

Prevalence / Rates of Sexual Assault

TRANSGENDER AND GENDER NON-CONFORMING¹ PEOPLE EXPERIENCE HIGH RATES OF SEXUAL VIOLENCE.

More than 50% of trans individuals have experienced sexual violence at some point in their lives (Kenegy, 2005; Kenagy & Bostwick, 2005). Often, trans people experience multiple forms of violence and re-victimization throughout their lifespan – from child sexual abuse to adolescent relationship abuse to sexual assault in adulthood.

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For example, in a 2011 FORGE survey with more than 1,000 transgender respondents, for those who indicated they were adult sexual assault survivors, **72.2%** also experienced one or more of the following forms of violence: child sexual abuse, dating violence, intimate partner violence, stalking, or hate-related violence (FORGE, 2011). Another recent survey of transgender and gender non-conforming people (Grant et al., 2011) highlighted the prevalence of sexual assault (and other forms of violence) by sorting participant responses into various settings where abuse occurred. For example:

- “Significant abuse at school” was reported by 78% of transgender/gender non-conforming youth— 12% noted sexual assault in this setting.
- Sexual assaults at work was reported by 6% of trans individuals. The rate jumped to 19% if the workers were undocumented.
- Sexual assault by a member of the police was reported by 2% of individuals self-identifying as trans. The rate almost quadruples to 7% for

African-American transgender people. [Note: Other research indicates higher rates of police misconduct, such as in FORGE surveys, as well as in data from the National Coalition of Anti-Violence Programs.]

- Sexual assault while in jail/prison has been reported by 34% of African-American transwomen, which is twice the rate of other racial groups.
- Sexual assault by a health care provider has been reported by 10% of trans people—26% have been physically assaulted by health care providers, and 19% have been denied services from providers because they are trans.

Due to these high rates of victimization, transgender people may be both accustomed to and numbed from the abuse they experience, or they may be less willing to seek services following an assault because they have infrequently been provided culturally sensitive care following previous incidents of abuse.

¹PCAR and many agencies use person-first language. This very positive shift is essential in honoring people as people first, and removing potential implications of pathologizing and stigmatizing. At the same time, for some individuals, one or more components of who they are may be central to their overall identity. This document will use “trans people,” “trans individuals,” and other language that places transness in a more central identity role. Some individuals may identify as “a person of trans experience” or may use other language that minimizes the importance or centrality of their transgender history or body.”



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SERVING TRANSGENDER SURVIVORS OF SEXUAL VIOLENCE

LACK OF SERVICES

Even though the rates of sexual (and other forms of) violence are high, the majority of trans people do not or cannot access services following an assault, including:

- Urgent medical care and/or a forensic exam;
- Reporting to law enforcement;
- Getting the help of an advocate;
- Gaining an order of protection or seeking other legal action;
- Seeking long-term mental health care and healing options.

Many sexual assault services are only available to women— frequently only to non-transgender women. This often means that transgender survivors – transwomen, transmen, genderqueer individuals, and a wide range of other people of trans identities or histories— are unable to receive any services at all.

BARRIERS TO SERVICES

When services are not limited to women-only, trans people may not feel comfortable accessing sexual assault services. The most common reasons given for not accessing or being concerned about potentially accessing services were:

- Fear of abuse, hostility, rejection, derision, judgment, discrimination by providers; of being outed; of misconduct by other providers;
- Trans-welcoming/friendly: Will/Does a trans person sense that the environment and attitude are friendly and respectful?;
- Cultural competency: Is an agency informed on how to respectfully treat trans people; do they have policies, paperwork, and procedures that are trans-knowledgeable and inclusive;
- Knowledge and availability of services: Does the trans survivor know about services or are services available? Trans people may



not know what specific services are— such as crime victim compensation— or may lack other significant knowledge that would help them make more informed choices about their care and healing;

- Reputation: Trans communities can be tightly knit and word of one person’s negative experience at an agency will likely travel quickly through the community; reputation as a key to determining whether to access a specific agency;
- Woman-focused: Many services are only available for women, or people may presume services are limited by gender based on an agency’s name or how services are marketed/ advertised);
- Shame/embarrassment/stigma: In addition to generalized shame and stigma many survivors feel, trans people may feel increased levels of vulnerability and shame during medical exams. Working in the underground economy may also be a cause of these feelings;
- Make things worse: Many trans people fear that seeking help will make things worse by triggering past memories, reminding them of unhelpful past experiences, or forcing them to do something they don’t want— such as reporting to the police or having a forensic exam;
- Systemic problems: The legal system often re-

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limited income and may not have health insurance or other means of paying for medical or mental health services; they may be cautious about seeking any form of post-assault care for fear of not being able to pay for it. Advocates can help assure clients that services are free and/or that the advocate can help them file for victim compensation or other financial support.

WHAT DO ADVOCATES NEED TO KNOW? / WHAT CAN YOU DO?

Many trans survivors are hesitant to access services and may be nervous or scared to pursue any support options due to poly-victimization, stigma (both associated with transness and sexual assault), and prior experiences of transphobia and cultural insensitivity.

If a survivor does reach your office, it is critical to be clear about what services you can offer and that your intention is to serve them and not turn them away. It is important to explicitly remind trans clients that they can share as much or as little information as they feel comfortable and assure trans survivors of your commitment to their privacy and confidentiality.

One of the first and most important steps in gaining the trust of a survivor is to reflect back language that the trans survivor uses. Following their lead in mirroring their language (about their name, words to identify themselves and others, and their body) will indicate you are listening and respecting their identity. Asking them for their name, pronoun or other language choice is appropriate, especially when you express that you want to 'get it right' and make them feel comfortable.

Keep in mind that survivors are seeking your help to receive services. When you do the job of an advocate, trans survivors will be assured that they do not need to spend their time educating you or addressing your questions of curiosity. That means: Ask only questions that are relevant, necessary, and related to the care and services the client is seeking.

victimizes survivors and there are few successful prosecutions, there is often extensive "hoop-jumping" in order to access services, as well as long wait times and misconduct by police and other providers;

- Cost: Many trans people live at or below poverty level and/or do not have health insurance to cover the cost of services. (FORGE, 2011).

Due to employment discrimination and a society that is not embracing of diversity (in many forms), a substantial percentage of trans people are unemployed, underemployed, live on limited incomes, and/or work in the street economy, exchanging sex or drugs for money, food, shelter, or other basic living needs. Since individuals may not have access to dependable housing, food, or other basic needs, some trans survivors of sexual assault may be far more concerned about accessing a meal, or figuring out where they will sleep that night, more so than pursuing a forensic exam or reporting to the police.

Also, since many trans people are living with

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The vast majority of trans people will not want to report to police due to prior experiences of police misconduct, concerns related to potential abuse, or fear of exposure (being outed as transgender).

Most ways in which you will work with trans survivors will be identical to how you serve non-trans clients. The ways that differ— past histories of abuse, transphobia, non-alignment of documentation, fears related to outing, previous police misconduct, bodies that may differ from non-trans survivors, etc.— will be opportunities to work closely with the trans survivor to ensure they receive the services they need, in ways that are respectful and sensitive.

ABOUT THE AUTHOR

michael munson is the Executive Director of FORGE, a progressive organization whose mission is to support, educate and advocate for the rights and lives of transgender individuals and SOFFAs (Significant Others, Friends, Family, and Allies). For more information and resources, visit www.forge-forward.org.

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