

# LGBT trauma in turkey and psychological consequences of working/volunteering with LGBT trauma

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Around the world, LGBT populations are under the risk of having traumatic experiences. LGBT individuals could and do experience physical or sexual assaults, same-sex domestic violence, or bullying. Sometimes psychological/psychiatric/legal interventions could be traumatic instead of alleviating.

In Turkey, albeit being LGBT is not illegal or prohibited, being LGBT makes people vulnerable to exclusion, stigma, isolation, abuse or insult. LGBT organizations have a peculiar importance in this context. In Turkey, LGBT organizations in different geographical locations have different target groups with slightly different political perspectives. These organizations have wide variety of functions, such as creating public visibility, providing role models for young LGBTs, educating and supporting families, offering legal counseling, providing social, emotional and economical support and creating a peer group. Majority of these organizations are working on a volunteer basis. Unfortunately, not only hectic workload and diversity of duties but also continuously witnessing survivors and sometimes non-survivors of trauma could be exhausting for volunteers. Because of this reason, it is essential for LGBT organization members/volunteers to understand the concept of trauma, be familiar with the types of it and be informed about different ways of intervening and coping with it while supporting the traumatized member.

**Keywords:** LGBT organizations, traumatic experience, intervention, secondary trauma

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## Primary Trauma in LGBT Populations

Even though some cultures might be 'tolerant' and accepting on the surface, deep down the hostility toward 'others' generally lies beneath there. In 2007 alone, Federal Bureau of Investigation reported 1,265 LGB-biased hate crimes, which is 6% higher than the previous years (FBI, 2011). However, on the federal level gender identity based bias-motivated attacks are not tracked (Marzullo & Libman, 2009). Latest results demonstrated that in 2011, United States law enforcement agencies documented 6,222 hate crime incidents involving 7,254 offenses. 20.8% of these single hate crime incidents were carried out against sexual orientations (FBI, 2011). Still today same sex sexual activity is illegal in many African, Asian, Indian Ocean states, and Caribbean Island countries. If it is legal, then still very few countries provide citizenship rights to LGBT people such as recognition of same same-sex relationship or marriage, adoption by same-sex couples, and open service in military. Furthermore, very few countries endorse anti-discrimination laws and laws concerning gender identity/expression (Wikipedia, 2013).

In Turkey, only in 2012, 11 hate murders were committed, six trans-person and five gay individuals killed in those murders (SPoD, 2013). According to report by SPoD, which is a national and non-governmental LGBT organization in Turkey, in 2012 only 10 physical attacks (six of 10 were committed by stabbing), three death threats, three cases of torture and maltreatment, one domestic violence case, one rape and one online attack against LGBT individuals appeared in media. Lambda Istanbul, which is an LGBT organization operating in Istanbul, surveyed 166 trans-women, and reported that participants reported notably higher percentages of physical violence. A total of 90% had been exposed to physical violence involving security forces (police, military, etc.) outside of police custody; 73% had been exposed to violence by strangers; 22% had been exposed to violence by siblings and 20% by their fathers. While 79% of the participants had been exposed to sexual violence by strangers, 71% had been subjected to sexual violence by security forces (police, military, etc.) outside of police custody (Lambda Istanbul, 2010).

There are other ways rather than violent acts of showing the heteronormative discontent with LGBT individuals. The results of the 2009 Special Eurobarometer survey revealed that nearly half of EU survey participants (47%) believe that there is widespread discrimination in their country based on sexual orientation. EU average of having LGBT friends and acquaintances and the EU average of comfort with an LGBT person holding the highest political office was 6.5 on a 10 point scale. However, those numbers could drop to 3 in Romania and 3.2 in Bulgaria, respectively (European Union: European Agency for Fundamental Rights, 2012).

Considering hate crimes, violent acts, lack of protective legislations toward LGBT people, unfortunately, even today being gay, lesbian, transgender could be a source of trauma. Shipherd, Maguen, Skidmore, and Abramovitz (2011) pointed out that transgender individuals suffers higher incidence of potentially traumatic events alongside higher symptom levels of depression and posttraumatic stress disorder (PTSD) in comparison to other traumatized populations. Several studies pointed out that being non-heterosexual related with wide variety of psychological problems, such as suicidal ideation and suicide attempts (D'Augelli, Pilkington & Hershberger, 2002; Eskin, Kaynak-Demir & Demir, 2005; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002), and anxiety (Sandfort, Bakker, Schellervis, & Vanwesenbeeck, 2006). In a study conducted by D'Augelli, Pilkington and Hershberger (2002), 9% of the LGB youth in a community sample reported to have posttraumatic stress disorder following physical harassment based on sexual orientation. Similarly, individuals who describe themselves as two-spirited in Native American community experienced higher anxiety and more posttraumatic stress symptoms, as well as they abuse alcohol to regulate their mood and anxiety (Balsam, Huang, Fieland, Simoni & Walters, 2004). Suicide is another psychological outcome of discrimination based on gender identity. Study conducted by Lambda Istanbul (2010) revealed 36% of the trans-women participants considered suicide as a reaction of other people's negative attitudes towards them or their feelings of hopelessness and desperation. Thirty-three percent of all participants - 84% of the participants who has suicidal ideas- attempted to kill themselves. However, according to the results of a worldwide study conducted by Weisman and colleagues (1999) the percentages of people in general population considering suicide varies between 10-18% and the actual suicide attempts varies between 3 to 5 % (Weisman et al, 1999 cited in Lambda Istanbul Association, 2010). Similarly, several studies have revealed that sexual/gender identity minority status is related with higher rates of suicidality (House, Van Horn, Coppeans, & Stepleman, 2011; Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Paul et al., 2002; Remafedi, French, Story, Resnick, & Blum, 1998).

According to the findings of The Gay, Lesbian Straight Education Network (GLSEN) survey in 2003, LGB students experienced serious negative life events during their youth in comparison to their heterosexual peers. For example, while 33% of LGB students reported suicide attempts this number is 8% for the straight student. Furthermore, 84% of LGBTQ students were called names or had their safety threatened as a result of their sexual orientation or gender expression; also 64% of LGBTQ students feel unsafe at school. In the most recent month at the time of survey, 29% missed one or more days of school because they felt in danger. GLSEN survey also demonstrated that 25-40% of homeless youth might be identified as LGBTQ. These high percentages are the result of parents' or caregivers' rejection of their children. When they discover or are told of their child's sexual orientation or gender identity, some might push away their children from home.

Especially for young people, families serve as one the most important social support mechanism. However, for many LGBT youth, their families could be a tremendous source of stress. Perceiving high rejection from one's family increases the likelihood of suicide eight times in comparison to perceiving low rejection between the ages of 21 and 25. Furthermore, high rejection increases both the risk of substance abuse and HIV infections 3.5 times (Ryan, Huebner, Diaz, & Sanchez, 2009). When the typical behavioral patterns of families with high rejection rates are investigated, physical and verbal violence toward LGBT family members, isolation, preventing their access to LGBT friends and resources, blaming them for any incidence of discrimination, forcing them to be more feminine or masculine, and telling them that they will be punished by the God or by religion appear prominent. Typically, majority of the rejecting families tell their children that they are ashamed of them and pressure them to stay in the closet (Ryan, Huebner, Diaz, & Sanchez, 2009). In addition to these, in some cultures, like Turkey, families may pressure LGBT individuals to get married or to have heterosexual sex (Amnesty International, 2001). Forty-five percent of the interviewed trans-women reported experiencing pressure to get married now and in the past and 16.4% of the participants were forced to engage in sexual activities with a female sex worker (Lambda Istanbul, 2013).

### **Risk of Indirect Trauma in Volunteering with LGBT Trauma Survivors**

As the section above summarizes, LGBT individuals in Turkey, just as in other countries around the world, are at risk for trauma and consequently in need of trauma-related services. LGBT organizations have a particular importance in this context. In Turkey, different LGBT organizations serve different target groups offering a number of services. These organizations have a wide variety of functions, such as political activism, creating public visibility, training professionals who come in contact with LGBT youth such as teachers, nurses or lawyers, providing role models for LGBT youth, educating and supporting families, offering legal counseling, providing social, emotional and economical support for LGBT individuals and their loved ones, creating a peer group and even arranging funeral services when an LGBT individual passes away. The majority of LGBT organizations in Turkey can only function with staff

working a volunteer basis due to lack of budget. Unfortunately, not only hectic workload and diversity of duties but also continuously witnessing survivors and sometimes non-survivors of trauma could be exhausting for volunteers. These effects are more pronounced in LGBT organizations as volunteers working there often are LGBT themselves and highly identify with the victims, leading to indirect victimization/trauma.

Psychological consequences of working with trauma may assume many names such as indirect traumatization, secondary traumatization, “vicarious traumatization” (McCann & Pearlman, 1990) or “compassion fatigue” (Figley, 1995), interchangeably for the most part. Indirect trauma can be described as a significant reaction related to bearing witness to the traumatic experiences of individuals the person comes into contact with and includes “profound changes in the core aspects of ... self”, which may negatively affect cognitive, emotional, spiritual, identity and memory systems in people who work with trauma such as firefighters or crisis volunteers (Pearlman & Saakvitne, 1995, p. 152). Compassion fatigue is described as “the cumulative effect of working with survivors of trauma, as part of routine work” (Osofsky, Putnam & Lederman, 2008, p. 91). Irrational irritability or pessimism; developing novel fears, such as about losing a loved one; feeling detached and desensitized; chronic and unexplained dejection; uninvited yet invasive ruminations about victims; trouble sleeping, usually as a result of nightmares; being socially disconnected from loved ones; experiencing changes in one’s spiritual or religious worldview; loss of interest in self-care activities such as eating or cleaning and increasingly suffering from physical problems are considered signs and symptoms of compassion fatigue (Osofsky, Putnam & Lederman, 2008). This paper uses the terms indirect trauma and compassion fatigue as referring to the same phenomenon and the use of terminology here will reflect their usage in literature.

Not all individuals working as helpers with trauma survivors develop indirect trauma or compassion fatigue symptoms, however. There are a number of contributing factors, which relate to the helper as well as the situation itself and/or the organization handling the help that determine whether a helper suffers from indirect trauma or compassion fatigue. According to Figley (1995), individuals whose self-esteem are dependent on how much they help others; holding idealistic yet unrealistic expectations about the nature of helping work; who tend to be self-disparaging and perfectionist; who equate showing of feelings to character weakness; and who have difficulty maintaining work-life balance and overextend as a result are at risk for suffering from compassion fatigue. International Society for Traumatic Stress Studies, (ISTSS, 2010) suggests the person is more likely to be indirectly traumatized when they are new to helping or volunteer work; when the coping mechanisms of the helper are compromised due to fatigue or case overload, or not suitable for helping or volunteers work in the first place; when the helper is personally dealing with stressful situations in their life; and when the helper is a survivor of trauma, specifically of a similar nature.

The latter is often is the case in LGBT organizations as LGBT individuals are more likely to volunteer in such organizations and encounter cases of trauma. As the above discussion outlines, being LGBT in the same culture implies being victims of trauma of a similar nature; what they encounter at their work with survivors may remind them of a traumatic experience of theirs or a loved one’s, or may lead to intrusive thoughts that the same incident could have easily happen to them due to their LGBT identity. This implies that LGBT volunteers working at LGBT organizations are likely to find their ability to help compromised and suffer indirect trauma.

The situation itself may further contribute to the likelihood of developing indirect trauma symptoms (ISTSS, 2010). The confidentiality inherent in working with trauma survivors deprives the helper of sharing the weight of containing the trauma story and usually leaves the helper alone to process the incident. It is also difficult to build a working alliance with the trauma survivor, as trauma usually indicates some form of a violation of trust, deeming the survivor less likely to engage in a relationship based on trust, on which helping or volunteering work relies. Furthermore, the organization responsible for helping work may also contribute to the helper’s experience. The helper is more likely to be indirectly traumatized or develop compassion fatigue when the helping job is too overwhelming for one person to undertake. Even though organizations should assume the responsibility of protecting its volunteers/helpers from indirect traumatization, some organizations do not always honor their duty to support their helpers and such lack of access to organizational support increase the likelihood of indirect traumatization.

ISTSS (2010) further discusses the organizational cost of indirect trauma observed in the helper. When suffering from indirect trauma symptoms, helper may become an ineffective member of the helping staff, compromising the ability of the workforce to serve trauma survivors who apply to the organization for help. The traumatized helper may also experience difficulty maintaining boundaries in the helping relationship. The helper may, for example, offer to help the survivor in a way that goes beyond the helping relationship, such as by offering the survivor a room in an apartment they share with other LGBT individuals or make a promise that is not possible to keep such as by guaranteeing their safety in a LGBT-friendly part of town. Such blurred boundaries are documented to be detrimental to the trauma survivors’ already violated boundaries (Herman, 1997). The helper may also make overall ill-judged decisions in other aspects of the helping work, such as by misplacing records or discussing confidential information in the presence

of service users, risking the psychological and physical safety the helping staff, service users and the organization. Such costs necessitate a system in place at organizations to ensure volunteer safety. In order for the indispensable volunteer support system to function at LGBT organizations, symptoms and risk factors for compassion fatigue and secondary trauma should be identified first, and then physical and psychological care strategies should be made available to volunteers. One measure is to provide volunteers with a guideline in order to help them determine whether they may be suffering from compassion fatigue. For this purpose, the Freudenberger Burnout Scale (1974) can be given as a checklist to volunteers to do a routine self-examination.

However, it is the authors' conviction that the diminished interest in self-care activities and a general pessimism inherent in compassion fatigue deem it difficult if not impractical for the burnt out helper to detect these signs in themselves. Therefore, a checklist regarding colleagues should be made available by organizations so that organization staff can check for signs of compassion fatigue or indirect trauma in each other. The colleagues can be attentive to their colleagues' work attendance, decision-making processes regarding work-related issues, motivation and productivity levels, quality of work, sign of conflict with colleagues and/or supervisors and adherence to organizational guidelines such as meeting deadlines, following a style of reporting, or observation of dress code. Generally, the turnout rate at the organization is a good measure of organizations' caretaking of volunteers (Osofsky, Putnam & Lederman, 2008).

Risk factors for indirect trauma and compassion fatigue are related to the qualities of the helpers as well as the organization, which necessitates recommendations for protection against indirect traumatization and compassion fatigue to be given to individuals and organizations separately.

Individuals volunteering at organizations providing help to LGBT individuals, especially if they possess the aforementioned qualities that make them vulnerable should take care of themselves physically and psychologically. In terms of physical care, they should ensure eating regular meals, especially during work hours, have regular physical activity, sleep regularly and call sick when they are genuinely physically weak to come into work. In terms of psychological care, they should be able to say 'no' to organizational requests that would indicate overextending; create no-phone, no-email, no-internet slots during the day; work at developing awareness into their mental cues, asking the questions 'How do I feel?', 'What am I thinking?', 'What do I want to do now?'; reading materials unrelated to work subjects; and splitting their energy with other fields of life (McCann & Pearlman, 1990). This may be especially difficult when the volunteers/helpers are LGBT themselves; however, being LGBT is not the sole aspect of one's identity, and helpers should ensure nourishing other aspects of their self and identity in order to maintain a healthy distance from their work.

In order to protect their volunteers/helpers, LGBT organizations dealing with volunteer-based help work should instigate measures, when possible, to reduce workload/caseloads of helpers; to promote peer support by organizing activities to bring all volunteers together; to decrease isolation by making sure at least two helpers are in office every day; to decrease fatigue by allowing for frequent breaks for volunteers to spend time away from work and by balancing trauma-related and non-trauma-related tasks; to install peer supervision sessions, perhaps by bringing an outside, impartial mental health supervisor, specifically when the nature of work is confidential; to set firm boundaries between helpers and service users in order to make ethical decision making process clearer for helpers; and most importantly by taking organizational responsibility to care for their volunteers (Osofsky, Putnam & Lederman, 2008).

The above discussion has suggested that trauma is inherent in the LGBT experience, more so in some cultures than others, and that many societal and legal factors contribute to the emergence of trauma. LGBT organizations play an essential role in trying to alleviate trauma in service users and in the larger LGBT community. However, LGBT organizations can only be part of the effort in alleviating or better yet, preventing at the outset the trauma that awaits LGBT individuals in Turkish society. An important responsibility falls on the shoulders of judiciary agents, law-enforcement officers, and legislative bodies to ameliorate the negative experiences of LGBT individuals in Turkey.

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