

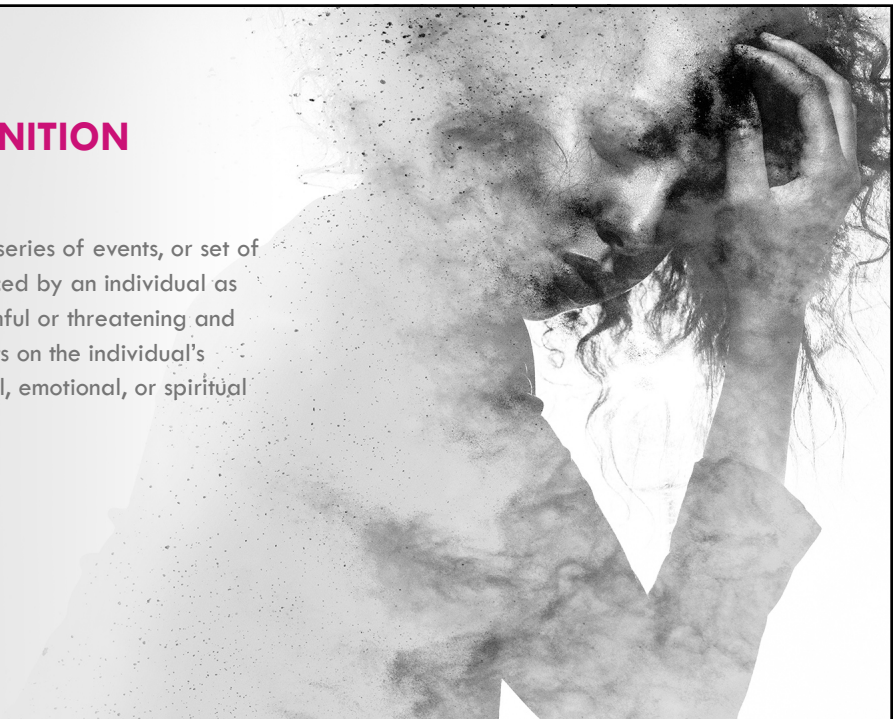


transkit[®]

MODULE SEVEN | TRAUMA

A COMMON DEFINITION

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being. — SAMHSA



TRAUMA & GENDER

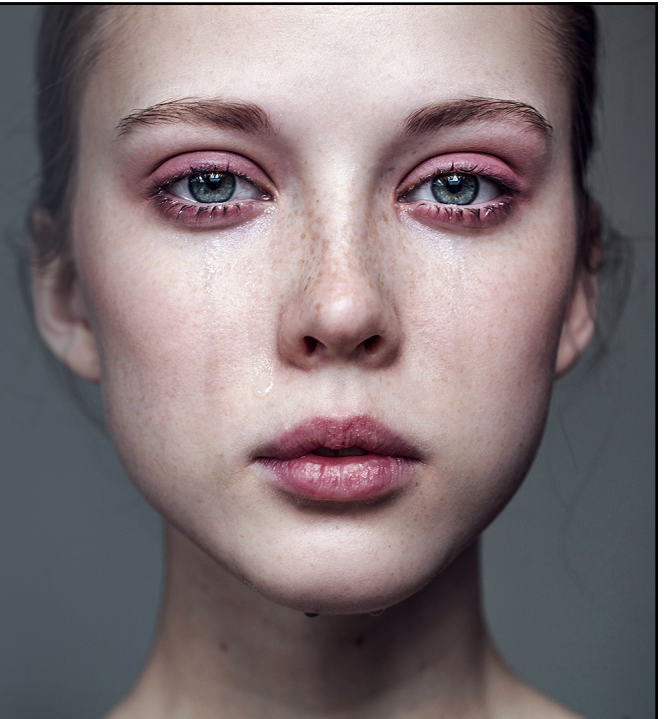
OUR PAINFUL REALITY

OUR REALITY OF TRAUMA

The following statistics were collected from more than 25,000 gender-diverse respondents by The National Center for Transgender Equality. The study is called the US Transgender Survey and further data will be denoted as sourced from USTS.

46% of respondents were verbally harassed in the past year due to a gender-diverse identity.

Nearly one in ten (9%) respondents were physically attacked in the past year due to a gender-diverse identity.



OUR REALITY OF TRAUMA

Nearly half of all gender-diverse people (47%) have been sexually assaulted at some point in their lifetime and one in ten (10%) were sexually assaulted in the past year.

72% of respondents who have done sex work, 65% of respondents who have experienced homelessness, and 61% of respondents with disabilities reported being sexually assaulted in their lifetime.



OUR REALITY OF TRAUMA

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More than half (54%) experienced some form of intimate partner violence, including acts involving coercive control and physical harm.

22-38% of trans people have been harassed by police, with upwards of 15% experiencing physical abuse and 7% being sexually assaulted by law enforcement.



YOUTH & SCHOOL CONSIDERATIONS

The percentage of LGBTQ+ students who were threatened or injured with a weapon on school property grew from 12% in 2001 to 28% in 2009.

78% of gender non-conforming youth reported "significant abuse at school" with 31% of the youth noted the abuse was from teachers.



YOUTH & SCHOOL CONSIDERATIONS

56.7% of LGBTQ+ students who were harassed or assaulted in school did not report the incident to school staff, usually because they doubted that any effective intervention would be made, or the situation could worsen.

61.6% of the students who did report an incident said school staff did nothing in response.



COLLEGE DATA

24% of gender-diverse respondents who were out or perceived as out were verbally, physically, or sexually harassed.

16% of gender-diverse respondents reported leaving college due to the experience of harassment or discrimination. (21% transwomen, 16% transmen, 12% nonbinary).

To date, no transwoman has ever successfully matched in the APA internship match system.



WORKPLACE DISCRIMINATION (USTS)

The Transgender unemployment rate is consistently three times higher than the national average.

Over one quarter (27%) of transgender people who held or applied for a job in the last year reported being fired, not hired, or denied a promotion due to their gender identity.

More than three-quarters of transgender employees take steps to avoid mistreatment in the workplace.



WORKPLACE DISCRIMINATION (USTS)

52.8 percent of LGBTQ+ employees report that discrimination negatively affected their work environment.

LGBTQ+ employees who make it into senior management are much more likely to be out than closeted: 71 percent compared to 28 percent of their closeted counterparts.

In 2014, more than one in four LGBTQ+ adults (2.2 million people) struggled to put food on the table.



ACCESS TO HEALTHCARE

One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.

More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied.



ACCESS TO HEALTHCARE

One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender, such as being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care, with higher rates for people of color and people with disabilities.



ACCESS TO HEALTHCARE

In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor when needed because they could not afford it.



ISSUES WITH LEGAL PROTECTIONS

- Legal protections vary by country/state/municipality – adding additional issues of safety awareness and travel for transgender people.
- Amongst employers, reasons for termination or non-hiring an individual are not required. Transgender employees are fired (or not hired) at rates significantly higher than their cisgender counterparts. Arguing discrimination is virtually impossible.

ISSUES WITH LEGAL PROTECTIONS

- Similarly, protections against housing discrimination cannot be easily enforced, with many affluent, employed transgender people being turned away by landlords every day.
- Legal protections and ordinances are often used by cis/straight people as a way of denying responsibility for experienced trauma, pointing to these as reasons our complaints aren't real or don't matter.

NOWHERE TO TURN (USTS)

- Respondents experienced high levels of mistreatment and harassment by police. In the past year, of respondents who interacted with police or law enforcement officers who thought or knew they were transgender, more than half (58%) experienced some form of mistreatment.
- This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.

NOWHERE TO TURN (USTS)

More than half (57%) of respondents said they would feel uncomfortable asking the police for help if they needed it.

INTERSECTIONALITY

EXPONENTIAL INCREASES IN HARM

LOOKING AT INTERSECTIONALITY

- These experiences of trauma are experienced by transgender people regardless of other cultural factors or disparities.
- SES, Education, Race, Geography, and numerous other factors act as moderators intensifying the experience of trauma, as well as rate of occurrence.
- In communities of color, these numbers are higher: 53% of Black respondents were sexually assaulted in their lifetime and 13% were sexually assaulted in the last year.
- 45% of LGBTQ+ youth of color experience physical violence related to their sexual orientation.

COMMUNITY TRAUMA

- Trauma can often be experienced by association. As patients begin to adopt a community connection or identity, acts of violence, family rejection, and numerous other harmful activities can be internalized, increasing the experience of anxiety, hopelessness, and harm.
- The LGBTQ+ community is targeted for hate crimes more than any other minority group.



MICROAGGRESSIONS

A LOOK AT UNINTENDED HARM

MICROAGGRESSIONS

- Microaggressions are frequently experienced by members of the transgender community. The effects of microaggressions are deeply intensified due to the deep levels of marginalization experienced by the gender-diverse community.
- Language and behaviors that are socially acceptable in a ciscentric society are the source of significant pain and discrimination by members of the transgender community.
- Individuals exposed to constant or ongoing microaggressions can experience the same negative behavioral health consequences as those who experience overt gender-based bullying.



MICROAGGRESSIONS | RECOURSE

- Attempts to inform cisgender individuals about the harm their words actions have caused is typically met with denials of responsibility, and refusals to accept responsibility as they cannot understand how socially acceptable language can be so damaging to the transgender individual.
- Transgender people learn to silence themselves to survive, as they have been discrimination against, and the systems setup to provide protections don't protect the gender-diverse.



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MICROAGGRESSIONS | EXAMPLES

- Failing to recognize that an individual's problem can be a result of experiences with discrimination or internalized cissexism.
- Focusing on gender identity when it's not relevant
- Failing to affirm identity
- Excessive displays of acceptance or "understanding."
- Using the wrong pronoun after being told the individual's preferred pronoun.
- Not having access to gender-neutral bathrooms.



POWER AND CONTROL

- Transgender people are subject to great deals of exposure to power and control abuse. Even casual acquaintances have the potentially of outing somebody, resulting in personal, familial, or financial devastation.
- These considerations become especially relevant in employer/employee dynamics where conformity and compliance are mandatory, and deviation from such results in disdain or termination.
- Exploring this area with the patient can also be precarious as it could potentially raise awareness to reduced power, susceptibility to harm, and deepening feelings of powerlessness.



RESILIENCE + CHANGE

WHERE THIS IS GOING

GENERATIONAL CHANGE

- For the first time in more than 20 years, violence against LGBTQ+ people has risen.
- Hard-fought protections for transgender protections in healthcare are currently under-attacked with efforts to reverse the protections currently underway from the executive branch of government.
- Younger people-of-religion are standing behind terms like “religious liberty” to bolster non-affirming practices and increasing “othering” and opposition.

DEVELOPING RESILIENCE & IDENTITY

- Regardless of the referral question or ancillary reasons a transgender individual is seeking treatment, developing skills and habits which increase resilience is critical to successful emotional, mental and physical health outcomes.
- Helping a patient develop awareness of self, values, and attributes which are not-gender specific, and helping them form these into a sense of identity can help a patient withstand a great deal of negative exposure.

ACT APPROACH

- Too often, but sadly the reality of treatment of youth... keeping them alive while in non-affirming homes and institutional settings should be a primary consideration in treatment. At any point in time prior to coming out or in the pre-transition phase 41% of transgender people are seriously contemplating their mortality.
- Extensive research has shown ACT as beneficial for treatment of LGBTQ+ youth, and those experiencing marginalization due to their identity. Specifically, on the elements of developing a solidified identity using genderless features, traits and behaviors of which the patient recognizes in themselves.
- Understanding external/internal loci of control, combined with committed advocating acceptance and value-guided behavior can be enough to allow a transgender youth to survive till they can gain independence.

ADDITIONAL CONSIDERATIONS

FOR CONSIDERATION IN TREATMENT

OTHER CONSIDERATIONS

- Depending on connection to LGBTQ+ community, if you meet somebody over 50 who grew up in queer circles, then you are speaking with somebody who has lost many friends to AIDS and the correlated illnesses resulting in death.
- The experience of Intimate Partner Violence (IPV) is increased when one, both or several partners have gender-diverse identities. Additional screening should be considered.
- Many states have child-abuse laws which emphasize neglect as the most commonly experience source of emotional abuse. Denying a transgender child access to affirming care (and transition care if so desired) would meet the criteria for an act-of-omission of the parent resulting in significant emotional harm of the child.

THANK YOU

THIS MODULE IS COMPLETE