

Lesbian, Gay, Bisexual, and Transgender Issues in Trauma Psychology: A Topic Comes Out of the Closet

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The field of trauma studies has been active for the past three decades. So, too, has the field of lesbian, gay, bisexual, and transgender (LGBT) issues. In fact, each field has been prolific, spawning national and international organizations, journals, and conferences that have generated a distinguished and informative scholarship of science and practice.

What has been striking is the degree to which these two fields, although often addressing similar concerns, have operated in near isolation from one another. In the field of trauma studies, presentations or scholarly papers on LGBT issues have been almost entirely absent. The senior author of this Introduction was responsible for organizing what was, to her knowledge, the first-ever symposium on LGBT issues in trauma at a conference of the International Society for Traumatic Stress Studies in 2007. Creating that symposium was surprisingly difficult; the most prominent researchers in the field of LGBT trauma issues were not ISTSS members, had never attended that conference, and did not identify themselves with the field of trauma psychology. The workshop, attended by an overflow crowd, has not been repeated at ISTSS.

Meanwhile, in the field of LGBT studies, a growing literature has documented the presence of trauma as a persistent backdrop to the lives of LGBT people. Work by Kimberly Balsam and her colleagues, Esther Rothblum and her colleagues, Susan Cochran, Margaret Rosario, Glenda Russell, and many others has demonstrated that LGBT individuals are more likely to be targets of trauma, particularly interpersonal violence trauma, than are their heterosexual peers. LGBT people are more likely to be abused in their families of origin than are their heterosexual siblings. Rates of intimate partner violence appear to equal those found in heterosexual couples, but resources for both victims and perpetrators of such violence in same-sex pairs are few or nonexistent in most locales. LGBT individuals account for 40% of homeless youth, at least a 400% overrepresentation of their numbers in the general population, and, thus, are at higher risk for exposure to the violence inherent in life on the street. LGBT people, particularly the most gender nonconforming, are targets of hate crimes. LGBT adolescents are bullied by peers more frequently than their heterosexual friends, and we are increasingly becoming aware of the long-reaching consequences for these young people. In addition, LGBT people are subjected to a stream of nearly continuous microaggressions in the forms of denied civil rights, religiously tinged hate speech, and political campaigns aimed at stripping them of those rights that they do have.

Given these painful realities, it has been surprising to find so little work that attends to the specific intersection of the fields of trauma and LGBT psychology. In 2009, when the senior editor of this journal, Charles Figley, became aware of this gap, he invited the senior author to serve as the editor of a special issue of the journal that would focus on this intersection. The creation of this special issue has been a long and challenging journey. Once again, we, as editors, found that scholars who intentionally identified themselves at the intersection of trauma and LGBT issues were few and far between. Our efforts have, however, yielded the collection of excellent and enlightening papers that make up this special issue.

One article, authored by House and colleagues, provides evidence, from an Internet sample of more than 1,100 sexual and gender minority individuals, that both experiences of interpersonal trauma and sexual discrimination were associated with an increased likelihood of engaging in suicidal and nonsuicidal self-injury (NSSI). These experiences appear to exert additive effects on the likelihood of having engaged in suicidal behavior—that is, participants at the greatest risk were those who reported having experienced high levels of both interpersonal trauma and sexual discrimination. Especially given the context of recent LGB suicides in the news media, as well as the burgeoning field of NSSI, future research is needed to specify the mechanisms between these associations.

We present two articles focused on the experiences of sexual minority woman. First, Szymanski and Balsam detail their survey work which explores the relationships between two kinds of heterosexist experiences, ones that meet the traditional diagnostic criteria for PTSD (i.e., heterosexist hate crime victimization) and ones that do not (i.e., heterosexist discrimination). These authors found that both types of experiences exerted significant, unique influences on lesbians' PTSD symptoms. Then, Graziano and colleagues present a review that shows the dire need for trauma-related treatment need among juvenile offending girls, as well as the lack of research focused on sexual minority girls and women in the justice system. Given the state of the literature such as it is, they present recommendations for how to improve services and treatment for justice system-involved girls.

We present two articles focused on the experiences of sexual minority men. First, Radcliffe and colleagues report on an especially vulnerable segment of the population: young African American men who have sex with men. In their sample, these authors found high rates of trauma exposure and found associations between such trauma exposure and current

depressive symptoms, as well as sexual risk behaviors. Culturally tailored intervention approaches that integrate treatment of mental health problems along with increasing healthful behaviors (e.g., Safren, Blashill, & O'Leirigh, 2011) are desperately needed. An often overlooked topic, the focus of Oringer and Samuelson's article is partner violence perpetration and victimization among same-sex couples. These authors found not only that perpetration and victimization are highly associated in their sample but also that greater conformity to traditional masculine norms, especially those of aggressiveness and suppression of emotional vulnerability, was a significant predictor of perpetrating physical violence over and above being the recipient of physical IPV acts. Understanding better the social factors related to masculinity may hold promise for battering-reduction interventions for sexual minority men (and possibly heterosexual men as well).

We present four articles focused on transgender or gender minority individuals. Two articles report the results of original research in the area of trauma and gender identity. Shipherd and colleagues present findings from their study that measures the frequency of potentially traumatic events (PTEs) in a sample of male-to-female transgender individuals. Heartbreakingly, nearly all of the study participants endorsed having experienced multiple PTEs—many of which were bias-related—and many of whom continue to struggle with clinically significant mental health problems as posttrauma sequelae. In a qualitative study of transgender people of color, Singh and colleagues present the results of their phenomenological, feminist investigation of the resilience experiences in this group. Participants reflected on a wide range of abuse experiences and hate crimes and described the importance and difficulty of securing social (i.e., family, friends) and instrumental (i.e., health care, financial) support, as well as the utility of cultivating pride in one's oppressed identities—as well as hope for the future.

The paucity of research on trauma and transgender individuals is striking, especially given the experiences of many health care providers who see regularly that violence and discrimination are the norm, not the exception, for this group. Thus, we present two other articles that review and critically evaluate the extant knowledge on working with transgender individuals to mitigate the impact of their psychosocial stressors and address their mental health needs. Graham and colleagues make the case for provider competence in treating trauma as well as dealing with trans-specific issues. The authors argue that providers who are less knowledgeable about the consequences of traumatic experiences in transgender individuals may erroneously attribute current symptoms to borderline personality disorder when structural factors (i.e., poverty) and interpersonal experiences (i.e., discrimination) may, in fact, be more proximal determinants of their behavior. Similarly, Richmond and colleagues elucidate the unique set of mental health needs held by transgender individuals.

These authors summarize and reflect on those needs and make informed recommendations to assist clinicians who work with transgender individuals to engage with their clients on multiple levels, including practice as well as advocacy. Although they are in the process of being created, we are still years away from relevant APA practice guidelines and, thus, we hope that these resources are useful to practitioners working with transgender clients on issues related to trauma.

Finally, we present two articles that deal with the political and social discrimination faced by sexual and gender minority individuals. In one, Reading and Rubin critically review the relevant empirical and theoretical literatures to present a model of group therapy for LGBT asylum-seekers. The authors make clinical recommendations and suggestions for future research in this area that are rooted in both multicultural and empowerment frameworks and aim to address the unique concerns and challenges faced by this exceptionally vulnerable group. We are proud to present, also, qualitative work by Russell and colleagues. In this article, the authors report results from a study designed to explore community members' perceptions of the longer-term impact of Colorado's Amendment 2, which prohibited legal recourse for LGB people who encountered discrimination based on their sexual orientation. Here participants reflected on the impact on their mental health and well-being during all aspects of the process, through the campaign, election, and eventual judicial reversal by the Supreme Court. Russell and her colleagues note the enduring impact of antigay policies on multiple levels, including the effects on individuals, the LGBT community, and the broader community.

While calling for further research into a topic has become a cliché, we find it impossible to avoid that imperative. LGBT people's lives in the United States, Canada, and the European Union (EU) have become more free and empowered than any of us from the elder generation of scholars and activists could have expected when we began our careers decades ago. LGBT people may legally marry in Canada, many of the member nations of the EU, and six states of the United States. Sexual minority individuals are no longer barred from serving openly in the military. LGBT people occupy positions of power, influence, and authority. The notion that the most popular daytime television host would be a married, open lesbian still astounds those of us who came of age, and came out, when the closet was not just the norm but seemed to be the only option.

Yet with all of this cultural progress, trauma continues to be a constant in the lives of too many LGBT people. As the senior author commented in an article in the *Journal of Trauma Psychology* nearly a decade ago, "As long as the majority of cultures and contexts define non-heterosexual desires as deviant, sinful, or illegal, LGBT people will experience normative traumata arising from the experiences of being alive and queer" (Brown, 2003). While we as activists work to change the cultural contexts that generate this

unacceptable state of affairs, we as psychologists, researchers, teachers, and clinicians, must strive to more accurately describe and understand the trauma experiences of LGBT people.

Our successful prevention efforts can be informed by such research; antibullying bills have passed in a number of legislative bodies because the scholarship we already possess shed light on the terrible risks to LGBT youth of allowing these hate crimes to go undetected and unpunished. Our efforts to heal our own communities of the emotional and behavioral sequelae of pervasive and ubiquitous trauma exposure can only be furthered by rigorously conducted, culturally competent research about the natures of such exposure. Like other communities that have experienced systemic oppression, LGBT people struggle with higher rates of psychosocial difficulties—substance abuse, sexual risk behaviors, depression, and horizontal hostility. More and more sophisticated and thoughtful research about such questions as the relationship between lifetime trauma exposure, particularly trauma exposure that has been linked to an individual's LGBT

status, and a range of mental health outcomes, will allow us to design interventions that are culturally competent, evidence based, and effective.

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