Supporting Trans, Two-Spirit and Gender Diverse Survivors

For Healthcare Professionals and Service Providers

Victoria Sexual Assault Centre
healing, education & prevention
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Introduction

This booklet was created for you by the Victoria Sexual Assault Centre.

The purpose of this document is to help prepare Forensic Nurse Examiners, Victim Service Workers, Healthcare Professionals and other service providers in the Greater Victoria area to better support Trans, Two-Spirit, and Gender Diverse survivors of Sexual Assault, Childhood Sexual Abuse, and Sexualized Violence. This document includes key concepts necessary for a basic understanding of the Trans, Two-Spirit and Gender Diverse experience, some information on barriers faced by Trans, Two-Spirit and Gender Diverse survivors, definitions, tips, guidelines, local resources, and common reactions Trans survivors may experience following a sexual assault.

The Victoria Sexual Assault Centre is a feminist organization committed to ending sexualized violence through healing, education and prevention. We are dedicated to supporting all women and Trans, Two-Spirit and Gender Diverse survivors of sexual assault and childhood sexual abuse, through advocacy, counseling and empowerment.
What does Transgender mean?

There are significant flaws in the ways that we, as society, think about and teach each other about (biological) sex and gender. This includes (but is not limited to) a gross oversimplification of what “sex” or “gender” are, a strict adherence to gender roles, and a rigid gender binary wherein a person is put into one of two “gender boxes” at birth (based on genitals) and are expected to stay within the limitations of that “box” their entire life.

These flaws and misunderstandings can and often do very harmful ways.

Transgender people reject this assignment, and either change boxes or find their own home somewhere else beyond these limitations. There is no one way to be Transgender, and a Transgender person does not necessarily conform to either of the dominant genders or roles we hold as a society nor do all Transgender people undergo “the surgery” or other physical or hormonal changes.

The simplest way to understand “Transgender” is just to think of someone who was assigned one gender at birth (“boy” or “girl”), and realized that this assignment was wrong. We need to recognize that there is nothing wrong or broken about Transgender people, and that being Transgender is not a mental illness nor is it in any way the fault of the individual. We as society are assigning them a label from birth that is just not accurate or representative of whom they really are as a person- and they are correcting that for us.
If you would like a glimpse into what it can be like to be a Trans person, there is a simple exercise you could do:

Think of yourself (exactly as you are now) including your own concept of your personal gender and what it means to you - with the exception that since the moment of birth everyone you have ever met has told you that you’re really something else.

For example if you’re a man, imagine that everyone you have ever met was convinced that you were a woman, every textbook you ever read was certain that your body was a “woman’s” body, and you were required to dress, talk, and act like a woman. In this case, how long do you think it would take you to figure out that you’re not a woman? How might this feel?

What does Two-Spirit mean?

These ideas that we hold around sex and gender (that there are only two genders, and they are based on a single physical characteristic at birth which determines your sex- ie. A penis or a vulva) are both relatively recent inventions and recent imports to these lands. They came here through colonization, and were used to erase other ways of understanding our bodies and genders that already existed here.

“Two-Spirit” is a broad term that covers many identities and concepts among Indigenous communities, and although they could be thought of as somewhat similar to Transgender identities... they are different and unique to indigenous communities.
Violence, Access and Barriers

Trans, Two-Spirit, and Gender Diverse people experience a far higher risk of sexualized violence in their lifetimes, on average, than Cisgender*1 (or “non-Trans”) people do, and many people from these communities feel unable to access needed services or fear further victimization and violence from law enforcement or healthcare professionals.

Trans folks regularly report encounters with unprepared or uninformed health care workers, unprofessional and unacceptable behavior (such as intentionally and repeatedly misgendering*1 or deadnaming*1 Trans clients), and being outright refused service in healthcare settings. For these reasons many Trans folks hold a significant lack of trust in healthcare professionals- and this is an important dynamic to keep in mind when working with Trans survivors*2.

Outside of these dynamics, there are other barriers that make it difficult for Trans, Two-Spirit, and Gender Diverse survivors to access services. Some examples are:

- Forms that require a patient to fill in “F” or an “M”
- Needing to make phone calls (many Trans folks, especially Trans women, are often very uncomfortable talking on the phone)
- Hospitals not using preferred (or even current legal) name or gender on hospital documents or bracelets
• Being called by your ‘dead name’ in a clinic (and being forcibly outed to a room full of strangers)
• Needing to disclose your assigned name or gender at Triage (again, being forcibly outed to a room full of strangers)
• Medications that are “gender locked”*1
• Being expected to educate healthcare professionals about our bodies while accessing services
• Trans “Broken Arm Syndrome”*1

*1 See Definitions
*2 Although it is important to keep in mind that we all exist within society that promotes harmful stereotypes about Transgender (and other marginalized) people and that we have all (including those in “helping” professions) internalized these kinds of beliefs - there can be no excuse for exclusionary practices or the refusal of much needed medical care.
9 Practices that Support Trans, Two-Spirit and Gender Diverse Survivors

1. Let them take the lead
People who experience marginalization are not often given the opportunity to make decisions about their care needs, and often their choices can be dismissed or ignored. Trans folks know their needs best. Work with the client to establish what their concerns are, how they want their body to be treated and touched (if applicable), what medications may be necessary, and what kind of services and referrals are appropriate and relevant to them. Their care needs to be individually focused and individually-lead. This practice is a helpful way to establish trust with the people you are working with.

2. Learn why you need the information you do, and communicate that to the survivor.
If you are required to gather information about a client such as legal name or an “M/F” on a form - learn why you need this information, how it will be used, and communicate this to the survivor. Not only is this good information to to have on hand, but it may help you to provide more appropriate services and could help the survivor feel more comfortable as well.
3. Don't guess a person's pronouns!

You can't assume a person's gender from how they look, and it follows that you shouldn’t assume what pronouns they use either. Unless you know someone’s pronouns (i.e. they told you already), it is important to ask, and to ask everyone (even people you think are Cisgender*1 ).

It's also a good idea to practice asking for pronouns and to be comfortable with doing so... as discomfort could be read as you outing them or being unprepared to support them. To make this easier, it’s often best to put it on yourself first. For example, you could say something like, “as part of my practice, I like to check in about pronouns, or how someone wants to be referred to. I use the pronouns______*. Which pronouns would you like me to use with you?” In terms of any follow-up questions, take your cues from the survivor. Also keep in mind that consent is an important part of this process. Let the survivor determine where and how they'd like you to use what name and pronouns. For example if you're working with a team, ask if they'd like you to relay this information to the rest of the team, and ask them if they would like you to correct anyone using the wrong name or pronouns.

Please note: not all people think a lot about their pronouns. Should someone question you on why you would ask about their pronoun, you can follow up by saying that “part of my practice is to not make assumptions” and “I want to make sure that I use your correct pronoun.” For examples of some common pronouns (and how to use them) see the resources list at the back of this pamphlet.

* If it feels safe to do so. Sharing pronouns is a personal choice, and some practitioners (especially those who are Trans/Two-Spirit) may not wish to do so in some contexts.
4. **Accept and respect non-disclosure**
There are many reasons a Trans/Two-Spirit survivor may not disclose to you or to other staff. If you discover that a survivor may be Trans (through medical records or otherwise) - don’t confront them or treat them any differently. Again they know best what their needs are, let them take the lead.

5. **Be mindful of assumptions you make**
It is very common to try to fit Trans people’s medical needs into the more familiar “male” or “female” binary, and to assume that a *Transfeminine* persons body behaves like a “male” body or that a *Transmasculine* body behaves like a “female” body. Not only is this inaccurate (and deeply *Cissexist*), but these assumptions could lead to you make incorrect guesses regarding what medications are appropriate, what kind of medical concerns the survivor many have (for example around pregnancy) and what services they may need. This relates back to both #3 and #1. Think about what kind of questions you are trying to answer for yourself by making these assumptions about their bodies, and ask them. (let them take the lead). Further, remember to explain why you are asking that question!

This is a good practice to get into with all survivors - regardless of whether or not they are Trans, Two-Spirit, or Gender Diverse.

*1 See Definitions*
6. **Own your mistakes**
This is a learning experience, and it’s totally normal to make mistakes or to fall back to assuming someone’s name or pronouns without meaning to. If you do make a mistake, don’t make a big deal of it! Simply apologize, correct yourself (out loud), and move on.

7. **Challenging harmful views**
We live in a society that actively erases Trans, Two-Spirit, and Gender Diverse bodies and experiences - and you will most likely encounter *Cissexist* and *Transphobic* assumptions, “jokes”, and slurs in your workplace and in your life. In order to move towards a more inclusive workplace (and society) we need to directly challenge these harmful ideas (when it is safe to do so), even if it makes things a little awkward sometimes. A little discomfort is often a necessary step towards change.

8. **Keep practicing and keep learning**
The harmful assumptions we make about Trans, Two-Spirit, and Gender Diverse people (as well as other marginalized groups) have been ingrained into us for most of our lives. Unlearning these ideas and narratives is so important – but it takes ongoing work, and practice. There are some resources listed at the back of this pamphlet that explore some ways to do this.

*1 See Definitions*
9. Use a Trauma Informed approach
Using trauma-informed principles when supporting Trans, Two-Spirit, and Gender Diverse survivors (and all survivors) is essential to creating a foundation of safety and in minimizing re-traumatization. It is important to recognize that trauma has widespread, holistic, effects on both individuals and communities. Components of a trauma-informed practice include:
• Seeing the survivor as a whole person (not just seeing the symptoms, etc)
• Using a strengths-based perspective (ie. in what ways is this person already working to keep themselves safe, etc)
• Recognizing the contexts of survivors lives, including how intersecting oppressions can shape their experiences.

You can promote survivor empowerment through many of the previous tips, but some key things to keep in mind are:
• Maximize choices - allow the survivor to control as much as possible (let them take the lead)
• Work from a place of compassion and non-judgement
• Validate their experiences and responses
• Work together to develop goals and foster their self-advocacy skills

Developing ‘trauma competence’ involves recognizing how prevalent trauma is, the effects of trauma on the whole person, and understanding that behaviours and responses may reflect attempts to cope with the affects of trauma.

This support can be immensely healing.
Glossary of Terms

**Cisgender**
A Cisgender (or Cis) person is someone whose actual gender matches the gender they were given at birth. For example a woman who was born with a vagina/vulva and who was assigned female at birth is a Cisgender woman.

**Transgender**
A Transgender (or Trans) person is someone whose actual gender does not match the gender they were given at birth. For example a man who was born with a vagina/vulva who was assigned female at birth could be a Trans man. Note: These terms are adjectives, not nouns. Referring to someone as “A trans” is incorrect. Similarly “Transgendered” is also incorrect.

**Two-Spirit**
Two-Spirit (or Two-Spirited) is a broad term that covers many gender identities unique to and belonging to Indigenous communities. Please refer to the section “What does Two-Spirit mean?” p.5

**Genderqueer or non-binary**
Genderqueer and non-binary people are people who do not fully fit into the socially constructed categories of “man” or “woman” (The idea that “man” or “woman” are the only options is commonly referred to as the “gender binary”)

**Agender**
Agender means “without gender”, and an agender person is someone who does not (necessarily) hold a gender identity. Other common, somewhat similar, terms are “gender neutral” or “genderless”.
Transfeminine / Transmasculine
Transfeminine and Transmasculine are umbrella terms used to describe people assigned male or female at birth but who’s true gender lies elsewhere along a “feminine” or “masculine” spectrum - but not necessarily within the binary categories of “man” or “woman”. For example a genderqueer person assigned male at birth may also call themselves Transfeminine.

Transphobia
Similar to “homophobia”, Transphobia refers to the fear and hatred of Transgender people.

Transmisogyny
A specific intersection of Transphobia and Misogyny used to discuss the unique forms of violence that Trans women and Transfeminine people face.

Cissexism
A system of ideas that work to reinforce a rigid gender and sex binary, to erase Trans, Two-Spirit, and Gender Diverse people, to promote the supremacy of Cisgender people, and to encourage Transphobia and Transmisogyny. Cissexist ideas are deeply embedded within the very fabric of our society.

Deadnaming
Incredibly common in healthcare settings, “deadnaming” is when someone refers to a Trans, Two-Spirit, or Gender Diverse person with the name they were assigned at birth - as opposed to their actual name.
**Trans “Broken Arm Syndrome”**
A recent term used to describe when health care providers assume every health problem a Transgender, Two-Spirit, or Gender Diverse patient has is ultimately rooted in their (a) gender. This is surprisingly common occurrence, and could look like the assumption that the stomach bug was caused by stress due to being Trans, that a sinus infection is caused by Hormone Replacement Therapy, or other unrelated claims.

**Misgendering**
When you call someone by the wrong gender or use the wrong pronoun, you are misgendering them. For example calling a Transgender woman “he” is misgendering.

**Gender Locked Medications / Treatments**
Many insurance or coverage plans will cover different medications depending on whether or not there is an “F” or an “M” on a person’s medical record - and many treatment plans and standard tests are determined by this information as well.
This can be a serious issue for many Trans, Two-Spirit and Gender Diverse folks, with medications left uncovered or inappropriate tests being run (or not- such as baseline pregnancy tests).
Resources and Ongoing Learning

- **Provincial Health Services Authority Trans Health Program**
  www.transhealth.phsa.ca

- **Victoria Sexual Assault Center**
  www.vsac.ca

- **Minus 18’s Pronoun App**

- **FORGE**
  http://forge-forward.org

Thank you for reading this information. Please note that the intention of this booklet is to provide brief, basic information. We encourage you to further explore these important topics and practices, as well as to connect and consult with Trans, Two-Spirit and Gender Diverse people to better support these communities.