

Revolutionizing the Multidisciplinary Response to Transgender and Gender Non-Binary Survivors of Sexual Assault

Paige Baker-Braxton, Psy.D.
She/Her



Please Take Care of Yourself Today

Our presentation will talk extensively about sexual violence and violence against queer communities.

We also know that some people might need to get up and walk around or excuse themselves during this presentation.

Please do whatever you need to be safe and healthy!

IT'S A GOOD DAY TO
TAKE CARE OF YOURSELF
(SO IS EVERY OTHER DAY).



Goals and Objectives

Goal

To improve the community response to TGNB survivors of sexual violence.

Objectives

- × Introductions to Howard Brown and who I am and why I am here!
- × Define sexual assault & examine statistics specific to LGBTQ/TGNB communities.
- × Discuss current sexual assault response programming and identify ways to queer it by examining the in.power Program Model.
- × Review best practices for working with TGNB survivors.

For over 40 years, Howard Brown Health has pioneered healthcare and wellness services for members of the lesbian, gay, bisexual, transgender, and queer community (LGBTQ).

- × Social Services
- × Primary Medical Care
- × Research
- × HIV/STI Prevention
- × Elder Services
- × Community Initiatives
- × Behavioral Health
- × Youth Services



Hello!



Paige Baker-Braxton

She/Her

in.power* Program Manager

Clinical Psychologist

Taurus, Dog Mom, Angry Feminist

**I have no relevant disclosures or conflicts of
interest!**



Wish I
were
there!

Tevin Giles, CM

He/She/They

**Pisces, Comic book
Coinsurer, Bad Reality
TV Expert**



Nadia Valdez, CM

She/Her

**Gemini, Tattoo apprentice
Artist, Breakdancer**



Hannah Brock, Intern

They/Them

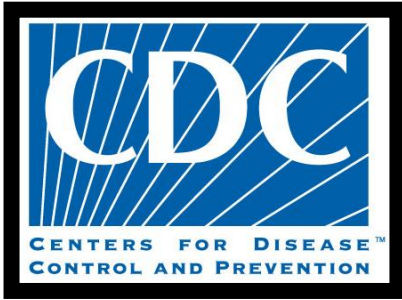
**Peer Advocate,
Experiential Educator
Poet, Music Maker**

Hello!



**Defining
Sexual
Violence &
Statistics**

Sexual Violence is:



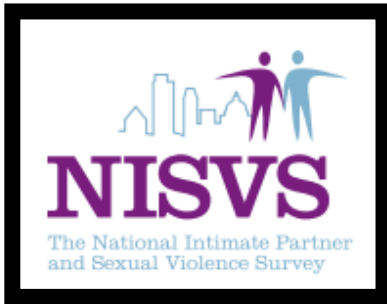
any sexual act committed against someone without that person's freely given consent.



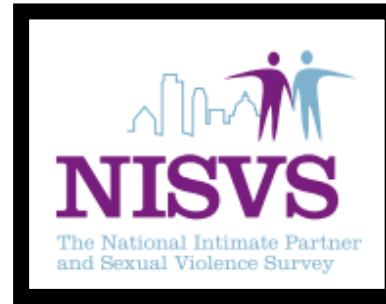
a system of oppression, a cultural pandemic, and a public health crisis.



**LGBTQ populations
experience sexual
violence at rates
as high or higher
than cis-heterosexual
populations.**



44% of lesbian women experienced stalking, physical violence and rape by an intimate partner compared to 35% of heterosexual women.



Bisexual and gay men are twice as likely to experience sexual violence as straight men.

**1 in 2 bisexual
women are
raped in their
lifetime.**



NISVS

The National Intimate Partner
and Sexual Violence Survey

**Trans and Gender
non-binary
communities are at
the **highest risk** of
experiencing sexual
violence.**

2015

U.S.

TRANSGENDER

SURVEY



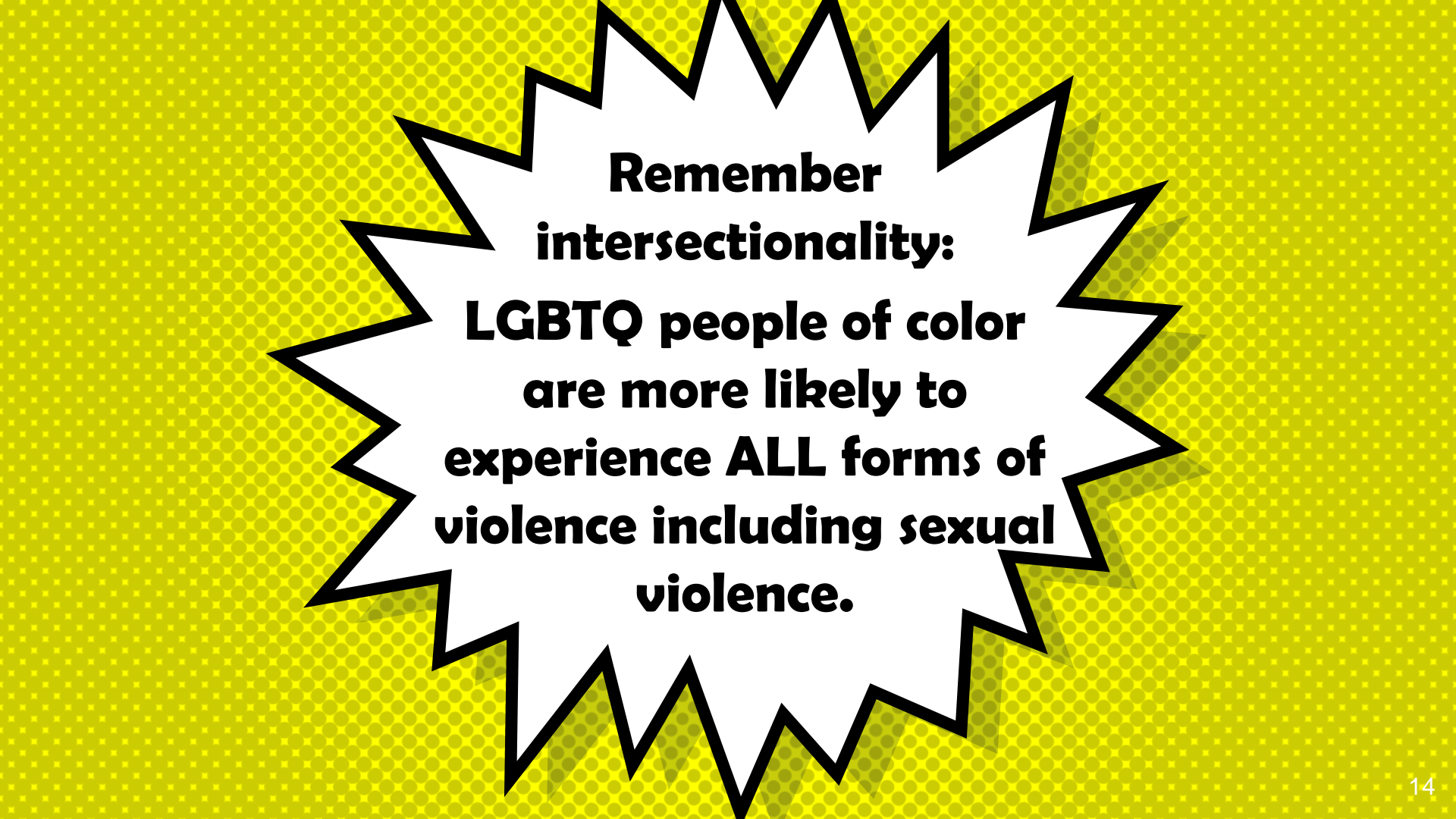
47% of TGNB people experienced sexual violence at least once during their lifetime.



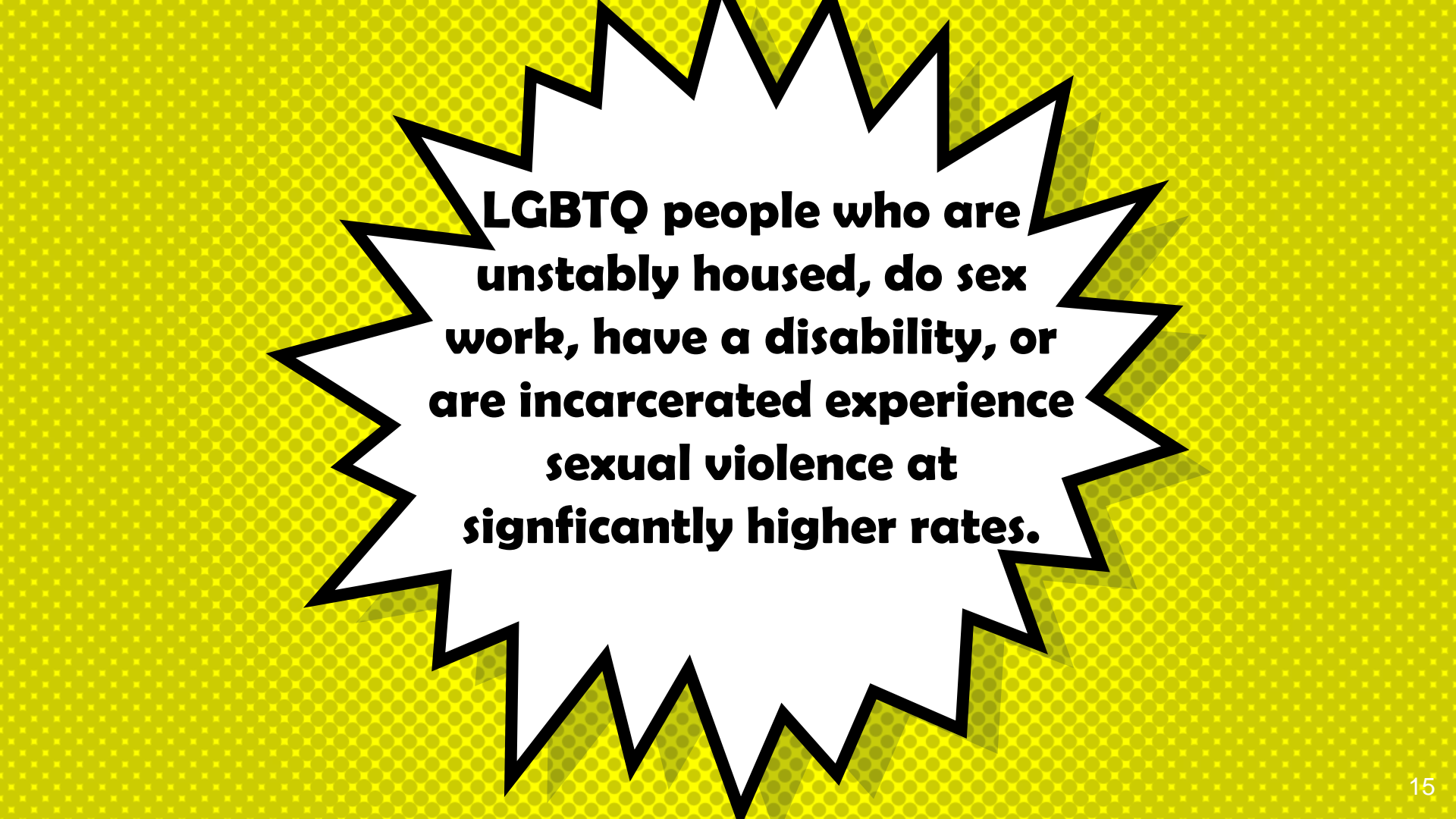
54% of TGNB people experienced intimate partner violence.



TGNB college students are more likely to experience sexual assault & intimate partner violence than their cis-female peers.



**Remember
intersectionality:
LGBTQ people of color
are more likely to
experience ALL forms of
violence including sexual
violence.**



**LGBTQ people who are
unstably housed, do sex
work, have a disability, or
are incarcerated experience
sexual violence at
significantly higher rates.**

**What does sexual
assault response
programming look like
now?**

**And why doesn't it work
for TGNB survivors?**

History of Sexual Assault Response Programming

Sexual Assault Response, Awareness, and Prevention Efforts emerged from the feminist movement of the 1960s and 1970s.

Programming was built by and for:

- × Cisgender
- × Heterosexual
- × White
- × Women



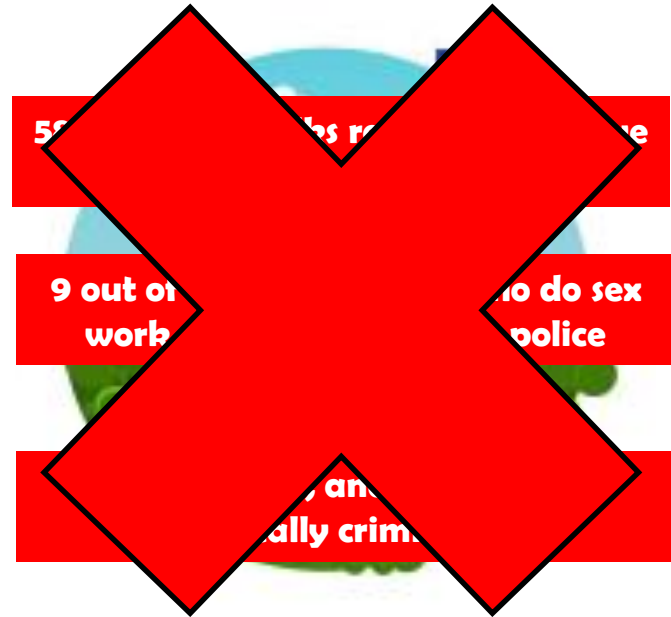
Sexual Assault Response Teams



Treatment



Accountability

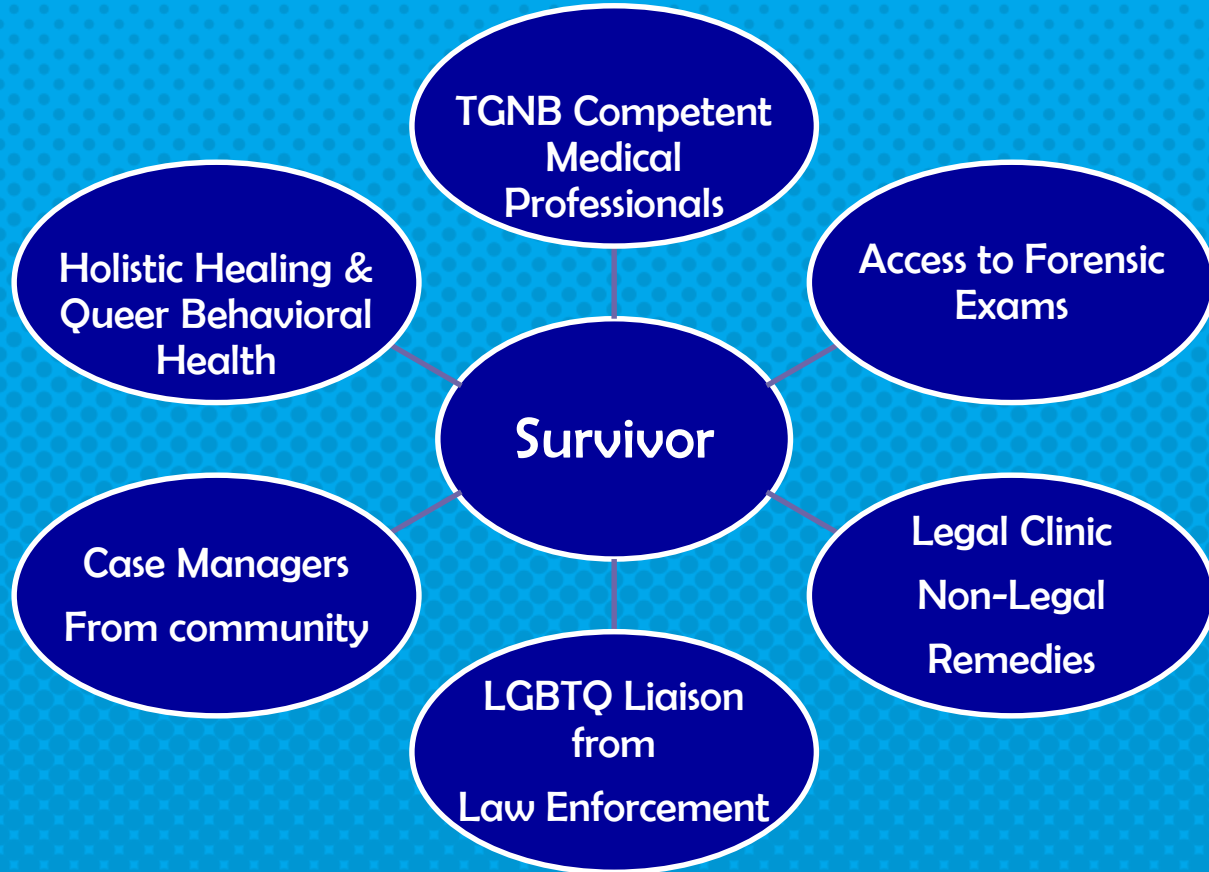


Sexual Assault Response Teams

For TGNCB Survivors



Sexual Assault Response Teams for TGNB Survivors



Let's Talk about...



in.power* is the first multidisciplinary, LGBTQ-specific sexual assault response program in the nation.

in.power* Program Mission

in.power* The Sexual Harm Response Project is committed to providing holistic, multidisciplinary services to queer survivors of sexual violence. The program centers anti-oppression, trauma-informed, informed-consent, harm-reductive and survivor-centered frameworks to address the clinical, social, and legal needs of LGBTQ survivors and the community in a compassionate, affirmative, and competent manner.

in.power* Team

Multidisciplinary *Kick Ass* Team

- × Medical → 3 registered nurses, 1 nurse practitioner, 1 physician
- × Case management → 2 case managers, program manager
- × Behavioral health → behavioral health consultants, program manager
- × Holistic healing → acupuncturist, body worker
- × Incredibles interns



Anti-Oppression

- Consideration of how people's identities, experiences, and way they move through the world are impacted by systems of oppression
- Acknowledgement of how our own privilege and power might impact the survivor relationship

Harm-Reductive

- Respecting survivor choices; meeting patients where they are
- Supporting survivor's agency in decision making while exploring consequences of behavior and offering strategies to increase safety

Informed Consent

- Communication of the potential risks and benefits of an appointment, procedure, etc.
- Consent is requested in every component of treatment – ongoing, fluid
- Uplift the power of no

Trauma-Informed

- Understanding widespread impact of trauma (individual, community, and system level)
- No "right way" to experience trauma
- Focus on safety, transparency, support, collaboration, empowerment

Survivor-Centered

- Survivor's wishes, needs, safety, and well-being take priority in all matters and procedures
- Survivor's are the experts; focus on empowerment
- Survivors determine what healing looks like

Free & Confidential Service Provision

Medical Services

Case Management

Group & Milieu Services

Holistic Referrals

Training

Internal Trainings

Provider Trainings

Stakeholder Trainings

Conferences

Outreach/ Community Accountability

Community Partnerships

Community Engagement

Outreach



**Best Practices for
Serving Queer
Survivors of Sexual
violence**

S.H.A.R.E.S.

Safety

Honesty

Affirmation

Resources

Empowerment

Self-care

*Created by :
Hannah Brock,
in.power intern*

Safety

Why SAFETY Matters

Sexual violence is violence. Every LGBTQ survivor served by in.power* has experienced multiple traumas.

TGNB people are more likely to experience all forms of violence including sexual violence and police brutality.

Safety concerns for TGNB people may be different than folks not holding those identities.

Action Steps

- ✘ Never pressure a survivor to talk to police.
- ✘ Assess for basic safety, safety in community, safety with self.
- ✘ Safety plan with harm-reduction frameworks.

FOR TGNB SURVIVORS:

POLICE

≠

SAFETY

Safety: Basic Safety

Basic Needs

- × Food; Water
- × Access to a bathroom
- × Clothing
- × Comfortable temperature

Safety in the Space

- × *“Are you comfortable talking here?”*
- × *“Would you like to sit or stand?”*
- × *“Do you mind if I close the door?”*
- × *“Is it okay if I sit here?”*



Safety: In Community

Safety in Relationships

- ✘ *“How safe do you feel in your relationship(s)?”*
- ✘ *“Are there people you can trust?”*

Safety in Home/ Community

- ✘ *“Do you feel safe where you are sleeping or staying?”*
- ✘ *“Do you have any concerns about encountering the person/people who has/have harmed you?”*
- ✘ *“Do you have stable access to food?”*



RISK ASSESSMENT
& SAFETY PLANNING

Safety: With Self

Suicidality/ Homicidality

- ✘ Always disclose status as a mandated reporter before assessing for safety
- ✘ Asking about suicide or homicide will not increase the likelihood of someone harming themselves or others

Take personal inventory:

- ✘ Can I do an effective safety assessment and safety plan?
- ✘ Who in my agency can support me in this process?

"Tell me about your feelings of wanting to hurt yourself."

"Sometimes people who have experienced this type of harm have feelings or thoughts about what they want to happen to the people that hurt them. Where are you at?"

Safety: With Self

Identify risk factors

Past attempts
Stressors

History of Psychiatric Disorder
Change in circumstance

Family History
Access to means

Identify protective factors

Internal: ability to cope, self-care, religious beliefs, resiliency/strength

External: responsibility to others, positive relationships, social supports

Assess thoughts, plans, intent

Ideation: frequency, intensity, duration

Plan: timing, location, lethality, availability means, planning actions/rehearsals

Intent: to carry out plan, believes plan is lethal

Determine risk level and need for intervention

Safety Planning & Harm Reduction

Harm Reduction:

- ✘ Centers the rights of survivors
- ✘ Providing survivor with information and empowering them to make decisions that work for them (without judgement)
- ✘ Survivors as experts
- ✘ Based on treating people with respect and dignity
- ✘ Uses a collaborative approach

“What does safety mean to you? How can I support you in finding that?”

“I hear that you are feeling unsafe where you are sleeping. Would it be helpful to explore other housing options or ways to make the space feel safer?”

“It sounds like you feel unsafe walking to work. Are there any supportive people you would want to accompany you?”

Honesty

Why HONESTY Matters

TGNB people face high levels of discrimination and denial of care in healthcare, therapy settings, and the legal system.

The result is that TGNB folks might be wary or mistrust individuals in positions of power or agencies.

Therefore, transparency and honesty may be particularly necessary in building rapport and a trusting relationship.

Action Steps

- × Be transparent.
- × Be honest about services and limitations.

Honesty

Be transparent. Introduce yourself.

- × Name
- × Pronoun
- × Explain your role
- × Status as mandated reported

“Hi, I’m Dr. Baker-Braxton but literally no one calls me that. You can call me Paige, and I use she/her pronouns.

I am the program manager with in.power. Folks on our team talk with people who have experienced violence, sexual assault, or want to learn more about healthy relationships.

What is your name and what pronouns do you use?

I am a mandated reporter which means if you tell me you’re going to hurt yourself or someone else and we can’t find a way to keep you safe, I might have to talk to my supervisor or let someone else know what’s up.



Honesty

Disclose Limitations.

- × Resource limitations:
 - × No housing availability
 - × No emergency funds or food vouchers
 - × Sessions monthly vs. weekly
 - × Lack of gender neutral bathrooms
 - × No text messaging
- × Knowledge limitations:
 - × Lack of knowledge about gender dysphoria
 - × Unsure about housing referrals

"I don't know much about that resource, but we can look it up online together if you'd find that helpful."

"I'd be happy to connect you with someone who might know more about them if you'd like."

Affirmation

Why AFFIRMATION Matters

Heteronormativity = erasure of queer identities!

Self-blame is a common response to sexual violence. TGNB people may experience internalized transphobia which might lead to questioning if they were assaulted because of their identities.

TGNB people are often not believed when reporting their experiences of violence/trauma.

Action Steps

- × Active Listen, Mirror Language, Affirm.
- × Do not assume that LGBTQ identity is caused by their trauma or that their trauma is caused by their LGBTQ identity.
- × Believe survivors. Every time.

Affirmation: Active Listening

Mirroring Language and Emotions

- Repeating using similar words
- “Sounds like that was a difficult experience” or “I heard you say you were worried about coming to this visit today”
- “I hear you saying you are angry.”
- “A lot of people I work with describe feeling panicked too.”

Clarifying

- “What I hear you saying is..”
- “Can you explain that in a different way. I want to make sure I understand.”

Indirect Affirmations & Non-Verbal Cues

- Nodding head; Offering eye contact
- “Mmm hmm” or “Sure” or “Go on, if you want”
- Facial expressions & Body language
- Leaving space

Affirmation: Language to Avoid

Terms to Avoid	Preferred Terminology
Victim	Survivor, Patient, Client, Participant, Use their Name
Rape	Sexual harm, sexual violence, sexual assault
Homosexual	Gay, Bisexual, Lesbian, Queer or their own language because sex acts or behavior do not always correlate with identity
Transsexual, Cross Dresser, Transgenders	A person who identifies as transgender/TGNB, Transwoman, Transman, Person who identifies as non-binary
When you used to be male/ female	Before your transition
Confess/Admits	Reports, Shares, Reveals, Discloses
Details about dress or substance consumption	Omit unless clinically necessary
Engaging in	The patient reported they were... without their consent.

Resources

Why RESOURCES Matter

Most sexual violence resources are built for cis-het, white women.

We can't look at a survivor and guess what services they might need based on their gender expression.

TGNB folks might experience dysphoria, anxiety, or trauma when seeking care, so we should have referrals to LGBTQ friendly spaces easily/readily accessible and relationships built with those people and agencies.

Action Steps

- ✗ Educate yourself on local queer providers/resources.
- ✗ Who are experts or champions of LGBTQ care at local agencies.
- ✗ Avoid assumptions about anatomy or needs.
- ✗ Check in about what survivors need; they are the experts.

Resources

Counseling

- × One-on-one counseling
- × Group therapy
- × Peace Circles
- × Art therapy

Medical Attention

- × STI Testing
- × STI Treatment
- × Emergency Contraceptives
- × PEP
- × Exam of injuries
- × Forensic Exam (Rape Kit)

Resources

Holistic Medicine

- × Massage
- × Acupressure
- × Acupuncture
- × Meditation/Restorative Practices

Reporting/Legal Services

Housing

Employment, Food, Utilities

Emergency Assistance

Self-Care



Empowerment

Why EMPOWERMENT Matters

Sexual violence is about taking away someone's power and control. Supporting survivors is an opportunity to re-establish power and control.

Sexual violence is inextricably linked to all systems of oppression experienced by TGNB people.

Action Steps

- × Do not pressure survivors into steps that we might feel are healing.
- × Center survivors need; respect they are the experts on their experience.
- × Uplift their decisions.
- × Model consent and request consent at every step of the appointment and the survivor's work with you.

Empowerment

Sexual assault is not about sex; it is about power and control.

Your visit is an excellent opportunity to help restore control and decision making to the survivor.

“This is your story, you can tell me whatever or however much you want.”

“The questions I ask you are not because I don’t believe you or am questioning your story. I am only asking questions that will help me understand what options we should talk about and how to give you the best medical care”

“How did you get hurt?”

“What are your goals for today’s session?”

“What are your medical concerns today?”

Empowerment

When possible keep questions open ended & give patients the option to tell their story.

- × Open-ended questions not only allow survivors a space to tell their story (in the way they want) but open-ended questions also elicit more information that might be clinically useful.

"You are in control of today's appointment."

"We are going to work together today to figure out what your options are and how you want to move forward with today's visit."

"I will not force you to answer any questions. Tell me what you want and only what you want. I know this can be a really difficult thing to talk about."

Empowerment: Getting Consent

Prior to performing any portion of the exam or moving forward in your appointment, explain what you will be doing and what the survivor can expect.

Allow the survivor to refuse any portion of the exam/session/interview they chose. Immediately stop or pause the exam if the survivor requests you to do so.



Self-Care

Self Care

This work is HARD!

This work takes a toll on:

- × Work-life-balance
- × Our own mental health
- × Relationships
- × Self-care

Secondary trauma is when someone is exposed indirectly to the trauma through hearing about it firsthand from the survivor and begins to experience negative or disruptive symptoms.



Self Care

Proactive

- × Identify the areas of your job/work that bring you joy and reinvigorate/refresh you
- × Set boundaries with co-workers, supervisors, and staff
- × Seek psychotherapy or additional supports

Reactive

- × Changes to shifts; seeking support from co-workers
- × Engagement in self-care activities; focus on relationships
- × EAP support



Learning and Commitments

Please take the next few minutes to write down some notes about some key things you remember learning and/or your commitments to grow.

If there is time, introduce yourself to the person next to you, share your ideas. Learn from each other!

**CARING FOR
MYSELF IS NOT
SELF-INDULGENCE,
IT IS SELF-
PRESERVATION
AND THAT IS
AN ACT OF
POLITICAL
WARFARE.**

AUDRE LORDE





To all the survivors in the audience,
We stand with you in health, in support, in pride, and
IN.POWER

Contact Information:

**Paige Baker-Braxton,
Psy.D.**

paigeb@howardbrown.org

Howardbrown.org/inpower