



Transgender Sexual Violence Project

A Project Sponsored by FORGE
[For Ourselves: Reworking Gender Expression]

A national education and advocacy organization supporting FTM+s and SOFFAs

Q: What could emotional support providers have done to improve services you received?

A: Education about transphobia. And education about abuse. And education about how the two are linked, and how they're not, and how it shouldn't matter anyway.

Who the FORGE study included

- FORGE always defines the trans community to **include SOFFAs** – significant others, friends, family, and allies – for two primary reasons.
 1. SOFFAs are as susceptible to transphobia as trans people.
 2. Trans people do not live in a vacuum; even the most isolated trans person lives within a context of other people.
- “Trans” for us includes the **full range of gender variance**, not just transsexuals. We also find that it is sometimes difficult to separate out intersex persons from transgender persons, in part because intersex persons often transition from one gender identity to another, and in part because some trans people believe they are intersex because they are trans.
(See Chart 12, Sex Assigned at Birth and Chart 16, Gender Role Currently Living In)
- We include **secondary survivors**.

Key differences of trans people from LGBs and the general public

• The Terms Paradox

It is *crucial* to use the terms a person uses to define himself to show respect, but those terms tell you nothing of what you may need to know in terms of body configuration, hormone use, previous gender experience, etc. Some of the identity labels offered by our survey respondents:

“genderqueer” “femme” “butch” “androgynous” “genderfluid” “neutral” “polygendered”
“non-gendered-human” “fluid feminine” “boyish with a girlie side” “male/ftm/male...with a fuck of a twist” “man-dyke” “male to butch” “gender non specific MTF expressive” “genderqueer trannyfemme” “male-to-queer” “bimale fetish dresser” “intergendered” “50/50 male/female” “T-Girl”

• Body shame and discomfort

Although not all trans people feel ashamed of and/or uncomfortable with their whole or parts of their body, such feelings are extremely common. Some of the implications of this are:

- Trans people may not be willing to seek health care that requires disrobing

- For instance, FTMs may not get gynecological exams
- Sexual assault may involve parts of the body the trans person would rather not think about, adding to the trauma of the assault
- This may make for greater difficulty reclaiming the body after trauma. There may be additional layers of possible dissociation.

...[S]ome discussion or emphasis on how vaginal penetration uniquely emasculates a male-identified biogirl would've possibly been useful.

- Names people use for their body parts may not be the "usual":

In a sexuality survey, FORGE asked transpeople (mostly FTMs) what they called their genitals. Here are some of the answers.

For MTFs: rectum/anus was called a "pussy"

Penis was called a "clit"

For FTMs: vagina was called a "cockpit," "bonus hole," "boy/boi hole," "front hole," "boybox," "extra," "man pussy"

Clitoris was called by some FTMs: "cock," "dick," "penis," "neophallus"

Other names for strap-on dildos were "hardware," and "cock."

- **Sexual orientations are all over the map**

(see Chart #17, Sexual Orientation)

Only 28% identified themselves as Lesbian or Gay male

23% identified themselves as bisexual

12% identified themselves as heterosexual

65% were queer, pansexual, celibate, or other

(Respondents could check more than one category.)

- **Being "closeted" may not be an option.**

(See Chart #34, Provider aware of respondent's transgenderism?)

Because there are features of many trans people's bodies that don't "match" their outward gender expression, clothing, or identity, disrobing often means a trans person is automatically "outed." This can mean exposure to transphobia.

[What could providers have done differently to improve?] Not have a running commentary about my genitals.

Not called me an 'it'.

On the other hand, not all providers are aware they are treating a transgender person. Of the 51 people who sought care and answered that question, 23 (45%) said their provider did not know they were trans.

- Transpeople's **relationship to mental health professionals is unique.** In many if not most cases, therapists stand between a transperson's identity and the services sie must have to alter hir body by

hormones and/or surgery (the Harry Benjamin Standards of Care). This makes for a unique power dynamic in which transpeople feel they must hide information from therapists in order to get the services they desire.

I'm afraid to go to a mainstream provider because I don't want to have to justify my existence to receive help, but I am afraid to go to a trans-knowledgeable provider because I know the [Harry Benjamin Standards of Care] are more harsh if you are an assault survivor. I feel like I'm falling through the cracks and no one cares.

I was inappropriately used sexually by my gender therapist in [Midwest]. 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.

My gender wasn't an immediate issue. However, it is an issue now. Am having PTSD symptoms and feel afraid to seek mental healthcare. I don't feel safe going to a mainstream provider.

In addition, trans people are still viewed as exotic specimens by some therapists.

I recently endured an evaluation/consultation at Johns Hopkins Hospital by their Sexual Behaviors Consultation Unit. It was nothing but sheer hell. The residents who perform the evaluation have no background on FTMs. I am the second FTM that they have ever evaluated. It was set up for failure from start to finish. I requested to be called my male name, and for them to use male pronouns. Never happened. I asked to have a female only staff and I had both. All my requests were ignored all day long. I was a trophy for them. I know they don't care about what they did. I recently discovered also that my evaluation is being used for one of their research studies...and I was never told of this.

- **Transphobia can blur the lines between sexual assault and gender identity**, both for the victim/survivor and the professionals sie consults.

One Milwaukee-area FTM was told by his transgender specialist therapist that "You aren't really transgender, you just haven't come to terms with your sexual assault...try embracing your femaleness."

By me putting up with [childhood sexual abuse], I thought it would help me to be 'normal,' not transgendered or lesbian.

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).

Being raped did not make me attracted to lesbians. Nor did it make me trans. Providers should know that and not say so or imply it. Even noting that many women who are abused 'become' lesbians or that many lesbians have been abused in such a way is rather offensive and kept me from going to a gyno for some time.

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.

I had to end one course of therapy because the therapist suggested my ex had 'become' trans because he was a child SA survivor.

Barriers to service

- **The smallness of the trans community** – much smaller than the Lesbian or Gay male community -- may become a barrier between a victim and support.

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 spread rumours about me, and I don't defend myself because I don't want to engage him. But after leaving my abusive relationship, I pretty much lost my community. People don't take what happened seriously. It's difficult because it seems like every organization I want to be part of, he's there.

- **Political beliefs** may be a barrier to service.

Lesbian battering/assault was NOT dealt with well within the feminist world, so I dealt with it on my own.

Women's Centre in Grey Lynn, Auckland, does not allow transsexuals in their offices (because they are 'men' and 'we have women who have problems with men coming here for help').

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 become 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.

[Domestic violence] 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. You don't want to be doing too much explaining when you need help.

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.'

His abusers had been female, and as a non-trans person and a 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.

[How did being transgender impact on services received?] Negatively: I got much less support than I should have, as my guilt around transphobia was key to the abuse. Positively: I 'protected' him much longer because of the transphobia.

- **Sex-segregated services** may be a barrier to service.

Living Waters program (a Christian program aimed at helping LG's) insisted that I attend a men's group, despite knowing of my rape history and my discomfort with men, and despite my experience as a woman being sufficiently close that most people don't recognize that I was once male when meeting me. In the end I stopped attending their meetings because of the rigid attitude, and total unwillingness to see me as a normal person, and my inability to feel OK in the men's meetings (most of the men didn't even know why a woman was attending their group, until one of the leaders leaked my personal information to the group, and I felt that I had to explain my situation).

There was a survivor of male childhood sexual abuse group in my community, but until I transitioned physically, I could not attend it. Once I transitioned, I didn't need the group.

Locally, an FTM sexual assault survivor was told he could attend a male sexual assault survivor group, but only if he did not discuss details of the assault, which included vaginal rape.

- **Police abuse** may make trans people reluctant to seek services, particularly if they fear – as is sometimes the case – that they can't get services *without* reporting to police. (See Chart #21, Relationship to perpetrator)

4% of our survey respondents were sexually assaulted by police officers.

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 STD screening – but they wouldn't pay for it unless I filled out a police report. The cops mocked and humiliated me.

The response of the police to the second assault – drawing a gun on the victim – convinced us not to try them a third time (the first time the police were abusive and told us WE had done the crime).

[T]he officers were horrible. 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.

- **Health care professionals' abuse** may be a barrier to service. (see Chart # 21, Relationship to Perpetrator, and Chart # 22, Location of Abuse/Assault)

6% of our respondents had been sexually abused by a health care or social services provider
Nine assaults took place in a health care setting.

[What could be done differently by service providers to improve your care?] Not tell me 'next time, wear a condom' – in a public corridor – as I'm leaving the hospital after a rape.

- **Ignorance** about trans issues may be a barrier to services.

I've never been in an emotional support environment where I felt safe discussing transgender issues.

Themes that may relate to other victim populations, as well.

- **Some sexual assault victims don't survive to answer surveys.** At least 11 of the trans people listed on the "Remember Our Dead" website were also sexually assaulted and/or sexually mutilated by their murderers. (<http://www.gender.org/remember/>)
- **Income is not a predictor of sexual assault.** (See Chart # 3, Annual Income)
- **Race is not a predictor of sexual assault.** (See Chart # 5, Racial Identification)

Note that when people are not given racial identity boxes but instead given a line to designate their racial identities, "multiracial" is the second largest category, followed by "Jewish."

- **Gender (identity and/or presentation) may or may not be related to the assault.** (See Chart #25, Was gender a contributing factor in the abuse/assault(s)?)

Yes: 44%

No: 31%

25% were unsure, didn't remember, or "other"

This happened when I first went out as female publicly.

- Sexual assault and **domestic violence** often overlap. (See Chart #21, Relationship to Perpetrator)

Of 188 identified perpetrators, 19% were an intimate partner, and another 12% were date rapists. 22% were assaulted by family members.

- Many people are **repeatedly sexually assaulted.** (See Chart #18, Occurrence of Sexual Violence Over Lifespan)

50% of respondents were assaulted more than once.

When secondary survivors only are excluded, 64% of sexual assault victims have survived multiple assaults.

- Many people are **both direct victims and secondary survivors.** (See Chart #19, Type of Survivor)

40% of our respondents were both direct victims and secondary survivors.

- **Disabilities** are common, and sometimes result from the sexual assault itself.

*[What could emotional support providers have done to improve services you received?]
Nothing. The damage was already done.*

What about all the mental abuse? Physical heals...but the mental lasts forever.

- **One bad experience** may stop someone from seeking help.

It was very difficult for me to open up to anyone and admit what happened, and after [the LGBTQ violence program intake worker] denied me [help], I wasn't able/willing to open myself up again – so I haven't sought or gotten any help.

I tried to contact the rape crisis center in the small town where I lived, but they did not return my phone call.

- **Effects can be long-term.**

[The sexual assault] 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.

I am sexually a mess.

- Both being **abused by a female** and **being a male victim** can be barriers to service. (See Chart # 24, Single Perpetrator, Gender)

Of 89 sexual assault victims, 21 (24%) had been assaulted by a female perpetrator.

Locally, a male rape victim was called a "rapist" on two separate occasions when he called the after-hours rape crisis line.

[What stopped people from accessing services] Police not believing that the abuser was female.

When it was a man, yes, I did tell someone. When it was a woman perp I did not.

- **Trans people can be rapists.** (See Chart # 24, Single Perpetrator, Gender)

Of 89 sexual assault victims, 11 (12%) had been assaulted by a transgender person.

He was FTM. He used him being on testosterone as one of the excuses for his 'needs'.

- **BDSM** can be used to both "excuse" sexual assault and affect service provision.

The abusiveness of my relationship was 'masked' both to others and to 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.'

My gender presentation influenced the assault only in that the perpetrator was a straight man who saw me as a woman. Although he assaulted many women, he used the fact that I was an out S/M practitioner as an excuse in my case (i.e., 'I know you like pain.').

- **Secondary survivors** are sometimes invisible, frequently impacted by the assault, and may not seek many services.
(See Chart # 28, Effect on Personal Relationships)

Only two secondary-survivor-only respondents said they had sought and received support services for themselves.

Of the 37 people who responded to the question about whether the sexual assault(s) had an effect on their personal relationship (excluding the category of "other"), 18, or 50% said they broke up at least in part because of the trauma, and 22% said it had "no effect." 60% said it stressed their relationship, although 41% said they supported each other through difficult times and/or their relationship is stronger because of the assault. (Note that respondents could mark multiple categories.)

I am sexually dead. My partner understands this.

Partner advised me to seek services or she would leave me.

- **Talking** about what happened can help.

I think what helps most in general is just letting other people know that it has happened. I'm not so worried about prosecution, just getting things off my chest, so to speak, since I don't really have many people I can talk to in general, and about these things in specific. Thanks....