(RE)DEFINING SAFETY

Mental health care insights for TGNCNB sexual violence & sexual assault survivors.

Spectrum SUNY Conference 2018
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Transforming the Clinician
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STIGMA
RAPE CULTURE
AFFIRMATION
MINORITY STRESS
INTERNALIZATION
POLY-VICTIMIZATION
POLY-VICTIMIZATION | WHAT WE KNOW

• Pts-T will tolerate the trauma/microaggressions to have their healthcare needs met [F]
• Pts-T will not engage regularly with PCPs (stigmatization and felt stigma) [F]
• Pts-T will hold off their medical/psychological care until crisis mode [F]
• Pts-T have experienced at least 2 instances of trauma in their lifetime [F]
• Pts-T will be (re)victimized of violence & trauma from helping professionals [F]

*Pts-T: Patients from an Trans-Experience /Trans-identified experience
Most impacted: Trans identified, POC, Gay men, and people under age 30.

- Lifetime prevalence 25.3% - 47% for Transgender people [E]
- 54% some form of IPV [A, G]
- 35% physical violence of IPV vs. 30% of US adult pop. [G]
- 24% severe physical violence of IPV vs. 18% US adult pop. [G]
STIGMA | DO WE KNOW OUR ROOTS?

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

• Has our clinic been affirming? [year, known]

• Do we have endorsement from student orgs?

• Enhances a system of power, powerless, and privilege

• Are we Affirming? Trauma-Sensitive?
  • Is the burden of responsibility on the patient to report negative experiences
  • Do we view the pt as traumatized
  • Do we bring denial
  • Do we not acknowledge our history

Check List and Hostile User Environment Score Card
Our House

- 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

Intra-Campus relationships

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

Community Relationships

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

- Safety for me is....
- I define Safety as....
- Safety for me....
- my workplace....
- Safety as a kiddo.....
- Safety as an adult.....
- Safety when I am alone....
- Safety when I am with others....
- Safety when I ......

- Assert power to the individual
- Ask permission, allow the patient to say no or not answer and you respecting it
- Survivor / thriver sets the pace
- What’s their experience?
- IS Documentation needed?
STIGMA & INTERNALIZATION

Trans identified much more likely to not report:
- Safety and privacy of beingouted
- Fear of healthcare providers / emergency personnel
- Fear of being dx ‘mentally ill’
- Fear of losing benefits
- Fear medical record

“I had a long time convincing myself it was Intimate partner violence, it all wasn’t like they talk like it is.”

“Yeah, I feared my partner, but I knew that danger.. I feared the DV shelter because I heard horror stories of other trans guys having more problems there! “

“I feared that having that on my record somewhere would kill my chances on getting on HRT”

Slide #9
Chronic Minority Stress 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
- Sexual violence = PTSD, SI, Social anxiety, hypervigilence, interpersonal issues
- Internalized Transphobia, Shame, and Rape cultural values
- Violence justification, victim blaming
- HUE: Accumulatively compacts Stress + Trauma, Symptoms incl. persistent feelings of alienation, anxiety, anger, resistance, depression, fear, hypervigilance, fatigue, hopelessness, SI [H]
UNRAVELING THE TANGLED MINORITY STRESS & INTERNALIZATION

- Body parts incongruent
- Identity documents Exposure
- Rape culture and Gender expectations Internalization
- Disclosure = loss of control, power, safety
- Disclosure = outing to people / insurance
- Internalization: gender expectations and expectation of Trans-violence
- Victim Blaming & Shaming
AFFIRMATION | PROVIDERS ARE LIFELINES

• College-age patient
• Introduction to healthcare system, barriers to care
• You set the tone for future encounters of healthcare providers [study 2004, N=265, FORGE SHGHTSV]
  • After 10 years 28%
  • After 5 years 19% - 7 days to 6 months 19%
  • After 1 year – 6 months 10%
• The initial responses a victim of violence receives can make a huge difference in how traumatic the incident feels and how well the victim heals over time [Q].
STIGMA | CLUES FOR TRAUMA
HX OF NEG. EXPERIENCES WITH OTHER PROVIDERS

**Hx negative experiences**
- Defensiveness
- Avoidant
- Distancing
- Resistance toward disclosure
- Guardedness
- Challenging
- Minimization
- Distrust

**Pts View**
- Feeling attacked
- Coping skill has kept them alive
- Gatekeeping practices
- Symptom of protective factor
- Intense Fear
- Intrusive Questions / incompetent questions
AFFIRMATION | CLUES FOR TRAUMA/HX OF NEG. & INTERVENTIONS

**Hx negative experiences**

- Defensiveness
- Avoidant
- Distancing
- Resistance toward disclosure
- Guardedness
- Challenging
- Minimization
- Distrust

**Pathways to strengthen**

- Meet pts with transparency & affirmation
- Demonstrate awareness, openness, patience
- Build therapeutic alliance/relationship
- Establish empowerment, ask permission to continue
- Collaborate in developing tx plan and dx’s
- Process perceived defensiveness and/or distrust
- Assessment is ongoing
Hx of Stigma and Hx of Distrust

• Commonly do not view providers as trusting or safe
• May minimize (intent/unintent) comorbid issues
• May not have the ability to connect their minority stress and trauma to symptoms
• May conceal their medical information for protection
• Felt Stigma, prejudice, discrimination are real!
• Communication/disclosure has ID as a barrier due to providers’ misconceptions, prejudices, cultural differences, and lack of education
  • Barriers hinder therapeutic alliance

Insightful Interventions

• Do you feel safe here? How can I make you feel safer or more comforted to discuss these items?
• Provide clinical examples to demonstrate affirming practices
• Discuss Gatekeeping practices (both institutionally enforced or tx plan)
• Acknowledge previous clinical practices or institutional microaggressions (if exist)
• Psychoeducate pt on dx’s
• Ask about their experiences with HC providers
• Give therapeutic space for sensitive questions
**POLY-VICTIMIZATION & CLINICAL INSIGHTS**

**Hx of Power and Control in IPV**
- Threaten to out, poke fun of identity
- Not respecting body boundaries
- Using birth name, incorrect pronouns
- Criticizing in public and private
- Denying partner’s reality

**Insightful Interventions**
- Have you ever felt uncomfortable or intimidated?
- Is there anything going on now or in the past that you feel has affected your health or wellbeing?
- Have you ever felt afraid in telling someone something?
- What does Safety look like for you?
• Acknowledge and discuss defensiveness
  • “How can this be more safe for you”
  • “what has been your experience with other providers
• Clear statements
  • “How do you see the problem”
• Steer away from Assuming
  • “What are terms you use for your body”
  • For gender /sex exams re-affirm pts identity
    • Pelvic exam with transman, “as a man, you are healthy and everything looks healthy”
• Ask permission
  • “Is this your experience”
• Address comorbidity and transition at the same time
REFERENCES PT2


H. 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
