

Let's Talk About It!

A Transgender
Survivor's Guide
to Accessing Therapy



Table of Contents

Acknowledgements	5
A few words about words	6
Are you in crisis now?	7
How to use this guide	10
Introduction: Your past, your present, your choice	11
Many ways to heal.....	12
Your choice vs. someone else's choice	12
Empowerment and self-determination	13
Sexual assault doesn't automatically = PTSD	13
Therapy is only one of many options	16
Medication.....	17
Body- and energy-based therapies.....	18
Other alternative therapies.....	19
Self-help.....	20
Faith-based connection and reflection.....	21
Peer-based support.....	23
Movement-based activities.....	25
Assessing what's right for you	27
Seeking therapy soon after an assault vs. months or years later	28
Immediate care	28
Long-term/non-acute care	28
How do you know when it might be a good idea to seek therapy?	28
What are the benefits of therapy?	30
What some people may work on in therapy	30
What's most important—trans-knowledgeable, or trauma-informed?	33
Limited options: In some cases, you may not have a choice.....	33
Weighing your options	34
More than one?	35
(Basics) Learning the Ins and Outs about therapy/therapists	37
Types of therapy	38
1-on-1 therapies	38
Partners' therapy.....	39
Group therapy	39
Medication.....	39
Art, play, body, breath, or energy work.....	39

Types of therapists.....	40
By degree	40
By style of treatment.....	40
By personality and approach	41
4 key things therapists can (should) offer survivors	43
Common objectives of therapy for trauma	43
How to find a therapist	44
Referrals from trans or LGBT groups or organizations	45
LGBT Anti-Violence Programs (AVPs)	46
LGBT or trauma professional organizations	46
Sexual assault or other victim service agencies.....	48
FORGE referral lists.....	50
Friends/word of mouth	50
Before you begin (How to rule out medical conditions)	51
Medical conditions & medications	52
Other chemicals.....	53
Hormones.....	54
Your First Visit/Making a list and checking it twice	57
Questions to ask—screening inquiry.....	58
Screening Interview Checklist.....	60
Payment—self pay, insurance	61
Your first visit.....	62
Before your appointment.....	63
At the therapist’s office	64
Evaluation checklist.....	67
Continued assessment.....	68
Continuation Checklist	69
Know your rights!	69
Unique issues for trans survivors and loved ones	70
Meeting complex needs within a basic service system	71
Intersectionality	71
To tell or not to tell (issues of disclosure).....	72
SOC issues.....	75
Mistrust of professionals.....	77
Insurance and diagnostic codes.....	79

Unique issues for trans survivors and loved ones *continued*

Gender related abuse or sexual abuse?	81
Cause and effect	83
Internalized transphobia and shame	83
Body image & body dysphoria	85
Relationships	86
Sexuality	87
Not being believed or minimizing the assault(s)	88
Gender of perpetrator	89
Transgender perpetrators	90
Service provider perpetrators	93
Segregated services	94
Forms	97
Facility restrooms	99
FORGE services and support	100
For survivors	100
For providers	102
Appendix A: Screening Interview Checklist	104
Appendix B: First Session Checklist	105
Appendix C: Continuation Checklist	106

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We are grateful for those trans, transgender, gender non-conforming, gender non-binary survivors and loved ones who cannot or have not yet shared their stories, honoring and validating them with recognition of their silence and the risks associated with giving voice.

We acknowledge that not all trans, transgender, gender non-conforming individuals and loved ones have survived the sexual abuse/assault/violence or the aftermath of living with trauma. Far too many have had their lives cut short by the ignorance and fear of others. Far too many have sustained more pain than was tolerable, and have ended their own lives.

Resources as options for healing

FORGE believes that one of the most important things trauma survivors need to learn is how to trust ourselves. The ideas and resources in this guide are just suggestions. We urge you to seek out other skilled advice and options, and to then trust your heart and brain in what they tell you to try. When something you try doesn't work, take what you've learned and try something else.

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A few words about words

TRANSGENDER Throughout this document, we will use fluid language of “trans,” “trans,” “transgender,” 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 feel most comfortable with 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 your preferred word.

YOU/THEY/TRANS SURVIVORS We have intentionally been inconsistent in the pronouns used within this document, shifting from “you” to “they”

to “trans survivors.” We believed it was important to shift words based on the level of intimacy and possible relevance to individual survivors (you) vs. more broadly about most survivors (they or trans survivors).

CITATIONS We intentionally do 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 Throughout this Guide are quotes from trans survivors and loved ones. When not otherwise cited, the quotes are from one of the following sources, and used with permission:

- 2004 FORGE data from “Sexual Violence in the Transgender Community Survey,” (n=265) Unpublished data.
- 2011 FORGE data from “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.
- Direct conversations, emails, or communication with trans survivors and loved ones.

Are you in crisis now?

Intense emotions can feel extremely painful and are often difficult to slow down to a point where they feel more manageable.

Reach out

Reach out to someone you feel comfortable calling, emailing, Skyping, or seeing in person. You will know best as to who this person (or people) might be. (If you already have an SOP—Standard Operating Procedure—with names of emergency contacts listed, consulting that list is a great place to start. See “Transgender Sexual Violence Survivors: A Self Help Guide to Healing and Understanding” available at www.FORGE-forward.org.)

Here are a few suggestions of who you might want to call or reach out to:

- **SUPPORTIVE AND CARING FRIENDS.**
- **SUPPORTIVE AND LOVING FAMILY.**
- **TRUSTED TRANS/GENDER NON-CONFORMING/LOVED ONE SUPPORT GROUP MEMBERS.**
- **A PERSON YOU KNOW, LIKE AND TRUST** from a group or activity you belong to (even if you don’t know the person very well).
- **A FAITH LEADER.** (Your pastor, rabbi, shaman, priest)
If you don’t know a faith leader but are interested in connecting to someone in this way, you may want to go to a church, synagogue, or mosque to find comfort in being in that space.
- **HOTLINES: THE SAMARITANS HOTLINE** (located in Boston, MA) has been specifically trained to receive calls from and support transgender individuals who are feeling suicidal.
1-877-870-HOPE (4673)
- THE NATIONAL SUICIDE PREVENTION LIFELINE.**
1-800-273-TALK (8255)
- TREVOR PROJECT LIFELINE.**
1-866-488-7386
- TRANS LIFELINE**
1-877-565-8860

**If you are in crisis now—
feeling strong anxiety, depression,
anger, other emotions, and/or
if you are feeling suicidal—
reach out for help now
with a live person.**

It can feel scary to reach out to someone when you are in a vulnerable or emotional state. Sometimes it is also hard to know what to say or do after making contact with another person.

Most of the time, you can simply say to your friend, supportive loved one, or person you know:

“ I am really sad/angry/upset/depressed right now and need someone to talk to. ”

or

“ I am really ____ [fill in the emotion] ____ right now and it would help to just be with someone for a while, could I come over (or would you stay on the phone with me for a bit)? ”

or

“ I'm feeling unsafe right now. I could really use your help. Can you come over so we could talk and figure out what I can do? ”

or

“ I feel like I'm going to boil over. I'm so jumpy and scared and anxious. I'm having a hard time staying in my skin. I don't know what to do. ”

Self-regulating

If you are in crisis and cannot reach out to a live person, you may want to consider some of the following ways of trying to shift your emotional state to one that feels more tolerable (and eventually much better than it does right now).

Doing anything—even incrementally—to shift one of your senses, can often make a powerful difference in feeling more in control. For example:

SMELL Do you have a cologne or essential oil you really like? Or maybe a favorite type of tea or coffee? Maybe the smell you like are the clean sheets folded in the closet. Find something you find pleasurable and spend some time using your nose to take in the scent.

TASTE Taste is similar to smell. Does brushing your teeth or putting on lip balm change your sense of taste? What about a piece of chocolate or a slice of toast? Tasting generally involves moving the muscles of your mouth, too, which can be another way (using your muscles) to shift your emotions.

SIGHT Change what you are looking at. If you are in crisis and at home, consider looking out a window, or, if you feel safe to go outside, check out a nearby park, statue, or other part of your neighborhood. If you stay inside, you can try reading something, looking at photos you enjoy or online videos.

SOUND Shifting what you hear can be very powerful. Often the noise in our head can overpower us, so offering a new sound can override some of what our brain is doing. The sounds can be music, or the rhythm of stirring a cake batter, the buzz of a busy coffee shop, the faint sounds of birds singing, or the noise your shoes make on the floor. Find something to focus on that comes in through your ears.

TOUCH—SKIN SENSATIONS

Touch or sensations felt on the skin can powerfully shift emotions. For example, splashing cold water on your face (or even holding your face in a bowl of icy water) can jolt your body and mind into a different state. Other sensations can work, too, like cuddling up in a warm blanket, taking a hot bath, or stroking your pet.

OTHER SELF-REGULATING BEHAVIORS MIGHT INCLUDE:

- Journaling
- Making noise
- Hitting your pillow
- Going for a brisk walk or run
- Crying
- Playing video games
- Immersing yourself in a book

The important part is that you stay alive and do something that allows you to know that your emotions will return to a more relaxed state after time and/or with some intervention.

How to use this guide

This guide is designed to help empower you to find a therapist and/or help you take the next steps in your healing from sexual abuse/assault.

We have tried to both organize the content and present information in a style that allows you to find information easily, as well as in understandable ways.

For some, the information presented here may feel overwhelming—with too much information provided. We encourage you to read slowly and selectively. We encourage you to invite someone else you trust to join you in reviewing the words and the suggestions in this document.

For others, it may feel like it is not thorough enough. We hope that you will find some of what you need within these pages. We also hope that you will reach out to us, or to others, to find the additional information you seek.

We anticipate that some people will read the whole document from front to back in one setting, and others may read one paragraph or sentence at a time. There is no right or wrong way to use this guide, so trust your instinct, your emotions, and your process of what you need.

Use this guide in whatever way feels best for you. If you find something of value, share it with those you think may benefit.

Reading this guide may bring up more questions for you to think about. We know that some of the content presented here may be challenging and it may be difficult to think about some of the choices that are available to you (or, in some cases, are not available to you).

However you use this guide, we encourage you to be proactive in your own mental health care—whether it includes therapists or not.

Introduction

Your past, your present, your choice



PHOTO: KERRI CECIL

IN THIS SECTION:

- Many ways to heal
- Your choice now
- Empowerment
- Trauma ≠ PTSD

9% of trans SA respondents were subjected to MH care against their will.

9%

CITATION: 2004 FORGE unpublished data from "Sexual Violence in the Transgender Community Survey." (n=265)

Many ways to heal

There are many ways to heal from sexual abuse or assault. Many people don't access direct healing services until many years, if not decades, after they experienced sexual abuse or assault. All people are different and what they need for healing is different, as well.

For some, healing from sexual abuse/assault happens slowly and organically over time, with minimal or no help from any professional. For others, they count on their friends and family to help cope with and understand what happened. For others still, they turn to their faith or spirituality. Some people opt for support groups, others for art therapy. Some prefer healing modalities like bodywork or energywork. Often, people use many things to recover from sexual abuse or assault.

One of the most commonly accessed healing supports is psychotherapy. (We will simply use "therapy" throughout this publication.)

Your choice vs. someone else's choice

This guide is solely focused on YOUR choice to seek or not seek mental health care. We want you to feel supported and fully understand that accessing therapy is YOUR choice.

At the same time, we recognize that some transgender and gender non-conforming individuals have received care against their will.

In childhood, some trans people have been forced into mental health care settings. These unwanted experiences are often traumatic in and of themselves and may cloud a person's desire or willingness to voluntarily seek therapy or other mental health services in adulthood.

As adults, sometimes people have been hospitalized or treated against their will for suicidal behavior, substance use/abuse, or for other reasons. Again, these experiences may have been painful and may have a long-lasting impact on current or future choices to seek care.

For individuals who experienced unwanted care, a first step in therapy might be to address the involuntary care they previously received, before they can begin to work on the more current issues of healing from sexual assault or working on any other issue.

Deciding if, when and how to look for a therapist can be very difficult for anyone. It is even more complicated if there was past unwanted mental health services. Therapy is only one of many options that can contribute to healing and resolution of past trauma.

Only you can decide if (and when) therapy is right for you. We want to validate your choice!

Empowerment and self-determination

Many of us are taught early on that people in “authority” are right and we should believe what they tell us and do what they instruct. Frequently, this message translates to physical and mental health care providers whom we might believe know our truth better than we do. We may believe that therapists are always right, or that we should always follow their suggestions.

The reality is that YOU are in charge of your life and can choose if you pursue therapy, which therapist you see, and if you want to continue seeing them. You are buying or accessing their services. As a consumer, you have the right to figure out what is best for you and not be swayed by the belief that someone else knows more about what you need in your healing.

Later in this guide we will talk more about your continued empowerment and choices about if therapy feels right and if you want to stay with a specific therapist. [SEE SECTION: **Your First Visit / Making a list and checking it twice.**]

It’s important to keep in mind that if you don’t feel valued or validated, it might be a sign that a particular therapist is not right for you. You always have the right to feel heard and respected.

Sexual assault doesn’t automatically = PTSD ... *(...but there may still be short/long term symptoms to be addressed.)*

PTSD, or Post Traumatic Stress Disorder, has become a common phrase in the media and in day-to-day language for many people. In many cases, it has become a shorthand for talking about the short- or long-term ramifications of experiencing trauma.

Nearly everyone who experiences a traumatic event, where they feel a sense of fear, terror or threat (actual or perceived) to their life, body, or emotional wellbeing, will have some difficulty getting back to the way their life was prior to the traumatic event.

For some people, the traumatic event will have short-term or limited impact in their lives, resulting in minor disruption or emotional distress. For others, the months and years following a traumatic incident may have profound and deeply life-altering effects.

There are many factors that contribute to some people having longer-lasting or more life-impairing symptoms, including:

- **Access to support at or near the time of the incident(s)**
- **If the abuse or violence was repetitive or ritualistic**
- **The severity of the abuse or violence (as perceived by the survivor, not an observer)**
- **Previous experiences of trauma**
- **Age at which the trauma occurred**
- **Existing developmental and coping skills and strategies already in place at the time of the trauma**
- **Genetics may also play a role**

The symptoms of PTSD fall into three primary categories:

1. INTRUSIVE RE-EXPERIENCING

Re-living the trauma, having flashbacks, images, recurring nightmares, or even hallucinations are hallmarks of symptoms in this category. These kinds of disruptions often make it difficult for people to stay in the “here and now” and may result in behavior that is similar to that of when they were experiencing the abuse.

2. AVOIDANCE

Individuals will work hard to avoid anything that may remind them of the traumatic event, including avoiding people, places, or other reminders. “Numbing out,” “dissociation,” as well as alcohol or drugs, are ways many people with PTSD avoid feelings and memories associated with the trauma they experienced.

3. AROUSAL (HYPERVIGILANCE)

Symptoms in this category are usually both psychological and physiological. People may feel constantly on guard, may be easily startled, irritable, jumpy, have difficulty getting to or staying asleep, or may find it difficult to concentrate. People who are often in this state of arousal/hyper arousal may also experience chest pain, headaches, or shortness of breath.

Approximately 7.8%¹ of the general population lives with PTSD; however, 60–80%² of individuals who experienced child sexual or physical abuse, adult sexual assault, or other violent assaults experience PTSD.

Diagnosing the cluster of symptoms that many trauma survivors have is often difficult, for many reasons. This is especially true for those who experienced childhood sexual abuse, since symptoms often occur many years after the event(s) and people may not associate the symptoms they are experiencing with the past traumatic event. PTSD can also be difficult to diagnose, because some survivors use the effective coping strategy of avoidance, which can translate to not seeking treatment or repressing memories of the abuse.

PTSD frequently occurs at the same time as other mental health conditions—like depression, anxiety, bipolar, or substance use—which may mask some of the symptoms of PTSD. Physical conditions, such as chest pain, upset stomach, or migraines, may also be present in people who experience PTSD. Careful assessment by a clinician familiar with trauma will be able to determine if symptoms are the result of living with PTSD or if they might be the result of another cause.

The diagnosis of PTSD—or any another diagnosis—is not essential to working with mental health care providers or others in your healing process. The symptoms you might be experiencing and the goals you have for healing will often be the guiding focus of your work with professionals.



60–80% of individuals who experienced child sexual or physical abuse, adult sexual assault, or other violent assaults experience PTSD.

¹ U.S. Department of Veterans Affairs website: <http://www.ptsd.va.gov/professional/PTSD-overview/epidemiological-facts-ptsd.asp>

² Hébert M, Tourigny M, Cyr M, McDuff P, Joly J. Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *Canadian Journal of Psychiatry*. 2009; 54(9).

Therapy is only one of many options...

...people might access to heal from sexual assault.



PHOTO: Leigh Houghtaling

Therapy is a common option, but may not be desirable, affordable, practical, or safe for some people. 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.

The following are just a few of the alternatives (or additions) to talk therapy:

Medication.

- **Medication might be prescribed by a psychiatrist, your primary health care provider, or a free or low-cost clinic, to those who are experiencing depression, anxiety, or symptoms associated with PTSD.**
- **Medications can be useful in reducing moderate to severe symptoms, which will allow you to function more comfortably.**

Many people are opposed to psychoactive medications, preferring to avoid chemicals or simply “do it on my own.” Trauma experiences change the chemistry and the workings of your brain. Medication may help improve some of these imbalances, thereby giving you a more stable platform on which to build the life you want. In other words, medications are not a cure-all; they simply may make it easier to get on with your 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. If one medication does not work for you, it is often worth trying another, since even medications within the same class of drugs will often have different results. Try to find a medication prescriber—a psychiatrist, a primary health care provider, or a free or low-cost clinic—that you feel comfortable with, as the two of you will need to be a well-communicating team to find what will work for you.

There are many tried-and-true medications to address depression, anxiety, sleep disturbances, and some of the other common symptoms of PTSD.

IN THIS SECTION:

- Medication
- Body and energy work
- Alternative therapies
- Self-help
- Faith and spiritual
- Peer-to-peer
- Movement

If you are interested in hearing from 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.

Body- and energy-based therapies.

- **Energy work, like Reiki, can be both physically and emotionally calming and healing.**
- **Massage or other forms of hands-on bodywork can be mood stabilizing, healing, grounding, and transformative.**
- **Acupuncture may relieve some symptoms that might be related to past sexual assault (e.g. chronic headaches, sleep difficulties, etc.).**

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 your body physically release them. You do not have to believe that 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 to practice setting boundaries and experiencing what it is like to be touched by someone who will respect those boundaries. It may also teach you things about your 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 the 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. All urban

(and many rural) areas have Reiki practitioners. If cost is an issue, you can access a free, Reiki-based distance healing service that many trans Reiki practitioners are involved with at <http://www.the-dhn.com/>.

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 them 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.

Other alternative therapies.

- **Guided imagery and hypnosis can help re-map your brain, as well as provide gentle soothing for active brains.**
- **Breathwork—formal or informal, can have both short- and long-term effects in calming the mind and body.**

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/>. 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 you 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-informed 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 your breathing to help calm your emotions and actively thinking brain.

Self-help

- **Reading books about healing from sexual assault can be helpful in understanding what you are feeling and provide examples and practical solutions to common challenges.**
- **Journaling or writing about your experiences (past or present) can be a safe outlet for your emotions, thoughts, and memories.**
- **Art of any kind can help transform emotions or be a way of expressing concepts that words can't capture.**
- **Online courses that deal specifically with sexual assault, or with depression, anxiety, or other topics may provide structure and guidance.**

Self-help materials exist all around us—in books, on the internet, in magazines, on television, within suggestions from friends, and through methods we create ourselves.

There are literally hundreds of books that have been written on sexual abuse and sexual assault—ranging from academic texts, to practical how-to-heal workbooks. Browsing online (or in person at a book store) may be a useful way to see what catches your attention to pursue in more detail.

Accessing online videos is another way people learn more about trauma. For example, author and researcher Brene Brown has two TED Talk videos (one on vulnerability and one on shame) that many people find very relevant to their healing. You can access the free recordings here: http://www.ted.com/speakers/brene_brown.html

Many communities host self-help-focused courses, with topics like using herbal supplements to cope with depression, improving your mood through cooking healthy meals, and increasing your energy through water aerobics. Some book clubs explore many topics in depth.

Journaling or writing in structured or unstructured formats can improve both mental health and physical health, as well as offer clarity to previous traumatic events, or insights into current feelings or behaviors. Researcher and author James W. Pennebaker has written extensively on the positive impact of writing in the lives of people who have experienced trauma. His website offers links to his articles, books, and videos: <http://homepage.psy.utexas.edu/homepage/Faculty/Pennebaker/Home2000/JWPhome.htm>

Similar to journaling, many people find that art—of any kind—can help shift emotions, create clarity of thought and

understanding, and can be expressive in ways that words can never capture. Art also tends to involve physical movement, which can powerfully transform feelings and release emotions.

Virtual self-help groups provide additional options for healing. Online groups are sometimes costly, sometimes free. When searching for a group that might fit your needs, keep in mind that FORGE offers free Writing to Heal groups that are online, trauma-informed, and specifically for trans individuals and loved

ones who have experience sexual abuse/assault. Learn more by going to: <http://www.forge-forward.org/wth>

FORGE has created other self-help guides for survivors, loved ones, and support group facilitators. The Guides are lengthy, but material is easily accessible and organized so you can quickly find what you are looking for. You can find the documents by going to <http://forge-forward.org/anti-violence/for-survivors/>

Although there are hundreds of books available on many mental health topics, you may be interested in trans author, performer, and advocate Kate Bornstein's 2006 book, *Hello cruel world: 101 alternatives to suicide for teens, freaks and other outlaws*.

Faith-based connection and reflection.

There are many ways to be connected spiritually:

- **Prayer.**
- **Reading spiritual texts.**
- **Talking with your pastor, priest, rabbi, or other spiritual leader.**
- **Joining a prayer group or faith-based discussion group.**
- **Attending worship services.**

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 you were part of a religious tradition as a child but moved away because of its anti-trans teachings or practices, you may want to re-investigate whether there are LGBT-affirming congregations or faith-

based organizations now in your area. Many faith traditions have developed LGBT-affirming policies, and you may be pleasantly surprised to be able to reconnect with a faith tradition that now overtly includes you. Another alternative is to seek an LGBT-affirming faith-based group that may not be the same as your childhood, such as the Metropolitan Community Church (<http://mccchurch.org/>) or Unitarian-Universalists (<http://www.uua.org/>).

You do 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 explore to find and connect with what brings you comfort, regardless of whether it brought comfort to or was meaningful for others in your family or ancestry. You don't necessarily need to join a church, synagogue, or other religious home to

talk with a pastor, priest, rabbi or other religious leader and/or to join a prayer group or faith-based discussion group. If you are unsure how they might react to a trans survivor, 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 online and in person.

TRANSFAITH

<http://www.transfaithonline.org/>

TransFaith is a national non-profit that is led by transgender people and focuses 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.

THE SPIRIT OF TRANSGENDER

http://www.trans-spirits.org/spirit_of_transgender.html

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.

CAULDRON FARM

<http://www.cauldronfarm.com/>

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.

RAVEN KALDERA

<http://www.ravenkaldera.org/>

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 *Hermaphroditities*, *Urban Primitive*, *MythAstrology*, *Pagan Polyamory*, *The Northern Shamanic Herbal*, and *Talking to the Spirits: Personal Gnosis in Pagan Religion*.

EASTON MOUNTAIN

<http://eastonmountain.org/>

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.

Peer-based support.

- **Peer-to-peer support groups offer connection and the opportunity to listen to and learn from other peoples' experiences, knowledge, and insights.**
- **Peer-based support may take the shape of one-on-one dialogue with another survivor, or may take the form of a group (formal or informal).**
- **Peer-based support can be conducted in person, by phone, through Skype or FaceTime, or through listservs, social media or online forums.**

It can be tremendously healing to share your 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 to you, how it made you feel, or how your life has been affected with someone

who understands or can listen with compassion can help relieve some of the toxicity.

Peer-based assistance can be formal or informal, set up by someone else or arranged by you. Although most trans support groups are not designed to be

therapeutic in nature, you may benefit from attending as a way of gaining general support and connecting with others who are also survivors. (Since at least 50% of trans people have experienced sexual assault, you will have a 1-in-2 chance that you may meet another survivor.) Even if you meet people who are not survivors, you may discover you connect on a friend-to-friend level and want to pursue deeper conversations outside of the support group structure.

(If you do attend a trans support group, consider pointing the facilitator(s) to FORGE's companion guide, "Local Organizing Kit")

You may also want to look online for people to connect to, who share similar backgrounds and experiences. 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 you find someone you feel particularly

drawn to in one of these online settings, do not forget that you may talk with them privately by phone, Skype, FaceTime, chat areas...the options expand daily.

You may also want to consider creating your 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.

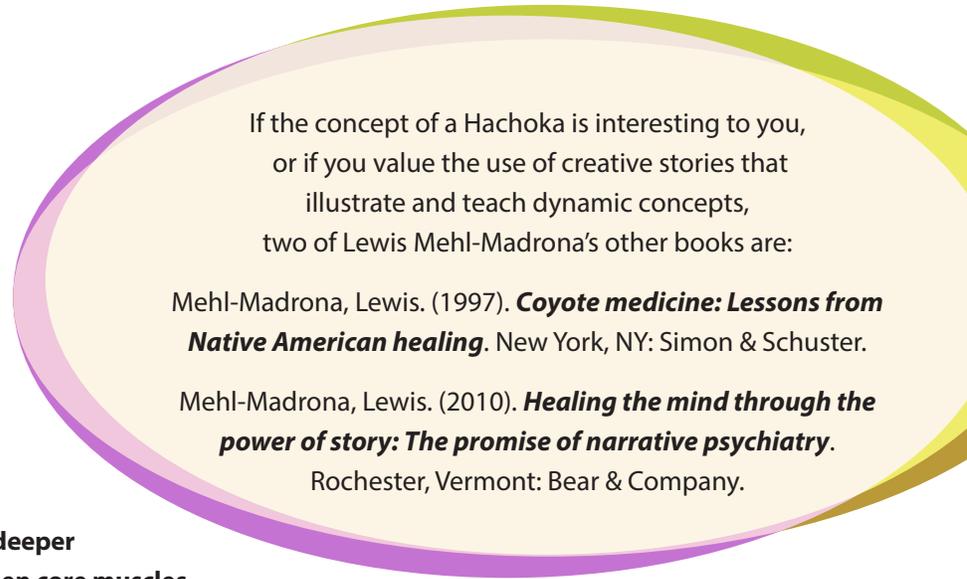
FORGE also offers a focused online healing group, Writing to Heal: Soothing the Soul (through words, images, and experiential activities). These dynamic, experiential and reflective writing-based courses encourage and allow participants to transform feelings about past abuse, assault or violence into empowered hope. Participants use writing, art, and movement exercises to address topics that impact many survivors and loved ones. These courses include one group call per week; a different topic with one or more "assignments" each week; daily reflective

quotes, posts, snippets, music, inspiration; a private online forum to share writing and art with facilitators and classmates; and a welcome package with supplies and course materials. You can find out more or sign up for the next course at <http://forge-forward.org/anti-violence/for-survivors/writing-to-heal/>.

Movement-based activities.

- **Yoga or Pilates can bring about a deeper sense of peace, as well as strengthen core muscles, allowing you to physically stand up taller and feel more confident.**
- **Running, biking, swimming or other aerobic activities can increase endorphins and bring about overall better health.**
- **Martial arts or self-defense classes can offer both the benefits of any other type of movement and also heighten your sense of safety.**
- **Gardening or walking in nature can connect you to the earth and literally be “grounding.”**
- **Any form of exercise may help you sleep better, release neurotransmitters in your brain that stimulate more positive emotions, and help you physically feel better. Some forms of movement, too, help survivors feel safer and stronger.**

Just about anything you can do to move your body can help your 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-



If the concept of a Hachoka is interesting to you, or if you value the use of creative stories that illustrate and teach dynamic concepts, two of Lewis Mehl-Madrona's other books are:

Mehl-Madrona, Lewis. (1997). *Coyote medicine: Lessons from Native American healing*. New York, NY: Simon & Schuster.

Mehl-Madrona, Lewis. (2010). *Healing the mind through the power of story: The promise of narrative psychiatry*. Rochester, Vermont: Bear & Company.

term, resulting from increased circulation and possibly improving your sleep. So anytime you can make yourself get up and take a walk or move, 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 our bodies; or might include 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.” 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 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.

Assessing what's right for you



Photo: Mia Nakano

IN THIS SECTION:

- Immediate care vs. longer term
- When to consider therapy
- Benefits of therapy
- Focus of therapy (for some)
- Determining what's most important

Seeking therapy soon after an assault vs. months or years later

If your assault happened recently (within the last year), your therapy needs may be different than if you were assaulted many years ago. Many survivors seek therapy at multiple points in their lives—working on different issues that surface as they heal over time.

IMMEDIATE CARE

If you were recently assaulted and are seeking therapy, one of the primary things you might be seeking is a place where you can feel safe enough to bring your whole self, a place where someone will listen and understand. (Survivors at all points in their healing—from soon after an assault to years later—will usually want these same things too.) It may be especially important for recently assaulted survivors to have a place that feels safe enough to allow the fresh emotions to surface and flow without any need to edit or try to suppress them. Recent survivors may feel very raw and vulnerable and therapy may provide a “holding cell” for your emotions.

Sometimes therapy close after an assault revolves around addressing practical issues of accessing medical care, filing for victim compensation, emotional support around any legal charges, increasing physical and emotional safety, and returning to a level of relatively normal day-to-day activity.

LONG-TERM/NON-ACUTE CARE

When accessing therapy a year or more after the abuse/assault, you will likely have very different issues and concerns. Since you likely won't be in immediate crisis, looking for a therapist years after the assault will allow you some time to research your options and find a therapist that best meets your needs. Therapy that occurs in this time range, might be focused on very specific issues (e.g. triggers in specific situations, a desire to confront an abuser, a goal of learning mindfulness techniques), or may be more broad (e.g. difficulties with substance use, relationship strain, or difficulty sleeping).

How do you know when it might be a good idea to seek therapy?

At times, we may think we are moving through life just fine and don't need the support of a therapist or other mental health provider. Sometimes, it is obvious to both ourselves and to those around us that it might be a good idea to find a therapist or other provider.

Only you can know if or when it is time to scout out a therapist. Listening to close friends and loved ones can be helpful—since they can often see things in us that we aren't able to see ourselves. Ultimately, though, only you can determine if and when it is time.

The following are some things to think about that may help you decide if therapy might be a good option to pursue:

- Do you find it difficult to concentrate—even on things you typically enjoy?
- Does life feel like an uphill battle, with everything feeling like an effort?
- Are you feeling depressed more time than you are not feeling depressed? (Do you notice you are feeling depressed more than 1–2 days a week?)
- Do you have problems getting to sleep or staying asleep?
- Is your sleep filled with nightmares, or other unwanted thoughts or memories?
- Are you frequently worried about things—large or small?
- Do you feel restless or agitated much of the time?
- Do you find yourself picking fights with people, even those you love and care about?
- Are you frequently feeling angry? Are you often expressing your anger to those around you?
- Do you have intrusive thoughts (about past abuse/assault or anything else)? Do these intrusive thoughts make it difficult to get through your day?
- Are you frequently “jumpy” or feeling like you are always “on guard?” Do these types of feelings shape what you do or where you go?
- Do you want to find more peace in your life, but feel unable to because of memories of the past?
- Do you want to be in an intimate relationship but continue to find it difficult to be open or comfortable pursuing a loving relationship?
- Has your existing relationship with your partner, family, or friends been negatively influenced by the after effects of your abuse/assault? Do you want to have a more satisfying or different relationship with these people?
- Are you experiencing physical or emotional pain during sexual interactions? Would you like to have more pleasurable sex?
- Have you noticed that your diet has changed? Are you gaining or losing weight—not intentionally?
- Do you feel uncomfortable about your body—about how it looks, or how you feel in your own skin?
- Are you experiencing physical symptoms that might be related to your emotions, such as shortness of breath, chronic headaches, genital pain, tightness in your chest, stomach upset, or other symptoms?

If you answered yes to any of these questions, you may want to consider exploring therapy as an option to look at the answers to these or other questions.

Some people don't want to talk about what happened to them.

Know that some forms of therapy are less focused on talking specifically about the past events and focus instead on strategies to improve daily function, mindfulness, or other specific goals you may have.

What are the benefits of therapy?

Having a skilled person to talk with about being sexually abused/assaulted can be useful in reducing shame and counteracting messages about needing to keep the abuse a secret. It will also likely provide you with skills and insights that would be difficult to gain without some form of therapeutic support.

For some people, the “simple” opportunity to talk about what happened can be transformative. Because sexual abuse/assault are so stigmatized in our culture, having someone who is willing and able to listen, may have value that is difficult to measure.

Most survivors have both short and long-lasting effects after being assaulted. The effects may include things like having intrusive memories about the abuse, being easily startled, being numb or dissociating. Skilled therapists have the tools to help survivors reduce unwanted symptoms that resulted from the trauma.

In addition to benefitting directly from the skill and knowledge of a therapist, a “hidden” benefit is the empowerment and control that you may feel when entering into a therapeutic relationship. You may recognize—perhaps for the first time in your life—that you are in control about what is shared, how much is disclosed, when to bring up specific subjects, and how information is shared. You can also determine when to start or stop working with a therapist, once again reinforcing that you are in control about what happens in your life.

What some people may work on in therapy

Sometimes people have specific ideas of what kinds of topics are appropriate to discuss in therapy. Of course, there is no one answer as to what topics a survivor or loved one may want to work on in therapy. Not all therapists or mental health providers are comfortable or skilled in working with every topic a survivor may want or need to address, but you have a right to find a therapist who will work with you on any topic that you feel the need to talk about.

The following is a SHORT list of some of the issues survivors might address in therapy:

- Intrusive memories about the abuse/assault
- Sleep disturbances because of nightmares, or unknown reasons for waking up
- Anxiety (generalized or specific)
- Emotional responses to specific triggers (things that commonly and repeatedly get you upset or thinking about the abuse/assault)
- Strong emotional reactions to things you may not otherwise have a strong reaction to [See *"the 90/10 reaction"* on the following page.]
- Skills that may not have developed in childhood, if abuse happened early in life
- Anger management techniques
- Relationship communication skills
- Sexuality—negotiating, setting boundaries, getting what you want
- Looking at ways that trauma has impacted many areas of your life and how to reduce the negative effects
- Examining faith or spirituality
- Discussing forgiveness (or what it means to not forgive)
- Exploring how to maintain healthy boundaries
- Conflict resolution skills
- Reducing startle responses and hyper-vigilance
- Talking about trust
- Coping with pervasive fear
- "Just" talking about what happened, especially if it has been a secret or not talked about for a long time (if ever)
- Working together in therapy with a partner
- How the abuse has influenced self-concept around gender
- How gender may have played a role in how the abuse was processed/thought about
- Mending past relationships that may have been inadvertently affected by trauma
- Learning about brain chemistry and trauma to better understand what happens and to better work with your brain, not against it
- Learning specific skills (such as mindfulness, re-scripting, systematic desensitization)
- Creating meaning from what happened
- Learning emotional regulation skills
- Addressing substance use/abuse issues
- Lessening feelings of shame about what happened
- Improving self-esteem, self-worth, and self-confidence
- Shifting to a more positive body image

As you can see, this list of possibilities is long. Sometimes people have very specific issues they want to focus on in therapy, while others may have a general feel for what might be uncomfortable in their life, but not know exactly what they would like to focus on.

*“Traumatic memories are intrusive in two senses: they reflect an unwanted intrusion of memory into consciousness, and they reflect an intrusion of the past into the present. Quite often, the reexperiencing of trauma is triggered by a present event that serves as a reminder of a past traumatic event. In itself, the reminder may be a mildly stressful event—hearing a backfire, being slighted, or watching a parent angrily scolding a child. Reexperiencing trauma in the context of such a relatively innocuous event, the trauma survivor is likely to be chastised for “overreacting.” Patients in our educational groups find it helpful to keep the concept of **the 90/10 reaction** in mind: 90% of the emotion coming from the past and 10% from the present. In the throes of intense emotions—or in their aftermath—you can consider whether you’re in the grip of a 90/10 reaction.”*

— Jon G. Allen, *“Coping with Trauma: Hope Through Understanding”* 2008.

What's most important— trans-knowledgeable, or trauma-informed? (sometimes these are the choices we need to make)

Fortunately, more providers who have had strong trauma backgrounds are learning more about trans issues, and therapists who have specialized in trans issues are expanding their knowledge about trauma.

Even though more providers are increasing their knowledge, all too frequently, providers will excel in only one area. [In some cases, providers will not know very much about EITHER trans issues or trauma!]

For many trans survivors, it can be a very difficult to decide which is most important—a provider who understands trans issues, or one who knows how to effectively work with a sexual assault survivor.

LIMITED OPTIONS: IN SOME CASES, YOU MAY NOT HAVE A CHOICE

In some cases, you may not have the choice of what type of therapist you'd like to see. Even though there are usually ways to find win-win solutions to finding a therapist who is a good match for you, there are some situations that may leave you with limited options and few ideal choices. For example:

- Some geographic areas have few (or no) therapists who have experience in working with transgender clients.
- Some communities may not have therapists who work specifically with sexual assault survivors.
- Rural communities may have very few (or no) therapists at all.
- Insurance companies may only allow you to see specific therapists on their approved list. These therapists may or may not have experience in working with either trans or trauma issues.
- If you don't have insurance and are paying out of pocket, you may make choices based on what and who you can afford vs. on the ideal knowledge base of the provider.
- When accessing therapists through free or low cost clinics, you may not be able to choose the therapist you want to see (even if they have therapists on staff that are trans or trauma-informed). [note: If someone on staff is knowledgeable, you may want to try to press to see that provider, even if their policy is to not assign clients to a specific therapist.]

WEIGHING YOUR OPTIONS

If you do have some choices about what therapist to see, you might need to weigh your options about if you'd rather see a provider who is more knowledgeable in trans issues, or one that has more experience with sexual assault. There are no simple formulas to help you decide, but the following are some questions you may want to consider in making your choice:

- Are you just beginning to explore your gender identity?
- Do you want or need a therapist to write a letter for you to access hormones and/or surgery?
- If you transitioned, was it a long time ago?
- Do you feel like your gender identity or gender expression played a role in the sexual violence you experienced? (This could be your perception of what happened, or something overt like names you were called during the abuse or if the assault was connected to a hate crime.)
- Are you experiencing physical symptoms in parts of your body that are highly gendered (either to you or to others)—for example, vaginal pain, difficulties experiencing orgasm?
- Do you have specific goals to learn types of emotional regulation or other skills directly lacking because of the trauma you experienced?
- Is your gender identity or expression fluid, genderqueer, androgynous, bigendered or something other than binary?
- Are you interested in finding a therapist who specializes in a specific technique, for example, EMDR (see page 39)?

The answers to some of these questions may guide your therapist search towards a provider who knows more about trans issues or more about trauma issues.

MORE THAN ONE?

Although usually not an ideal situation, a substantial number of trans survivors have more than one therapist or address issues one at a time, with different providers.

Working with trans-focused therapists

- PROS:** Some trans and gender non-conforming individuals value the validation they receive from working with a trans-knowledgeable therapist. They may not need to educate, but can enter into deeper discussions about trans-specific concerns, or discuss other non-trans-focused issues without needing to explain to their provider about any trans-based components.
- CONS:** Some trans people fear that if they talk about their sexual abuse history with a mental health provider, the therapist will deny them access to a letter for hormones or surgery (if the therapist and physician are using some form of Standards of Care vs. an informed consent model).³ Unfortunately, denial of access to some trans-related care has been a reality for a substantial number of survivors who have discussed their abuse or have discussed their previous or current coping mechanisms for dealing with the abuse (e.g. using alcohol, or engaging in cutting).

Working with trauma-focused therapists

- PROS:** Just like it is helpful for some to have a trans-informed therapist, some people prefer to work with a therapist who regularly and effectively works with sexual violence survivors. If your gender identity or history is not central to the issues you are bringing to therapy and/or if you do not need or want to disclose your gender identity, selecting a trauma-focused therapist might be the strong option for you.
- CONS:** Some trans survivors who have worked with trauma-focused therapists have spent hours of their time and hundreds of dollars trying to educate their therapist on trans issues before they could get to a point where they can discuss sexual assault and its implications in their lives. Some trans survivors have also discovered that some trauma-focused therapists may attribute causality to being trans or being assaulted—linking gender identity/expression and the violence that occurred. Sometimes there is a relationship between the

³ See World Professional Association for Transgender Health, Inc., at www.wpath.org/publications_standards.cfm.

two and the trans/gender non-conforming survivor believes the causation or correlation, too. If not, though, this projection on the part of a therapist can be painful or damaging to healing and sense of identity.

Working with two therapists simultaneously _____

PROS: The benefits of working with two therapists who each specialize in specific areas can be extremely helpful for some trans survivors. Survivors can draw on each provider's expertise and focus deeply on their trans issues with one, and trauma issues with another. For those wanting to access letters for hormones or surgery (if medically transitioning and required by those providers), having a therapist specifically for trans issues may allow for a less fettered process, as well as less fear of being denied access to trans-related medical care.

CONS: One underlying goal for many people entering therapy is to become more whole and integrated. Having two separate therapists may not help support this goal and may result in clients feeling even more dysphoric about multiple parts of their life, as well as less hopeful about being able to live a life where secrets and division aren't necessary. It can also be confusing to have two therapists, needing to remember what information was shared with which one, and having to mentally keep track of a lot of details vs. just being able to be fully present and in the moment. The biggest practical negative of having two therapists is generally cost. Most insurance companies (if you have insurance), will not cover two therapists and most individuals who are paying out of pocket cannot afford one therapist, let alone two.

There are no right or wrong answers. You may need to make a choice based on finances, on availability, or on the specific things that are most important to you or most significant for you.

If these issues feel particularly relevant to you, you may want to explore the **Unique Issues for Trans Survivors and Loved Ones** section on pages 70–99 (on the unique issues for trans survivors and loved ones).

(Basics) Learning the Ins and Outs about therapy/therapists



PHOTO: Mia Nakano

IN THIS SECTION:

- Types of therapy
- Types of therapists
- 4 key things therapists should offer survivors
- Common objectives in therapy

Types of therapy

One size doesn't fit all.

- **One therapist may not have both trauma knowledge and be able to guide you through a gender transition.**
- **One therapist who is highly recommended by one person doesn't mean that the therapist will be a good match for you.**
- **One type of therapy that worked for you in the past, may not be helpful for what you are experiencing now.**
- **Some forms of therapy are better for some types of trauma vs. other types of trauma.**
- **Some therapies are better suited for different types of personalities.**

There are hundreds of types of therapy, with new theories and discoveries being made every day.

1-ON-1 THERAPIES

Most people think of therapy as 1-on-1, where a therapist and client are in a room together and talk about issues. This is true for a large number of therapeutic approaches. However, there can be many different ways that a therapist and client can work together toward the client's goals. Most therapists are trained in more than one modality and may blend different techniques from multiple disciplines. This section will highlight just a few approaches (*listed in alphabetical order*).

Acceptance and Commitment Therapy focuses on acceptance and mindfulness techniques, paired with commitment and behavior-change strategies to increase psychological flexibility.

Behavioral Therapy focuses on changing current behavior with little emphasis on past events.

Cognitive Therapy focuses on changing the client's way of thinking (which may result in changing behavior and feelings).

Cognitive Behavioral Therapy focuses on a person's thoughts and beliefs and how they influence a person's mood and actions with a goal of shifting thinking and behavior to be more adaptive and healthy.

Dialectical Behavior Therapy combines cognitive-behavioral techniques for emotional regulation, as well as includes reality-testing, distress tolerance, acceptance and mindfulness techniques.

EMDR (Eye Movement Desensitization and Reprocessing) combines exposure therapy with a series of guided eye movements that help process traumatic memories.

Family Systems Therapy aims to change unhelpful patterns within families.

Psychodynamic is heavily focused on the origins of the problem and how the past affects life today.

Somatic Experiencing is centered on relieving and resolving symptoms of PTSD by focusing on a client's body sensations.

PARTNERS' THERAPY

Therapy may also take the form of working with your intimate partner or a family member. A therapist may be drawing from many of the same techniques as outlined in the 1-on-1 therapies section. For some people, working in therapy with their partner can be especially rewarding for each individual, as well as for their relationship together.

GROUP THERAPY

Group therapy can be very healing for some survivors, since groups can focus on survivor issues or a specific skill or topic. Hearing other peoples' experiences, as well as sharing your own with several people in a supportive environment, can offer a unique type of healing.

MEDICATION

Medication isn't a type of psychotherapy, but many people find medication prescribed by a psychiatrist or family practice physician can be a useful addition to other forms of talk, body, or art therapy.

ART, PLAY, BODY, BREATH, OR ENERGY WORK

Many forms of therapy do not look like what many of us might expect. The use of art (either in a group, or one-on-one) and play are two ways of expressing our stories and feelings. They are physical and allow for different parts of our brain to process our experiences. Similarly, bodywork, breathwork, and energywork are all forms of therapy that focus on allowing our bodies and spirits to share and release information and bring us to a place of greater comfort or healing.

Types of therapists

BY DEGREE

(e.g. social workers, psychologists, psychiatrists, marriage and family therapists, pastoral counseling)

There are many different types of therapists, with different educational backgrounds. Most commonly, mental health providers will have one or more of the following degree initials after their name:

Social Workers _____

- LCSW** *Licensed Clinical Social Worker*
- CSW** *Clinical Social Worker*
- BSW** *Bachelor's of Social Work*
- MSW** *Master's of Social Work*
- ACSW** *Academy of Certified Social Workers*
- DCSW** *Diplomate of Clinical Social Work*

Marriage and Family Therapists and Professional Counselors _____

- MA** *Master of Arts*
- MS** *Master of Science*
- M.Ed.** *Master of Education*

Psychologists _____

- Psy.D.** *Doctor of Psychology*
- Ph.D.** *Psychologist (with a Ph.D.)*

Alcohol abuse specialists _____

- CAC I, II, or III**
Certified Addiction Counselors

Pastoral counselors are clergy who have the following credentials _____

- M.Div.** *Master of Divinity*
- Th.D.** *Doctor of Theology*

Psychiatric nurses and nurse practitioners _____

- R.N.** *Registered Nurse*
- R.N.P.** *Registered Nurse Practitioner*
- M.S.N.** *Masters of Science in Nursing*

Psychiatrists _____

- M.D.** *Doctor of Medicine*

In general, a provider's degree will likely matter much less than their personality, approach to working with clients, and theoretical approach. Other factors that may weigh into your decision-making will be if they are affordable (through your insurance or self-pay) and if they are geographically accessible (e.g. if they are a short car drive away or if they are on a bus line).

BY STYLE OF TREATMENT

Therapists may also vary in their philosophical or theoretical approach to mental health. The majority of therapists are eclectic and adapt/use techniques from many different styles and philosophies. For some survivors, these kinds of therapists may be especially useful, since you might not know exactly what you are looking for, or are hoping to have exposure to a wide range of techniques a therapist may have. However, sometimes specific techniques

or backgrounds are desired, since some styles of treatment are particularly useful in working with individuals who have experienced trauma (or who may have age-specific concerns, or substance use challenges, or co-occurring medical or mental health conditions).

As noted in the “types of treatment” section above, there are many different approaches to choose from.

In addition to the more traditional forms of therapy—and even in addition to what might be considered “alternative” therapies (e.g. art therapy)—some people also access faith-based professionals (who might be licensed or not), life coaches (who may hold a degree in a psychology-type field, or may have attended a coaching school, but are usually unlicensed), or other practitioners who may provide good quality care, but are not part of a typically recognized or licensed profession.

BY PERSONALITY AND APPROACH *(e.g. laid back, client vs. patient, client driven vs. clinician driven)*

Another factor in deciding on which therapist to pick is less about degrees or specific technique or approach, but is much more about personality. This might be the most important variable in making your decision.

Some therapists are laid back and view therapy as a gentle process where

therapists and clients work together to find a rhythm and flow that works well for the client. Other therapists are more direct. These therapists may outline a treatment plan or ask more pointed questions, or “take the reins” more than a therapist who is more laid back.

Other dynamics that may be important to you is if the therapist considers the people they see as “clients” or as “patients.” Although these are just two words and some may not have any preference when either word is used, it can signal to some prospective clients that a therapist might see a person as an equal who is seeking their specific skills and services (client) or they might see a person as someone who needs help and where there might be more of a power imbalance (patient).

In some therapeutic relationships, the client determines the course of therapy—setting the agenda, bringing up topics that are important to them, determining the pace. In other relationships, the therapist/provider may have specific goals or be more directive in asking questions, assigning homework, or encouraging specific types of behavioral change.

Noted trauma theorist Dr. Bessel van der Kolk, suggests, “Pay more attention to the therapist’s intellectual and emotional equipment than theoretical system. Pay attention to whether the therapist really wants to hear the troubles you have to tell.

Things to consider when looking for a therapist:

Consumers of mental health services have contributed to the following list of things to look for in a therapist:

- *Find a therapist you feel comfortable with. Therapy is not an easy process and your therapist is not there to be your friend.*
- *Find a therapist who respects your individuality, opinions, and self.*
- *Find a therapist who will not get upset if you disagree with what he or she has said, but instead encourages you to express yourself when you do not agree.*
- *Find a therapist who never minimizes your experiences and always respects your feelings.*
- *Find a therapist who will not try to force you to talk about things that you might not be ready for.*
- *Find a therapist who does not spend time talking about his or her own problems. Those sessions are for you, not your therapist.*
- *Find a therapist who wants neither a friendship nor a sexual relationship with you outside of your counseling sessions.*
- *Find a therapist who is more than willing to discuss problems that might arise between the two of you within the therapist/client relationship.*
- *Find a therapist who will help teach you new and healthier ways to cope.*
- *Find a therapist who will never make you feel like a failure or cause you to believe they are disappointed in you if you have a slip or a relapse.*

—From the Sidran Institute website (<http://www.sidran.org>)

Ask yourself, ‘Do I feel validated? Is the therapist really listening to my story?’”

There are no “right or wrong” preferences for therapists. There are just differences.

4 key things therapists can (should) offer survivors

In the document *Risking Connection: A Training Curriculum for Working with Survivors of Abuse*,⁴ the authors discuss how clients and therapists can collaboratively work together. They note that the therapist’s role is to support the client’s process of healing and that both the therapist and client need to be working together in order for there to be a successful outcome.

They believe that the four most important things a therapist has to offer a survivor are the following:



Common objectives of therapy for trauma

Every survivor is going to come to therapy with unique needs and goals. However, there are usually some common, overarching objectives that nearly all trauma survivors have when entering therapy:

- **Maintaining safety**
- **Managing symptoms**
- **Working through the traumatic experience(s)**

You may have additional objectives, or one of these objectives may be far more important than the others.

⁴ *Risking Connection*®: *A Training Curriculum for Working with Survivors of Abuse*, by K.W. Saakvitne, L.A. Pearlman, S.J. Gamble, and Beth Tabor Lev (Sidran Institute Press, 2000), p. 13.

How to find a therapist



photo: Mia Nakano

If you have decided that finding a therapist is something that feels right to you, there are, fortunately, a large number of therapists and mental health providers to choose from. Not every therapist has the same knowledge, training, or experience in skillfully working with the issues that you might bring into a therapeutic relationship.

Frequently, therapists who are experts in addressing trauma, violence or victimization may not also be experts in respectfully serving trans clients. Similarly, those therapists who may specialize or have extensive experience working with trans or LGBQ clients may know little about effectively serving survivors of violence.

For many, finding a therapist who celebrates (not just tolerates) transgender/gender non-conforming complexity and diversity is equally as important as finding a skilled trauma therapist. It's important, not only because we all want to be treated respectfully and not feel like we are being looked down on, but because we deserve to work with providers who are educated and do not consider our trans identity/status as a mental illness or morally wrong. It is also often important that a provider can understand the nuance of how trans minority status may impact our overall life experience, including how we are processing our traumatic events.

Referrals from trans or LGBT groups or organizations

TRANS SUPPORT GROUPS.

Every state has at least one transgender support group. *[For a list of support groups near you, please contact FORGE at 414-559-2123 or AskFORGE@forge-forward.org. A list of support groups is available on the FORGE website.]* The majority of groups are facilitated or organized by volunteers and leaders from within the trans/SOFFA community.

Some groups have a formal list of mental health providers, which are available online or in a paper format that group members can access. Communities know which therapists are more trans-friendly and trans-knowledgeable than others, and want to pass along to others the names of those providers who work well with trans clients. The support groups who don't have a written list often have an informal list—the group's leader or members may have ready references in their head, which they can share with you.

Trans support group referral lists may only screen or know about providers who are trans-friendly and may not know many details about other qualifications of the therapists on the list. These lists, though, are often excellent places to begin your therapist search.

IN THIS SECTION:

- Referrals from trans groups
- LGBT AVPs
- LGBT or trauma professional organizations
- Sexual assault or victim service agencies
- FORGE referral list
- Friends/word of mouth

LGBT COMMUNITY CENTERS

Many LGBT Community Centers maintain resource databases of mental health providers who are LGBT-informed. Although LGBT Community Centers may not screen their lists of providers to determine who has experience in working with trans clients (or with survivors), there is a higher likelihood of finding a therapist who is trans-positive when accessing a provider from their list. Nearly every state has at least one LGBT Community Center. For a listing of where to find the Center nearest you, go to <http://www.lgbtcenters.org/Centers/find-a-center.aspx>

LGBT PRESS

Larger urban areas have LGBTQ newspapers or magazines (print or web). LGBTQ-friendly providers often buy ads and promote their services in these publications. Although their qualifications aren't vetted by anyone, their presence in an LGBTQ publication is often a very positive sign that they will be more likely ready and able to work with trans survivors than others who don't engage in overt outreach strategies. [Although not the most complete or accurate list, http://en.wikipedia.org/wiki/List_of_LGBT_publications details many LGBT publications.]

12-STEP GROUPS

Your area may also have 12-step groups (such as Alcoholics Anonymous), geared towards LGBT people. They may maintain a list of therapists who are LGBT-sensitive. You can find a directory of local numbers at <http://anonpress.org/phone/>.

LGBT Anti-Violence Programs (AVPs)

A growing number of communities have non-profit agencies that specifically focus on LGBTQI victims of crime. Each AVP should be able to help trans survivors of sexual assault, including helping survivors connect to resources like mental health providers. In addition to providing referrals, many AVPs provide post-assault advocacy and direct services, such as support groups. Members of the National Coalition of Anti-Violence Programs are listed at www.ncavp.org.

LGBT or trauma professional organizations

WPATH

<http://www.wpath.org>

The World Professional Association for Transgender Health is an international member organization for many different types of professionals who serve transgender clients. Although they do not have a direct referral system on their website, you may see other provider lists where an individual may note they are

a member of WPATH. For some trans survivors, a provider who is a member of WPATH is a positive sign that the provider is trans-knowledgeable. For others, they may perceive this provider to strictly adhere to the WPATH Standards of Care, which are usually far more restrictive than those who have adopted an informed consent model.

GLMA

<http://glma.org/>

Gay and Lesbian Medical Association has a referral section on their website. (Look for “Find a provider.”) Although this site will not list therapists, if you are seeking a psychiatrist (a medical doctor who can prescribe medicine), this list may be helpful. It can also be useful if you are looking for a primary care provider for your physical health. Often, connecting with one provider—like a primary care doctor—can help you get connected to other providers and services (like a therapist).

AASECT

<http://www.aasect.org/referral-directory>

American Association of Sexuality Educators, Counselors, and Therapists is a professional membership-based organization for providers who focus on sexuality issues. The majority of these providers are therapists. Again, although not everyone listed in their directory will be trans-knowledgeable or trauma-

informed, there is growing knowledge within AAASECT members about both of these areas. They have a referral directory online.

NAMI

<http://www.nami.org>

The National Alliance on Mental Illness is the largest grassroots mental health organization “dedicated to building better lives for the millions of Americans affected by mental illness.” Don’t be negatively swayed by “mental illness” language! NAMI has support groups in every state in the country, usually with support structures for family members, friends, and allies, in addition to people living with mental health conditions. NAMI is not LGBT-focused, but is an excellent resource, driven by consumers, who want to support each other and help people get connected to the mental health services they are seeking.

SIDRAN INSTITUTE: Traumatic Stress Education & Advocacy

The Sidran Institute offers a vast amount of information on their website that is both highly technical and easily user accessible. They recognize that people who experience or witness traumatic events can suffer from developmental, emotional, psychological, and spiritual injuries. They also understand the complexity of co-occurring issues, such as PTSD and addictions, self-injury, and suicidality.

Their “Help Desk” will connect you to a trauma therapist nearest you.

<http://www.sidran.org/help-desk/get-help>

Additionally, they have trauma treatment centers, which you can access by going to:

<http://www.sidran.org/wp-content/uploads/2013/06/Sidran-Institutelist-of-Trauma-Treatment-Programs1.pdf>

Sexual assault or other victim service agencies

Nearly every community has agencies and professionals who can help sexual assault survivors. Unfortunately, there is little consistency in what is available, and services are not always easy to find. If you want to pursue one of these options, you are going to have to find out if such an agency exists in your area and, if so, what name it goes by and how to contact it. Use this listing to help you narrow down where the best place is for you to start. Some will have a list of therapists, others may not. Referrals may or may not be trans-knowledgeable.

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) that 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>. [NOTE: *Since this automated hotline connects you to the nearest rape crisis center, your end connection may not be trans-informed.*]

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 on-the-spot counseling
- Accompaniment (going with a survivor to the police or hospital)
- Support groups and/or individual counseling
- Advocacy for individual survivors and/or wholesale systems change.

As noted above, you can be connected to your area nearest hotline or treatment center by calling **1-800-656-HOPE (4673)**.

If you prefer to access a rape crisis hotline or center outside of your area, you may want to look at other resource connections in this section.

STATE SEXUAL ASSAULT COALITIONS.

Every state has a sexual assault 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). They usually do not provide direct services, but they should be able to direct you to local programs that do. You can locate your state’s coalition at <http://www.ovw.usdoj.gov/statedomestic.htm>.

VICTIM ASSISTANCE PROGRAMS.

Lots of kinds of programs would 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 want (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:** *This directory is not necessarily up-to-date.*]

SEXUAL ASSAULT SUPPORT GROUPS.

Support groups for sexual assault survivors might be sponsored by any number of agencies, including therapists and survivors themselves. 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. Support groups may also be listed in local community papers or magazines, on coffee shop bulletin boards, or advertised in other ways in your area. Nearly all sexual assault support group facilitators will either be therapists themselves and/or will have a list of therapists in the area who work with sexual assault survivors.

[NOTE: Some sexual assault support groups are open only to non-trans women. If the group is sponsored by an agency that receives funds from the Violence Against Women Act, they are now required to: 1) Accept trans women into women's groups and trans men into men's groups (without requiring surgery or burdensome proof of gender); and 2) Provide "comparable services" for anyone who cannot be served by the sex-segregated group(s) they offer. To find out more and/or to file a complaint of discrimination, see <http://www.ojp.gov/about/ocr/pdfs/vawafaqs.pdf>]

FORGE referral lists

FORGE maintains several different types of referral lists. As noted above, FORGE has an up-to-date list of transgender support groups across the country. These support groups are likely going to have the most current and useful lists of therapists in your area.

FORGE can also connect you to the nearest LGBT Anti-Violence Program, who can help you locate a therapist near you.

FORGE also maintains a large list of therapists in all parts of the country. We continue to gain more information about providers so we know who has expertise

in working with sexual assault survivors, as well as working with trans clients and loved ones.

Request referrals by emailing AskFORGE@FORGE-Forward.org or calling **414-559-2123**.

Friends/word of mouth

One of the best ways to find a therapist who you will "click" with is to talk with your friends, family members, faith leaders, or people in your life who you are close to. They know you, your personality, how you think, and what is important to you. They may have been in therapy themselves and have a suggestion based on that direct personal experience. They may also have other suggestions of who a colleague of theirs has worked with, or know of someone else in their friendship network who has worked with a therapist.

It can feel vulnerable to talk with others about therapy, but if you feel comfortable initiating a discussion, it may result in connecting you with a very good match.

Before you begin

(How to rule out medical conditions)



PHOTO: Mia Nakano

IN THIS SECTION:

- Medical conditions & medications
- Other chemicals
- Hormones

Before you begin therapy—or in addition to working with a therapist—you may want to consider how existing (or emerging) medical conditions or medications (including hormones) might be impacting your mood and mental health.

Medical conditions or medications may have no impact at all on your mental health, but some individuals may notice a dramatic shift in their emotions after adjusting their medications or hormones with the support of a health care provider.

Usually modifications in these areas will not eliminate the need (or desire) for therapy, but if any changes do need to be made, it may make a substantial enough difference to increase the effectiveness of therapy and may quite simply just make you feel better overall.

Medical conditions & medications

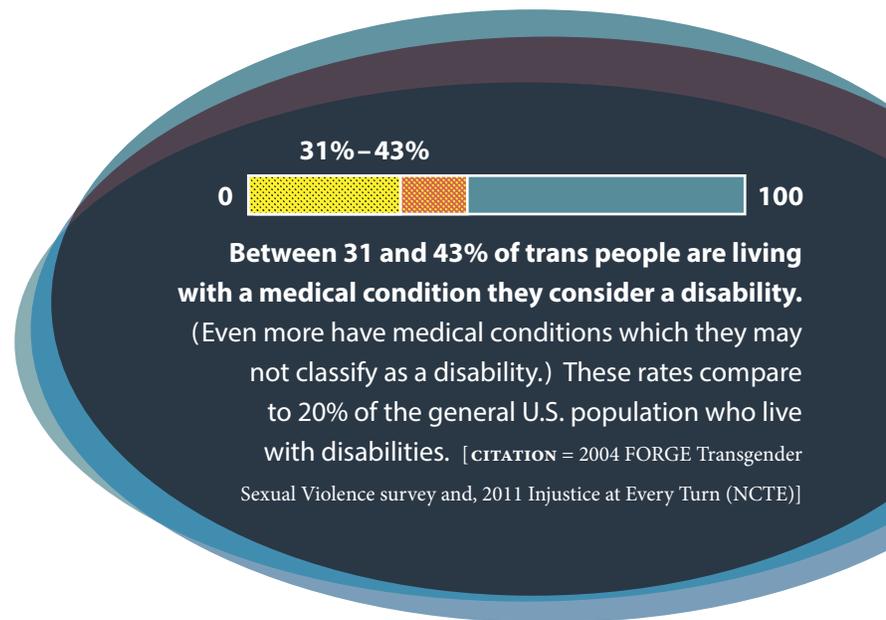
Both trans people and survivors often find it difficult to see a health care provider and have a physical/medical exam. If it has been a few years since you last saw a health care provider, it might be a good idea to make that connection prior to seeking therapy for a couple of reasons.

First, if you have an existing, trusting, relationship with a health care provider, they might be a good person to ask about a referral to a therapist. If you like your physician, they may have a good idea

of therapists that you might like and work well with. They may also have a good sense of which providers may be within your insurance network, or which therapists may have experience working with people who also share your medical history (e.g. if you live with chronic fatigue, your physician may know of therapists who work with many clients who also live with chronic fatigue).

A second reason for checking in with a health care provider is to determine if any medical condition might be masking or contributing to your mental health symptoms. For example, many common medical conditions like high blood pressure, conditions of the thyroid, and diabetes can all have a profound impact on your mental health, as well as your physical health—such as making you tired, increasing irritability, or causing headaches.

Like medical conditions or illnesses, some medications can have side effects that may influence mental health. For example, individuals taking medication for high blood pressure or for seizures may experience feelings of depression or low energy. Although individuals taking these medications will likely need to continue on some form of drug regimen, dialogue between you and your physician may lead to trying an alternative medication that may have fewer unwanted side effects.



If your health care provider suggests treatment (medication or other forms of treatment) for your conditions, consider following their medical advice. The better your overall health is—which can simply mean working to manage your medical conditions in the best way possible—the better you will feel overall.

Post traumatic stress and other mental health issues that emerge after sexual abuse or assault can have both emotional and physical symptoms. Knowing what causes specific symptoms can be helpful in determining the next steps for addressing other symptoms.

A third reason for assessing your physical health is that it may play an evaluative role if you need to see a psychiatrist or pursue anti-depressant, anti-anxiety, or other medications specifically for your mental health.

Having a team of people who are all concerned about and committed to your physical and mental health is a vital part of your wellbeing.

Other chemicals

Nearly everyone ingests some kinds of chemicals, from the additives to our food, a daily cup of coffee, cigarettes, herbal supplements, energy drinks, or non-prescription drugs.

Some people may not notice any difference in their mood if they alter or eliminate these kinds of chemicals, but others may be far more sensitive to their effects.

In some cases, the chemicals can increase mood stability or reduce symptoms of depression, anxiety or depression. But in other cases, some of these chemicals may unwittingly make symptoms worse.

For example, coffee, caffeinated sodas and teas, and energy drinks are all stimulants. While these may be useful in helping a person living with depression get a little extra energy, they may also have a rebound effect and increase depression when the chemicals are not actively circulating through their body. For other people, especially those who live with anxiety, the use of these kinds of stimulants increases their feelings of agitation and sense of being jumpy or on guard.

Other people may use alcohol, marijuana or other non-prescription drugs. For some, the moderate use of these chemicals may bring about a sense of relaxation or calmness, while for others use may either increase their depression (since alcohol, for example, is a depressant) or may mask their feelings all together.

Survivors (and trans people) use the tools available to cope with what they are dealing with. That can mean using tactics that may work in the short term, but may have less successful long term effects.

When possible (and if you feel it is safe to do so), consider being willing to talk with your therapist and/or health care provider about your diet, supplements, caffeine use, and any non-prescription drugs you may use sporadically or regularly.

Small adjustments may make significant improvements in your sense of well-being. (Sometimes, bigger changes may need to happen, but the benefits may be very worth the effort to change.)

Hormones

Hormones have an effect on our bodies and they also influence our brains (how we think and feel). Everyone's body is different and each person will experience different responses to hormones. The dosage, length of time taking hormones, format (e.g. injections, pills, patches, gels), and even, in some cases, the brand can all result in different outcomes and side effects.

Blood levels of any hormone that are too high or too low may result in health problems or side effects.

Regular monitoring of blood levels and other health functions is important when using hormones. Ideally, hormones are prescribed by a health care provider with whom you can have regular contact and who will measure the levels of hormones in your body, as well as work with you to reduce or eliminate any unwanted effects.

The following are just a few examples of how hormones may influence mental health.

For those who use estrogen, progesterone, and/or androgen-blockers:

Metabolic changes may lead to an increased need for sleep, feeling cold more frequently, and loss of muscle mass

- Increased sleep often increases depression.
- Feeling cold may be a reminder of past trauma and/or may cause shivering, which can mimic some trauma symptoms.
- Loss of muscle mass may be aesthetically desirable, but may make you feel more vulnerable and less able to physically defend yourself.

Progesterone is linked to depression

- Progesterone is commonly used in combination with estrogen and androgen-blockers, but is commonly connected with increased feelings of depression (or the development of depressive symptoms in those who had not previously been depressed).

Increased ability to cry

- While often a welcomed effect of estrogen, the ease of crying may be unfamiliar and may remind you of times in your past when you did cry (in childhood, or during or after abuse). For some, crying is culturally connected to sadness, even though there are many reasons people cry.

Greater overall sensitivity

- Many people taking estrogen, progesterone or androgen-blockers report being more emotionally sensitive. This increase can result in noticing things that hadn't been noticed before, or having stronger feelings about things that held no or less emotional weight in the past.

Increased mood swings

- Many using estrogen or progesterone notice their mood may shift from one state to another relatively quickly. This change in the fluidness of mood may be new for some individuals and may feel uncomfortable or unsettling.

Decreased libido

- Estrogen tends to sharply reduce sexual desire and associated physical functionality. Some survivors find these changes to be positive and may actually reduce their post-trauma symptoms. Other survivors may find any change in their sexual desire or function to be a reminder of past abuse or may simply draw attention to this part of their body. Their sexual function may also tap into comments that an abuser made at the time of the assault(s).

As you can see, not everyone will experience the same changes from hormones. The changes that do happen may be positive for some and negative for others.

Working closely with your medical provider, discussing symptoms you are having, and being willing to adjust dosage, format, or timing can be highly useful in stabilizing both your body and your mood.

For those who use testosterone:

Metabolic changes and increased energy

- Many using testosterone experience higher levels of energy and less fatigue, which may also result in reducing feelings of depression.

Difficulty crying

- Many may feel the same types of emotions they did prior to starting on testosterone, but may find it harder to actually cry tears. This physiological response may result in frustration (wanting to cry, but not being able to), or may be a freeing response (if they perceived that they were crying too much or at unwanted times).

Fluctuation in mood

- A large percentage of trans-masculine people use injectable testosterone, frequently on a two week schedule. It is common to experience changes in mood between the first day of the injection and the end of the second week before the next shot. (This fluctuation can generally be resolved by working with your health care provider to shorten the time between injections, or to switch to a daily patch or gel application.)
- A substantial number of people who were already living with bipolar or cyclothymic conditions prior

to beginning on testosterone may experience more manic episodes or have more difficulty maintaining an even mood.

Increased blood pressure and other physical changes

- Testosterone can increase blood pressure, which can result in feelings of agitation, or other outward symptoms that may feel similar to experiencing a post traumatic response.
- Headaches are relatively common with testosterone use, and, again, may have an emotional connection for some survivors to trauma-based symptoms.
- Testosterone may also change the body's fat distribution and vocal cords, increasing the overall rates of sleep apnea, which impacts feeling fully rested. The result of sleep apnea may add to feelings of lethargy and depression.

Increased libido

- Testosterone may increase libido, which may have either positive or negative emotional results for survivors of trauma. For some, increased libido may feel unwanted and an uncontrollable driving force; while for others, it may be a time of embracing sexuality in ways that are on their own terms and not someone else's.

Your First Visit

Making a list and checking it twice



PHOTO: KERRI CECIL

IN THIS SECTION:

- Screening questions
- Payment/insurance
- First visit
- Evaluation checklist
- Continued assessment
- Know your rights

NOTE:

This section (as well as the majority of this guide) is geared towards survivors who are not in immediate post-assault crisis. For those who have just experienced sexual assault, your needs and approaches may be substantially different from those who have the time to think about and consider multiple options.

Questions to ask—screening inquiry

Think about finding a therapist as hiring someone to work for you. The therapist's job is to serve your needs, so make sure you screen prospective therapists to make sure they can do the job you are hiring them to do. Many therapists are willing to set up a free phone interview, where you can spend 15–30 minutes asking them questions and determining if you would like to set up a first appointment with them. Some therapists offer a free first in-person session, in order for you to ask questions and get to know them. Have a list of questions prepared ahead of time and consider taking notes during your conversation, so you have something to review later on when you are making your decision.

Here are some questions you may want to ask:

TYPE OF THERAPY OFFERED

- **How long have you been in practice?**
- **What is your theoretical approach to therapy (in general)? Psychodynamic, behavioral, cognitive, systemic, family systems, supportive, humanistic, existential, transpersonal, somatic?** [Ask them to explain the difference. A combination can sometimes be best.]
- **What experience have you had in treating traumatic stress conditions?**
- **What specific trauma treatment modalities are you trained in (and use)?** [Ask them to describe any modality you aren't familiar with.]
- **Are you willing to work with my physician, pastor or other support/healing team?**
- **If I were in crisis, would I be able to reach you? How do you handle crises?**
- **How do you decide which approach is best for your clients?** [NOTE: Listen for if the therapist involves you in the decision-making process.]
- **How do you involve key family members, partner(s) or friends? Can I bring my partner or family members into therapy with me?**
- **Do you work with your clients to design therapeutic goals and treatment plans?**
- **How and when will progress be assessed?**

TRANSGENDER-SPECIFIC QUESTIONS

- **What is your experience working with [transgender / gender non-conforming / _____] clients? What percentage of your client-base is transgender or lesbian, gay, bisexual, or queer?**
- **Are you connected to the transgender or LGBT community? Do you know of transgender or LGBT resources and services (not necessarily mental health focused)?**
- **Do you have good working relationships with psychiatrists and other mental health providers who are transgender or LGBT-savvy?**
- **What training do you have in working with [transgender, lesbian, gay, bisexual, leather, polyamorous... < fill in your identity(ies) here > ...] individuals?**

BASIC QUESTIONS ABOUT OFFICE POLICIES

- **Questions about fees**
(see the next section)
- **How do you protect my confidentiality? Who (besides you) will have access to my files?**
- **Do you have a grievance policy?**

If a provider isn't willing to answer your questions, you may want to keep looking.

After you have had the opportunity to think about your conversation, you will likely have a gut feeling about if you liked a therapist, if you felt comfortable, and if you might want to set up an appointment with them. [You may have already made an appointment. If you evaluate your feelings and decide it isn't a good match, you can always call them back and cancel. **HINT:** If you don't want to have to talk to them directly to cancel, try calling their main office number late at night, when you are more likely to access their answering service.]

This checklist may be useful in helping you sort out your feelings:

SCREENING INTERVIEW CHECKLIST

My first impressions: *(check all that apply)*

- I felt heard—the therapist listened to my questions.
- I understood the responses the therapist gave to my questions—they provided ample detail.
- The therapist asked good questions and listened to my responses.
- The conversation didn't feel rushed—I was able to ask the questions that most mattered to me.
- I felt reasonably comfortable.
- I was treated with respect.
- I am able to afford this therapist (my insurance covers them, or their sliding scale is within my budget).
- I am able to easily travel to their office.

My overall impression:

- Excellent
- Good
- Fair
- Poor

Payment—self pay, insurance

You may have had some initial discussion about fees and payment during your initial phone call, or you may have a more complete discussion during your first session. It can be difficult to talk about money, but it's important to know from the start how much you will be paying for therapy.

Here are some questions to consider asking:

- **What is your fee? Do you accept my insurance and/or do you have a sliding scale?**
- **Do you charge for an initial appointment? How much?**
- **Do you file my insurance claims? What is your payment policy regarding insurance co-pay? Can I just pay my co-payment and you wait for the insurance reimbursement?**
- **Must I pay at the time of service, or can I make partial payments? Do you take credit cards?**
- **What is the policy for cancellations, lateness, forgetting or changing appointments?**
- **Do you charge for phone calls, emails or texts from clients or family between sessions? If so, what do you charge and how and to whom (insurance company or client) is that billed?**
- **I am invested in the diagnostic code you might assign to me, since some diagnoses can inadvertently impact my other health care, privacy and safety. Will you work with me to find an accurate diagnosis for billing that feels OK to me? [NOTE: This type of question is mostly related to individuals who may be on an insurance plan that has transgender exclusions. If an insurance company receives a claim that includes gender identity disorder, gender dysphoria, or other related diagnosis, they may revisit what other medical services they will pay for. Knowing your insurance plan's exclusions and being proactive with your provider will help reduce or eliminate rejections of insurance claims.]**

IF YOU NEED TO ACCESS FREE OR LOW COST OPTIONS, CONSIDER THESE POSSIBILITIES:

Some sexual assault treatment centers and other urgent care response centers offer short term therapy with one of their on-staff mental health providers at no cost to survivors and family members. Usually there is a limit to the number of sessions available.

Some communities have mental health services offered through non-profit agencies that support sexual assault survivors and/or people who have experienced other forms of violence or family harm. Once again, these agencies may offer no or very low cost therapy, subsidized through outside funding.

Some schools, colleges, and universities have on-campus mental health services

that are often free to students. Although these options may not provide you with the most trauma or trans focused care, the cost and convenience may be helpful for the short term.

Free and low cost options are not plentiful and often do have substantial limitations, such as a fixed number of sessions, possibly lesser trained therapists, or no choice in which therapist you see. Although these options may initially seem to be positive choices—and, for many they are!—consider the amount of emotional investment you might be making with a therapist who you may not be able to see for the long-run or who might not be the most trained/skilled.

Your first visit

First therapy visits will be different for everyone due to variations in therapist style, your needs and approach coming into therapy, your prior experience with mental health providers, and many other factors. However most first sessions will involve:

- **Completing intake and payment paperwork**
- **Reviewing and signing HIPAA and client bill of rights paperwork**
- **Meeting with the therapist**
- **Setting up another appointment (or deciding not to)**

BEFORE YOUR APPOINTMENT

Prior to your appointment, you may want to think about some of the following:

- **What questions do I still have for this provider?** *Write down a list of questions which you can bring with you. [Here are a few more questions: some repeated from phone interview questions and some that weren't listed above, since they might be better asked after you have more dialogue with the therapist.]*
 - **If I were in crisis, would I be able to reach you?**
How do you handle crises?
 - **What is your policy about physical contact with clients?**
 - **What is your policy about contact outside of the session?**
 - **Do you arrange for another therapist to cover for you while you are on vacation or away?**
 - **Is there anything I should know about your services that I didn't think to ask about?**
 - **What are my goals for therapy?**
Am I clear about the reasons I am seeking a therapist?
[It's OK if you don't have specific goals or are unclear about your reasons.]
 - **What do I want a therapist to do for me and with me?**
How do I hope they will help me?
 - **Are there any "make or break" issues that I am looking out for?**
[For example, is it essential for you that they have worked with other trans clients before?]
- You may also want to **gather** and bring these things to your first appointment:*
- **Your insurance card, Medicare/Medicaid card**
 - **Driver's license or state ID card**
 - **List of medications (sometimes these are asked on intake forms)**
 - **Checkbook, debit/credit card, cash to pay for the first session's co-pay, or session fee**
 - **List of questions you would like to ask**
 - **Paper and pen to take notes (or a tablet/mobile device)**
 - **Parking money; or public transportation money, pass, tokens**
 - **Partner, friend, loved one, support person (if desired)**

At the therapist's office

INTAKE PAPERWORK

You will generally be asked to arrive 15 minutes before your scheduled appointment to complete intake paperwork and have your insurance card copied (if applicable).

Many therapists have intake paperwork that can include detailed personal history. Know that you can skip any question if you don't feel comfortable answering, or if it just feels too painful to respond to on paper.

Many forms—as most trans people and loved ones know—have questions with binary gender options, as well as questions about relationships that have limited choices. If the form only includes “male” or “female” for gender and you do not identify as either, you can choose to not answer or you can write in your gender. The same is true for relationship options. If you only see words like “married” and not words that may include your relationship status (e.g. partnered, or long-term relationship), feel free to not answer the question or to write in a more accurate response.

If the form feels overwhelming to complete, you also have the option of not completing it prior to the session. You can go through it with the therapist, or ask to have more time after the session to fill it out.

If you brought a partner, friend, or loved one with you, they may be able to help you fill out the paperwork, too.

HIPAA AND CLIENT BILL OF RIGHTS

If you have been to a medical provider in the past several years, you likely have received information on HIPAA and privacy laws.

In addition to receiving HIPAA paperwork, you should also receive a client's bill of rights. More and more providers are mindful and inclusive of many different types of people and experiences represented in their bill of rights. You may notice that the bill of rights has a non-discrimination statement that includes gender identity and expression, which signals this provider or their agency is aware of gender diversity.

If you don't see gender identity, gender expression, sexual orientation, or other identities/experiences listed as protected against discrimination in the bill of rights, you may want to ask the therapist why they are not included.

MEETING WITH THE THERAPIST

Meeting a therapist for the first time can be scary or anxiety-inducing. (It may also be a relief and something you are looking forward to with eager anticipation.)

The majority of therapists will likely respect the level of completion of your intake forms. They may review the forms with you when you are both in their office together, or they may simply place the form in a folder and not discuss it. Often, therapists will ask clarifying questions based on your answers (or non-answers) on the form. What questions they ask, how they ask them, and where conversation may lead from them, will be highly enlightening as to their beliefs, attitudes, and knowledge about some things that might be important to you. For example, if you chose to not check one of the gender boxes, some therapists may ask you to select a gender or may get side-tracked asking you a large number of questions about your gender for their own curious reasons. If a therapist gets off track for why you are there, you can:

- 1) try to redirect the conversation back to why you are there,*
- 2) educate them enough to satisfy their curiosity and then ask that the session move on to address your needs, or*
- 3) make a determination that they are too uninformed, too inappropriate or just not a person you wish to work with based on their level of knowledge or style of communication.*

ALL of these options—and many others—are valid. Trust your feelings about what feels right to you. Keep in mind that you are hiring them to work for and with you. If their style or invasive questions are uncomfortable or offensive, you do not need to see them again. (In fact, you do not even need to stay for the remainder of the session!)

REMINDERS (CHECKLIST)

- You don't have to answer any question you don't want to talk about
- You don't have to make another appointment
- You can be aware of your feelings and your boundaries, which will help guide you in making choices that will feel empowering

Every therapist is different and will have their own style of interacting with clients during the first session. This section includes an overview of what commonly occurs in the first session with the majority of therapists.

If you brought a partner, friend, or support person with you and would like them to come into the session, you have a right to state (or ask) that you would like them to join you.

Most therapists will briefly look over your intake paperwork and may ask you some clarifying questions about your responses.

Keep in mind that you are hiring a therapist and you don't need to just follow their lead. If you came in with a list of additional questions, you can initiate and say "I have a few more questions I'd like to ask you, would it be OK if we start there?" Asking questions is one way to get more comfortable with the therapist before responding to more personal questions that the therapist has for you.

Many therapists will share how they typically work with clients, or offer information about who they are, their background, and their style of interacting with clients.

In general, most first sessions are filled with many history questions by the

therapist. Some will want a detailed history (including information about your childhood, medical history, relationship with your family, partnership status, drug and alcohol history, past suicidal thoughts or actions, and details of other significant events in your life). Other therapists will want to start with why you want to be in therapy now and may ask a series of questions to clarify what you are looking for and possibly a few questions about the specifics of what else is going on in your life right now.

You always have the right to say "I'm not comfortable answering that question" or "I'd rather not talk about that" if you don't want to respond to a question.

You may have entered into the first session wanting to gain more information from the therapist OR you may have wanted to come into the session and do most of the talking. Ideally, you will leave the session feeling fulfilled based on what you wanted when you entered their office.

SETTING UP ANOTHER APPOINTMENT

Keep in mind that you are the consumer and can make the choice to leave, stay, or decide to continue on to a second session (or not).

You don't need to make an on-the-spot decision to set up another appointment if you want to think about whether or not you wish to return.

You can also make a second appointment, keeping in mind that you can cancel if you change your mind. You may also want a second appointment to continue evaluating if this therapist is right for you. [Hint: If you were buying a car, you may

want to test drive it more than once before buying it.]

Some therapists may presume you will automatically want to set up another appointment. Remember, this choice is totally yours to make.

Evaluation Checklist

After your first session—just like after your initial phone contact—it can be helpful to quickly evaluate your feelings and determine your next steps.

MY FIRST IMPRESSIONS *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> I felt heard—the therapist listened to my questions | <input type="checkbox"/> I felt reasonably comfortable |
| <input type="checkbox"/> The conversation didn't feel rushed—I was able to ask the questions that most mattered to me | <input type="checkbox"/> I was treated with respect |
| <input type="checkbox"/> I understood the responses the therapist gave to my questions—they provided ample detail | <input type="checkbox"/> I felt believed |
| <input type="checkbox"/> The therapist asked good questions (they were appropriate and not too invasive) and listened to my responses | <input type="checkbox"/> I could see the provider took steps to create a "safe" environment |
| <input type="checkbox"/> My gender/gender identity/gender expression were not stigmatized (and the therapist didn't ask inappropriate or invasive questions) | <input type="checkbox"/> The provider shared their approach to working with clients |
| <input type="checkbox"/> I didn't have to educate the therapist about my gender and they did not focus too much of our time on these issues | <input type="checkbox"/> The provider is clinically qualified to work with the concerns I am bringing to therapy |
| | <input type="checkbox"/> We discussed payment options (insurance, self- or co-pay) and I feel comfortable with the arrangement |
| | <input type="checkbox"/> I am able to easily travel to their office |

OVERALL

- Yes! I want to see this provider again!
- Probably. I want to make a second appointment and see where it goes.
- Unsure/no. I want to explore other options.

If your overall impression after your first contact was a “Yes” (or even a “probably”), you may want to see that provider again. If you feel unsure, or have a gut feeling that it isn't a good match, keep looking.

Finding a therapist that works for you isn't always an easy process. You are your own best advocate so trusting your instinct, as well as coming in prepared and willing to ask specific questions, will be your best guide(s).

CONTINUED ASSESSMENT

If you do begin work with a therapist, keep in mind that throughout the course of working with a therapist, you can continually assess and re-assess your comfort, the usefulness, and the level of support and respect you are receiving.

If you spend your money and your time educating your therapist on trans issues, you have a right to either encourage your provider to gain their education on their own time or pursue other therapy

options. This holds true for any other issue. It is appropriate for a therapist to ask clarifying questions or questions that relate to achieving your healing goals, but you will know when it crosses a line to the point of using your time to talk about topics that are for their education vs. your healing.

Everyone will want and need something different out of their therapeutic relationship. If you aren't getting what's most important to you—reduction of distressing symptoms, new coping skills, respect, warmth or compassion, or other therapeutic goals—you may want to find another therapist. If you feel an overall positive impression from your time with a therapist and if you feel you are gaining from the interaction, you will likely want to continue.

The important piece to remember is that you can re-assess if therapy (or a specific therapist) is working for you, or not.

Continuation Checklist

Review this checklist as often as you need—every session, every six months, or never.

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I feel understood | <input type="checkbox"/> My therapist is asking relevant and appropriate questions |
| <input type="checkbox"/> I feel supported | <input type="checkbox"/> My therapist is not defensive |
| <input type="checkbox"/> I feel respected | <input type="checkbox"/> My therapist takes responsibility for their actions |
| <input type="checkbox"/> I feel valued | <input type="checkbox"/> My therapist is on time, does not cancel frequently, and provides me with my full appointment time |
| <input type="checkbox"/> I feel a sense of trust and warmth | <input type="checkbox"/> I believe my therapist and I are working towards my goals |
| <input type="checkbox"/> My experiences/feelings/words are being honored | <input type="checkbox"/> I feel positive about my therapist |
| <input type="checkbox"/> My experiences/feelings/words are not being minimized or distorted | |
| <input type="checkbox"/> My experiences/feelings/words are not being discounted | |
| <input type="checkbox"/> I feel able to confront my therapist if something makes me uncomfortable | |

Know your rights!

The majority of this section contained reminders of your rights. It's important to keep in mind, though, that you are the captain of your own ship and you can determine its course.

Ideally, you can talk directly with your therapist about whatever concerns you have. Sometimes a therapist's conduct is inappropriate or there is an administrative problem that you may want or need to submit feedback about.

Most agency-based mental health offices have formal complaint and grievance processes, which you can access.

You do have a right to be treated fairly and without bias. You have a right to receive care at a reasonable and fair cost. (It might not seem reasonable to you, but it should be in line with the therapy costs in your area and based on the provider's qualifications and degree.) You have a right to be treated with respect.

Unique issues for trans survivors and loved ones



PHOTO: Leigh Houghtaling

Being sexually assaulted brings a particular set of issues to a person, as does having a trans or gender non-conforming identity. Being both trans/trans-historied and an assault survivor can pose some unique issues for accessing mental health care. This section will discuss some of these intersections and help you navigate some of the potential complexities.

We have tried to be relatively comprehensive in this section to help you feel empowered to respond effectively if one of these issues affects you. However, do not let the length of this section discourage you: many trans survivors have great therapy experiences without running into any of these issues.

Meeting complex needs within a basic service system

The current service system⁵ for sexual assault survivors was largely designed for women sexually assaulted by men. The binary gendered and heteronormative assumptions upon which the service system is built can make finding suitable services very difficult for transgender survivors and loved ones.

Although mental health services are not necessarily part of a “system,” many people do have contact with therapists directly following an assault. This therapist may be one of the advocates at the sexual assault treatment center or hospital, or may be a direct referral from a rape crisis line.

⁵ For recent changes to sexual assault services funded by the Violence Against Women Act, see the appendix in FORGE’s *Transgender Sexual Violence Survivors: A Self Help Guide to Healing and Understanding*

Even if the therapist you are connecting with is not part of the current service system for sexual assault survivors, there is a widespread cultural belief that victims are nearly always female, and perpetrators are almost always male. For those who are trans or gender non-conforming, or who had a female or transgender perpetrator, these systems and belief sets may make it difficult to receive appropriate, respectful, and competent services.

Intersectionality

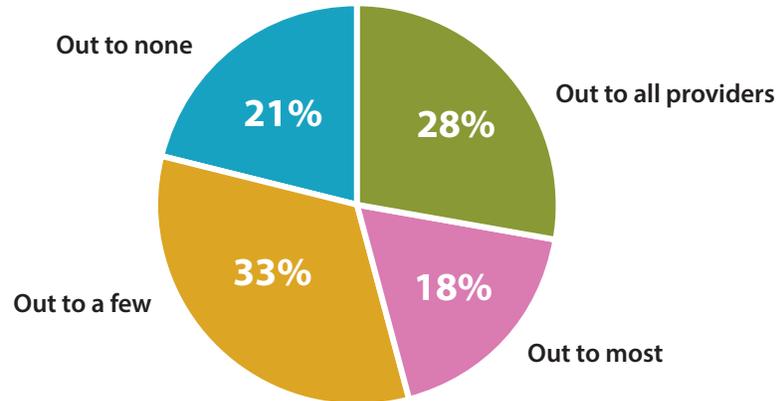
“Intersectionality” refers to the piling-on of issues that happens when people are members of more than one minority group, or are dealing with multiple issues at the same time. Belonging to multiple stigmatized minorities seems to raise the chances of encountering additional challenges with service providers.

Survivors themselves may become overwhelmed by how many intersecting

IN THIS SECTION:

- Meeting complex needs with basic services system(s)
- Intersectionality
- Disclosure
- Standards of Care
- Mistrust of professionals
- Insurance and diagnostic codes
- Gender-related abuse or sexual abuse
- Cause and effect
- Internalized transphobia and shame
- Body image and body dysphoria
- Relationships
- Sexuality
- Not being believed
- Gender of perpetrator
- Trans perpetrators
- Service providers as perpetrators
- Segregated services
- Forms
- Facility restrooms

OUT TO PROVIDERS?



issues they are facing. When therapists are also overwhelmed by the intersectionality, the end result is often that the survivor's needs are left unmet.

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, you have already demonstrated tremendous resilience.

You deserve a therapist who can embrace the wholeness of who you are and the complexity of what you bring into the therapy office.

To tell or not to tell (issues of disclosure)

Being transgender may or may not be a primary facet of your life or your every day concerns. As a survivor seeking therapy to work on issues surrounding your sexual assault, you might be far more focused on the trauma you sustained than your gender

identity/history. This is especially true for survivors who have been recently assaulted, as well as for transgender people who may have transitioned a long time ago and their (trans)gender status is no longer a central issue.

Due to fears of rejection, denial of services, or violence, some trans survivors segregate their care, with certain professionals knowing about their transgender status and others not. For example, when the National Center for Transgender Equality asked survey respondents if they were out to their medical providers, 28 percent of respondents reported being out to all of their providers, 18 percent said they were out to most, 33 percent of respondents were only out to a few, and 21 percent were out to none.⁶

⁶ National Center for Transgender Equality and the National Gay and Lesbian Task Force. 2011. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Retrieved February 4, 2011, from http://endtransdiscrimination.org/PDFs/NTDS_Report.pdf.

You may decide not to disclose your gender identity to therapists because you do not want them to think that being sexually assaulted caused you to be trans or that being trans caused the sexual assault. This is one of the reasons some trans survivors have two therapists: one to discuss gender issues, one to focus on assault issues. As one respondent put it:

“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 SOC [typical Standards of Care for transgender people]⁷ are more harsh if you are an assault survivor. I feel like I’m falling through the cracks and no one cares.”⁸

Some mental health providers believe that clients are being deceptive or are intentionally withholding information if they do not disclose their transgender identity. It is typical, however, for transgender clients to disclose only after they have developed adequate trust in the therapist. This may take one session or many months. Choosing when and how to reveal information is often self-empowering. In an ideal world, therapists would validate, not scorn, individuals if or when they come out.

You may want to talk about your gender, gender identity, gender history, or body with your therapist(s). Hopefully you will be able to determine when and how you disclose information to your provider.

⁷ See World Professional Association for Transgender Health, Inc., at <http://www.wpath.org> under publications, Standards of Care.

⁸ 2004 FORGE data from “Sexual Violence in the Transgender Community Survey,” (n=265) Unpublished data.

INVOLUNTARY DISCLOSURE

In some cases, your trans identity/history may become known without your consent or approval. This happens most commonly through—

- Medical care (emergency or routine) that involves parts of your body that may be viewed as “noncongruent” to the provider.⁹
- Identity documents that may not match with your gender presentation and/or different documents that may have different names or gender markers. If you are required to show your driver’s license or insurance card prior to receiving services, these documents may “out” you to as trans to staff.
- Therapists or other staff may make assumptions or guesses about your gender if your gender presentation does not align with their presumed standards of a specific type of femininity for girls and women or masculinity for boys and men.
- Someone else’s disclosure, intentionally or accidentally, without your consent. Involuntary disclosure may be doubly distressing to a survivor whose sense of control and safety have been damaged by this sexual assault and/or previous sexual assaults.

⁹ “Noncongruent” in this context means that an individual has primary and/or secondary sex characteristics that an observer would not expect based on that person’s gender identity or clothed appearance. You may view your body as fully congruent.

SOME REASONS WHY YOU MIGHT NOT DISCLOSE

- You may forget to tell providers and other professionals about your transgender identity or history.
- You may not know whether disclosure would be safe.
- You might be in a lot of distress or so traumatized that you are unable to focus on anything other than the pain and trauma of the assault or may be so severely injured that you are unable to speak or communicate.
- You might be exercising control over whom to tell and when, and how to disclose can be a strategy for increasing safety and regaining control after an assault.

Here are a few things to keep in mind:

- **The process of coming out may change over time.** You may shift from telling every provider, to only sharing this information with some. You may change how you disclose your gender identity/history, too. Some people are very direct in disclosing their transness and view it as “the talk,” while others talk about their life in ways that naturally uncover pieces of trans history/reality that the therapist may pick up on.
- **Sometimes providers believe that non-disclosure equals dishonesty or deception.** If your provider holds this belief, coming out later may damage a trusting relationship between you and your therapist, and may be something that permanently changes if you will be able to work together. For other therapists (and clients), it may be an excellent opportunity to clear the air, have real conversations about the role or importance of gender in your life. Not everyone will want to try to educate their provider or will tolerate their providers' behavior if they hold these views.
- **You may honestly forget to disclose your transgender history or identity** (even if you normally prefer to inform providers). Some trans people are out to nearly everyone in their life and

may not realize they didn't disclose to a particular provider. Others may be nervous about being in therapy or might be so focused on what they want to talk about (e.g. healing from abuse) that they may not remember to talk about their trans history (even if they planned on doing so).

- **You may want to have clear and open discussion with your partner, advocate, family members who might accompany you to therapy,** so that everyone is agreed on the level of disclosure with a particular provider. Sometimes advocates are trying to be helpful and may not realize they are violating your confidence or preference for when/who/how to disclose. Sometimes family members or loved ones may forget, or may slip in some way that makes your trans identity or history more visible to providers.
- **Your insurance company may have your gender listed in a way that you do not identify.** If the insurance company requests notes from your therapist, it may result in non-consensual disclosure of your gender identity and may compromise your insurance benefits. If you have concerns about what your therapist may submit to your insurance company, talk to them about their normal policies and procedures around what information

is shared. Some therapists and clients prefer to not bill insurance companies because of how much information insurance companies require. Financially, this may not be an option, since not billing insurance usually means paying out of pocket for care.

- **You have the right to selectively disclose information.**

For example, you can disclose you are gender non-conforming, but you do not need to talk about your genital/surgical status. You can set boundaries about what you want to talk about and what you don't.

Your choice around disclosure should not impact the care you receive. You have a right to be treated respectfully, fairly and professionally. Regardless of what you disclose (or not disclose) with your therapist, you have a right to maintain your boundaries and focus on what you want to talk about and how you want to use your time and energies in therapy.

If or when a therapist starts to ask invasive questions or questions that either take you off course or feel uncomfortable or violating, you have every right to assert that you don't want to answer those questions and redirect the conversation.

SOC issues

COMPLICATED RELATIONSHIP WITH THERAPISTS

Although this is changing, for many years the only way transgender people could medically access hormones and gender-related surgery was to consult with a therapist who, after whatever amount of time the therapist deemed appropriate, 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 never told their gender therapist about being sexually assaulted and/or having trauma symptoms, to ensure that this "complication" would not be used as an excuse to deny or delay writing the hormone or surgery "permission" letter.

CONFIDENTIALITY

Many professionals are already required to adhere to strict confidentiality procedures. They may not have thought through the implications of how to ensure that a client's gender history and status are not shared with others. Although you are seeking services from a therapist, it may be important to ask them about their confidentiality procedures/practices and be clear with them about your preferred level of privacy and confidentiality. Some therapists may not consider the implications of mentioning to other colleagues they are seeing a trans client, or may not think through the ramifications of putting your legal/insurance billing name on your chart (vs. the name you would like the receptionist to know).

If you sign a written permission to release information from one provider to another, write in what information you do or do not want shared with another provider. There is always an area for writing in comments on release forms. You own your identity and have a right to determine what is or is not shared about your gender/gender history.

“ 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. ”

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. ”

More and more trans people are accessing transition-related care through either less-restrictive WPATH Standards of Care (or providers who are less stringently applying these guidelines), or are working with providers who use an informed consent model of working with trans clients.

Informed consent models, while providing transgender clients with increased agency over their mental and physical health, still frequently include diagnosing an individual with gender dysphoria and/or may still screen for mental health stability before prescribing hormones or writing surgery letters.

Transgender individuals are often uncomfortable being pathologized by therapists, mental health providers, and society. For many, being transgender is as natural for them as being cisgender¹¹ is for non-transgender people. Being diagnosed with a mental health or medical condition [e.g., DSM (Diagnostic and Statistical Manual of Mental Disorders) or ICD-9 (International Statistical Classification of Diseases and Related Health Problems) codes: 302.85 and 302.6 (gender dysphoria) is therefore highly upsetting.¹²

Many are urging for gender identity reform,¹³ which will either remove gender identity/dysphoria from the DSM and ICD-9 or require insurance companies to not exclude treatment associated with these diagnoses. For trans people and providers alike, these are challenging issues with no simple answers.

Mistrust of professionals

Providing culturally competent care is critical to successfully serving members of marginalized communities like trans survivors. In the joint report by the National Coalition of Anti-Violence Programs (NCAVP) and the National Center for Victims of Crime, *Why it Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence*, 93 percent of NCAVP member programs and 51 percent of mainstream victim assistance programs said that victim assistance programs need more population-specific training on transgender people.¹⁴

¹¹ A cisgender individual is someone who is not transgender or someone who is comfortable in the gender they were assigned at birth.

¹² American Psychiatric Association, 2013. *Diagnostic and Statistical Manual of Mental Disorders*, (5th ed.). Washington, D.C.; International Classification of Diseases, Ninth Revision (ICD-9).

¹³ GID Reform Webog <https://gidreform.wordpress.com>.

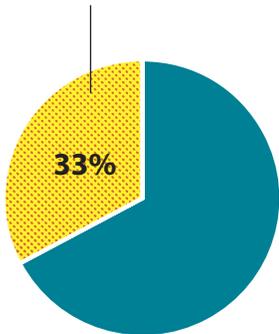
¹⁴ “Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, and Transgender Victims of Hate Violence and Intimate Partner Violence.” http://www.avp.org/storage/documents/Reports/WhyItMatters_LGBTQreport.pdf.

INFORMED CONSENT MODELS

To learn more about informed consent models of care, the following are excellent examples of major agencies who work with trans clients in this way. These documents can be shared with your current health care providers or therapist(s) and may help you all reach mutual goals more effectively and safely.

- Howard Brown Health Center: “*THInCing About Hormones?*” www.howardbrown.org/uploadedFiles/Services_and_Programs/Primary_Care_Medical_Services/THInC%20BROCHURE.pdf;
- Fenway Informed Consent - Feminizing Hormone Therapy. http://www.fenwayhealth.org/documents/medica/transgender-resources/Fenway_Heath_Consent_Form_for_Feminizing_Therapy.pdf;
- Fenway Informed Consent - Masculinizing Hormone Therapy. http://www.fenwayhealth.org/documents/medica/transgender-resources/Fenway_Heath_Consent_Form_for_Masculinizing_Therapy.pdf;
- Tom Waddell Health Center Transgender Team, 2006. *Protocols for Hormonal Reassignment of Gender*. www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf

33% of respondents did not access services because they were afraid to.



Many transgender individuals avoid seeking help immediately after an assault or years later because they fear that the professionals who are supposed to serve them will be ignorant about transgender people at best or outright prejudiced or hostile at worst. These concerns are not unfounded. In FORGE's survey of transsexual assault survivors, one-third of the respondents did not access services because they were afraid to.¹⁵

The National Coalition of Anti-Violence Programs reports that of the anti-LGBT hate crimes that came to their attention in 2011, 9 percent were perpetrated by law enforcement officers and 4 percent by service providers.¹⁶ Other studies, like the National Gay and Lesbian Task Force and the National Center for Transgender Equality survey that resulted in publication of *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, have revealed that 1 in 10 transgender individuals had been sexually assaulted in at least one health care setting.¹⁷

¹⁵ 2004 FORGE data from "Sexual Violence in the Transgender Community Survey," (n=265) Unpublished data.

¹⁶ National Coalition of Anti-Violence Programs (2012). "Hate Violence Against Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-affected Communities in the United States in 2011," p. 43.

¹⁷ Grant, J.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.

In FORGE's 2004 survey of trans survivors, 9 percent had been involuntarily forced into mental health care (including psychiatric inpatient admissions), and nearly 3 percent had been subjected to unwanted medical care. Abuse by therapists is also a problem:

*"I was inappropriately used sexually by my gender therapist in [city withheld]. 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."*¹⁸

Even those who have not personally experienced problems may fear what might happen based on the experiences of friends or publicity about particularly egregious incidents of transphobia.

¹⁸ 2004 FORGE data from "Sexual Violence in the Transgender Community Survey," (n=265) Unpublished data.

Insurance and diagnostic codes

Compared to the general population, transgender individuals are more likely to be uninsured or underinsured, as well as unemployed or underemployed. Insurance disparities are often the result of joblessness and poverty related to discrimination.¹⁹ The number of transgender individuals who are uninsured ranges from 19 to 64 percent.²⁰

Even with the Affordable Care Act, which makes insurance affordable for most

people, many trans individuals may find it is still too costly or that the plans they can afford will not cover the services they need.

Transgender individuals who are insured may be concerned about the transgender exclusions of many health insurance policies. These exclusions systematically deny care related to being transgender and are sometimes used to justify not covering any care, even when the condition needing treatment is not related to a transgender-specific medical or mental health concern. When a transgender person's insurance does cover medical care, the coverage may be so minimal that the person fears exhausting their insurance benefits before their health needs are met, or the care may involve copayments and high out-of-pocket costs that they cannot afford.

In some cases, you may choose to self-pay rather than processing claims through insurance companies. Paying out of pocket allows for privacy and allays concerns or fears that your trans history will be disclosed to employers or others. However, many transgender individuals—and non-transgender people—cannot afford the high cost of health care, which may discourage or prohibit you from seeking care after a sexual assault.

¹⁹ C.K. McGowan, 1999, *Transgender Needs Assessment*, New York, NY: New York City Department of Health, HIV Prevention Planning Unit; J. Xavier, J. Honnold, and J. Bradford J., 2007, *The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians*, Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health, accessed Sept. 7, 2010; J. Xavier, M. Bobbin, B. Singer, and E. Budd, 2005. "A Needs Assessment of Transgendered People of Color Living in Washington, DC," *International Journal of Transgenderism* 8(2/3):31–47.

²⁰ G. Kenagy and W. Bostwick, 2005, "Health and Social Service Needs of Transgendered People in Chicago," *International Journal of Transgenderism* 8(2/3):57–66; J. Zians, 2006, *The San Diego County Transgender Assessment Report*, San Diego, CA: Family Health Centers of San Diego, CA, accessed Sept. 7, 2010; L. Carson, 2009, *Physical and Emotional Health Needs of Transgender Individuals Living in Philadelphia: Summary of Key Findings*, Philadelphia, PA: Public Health Management Corporation; Jaime M. Grant, Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling, 2011, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, accessed Feb. 4, 2011.

Depending on what services you are seeking and what type of facility your therapist is practicing out of, you may or may not want to be aware the following health insurance information.

Insurance Issues

Health insurance policies often overtly exclude treatments for transgender or transsexual people's health care needs, even when these needs are not related to a gender transition. Some policies are beginning to offer transgender-inclusive plans where employers (who provide the plans as an employee benefit) have demanded that the carriers do so. Much of the difficulty that transgender people experience with respect to insurance is due to coding systems that provide certain procedures for individuals of one or the other sex. For example, if a trans[gender] man who is enrolled in the insurance system as a male (which facilitates coverage for his labs that compare results with 'male' values) develops uterine fibroids and

requires a hysterectomy, the insurance carrier typically denies coverage with the rationale that hysterectomy is only covered for females. Once the carrier labels the patient as transgender or transsexual, many types of coverage may be routinely denied, where they would be covered for patients who are not identified as transgender or transsexual. Physicians or their support staff members may need to interact with insurance claims processors on behalf of their transgender or transsexual patients to insist that medically necessary treatments are covered. In such interactions it will be necessary to support the patient's preferred gender in relationship to the insurance company in the best interests of the patient's health.

Electronic Medical Records (EMR)

Patients may wish to be labeled 'Male' or 'Female' according to their gender identity and expression, their legal status, or according to the way they are registered with their insurance carrier. They may wish to be referred to as 'Female' in one situation (e.g., in their record with the physician's office and in personal interactions with the physician and staff), but 'Male' in other situations (e.g., on forms related to their insurance coverage, lab work, etc.). This application of terminology could change at any time as individuals come to understand or evaluate their gender.

EMR systems that do not have transgender-specific options make it more difficult for transgender people to change the sex designator under which they will be classified, or such systems may permit a change but will retain a record of that change which will be visible to numerous people outside of the physician or patient's control, leaving transgender and transsexual patients vulnerable to exposure and discrimination. Clinics are encouraged to adopt flexible systems or develop a workaround.²¹

²¹ Primary Care Protocol for Transgender Patient Care. Center of Excellence for Transgender Health. University of California, San Francisco, Department of Family and Community Medicine. <http://transhealth.ucsf.edu/trans?page=protocol-insurance>.

If your plan covers mental health services, it cannot include limits on mental health services that are more restrictive than the limits that apply to medical and/or surgical services. This means that your plan should not impose financial limits (such as different copays or deductibles), treatment caps (such as a cap on the number of visits), or care management requirements (such as a requirement to get prior authorization) that differ from those that apply to other types of services covered under your plan. If you choose to have separate therapists for trauma and gender issues, this can increase the costs for therapy, particularly if having two therapists is not permitted under your health insurance plan.

If you do have mental health coverage available in your insurance plan and want to use your insurance for therapy (vs. paying out of pocket), you may want to familiarize yourself with your insurance plan to see if and what kinds of transgender exclusions exist. If there are any exclusions, you may want to discuss them with your therapist so that an accurate, but non-damaging, diagnosis is selected and submitted.

In general, survivors who are in therapy are usually not in treatment for their gender identity, but rather are often focusing on the trauma, grief, anger, depression, sleep disruption, or loss associated with the sexual violence

experienced. If your therapist uses one of the codes for treatment of gender dysphoria rather than for an adjustment disorder, anxiety, or other mental health diagnosis, your insurance company may deny the claim and disallow any further mental health coverage.

Because some insurance carriers request clinical notes from providers, talk with your therapist about what kinds of notes they take and what they might send to your insurance company. Part of the discussion you may want to have with your therapist might include the use of your name and pronouns in their notes, since if the notes are submitted, these should be in alignment with the name and gender associated with your insurance policy. Many therapists have hand-written notes that are for their records only—and often file them separately than the notes that are included in the official chart that contains signed forms and insurance claims filed.

Gender related abuse or sexual abuse?

Some trans-savvy people may wonder, looking at the list of post-trauma symptoms (see Self-help Guide), if being transgender or gender non-conforming 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 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). ”*

Being a sexual assault survivor may even play a role in how transgender survivors understand or cope with our gender identity:

“ 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. ”

It can be confusing both for trans people and therapists to sort through what was gender-related abuse vs. sexual abuse, or if the two were intertwined or not.

Cause and effect

In a culture in which conformity is expected and non-conformity must be “explained,” many people—trans and non-trans—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.

“ [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. ”

Others, however, do trace their gender identity to their sexual assault history.

Some of us just want to keep the two issues separate, believing they are not causally related.

Often, a common therapeutic goal is to become more clear about what is going on in your life and possibly to even look at the cause or origin of some of your emotions, thoughts, and behaviors. Therapists, too, are working to support you in becoming more aware of both the “why’s,” as well as to help you move to a place of deeper acceptance, understanding, healing, and resolution.

Exploring these questions may seem fruitful or frivolous. Trusting your intuition, your inner voice, and your intellect will help guide you in the direction you need to go. Ideally, your therapist will follow your lead, listen carefully, and support you in the conclusions you reach about your life.

Internalized transphobia and shame

The cumulative effects of enduring ongoing prejudice may have an impact on trans survivors. It is not uncommon for transgender people to experience parental disapproval, bullying at school, harassment socially or at work, and intimate partners who engage in power-and-control tactics. Some trans and gender non-conforming individuals have been conditioned to believe that abusive behavior is normal; therefore, they may

not recognize that an interaction was abusive or sexually violent.

Many trans people, particularly those who declared or displayed their gender non-conformity when young, have been subjected to years of messages that something is wrong with them, that they are unlovable, and that their gender identity will bring them lifelong pain and hatred. Not surprisingly, some of these individuals grow up believing that any relationship is better than no relationship at all, and therefore they stay in unhealthy relationships.

Both intimate partner violence and hate violence by strangers may include anti-transgender slurs, insults about the person's body, or commentary on the person's appearance. Some victims may well believe that they deserve and are at fault for violence or sexual assault. In FORGE's 2004 research, many respondents reported not recognizing assault as abuse when it was happening, feeling overwhelmed with shame related to being trans and assaulted, or thinking they were responsible for the abuse because they were transgender. According to many respondents, shame played a large and varied role in the aftermath of sexual assault²²:

²² 2004 FORGE data from "Sexual Violence in the Transgender Community Survey," (n=265) Unpublished data.

"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."

It is common for survivors to feel shame. It is also common for trans people to feel shame, as well. In both cases, it is nearly always generated from the messages we receive from others—sometimes early on in life, sometimes directly related to a specific incident, and sometimes in more generic and pervasive media messaging.

Internalized shame about being abused or assaulted is often a primary issue that survivors work on in therapy. Combined with transphobia by others and our internalization of that transphobia, many trans survivors move through the world riddled with shame, guilt, and stigma associated with either of these aspects of their lives.

With the support of a therapist who is able to not add more shame or stigma, many trans survivors can be freed from the paralysis that these emotions often cause, and move on to other aspects of their healing and living their life more fully.

Body image & body dysphoria

Many trans people feel a disconnect with their body, or feel uncomfortable about it and may have a negative opinion about their body. For some trans people, these feelings can start early in life, while for others, it becomes more focused around the time of puberty, and for others it may emerge later in life.

Our culture does not support people holding a positive image of their body, with constant media streams and negative comments by strangers and loved ones about many different aspects associated with bodies: weight, height, physical ability, flexibility, race, smoothness of skin, type of hair, breast/chest size, genital size or configuration, or many other bodily characteristics.

As trans people, we may feel even more disconnected with our bodies and/or we may feel more uncomfortable about specific parts or aspects of our physical self.

Some of us decrease bodily discomfort through re-shaping or concealing the parts that make us feel dysphoric or unsafe in the world. For example, many trans-masculine individuals bind their chest, wear multiple layers of shirts, soft or hard pack, use stand-to-pee devices, wear dress shirts and ties, cut their hair short, or take other action to appear more masculine. Trans-feminine individuals

may wear wigs, shave their face closely and frequently, wear breastforms or hip pads, gaff or tuck, or may wear feminine clothes or shoes. Some of us use hormones or surgery to bring our body into alignment or feel more comfortable, while others of us do not.

During some assaults, perpetrators or medical staff following an assault may end up, for example, cutting off a binder, or removing a wig. This may pose both a safety risk, as well as make us feel more vulnerable and uncomfortable in our bodies.

Some perpetrators specifically verbally or physically target specific parts of a trans person's body, making it all the more painful and difficult to deal with the aftermath of the assault(s). People may have used our genitals against us to oppose, deny, or try to destroy our gender identity or self-esteem. In some cases, the attack on our genitals may feel like an attack on everything we are. It may be hard enough to talk about our bodies under typical circumstances, but 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. ”

Some therapists, unfortunately, feel uncomfortable—and make it very clear they are not comfortable—hearing about trans men who were vaginally penetrated; or listening to trans women speak about being anally penetrated, or talking about their genitals. Some therapists may not be willing or able to shift their language to mirror yours, calling your body by the words you use.

When providers are uncomfortable and unwilling (or redirecting) when we talk about our truth, our reality, our bodies, it hinders our healing and reinforces that there is something wrong with our bodies, that maybe we should feel badly about the “incongruency” of our gender identity and our gendered body.

We do not have to tolerate providers who cannot “handle” the reality of our bodies.

Relationships

Sexual assault may affect every relationship in a survivor's life—casual friendships, coworker relationships, interactions with family members, and dynamics with an intimate partner.

“The abuse that [occurred] now plays a part in physical aspects of my relationship with my current partner. There are many things that trigger panic attacks, and there is always caution to avoid these triggers.”

The vast majority of transgender sexual violence survivors are assaulted by someone they know; usually a family member (40 percent), “someone else you knew,” (35 percent), an intimate partner (29 percent), or “a date” (20 percent).²³



²³ The percentage total exceeds 100 percent as many people had more than one perpetrator. 2004 FORGE data from “Sexual Violence in the Transgender Community Survey,” (n=265) Unpublished data.

Being assaulted by someone you know or love (and who presumably loves you) has many unique short- and long-term ramifications. The ability to trust is often damaged and other relationships may suffer, as these FORGE survey respondents' answers suggest²⁴:

“ My ability to trust people has been severely impacted by these traumas. ”

“ [T]he 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[s]. ”

If the abuse took place in childhood—particularly if it went on for many years or there were multiple abusers—the survivor may not have mastered some common developmental tasks or may not have learned social skills that are often necessary for smooth day-to-day living.

Therapy can be a place to work on gaining the developmental, communication and

social skills that may not have been learned in childhood or young adulthood.

Therapy can also be a place where trans survivors and their partners can work together on many different issues, ranging from healthy communication, identifying triggers, finding ways to cope with trauma symptoms that impact their relationship dynamic, enhancing conflict resolution skills, building trust and greater intimacy, and working through issues of touch and sexuality.

For some people in intimate relationships, they may not feel the need to work on issues together, but value the support and the connection they have with their partner attending therapy sessions.

Therapy can also be useful in strengthening other relationships (family, friends, colleagues) by gaining better skills, or directly working in therapy with that other person to resolve a past issue or work on creating a healthier future.

Sexuality

Sexuality and sexual practices can be profoundly affected following a sexual assault, regardless of the person's gender or identity. Individuals who engaged in a vibrant sexual life prior to the assault may have a radically different relationship to sex and sexuality—with self or others—after being assaulted. Individuals may avoid any contact, decide to abstain, become “stone” as an active partner only, or severely curb

²⁴ 2004 FORGE data from “Sexual Violence in the Transgender Community Survey,” (n=265) Unpublished data.

their sexual behavior. Enjoyment of sex and sexual expression may decrease substantially, and specific sexual behaviors that were previously enjoyed may now be triggering or unwelcome.

Many trans and non-trans survivors find they feel disconnected with their bodies, prefer to not be touched in some places on their bodies, have flashbacks or other unpleasant and intrusive thoughts when engaging in sexual activity, and/or find sex physically or emotionally uncomfortable. These are just a few reasons why sex and sexuality may be difficult for some survivors.

Other survivors have little difficulty with sexual feelings or being sexually active with themselves or with others.

Some survivors—trans and non-trans—find that they are more able to have anonymous sex or sex without extended emotional commitment, while others find they can only engage in sex with someone they are more emotionally connected to.

Trans individuals, who may have had conflicting feelings about their bodies before being assaulted, may be even more uncomfortable with or dysphoric about their bodies afterward. Because the vast majority of sexual assaults involve violation of a person's genitals, the level of trauma and dissociation concerning a transgender person's genitals and body may be significantly elevated as a result.

People engage in many different forms and types of sexual behavior, some of which may be outside of a therapist's comfort zone or knowledge base. It can be difficult talking about sex with anyone, so bringing up topics that involve sexuality may feel scary or uncomfortable. Some therapists specialize in sexuality and sexual health, while others prefer to avoid any discussion involving sex.

If discussions about sex and sexuality are important to you, this may be one area you want to screen a new therapist about to gauge their comfort—and your comfort too—about talking openly about sexual issues.

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 disclose the assault(s). They are frequently told to just “forget about it and go on.” There are many reasons this

happens: 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.

“ Nobody took me seriously; many told me to suck it up and get over it. ”

The pervasive disbelief of survivors in general may be more pronounced for 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 societal 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 making themselves vulnerable to a new person who might also disbelieve or blame.

“ I had tried to tell in the past [to tell] and was either not believed or blamed for the abuse. It took me a long time to tell someone again. ”

When these messages are heard and absorbed, it can be difficult for survivors to take the risk of talking about their abuse with someone else, even a provider who is supposed to help them heal from those wounds.

Most therapists believe their clients and affirm the reality of what you share with them. However, some therapists also hold the same cultural myths and other factors that lead other people to discount survivors’ accounts of abuse. Seeking a therapist who has more experience in working with sexual assault survivors may result in a greater likelihood of being heard and believed.

Gender of perpetrator

When FORGE first analyzed its sexual violence study findings, it appeared there was a transgender-specific anomaly: **29 percent of respondents said at least one of their perpetrators was female.**²⁵ In researching this “anomaly,” we found that multiple studies have shown that about one-quarter of all sexual violence victims report a female

²⁵ 2004 FORGE data from “Sexual Violence in the Transgender Community Survey,” (n=265) Unpublished data.

assailant.²⁶ These data are not well-known; in part because the public's image of sexual assault is usually that of a male perpetrator and a female victim, and in part because there is ample evidence that accusations against female perpetrators are routinely dismissed or rationalized.²⁷

Several respondents in the FORGE survey noted that they did not bother reporting sexual assaults by female perpetrators because they did not expect anyone to believe them:

“ I was afraid to go to the police for the last one [assault] 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. ”

“ I was considered a male at [the] time, so no one would have believed I was raped by a female. ”

The popular conception of what constitutes a sexual assault can affect a victim's ability to understand and label the behavior as abuse or assault (and influence whether or not they feel they are entitled to access therapy or other services):

“ 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. ”

“ I didn't recognize it as 'sexual assault' because it didn't fit the portrayed image ('man' assaulting 'woman'). ”

Transgender perpetrators

Twelve percent of the FORGE survey respondents' perpetrators were transgender. This, too, can be ideologically difficult for some people to believe. This is particularly true if someone believes that transgender people are relatively powerless and that sexual

²⁶ Cook-Daniels, L., 2009. “Atypical' Sexual Abuse Survivors and Perpetrators: Where Are the Male Victims and Female Perpetrators? (Part Two of Two),” *Victimization of the Elderly and Disabled*, Vol. 11, No. 5, January/February.

²⁷ Cook-Daniels, L., 2009. “Atypical' Sexual Abuse Survivors and Perpetrators: Where Are the Male Victims and Female Perpetrators? (Part Two of Two),” *Victimization of the Elderly and Disabled*, Vol. 11, No. 5, January/February.

violence is an act of a more powerful person against a less powerful person. According to one FORGE survey respondent:

“ I never expected it from a fellow FTM. ”

Many of us believe that if anyone can understand and support a trans person, it should be another trans person. When a trans person we know, love, or care about is abusive or assaulting, 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. ”

Many therapists who specialize in sexual assault and trauma recovery have a strong background in an oppression model that envisions sexual assault as male violence against women. Although this outdated model does a great disservice to all victims, it can be especially painful for transgender survivors, particularly for those who do not identify as either male or female and may have had a perpetrator who was not male.

The pervasive cultural belief that men are violent or dangerous also contributes to increased fears some trans people have about their safety on the streets, in public

Smallness of Communities

A particularly knotty problem occurs when both the perpetrator and survivor are part of the same small community. This can be a result of people living in rural areas or when the survivor and abuser are both part of the trans community or other close knit demographic group.

- “ 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. ”*²⁸
- “ 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. ”*²⁹
- “ 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. ”*³⁰

The compounded issues of being in the same small community can impact if, how, when, and where we can access support. Survivors may end up making choices to protect our community, or even to protect our abuser, for the greater good of the community. Similarly, in rural areas, survivors may not want to access the therapists in their town or region because they may already have existing relationships with them outside of a professional context or the mental health providers are friends with or know the perpetrator.

²⁸ 2004 FORGE data from “Sexual Violence in the Transgender Community Survey,” (n=265) Unpublished data.

²⁹ 2011 FORGE data from “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.

³⁰ 2011 FORGE data from “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.

facilities, and in health care settings. For example, some trans women (whether they have a history of being assaulted or not) fear being assaulted or harassed in public. These fears can stem directly from a systemic “all-men-are-violent” culture. (Similar fears abound for trans men, such as fears about being assaulted in men’s bathrooms.)

For most trans survivors, it is important to find a therapist who can see beyond the dominant gendered paradigm because that belief can:

- 1. Invalidate and re-victimize the survivor,**
- 2. Perpetuate the incorrect cultural myth that (almost) all perpetrators are male, and**
- 3. Shut down communication between providers and survivors, in many cases.**

It is helpful if you can find a therapist who can support your experience but also aid in not reinforcing these cultural stereotypes, which increase fear and insecurity and lead to deepened isolation and depression.

There are perpetrators of all genders. Finding a therapist who can believe their client’s account of what happened and help survivors to understand that they are

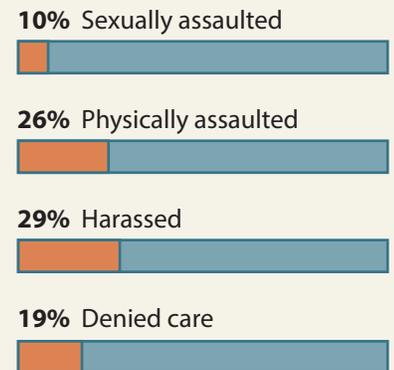
not the only one to experience that type of assault or have that type of perpetrator can be extremely empowering.

Service provider perpetrators

Unfortunately, some trans people have known of or have directly experienced sexual and other forms of violence from mental health providers and other professionals whom they sought out for services. These realities, of course, are often ample reason for many trans and gender non-conforming people to not access care.

For example, the 2011 report *Injustice at Every Turn* (a survey that included over 6400 trans respondents), found that 10% had experienced sexual assault in health care settings due to anti-transgender bias. 26% had been physically assaulted in health care settings because they were transgender or gender non-conforming. Even more had experienced harassment or other forms of discrimination when attempting to access health-related services.³¹ Although *Injustice at Every Turn* did not specifically break down physical health care and mental health care, FORGE’s research indicates that a substantial number of trans people have experienced discriminatory or abusive behavior by mental health care providers.

HEALTH CARE ABUSE



Grant, J.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.

“ 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’). ”

Similarly, many trans people have had discriminatory or abusive experiences with law enforcement, at shelters, or when trying to access other types of services and support.

“ 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. ”

“ 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. ”

THE GOOD NEWS

Although some service providers are still abusive and lack respectful professional behavior, the good news is that more providers are being trained, more professional organizations are requiring their members to not discriminate, and more agencies are requiring that all of their staff reach a level of cultural competency in serving trans and LGBTQ clients.

Segregated services

Services for sexual assault survivors may be segregated in many ways, including by binary gender (male/female), sexual orientation (LGB/straight), or any number of other demographic variables. Many services are for women only (oftentimes only non-trans women) or, at best, are offered separately for men and women, leaving little space for people who are gender non-conforming, or who do not identify as either male or female.

Most often therapy is between one client and one therapist—and segregation based on gender (or other attributes) is not overtly an issue. Frequently there is no official policy that denotes who can or cannot receive mental health services.

However, often times therapists who work with sexual assault survivors advertise that they specialize in “women’s issues” or may be known for “helping women recover from sexual abuse.” These types of phrases can send the message that their services are oriented only towards women and may not be as accessible for those who do not identify as female. Even though some of these providers may very effectively work with male survivors, trans or gender non-conforming survivors, the initial messaging may make you feel like their services might not be available to you, or that these providers may not be sensitive to your needs, experiences, and history.

Cultural competency and the law

More and more departments in the federal government, professional associations/organizations, statewide agencies and governing bodies, as well as individual service agencies are requiring that professionals not discriminate and that they treat all people with the same level of respect and access to services.

Examples of those who have issued such directives include:

- **Department of Health and Human Services**
- **Department of Education**
- **Violence Against Women Act / Office on Violence Against Women**
- **Centers for Medicare and Medicaid Services**
- **Department of Housing and Urban Development (HUD)**
- **Equal Employment Opportunity Commission (EEOC) & Title VII**
- **DOJ and Department of Education, Office for Civil Rights (OCR) & Title IX**
- **Some state health insurance plans (e.g. Oregon)**
- **Some Sexual Assault/Domestic Violence statewide coalitions**

- **American Medical Association**
- **American Psychiatric Association**
- **American Psychological Association**
- **American Academy of Family Physicians**
- **American Academy of Physician Assistants**
- **American College of Nurse Midwives**
- **National Association of Social Workers**
- **World Professional Association for Transgender Health**
- **National Commission on Correctional Health Care**
- **American Public Health Association**
- **American College of Obstetricians and Gynecologists**

For more information on these professional organizations' positions, go to http://www.lambdalegal.org/sites/default/files/publications/downloads/fs_professional-org-statements-supporting-trans-health_4.pdf

Some people—e.g. trans women, women of trans history—may find it extremely validating to work with a provider who specializes in female sexual abuse survivors.

Similarly, many people seek therapist referrals from local rape crisis lines or similar anti-violence agencies.

Many of these agencies, although often having extensive

lists of therapists, support groups, and other services for survivors, do not have detailed information on the providers in their list—frequently not knowing that some providers prefer to only work with women, or who may not have the knowledge or skills to work with people who are male, trans, or gender non-conforming.

Even the therapists who are very skilled at working with all genders of clients may have offices in locations that feel less than comfortable for many trans survivors to enter. Some providers work out of a “women’s center” or an agency of other sexual assault service providers. It can feel uncomfortable to walk through the doors of a “women’s center” if you identify as a transman, for example, even if it houses the best therapist for your needs.

Therapists and alternative mental health care providers (or spiritual leaders) may be directly connected with sex-segregated resources that are available to their clients. Some therapists run therapy-based support groups for survivors. The majority of support groups across the country are for women only, although

this trend is changing with more providers recognizing that survivors can be any gender. The options are also expanding due to LGBT Anti-Violence Projects that are providing group based therapeutic support that is often not linked to any one gender.

Other types of services that some providers may be connected with (either facilitating themselves, or in partnership with another provider) might be spiritual retreats focused on wholeness or healing from sexual violence; therapeutic art groups; or sweat lodges. It may feel disheartening to work with a provider who has other resources available to their clients that aren’t available to you if they are segregated by gender.

Recognizing that some therapists do have a preference for working with clients of a specific gender can be an important awareness to have. It is also useful to check in with yourself about if you feel comfortable walking into a space that is gendered or focused on a specific population that you may or may not identify with.

If you are interested in working with a therapist who happens to gear their services mostly to one gender, you may want to specifically ask about their experience in working with other genders, what their policies are for optional services (like access to support

groups), and if they perceive there to be any challenges with you accessing services at their agency.

Forms

Intake and other forms can be one of the first things you see about a provider. Although many providers have rarely thought about their forms, you may notice immediately that you don't easily fit into any of their boxes.

Frequently, intake forms only have Male or Female as the choices for gender. They may also have limited options for relationship status (such as married, single, divorced). Many therapists use outdated forms—and often forms that they did not create themselves. Therapists who work at larger agencies may not have any choice in the forms they use and would prefer forms that were more inclusive of non-binary gender and relationships that may not fall into heterosexual partnerships.

Most trans people are used to seeing forms that don't fit their identities or histories. Even though intake forms are often just a matter of protocol or formal necessity for the provider, it may make you feel uncomfortable to have to choose from only two options. It may also cause some distress to determine if you want to leave this question on the form blank, or opt to write in a gender that is more accurate, since this may feel exceptionally

vulnerable if you haven't yet met the therapist and determined if they are safe to share transgender information with.

At times, forms may be used to segregate clients based on the gender they select. For example, some agencies assign a provider based on the gender of the client. This can be especially true of agencies where clients don't have a choice in which provider they see, but rather, are assigned to any provider at the agency who has an opening. In some cases, these agencies pair female clients with female therapists and male clients with male therapists, often believing that this would be most desirable or comfortable for clients. If you are contacting an agency that assigns a therapist to you (vs. you selecting a specific therapist), you can make your preference clear if you have a preference for the gender of your therapist.

Unfortunately, some therapists will spend a long period of time discussing your response to the gender question on a form. They may pressure you to select a binary gender (if you chose to not answer the question) or may ask a large volume of questions about your gender identity/experience/history if you wrote in another gender. In some cases, therapists who later learn you are transgender may feel “deceived” and may engage in highly assertive behavior of questioning you as to

why you did not tell them this seemingly-all-important piece of information sooner. Regrettably, their ignorance or inability to see gender as just one component of who a person is—as well as their lack of understanding that disclosing gender identity may be vulnerable and sensitive to some people—may lead to negative therapeutic outcomes.

In most cases the forms are looked at during the intake session and by office

staff who bill insurance, but are rarely reviewed again. Some trans clients have concerns about insurance coverage if their gender on their insurance does not align with the gender they select on forms. (see **Insurance and diagnostic codes** section on pages 79–81) It may be a difficult decision to weigh the options of how to complete gender selections on forms if it may influence insurance coverage and/or involuntarily disclose your gender history to your therapist.

If your therapist would like to learn more about how to create a trans-welcoming environment, or improve their forms and office procedures, suggest they review the online archive of recorded webinars specifically for providers who are serving transgender survivors.

<http://forge-forward.org/trainings-events/recorded-webinars/>

They might be especially interested in viewing

“Creating a Trans-Welcoming Environment”

<http://forge-forward.org/event/trans-welcoming-environment/>

Facility restrooms

It is important to feel as comfortable as possible when seeking services. Gender-specific bathrooms are a source of stress for many transgender people.

In a 2011 survey³² FORGE conducted, with 1005 respondents, more than 65% said they viewed the availability of gender-neutral bathrooms as “important,” “very important,” or “extremely important” in their decision to access professional services.

Even though bathrooms (segregated or not) are not directly related to the mental health services you receive, it is important to feel comfortable enough to use the bathroom at a therapist’s office. The added stress of inaccessible bathrooms can be enough of a factor to influence whether or not to continue seeing a therapist, in some cases.

Many agencies have converted single-stall bathrooms to unisex bathrooms. This quick and low-cost change benefits a wide range of people, including non-transgender individuals who feel they must wait in a hallway for “their” bathroom to become available—even if the one next door is unoccupied.

If you have found a therapist you like and if the gendered layout of the bathrooms is something that is uncomfortable for you, consider talking to your therapist about options and potential actions they can take. For example, the therapist may know of a more accessible bathroom you could use or they may want to take a more proactive approach to convert existing bathrooms into gender neutral ones and/or place signage in existing bathrooms that denote that all individuals have a right to use the bathroom and should be allowed to do so in peace.

This restroom may be used by any person regardless of gender identity or expression. Single-gender restrooms are available _____ [LOCATION] _____.

We ask everyone using these public restrooms to be respectful of others’ identities and assume that people are using the bathroom most appropriate and/or comfortable for them.

AT LEFT:
These are two examples of signs some agencies have placed inside or outside of gendered restrooms, or in their waiting areas.

³² 2011 FORGE data from “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.

FORGE services and support

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 anti-violence issues.

For survivors

The free, core services we expect to offer indefinitely include:

- **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. 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. We use both 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>).

- **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.

- **Peer support listservs.** FORGE offers several peer support listservs, including one specific to transgender and SOFFA survivors of sexual assault. 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/>

- **Transgender conference workshops and tables.** FORGE frequently travels to transgender conferences, often presenting on topics of interest to trans/FORGE 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 services to transgender, gender non-conforming and SOFFA sexual assault survivors and loved ones:

- **Online Writing to Heal Courses.** Writing to Heal: Soothing the Soul (through words, images, and experiential activities) is a dynamic, experiential and reflective writing-based course that encourages and allows participants to transform feelings about past abuse, assault or violence into empowered hope. Participants use writing, art, and movement to address topics that impact many survivors and loved ones. These courses usually include one group call per week; a different topic with one or more “assignments” each week; daily reflective quotes, snippets, music, and inspiration; a private online forum to share writing and art with facilitators and classmates;

and a welcome package with supplies and course materials. You can find out more or sign up for the next course at <http://forge-forward.org/wth>.

- **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 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 will be 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 training, publications and technical assistance for professionals who serve transgender and SOFFA individuals. We encourage you to bring the following resources to the attention of service providers you and/or your loved one work with:

- **Training webinars for victim service providers.** FORGE produces and facilitates a 90 minute training webinar every month 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 & 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 support 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

www.FORGE-forward.org

414-559-2123

AskFORGE@FORGE-forward.org

Facebook: <http://www.facebook.com/FORGE.trans>

Twitter: @FORGEforward

Instagram: @FORGE_forward

APPENDIX A**Screening Interview Checklist****My first impressions***(check all that apply)*

- I felt heard—the therapist listened to my questions.
- I understood the responses the therapist gave to my questions—they provided ample detail.
- The therapist asked good questions and listened to my responses.
- The conversation didn't feel rushed—I was able to ask the questions that most mattered to me.
- I felt reasonably comfortable.
- I was treated with respect.
- I am able to afford this therapist (my insurance covers them, or their sliding scale is within my budget).
- I am able to easily travel to their office.

My overall impression:

- Excellent
- Good
- Fair
- Poor

APPENDIX B

First Session Checklist

My first impressions

(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I felt heard—the therapist listened to my questions. | <input type="checkbox"/> I felt reasonably comfortable. |
| <input type="checkbox"/> The conversation didn't feel rushed—I was able to ask the questions that most mattered to me. | <input type="checkbox"/> I was treated with respect. |
| <input type="checkbox"/> I understood the responses the therapist gave to my questions—they provided ample detail. | <input type="checkbox"/> I felt believed. |
| <input type="checkbox"/> The therapist asked good questions (they were appropriate and not too invasive) and listened to my responses. | <input type="checkbox"/> I could see the provider took steps to create a "safe" environment. |
| <input type="checkbox"/> My gender/gender identity/gender expression were not stigmatized (and the therapist didn't ask inappropriate or invasive questions). | <input type="checkbox"/> The provider shared their approach to working with clients. |
| <input type="checkbox"/> I didn't have to educate the therapist about my gender and they did not focus too much of our time on these issues. | <input type="checkbox"/> The provider is clinically qualified to work with the concerns I am bringing to therapy. |
| | <input type="checkbox"/> We discussed payment options (insurance, self- or co-pay) and I feel comfortable with the arrangement. |
| | <input type="checkbox"/> I am able to easily travel to their office. |

My overall impression:

- Yes! I want to see this provider again!
- Probably. I want to make a second appointment and see where it goes.
- Unsure/no. I want to explore other options.

APPENDIX C

Continuation Checklist

**Review this checklist as often as you need—
every session, every six months, or never.**

(check all that apply)

- I feel understood
- I feel supported
- I feel respected
- I feel valued
- I feel a sense of trust and warmth
- My experiences/feelings/words are being honored
- My experiences/feelings/words are not being minimized or distorted
- My experiences/feelings/words are not being discounted
- I feel able to confront my therapist if something makes me uncomfortable
- My therapist is asking relevant and appropriate questions
- My therapist is not defensive
- My therapist takes responsibility for their actions
- My therapist is on time, does not cancel frequently, and provides me with my full appointment time
- I believe my therapist and I are working towards my goals
- I feel positive about my therapist

