

Understanding and Addressing Issues of Gender Identity and Sexuality When Working with Trauma Survivors Through Trauma-Informed Care Approaches

Learning Network Webinar

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Overview

- Unique stressors facing 2SLGBTQ+ (or SGM) people
- Victimization risk and protective factors in this population
- Help-seeking barriers
- Clinical and practice implications
- Discussion and Questions



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Terms

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Sexual Minority Labels

- Sexual minority identity labels are culturally specific, widely varying, and ever evolving
- Some commonly used terms are lesbian, gay, bi+, queer, pansexual, asexual
- Consider multiple identities together because all are central to mental health

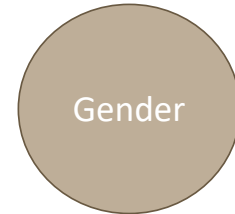


APA, 2021

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The Sex-Gender System

The terms sex and gender are often conflated



Darmstadt, 2019; Krieger, 2003

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Intersex



Conditions in which a person is born with a reproductive or sexual anatomy system that is incongruent with typical definitions of female or male

No one set of biological traits used to distinguish the intersex community

Practice of surgically altering genitalia of intersex infants was endorsed in the 1990s

Cornish et al., 2010

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Transgender

An umbrella term referring to individuals whose gender identity transgresses traditional definitions of male and female

Many trans people experience themselves as a gender other than the one they were assigned

Cisgender is a term that refers to individuals whose sex assigned at birth is congruent with their gender identity



Conron et al., 2014; Cornish et al., 2010

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Terms are...

Crucial

- Finding out what terms a person uses & then using their language is a primary way of conveying respect and openness

AND

Meaningless

- Terms tell you none of what you need to know to provide appropriate services

Adapted from: Fenwayhealth.org

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Resiliencies Among SGM People

Most SGM people **do not** exhibit distress, indicating that despite minority stressors and trauma, **resilience is normative** for most of this population

SGM people with intersecting marginalized identities often display resilient stigma-coping strategies

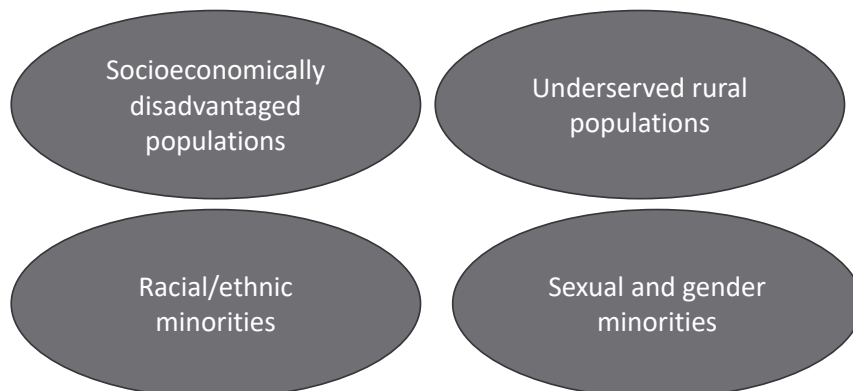


Savin-Williams, 2001; Puckett et al., 2016; Ghabrial, 2017

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Health Disparities

A health difference, on the basis of one or more health outcomes, that adversely affects disadvantaged populations

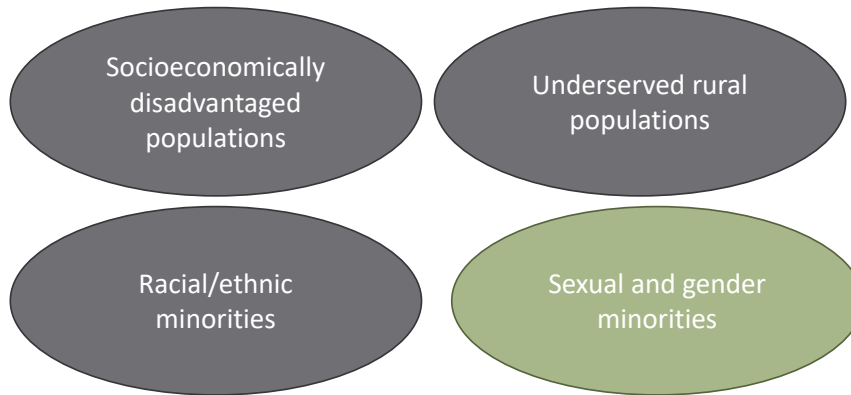


Alvidrez et al., 2019

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Health Disparities

- A health difference, based on one or more health outcomes, that adversely affects disadvantaged populations



Alvidrez et al., 2019

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Health Disparities

- SGM individuals suffer disproportionately from a variety of conditions and diseases compared to cisgender, heterosexual individuals

Physical Health^{1,2}

- HIV
- Migraines
- Diabetes
- Stomach or gall bladder trouble
- Cardiovascular disease
- Asthma

Mental Health^{2,3}

- Major depression
- Suicidality
- Anxiety disorders
- Substance use disorders
- Alcohol use disorders
- PTSD

1. Institute of Medicine, 2011; 2. Cochran & Mays, 2007; 3. Scheer et al., 2019

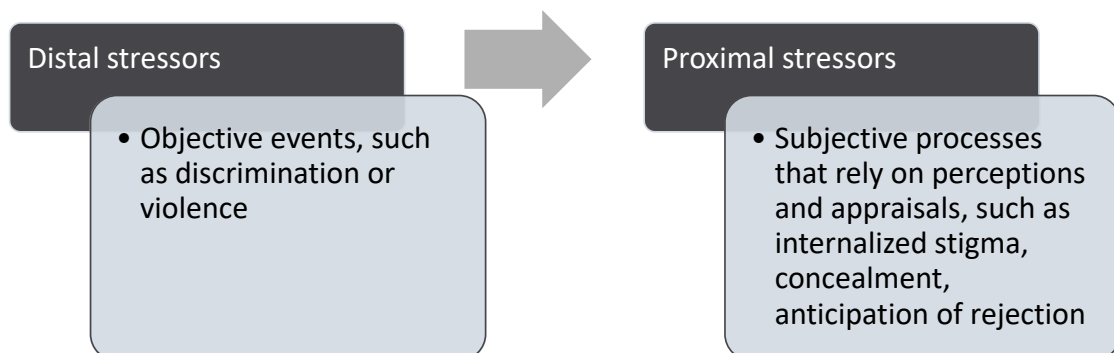
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What helps to explain these disparities?

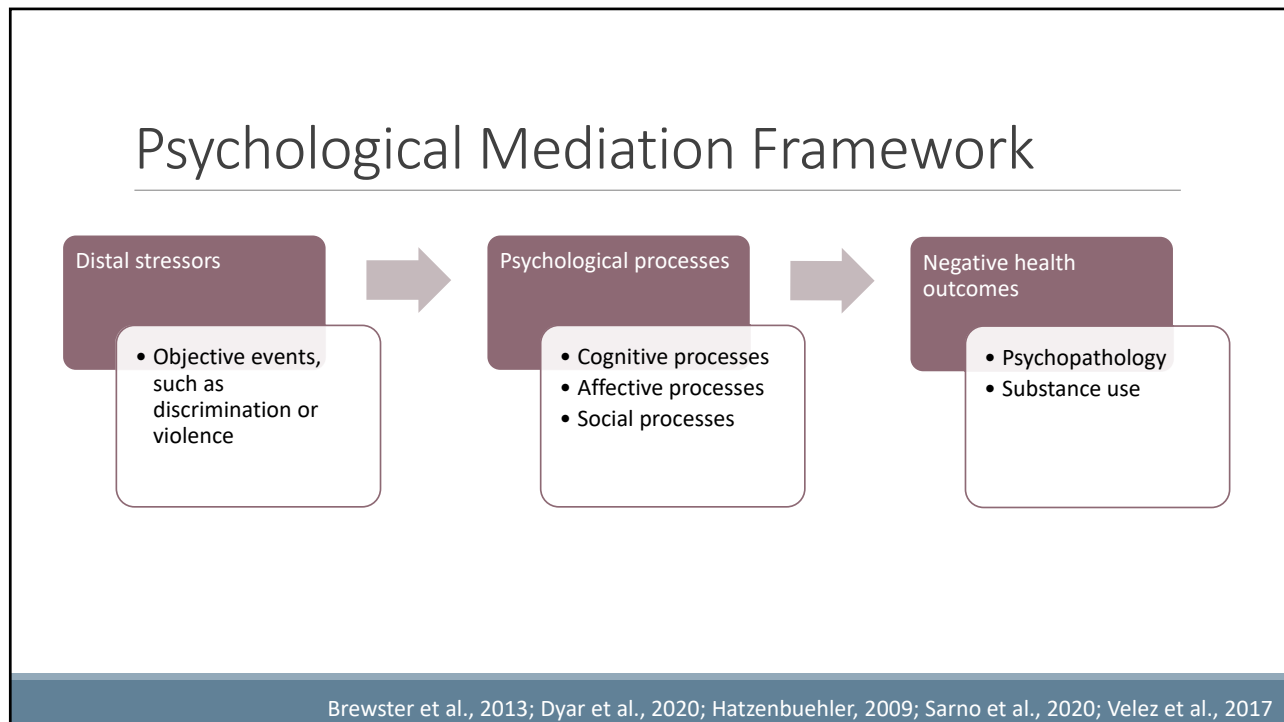
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Minority Stress Theory



Hendricks & Testa, 2012; Meyer, 2003; Lehavot et al., 2011; Scheer et al., 2021

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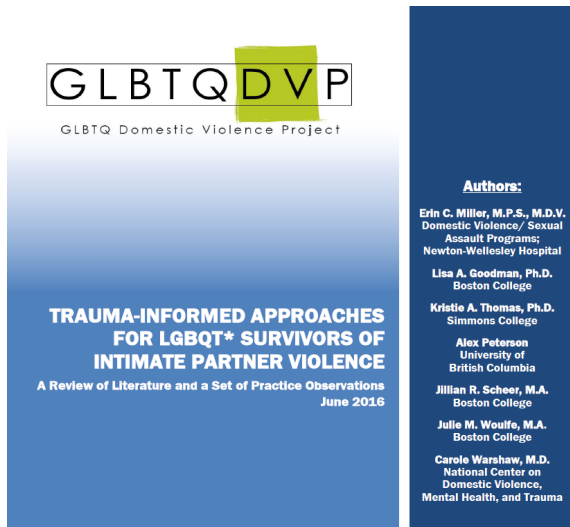
WHAT IS DATING VIOLENCE or IPV?

Dating violence or intimate partner violence (IPV) is known as: "behavior within a dating or intimate relationship that causes **physical, sexual or psychological harm**, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors."

World Health Organization (2010)

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What is Intimate Partner Violence (IPV)?



IPV is a pattern of behavior used by one person in the relationship to assert power and control over the other person

IPV is not about size, strength, who is “butch” or more masculine

IPV is not a ‘cat-fight’ between women or ‘boys being boys’ between men

- Violence perpetrated by women can be just as dangerous as that by men
- Men can be survivors

Miller, Goodman, Thomas, Peterson, Scheer, Woulfe, & Warsaw, 2016

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Sexual Violence Prevalence Rates among SGM People

National estimates suggest rates of sexual violence against sexual minorities are:

- 46% - 85% for **sexual minority women** (relative to 43% for heterosexual women)
- 40% - 47% for **sexual minority men** (relative to 21% of heterosexual men)

Nearly half (47%) of **transgender and other gender minorities** (e.g., nonbinary individuals) experience sexual violence at some point in their lifetime

- **Transgender and other gender minorities** experience sexual assault or rape at rates 2–6 times greater than that of cisgender women and cisgender men

The National Intimate Partner and Sexual Violence Survey (NISVS); Langenderfer-Magruder et al., 2016

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Intimate Partner Violence Facing SGM People

The prevalence of IPV *may be as high or even higher* for SGM individuals than cisgender heterosexuals

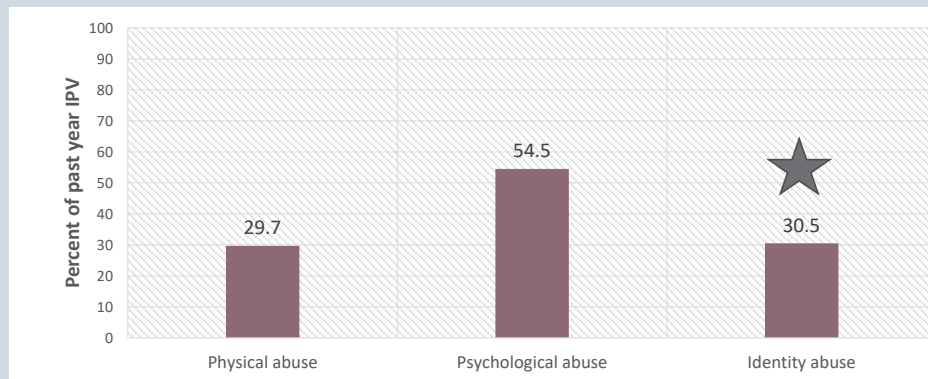
IPV patterns among SGM people *characteristically different* from cisgender heterosexuals because of unique factors (e.g., internalized stigma, level of “outness”)

Identity abuse (IA; i.e., abuse tactics within an intimate partnership that leverage systemic oppression)

Barrett & Sheridan, 2017; Reuter et al., 2016; Ard & Makadon, 2011; Scheer et al., 2019, 2020

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IPV Victimization Patterns among Participants



Transgender and nonbinary young adults experienced more **identity abuse victimization** than cisgender sexual minority male and female young adults

Scheer & Baams, 2019

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PREVALENCE OF Transgender IPV

More than half (54%) of transgender people experienced some form of intimate partner violence.

National Center For Transgender Equality

The National Intimate Partner and Sexual Violence Survey (NISVS); Langenderfer-Magruder et al., 2016

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SGM IPV in the Context of Minority Stress

General risk factors for IPV

SGM-specific minority stressors

Balsam & Szymanski, 2005; Scheer et al., 2021

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SOCIETAL OPPRESSION AND IPV

Societal-level oppression can be used as a weapon against the survivor and a means of coercion

Societal oppression and discrimination can also intensify the feelings of shame, fear, and isolation that occur in abusive relationships

Woulfe et al., 2018; 2020

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Unique Forms of Sexual Violence Facing SGM People

Sexual violence victimization can take on **unique forms** among SGM people

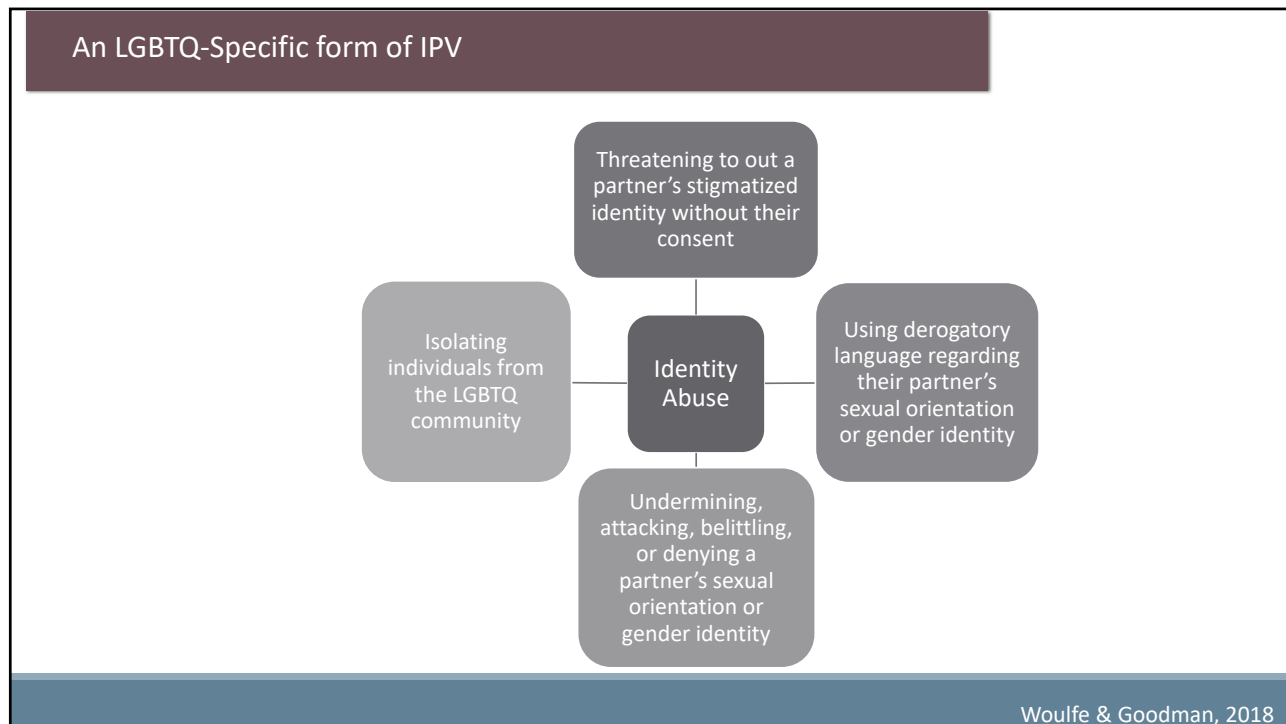
- (e.g., perpetrators justifying sexually assaulting or raping bisexual individuals)

Anti-SGM bias can be used as sexual violence tactics against SGM people

SGM people who **internalize stigma-related beliefs** may be more likely to use sexual violence against their SGM partner

Bandermann & Szymanski, 2014; Dworkin et al., 2018

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Case Examples of **Identity Abuse**

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“Her attacks on my passability as a woman ... it was an attempt to manipulate me. To take away something that I was feeling good about and you know, how I was able to present myself as female, and learning how to look beautiful, and look pretty, and the way I dressed, and the way I see myself, and trying to turn that into a negative for me. It was taking away those things that I found self-fulfilling and trying to pull those away so that there would be a void there, that she could come in and fill it.”

Guadalupe-Diaz (2016)

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“I started doing [wearing] some of the things he got, like, the better bras and silicone; I even did more on my face, like the lips and cheeks [referring to surgeries], that were just easy one day things. He would praise me for that and then do stuff for me, like things that I had been asking to do; like just more public things. I started to just lose myself; I was just now this thing. This, like experiment or something, of his to use and “Doll Up.” It only made me more depressed, which made him more angry, and then that’s when he got colder, more distant, more angry and kind of like violent.”

Guadalupe-Diaz (2016)

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WHY DO PEOPLE ENGAGE IN ABUSIVE BEHAVIOR?

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RISK FACTORS FOR PERPETRATING VIOLENCE

MINORITY STRESSORS

DISEMPowerMENT

HEALTH RISKS

Baslam & Szymanski, 2005; Frost & Meyer, 2009; Meyer, 2003; Ybarra et al., under review

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Sexual Violence Victimization and Perpetration among Youth across Gender Identity

Gender minority youth face ***stressors unique*** to their experience as transgender or non-binary

These stressors may help to explain their odds of ***perpetration***

Internalized transphobia is associated with higher odds of perpetration for transgender youth



Ybarra et al., under review

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Help-Seeking Processes

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Help-Seeking Processes among IPV-Exposed Individuals

Recognizing and defining	Recognizing and defining the abusive situation as unmanageable
Deciding	Deciding to seek help
Accessing	Accessing assistance from formal or informal avenues to remedy the situation

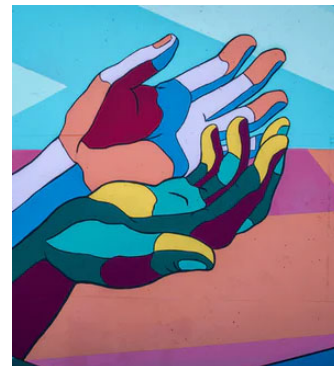
Liang et al. 2005

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Formal and Informal Avenues of Support

• **Formal avenues:** seeking mental health, medical, legal, advocacy, and housing services

• **Informal avenues:** asking friends, family, or co-workers for a safe place to stay, child-care help



Goodman et al., 2005; Scheer et al., 2020

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IPV-Related Help-Seeking Barriers

- **Contextual barriers** such as inadequate structural responses and inaccessibility of appropriate resources can hinder IPV-related help seeking
- Barriers to accessing **informal support**: experiencing dismissive attitudes from family or friends after revealing IPV experiences
- **Cultural context of IPV-related stigma** (e.g., loss of status within social networks because of IPV victimization)

Liang et al. 2005; Overstreet & Quinn 2013; Weisz et al. 2007

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Help-Seeking Patterns for SGM People



- SGM adults initially disclose IPV to informal supports (e.g., friends, family, co-workers) then to formal supports (e.g., law enforcement, shelters)
- SGM individuals may prefer those that covertly address IPV (e.g., mental health counseling)
- Disclosure rates among SGM individuals may vary by SGM status and other demographic characteristics

Scheer & Baams, 2019; Scheer et al., 2020, 2021

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Minority stressors and help-seeking barriers

- **Individual-level barriers:** minority stress processes that prevent SGM individuals from seeking help
- **Interpersonal-level barriers:** discrimination and prejudice by service providers, law enforcers, family, friends, and clergy members, or isolation from SGM communities
- Minority stressors at the **structural level** include cultural norms and societal conditions

Bornstein et al., 2006; Edwards et al., 2015

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Prevention and Intervention Implications

The World Health Organization recognizes sexual violence as a **preventable** public health issue

Prevention and intervention strategies should identify readily accessible and culturally competent services

SGM individuals experiencing sexual violence face unique **multilevel barriers** to accessing informal and formal support



World Health Organization (2010)

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Trauma-Informed Care

Providing ***culturally sensitive*** services that build on survivor ***strengths***

Providing survivors with ***access to information on trauma***

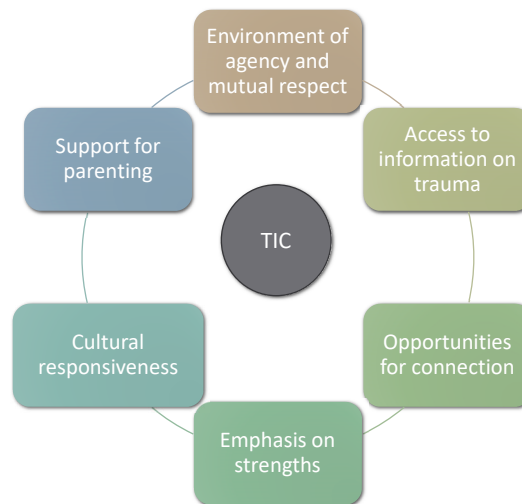
Facilitating opportunities for ***social connection***

Fostering ***agency*** to help survivors regain control^{1, 2}

1. Harris & FalLOT, 2001; 2. Elliott et al., 2005

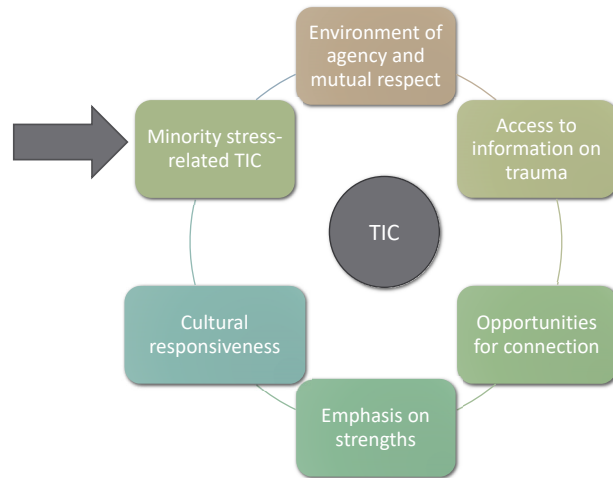
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The TIP Scales (Goodman et al., 2016)



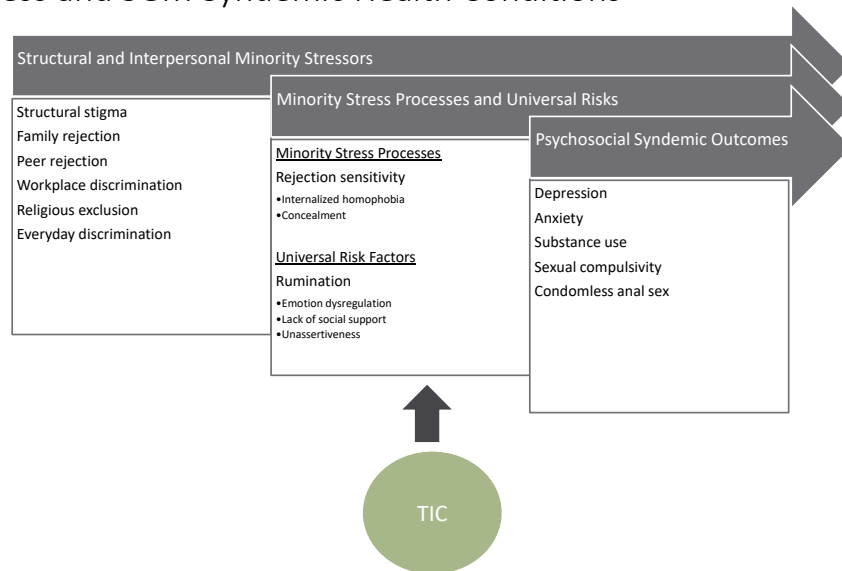
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The TIP Scales (Goodman et al., 2016)



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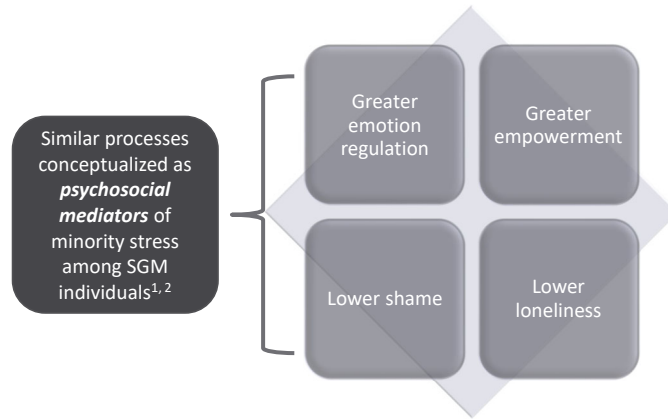
Minority Stress and SGM Syndemic Health Conditions



Adapted from Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015

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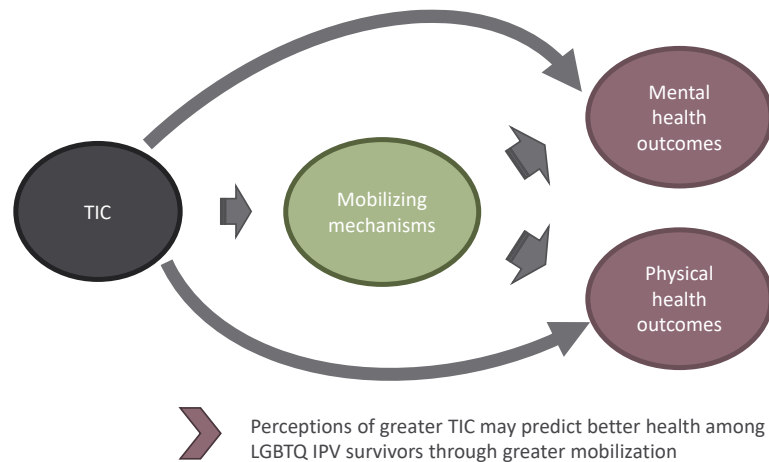
Mobilizing Mechanisms



1. Hatzenbuehler, 2009; 2. Pachankis et al., 2015

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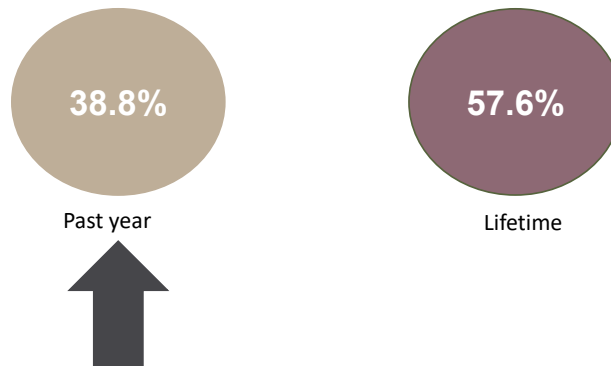
Conceptual Model



Scheer & Poteat, 2018

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Participants' Service Use



Scheer & Poteat, 2018

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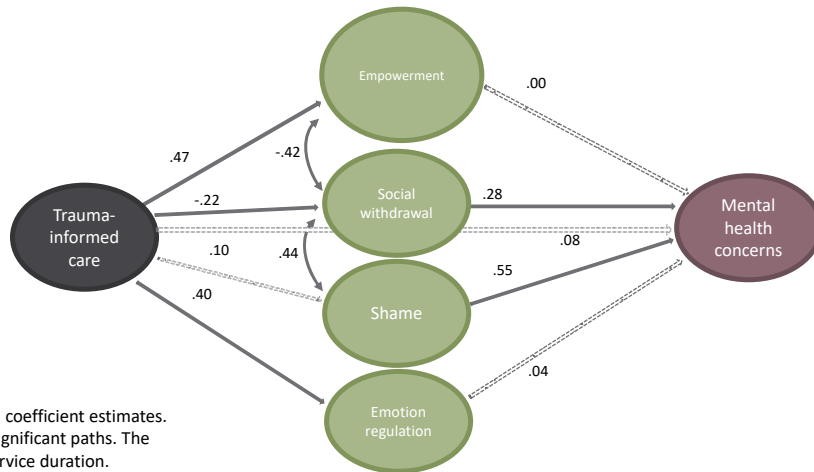
Participants' Service Use

61.2% of SGM individuals with IPV exposure in the past year did not seek services related to IPV in the past year

Scheer & Poteat, 2018

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A Mediation Model of TIC and SGM IPV Survivors' Mental Health

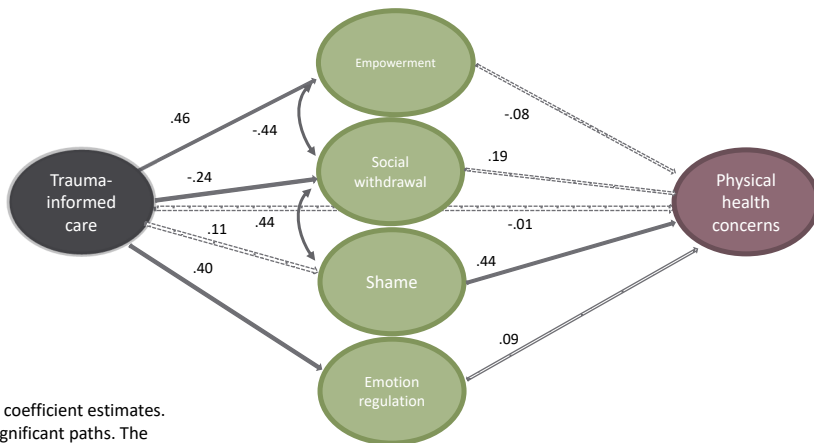


Note. Values are standardized coefficient estimates. Dashed lines represent non-significant paths. The model controls for SES and service duration.

Scheer & Poteat, 2018

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A Mediation Model of TIC and SGM IPV Survivors' Physical Health



Note. Values are standardized coefficient estimates. Dashed lines represent non-significant paths. The model controls for SES and service duration.

Scheer & Poteat, 2018

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TIC and Health Among SGM People

SGM IPV survivors who reported greater perceptions of experiencing a provider who fostered agency reported greater empowerment

SGM IPV survivors' perceptions of experiencing a provider who focused on **culture** and **promoted opportunities to connect with other survivors** were related to negative health and psychosocial risks in this population

SGM IPV survivors who perceived greater overall TIC in their services reported greater empowerment and emotion regulation, and lower social withdrawal

Antebi-Gruszka & Scheer, 2021; Scheer & Poteat, 2020

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TIC and Health Among SGM People

- A successful therapeutic process depends on a meaningful client-provider relationship
- **Fostering agency and mutual respect** are important when working with SGM IPV survivors as some may exhibit hypervigilance and anxiety related to non-affirmative treatment concerns
- TIC approaches delivered in the context of evidence-based treatment components, could prove helpful

Antebi-Gruszka & Scheer, 2021; Scheer & Poteat, 2020

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Implications for Counselors

Trauma-informed approaches should be accompanied by sexual risk prevention and intervention efforts

Reduce help-seeking barriers among SGMs who experience IPV

Prevent enacted anti-SGM stigma in healthcare and legal settings

Recognize that SGMs disclose IPV more often to informal supports than to formal supports

Antebi-Gruszka & Scheer, 2021; Scheer & Poteat, 2020

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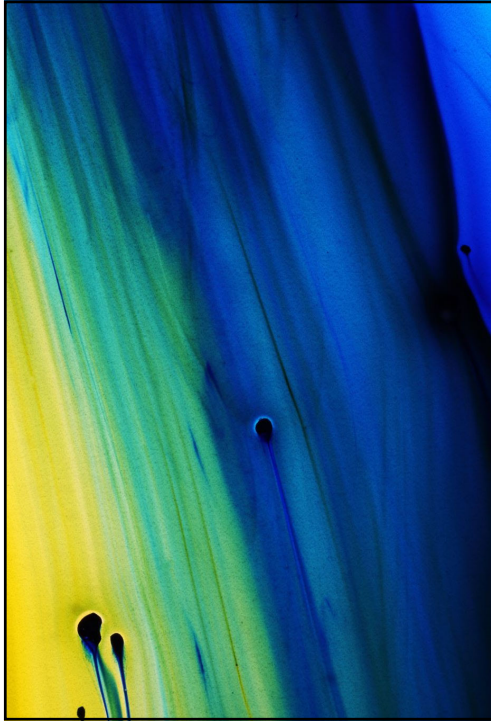
Practice Implications for Working with SGM People

- 1) **Address** social support, spirituality, and modifiable mechanisms to buffer effects of trauma and minority stress on health
- 2) **Mobilize** SGM people to access support from other SGM people
- 3) **Help** SGM people navigate disclosing their sexual orientation, discussing who they are selectively “out” to and why
- 4) **Incorporate** treatments that target specific symptom clusters, focus on mobilizing resources, and reframe minority stress
- 5) **Assess** for minority stressors, violence, health-risk behaviors, and healthcare utilization patterns and barriers



Szymanski et al., 2001; Pachankis, 2015; Lehavot & Simoni, 2011

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Thank you!

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