

UNDERSTANDING UNWANTED SEXUAL EXPERIENCES OF TRANSGENDER
AND GENDER DIVERSE INDIVIDUALS: AN INTERPRETATIVE
PHENOMENOLOGICAL STUDY

by

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Transgender and gender diverse (TGD) people represent a small percent of the population and yet, they experience sexual violence at disproportionately high rates compared to their cisgender counterparts (Grant et al, 2011; James et al., 2016). The purpose of this interpretative phenomenological study is to gain a more nuanced understanding of the role that unwanted sexual experiences play in the lives of transgender and gender diverse people, particularly in relation to how they conceptualize their gender identity and the construct of posttraumatic growth (PTG). Semi-structured interviews were conducted with eight TGD participants who met the inclusion criteria. Two superordinate (i.e., negative impacts on self and factors that facilitated recovery) and ten subordinate (i.e., systemic oppression, mental health outcomes, gender dysphoria and transitioning, difficulties with disclosure, lack of resources, physical intimacy, advocacy, connection and support, strengths, personal growth, affirming resources, and hope) themes emerged from the data. Contextual factors were reported on. Limitations of the present study were also discussed. Implications for practice include the use of gender-affirming and culturally appropriate interventions, examination of power dynamics within the therapeutic relationship, understanding the potential interplay between gender dysphoria, oppression, and trauma, and exploration of strengths and avenues for growth.

Implications for policy include the implementation of comprehensive policies that protect the human rights of TGD people, such as protections from being refused access to public places and insurance coverage of gender-affirming services. Future research should focus on diverse samples of TGD survivors, a more direct examination PTG within the TGD community, the impact of previous trauma on TGD survivors, and intimate partner violence (IPV) within the TGD community.

PREVIEW

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Table of Contents

Chapter 1: Introduction	1
Research Questions	3
Theoretical Framework	4
Sexual Violence of TGD People	8
Posttraumatic Growth.....	10
Proposed Study.....	11
Chapter 2: Literature Review	15
Treatment of TGD People	15
Sexual Violence in the TGD Community	20
Posttraumatic Growth.....	26
Conclusion.....	31
Chapter 3: Methodology	33
Study Rationale	33
Qualitative Design and Rationale.....	35
Research Reflexivity	36
IRB and Ethical Considerations	38
Procedures	39
Conclusion.....	51
Chapter 4: Results	52
Contextual Factors.....	54
Negative Impacts on Self	56
Factors that Facilitated Recovery	68

Synthesis.....	77
Conclusion.....	79
Chapter 5: Discussion	81
Results Considering Existing Literature	81
Limitations	89
Implications	91
Directions for Future Research.....	95
Conclusion.....	97
References.....	99
Appendix A.....	113
Appendix B.....	116
Appendix C	118
Appendix D.....	121

CHAPTER 1: INTRODUCTION

Transgender and gender diverse (TGD) individuals have and continue to experience systemic oppression and discrimination (Flaskerud & Lesser, 2018; Gaynor, 2018; Lombardi, et al., 2002; Singh et al., 2011). While visibility of this population has increased, this exposure may put them more at risk for adverse experiences, such as sexual violence (Gossett et al., 2017). Sexual violence is defined as “sexual activity when consent is not obtained or freely given” (Center for Disease Control and Prevention, n.d.). A substantial portion of the TGD population has experienced sexual violence and prevalence among this community is disproportionately higher compared to the general population (Grant et al, 2011; James et al., 2016). While there is a growing body of research that has explored the negative outcomes related to experiencing sexual violence, such as psychological distress and an increase in suicidality (Kussin-Shoptaw et al., 2017; Cogan et al., 2011), this is still an understudied topic that warrants more recognition.

Because sexual violence is an all-encompassing term, the phrase unwanted sexual experiences will be used throughout my study instead to describe any sexual encounters in which consent is not freely provided. The primary reason is that some people may hear the term sexual violence and not feel like it describes their nonconsensual experience(s) or believe that what they experienced does not meet the qualifications of sexual violence due to ambiguity or having been gaslit by the perpetrator. As such, this term may be more inclusive of a variety of nonconsensual sexual experiences that people are unsure how to label. However, the term sexual violence will be utilized interchangeably throughout the second and fifth chapters to reflect the terminology used in existing literature.

Historically, TGD individuals are poorly represented in the psychology literature and when they are included, they have been placed under the LGBT umbrella rather than being the sole focus of research (Sandil et al., 2017). This lack of representation is problematic because it conflates gender with sexuality and minimizes the voices of TGD people. Producing research focusing on TGD people and matters that impact them can aid in empowering this population by providing a platform in which they can use their voice, as well as informing clinical interventions and gender-affirming sexual assault services. Conducting research on the nuanced experiences of TGD survivors of unwanted sexual experiences will add to a growing body of literature that is greatly needed. Furthermore, findings from this study have the potential to spur future research that could facilitate a deeper understanding of how TGD people conceptualize and make sense of their gender identity, posttraumatic growth, and other themes that may arise.

Because gender is an essential part of individuals' identity, it is significant that research is conducted regarding how gender is impacted by unwanted sexual experiences, especially when gender identity itself may be what incites violence (James et al., 2016). For example, in a national study of over 27,000 trans people, 13% of respondents who were out or perceived as transgender while in school (K-12) reported being sexually assaulted and targeted due to their gender identity (James et al., 2016). This form of violence may be rooted in the strict interpretation of gender that our society has placed upon us from birth via gender role socialization. Gender is socially constructed and based on the existence of the gender binary, which asserts that there are only two genders: male and female (Dietert & Dentice, 2013). As such, TGD people encounter negative experiences, such as family rejection, bullying, sexual violence, and a host of others,

because they do not conform to the binary that is widely accepted and reinforced in society (Dietert & Dentice, 2013). While it is necessary to understand how unwanted sexual experiences impact everyone who has experienced them, examining these experiences in the TGD population is essential because of the marginalization they endure and the increased prevalence within their community. Unfortunately, most studies examining unwanted sexual experiences are focused on the cisgender population and this hinders our understanding of how TGD people are impacted by this type of nonconsensual experience. Additionally, it is important that studies with TGD folks not only explore the hardships they face, but also the ways in which they thrive, to ensure a holistic perspective is being presented, not just negative aspects of TGD individuals' lived experiences.

Research Questions

The purpose of the present study is to gain a more nuanced understanding of the role that unwanted sexual experiences play in the lives of transgender and gender diverse (TGD) people, particularly in relation to how they conceptualize their gender identity and the construct of posttraumatic growth. The primary research question being explored is: *In what way do unwanted sexual experiences shape the lives of transgender and gender diverse (TGD) individuals?* The sub-questions are as follows:

SQ1 - How does the intersection of unwanted sexual experiences and marginalized gender identity influence the way transgender or gender diverse (TGD) individuals understand their gender?

SQ2 – How do transgender and gender diverse (TGD) people experience posttraumatic growth following unwanted sexual experiences?

Theoretical Framework

Minority Stress Theory

In aiming to understand the role unwanted sexual experiences play in the lives of TGD people, the proposed study was primarily guided by minority stress theory (Meyer, 2003). Minority stress theory asserts people who identify as sexual minorities are at an increased risk for mental health disorders because of the stressors they experience, which are caused by stigma, prejudice, and discrimination based upon their status as a sexual minority individual (Meyer, 2003). The three assumptions of minority stress theory are: (a) uniqueness because minority stress is experienced in addition to the general stressors faced by all people, therefore, those who are stigmatized need to put in additional effort to adapt to stressors versus those who are not stigmatized; (b) minority stress is chronic, due to its relation to constant underlying social and cultural structures; and (c) minority stress is socially based because it is the outcome of social processes and institutions that go beyond the individual and are not the result of individual characteristics nor individual conditions that influence general stressors (Meyer, 2003).

Meyer's minority stress model (2003) incorporates distal, objective events and conditions, and proximal, subjective perceptions and factors that are associated with various stress processes, which has an impact on mental health outcomes (Meyer, 2003). The minority stress model (Meyer, 2003) highlights multiple processes of minority stress such as expectations of rejection, concealment of sexual identity, and internalized homophobia (proximal); experiences of discrimination or violence (distal); and advantages or disadvantages relating to socioeconomic status (general). A person's sexual minority status and identity, their environmental circumstances, coping

mechanisms, and their social support all influence these stress processes, with social support and coping potentially having the ability to offset some of this stress or reduce its impact (Meyer, 2003).

While my research is focusing on TGD people and not specifically people who hold sexual minority identities (although some of my participants may identify in this way as well), this theory is beneficial in the present study because TGD people experience similar minority stress due to the marginalization, prejudice, and stigma that they face due to their gender identity and/or expression. Because unwanted sexual experiences are prevalent within this subset of the LGBTQ+ community, using the minority stress theory to guide the data analysis process was essential in understanding the role minority stress may play in these experiences and avenues to support these individuals. Minority stress theory was also considered when constructing the interview protocol, through the implementation of questions inquiring about the challenges TGD people face because of their marginalized identities and the ways these challenges influence them, both in relation to their unwanted sexual experience(s) and in other domains.

Gender Minority Stress Theory

Because the minority stress theory is broadly focused on LGB individuals, it is necessary to be guided by an additional theory that focuses on solely assessing aspects of minority stress within the TGD population. The gender minority stress theory proposed by Testa et al. (2015) asserts that TGD people experience unique stressors, in addition to stressors shared with the LGB community that were identified by Meyer (2003). Because this theory builds off the minority stress model (Meyer, 2003), it is based on the same

three assumptions identified in the previous section. The gender minority stress theory proposes distal stress factors, proximal stress factors, resilience factors, and outcomes that are specific to TGD people, as well as relationships between the distal and proximal stressors and resilience factors. The factors identified include gender-related discrimination, gender-related rejection, gender-related victimization, and non-affirmation of gender identity (distal stressors); internalized transphobia, negative expectations, and concealment (proximal stressors); and community connectedness and pride (resilience).

Testa et al. (2015) reported that the seven distal and proximal minority stressors were positively correlated with negative mental health outcomes (e.g., depression and social anxiety symptoms), while the two resilience factors were negatively correlated with these outcomes. Additionally, it was found that all stress scales, except for gender-related victimization, were positively correlated with perceived general life stress. Of note, the validation of the Gender Minority Stress and Resilience (GMSR) Measure, which is rooted in this theory, revealed some evidence that “gender-specific constructs are unique from general life stress, social support, and mental health outcomes” (Testa et al., 2015, p. 73). These findings highlight the unique risk and protective factors that TGD people experience. Consequently, including this as an additional theory to guide my data collection and analysis processes is critical to explore the ways minority stressors specific to gender identity have played a role in the lives of TGD individuals who have had unwanted sexual experiences and ways these stressors may impact their subsequent recovery processes.

Intersectionality

Intersectionality can be defined as a critical framework for understanding how various forms of oppression are compounded based upon the social identities people hold (Crenshaw, 1989). Intersectionality can be used as a lens for identifying the ways that various forms of inequity interconnect and consequently, heighten one another (Crenshaw, 1989). Rather than piecing apart individuals' identities to understand their lived experience, it is necessary to examine how holding multiple oppressed identities uniquely impacts the opportunities someone has and the systemic barriers they face (Crenshaw, 1989). In sum, people are more than the sum of their social identities. Because all TGD people hold at least one marginalized identity, this framework assists in understanding the interaction of oppressed social identities for TGD survivors of unwanted sexual experiences. As such, intersectionality guided the research process and allowed for further exploration around how unwanted sexual experiences may look different and have different outcomes for TGD people based upon the social identities they hold.

Transgender Theory

The final theory guiding the present study is transgender theory (Nagoshi & Brzuzy, 2010). Nagoshi & Brzuzy (2010) theorize that understanding the lived experiences of trans people requires an examination of the nature of gender, as well as the role of embodiment and socially constructed aspects of gender identity. This theoretical orientation offers a "comprehensive and integrated framework for understanding and empowering individuals with multiple, intersectional oppressed identities" (Nagoshi & Brzuzy, 2010, p. 440) and thus, it is an inclusive foundation on which to explore the narratives of TGD people. The primary assertions/components of transgender theory are

(a) there is an embodied aspect of the self that creates bodily experiences which are crucial for identity formation, (b) there is an aspect of identity which is self-constructed and derives meaning from lived experiences, and (c) the narrative of one's lived experiences integrates the embodied, self-constructed, and socially construed aspects of identity and this contributes to the autonomous self (Nagoshi & Brzuzy, 2010). For the purposes of this research, transgender theory will be utilized to assist in interpreting the lived experiences of the TGD participants who identify on or beyond the gender binary.

Sexual Violence of TGD People

The present study is focused on understanding the occurrences of unwanted sexual experiences among TGD people. One reason it is crucial to conduct this research is the high prevalence of these unwanted sexual experiences for the TGD population. Before elaborating on this topic, it is important to understand common terminology related to gender. The term transgender is an "an umbrella term that incorporates differences in gender identity wherein one's assigned biological sex doesn't match their felt identity" (American Psychological Association, 2015). Gender diversity refers to "the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex" (American Psychological Association, 2015). The term cisgender is used to describe people whose assigned biological sex aligns with their binary gender identity (Tebbe & Budge, 2016). Cissexism is defined as the belief or assumption that cisgender individuals' gender identities, expressions, and embodiments are more natural and legitimate than those of transgender individuals (Serano, 2016). Transphobia can be defined as "an emotional disgust toward individuals who do not conform to society's gender expectations" (Hill & Willoughby, 2005, p. 533).

We can no longer ignore the system of oppression that continuously marginalizes TGD people. Violence perpetrated against this population is one significant way TGD people are being targeted (Wirtz et al., 2020). There is a need to produce research that provides a more holistic view of TGD people in terms of various experiences they have, particularly through research methods that give them an opportunity to voice their unique experiences, thoughts, and emotions. Utilizing a qualitative approach can allow for a more in-depth understanding of the meaning TGD people make of their experiences. The experience that this study is focusing on is unwanted sexual experiences, which are notably prevalent within the TGD population and can result in many negative outcomes (James et al, 2016). Following a brief overview now, this will be described further in the next chapter.

Past research has provided us with a substantial amount of evidence that TGD people face sexual violence at high rates. The 2015 U.S. Transgender Survey (USTS) surveyed 27,712 transgender individuals and reported on the prevalence of sexual violence and the settings where it occurred (James et al., 2016). Regarding sexual violence prevalence for TGD folks compared to cisgender people, the statistics are striking. Research shows that one in five women and one in 71 men will be raped at some point during their lifetime (Black et al., 2011). However, for TGD people, this rate has shown to be close to one in two; that is, in a large national sample of transgender individuals, 47% reported having been sexually assaulted at least once during their lifetime (James et al., 2016). The high rates of sexual assault identified in this national survey are supported by findings from additional studies that report TGD people are

victimized at high rates, especially when compared to their cisgender counterparts (Coulter et al., 2017; Langenderfer-Magruder et al., 2016; Stotzer, 2009).

In the workplace, 10% of TGD people who had a job reported being sexually assaulted at work (James et al., 2016). Of the TGD individuals who have reported engaging in income-based sex work, 72% have been sexually assaulted (James et al., 2016). In prison and juvenile detention settings, one in five TGD inmates were sexually assaulted in the year prior to this study being conducted (James et al., 2016). Another national survey of 6,450 TGD people reported similar findings on the pervasive nature of sexual violence within the TGD community (Grant et al., 2011). Participants in this national survey reported experiencing sexual violence while in grades K-12 (12%), at their workplace (6%), and while homeless (33%) (Grant et al., 2011). Additionally, 10% of TGD participants reported believing that bias was the motive for their experiences of sexual violence (Grant et al., 2011).

Posttraumatic Growth

Posttraumatic growth (PTG) is defined as "the experience of positive change that occurs as a result of the struggle with highly challenging life crises" (Tedeschi & Calhoun, 2004, p. 1). Although the negative effects of trauma have been studied extensively, attention to growth resulting from trauma is a newer phenomenon being explored, having been coined as PTG by Tedeschi & Calhoun (1999) less than 25 years ago. Thus, a growing body of literature asserts that positive changes because of a traumatic event can and do occur, with three categories of perceived benefits being identified: (a) perceived changes in self, (b) a change in interpersonal relationships, and (c) an altered philosophy of life. Subsequently, an approach to posttraumatic growth was

generated, resulting in five factors: (a) personal strength, (b) new possibilities, (c) relating to others, (d) appreciation of life, and (e) spiritual change (Calhoun & Tedeschi, 2014).

Posttraumatic growth provides hope for survivors of trauma because there is a possibility to experience positive outcomes following traumatic events. A stronger sense of compassion for other people who have experienced difficulties in life, a greater value on the small things in life, and more developed and meaningful life philosophies are some of the outcomes reflected in the Posttraumatic Growth Inventory (PTGI) developed by Tedeschi & Calhoun (Tedeschi & Calhoun, 1996; Tedeschi et al., 2015).

I was able to identify only two research articles that attempt to understand posttraumatic growth within the TGD population (Counselman-Carpenter & Redcay, 2022; Taube & Musscup, 2022). Additionally, I was unable to identify literature that specifically explores how unwanted sexual experiences may impact TGD individuals' understanding of their gender identity or their recovery process. Beyond filling a gap in the literature, having this knowledge can highlight the value of strengths-based approaches to promote well-being and positive mental health outcomes for TGD people. Because TGD people experience high rates of sexual violence (Grant et al., 2011; James et al., 2016; Stotzer, 2009), it is rational to assume that they can also experience growth following their unwanted sexual experiences given that PTG is born out of adversity. Exploring this construct for TGD survivors of sexual violence can also help to provide a holistic perspective of TGD individuals' lived experiences and how they may make meaning out of distressing events.

Proposed Study

The proposed study aims to gain a more nuanced understanding of how unwanted sexual experiences impact TGD people. Posttraumatic growth and gender identity will also be explored within the context of being a survivor of sexual violence. These constructs were studied to provide specific insight surrounding the negative and positive outcomes following unwanted sexual experiences for TGD people. An interpretative phenomenological analysis (IPA) was utilized to assist in answering the research questions presented in the first section of this chapter. IPA was used because it is a social justice orientated approach to analyzing data (Chan & Farmer, 2017). IPA highlights the experiences of marginalized groups in an affirming way by “calling on a diversity and flexibility of methods to attune more deeply to phenomena and interpretations coinciding with the diversity of sexual, affectional, and gender identities” (Chan & Farmer, 2017, p. 294). IPA can provide an in-depth exploration of how TGD people make meaning of their lived experiences and “may negotiate the types of agency, action, and activism initiated individually and collectively” (Chan & Farmer, 2017, p. 295) within the TGD community, which better contextualizes these experiences.

Producing research focusing on TGD people can aid in empowering this population by providing a platform in which their stories can be shared, as well as informing clinical interventions, training for future clinicians to increase their preparedness and efficacy working with this group of people, and gender-affirming sexual assault services. As represented by the statistics described in the previous paragraphs, sexual violence affects a substantial portion of cisgender people and an even larger portion of TGD people. Conducting research on the role unwanted sexual experiences play in the lives of transgender and gender diverse people will facilitate more

representation of this population within research and will advance research in this area by exploring PTG for TGD people, a topic that is seldom discussed compared to the adversity faced by this population.

Specifically, this study will contribute to the advancement of research on TGD individuals' unwanted sexual experiences by emphasizing the importance of going beyond the somber statistics to uncover the multifaceted experience of living through these nonconsensual experiences. Gaining a greater understanding of encounters that facilitate PTG among TGD people can provide another perspective on these constructs, since both topics have more widely been studied with cisgender people. Furthermore, the present study can provide a blueprint for using IPA to study the TGD population given that this literature base is lacking. The expansion of the current discourse surrounding TGD people is another motivating factor to support more inclusive research that centers TGD people and their lived experiences. Research focusing on TGD challenges, growth, mental health, and other important facets of their lives is essential to promote necessary representation and to provide support for gender-affirming and inclusive services. While TGD people do experience unique challenges, their gender identity is not inherently problematic nor the cause of their struggles. To emphasize this point, research needs to highlight the strengths TGD people possess and how this influences their lived experiences. Additionally, the present study provides foundational evidence that supports the need to improve health outcomes of TGD people. The narratives reported on highlight the significance of supportive environments and access to both mental and physical healthcare. Consequently, policies need to be established that support and protect the

rights of TGD folks to ensure they have access to resources that can assist them following unwanted sexual experiences.

The current chapter provided a general overview of the significance of the presented topic, concepts relevant to the population being studied, and the purpose of this research. Regarding the upcoming chapters, Chapter Two will provide an in-depth literature review of relevant topics related to the treatment of TGD people, and their experiences of sexual violence and growth. Chapter Three will describe the research methodology, researcher reflexivity, recruitment, data collection and analysis procedures, and ethical considerations. Chapter Four will describe the results of this study. Finally, Chapter Five will present a discussion of the results, directions for future research and practice, and limitations of the study.

CHAPTER 2: LITERATURE REVIEW

As introduced in the previous chapter, TGD people are experiencing sexual violence at alarming rates. Having greater awareness and knowledge of TGD individuals' lived experiences in our society is vital to learn how we can best support them following unwanted sexual experiences. Understanding the various ways unwanted sexual experiences affect members of the TGD community, the effectiveness of existing resources, the impacts of intersectionality, and the ways TGD people may experience growth following sexual violence would all further support the representation and protection of the TGD community. Thus, the purpose of this chapter is to provide a comprehensive literature review on the treatment of TGD people and how it relates to their experiences with unwanted sexual experiences. Additionally, this chapter will discuss sexual violence within the TGD community and outline the intersection between holding marginalized identities and victimization for TGD people. Finally, this review of the literature will describe posttraumatic growth, broadly, and more specifically, its relation to cisgender and TGD survivors of unwanted sexual experiences.

Treatment of TGD People

First, it is necessary to describe the environment TGD people are operating within and how contextual factors may support and facilitate unwanted sexual experiences being perpetrated against them. This section will outline both broad and specific constructs that influence the perception and treatment of TGD individuals.

Systems that uphold and perpetuate oppression have wide-ranging impacts on TGD people. A common thread within the TGD population is their experience of minority stressors (Meyer, 2003). Rather than individual behaviors or attitudes they can

control, these are the product of pervasive oppression that is deeply rooted within our society and is reinforced by laws and policies. Instead of gender identity being the cause of distress and difficulty, many struggles TGD people experience exist due to a system plagued by inequity. Kcomt (2019) asserted the need to look beyond individual factors and specific acts of discrimination to better understand the ways systemic inequity oppresses TGD people on an institutional level. One institution is academia, in which TGD people are not adequately represented in research. “Informational erasure encompasses both a lack of knowledge regarding trans people and trans issues and the assumption that such knowledge does not exist even when it may” (Bauer et al., 2009, p. 352). Even when TGD participants are included in samples, many times they only constitute a small percentage of the sample or these participants are integrated into the LGBT community, which falsely conflates gender with sexual orientation and overlooks disparities between sexual and gender minority individuals. Therefore, TGD people have been systemically erased from research because of their exclusion, which dismisses the trans experience (Bauer et al., 2009).

Broadly speaking, discrimination has been shown to disproportionately burden transgender people. In a community-based sample of TGD adults (N = 452), associations were observed between discrimination experiences and PTSD symptoms, regardless of prior trauma (Reisner et al., 2016). These findings are significant in supporting the idea that discrimination can be considered an ongoing traumatic experience. The five most common reasons for discrimination among this sample were gender identity and/or expression, masculine and feminine appearance, sexual orientation, sex, and age (Reisner et al., 2016). This emphasizes the need for understanding the role discrimination plays for

TGD survivors of unwanted sexual experiences, since this form of violence may be considered traumatic as well.

Two national transgender surveys (Grant et al., 2011; James et al., 2016) illustrated the significant prevalence of discrimination and subsequently, the severe consequences TGD people experience. Grant et al. (2011) reported 41% of respondents attempted suicide with rates rising for those who lost a job due to bias (55%), were harassed/bullied in school (51%), had low household income (54%), or were the victim of physical assault (61%) or sexual assault (64%). High rates of suicidality, suicidal ideation, and suicide attempts across the lifetime for TGD people was a finding not limited to the above national surveys (Brennan et al., 2017; Marshall et al., 2016; Tebbe & Moradi, 2016; Virupaksha et al., 2016). Higher rates of HIV than the general population (2.64% vs. 0.6%) were reported, with increased prevalence among TGD people in this sample who did not have a high school diploma (13.5%), had been sexually abused due to bias (10.13%), had a household income below \$10,000 a year (6.4%), and had lost a job due to bias (4.4%) or were unemployed (4.7%) (Grant et al., 2011). TGD people experience disproportionate rates of psychological distress, often due to their experiences of stigma and discrimination (Hendricks & Testa, 2012). Hendricks and Testa (2012) applied minority stress theory to gender minority individuals, suggesting that the consequences associated with gender nonconformity result in negative mental health outcomes for TGD people.

The Trump administration had clearly discriminated against TGD people through their endorsement of policies that sought to strip away TGD individuals' human rights. Examples of these actions include a call for banning TGD people from serving in the

military (Flaskerud & Lesser, 2018), withdrawing protections for TGD students (Flaskerud & Lesser, 2018), and requesting the Supreme court allow employment discrimination against TGD workers (Law, 2019). Endorsing these actions asserts a clear position of devaluing the lives of TGD people. Other policies and issues that contribute to an inequitable climate for TGD people are proposed bathroom bills that seek to restrict access to restrooms based upon sex assigned at birth, labeling TGD people as mentally ill using a gender dysphoria diagnosis, and denial of coverage for gender-affirming healthcare and procedures (Flaskerud & Lesser, 2018). Based on these findings, it is fair to assert that the cultural climate promotes negativity towards the TGD community and an outcome of this could be an increased chance of unwanted sexual experiences. Understanding the sociopolitical climate lays the groundwork for understanding why the prevalence of sexual violence is high for TGD people

The healthcare system was not created to address the unique needs of TGD people and perpetuates the marginalization of TGD people. As a result, cisnormativity is built into the foundation of healthcare leaving TGD people at a large disadvantage (Kcomt, 2019). TGD individuals experience interpersonal and structural barriers, preventing them from accessing culturally competent and affirming healthcare (Johnson et al., 2020). Additional issues TGD people experience in this setting include harassment from providers, denial of care, being misgendered, lack of access to gender affirming care, fear of mistreatment, and lack of affordability (Howard et al., 2019; Kcomt, 2019; White Hughto et al., 2016). Specific to mental health services, Snow et al. (2019) found that the fear of being pathologized or stereotyped, practitioners lacking knowledge, nuance, and support, an objection to common therapeutic practices, and lack of affordability all