The background of the slide is a composite of two flags. On the right side, there is a horizontal rainbow flag with stripes of red, orange, yellow, green, blue, and purple. On the left side, there is a transgender flag with diagonal stripes of light blue, pink, and white. Overlaid on the right side of the image is the title text in a large, bold, black font.

# Trauma and Minority Stress in LGBTQ+ Populations

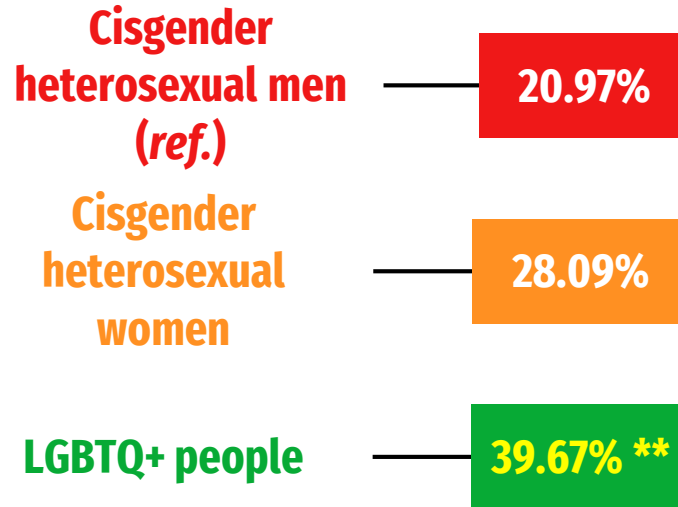
Ruby Charak, Ph.D.  
(pronouns: she/her/ella)  
Associate Professor of Psychology  
The University of Texas Rio Grande Valley,  
Edinburg, Texas, USA

# 2020

COVID-19 pandemic: “...the great equalizer...”

# Evidence of mental health disparities

- *Forgone care* during the covid-19 pandemic



Cisgender: a person whose gender identity corresponds to their assigned sex at birth

Tabler, J., Schmitz, R. M., Charak, R., & Propst, A. (2022). Forgone care among LGBTQ and non-LGBTQ Americans during the COVID-19 pandemic: the role of health, social support, and pandemic-related stress. *South Medical Journal*, 115 (10), 752-759.

# Evidence of mental health disparities

- *Depressive symptoms and covid-related stress during the covid-19 pandemic*

Cisgender: a person whose gender identity corresponds to their assigned sex at birth

**Cisgender  
heterosexual men  
(ref.)**

**8.73**

**11.55**

**Cisgender  
heterosexual  
women**

**9.03**

**14.23\*\*\***

**LGBTQ+ people**

**12.57 \*\*\***

**17.93 \*\*\***

Tabler, J., Schmitz, R. M., Charak, R., & Propst, A. (2022). Forgone care among LGBTQ and non-LGBTQ Americans during the COVID-19 pandemic: the role of health, social support, and pandemic-related stress. *South Medical Journal*, 115 (10), 752-759.

# Mental health disparities in LGBTQ+ adults from the U.K.

- 8% did not feel safe in their current living situation
- 15% reported experiencing abuse/violence
  - Black and South Asian LGBTQ+ twice at risk of abuse/violence
- 16% LGBT people unable to access healthcare for non-covid related issues
- 18% were concerned that the situation would lead to substance use
- 43% reported depressive symptoms

Sources:

LGBT Foundation. <https://lgbt.foundation/coronavirus/hiddenfigures>

LGBT Hero. <https://www.lgbthero.org.uk/the-lgbtq-lockdown-wellbeing-report>

# Minority stress framework (Brooks, 1981; Meyer, 2003)

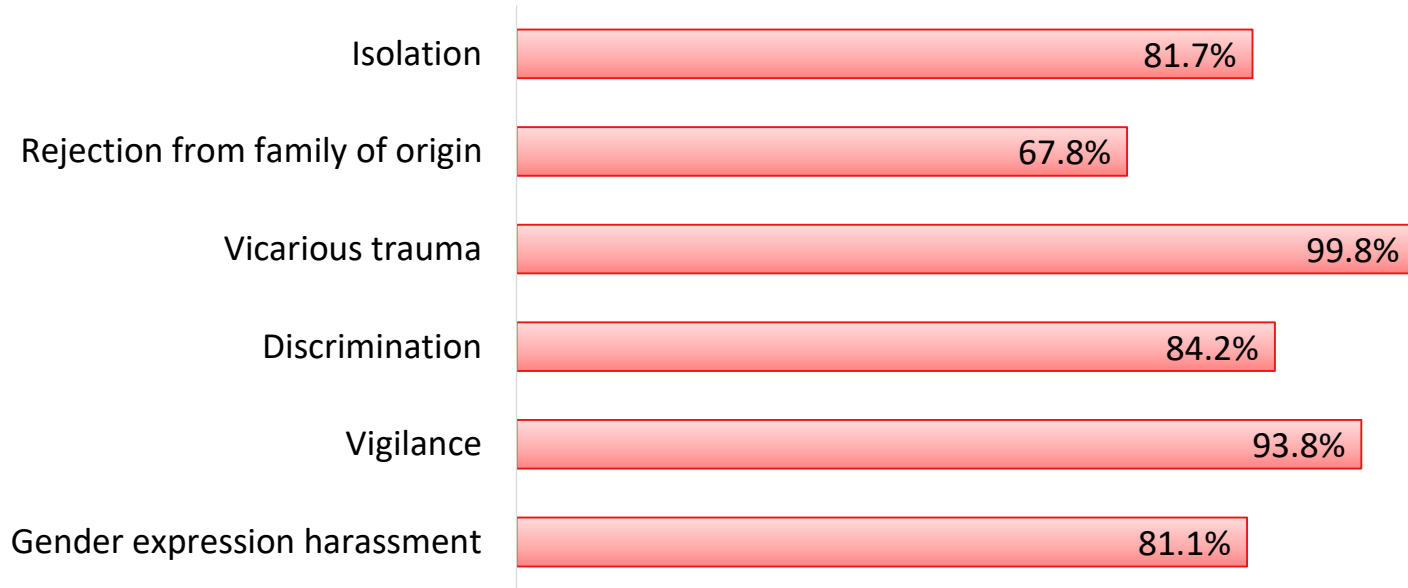
## ❖ Minority stressors

- *Heterosexism*: prejudice towards sexual minority individuals based on the assumption that heterosexuality is the norm and is superior
- *Cissexism*: prejudice towards transgender and gender diverse individuals based on the assumption that identifying as cisgender is the norm
- *Identity concealment*
- *Internalized heterosexism*



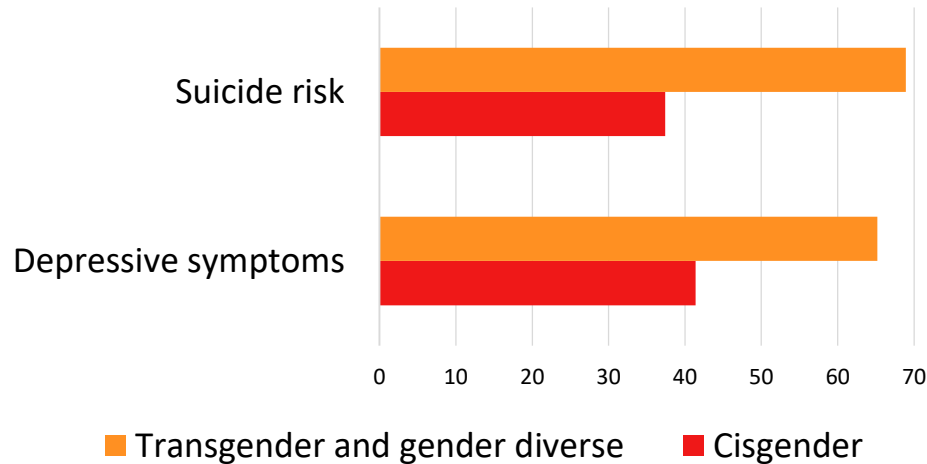
# Heterosexism/cissexism in LGBTQ+ adults

## *Heterosexist/cissexist experiences (past 12 months)*

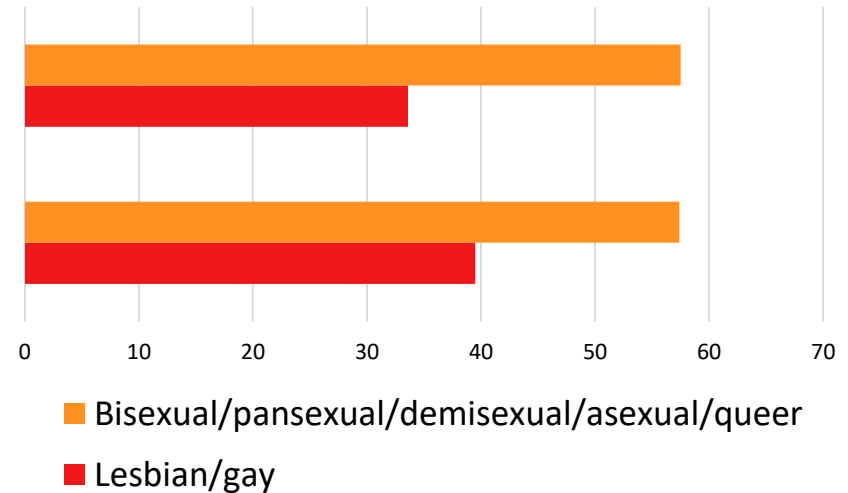


# Disparities in mental health outcomes

*Transgender/gender diverse vs. Cisgender*



*Bisexual/pansexual/demisexual/asexual/queer vs. lesbian/gay*





# Conceptualizing heterosexism/cissexism as an ACE

- Based on the items used in the Family Acceptance Project (Ryan et al., 2009)
  - ❑ Verbal harassment/name calling: 15%
  - ❑ Pressurize to act masculine or feminine: 57.5%
  - ❑ God will punish you: 7.1%
  - ❑ Ashamed of you or that brought shame to the family: 25.5%

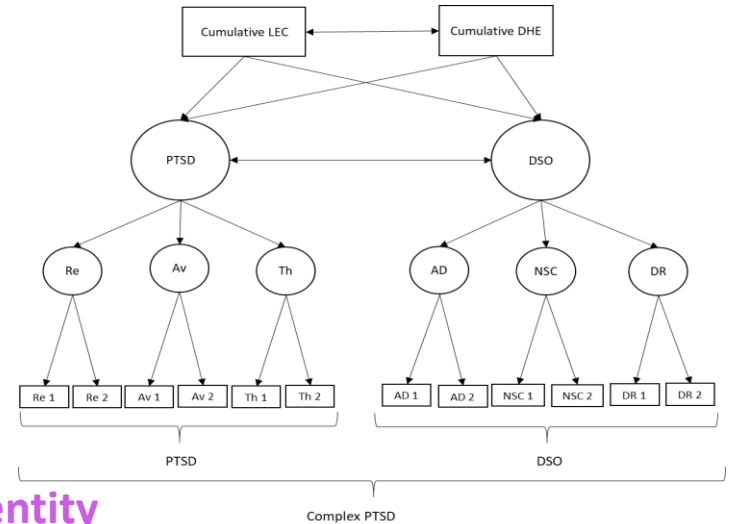
Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123, 346–352.

# Trauma, Minority Stress, and CPTSD

- Found the PTSD and DSO factors were *distinct*
- 6% PTSD; 19.1% CPTSD

❖ **Minority stressors → increase in PTSD and DSO**

- **Gender expression related harassment**
- **Isolation related to one's sexual/gender identity**

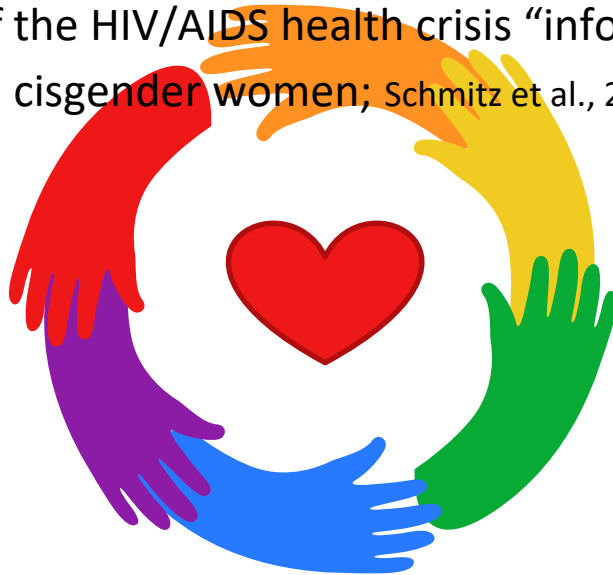


Charak, R., Cano-Gonzalez, I., Ronzon-Tirado, R., Ford, J. D., Byllesby, B., Shevlin, M., Karatzias, T., Hyland, P., & Cloitre, M. (2022). *Factor structure of the International Trauma Questionnaire in trauma exposed LGBTQ+ adults: Role of accumulating traumatic events and minority stress heterosexual experiences. Psychological Trauma: Theory, Research, Practice, and Policy*. Accepted.

# Portfolio of strengths

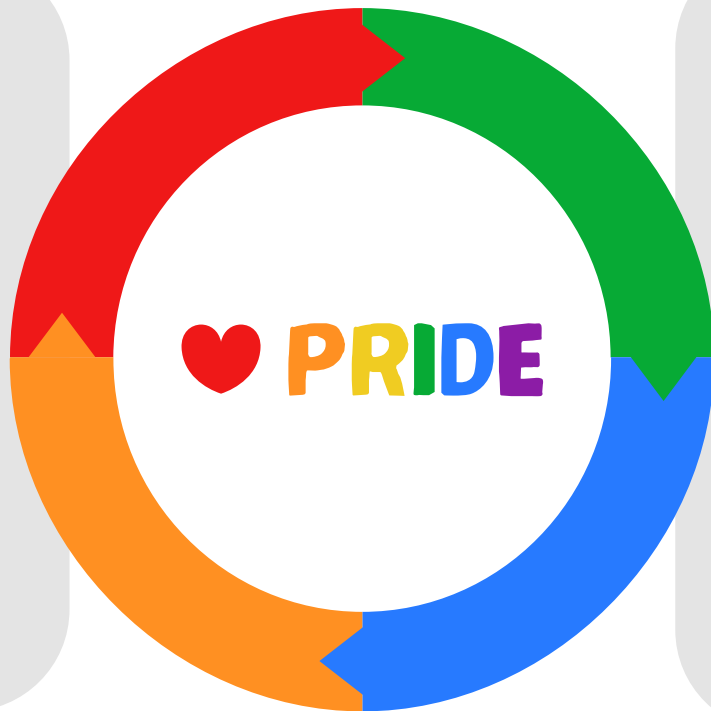
*“...here is no one magic strength...a combination of strengths offers the most benefit..” (Banyard & Hamby, 2020, pp. 144-145)*

- Social support → lower forgone care
- “Collective memory” of the HIV/AIDS health crisis “informed their sensibilities” (Allie\*, white pansexual cisgender women; Schmitz et al., 2022, p. 6)



# Portfolio of strengths

“In my family, my *sister* has helped me a lot to mediate with my parents or with the rest of my relatives, to soften it, they don't call me by my name, they look for a nickname or something that is in passing...”  
(Alex\*, white transgender man).



“...hiding but feeling free in a small circle of comfort. Which was *my LGBT people*. I go to a *psychologist* with [name of association]. It's a very big step, because in addition to the whole LGBT thing, I also have a lot of traumas and many bad experiences from my childhood...”  
(Farah\*, biracial bisexual woman).

# Treatments

- Effective Skills to Empower Effective Men (ESTEEM; Pachankis et al., 2015) & Empowering Queer Identities in Psychotherapy (EQUIP; Pachankis et al., 2020): 10 sessions:
  - Sessions 1-2: discussing presenting problems; motivation enhancement; reviewing strengths; impact of minority stress; current coping strategies
  - Sessions 3-5: awareness of emotional, behavioral, cognitive impacts of MS; cognitive restructuring activities
  - Sessions 6-7: review of personal avoidance tendencies; those related to MS

Pachankis, J. E., Hatzenbuehler, M. L., Rendina, H. J., Safren, S. A., & Parsons, J. T. (2015). LGB-affirmative cognitive-behavioral therapy for young adult gay, lesbian, and bisexual men: A randomized controlled trial of a transdiagnostic minority stress approach. *Journal of Consulting and Clinical Psychology, 83*(5), 875–889.

Pachankis, J. E., McConocha, E. M., Clark, K. A., Wang, K., Behari, K., Fetzner, B. K., Brisbin, C. D., Scheer, J. R., & Lehavot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 88*(7), 613–630.

# Treatments

- Adaptation model for LGBTQ-Affirmative Interventions (Pachankis et al., 2022)
- Six guiding principles
  1. Highlight how symptoms [of depression] can be normal responses to minority stress
  2. Acknowledgment of internalization of minority stress
  3. Empower to effectively cope with unfair consequences of minority stress
  4. Help build supportive authentic relationships
  5. Highlight unique strengths
  6. Understand intersecting identities can be a source of stress and strength

# Take home message and future directions

- LGBTQ+ people are at an increased risk of abuse/victimization and mental health challenges
  - Transgender/gender diverse and bisexual/demisexual/asexual/queer at a heightened risk
- *As clinicians*
  - Mindful of the role of minority stressors
  - Role of heterosexism as an adverse childhood event
  - Assessments
  - Affirmative care
  - Strength based approaches for interventions
- *As a researcher*
  - Inquiry of sexual and gender identities
  - Strength based approaches for prevention

# Thank you.

Email: [ruby.charak@utrgv.edu](mailto:ruby.charak@utrgv.edu)  
UTRGV ACT Lab

