Felt Stigma

The Ripple of Felt Stigma: Understanding how it influences Allies, Gatekeeping, and Internalized Transphobia.

Presenter: Mx. Ryan Howles
Host: SUNY Spectrum
Welcome!

• Ahoy Allies, front-liners, behind the scene’rs,
• Please reach out to me, & Those who are here!
• Group Activities
• Self-care
• Things I provide post-training: consultation, curriculum designed handbooks, Small close-knit trainings,
Has always been apart of the narrative in MH & HC dynamics

Thrives on unspoken influences

“Things always been this way,..”

“this is just Gatekeeping ....

Systems of control and culture

Community of culture, professional culture of progress

Rape culture narrative

*Pts-T: Patients from an Trans-Experience /Trans-identified experience
*HC : Healthcare | HC-p : Healthcare provider
*IPV: Initmate partner violence
*SA: Sexual assault

SUNY Spectrum 2019_Ryan Howles
Believing Stigma...

• **IS That where providers** are given the latitude /allowed the permission (personally or institutionally) that they can refuse care or provide hostile care toward a population.
  - refused care or receive hostile care, **limited accessibility** of healthcare services offer to the TGNCNB community,
  - **Just endure** the mistreatment in order to get the healthcare ..need whether it be related to basic necessity medical care or transitional medical care

• **IS Tolerating** the trauma/microaggressions to have their healthcare needs met [F]

• **IS Not engage** regularly with PCPs (stigmatization and felt stigma) [F]
  - You can be a lifeline for future HC engagement practices! Modeling positive/supportive relationship

• **Is Holding off** their medical/psychological care until crisis mode [F]
  - Stigma can be Hierarchical / layered, weighted differently
  - Pts-T will be **(re)victimized** of violence & trauma from helping professionals [F]

*Pts-T: Patients from an Trans-Experience /Trans-identified experience
*HC : Healthcare | HC-p : Healthcare provider
What is important to trans people when seeking victim services?

In a 2011 FORGE survey, 1,005 transgender and gender non-conforming people ranked how important various factors were in their decisions whether or not to seek services at a victim services agency they had not previously used. The chart shows the percentage of trans respondents who noted that particular factor was “extremely” or “very” important in their decision-making. This data may help agencies prioritize their efforts to become more trans-welcoming.

1. Reputation
The most important factor trans people consider when deciding whether to access an agency’s services is the “reputation” that agency has among other trans people. 65% of respondents noted that reputation was “extremely” or “very” important to them. Obviously, it’s hard to quantify an agency’s reputation, but we suggest agencies identify and publicize “endorsements” from satisfied past trans clients and/or take deliberate public steps to address past less-than-stellar experiences (be prepared to tell the community what you’ve learned, and proactively advertise what trans-welcoming steps you have now taken).
Stigmatization

Imperialistic Culture: Enforces conformity and power dynamics | Hostile User Environment [HUE]

Has our clinic been affirming? [year, known] To who? POC, TGNC, TF, etc.

Do we have endorsement from student orgs?

Enhances a system of power, powerless, and privilege

Are we Affirming? Trauma-Sensitive?

- What’s our waiting room like?
- What’s our website like
- How are we positioned in the room
- How do we view our providers?
- Language associated
- Sex-specific content offered, or support groups
- Assumptions of health care system and how to access it
- Gendered expectations

- UPD and counseling?
- Organizations / student groups
- LGBT liaison/ task force

- Do local victim advocates and shelters have policies that exclude trans people? Who specifically-
- Do the local DV shelter allow Transwoman? IF not, where else?
- Does Law Enforcement have an LGBT detail?
- Do SANE nurses be trained on LGBTQ concerns; TGNCNB concerns?

SUNY Spectrum 2019, Ryan Howles
Reported Stats & Stigma


- On average, there are 321,500 victims (age 12 or older) of rape and sexual assault each year in the United States; OF that 54% are 18-34 ages

- Male college students are 5x more likely to survive an sexual violence than non-students

- 21% of TGQN college students have been sexually assaulted,
  - compared to 18% of non-TGQN females,
  - 4% of non-TGQN males
  - College-Age survivors typically do not report to law enforcement

National Coalition of Anti-Violence Programs: intimate Partner Violence in LGBTQ and HIV-Affected Communities, (2012)

- Most impacted: Trans identified, POC, Gay men, and people under age 30.

- Lifetime prevalence 25.3% - 47% for Transgender people (4)

- 54% some form of IPV (1)

- 35% physical violence of IPV vs. 30% of US adult pop. (1)

- 24% severe physical violence of IPV vs. 18% US adult pop. (1)
Psychological Impact of Minority stress & Sexual Violence

Chronic Minority Stress / Stigma can eventually lead to weakening of psychological coping strategies and produce poorer health outcomes [I]

• Minority stress is multi-tiered thus intensifying the distress: Af.Am. Transman identifying as queer
• Felt Stigma is layered as well, can be weighted differently

• Sexual violence = PTSD, SI, Social anxiety, hypervigilence, interpersonal issues
• Internalized Transphobia, Shame, and Rape cultural values
• Violence justification, victim blaming
• HUE: (Stigma) Accumulatively compacts Stress + Trauma, Symptoms incl. persistent feelings of alienation, anxiety, anger, resistance, depression, fear, hypervigilance, fatigue, hopelessness, SI [H]
Felt stigma

• **Felt stigma** occurs when a person internalizes negative stereotypes / norms / beliefs / etc.. This can cause low self-esteem, shame and hopelessness. Both (Felt and Enacted) types of stigma can lead a person to avoid seeking help for their **mental health** problem due to embarrassment or fear of being shunned or rejected [C]

• Felt Stigma is the shame associated with the stigma, or even fear of having enacted stigma [C]
Conundrum, we are in eh?

- What do we do?
- What are your feelings?
Demonstrate Transparency
See Gatekeeping Much Worksheet

• Discuss practice policies
• Discuss Gatekeeping practices (both institutionally enforced or tx plan)
  • Address ownership over the profession of gatekeeping, Hx with DSM (Stigma / Felt Stigma)
• Psychoeducate pt on dx’s and the gatekeeping for services in your system or community
• Ask about their experiences with HC providers
• Give therapeutic space for sensitive questions
• Patient education about Healthcare services, engagement with HC-p
• Instill advocacy skills: “Ask about their experiences with HC providers”
• Legal: Thanks to Fields v. Smith[7th Cir. 2011]: Courts now have to recognize gender dysphoria as a “serious medical need”
  • Legal Landscape now 2019 – E.plans built in exclusionary lang., I.plans may deny services
  • Medicare 2014 released “covers transition-related hormone therapy & gender-confirmation surgeries” – however due to Medicare’s low reimbursement rates providers can refuse or Hide ‘n Pay practices

*Spts-T: Patients from an Trans-Experience /Trans-identified experience
*HC : Healthcare | HC-p : Healthcare provider
Coping, Resiliency

- Bring & foster Empowerment
- Awareness not normalization
- Taking responsibility
- Gatekeeping vs Guardians-Agents
- Community engaging community activities
- Preparation
- Pride and community membership
- Knowing how to identify l-transphobia, l-homophobia, l-racism, Minority Stress & Chronic Minority Stress
  - Minority stress is multi-tiered thus intensifying the distress: Af.Am. Transman identifying as queer
- Creating an support pocket, you!
- Smaller details
- Groups
- Open / Walkin programming Idea/ Theme
- Supervision Groups / Consultation groups
- Internal narrative, Gendered Affirmations
- How to honor yourself
- What ER – CPEP LGBTQ okay
- Do SANE nurses be trained on LGBTQ concerns; TGNCNB concerns?

SUNY Spectrum 2019_Ryan Howles
Gettin’ Creative?

Creative ways to gain insight and awareness, worksheets, assessments questions, collaborative outreaches

Internalized Transphobia Monster

My Feelings about Myself

1. I have had difficulty getting medical or mental health treatment due to my sexual or gender identity
2. Because of my gender identity or expression, I have had difficulty finding a safe place to make friendships
3. I have to repeatedly explain my gender identity to people or correct my pronouns
4. I have difficulty being perceived as my gender
5. I have to work hard for people to see my gender accurately
6. I feel I have to be “hypermasculine” or “hyperfeminine” in order for people to accept me
7. On the whole, I am satisfied with myself
8. I wish I could have more respect/confidence for myself
9. I have been made to feel unwelcome in my LGBTQ+ community because of my ethnic/racial identity.
10. I have been made to feel unwelcome in my ethnic/racial community because of my gender identity/expression
11. I certainly feel happy at times
12. At times, I think I am not good at all because of how I identify
13. I have a community where I feel safe to be me
14. I have plenty of support in my life
15. In most times, I feel safe and comfortable to express my gender identity
16. Because of my sexual identity or expression, I have had difficulty finding a safe place to make friendships

SUNY Spectrum 2019_Ryan Howles
Case Studies

• Case 1: TGNC Group session 2, an group member (White, Man of T-e, queer) Alex states he witnessed to an verbally aggressive interaction at a place safe in the bathroom where one occupant was cornering and yelling aggressively toward an Transwoman. He was shaken by it. – safe place not any more, other places, worried about them

• Case 2: Following group session 2, individual patient (Transwoman, white, gay) discussed since hearing that account they have avoided all bathrooms and has increasingly isolated herself.

• Case 3: A (Latinx, queer, GQ) colleague mentions she feels increasingly frustrated with the lack of knowledge surrounding POC students and lack of programing not just led by her - but worried she may further her isolation

• Case 4: In a meeting of discussing trainings, most of your peers are excited to have another staff member lead an training on But you actually believe hiring another training professional would be better -
Questions, concerns, comments?
References


National Coalition of Anti-Violence Programs (NCAVP) and the National Center for Victims of Crime, Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence and Intimate Partner Violence


