult decisions.

We have adapted the following warning signs of an unhealthy relationship from a webpage FORGE co-wrote. (http://www.rm2bsafe.org/index.php/familyfriends/recognizing-unhealthy-relationships)

Warning signs of an unhealthy relationship:

PSYCHOLOGICAL ABUSE

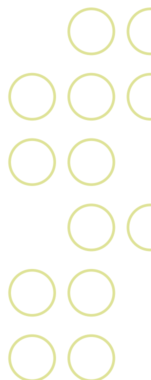
Abuse can come in many forms. Even if an abuser doesn't leave physical marks on their partner, a relationship may still be abusive. Some people are emotionally abusive. Emotional abuse can take many forms such as: making a survivor feel guilty, blaming a survivor for their anger, having extreme mood 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 David 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 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, even 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 friends express 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 at the end of 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/wp-content/docs/power-control-tactics-categories_FINAL.pdf)

BECOMING SAFER

If you believe someone you know may be in an abusive relationship, please consider meeting with them privately to express your concerns. Many, if not most, abused partners do not recognize what is happening to them and/or have no idea what they can do to help the situation. Review the attached FORGE document, "Safety Planning: A Guide for Transgender and Gender Non-Conforming Individuals Who Are Experiencing Intimate Partner Violence," and bring a copy with you when you meet with the person you are concerned about. Offer to help them make a safety plan using the document, and/or link them up with a trans-friendly local domestic violence program.

If you would like additional training on domestic violence in transgender couples, FORGE offers a free online webinar on trans-specific power and control tactics at http://forge-forward.org/event/power-and-control-tactics/ and one on safety planning with transgender people (or SOFFAs) in abusive relationships at http://forge-forward.org/event/safety-planning/.

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 *(continued)*

	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)

Appendix C: 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"[42] 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:

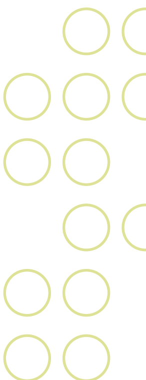
- The victim[43] believes it is their/zir/his/her behavior that causes the abuser[44] to "lose control." This belief is often fostered by the abuser, who usually blames the victim for "provoking" the abuser. That means the abuser doesn't have to take responsibility for their abusive actions. It also, perversely, helps the victim imagine they[45]/ze/he/she has some control over the situation.

[42] GoogleDrive, Dropbox, SugarSync and other cloud-based providers offer small amounts of free storage.

[43] "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).

[44] "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.

[45] 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 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[46] people, often having grown up subject to others' hurtful name-calling and/or abuse because they are

[46] 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.

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.

Approximately **1 in 4** relationships experience IPV.

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 does, 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?[47]

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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[47] 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

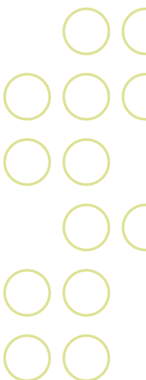
Find out what domestic violence services are offered in your area, and what their phone numbers are. There are over 40 LGBTQ[48] anti-violence programs (AVPs) across the country. AVPs exist to support people who have or are experiencing abuse or assault. They work hard to identify local, state and regional 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_March_2015.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.



[48] 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. The 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
- Physician's or 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.
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 very 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 in danger, consider talking to trustworthy neighbors and asking them to call the police if they hear suspicious noises coming from your house or apartment. 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.

CULTIVATE 2 HABITS:

1. Become aware of your electronic trail.
2. Develop habits that regularly take you out of the home.

POSSIBLE CONTENTS INCLUDE:

Finances

- Cash
- Credit cards and ATM cards[49]
- Checks[50]

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[51]
- 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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49 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.

50 See above.

51 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

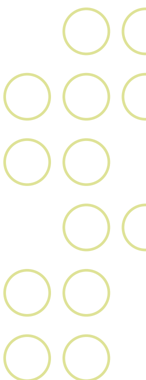
- Driver's license/state identification card, car registration, and proof of insurance
- Work ID/work permit
- Carry letter if your identification has not been completely updated
- Physician's or surgeon's letter if your identification has not been completely updated
- Health care insurance or Medicaid/Medicare 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.

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/about-avp/national-coalition-of-anti-violence-programs/423), 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/about-avp/national-coalition-of-anti-violence-programs/423), 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.

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 D: New non-discrimination protections for trans people

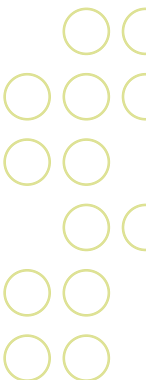
Due to persistent and effective lobbying, a strong coalition, and maybe some elements of luck and timing, the 2013 Reauthorization of the Violence Against Women Act (VAWA) — the federal program that funnels around $400 million dollars a year into programs addressing sexual assault, domestic violence, 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."[52] 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."**

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.

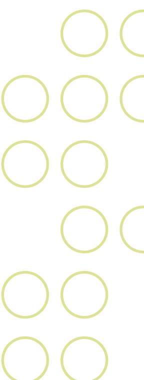
As of October 1, 2013, the non-discrimination provisions in the re-authorized VAWA took effect. Because the re-authorized VAWA is inclusive of LGBT individuals, survivors who are lesbian, gay, bisexual or transgender (both trans-masculine and trans-feminine) should be able to access the majority of services offered by agencies that receive funding from the Office on Violence Against Women. Since some programs may still be allowed



[52] "Gender identity" was referenced in only one previous federal law, the 2009 Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act.

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 people 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.



Know Your Rights!

Trans Survivors of Domestic and Sexual Violence

SUMMER 2015

If you have experienced domestic violence, sexual assault, dating violence, or stalking, you are entitled to many free services from an extensive set of federally-funded programs (emergency shelters, rape crisis centers, support groups, legal advocacy, etc.) under the Violence Against Women Act (VAWA). VAWA now explicitly protects transgender and lesbian, gay, and bisexual (LGB) survivors and provides ways to get help if you are discriminated against.

YOU HAVE A RIGHT TO VAWA-FUNDED SERVICES.

Any agency (police, prosecutors, rape crisis centers, domestic violence shelters, legal aid, hotlines, support groups, etc.) that receives VAWA money has to treat transgender people respectfully and provide equal or similar services by law.

What does that mean?

Trans, gender non-conforming, and gender non-binary people CANNOT be turned away from or be discriminated against by these agencies because of their sex, gender identity, gender expression or sexual orientation.

Here are a few examples of how this new law helps transgender survivors of violence:

- The agency cannot say it only serves women: it must serve people of all sexes and gender identities.
- You have the right to have your gender identity respected. You cannot be asked about your body or medical or surgical history in order to gain access to services.
- Your legal documents don't have to match how you identify. If the name or gender markers on your documents (like your driver's license) don't match with how you identify, that's ok. The agency is NOT allowed to demand that your documents match in order to help you.
- The agency may not demand that trans or gender non-binary individuals produce more identity documents than they require from others.
- Agencies may not isolate or segregate clients based on actual or perceived gender identity or sexual orientation.
- Agencies may not discriminate against you because another client objects to the presence of a trans or LGB person.
- If the agency has separate services for men and women, YOU get to choose which service will be more comfortable and safe for you.

YOU HAVE A RIGHT TO COMPARABLE SERVICES.

Under VAWA's nondiscrimination conditions, agencies can have sex-segregated or sex-specific services only if that segregation is "necessary to the essential operation of a program." If an agency that only provides sex-segregated services cannot serve you in the same way it serves others (for example, you are a trans man and they only have a female-only support group), the agency MUST provide you "comparable services." Simply referring you to another agency that serves people of your sex, gender identity, gender expression, or sexual orientation is NOT enough if they accept VAWA funds.

Here is an example of comparable services for trans survivors:

> Recent practice has been for domestic violence shelters that admitted only women to give non-trans male and/or trans victims a voucher for a few nights' hotel stay. This is no longer allowed. The services you are entitled to need to be roughly the same quality and duration. For example, if you are housed separately, you must be housed for the same length of time and provided with transportation and access to the same support services provided to those housed in the main shelter. (Note that this should only be an issue for male-identified and non-binary individuals; a trans woman should be served in the same way as other non-trans women, unless she feels it would compromise her health or safety.)

Some agencies have limited capacity and/or wait lists. You can be turned down for services if the agency is not accepting any new clients, but they cannot turn you away because of your sex, gender identity, gender expression, or sexual orientation.

YOU HAVE THE RIGHT TO ACCESS HELP.

Many agencies and individuals are working nationwide to strengthen the trans and LGB non-discrimination provisions in VAWA and help survivors access services. Here are some of the resources you should know about:

The non-discrimination rules VAWA agencies are supposed to be complying with: http://www.ovw.usdoj.gov/docs/faqs-ngc-vawa.pdf

Further information on filing complaints with the Department of Justice: http://ojp.gov/about/ocr/faq_ocr.htm

Training webinars (available 24/7, on demand) for service providers on how to respectfully serve transgender survivors of domestic violence, sexual assault, dating violence, and stalking: http://forge-forward.org/trainings-events/recorded-webinars/

Publications for service providers on how to respectfully serve transgender survivors of domestic violence, sexual assault, dating violence, and stalking: http://forge-forward.org/publications-resources/anti-violence-publications/

Self-help materials for trans survivors of sexual violence: http://forge-forward.org/anti-violence/for-survivors/guides-for-survivors/

Trans-specific safety planning tool: http://forge-forward.org/wp-content/docs/safety-planning-tool.pdf

National Domestic Violence Hotline (can refer you to nearby services) http://www.thehotline.org/ 1-800-799-SAFE

Rape, Abuse, and Incest National Network (can refer you to nearby services) https://www.rainn.org/get-help/national-sexual-assault-hotline 1-800-656-HOPE

YOU HAVE THE RIGHT TO FILE A COMPLAINT.

If you feel you have experienced discrimination, you can file a complaint (anonymously if you want) against the agency with the Department of Justice (DOJ). You can also file on someone else's behalf. You do not need a lawyer and it is FREE.

You can find the complaint form here:

http://ojp.gov/about/ocr/complaint.htm

Here are some tips to help you file the complaint.

- Write down everything that happened as soon as it occurs so that you can remember as much as possible including dates and times.
- Gather the full names of the people you are reporting, along with the agency's address and phone number.
- File the complaint as soon after the incidents as possible. You must file within one year of the alleged discrimination.
- There are two forms to fill out: the Complaint Verification Form and the Identity Release Statement. The Identity Release Statement does let you tell DOJ to withhold your name from the agency you are reporting, but DOJ warns this may slow or even stop the investigation. Both types of forms are available at http://ojp.gov/about/ocr/complaint.htm

If you are uncertain if the agency receives VAWA money, file anyway.

You may still file the complaint and the Department of Justice will look into that for you. If the agency does not get VAWA money, there may be other laws in place that protect you.

Advice and assistance on filing VAWA discrimination complaints:

The National Coalition of Anti-Violence Programs (NCAVP), available weekdays from 10 a.m. to 6 p.m. EST at: 1-855-AVP-LGBT (1-855-287-5428)

Filing a complaint helps all of us.

Currently, the only enforcement mechanism for this non-discrimination law is through the complaint process. In other words, if you experience discrimination at an agency and do NOT report it, the next trans victim to come along will also likely be discriminated against. That's why it's good to file a complaint even if the agency turns out not to be funded by VAWA: complaints help the Department of Justice understand the ways in which trans people may still be experiencing discrimination, despite new laws and improving social attitudes.

Appendix E: Annotated bibliography

There are literally hundreds of books on trauma, sexual assault and healing. The books in this section are ones we feel may be particularly useful.

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. It 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 people who have 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.

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 readers who don't identify with the words "men" and "women" may feel more recognized by this book. 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. It 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. It 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 essentially the male survivors' counterpart to 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.**

This book is highly recommended for those dealing with both trauma and substance abuse. 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'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.

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 highly recommended 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 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 and partners who may not understand what the big deal is about 'healing'.*

Appendix F: Emergency Standard Operating Procedures

SOP Worksheet

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.

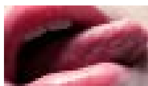
SOP… for when I feel intense, strong or overwhelming feelings of sadness, hopelessness, severe depression and/or overwhelm:

People to call

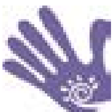
See

Hear

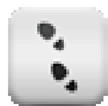
Smell



Taste



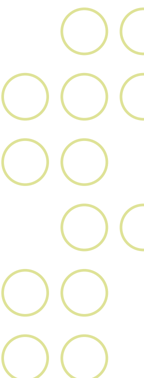
Touch



Move/Do

Other

Avoid



SOP Worksheet: Prompts/Examples

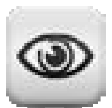
Checklist:

- ☐ **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...)

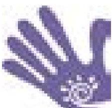


See
(e.g. flowers, couch, TV...)

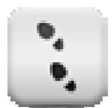
Hear
(e.g. music, silence, kids, animals, traffic, leaves rustling...)

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...)...]

P.O. Box 1272
Milwaukee, WI 53201

tel: 414.559.2123

www.FORGE-forward.org
AskFORGE@FORGE-forward.org

www.facebook.com/FORGE.trans

@FORGEforward

@forge_forward