

Providing Gender Inclusive Care After Sexual Assault

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Conflicts of Interest

- + I have no conflicts of interest to declare.



Objectives

- Define the LGBTTTQ Community & explore the spectrum of gender.
- Explore the increased risk of sexual assault in the LGBTTTQ community.
- Discuss modifications to consider during a sexual assault examination & processes.
- Deconstruct barriers to accessing care and reporting after a sexual assault.



Sexual assault in gender minorities



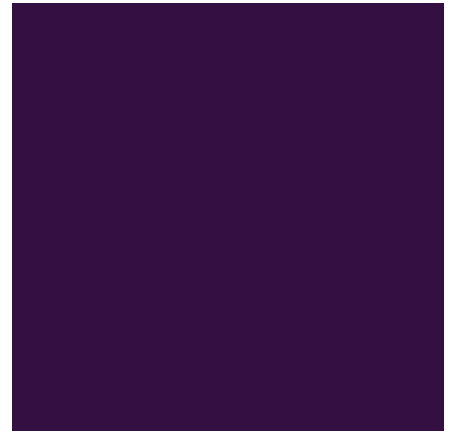
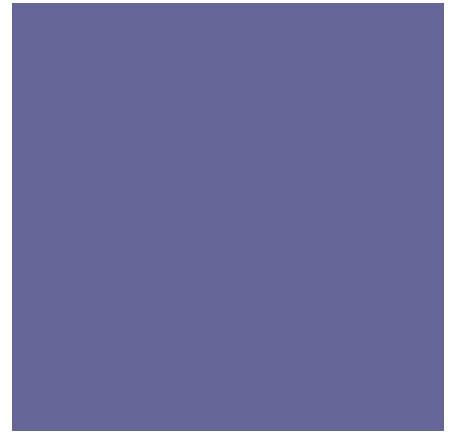
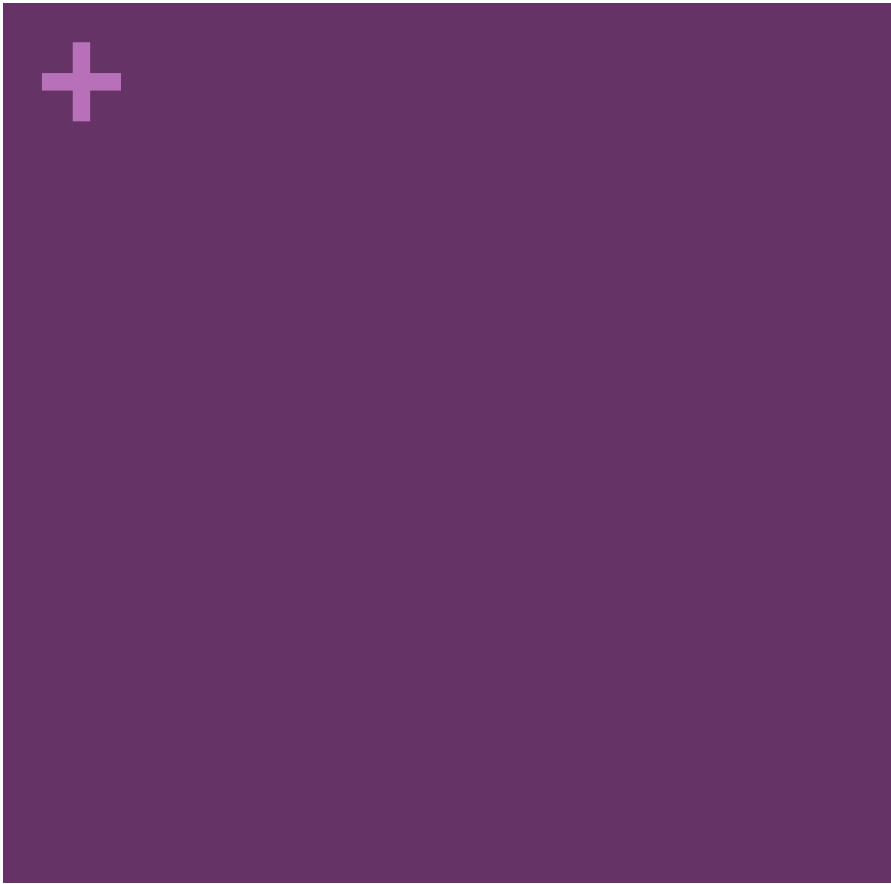
- The LGBTTTQ population is at high risk for victimization and violence, and more specifically have higher risk of sexual assault (Stotzer 2007). As responders, we need to tailor our assessments, examination, and investigation to best meet the needs of this population. The exams we perform and our investigations, are rarely comfortable, but we can strive to make them less uncomfortable and decrease any secondary victimization.
- Cochran et al. (2002) looked at a small sample of homeless youth and rates of physical and sexual victimization. They found that those who identified as LGBTTTQ had higher rates of sexual assault and specifically in males.
- LGBTTTQ community has higher rates of poverty, stigma and marginalization which are risk factors for sexual assault.



CDC National Intimate Partner and Sexual Violence Survey



- 44% lesbians, 61% bisexual women had been raped, physically assaulted or stalked compared with 35% heterosexual women.
- 26% gay men & 37% bisexual men also were victim of the same types of victimization as compared with 29% heterosexual men.
- Bisexual women had more than double the numbers of individuals who disclosed they were raped compared to heterosexual and lesbian women.
- Bisexual women had higher rates of rape by an intimate partner as compared to heterosexual.
- Gay & bisexual men had double the rate of rape compared to heterosexual men.
- In a survey of US Transgender individuals, 47% are sexually assaulted at some point in their life.



Background

+ What is gender?



Gender is a spectrum.



1 2 3 4 5 6 7 8 9 10 11 12



Barbie

Where on a spectrum might your gender identity be?



G.I. Joe

+ Sexuality versus Gender



- Sexuality is one's attraction to someone romantically and/or sexually.
- “Gender identity is our internal experience and naming of our gender.” - (genderspectrum.org)
- This is what gender you identify with; male, female, gender neutral. This does not necessarily correlate with the sex you were assigned at birth.

+ Basic Terminology

- **Transgender:** adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.
- **Cisgender:** relating to a person whose sense of personal identity and gender corresponds with the sex they were assigned at birth.
- **Crossdressing (transvestism):** wearing clothing and adopting a gender role presentation that, in a given culture, is more typical of the other sex.
- **Disorders of sex development (DSD):** Congenital conditions in which the development of chromosomal, gonadal, or anatomic sex is atypical. May also be referred to as intersex/intersexuality.

+ Basic Terminology (cont' d)

- **Female to Male:** adjective to describe individuals assigned female at birth who are changing or have changed their body and/or gender role from birth-assigned female to a more masculine body or role.
- **Male to Female:** Adjective to describe individuals assigned male at birth who are changing to who have changed their body and/or gender role from birth-assigned male to a more feminine body or role.
- **Gender Dysphoria:** Distress caused by a discrepancy between one's gender identify and sex they were assigned at birth.
- **Gender Identity:** a person's intrinsic sense of being male, female or an alternative gender.

+ Creating a Gender Safe Culture

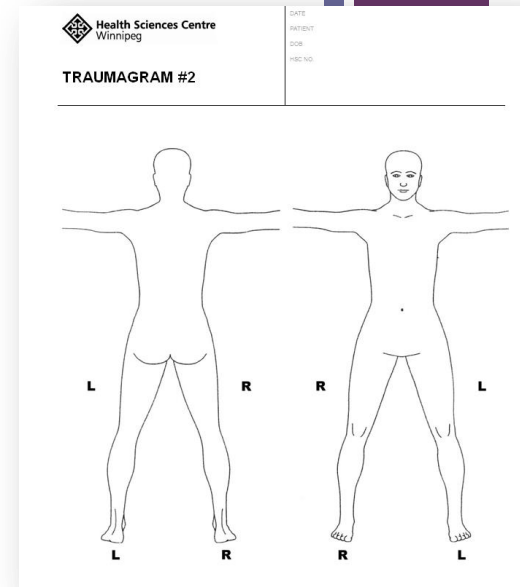
- Respectful of everyone's gender identity & how they identify.
- Don't make assumptions. If you don't know, just ask.
- Ensure you use correct pronouns with all clients, regardless of what is on their identification.
- Adapt forms and documents if you are able to, in order to be gender inclusive. (ie: having a space to write gender in versus male/female boxes).
- Gender inclusive bathrooms: does your space have gender neutral bathrooms or only male/female?
- Use gender neutral language when discussing the assault and/or medical history when possible.
- What images portray your service? Are they heterosexual only images? What would make your service appear inviting and inclusive?
- Do you use advocates? If so, do they receive gender sensitivity training?



+ Changing your practice to be more gender sensitive

- What is on your forms?
- Are your traumagrams gender neutral?
- What is your staff's education?
- How can you create a safe space?
- How can you be more gender inclusive?
- Are there other policies that need to be looked at?

Ie: Does someone's gender marker affect how the crime is investigated or how swabs/exhibits may be processed at the crime lab?





Medically Supervised Transition

for Transgender Individuals

- Not everyone who decides to transition from male to female, or female to male requires medical intervention.
- Transitioning is very individual.
- Remember that individuals may be at various stages of their transition when they come into contact with your services. It can take up years for a person to complete their transition.
- May include cross hormone therapy, gender affirming surgery, voice therapy.
- It may be possible for individuals to have gender markers changed on birth certificate and identification even without hormone therapy and/or surgery, depending on where one may reside.



Medically Supervised Transition

*for Transgender Individuals
(continued...)*

Hormone Therapy

- Consists of masculinizing therapy (testosterone) or feminizing therapy (estrogens, testosterone/androgens blockers).
- Usually on medication life-long.

Surgical Intervention

- Vaginoplasty, metoidioplasty, phalloplasty, orchiectomy, hysterectomy, tracheal shaves, facial feminization surgery.

Voice Therapy



+ Investigations



Information for Investigators



- Keep in mind that the DNA profiles you may receive back on evidence, may not match the patient's gender marker on identification.
- Communicate with the lab what sex the person was assigned at birth.
- Example: You may have a female identified person, but their DNA reference comes back as a male DNA profile.
- Remember that you may have no idea that someone has identified as transgender or has transitioned.
- Try to be conscious of the correct pronoun when interviewing and use the name they go by (if it differs from what may be on their identification).
- Are there considerations that need to be made for transgender individuals who are going to be incarcerated (ie: male or female incarcerated population?).



+ Sexual Assault Examinations

+ Information for Examiners & Medical Professionals



- Be aware of how traumatic a genital exam may be for someone who identifies as gender non-conforming.
- Speculum exams may be very uncomfortable, especially in trans males. In these cases you may choose to eliminate using a speculum in place of blind vault swabs.
- Use the smallest speculum possible when examining both transgender females (with a vaginoplasty) and transgender males (who have a vagina)
- Transgender males who are on testosterone therapy will have physical effects similar to post-menopausal females (vaginal atrophy, dryness, friable tissue)
- Neo vaginas will rarely have a cervix, thus you can just swab the vaginal vault.
- Examine and document findings just as any cisgender patient.



Important Tips

- Only ask what is medically & forensically relevant.
- Be aware of the patient's body language. Are they uncomfortable? Do they need a break?
- Use gender neutral language whenever possible (ie: bleeding versus menses or period; bottom versus vagina).
- Use of advocates. Are they willing to have someone present during the genital exam for support?
- Ask if you don't know.
- Clear documentation on the sexual assault documentation. Ie: if your patient is a transgender female, indicate they were assigned male at birth.

Case Study No.1

+ Cindy is 42 year old trans female who presented to the Emergency Room after a sexual assault earlier this morning and agrees to see the sexual assault nurse. After some discussion with the nurse, the client asks her to call the police to make a statement.

Upon meeting the patient, she discloses that she is transgender, and is currently undergoing medically supervised transition from male to female.



Case Study #1

How do you ensure Cindy receives gender inclusive care?

What pronoun do you use when speaking with Cindy?

What do you need to know about her transition to assist you with your investigation and/or examination?

Case Study No.2

+ A 37 year old trans female commits an aggravated sexual assault on a 25 year old female (cisgender). The forensic lab processes a vulvar and a vaginal swab and yields a male DNA profile.



Case Study #2

What questions or challenges may arise? For the lab? For Law Enforcement? In court?

What questions might you encounter as the examiner of the victim in this case?



Forensic Evidence Collection in Transgender Patients



- Most often, evidence will be the same as in cisgender males and females
- Most transgender females will not have a neo cervix thus you will only collect and receive vaginal swabs.
- Vaginal swabs in cisgender and transgender females are taken using the same technique however the tissue and vaginal flora is different.
- Collection in transgender males with metoidioplasty or phalloplasty will be same as natal males (depending on site of assault.)



Medical Discharge and Follow-up

- There usually is not a need for surgical consultation if the patient has a history of surgery, unless surgery is very recent.
- Make sure the patient has a health care provider they are comfortable going to for follow-up.
- It is very important to remember to offer emergency contraception to transgender males as they are still able to become pregnant, even if on testosterone.



Barriers to Reporting & Accessing Care



- Not aware that the setting sees LGBTTTQ individuals (ie: may think they only see females).
- Fear of discrimination.
- Concerned they may have to disclose too much about their gender. Transgender individuals as a group have a history of being inappropriately questioned about their anatomy and plans for surgery when it may not be relevant.
- They may not be aware they can decline certain parts of the examination they are uncomfortable with.
- Invite members of the LGBTTTQ community to come conduct training with staff, or to look at your workplace practice to encourage safety and acceptance.
- Utilize community consultation with the LGBTTTQ population where you live.

+ Take Home Messages

- Use correct pronouns and names, even when not in front of the patient.
- If you are not sure, ask..... “What do name do you go by?”, “What pronoun do you use?”
- Be respectful.
- Use advocates, ensure they also have gender sensitivity training.
- If you make a mistake, correct yourself and move on.
- Remember, transitioning is different for everyone and many may not have gender affirming surgery
- A person’s gender identity and/or sexuality should be kept private.



+ Resources



- World Professional Association of Transgender Health
www.wpath.org
- A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents: Second Edition. U.S. Department of Justice: Office on Violence Against Women.
- National Centre for Transgender Equality
<https://transequality.org>
- National LGBT Health Education Center
<https://www.lgbthealtheducation.org/lgbt-education/lgbt-health-resources/>



It takes a special kind of courage
to be who you really are.



A ROSEWORKS AND SEX SMART FILMS PRODUCTION "TRANS" PRODUCED BY WAYNE GRATZ DIRECTED BY RICH RAUB WITH JOHN AQUINO PAUL KALBACH DAVID SILBERBERG DARCEL WALKER
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Questions/Comments



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