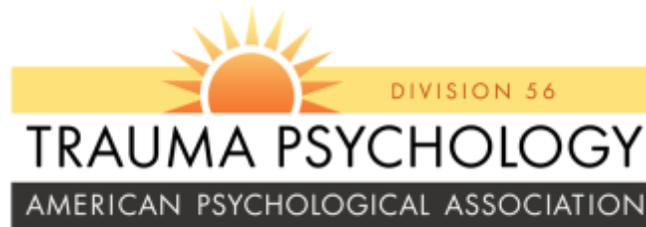


TRAUMA AND POSTTRAUMATIC STRESS DISORDER IN LESBIAN, GAY, BISEXUAL, TRANSGENDERED AND QUEER INDIVIDUALS

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Common Types of and Prevalence Estimates of Exposure to Traumatic Stressors

- Trauma disproportionately affects those that are most vulnerable. It's been suggested that Lesbian, Gay, Bisexual, Transgendered and Questioning (LGBTQ) individuals experience trauma at higher rates than the general population.
- The most common types of traumas include hate violence (acts of discrimination or violence based on gender, sexual orientation, race, etc.); intimate partner violence; and sexual assault.
- Hate crimes:
 - LGBTQ individuals are twice as likely to experience hate crimes as compared to any other minority group per a Federal Bureau of Investigation report in 2011.
 - In 2015, there was a 20% increase from the year before in the number of hate and violence-related homicides of LGBT and human immunodeficiency virus (HIV)-infected individuals (National Coalition of Anti-Violence Programs, 2016).
 - Most common types of hate violence towards individuals in the LGBTG community are verbal harassment, discrimination, physical violence, and threats/intimidation.
- Intimate Partner Violence (Brown & Herman, 2015)
 - Prevalence of lifetime intimate partner violence is greatest for bisexual women (56.9%) and lesbian women (40.4%), as compared to heterosexual women (32.3%).
 - No statistics are provided for gay or bisexual males reporting intimate partner violence due to small sample sizes.
 - The lifetime prevalence of intimate partner sexual violence for transgender individuals ranges somewhere between 24-47%.
- Other forms of stressors or traumatic events in the LGBTQ community include:
 - Inadequate or lack of access to healthcare resources.
 - Family disconnection/abandonment.
 - Socio-cultural adversity (e.g., homonormative society).
 - Child sexual abuse:
 - LGBTQ youth are more likely to experience sexual abuse than heterosexual youth. However, and this is important to note, these sexual experiences are not causal factors in one's sexual orientation.
- Historical Trauma:



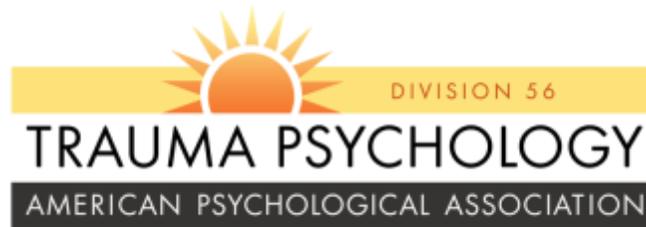
- Historical trauma relates to massive group traumas that an individual is exposed to over the lifespan and across generations.
- Some examples of historical traumas, in recent news include large events like the Orlando Pulse Nightclub massacre, the murder of Mathew Shepherd in the late 1990s, and the assassination of Harvey Milk in the late 1970s to name a select few. Additional historical traumas include a history of discrimination, bias, microaggressions, and minority status.

Behavioral and Physical Health Impact of Trauma on LGBTQ Individuals

- High Rates of Suicide:
 - Lesbian, gay, and bisexual youth are four times as likely to attempt suicide. When families are rejecting, youth are 8.4 times as likely to attempt suicide as compared to LGB peers with low or no levels of family rejection (The Trevor Project, 2016).
 - For transgender or gender non-conforming individuals, the suicide rate reaches up to 42-46% (Haas, Rodgers, & Herman, 2014).
 - Gender-non-conforming students who are victimized are at greater risk for developing PTSD later in life.
- Risk factors for the development of trauma-related disorders in LGBTQ individuals include:
 - The frequency, duration, and severity of the trauma experienced.
 - The level of responsiveness of those around the individual – for example, is the individual believed, are systems responsive (e.g., in the case of bullying in youth).
 - Family rejection:
 - Families who place pressure on their children to conform to heteronormative gender expectations, resulted in children were more 8x as likely to attempt suicide, 6x as likely to report high levels of depression, 3x as likely to use drugs, and 3x as likely to be at risk for HIV and STDs.
 - Bullying in school.
 - Unemployment or homelessness.
 - Body dysphoria.
 - Religious rejection.
- Unique protective factors:
 - Supportive family, friends, and environment.
 - Creation of safe spaces.

New Developments in Research on the Impact of Trauma on LGBTQ Individuals

- Although there is a relative dearth of information on LGBTQ individuals, more specifically, there are minimal studies that address transgender individuals.
- Research methodology is complex – it is important to operationally define and differentiate among gender identity (one's sense of being male, female, or another gender

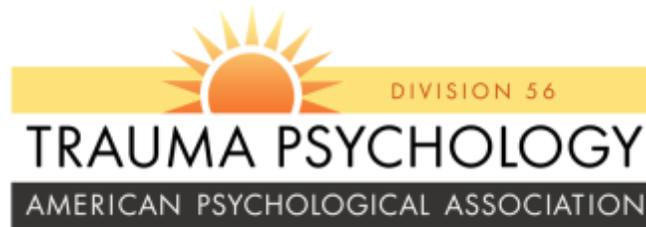


separate from sex); gender expression (the way we show our gender to the world), and sexual orientation (romantic, physical, or emotional attraction to others).

- LGBTQ individuals are often reluctant to identify themselves for fear of stigmatization.
- Research needs to be conducted to address inadequate sampling as LGBTQ individuals are underrepresented in research studies (for more information see Meyer & Wilson, 2009).

Clinical Considerations for Practitioners Treating Traumatized LGBTQ Individuals

- Older LGBTQ individuals are often overlooked, but are twice as likely to live alone. Older adults often face challenges in finding affirmative care and the appropriate legal actions (Services and Advocacy for GLBT Elders, 2016).
- Suggestions for therapeutic engagement and retention in mental health treatment:
 - In order to engage LGBTQ' clients in treatment, the best recommendation is to practice within your scope of expertise and experience.
 - If LGBTQ clients are fearful of disclosing to family members, friends, and even society as a whole, follow the client's lead.
 - It would be helpful to ask about your client's support system, their experiences in society, their access to health care and other resources.
 - Read up and become well-versed in developmental models, standard medical practices (as is the case with transgender individuals seeking gender reassignment surgery, top surgery, etc.), and available resources in the community.
 - Be mindful of, and seek to eliminate, heteronormative language. Heteronormativity refers to norms that society sets, suggesting that heterosexuality is the normal sexual orientation. It is helpful to engage our clients by asking open-ended questions.
 - Another common example is that individuals are often asked if they've engaged in same sex relationships. This is quite different than being a lesbian or being gay. Sexuality ranges on a continuum and the narrowness of our questions can not only result in miscommunications, but can also greatly reduce the level of understanding, comfort, and security experienced by our clients.
 - Use the correct pronouns and names. Some therapists now commonly include this on intake forms – "What pronouns do you prefer?"
- As clinicians we need to be thinking of not just the micro-level, but at the macro-level.
 - Not only should we employ respectful language in our therapy rooms, but outside of them as well. For example, it is helpful to be a beacon of support and help to shift anti-gay sentiments in society, which also has an effect on the clients we treat.
 - It would be helpful to think about educating people when they make derogatory comments, or misinformed comments. These challenges can come in the way of saying "What do you mean by that?" and gently encouraging people to change



their language by educating them on the harmful and deleterious effects of their words/actions.

- There is also a need for increased education and advocacy. Spreading knowledge about differences between sex, gender, sexual orientation, this has real world implications for better understanding the unique experiences of LGBTQ individuals.

Information for Families and Friends of Traumatized LGBT Individuals

- Caregiver Resources for Older LGBTQ Adults: <http://lgbtagingcenter.org/resources/resource.cfm?r=10>
- Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children: http://nccc.georgetown.edu/documents/LGBT_Brief.pdf
- Family Acceptance Project List of Resources: <https://familyproject.sfsu.edu/resources>

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