

In April 2013, the Office on Violence Against Women announced publication of the 2nd edition of the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescent (SAFE Protocol, 2d.), available at <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>. The 145-page document discusses transgender survivors 25 times. In nearly every case, the content truly is trans-specific (as opposed to “LGBT”), including a major section on pages 38-39. This annotated handout provides additional information about each of the references in the Protocol.

Page	Protocol quote	Additional details
p. 31	"For example, female and transgender patients may be worried about getting pregnant."	Pregnancy is a possibility for female-to-male transgender, gender non-conforming masculine individuals, and butch women. Even if a trans-masculine person is regularly using testosterone, he still has a risk of pregnancy that should be discussed.
p. 32	"Also, consider what equipment and supplies might be needed to assist persons from specific populations (e.g., a hydraulic lift exam table may be useful with victims who have a physical disability or non-gendered body maps for transgender patients)."	Ideally non-gendered body maps would be used, but some agencies have mandated forms and charts. Keep in mind the concept of "know and tell why" to let your transgender patient know that you are not disrespecting their gender by using a particular form. (Let them know why you selected the form you did -- affirming that it is because you want to best record their injuries and the assault.) The use of a pediatric speculum may be needed for trans-masculine patients who require a vaginal exam.
p. 38	"Intake forms and other documents that ask about gender or sex should allow patients to write in a response, or include transgender and intersex options. Make sure questions appropriately distinguish between sexual orientation (the gender(s) someone is attracted to), gender identity (the internal sense of being woman, man, or gender non-conforming), and their sex."	While it is important to have inclusive intake forms, many transgender (and intersex) people identify as male or female and may not indicate on a form they are transgender. They may also have safety concerns about disclosing their transgender history, fearing a negative response or denial of treatment. Gender identity may include an internal sense of being male, female, bi-gender, multi-gender, pan-gender, Two Spirit, or one or more of hundreds of gender identities. A list of just a few (101!) identity words transgender people may use is available at http://forge-forward.org/wp-content/docs/101-trans-words.pdf
p. 38	"Always refer to victims by their preferred name and pronoun, even when speaking to others. If unsure of what to call the person or what pronoun to use, ask."	On rare occasions, a trans person may be accompanied by someone who does not know their identity or history. In these cases, ask the patient privately how they would like you to refer to them in that person's presence.
p. 38	"Treat the knowledge that the person is LGBT as protected medical information subject to all confidentiality and privacy rules. Be aware that companions of LGBT victims may not know their gender identity or sexual orientation."	While this is true, some trans people may want your assistance in sharing their transgender status with other providers if the prospect of them needing to disclose multiple times feels daunting or uncomfortable.
pp. 38-39	"It is critical to not show surprise, shock, dismay, or concern when you are either told or inadvertently discover that a person is transgender. Be especially careful about your body language – gasping, sighing, a sharp intake of breath, or widening eyes can all be very upsetting to someone who may worry that you are making a judgment or assessment of their body."	Since many trans people have previously experienced abuse, discrimination or poor treatment in health care settings, their willingness to seek medical care post assault may already be low. If they encounter any negative (or <i>perceived</i> negative) response, they may leave and not receive needed medical care or forensic evidence collection.

Page	Protocol quote	Additional details
pp. 38-39	<p>"Understand that transgender people have typically been subject to others' curiosity, prejudice, and violence. Keep in mind that transgender victims may be reluctant to report the crime or consent to the exam for fear of being exposed to inappropriate questions or abuse. If the victim does consent to an exam, be especially careful to explain what you want to do and why before each step, and respect their right to decline any part of the exam."</p>	<p>For additional information on how to be more culturally sensitive (including how to distinguish between appropriate and inappropriate questions), consult FORGE's Fact Sheet, "Know and Tell Why" at http://forge-forward.org/wp-content/docs/FAQ-08-2012-know-tell-why.pdf or view an archived Transgender 101 webinar specifically aimed at victim service providers. Several archived recordings are available at: http://forge-forward.org/trainings-events/recorded-webinars/</p>
pp. 38-39	<p>"Be aware that transgender individuals may have increased shame or dissociation from their body. Some use nonstandard labels for body parts, and others are unable to discuss sex-related body parts at all. Reflect the victim's language when possible and use alternative means of communication (such as anatomically correct dolls or paper and pen for the victim to write or draw) if necessary."</p>	<p>Because trans people often have their identities maligned and denied due to the "evidence" of their bodies, some develop mild dysphoria up to intense hatred of the parts of their body that don't "fit" their identity. In addition, many have experienced child sexual assault or other physical abuse of gendered body parts, further complicating the picture. If health insurance did not discriminate against trans people and universal health care really was available, many -- but not all -- trans people would access surgery to eliminate these very distressing parts of their bodies. However, since surgery is currently not accessible to so many, results of these circumstances can include:</p> <ul style="list-style-type: none"> • Dissociation / denial / disconnect • Inability to name or talk about parts (particularly if provider insists on using gendered terms) • Renaming of parts; may not want to share this language with an outsider • Self-harm/(attempted) self-surgery <p>If you choose to use medical language with trans victims, make sure to inform them of why you are making this choice and that you are not disrespecting their preferred language.</p>
pp. 38-39	<p>"Vaginas that have been exposed to testosterone or created surgically are more fragile than vaginas of most non-transgender women and may sustain more damage in an assault. There may be additional layers of psychological trauma for patients with a male identity or a constructed vagina when they have been vaginally assaulted."</p>	<p>For trans-masculine individuals, testosterone may cause vaginal atrophy and decreased elasticity. Atrans-woman's surgically constructed vagina is generally created from the skin of her inverted penis and will be both less resilient than non-trans women's vaginas, as well as less deep. Because of these factors, there is an increased likelihood of tearing and other physical damage during an assault, raising the risk of STIs and HIV.</p> <p>Trans women may place substantial emotional and financial value in their vagina, and therefore be especially distraught if it is assaulted and/or damaged. Trans men may be emotionally detached from or dysphoric about their vagina, and may feel particularly "demasculinized" if vaginally penetrated.</p>
pp. 38-39	<p>"Transgender male individuals who still have ovaries and a uterus can become pregnant even when they were using testosterone and/or had not been menstruating."</p>	<p>Since many trans men may not realize they may be at risk of pregnancy, sensitivity about the possibility of pregnancy may be needed. Trans men may also have concerns about using emergency contraception methods, due to beliefs that use of any estrogen or progesterone-based medication may undermine their masculinity.</p>
pp. 38-39	<p>"Transgender people may engage in self-harm as a coping mechanism. However, cutting and genital mutilations are also frequently part of anti-transgender hate crimes. Be</p>	<p>48% of transgender people report non-suicidal self injuring behaviors, like cutting [dickey, l.m. (2010). <i>Non-suicidal self-injury in the transgender community</i>. Unpublished dissertation, University of North Dakota, Grand Forks.]</p>

Page	Protocol quote	Additional details
	nonjudgmental and careful when documenting such injuries."	
pp. 38-39	"Some transgender victims may want to talk about their perceptions of the role their gender identity might have played in making them vulnerable to an assault. Because of their value in possible prosecutions under hate crime laws, document any anti-transgender statements the victim says were made during the assault. Otherwise, listen to the victim's concerns and what the experience was like for them. Assure them that it was not their fault they were sexually assaulted. If needed, encourage discussion in a counseling/advocacy setting on this issue as well as on what might help them feel safer in the future."	<p>43% of transgender survivors believe that their gender identity or expression was a contributing factor in their sexual abuse or assault. [FORGE, 2005. Sexual Violence in the Transgender Community survey.]</p> <p>If the sexual assault was motivated at least in part by anti-transgender bias, consider the need for safety planning, especially if the perpetrator is known to the victim. For more information, view the archived webinar "Safety Planning for Transgender Clients" at http://forge-forward.org/event/safety-planning/</p> <p>A trans-specific safety planning tool is available at http://forge-forward.org/wp-content/docs/safety-planning-tool.pdf</p>
pp. 38-39	"Ensure that all referrals given to a transgender victim have been trained on or have significant experience with the special needs of transgender survivors of sexual assault."	Pre-screening all providers is essential, so that trans survivors are not revictimized by insensitive and untrained providers. FORGE offers free monthly webinars specifically for providers, to increase cultural competency. All webinars are archived and easily available on our website: http://forge-forward.org/trainings-events/recorded-webinars/
pp. 38-39	"Include opportunities for LGBT individuals to influence the development of sensitive responses for victims of sexual assault."	Any size or type of agency can involve transgender individuals in some way. Trans people can serve as volunteers (including on advisory boards and speakers bureaus), as event planners, or as participants in evaluation efforts.
p. 42	"Some victims, including transgender people, may also fear assault or belittlement by health care professionals' and/or law enforcement officials' responses to their gender identity or expression and/or transgender body. Follow facility policy on response to this and other types of threatening situations."	<p>Rates of violence by professionals against transgender people are high:</p> <ul style="list-style-type: none"> • 19% of trans people have been denied medical care because of their transgender identity/expression. • 10% of trans people have been sexually assaulted by a health care provider • 26% of trans people have been physically assaulted by a health care provider • 7% of trans people have been sexually assaulted by law enforcement • 29% of trans people have been harassed by law enforcement <p>[Grant, J.M, et al (2011). <i>Injustice at every turn: A report of the national transgender discrimination survey</i>, National Center on Transgender Equality and National Gay and Lesbian Task Force.]</p> <p>When possible, ensure that an advocate is present with the individual throughout all interactions with law enforcement and other professionals.</p>
p. 98	"Transgender individuals with a masculine identity and those with a constructed vagina may sustain additional physical and emotional damage when vaginally assaulted."	<p>Many trans-masculine individuals are emotionally detached from or dysphoric about their genitals, including their vagina. For some, lack of use in consensual sexual activity, as well as reduced elasticity of the tissue in general, may result in increased pain or tissue damage during the assault or exam.</p> <p>Trans women who have had vaginoplasty (the surgical creation of a vagina) may be very concerned about physical</p>

Page	Protocol quote	Additional details
p. 99	"Transgender individuals may be unwilling to part with prostheses and similar items for reasons of safety and/or cost."	<p>damage to this part of their body -- both because of the emotional symbolism and its importance to their identity, and because of the cost of surgery.</p> <p>For example, breastforms, hip pads, penile prosthetics, and binders are often costly, and many individuals do not have duplicate items to use if they leave these items as evidence. Discuss the possibility of victim compensation and ask if the survivor might be willing to part with these items if they know they will likely be able to buy new ones with the help of compensation.</p> <p>Trans women may be more vulnerable to safety concerns if they leave wigs or breastforms as evidence, since these items are often essential to publically presenting as female. When possible, make sure that trans women have access to make up and other items that will help them leave the facility presenting their gender in a way that will help them maintain the highest level of safety possible.</p> <p>Trans men may be unwilling to relinquish their binder for safety reasons, since a flat chest is significant in presenting as male.</p>
p. 100	"If female or transgender male patients are menstruating, collect tampons and sanitary napkins. Air-dry them as much as possible and then place them in a separate paper collection bag."	It is unlikely that trans men will be menstruating if they are using testosterone, but many trans trans-masculine and gender non-conforming individuals have regular menstrual cycles.
p. 115	"Although many transgender male individuals believe they are infertile as a result of using testosterone, cases have been reported of unexpected pregnancies. Therefore, if a transgender male individual has not had a hysterectomy, is still within childbearing years, and the nature of the assault suggests it, the possibility of pregnancy should be discussed, even if he has not been menstruating."	Many trans men may not be aware of possible pregnancy risks, so navigating these discussions sensitively will be essential, as discussed above.
p. 117	"Care should be taken to ensure that mental health professionals can appropriately and respectfully handle patients from minority and/or stigmatized groups such as specific cultural groups or transgender individuals."	Make sure your referral list includes providers who have experience working with trans clients. When possible screen all providers on your referral list for knowledge about and willingness to work with trans clients. Sending trans clients to providers who only serve women, or who are uncomfortable with transgender people, will revictimize the survivor and result in greater harm than good. FORGE maintains a database of providers throughout the country, as well as transgender support groups in every state (many of whom maintain lists of providers in their areas who are trans-informed).

FORGE is very proud to have contributed much of this content as part of our work to ensure that our nation's sexual assault, domestic violence, and other anti-violence agencies are able to respectfully and appropriately assist all of our diverse communities. To learn more about our work, see www.forge-forward.org