



SHELTERING TRANSGENDER WOMEN: PROVIDING WELCOMING SERVICES

Technical Assistance Guidance

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"Every survivor is a person first; other identities are secondary. They may be relevant to the abuse and to how the survivor copes with it and to whether they have access to a support network. But for providers to see survivors as 'Other' because of their trans identity is unprofessional. It violates the most basic ethical elements of professional relationships: autonomy, beneficence, and a general concern with justice/fairness" (Munson & Cook-Daniels, 2011).

Transgender and non-transgender survivors of intimate partner violence (IPV) share the same vital need for safety, shelter, and support services. Trans women, trans men and gender non-conforming individuals all experience nearly identical rates of intimate partner violence as non-trans people. All trans individuals who have experienced IPV deserve and are entitled to the same level of support and services that other trans and non-trans individuals can access. The [Violence Against Women Reauthorization Act of 2013](#), which President Obama signed on March 7, 2013, prohibits discrimination on the basis of actual or perceived gender identity. *[See sidebar 1: Reauthorized VAWA Non-Discrimination on page 2 for more information.]*

Although the majority of barriers all gender vectors of trans people face are similar, there are some challenges to shelter access, system structures, and trans-specific issues that are unique to individuals on the trans-feminine spectrum, trans-masculine spectrum, and to those who are androgynous or gender non-conforming. To better discuss the unique challenges and solutions for these populations, this document focuses on trans women and references separate tandem documents that concentrate on trans men and gender non-conforming individuals who are seeking shelter. The recommendations within this document apply to the majority of trans women, however, there may be unique variables for immigrant¹ and non-English-speaking trans women, as well as for trans women of color, who may have additional layers of intersectional barriers.

This Technical Assistance Guidance highlights effective strategies for integrating trans women into shelter, building on the knowledge that most shelter staff and allied professionals have already developed practice, familiarity, and skill in providing shelter services to women.

The primary focus of this paper is on women who have socially transitioned and are currently living the majority or all of the time as women. We recognize that many trans

women are unable to present as female all of the time and even more trans-feminine people either do not wish to socially, medically, or legally transition or have genders that blend female and male.

Throughout this document, words and phrases such as *trans*, *transgender*, and others describing identities will be used to reflect the variety and complexity of identity, experience, and language within the community. When *trans woman* or *woman of transgender history* is used, this language refers to a person who currently identifies as female or as a woman, but who was assigned male at birth. In some cases, *trans* or *transgender* will refer to a broad range of gender vectors: trans-feminine, trans-masculine, non-binary, and gender neutral. In some cases, the language will be specific to trans women. 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. For a glossary of helpful terms related to transgender concepts in this paper, please see page 13. Further, throughout this document, we use *intimate partner violence* or *IPV* rather than *domestic* or *dating violence*, as it most accurately captures relationships and cultural dynamics.

Rates of Victimization within Transgender Populations

“While exact incidence and prevalence rates of intimate partner violence (IPV) among trans people cannot currently be determined, research and experience indicate that the rate of IPV for trans people is likely the same or greater than the rate among non-trans people at 25 - 33%” (Black at al., 2011). For example, in FORGE's *Transgender Individuals' Knowledge of and Willingness to Use Sexual Assault Programs* survey, 29-36% of the 1,005 transgender respondents stated they had experienced IPV (Munson & Cook-Daniels, 2011).

When examining intersections of race and other factors within trans peoples' lives, rates of violence escalate from these base prevalence rates (Grant et

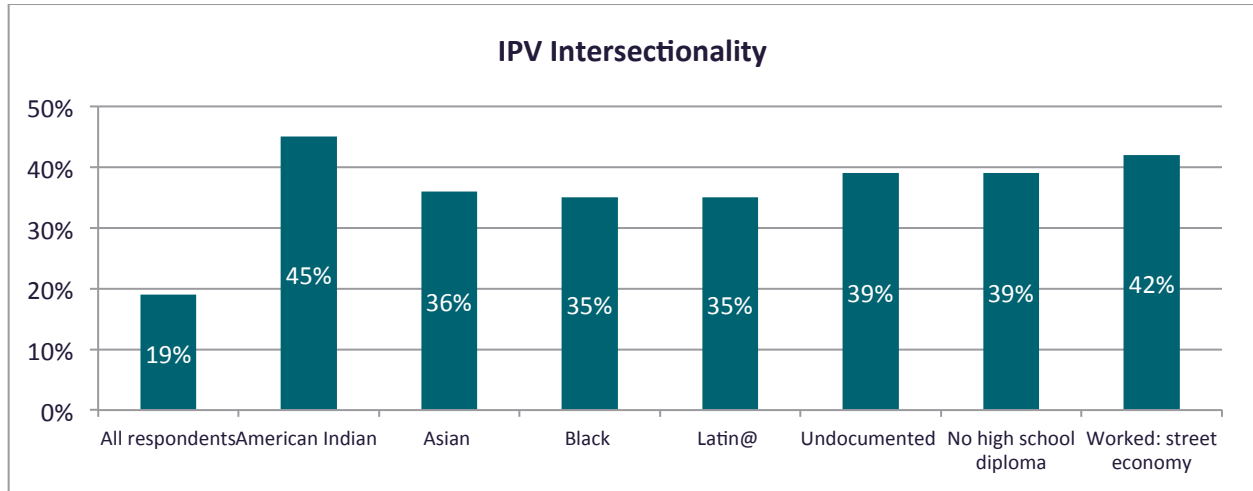
SIDEBAR 1: Reauthorized VAWA Non-Discrimination

In April 2014, the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights issued a concise 11 page Frequently Asked Questions document: [Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013](http://www.ovw.usdoj.gov/docs/faqs-ngc-vaawa.pdf) (available at <http://www.ovw.usdoj.gov/docs/faqs-ngc-vaawa.pdf>).

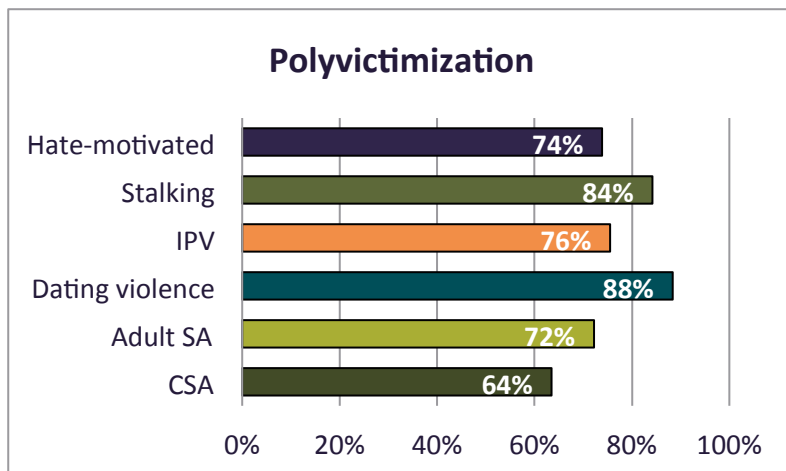
The Violence Against Women Reauthorization Act of 2013, which President Obama signed on March 7, 2013, amends the Violence Against Women Act (VAWA) of 1994 by adding a grant condition that prohibits discrimination by recipients of certain Department of Justice (DOJ) or Department) funds:

No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under [VAWA], and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Office on Violence Against Women. (Department of Justice, 2014)

al., 2011). The chart below shares data from the National Transgender Discrimination Survey (2011), which included data from 6,450 trans respondents.



Trans people also experience high rates of other forms of violence. Statistics indicate that 1 in 2 experience sexual violence (greater than 50%), almost 1 in 5 experience stalking (18%) and nearly 1 in 3 trans people experience violence motivated by hate (30%) (Kenagy & Bostwick, 2005; Xavier, Honnold, & Bradford, 2007; Xavier, Bobbin, & Singer, 2005; Stotzer, 2009; Munson & Cook-Daniels, 2011). Reports from the National Coalition of Anti-Violence Programs show African-American trans women consistently report higher rates of hate-motivated violence than other trans people and than non-trans LGB people (National Coalition of Anti-Violence Programs, 2013).² In a 2011 FORGE survey on trans people's knowledge of and access to victim services, demographic data indicated extremely high rates of polyvictimization (Munson & Cook-Daniels, 2011). As this data indicates, IPV or dating violence often co-occurs with other forms of victimization, with 76% of those who experienced IPV also noting they were also a survivor of one of the other named types of violence. Although some IPV and other types of violence are directly related to a person's (trans)gender identity or expression; in some cases, a woman's transgender status or history may not be central to the violence or abuse they are experiencing.



Access to Shelter: Getting in the Door

The majority of domestic violence shelters are currently sex-segregated and accessible only to women and their young children. The widespread cultural belief that shelters only serve women, as well as the common practice of agencies only accepting non-trans women into shelter, results in many trans survivors of IPV being hesitant, if not fearful, of accessing emergency housing.

Both the new non-discrimination provisions in the Reauthorization of the Violence Against Women Act (VAWA) and the cultural shift in awareness about transgender individuals *and* that IPV can and does happen to people of all genders are leading more and more shelters to revisit their entrance requirements and procedures.

A trans woman's stated gender identity is all that is needed to place her in a sex-segregated shelter.

Determining the best type of shelter

Keep in mind that trans women are women. It is also important to remember that each woman (trans or non-trans) will have specific safety needs and concerns that should be addressed when determining where to best place her in shelter.

If there is a choice of a gendered facility or all-gender shelter or space ask the survivor which facility she would like to be housed in. Placement in sex-segregated programs or spaces should correspond with how survivors identify their gender. [See sidebar 2: *Determining where to place a transgender survivor on page 7.*] Trans survivors should not be asked about their body (for example, if they are taking hormones, if they have had surgery of any type) or asked invasive questions (such as how long they have been living as a woman). Agencies should also not make burdensome demands for identity documents (in other words, agencies should be consistent in the types of documents they ask of any survivor and should not require trans women to provide additional documentation or proof of their gender identity). Also, the [Department of Justice's Frequently Asked Questions](#) (about the VAWA non-discrimination provisions) warns agencies explicitly that:

A recipient may not make a determination about services for one [survivor] based on the complaints of another [survivor] when those complaints are based on gender identity. (U.S. Department of Justice, 2014)

If traditional shelter is not a viable or safe option (keeping in mind the above VAWA non-discrimination provisions), agencies may help trans women find other types of housing away from their abuser. Other types of housing may include providing hotel vouchers for an equal number of nights as someone who is staying in shelter, transitional housing,

Although this document is focused trans women, trans men and people who do not identify as male or female also experience intimate partner violence. Visit the FORGE website (www.forge-forward.org) for additional resources, including a tandem article centered on increasing culturally competent shelter services for trans men and gender non-conforming individuals.

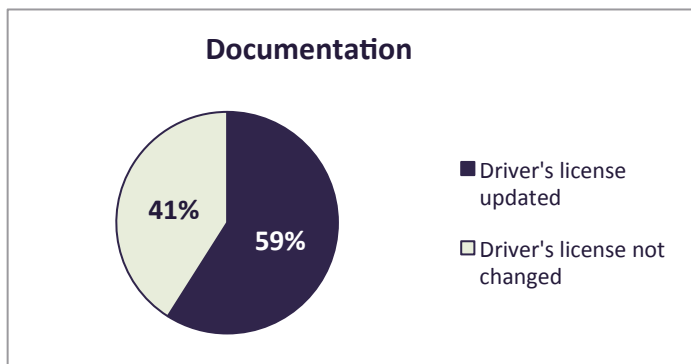
community-based housing (which may include friends, individuals, or organizations that may have available rooms), or other non-shelter housing that is comparable in safety and in duration of stay. In 2012, the U.S. Department of Housing and Urban Development issued new [regulations](#) increasing protection for transgender people seeking housing, which extends to many supportive housing programs, transitional housing programs and homeless shelters (U.S. Department of Housing and Urban Development, 2012). [Know Your Rights: Fair Housing and Transgender People](#), a summary resource about housing protections and laws developed by the National Center for Transgender Equality (2012), can be accessed at http://transequality.org/Resources/FairHousing_March2012.pdf.

The Transgender Legal Defense & Education Fund has a free national program that helps transgender people legally change their name and gender. See The Name Change Project at: http://www.transgenderlegal.org/work_s how.php?id=7

When assisting a trans woman in accessing other shelter options, work with her in gaining her permission to make initial contact with the alternative housing to ensure the staff and facility are trained, sensitive and will treat her respectfully. Ideally, relationships with other shelter/housing options will be ongoing – and not only occur when presented with a transgender individual who needs trans-sensitive housing. Developing, maintaining and supporting trans-affirming relationships with other housing resources will better guarantee a successful outcome when trans survivors need to access these services.

Documentation

When a trans woman presents her identification documents, they may or may not align with her gender identity or visual appearance. Forty-one percent of transgender people who predominantly live as their chosen gender do not have a driver's license that matches their current name and/or gender (Grant et al., 2011).



Note: A woman's non-congruent documentation may pose some challenges if she is actively seeking employment or applying for public assistance or benefits. Sometimes the reason trans women have not yet changed their identification is the cost or access to legal support in changing their name or gender marker; some jurisdictions may not allow legal name or gender marker changes for trans persons. Shelter staff may be able to assist by helping her update her documents so that she can better access jobs, services, benefits and experience increased safety with aligning identification.

Name and pronoun

Regardless of whether a trans woman has documentation that aligns with her current gender and name, it is vital to ask her what name and pronoun³ she uses and would like others to use when addressing her. A best practice is to ask all residents about how they would like to be addressed and referred to. For example: "At our agency, we strive to treat everyone with respect; what name and pronoun would you like staff to use when addressing you and referring to you?" If a survivor is unclear about what you mean by pronoun, offer the examples of "he" or "she." Similarly, if she questions why you would be asking about what name to address her by, offer that some people, for example, prefer to be called "Mrs. Smith" while others prefer "Betty."

Safety concerns

A trans woman may have specific safety concerns about entering shelter. She may be worried that she will not have adequate bodily privacy (see the Trans-Specific Considerations section below), that information about her gender history, body, name, or medications will be disclosed without her consent, or that she will be harassed or discriminated against because of her transgender status or history. Proactively helping trans residents understand the culture and expectations of your agency, as well as reviewing her specific concerns, will be essential in making sure that she feels as comfortable as possible, will be treated with respect, and will be as safe as possible while in shelter. Content in "Trans Specific Considerations" on page 8 highlights some of the more common fears and practical issues that may cause distress for trans women. Fully discussing the options with the survivor is critical for her to be able to voice any concerns and for staff and survivor to jointly make placement decisions that will result in the best outcome.

Confidentiality

As with all shelter residents, assuring new residents that their personal information will be kept confidential is a critical step in building trust, showing respect, and empowering them to take back some of the control over what information is shared (or not shared) about them.

Confidentiality around a woman's transgender identity or history is akin to confidentiality about a person's medical condition. If you wouldn't share someone's medical status or information about their body, draw the parallel to what you would not share about someone's transgender status.

A woman may openly discuss her transgender status or history with the majority of people in her life, or she may closely guard this information, disclosing to only a select few. In some cases, people of trans history have not disclosed to their children or relatives. If she has shared her transgender history with you, be certain you have her overt permission to bring up her history if you have joint conversations with her family or friends.

SIDEBAR 2: Determining Where to Place a Transgender Survivor

The Frequently Asked Questions document, [Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013](#), discusses how an agency can operate a sex-segregated or sex-specific service without discriminating on the basis of actual or perceived gender identity.

[An agency] that operates a sex-segregated or sex-specific program should assign a [survivor] to the group or service which corresponds to the gender with which the [survivor] identifies.... In deciding how to house a victim, [an agency] that provides sex-segregated housing may consider on a case-by-case basis whether a particular housing assignment would ensure the victim's health and safety. A victim's own views with respect to personal safety deserve serious consideration. The [agency] should ensure that its services do not isolate or segregate victims based upon actual or perceived gender identity.

For the purpose of assigning a [survivor] to sex-segregated or sex-specific services, best practices dictate that the [agency] recipient should ask a transgender [survivor] which group or service the [survivor] wishes to join. The [agency] may not, however, ask questions about the [survivor's] anatomy or medical history or make burdensome demands for identity documents. (Department of Justice, 2014)

The following is a short reminder list of things that should remain confidential (unless otherwise agreed to with the resident):

- gender identity
- gender history
- documentation (name, sex, or other information)
- body configuration and surgical status
- medication (hormones or other prescriptions)
- prosthetics or gender-affirming items/devices that help her maintain a desired female appearance

The survivor should be the person who shares any of this information with others – including other staff. If you believe there is a need to disclose to another staff member, discuss the need first with the resident before proceeding. In most cases, other agency staff do not need to know unless it is relevant to the support or services the survivor is accessing.

Keep in mind that accidentally or intentionally disclosing a person's transgender status or history not only violates confidentiality, it may also place a trans woman at increased risk of unequal treatment, discrimination, and even violence from others.

If a resident (or other staff) overtly asks about someone else's transgender history or status, it is critical to keep in mind the privacy rights of all residents within the shelter. Any question about a resident's private/confidential information should be handled in parallel ways. For example, it might be a shelter's policy to say, "We consider the personal history of all our residents to be private information. It is up to each resident to determine how much information about her past or present she chooses to share, if any." Some people may be more assertive and ask very personal questions, for example, whether Joan has a penis. These questions may need a stronger response, reminding the person asking that it is not appropriate to ask about *anyone's* genitals or medical history.

Trans-Specific Considerations and Daily Living in Shelter

Shelters often have limited space and little ability to re-configure their physical structure. Most residents desire privacy when disrobing, changing clothes, bathing or using the restroom facilities.

Sleeping arrangements

Since many shelters have shared rather than single rooms, or a limited number of single or family housing options, many people will have a roommate. A trans woman's shared room assignment in an all-gender shelter should be based on the self-identification of her gender and not on her surgical status (body) or documentation markers (name or gender on driver's license). *[See sidebar 2: Determining where to place a transgender survivor on page 7.]*

In both women-only facilities and all-gender shelters, staff should discuss with the survivor whether there are any possible safety issues, unnecessary hardships, or concerns in placing her with a roommate. For example, if a trans woman snores while sleeping, this may be one important reason to place her in a single room, both because of the noise disrupting other residents, but also because her snoring may be in a "deep voice" that could involuntarily disclose her trans status to a roommate. Staff may be able to orchestrate roommate pairing with an individual who would be less likely to act in discriminatory or biased ways. Since some shelters do have single rooms available for individuals who have medical or mental health conditions, sleep disorders, or other disabilities, staff and resident may decide that a single room is the best option. Additional safety measures might include placement near the overnight staff desk/office, to provide an added level of comfort.

All too often, shelters have limited space and beds and single rooms for any resident may not be an option. Shelter staff and advocates are encouraged to work with the resident to creatively arrive at solutions that would provide support and safety for the trans survivor. This document offers many ideas that will assist staff in identifying potential solutions.

Dressing/disrobing

Getting dressed may be more involved for some trans women than simply putting on their clothes. Some may need additional levels of privacy and time to get dressed. For example, many trans women will spend more time closely shaving their face (if they have not had electrolysis) and applying makeup. For many women of trans history, makeup is not an optional accessory, but something that helps define them as women and allows them to present their body in alignment with their female gender identity.

Some women who are trans may use breastforms, wigs or gaffing⁴ devices to achieve a feminine appearance. These items are more personal and sensitive. Most women will prefer closed-door privacy when getting dressed with these items.

Disrobing at bedtime may also pose some unique challenges. For a woman who is dependent on a wig, for example, she may be hesitant to take her wig off before bed if she is rooming with another resident. Her wig may be a primary component of appearing feminine and its removal may disclose her trans identity to her roommate or other staff who may see her without it.

Shelter administrators and staff should consider incorporating room dividers or dividing curtains to afford more privacy between beds and areas where residents may be disrobing. Dividers should be placed in all shared rooms, so that all residents are treated equally. If dividers are provided in rooms housing a woman of trans history (or people with specific medical conditions or other reasons), it may draw unneeded attention to her and may inadvertently disclose her trans history. [See *Sidebar3: Laverne Cox on this page.*]

Bathrooms and showers

One of the most discussed topics for both trans and non-trans people is bathrooms. In general, people enter restrooms to use the toilet, wash their hands, or check the mirror to make sure their appearance is the way they would like it to be. Gender-specific bathrooms are a source of stress for many transgender people (Herman, 2013). More than 65% of the 1,005 transgender respondents to a 2011 FORGE study (Munson & Cook-Daniels, 2011) said that they viewed the availability of gender-neutral bathrooms as "important," "very important," or "extremely important" in deciding whether to access professional services (including shelter).

Conversely, some non-trans people view bathrooms as a source of distress when thinking about transgender individuals. Unfortunately, there is a widespread myth that trans people pose a risk to non-trans people in bathrooms (Media Matters, 2014). The reality is that the people who are often most in danger when using public/semi-public restrooms are trans people. The myths of potential harm in bathrooms are so pervasive that this area may be one of the most difficult for shelter staff to try to dismantle.

SIDEBAR 3: Laverne Cox: Sleeping while trans

Actress Laverne Cox, star of the Netflix hit show, *Orange Is the New Black*, emerged on TV in VH1's 2008 reality show *I Want to Work for P. Diddy*. On a recent talk show interview, she discussed how the P. Diddy show would often wake up contestants in the middle of the night and start filming. She noted that she wanted to look good, so each night she went to bed in full make up, with her hair perfect and clothes carefully pressed.

Although this process of "being ready" for the cameras could be applicable to any woman, Laverne Cox spoke about her bedtime intentionality as being directly related to her transness and making sure she could present herself in ways that would demonstrate her womanhood.

In larger shelters or housing facilities that are open to all genders, it is recommended that at least one bathroom be designated as unisex or gender neutral. A single stall bathroom is ideal (especially if it is ADA accessible and large enough for parents and children to use together).

All people prefer some degree of privacy when using the bathroom. If single room bathrooms have a locked door, or multi-use bathrooms have stalls with doors, there should be no gender-based privacy issues. Keep in mind that most people grew up sharing bathrooms in households with multiple people of different genders.

Similar to bathrooms, shower privacy is important to most people. Women of trans histories or bodies that might be slightly different than non-trans women's may require additional privacy or slightly more time in the bathroom to dress following a shower. If shower facilities have a locked door and/or a private draped space outside of the shower in which to dress, both trans and non-trans women will feel relatively comfortable.

Medication: hormones

According to the National Transgender Discrimination Survey, the majority (80%) of trans women have accessed hormone therapy as part of their transition (Grant et al., 2011). It is highly likely that a trans woman entering shelter will currently be using hormones.

The [American Medical Association](#) and many other medical professional organizations have declared that hormones for many transgender individuals are medically necessary and part of therapeutic treatment (American Medical Association, 2011). Trans women's access to hormones should be prioritized as highly as ensuring that other women have access to their medically necessary medications. Trans women may have been prescribed estrogen, progesterone, and/or anti-androgen medication. As with any woman seeking shelter, she may not have brought her medication with her or have access to her physician or clinic's phone number.

Trans women, like any other shelter resident, may have medical conditions that will need prompt attention and medical management. Rate of depression and suicide attempts (41%) are extremely high within the transgender community and many trans women will be on medication to treat their depression or other mental health conditions (Grant et al., 2011). Similarly, transgender women – particularly transgender women of color – are much more likely than non-transgender women to be infected with HIV (Grant et al., 2011). Some may take medications to manage their HIV and a disruption of these medications could be significantly detrimental to their health. [This infographic](#) from Fenway Health in Boston, MA, is a useful reminder of some health disparities faced by the transgender community.

Shelters may regularly work with physicians or health clinics who are able to assess the health of residents, as well as write prescriptions for existing or new medical conditions. When developing or maintaining health care resources, screen providers for their transgender knowledge and comfort in working with trans clients.

Stocking Up on Trans-Friendly Supplies

It is common for women to enter shelter with just the clothes on their back, without the supplies and resources they may use every day. Shelters do an excellent job of providing access to toiletries, clothing and other needed supplies. Trans women may have needs for supplies that are trans-specific and essential to presenting as female, as well as vital to their safety. Some of these items include:

- *Clothes.* Many trans women have bodies that are taller or otherwise proportioned differently than non-trans women and may not fit into clothes the shelter has in reserve.
- *Shoes.* Most trans women wear larger sized shoes than most non-trans women.
- *Wigs/wig-alternatives.* A substantial number of trans women are bald or have thinning hair and depend on wigs to present as female. If stocking wigs is not a viable option, stereotypically feminine scarves or headwraps can be a cheap and versatile alternative.
- *Razors.* Many trans women will need to closely shave their face every day – if not multiple times per day; having ample razors available will be essential to their ability to present in a way that affirms their identity.
- *Makeup.* Like razors, many trans women are dependent on makeup to assist in presenting as a woman.
- *Breast forms and hip pads.* These items may not be easily stocked, since they are expensive and highly personal. Offering loose fitting clothing may be a temporary solution.
- *Gaffing devices.*⁴ These items may not be easily stocked. Providing loose fitting clothing may be a temporary solution.

Many shelters receive donations of toiletries, clothes and other supplies. When requesting donations, overtly ask for larger sized clothes, wigs, and other items trans women may need.

Connecting with local transgender organizations may be useful in helping supply some of these items. In addition, outreach may allow agencies to better understand trans communities needs, encourage working together on projects of shared interest, and help build relationships that can be essential for future partnerships, support, and trust. Building relationships with trans communities can also raise trans community awareness of IPV, and can show that your shelter and services are welcoming. As a starting point, check this list of [trans organizations](#) from GLAAD (2014).

Cost and Logistics

Frequently, shelter staff and management are concerned that housing transgender survivors will cost a substantial amount of money and/or will require many logistical shifts. The reality is that most shelters can make very minor adjustments at no or very minimal costs, which allow them to effectively and respectfully serve trans and non-trans survivors.

Fostering a Culture of Respect and Wholeness (AKA: Confronting Bias)

Both staff and residents may hold biased beliefs and exhibit discriminatory or disrespectful behaviors. Bringing a diverse group of people together who all have different backgrounds and beliefs can be challenging under ideal situations; it is even more difficult when people are brought together because they are coming out of a high-stress situation such as the one that made seeking shelter necessary. Some may have had little experience with relationships that were built on mutual respect. The majority will have had little previous contact with transgender individuals. In order to help reduce the cycle of abuse, it is vital that shelters foster a culture of respect and wholeness – for all people.

Fortunately, most shelter staff are well-practiced at supporting environments that are respectful and confront bias when it occurs. Although staff may not have had much experience confronting bias around transgender issues, the processes are the same as any other area of bias where there is an exhibited lack of respect or information. Both non-trans women and trans women in shelter may use biased words and behaviors. Abuse, aggressive or inappropriate behavior can happen by anyone, against anyone. Shelters need to have firm policies in place on how they will maintain an environment free from violence.

Shelters should have clear policies on how to handle bias, harassment, discrimination and violence. These policies should be in writing and all staff should receive training to both familiarize themselves with the policies and to be able to enforce/uphold them. These policies should specifically cover both sexual orientation and gender identity. Nondiscrimination policies should be visibly posted in the shelter and/or a copy given to every resident so each person is aware that discrimination will not be tolerated. Procedures for the operationalizing of policies should also be in place, again with staff fully trained on expected behavior (for staff and for residents).

When working with survivors who may have bias against or lack understanding of transgender individuals, it can be helpful to focus on their commonalities to diffuse tense situations and reduce biased comments/behavior. For example, both individuals are in shelter because they need safety and a place to live. Interactions to resolve biased behavior do not necessarily need to be lengthy or punitive. Responding promptly to biased behavior, having a dialogue with each person involved, and coming to an agreement around future expected behavior can often be enough to stop the cycle of disrespectful or abusive behavior.

Just as important as having clear nondiscrimination policies and procedures is actually modeling respectful behavior towards trans individuals in all aspects of your organization. When staff and residents treat each other with kindness, compassion and respect, others will generally mirror those behaviors, which results in an environment that cultivates wholeness.

There needs to be a commitment from the very top to create an environment in which everyone is respected and feels secure enough to bring in all parts of themselves. That means the commitment has to be *everywhere, everyday*. Every person must be respected,

from the administrator or executive director to the line staff to the kitchen and cleaning staff to the residents. This does not mean an agency has to discard hierarchies and chains of command, rather that organizations must respect and support the individuality of each person.

GLOSSARY

All-gender: An all-gender bathroom (sometimes referred to as unisex or gender-neutral) is one where the signage does not indicate "women" or "men." All-gender bathrooms can be single unit facilities (with a toilet and sink behind a locked door) or multi-stall (larger bathrooms with individual lockable stalls, with sinks in a shared open space).

Assigned sex (sex assigned at birth): A determination made at birth, usually based solely on the visual characteristics of a newborn's genitals. The assigned sex – most often either 'male' or female' – is what is recorded on an individual's birth certificate.

Binary / Non-binary (gender): The belief and cultural expectation that there are only two sexes or genders (e.g. male/female). Binary gender may also extend to the belief that the two genders are "opposite" of each other and do not overlap.

Documentation markers: Each person has dozens of documents that include their name and gender. A documentation marker can be the gender listed on a driver's license or birth certificate, or the name printed on a marriage certificate or passport. These markers may not be aligned with a person's gender identity or gender expression. An individual may have some but not all documents changed.

Gender affirming items/prosthetics: Individuals may use specific items or prosthetics to affirm their gender and outwardly express their gender. Such items for trans women may include clothing, wigs, makeup, breast forms, or gaffing devices. These should not be viewed as optional, since transwomen's safety on the streets (and in shelter) may depend on these items.

Gender identity: An individual's internal sense of being male, female, or another gender (not necessarily visible to others).

Gender expression: Gender expression is how a person expresses their gender through clothing, grooming, speech, hair style, body language, social interactions, and other behaviors. Gender expression and cues may intentionally or unintentionally communicate gender to others in a given culture or society and may or may not align with that person's internal gender identity or desired perception of their gender.

Gender history: A person's gender history can refer to the many components of a person's past, including the sex they were assigned at birth, the gender role they were raised in, or a gender they lived in prior to transitioning from one gender to another.

Gender neutral: A term that describes something (usually a space, such as a bathroom, or clothing) that is not marked as male or female.

Gender non-conforming: Gender non-conforming can include anyone who does not adhere to traditional binary gender roles or gender expression. It may also include individuals who are perceived to have gender characteristics and/or behaviors that do not conform to traditional or societal expectations. Gender non-conforming people may or may not identify as transgender.

Pronouns: The ways that people refer to themselves and how they would like to be referred to in terms of gender. The most common pronouns are: she/her/hers, he/him/his, they/them/theirs (singular), and ze/zim/zirs. A pronoun conjugation chart is available at: <http://forge-forward.org/wp-content/docs/gender-neutral-pronouns1.pdf>

Questioning: A term that can refer to an identity or a process of introspection where an individual learns about and explores their own gender identity. This process can happen at any age and/or multiple times throughout their life.

Resilience: Refers to the capacity to recover quickly from difficulties, or the ability to become strong, healthy, or successful again after adversity. This term is often used to describe transgender and gender non-conforming people, who despite experiencing extreme discrimination, harassment, and violence in all aspects of their lives, have the ability to cope and overcome these significant barriers.

Sexual orientation: A term describing a person's attraction (physical or emotional) to people of a specific gender(s).

SOFFA: Significant Others, Friends, Family, and Allies.

Surgical status: The current and past configuration of a transgender person's genitals or other parts of their body, which they may or may not have had surgically modified.

Transgender: An umbrella term that encompasses a wide range of people whose gender identity or expression may not match the sex they were assigned at birth.

Transition: The process and time within which a person goes from predominately being seen as one gender to predominately being seen as another gender. Transition can include one or more of these components:

- *Medical transition:* Often includes the use of hormones and/or gender confirming surgery(ies). Not all transgender people have a desire or the resources to medically transition.
- *Legal transition:* The process and end result of changing documentation to align with a new name and gender.
- *Social transition:* The process of sharing ones transgender identity or history with others.

Additional Resources

Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, Federal Register Volume 77, Number 23 (February 3, 2012):

<http://portal.hud.gov/hudportal/documents/huddoc?id=12lgbtfinalrule.pdf>

Frequently Asked Questions: Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013, Department of Justice (April 2014):

<http://www.ovw.usdoj.gov/docs/faqs-ngc-vawa.pdf>

Making Shelters Safe for Transgender Evacuees, National Center for Transgender Equality (2011): http://transequality.org/Resources/MakingSheltersSafe_Aug2011_FINAL.pdf

Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People by Lisa Mottet and John M. Ohle, National Gay and Lesbian Task Force (2003): <http://www.thetaskforce.org/downloads/reports/reports/TransitioningOurShelters.pdf>

U.S. Department of Housing and Urban Development Program Regulations:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/LGBT_Housing_Discrimination

FORGE Print-based Resources

Power and Control Tactics

http://forge-forward.org/wp-content/docs/power-control-tactics-categories_FINAL.pdf

Safety Planning Tool

<http://forge-forward.org/wp-content/docs/safety-planning-tool.pdf>

Safety Planning FAQ

<http://forge-forward.org/wp-content/docs/FAQ-01-2013-safety-planning.pdf>

Who are Trans People

<http://forge-forward.org/wp-content/docs/FAQ-05-2012-trans101.pdf>

Gender Neutral Pronouns

<http://forge-forward.org/wp-content/docs/gender-neutral-pronouns1.pdf>

Confronting Bias

<http://forge-forward.org/wp-content/docs/confronting-client-bias.pdf>

FORGE Webinars

Safety Planning with Trans Clients

<http://forge-forward.org/event/safety-planning/>

Power and Control Specific to Trans People

<http://forge-forward.org/event/power-and-control-tactics/>

Creating a Trans-Welcoming Environment

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

Sex Segregated Services

<http://forge-forward.org/event/sex-segregated-services/>

Stalking Basics

<http://forge-forward.org/event/stalking/>

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¹ A useful resource focused on Latina trans women is TransVisible: Transgender Latina Immigrants in U.S. Society. This document does not directly address issues of shelter, but discusses common challenges and barriers Latina

² Note: A disproportionate number of trans women of color experience hate-motivated violence and murder.

³ For a pronoun conjugation chart that includes several gender neutral pronoun options, please see <http://forge-forward.org/wp-content/docs/gender-neutral-pronouns1.pdf>

⁴ Gaffing is a process of pulling penile tissue towards the back to create a smoother, feminine line on the front of the body. This can be accomplished through tape or special undergarments.