

*Prevailing from Traumatic Experience of Assault: From the Perspective of
LGBTIQ Individuals*

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Abstract

When the constitution of a country constraints some citizens as criminal, based on their choice of sexual partner, it is expected that crimes will be committed against them, as a result of social discrimination and lack of legal protection. Although NALSA verdict (2014) by Supreme Court of India edict to give the freedom in choosing one's own gender, and to protect the rights of individuals of 3rd gender, but that did not make any difference in the crime rate and discrimination against the LGBTQ individuals (specially against Transgender individuals). Grappling and coping with the trauma and psychological state of the individuals who have been through these kind of experience evokes interest. Thus, 20 self identified LGBTQ individuals were communicated by the snowball sampling method and were interviewed for the present study. Among them 10 individuals have been through any kind of physical or sexual abuse, and other 10 individual have not faced such physical or sexual assault. They were asked about their experience of traumatic events and the psychological effects of the event, how they fight their way back and gained the strength to cope with that. They were also asked about the perception of homosexuality, transgender and transsexual individuals of the Indian society, their subjective well being, perception of happiness and how they comprehend the meaning in life, the responses of the two groups were compared. In this context the presence of transphobia in our society, and among the cisgender homosexual and bisexual individuals was also mentioned by the participants.

Keywords: Transphobia; assault, trauma, coping; psycho-social factors; LGBTQ

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Introduction

“Rare are the circumstances anywhere in the world today where we are able to understand and feel safe within our bodies, to name, seek, and express our desires, and to be able to articulate dynamic and wide-ranging understandings of our sexualities. Rarer still are understandings of sexuality that reach beyond sex, violence, disease on the one hand, and reproduction, marriage, and silence on the other”

- Transgender activist of Chennai, India.

In India, sexuality has long been a silent battleground. Each decade has taught more about the ways in which it underlies almost every aspect of our lives, making the socially enforced silence that envelops issues of gender and sexuality seem increasingly more deafening. Globally and locally, the faith, science, identities, and cultures deny them space for articulation and exploration, refuse them inclusive and interconnected definitions of sexuality that speak of power and politics as much as about the act of sex, or simply take from them languages and spaces of protest.

In the last decade, the queer movement in India began to openly organise around the rights of transgender and homosexual and bi-sexual people not just to be free of violence, but to be able to give their medical histories to their doctors without shame or fear of criminal action, to be able to hold a passport, and to be able to be free of discrimination in the workplace, schools, hospitals, and within their homes. As a result of which NALSA verdict (2014) by Supreme Court of India edict to give the freedom in choosing one's own gender, and to protect the rights of individuals of 3rd gender, but that did not make any difference in the crime rate and discrimination against the LGBTQ individuals (specially against Transgender individuals).

Discriminating behaviour against lgbtq individuals and sexually marginalized groups is a global scenario, even in 21st century. Indian society is not an exception in this matter. Those who do not fit in the typical gender role and sexual orientation of hetero-normative society, faces many difficulties in day to life as well as in family. The reason behind this kind of discrimination on the basis of gender identity and sexual orientation is homophobia and transphobia.

Homophobia is a psychological term originally developed by Weinberg (1973) to define an irrational hatred, anxiety, and or fear of homosexuality. More recently, homophobia is a term used to describe the fear, discomfort, intolerance, or hatred of homosexuality or same sex attraction in others and in oneself. Examples of homophobia include hate crimes, derogatory comments, jokes that slander, denial of services, and other oppressive actions or beliefs (Bonner, 2009).

Trans-phobia can be described as an irrational fear of gender non-conformity or gender transgression, such as a fear of, or aversion to, masculine women, feminine men, cross dressers, transgenderists, transsexuals and others who do not fit into existing gender stereotypes about their birth gender (Whittle, 2006). The use of the word ‘phobia’ in this context is not intended to imply that the transphobic person and/or the victim of transphobia are suffering from a disorder.

Many homosexual and transgender individuals face discrimination and physical violence as a result of homophobia and transphobia, which can leave a deep mark on their mental health and traumatized them in later life. Trauma can be defined as a physical injury or powerful psychological shock that has damaging effects (Oxford dictionary of psychology).

The coping with that trauma can be done with the help of mental health professionals, after the clinical diagnosis.

But the turning up rate to a mental health professional or psychologist is profoundly low in India. Hence, the person with traumatic life event often left alone by himself/herself to cope with it. Dealing with the experience of negative incidents often become difficult for them, and as expected it often hampers the well-being and self esteem of the individual (Singh, 2006).

Individuals with disturbed well-being and self esteem feel less happy and not very much satisfied with their lives in general, due to the lack of sense of mastery of their own life, which are key aspects of subjective well-being (Diener et al. 1999).

The existing literature shows that importance of self esteem and measures of a sense of purpose and meaning in life both correlate significantly and positively with psychological well-being (Hartling, 2004). As the happiness derives from having a purpose of life and maintaining a certain level of wellbeing thus accepting and exploring every aspect of one's life could also play a part in achieving self esteem and developing felicitous spirit.

Thus, the present study aims to explore the life experiences of Lesbian Gay Bi-sexual and Transgender individuals who have faced any trauma and their own ways of coping and co habilitating with it, along with their perception of happiness and meaning in life to define their state of well being.

Literature review

It is very unfortunate to report that A whopping 74 percent of the transgender persons have had to leave home and their birth families because of being transgender and having faced violence and abuse, often leading to having little or no contact with them nor receiving any kind of support — financial nor emotional [Swasti Health Resource Centre (2016, June)].

A 2007 study documented that in the past one year, the percentage of those MSM and Hijras who reported: forced sex is 46%; physical abuse is 44%; verbal abuse is 56%; blackmail for money is 31%; and threat to life is 24%.

Singh, Dew, Roberts, & McDaniel, (2009) reported not having an accurate estimate of the types and prevalence of interpersonal trauma experienced by transgender people of color during an Atlanta based study. This can be partially attributed to the lack of standardized reporting of the prevalence of interpersonal trauma among subpopulations such as transgender persons at the national, state, and local levels (Herbst et al., 2008; Mizock & Lewis, 2008). Additional reasons for the absence of accurate interpersonal violence statistics may be because of transgender persons' (i)

uncertainty that their reports of interpersonal violence will be believed, (ii) concern that a perpetrator will retaliate and interpersonal violence will escalate if reported, (iii) fear of being “outed” about their gender identity and/or gender assigned at birth, and/or (iv) concern that the process of reporting interpersonal violence will not be handled in a culturally proficient manner (Dworkin & Yi, 2003).

There is a growing body of literature examining the traumatic life events transgender people may experience due to transphobia. (Nemoto et al., 2004, p. 725), and may path breaking researches has been conducted such as- Burstow (2003) challenged the traumatology field to focus on the voices of survivors and engage in a “radical” understanding of trauma and trauma work by focusing on the voices of survivors and their strengths for healing. From radical perspective, Burstow asserted, “decent trauma praxis simply cannot rest on a deficiency model” (p. 1298) to sustain the oppressive social systems and institutions that allow trauma to occur remain unnamed.

Methods

Sample- 20 Lesbian, Gay, Bi-sexual, Transgender individuals (self identified) was interviewed. Among them 10 individuals have been through any kind of physical or sexual abuse, and other 10 individual have not faced such physical or sexual assault. 20 Self identified LGBTQ individuals were communicated by the snowball sampling method and were interviewed for the present study. The participants were in the age range of 20-35 years. They were Bengali speaking and have passed 12th grade (10+2)) of education, the minimum. They belong to middle and upper middle socio-economic class.

Procedure- In case of the present study, semi-structured interview has been used. Semi-structured interviews consist of several key questions that help to define the areas to be explored, but also allows the interviewer or interviewee to diverge in order to pursue an idea or response in more detail. Open-ended questions were asked for the purpose of data collection in the interview. The participants responded to the pre-determined set of questions asked by the researcher, but they didn't stick to simply answering what is being asked by the researcher. Instead, they went on talking about different life experiences. The participants were asked to state the attitude of the society towards homosexuality and transgender individuals, and their own experience of the same. Those who have faced any physical and/or psychological assault were asked about their feelings about those incidents, and the method of prevailing from the traumatic experience. Their perception and perspective of happiness and meaning in life was also discussed briefly in this context.

The questions were asked to the participants one by one and with his/her consent, the answers or responses were recorded by using an audio recorder. No obstruction so as to hinder their spontaneity was provided when the participants spoke. He/she was allowed to take his/her time in case she/he posed a brief pause or made any gestures or movement. No cross questions were done. The duration of the interview ranged from fifteen to thirty minutes. All the questions were asked in Bengali.

Questions of semi-structured interview –

1. According to you what is the attitude of society towards homosexuality?
2. Tell me about the unfortunate incident that happened to you.
3. How did you feel at that time?
4. Does that memory still bother you? How do/did you cope with those feelings?
5. What is happiness according to you?
6. What is your opinion about purpose or meaning in life?

Data Analyses- The data analysis consists of the following steps:

■ Transcription:

The first step is transcribing the recorded interviews to a level of detail which is required for the research. For mere word-by-word transcription of thirty minutes of interview resulted in 2-3 hours of transcription. Transcribing is useful to get a grip on the material and the monotonous process of transcribing opens up a flow of ideas interpreting the text.

■ Open coding:

Coding starts with open coding, in which codes are identified without any restrictions or purpose other than to discover nuggets of meaning. It begins with reading through the transcripts multiple times so as to become familiar with the structure content and context of it. After that each statement of the transcript is read carefully so as to identify and highlight the meaning units (also called line by line coding). The main secret of open coding is a mental openness that allows for the discovery of the unexpected along with a curiosity that does not allow for final closure, even after texts have been read and codes identified from it. Coding is thus a very questioning activity. Open coding is particularly about labelling and categorizing of phenomena. This must be a careful activity as names come with many connotations.

■ Focussed coding:

In focus coding, the meaning units are labelled or given descriptive or analytic course that sum up the content of that portion of data. These labels are referred to as 'categories'. The core category gives central meaning to the conclusions of the research and is often the 'holy grail' that the researcher is seeking. It is the main theme of the situation and may represent a central problem or issue for the people involved. Once the core category is identified, then other related categories can be linked to it, leading to an integrated and coherent explanation of the subject of research.

■ Axial coding:

Axial coding occurs where there is a strong focus on discovering codes around a single category, for example looking for interactions, strategies and so on that relate to the category. For example in a category of 'greeting', there may be a search for encounters with others, talk about previous encounters and emotional impacts from meeting others. Axial coding can also be used to develop categories, seeking relationships that will expose a category. Where open coding is about identification and naming, axial coding is about links and relationships.

Strauss and Corbin (1990) identify a Paradigm Model by which coding looks for:

- Causal conditions
- Contextual factors
- Actions and interactions taken in response to the phenomena
- Intervening conditions that assist or hinder actions and interactions
- Consequences of actions and interactions

Axial coding may be done at any time, even before firm categories are identified. Axial coding also helps identify relationships between categories and the links that create a web of meaning for the purpose under study.

Results (Axial Coding)

Group-A (Those who have been through any kind of physical or sexual abuse)	Group-B (Those who have not faced such physical or sexual assault):
1. attitude of society towards homosexuality:	
Lack of information	There is a social taboo.
Lack of support	Stigmatizing homosexuality
Stigmatising homosexuality	Lack of support for equal rights for every one.
Stereotypical ideas.	Silver screen effect
Pretention of acceptance.	Lack of information.
2. About the incident/incidents that happened:	
Mostly bullied since school.	
Happened at home, with a family member being the offender.	
On public transport.	
Forcefully touched.	
Pictures taken without consent.	
Gang raped.	
Beaten by gang.	
Blackmailed if refused to establish a sexual relationship.	
Threatened to disclose my sexual preference to parents.	
Dragged to a doctor, who claimed to be a sexologist	
Forced to take the medicines.	
3. The immediate feelings afterwards	
I feel scared.	
It scarred me for the life time.	
I changed my route of school.	
I feel like I should just quit school.	
I felt suffocated.	
I can not express my feelings so I felt depressed.	

I didn't get out of my home for a long time.	
I hated myself for let them bully me.	
I was week and alone.	
I can't protest because they were in a group and I was alone.	
I feel distressed in every step.	
I questioned my identity.	
4. Their own ways of coping with that trauma	
It became bearable with time.	
Tried to escape in fantasy world.	
Learn to live with these feelings.	
Being engaged with own self.	
Seek help and support of siblings.	
Found support in community, after they started going to the gatherings and social events.	
Cutting off the connection with all the offenders.	
Listening to music.	
Leaving those feelings behind.	
Got help from their teachers.	
Interaction with other people who faced discrimination in support groups.	
5. Happiness according to them:	
Need for power	Social support
Getting well with family	Freedom of choice
Freedom of choice	Maintain a equilibrium
Need for affection	Need for affection
Enduring each day.	Need for achievement
It's a journey all through life.	Self esteem
It's momentary and can be found in small things.	
6. Meaning in life according to them:	
Having affiliation	Social desirability
Social acceptance	Self esteem
Specific achievements	Selflessness
Living without any restrictions	Need for affiliation
Having an identity.	Positive motivator
Affiliating with significant others.	Freedom of choice

Discussion

The result reveals that the participants perceive our society as homophobic and transphobic. Homophobia is the irrational fear and aversion to homosexuality, and to lesbian, gay and bisexual (LGB) people, based on prejudice (Weinberg, 1973). Transphobia can be described as an irrational fear of gender non-conformity or gender transgression, such as a fear of, or aversion to, masculine women, feminine men, cross dressers, transgenderists, transsexuals and others who do not fit into existing gender stereotypes about their birth gender (GLSEN, 2002; Whittle, 2006). The use of the word 'phobia' in this context is not intended to imply that the transphobic person and/or the victim of transphobia are suffering from a disorder.

Lesbian, Gay, bi-sexual and transgender persons are subject to discrimination in the in a number of ways: direct discrimination, harassment, bullying, and ridicule to become socially 'frozen out'.

Most of them described the reason behind the negative attitude to be “lack of knowledge” and “having stereotypical ideas about LGBTQ community”. Research suggests that lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth are at greater risk than their same-age counterparts of experiencing a wide variety of traumas. In fact, some traumas may be specific to LGBTQ youth who are at risk for discrimination, harassment, and abuse because of their sexual orientation and/or gender identity (Mooney, 2017). According to the National Child Traumatic Stress Network (2005) - a traumatic event is one in which “we experience an immediate threat to ourselves or to others, often followed by serious injury or harm.” (p.4.).

Unfortunately, most of the abusive incidents happened at school or at home, with offenders being known person. Some of the participants reported being harassed on public transport, where they were forcefully touched. But most of the abusive incidents out side their home was gang organised. That occurs in many forms such as- Pictures taken without consent; Beaten by gang; Threatened to disclose my sexual preference to parents. Some abuses went to the extent of gang raped and blackmailing for establishing a sexual relationship. Literature suggests that some youth actually experience victimization because of their sexual orientation or others' perceptions of their orientation (D'Augelli, Grossman, & Starks, 2006; Dragowski, Halkitis, Grossman, & D'Augelli, 2011).

When they tried to inform their family members some of them were dragged to a doctor, who claimed to be a sexologist and was forced to take the medicines.

Hence, abused person feel scared and tried to ignore the contacts with the offenders as much as possible. In case of the incidents, that happened at public transport or on roads the abused person avoided getting out of home for a long time. These isolation makes them feel suffocated and the person can not express his/her feelings they felt depressed. After a certain period of time they felt week and alone, which leads towards a feeling of anger and rage for, not being able to protest and protect himself/herself. In some cases it lasted so long that they started blaming their sexual orientation and questioning their gender identity as well. According to the National Child Traumatic Stress Network (2005); when one faces assault- “they feel terror,

helplessness, or horror because of the extreme seriousness of what is happening and the failure of any way to protect against or reverse the harmful outcome”.

In order to cope with those feelings they tried to escape in fantasy world, and become engage in their own world. Some of them reported that “it became bearable with time”. But it turns out that cutting the contacts with the offenders helps to reduce the negative feelings. Some of them said to be involve in music and art to find peace of their mind. Interaction with other people who faced discrimination in support groups help to restore their mental health. Most of the participants said that they found support in community, after they started going to the gatherings and social events. As it is suggested by many clinical practitioners, that positive supports are useful methods of coping with trauma (Briere and Scott; 2006). Support looks different for everyone. The best way to maintain a healthy emotional state is to recognize the need for support and actively set those things in place, as- “human connection is vital to our survival”.

When asked about the perception of happiness; the first group indicates the need for power and freedom of choice, a journey of life, which includes enduring each day. Which could be the result of the stressors they faced and those feelings of being weak, or helpless that have haunted them for a long time. This finding echoes Hartling’s (2004) assertion that “resilience is typically discussed in the literature as related to internal control and individual mastery, which may not always be congruent with the resilience experiences of persons from historically marginalized groups due to their experiences with oppressive systems”. The other group emphasized on Social support and freedom of choice, along with need for achievement and affection.

Similar thing was reflected in their detection of meaning in life; the first group mentioned that meaning of life derives from having an identity and affiliating with significant others. Family represented comfort, security, and validation for the individual (Brill & Pepper, 2008). Yet with regard to their sexual orientation and gender identity, participants struggled for acceptance, which makes them preoccupied with the idea of being affiliated with their family and significant others. The participants, who faced traumatic events, suggested Social acceptance; Specific achievements and Living without any restriction as the marker of meaningful life, where as the other group focused upon Self esteem, Selflessness and having freedom of choice.. The traumatic life events might have persuaded their need for building social connections and developing a support system through it. Previous studies also mentioned that, for minorities and merged groups resilience becomes “an outcome of one’s ability and opportunities to connect, reconnect, and resist disconnection” (Hartling, 2004; p. 341).

Conclusion

The above discussion suggests that, there is lack of knowledge and stereotype ideas about LGBTQ community. Though there is pseudo pro lgbtq people, but still the scenario is changing over the years.

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth are at greater risk than their same-age counterparts of experiencing a wide variety of traumas. In fact, some traumas may be specific to LGBTQ youth who are at risk for

discrimination, harassment, and abuse because of their sexual orientation and/or gender identity.

Violence and abuse against LGBTQ individual happens in many forms such as; bullying, beating, corrective rape and blackmailing.

Coping became easier with the help of family and social support. Interacting with people who faced the similar types of experience become helpful in coping.

The prolonged suffering evoked the need for power as an essential component of happiness.

Meaning in life includes the affiliation of significant others as a result of desire for being accepted and having social support.

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