

The Prevalence of Posttraumatic Stress Disorder and its Severity among Sexual and Gender Minority Individuals from Selected Support Groups in Kenya

¹Carolyn Mbeneka
PhD Student in Clinical Psychology.
Daystar University, Nairobi-Kenya.

²Alice Munene (Professor)
PhD in Clinical Psychology Program Coordinator
PhD Dissertation Supervisor
Daystar University, Nairobi, Kenya

³Abraham Waithima (Professor)
PhD Dissertation Supervisor
Daystar University, Nairobi- Kenya

Abstract:- The sexual and gender minority (SGM) individuals are those who identify themselves as lesbian, gay, bisexual, transgender or queer and others such as intersex, asexual, pansexual, and nonbinary (LGBTQ+). Recent survey shows that this population are vulnerable to exhibit higher incidence of mental health conditions such as posttraumatic stress disorder (PTSD) as opposed to non-LGBTQ+ colleagues (Kassing, Casanova, Griffin, Wood, & Stepleman, 2021). Therefore, this current cross-sectional survey sought to estimate the proportion of PTSD and its severity among the sexual and gender minority individuals from selected support groups in Kenya. The Posttraumatic Stress Disorder Checklist (PCL-5) was used to collect data from the sample size of 148 participants using purposive sampling technique. Results from the survey showed 66.9% general prevalence of PTSD and that severity of PTSD was found to be dominant among participants aged 18-23 years at 35.8%, female SGM individuals at 47.3%, the unemployed participants at 41.2%, the singles at 45.9% and among the lesbian participants at 45.9%. This current study concluded that the magnitude of psychiatric conditions such as PTSD among LGBTQ+ individuals was high, hence, mental health service providers working among the LGBTQ+ individuals might consider paying more attention to evaluate PTSD symptoms to provide holistic care to this population.

Keywords: Prevalence, Posttraumatic Stress Disorder (PTSD), Sexual And Gender Minority (SGM), LGBTQ+.

I. INTRODUCTION AND BACKGROUND TO THE STUDY

Sexual and gender minority (SGM) population are vulnerable to exhibit higher mental health challenges compared to their counterparts. Existing evidence indicates that individuals who identify as LGBTQ+ are at higher risk of experiencing mental health conditions such as PTSD, depression, substance abuse and even suicide behaviors (Hottes, Bogaert, Rhodes, Brennan, & Gesink, 2016). The unique experiences of this population such as

discrimination, violent victimization, internalized stigma of shame, rejection and identity crises with the larger community are instrumental to development of mental conditions, most especially PTSD (Valentine, Livingston, Salomaa, & Shipherd, 2022). In addition, it has also been reported that individuals who identify with LGBTQ+ usually have poorer mental health and wellbeing, and to make the matter worst, they also reduced access to healthcare services because of the stigma and discrimination (Mark, et al., 2019; Oblea, et al., 2023). Likewise, results from a study by Flores, Langton, Meyer, and Romero (2020) indicated that members of LGBTQ+ community have tendency to experience higher victimization across the lifespan as opposed to heterosexual population. Also, the researchers in the same study argued that LGBTQ+ individuals are nearly 4 times more likely to experience violent assault than their cisgender. Flores et al found that sequel to several assaults and minority stressors, LGBTQ+ individuals are at higher risk of developing PTSD, with the general prevalence estimate of 48% compared to general population.

Review of existing empirical literature showed that general prevalence of PTSD among the SGM community shows a discrepancy across board. There are instances where it was found to be lower, and some cases appear to be high. For example, a study by Shipherd et al. (2021) found the prevalence of PTSD among transgender individuals to be at 17.8%, Roberts et al (2012) similarly found the prevalence of PTSD among the transgender and gender diverse population at 17.8%. Likewise, a study in Australia among the LGBT individuals found the prevalence of PTSD at 11.2% (Alba et al., 2021).

Additionally, there are other empirical literatures that indicated high prevalence of PTSD among the SGM individuals. A very example of such study was a study among the SGM population in Western Kenya. The study found high prevalence of PTSD at 53.2% (Harper et al., 2021). In fact, a much higher prevalence than that of Western Kenya was study among the SGM population in California, USA, where 68% of the participants had PTSD

(Sherman, et al., 2020). Also, Alessi, Cheung, Kahn, and Yu (2021) similarly reported high prevalence of PTSD among SGM refugees from Asia, Middle East, and North Africa at 64.9%, and 75% of the SGM population were reported in a similar study to present with PTSD (Whitton et al., 2019).

Regarding severity of PTSD among the SGM population, studies have indicated disparities of PTSD in age and gender. For instance, a study showed that PTSD, social phobia, and panic disorder was severe in younger adults as opposed to older adults (O'Clairigh, Traeger, Mayer, Magidson, & Safren, 2013). A similar study in Canada revealed 30.9% prevalence of PTSD and that PTSD was found to be severe among young SGM individuals aged 16-24 years (Ross, et al., 2014). Also, studies have indicated that severity of PTSD differs in gender. It was reported that females are twice more likely to exhibit PTSD symptoms after exposure to traumatic event twice than men (Hu, et al., 2017; Christiansen & Berke, 2020). The explanation for this might be because women are likely to be subjected to more specific types of trauma, especially sexual related trauma and physical assault, which is much higher than the overall conditional risk of PTSD.

Similarly, studies have indicated that severity of PTSD is associated with unemployment. This is because, being unemployed is stressful and it seems to have physiological mental health effects and it has the ability to have long-term negative consequences on the mental health status of the unemployed. A study in 2021 found that 43% of the unemployed individuals in that study had poor mental health and specially PTSD as against 27% of the participants that were employed (Wilson & Finch, 2021). Also, result from a study that sought to determine whether unemployment predetermine PTSD after exposure to a disaster found a significant association between PTSD and unemployment, being female and below poverty line (Serrano, Leiva-Bianchi, Ahumada, & Araque-Pinilla, 2021). Likewise, findings from an empirical research showed that unemployed patients in that study demonstrated increased psychiatric comorbidities, drug use, and that unemployment status was found to be associated with increased psychiatric disturbance and PTSD (Yue, et al., 2018). Additionally, Berona, Horwitz, Czyz, and King (2020) found unemployment to be a major predicting factor of PTSD among natural disaster victims.

II. METHODS

This study adopted cross-sectional survey research design and used quantitative approach to collect data from 148 samples aged 18 and above who met the inclusion

criteria to participate in the study. Study population was drawn from selected support groups namely, Jinsiangu SGM support group in Nairobi County and LEHA SGM support group in Kiambu County, Kenya. The two support groups had similar demographic, socioeconomic, sexual and gender expression and identity characteristics. The researcher used both researcher-generated questionnaire and standardized psychological assessment such as Posttraumatic Stress Disorder Checklist for DSM-V (PCL-5) tools to collect data from the respondents. The tool contains seventeen (17) items that are consistent with the PTSD symptom criteria in the DSM-V of Mental Disorders. PCL-5 is one of the assessments most frequently used to confirm the diagnosis of PTSD with the cut-off point of 32.

The Posttraumatic Stress Disorder Checklist for DSM-V (PCL-5) has been established to have outstanding psychometric properties that comprises internal consistency; α ranging from .83 to .98, test-retest reliability that ranges from .66 to .96, convergent validity; associations with other PTSD evaluations ranging from .62 to .93, discriminant validity associations with measures of connected constructs below .87, and diagnostic efficacies oscillating between .58 to .83 (Wilkins, Lang, & Norman, 2011). A cut-off score of 31 and above on the PCL-5 was adopted indicated a provisional diagnosis of PTSD. The post-traumatic stress disorder checklist (PCL-5) was used to evaluate PTSD symptoms.

➤ *Ethical Issues:*

The screening and recruitment exercise commenced immediately after the researcher obtained ethical clearance from Daystar University Ethics and Research Board, a letter from the School of Applied Human and Social Sciences (SHSS) and a permit from National Commission for Science, Technology, and Innovation (NACOSTI) to embark on the study and data collection. The LGBTQ individuals who participated in the study were informed of what the research entailed, the risk, freedom to discontinue or withdraw whenever they deemed fit, and that participation was voluntary with no repercussion. Only the participants who consented to participate and who met certain inclusion criteria were included in the study.

III. RESULTS

➤ *Prevalence of PTSD among SGM Individuals:*

This cross-sectional survey sought to estimate the prevalence of PTSD among SGM individuals. The Table below indicates the simple frequency of general prevalence of PTSD in simple percent.

Table 1 General prevalence of PTSD among the SGM Individuals

Variables	Frequency	Percent
0-32 = No PTSD symptoms	49	33.1
≥ 33 = PTSD	99	66.9
Total	148	100.0

Table 1 shows the general prevalence of PTSD among the SGM individuals. The participants who scored 32 or less were classified to present with no PTSD symptoms whereas, the participants who scored 33 or greater were diagnosed to exhibit PTSD symptoms because they met with DSM-5 diagnostic criteria. Therefore, the proportion of PTSD in this study is 66.9%.

Table 2 Prevalence of PTSD based on Age Distribution

Variables	Total (%)	PTSD Scores		Chi-Square Test		
		0-32 = No PTSD	≥ 33 = PTSD	X ²	df	Sig.
Participant's Age						
18-23 years	70 (47.3)	17 (11.5)	53 (35.8)	9.354	4	.053
24-29 years	63 (42.6)	23 (15.5)	40 (27.0)			
30-35 years	13 (8.8)	7 (4.7)	6 (4.1)			
36-40 years	1 (0.7)	1 (0.7)	0 (0.0)			
41-46 years	1 (0.7)	1 (0.7)	0 (0.0)			

Table 2 represents the prevalence of PTSD based on participant's age. As indicated on the table, the prevalence of PTSD was noted to be dominant among participants aged 18-23 years at 35.8% compared to aged 24-29 years at 27%, and aged 30-35 at 4%. Chi-square statistical test indicated that the difference in the distribution of PTSD and participant's age was significant (p=0.053). This suggests that participant's aged 18-23 years are more vulnerable to developing PTSD when exposed to traumatic events. This is illustrated in the graph representation below;

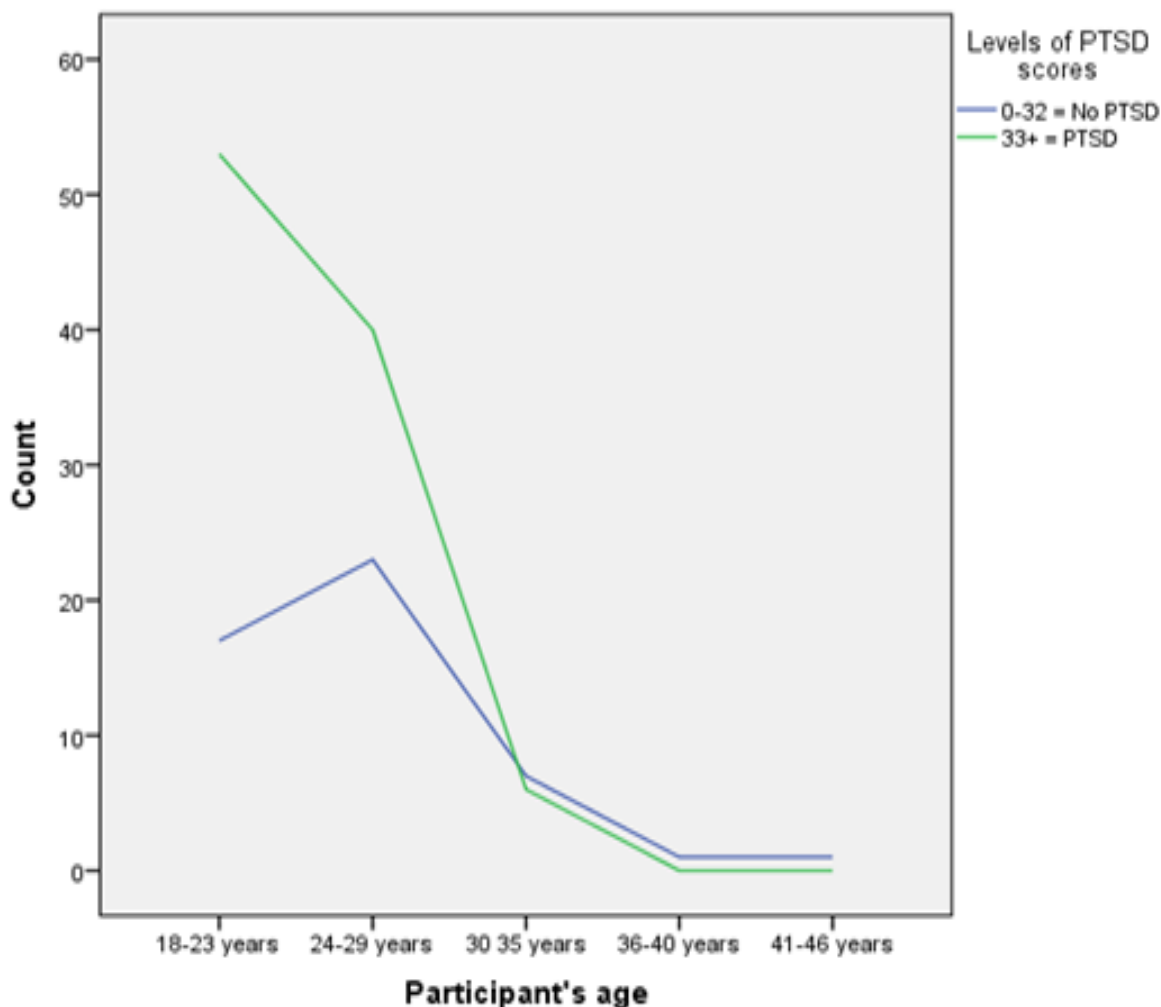


Fig 1 Frequency of PTSD based on the Participant's Age

Figure 1 displays the graphic representation of participant's age and distribution of PTSD. As shown on the figure, majority of the participants aged 18-23 have PTSD symptoms compared to other age categories.

Table 3 Prevalence of PTSD based on Gender Distribution

Variables	Total (%)	PTSD Scores		Chi-Square Test		
		0-32 = No PTSD	≥ 33 = PTSD	X ²	df	Sig.
Participant's Gender						
Female	104 (70.3)	34 (23.0)	70 (47.3)	.038	2	.981
Male	21 (14.2)	7 (4.7)	14 (9.5)			
Others	23 (15.5)	8 (5.4)	15 (10.1)			

Table 3 shows the prevalence of PTSD based on the participant's gender distribution. The prevalence of PTSD was observed to be dominant among female SGM individuals at 47.3% as opposed to male SGM individuals at 9.5%, and others at 10.1%. Statistical test shows that the difference in the distribution of PTSD and participant's gender was insignificant (p=0.981). This is interpreted to mean that female SGM individuals are more vulnerable to develop PTSD when exposed to traumatic events even though the association of PTSD and gender in this study is not significant. This is illustrated in the graph below.

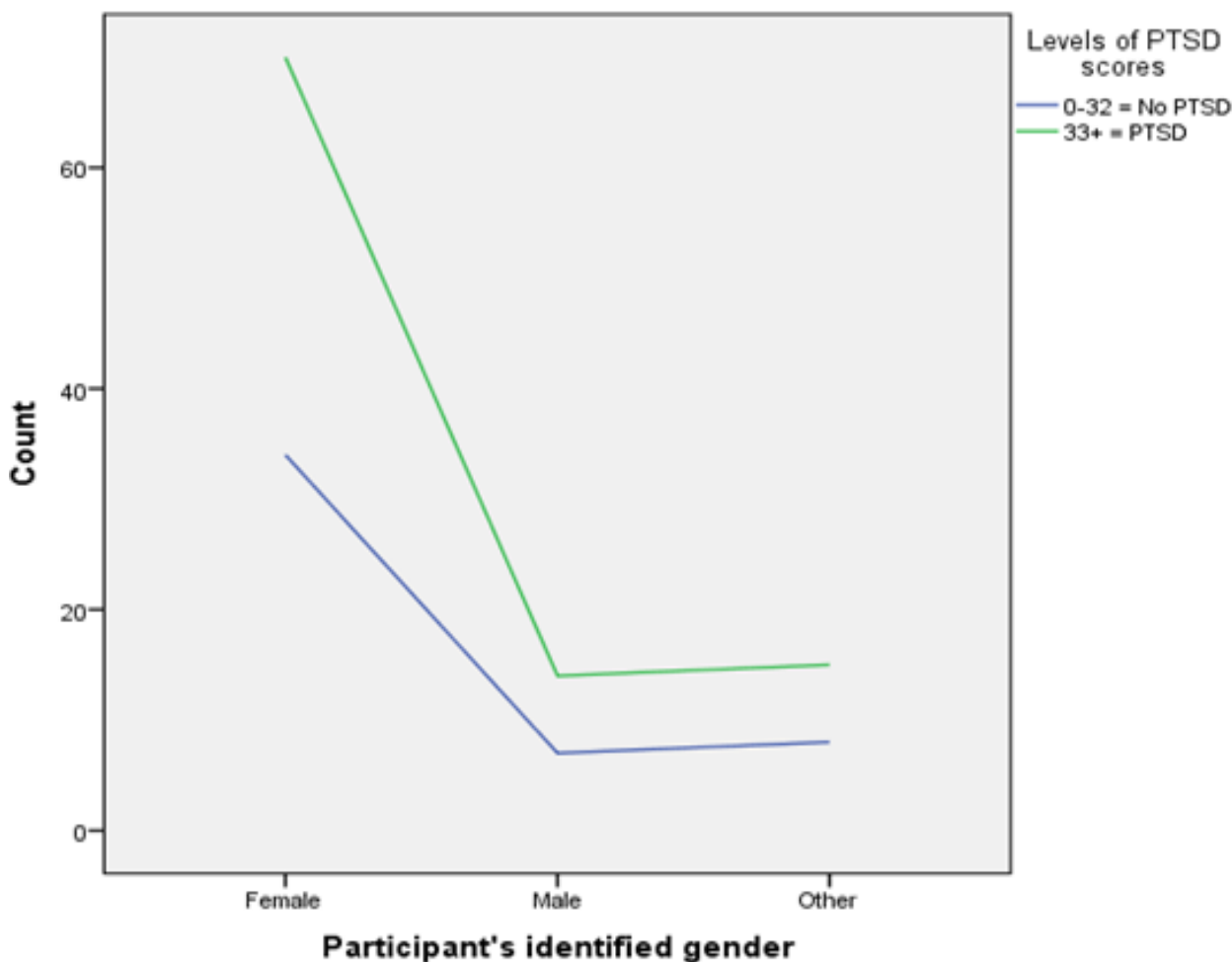


Fig 2 Gender Distribution and PTSD

Figure 2 presents graphic representation of PTSD based on participant's identified gender. It illustrates higher prevalence of PTSD among the female SGM compared to other gender categories.

Table 4 Prevalence of PTSD based on Employment Status

Variables	Total (%)	PTSD Scores		Chi-Square Test		
		0-32 = No PTSD	≥ 33 = PTSD	X ²	df	Sig.
Participant's Employment Status						
Employed	58 (39.2)	20 (13.5)	38 (25.7)	.081	1	.775
Unemployed	90 (60.8)	29 (19.6)	61 (41.2)			

Table 4 shows the prevalence of PTSD based on employment status. The data shows that the proportion of PTSD is dominant among the unemployed SGM individuals at 41.2% compared to employed SGM individuals. Chi-square test shows that the difference in the distribution was not significant ($p=0.775$). This implies there was no significant association between employment status and PTSD, although the unemployed SGM individuals seem to demonstrate more of PTSD symptoms when exposed to traumatic events compared to employed SGM individuals. This frequency is illustrated below;

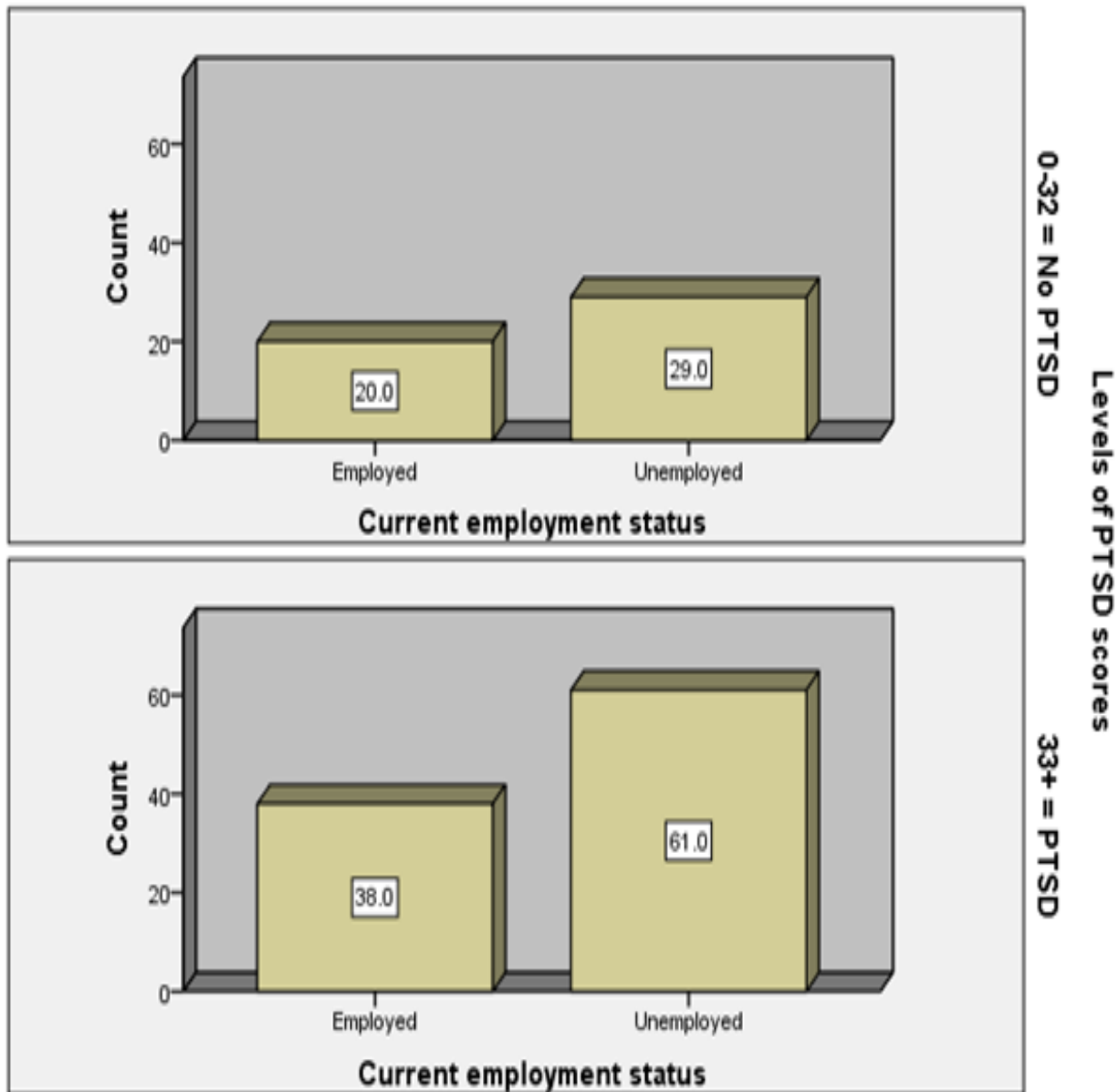


Fig 3 Frequency of PTSD based on Employment Status of the Participants

Figure 3 shows the graphic representation of PTSD based on employment status of the participants. This illustrates the dominant of PTSD among employed SGM individuals.

Table 5 Prevalence of PTSD based on Marital Status

Variables	Total (%)	PTSD Scores		Chi-Square Test		
		0-32 = No PTSD	≥ 33 = PTSD	X ²	df	Sig.
Participant's Marital Status						
Married	15 (10.1)	7 (4.7)	8 (5.4)	2.292	2	.318
Single	96 (64.9)	28 (18.9)	68 (45.9)			
Others	37 (25.0)	14 (9.5)	23 (15.5)			

Table 5 represents the prevalence of PTSD based on participant’s marital status. As shown on the Table, the proportion of PTSD was dominant among single SGM individuals at 45.9% as opposed to married SGM individuals at 5.4% and other unspecified marital status at 15.5%. Chi-square model of statistical test shows insignificant difference in the distribution of PTSD symptoms and marital status of SGM individuals ($p=0.318$). Single SGM individuals are more prone to demonstrate PTSD symptoms as against other marital status in the study. This is demonstrated in the graph below.

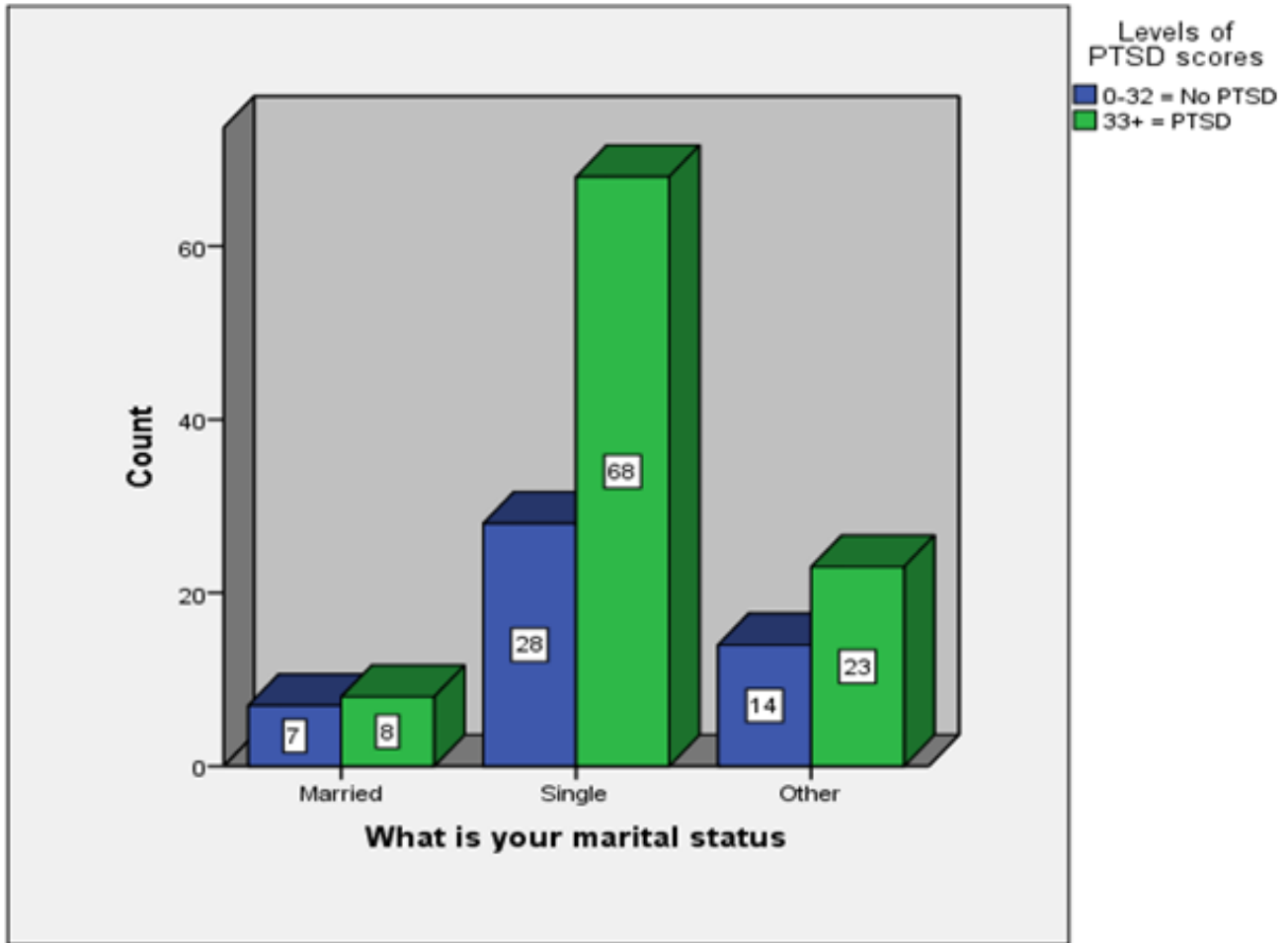


Fig 4 Frequency of PTSD based on Marital Status of the Participants

Figure 4 represents frequency of PTSD based on marital status, and that PTSD is dominant among the single SGM individuals compared to other categories.

Table 6 Prevalence of PTSD based on Sexual Orientation

Variables	Total (%)	PTSD Scores		Chi-Square Test		
		0-32 = No PTSD	≥ 33 = PTSD	X ²	df	Sig.
Participant’s Sexual Orientations						
Lesbian	76 (51.4)	24 (16.2)	52 (35.1)	6.189	5	.288
Gay	17 (11.5)	4 (2.7)	13 (8.8)			
Bisexual	12 (8.1)	2 (1.4)	10 (6.8)			
Transgender	7 (4.7)	4 (2.7)	3 (2.0)			
Queer	33 (22.3)	13 (8.8)	20 (13.5)			
Others	3 (2.0)	2 (1.4)	1 (0.7)			

Table 6 displays the prevalence of PTSD based on participant’s sexual orientations. The PTSD was observed to be prevalent among lesbian SGM individuals at 35.1% as opposed to individuals who are gay at 8.8%, bisexual 6.8%, transgender 2%, queer 13.5% and other unspecified sexual orientation at 0.7%. Statistical test implies that the difference in the distribution of PTSD and participant’s sexual orientation was not significant ($p=0.288$). The implication of this findings suggests that the SGM individuals who are lesbians are observed to demonstrate more of PTSD symptoms compared to other sexual orientations. Though care must be taken to draw an inferential conclusion because the statistical test shows the association is insignificant. The frequency of PTSD based on sexual orientations is illustrated below.

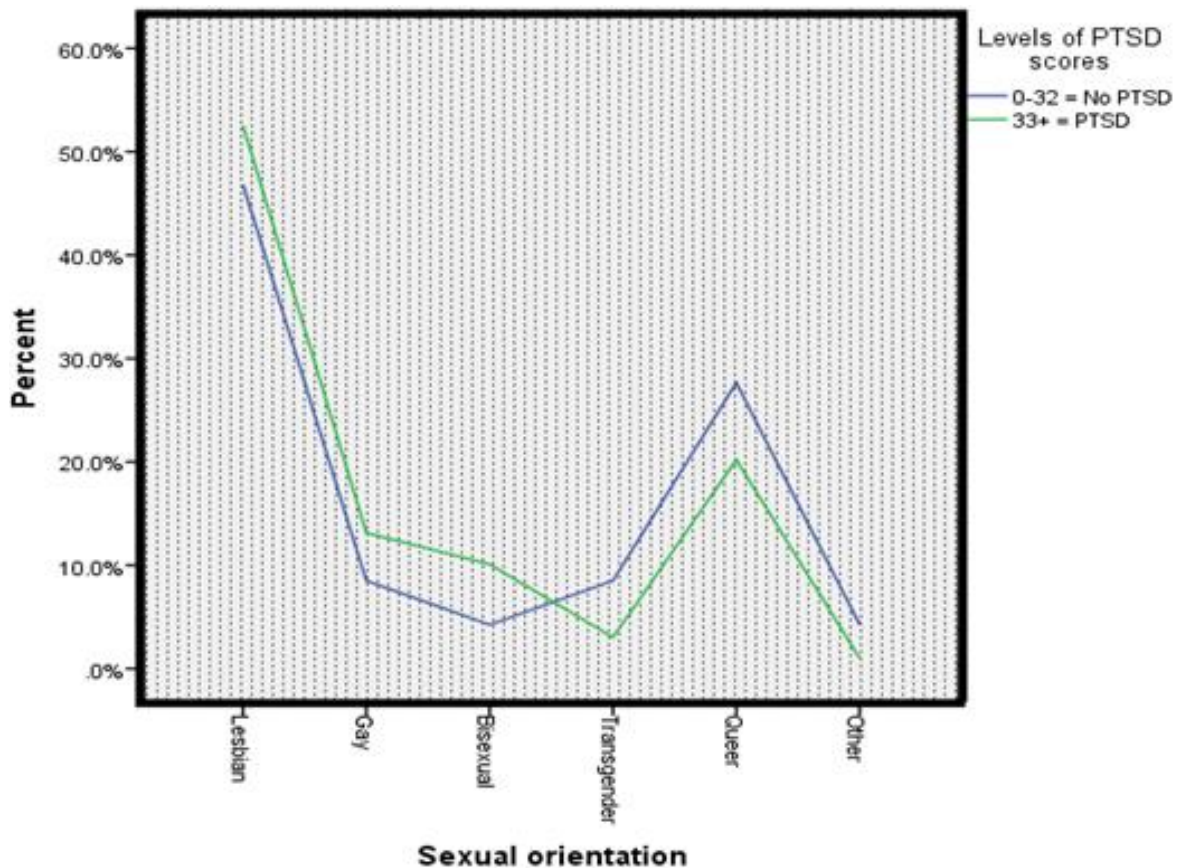


Fig 5 Frequency of PTSD based on Participant's Sexual Orientation

Figure 5 represents the proportion of PTSD based on participants' sexual orientation as the frequency of PTSD was shown to be dominant among the lesbians.

IV. DISCUSSION

Findings from this current study shows a general prevalence of PTSD among the SGM individuals at 66.9%. This high prevalence of PTSD among the SGM individuals in Kenya was in accordance with a study in California among the same population where 68% of the participants were screened for PTSD (Dimas et al., 2010). A similar study also reported high prevalence of PTSD at 64.9% among the SGM refugees from Asia, Middle East and North Africa (Alessi et al., 2021). In fact, Whitton et al (2019), in a similar study found 75% of the SGM participants screened for PTSD symptoms. It should also be noted that although, there were numbers of studies who found high prevalence of PTSD among SGM population, contrarily, there were also studies where low or moderate prevalence of PTSD were found. For instance, Shipherd et al. (2011) found 17.8% of PTSD among transgender respondents in their study, Roberts et al (2012) found 17.8% prevalence of PTSD amongst transgender and gender diverse (TGD) people. Also, in Australia, prevalence of PTSD was found to be at 11.2% among LGBT individuals (Alba et al., 2021), and Harper et al (2021) found 53.2% prevalence of PTSD among SGM population in Western Kenya.

In the same way, this current study found that the proportion of PTSD was dominant among the SGM individuals aged 18-23 years at 35%, and female SGM individuals at 47.3%. These findings were similar with cross-sectional evidence that suggests females in late adolescence to exhibit higher rates of PTSD symptoms than male counterparts (Haag, et al., 2020). These findings might be sequel to the fact that late adolescents tend to be more vulnerable to the effects of trauma than adults whose brains have fully developed. Christiansen and Elkit (2012), argued that female traumatized individuals are more vulnerable to develop PTSD as opposed to male counterparts and that the difference in gender become evident in adulthood, peaked in early adulthood but decreased with age. The explanation to this is that females are more likely to experience interpersonal violence, they are more vulnerable to self-injury, and because of hormonal and brain differences.

Also, in this current study, the proportion of PTSD was found to be dominant among the unemployed SGM individuals at 41.2%, Singles at 45.9% and among the Lesbian SGM individuals at 35.1%. These outcomes are like several studies that examined the relationship between PTSD and employment status. For example, one population-based survey of Vietnam-era veterans found that PTSD diagnosis was associated with a lower hourly wage among those in the competitive work force (Savoca & Rosenheck, 2020). The finding from this current study is consistent with previous hypothesis study that indicated that participants with PTSD were more prone to be currently unemployed than non-PTSDs.

Results from a study previously conducted confirmed that PTSD symptom severity and symptom cluster scores were positively associated with higher unemployment rates (Kunst, 2010). This seems to be consistent over time as Garton, Rogers, and Berle (2022) reported that PTSD symptoms and not being in paid work were correlated with each other after 3 years and 5 years. Similarly, results from a recent cross-sectional survey indicated a significant association between PTSD severity and unemployment status (Dietrich, Estramiana, Luge, & Reissner, 2023). Further, this study found that the proportion of PTSD was dominant among the Singles compared to other marital status of the SGM individuals.

This might be sequel to the fact that most of the SGM individuals lack legal rights to marry and form families. Although in many western countries, SGM individuals are increasingly granted legal rights affecting their ability to marry and form families (Godfrey, James-Kangal, Newcomb, & Whitton, 2022). Also, this current study found that PTSD was dominant among the Lesbian SGM individuals at 35.1%. This present result concurs with a study among SGM individuals and heterosexual populations. Findings from the study indicated that prevalence of PTSD was higher among the Lesbians against Gay participants. This is because, according to the researchers, the LGBTQ individuals are more likely than heterosexual individuals to experience interpersonal trauma and minority stress related to their sexual orientation. More so, Lesbians are female hence, they are more vulnerable to PTSD than men counterparts (Stenersen, et al., 2019). Similar study also found that older lesbian women were significantly more likely than older gay men to exhibit PTSD symptoms and PTSD diagnosis (Alba, et al., 2022).

REFERENCES

- [1]. Alba, B., Lyons, A., Waling, A., Minichiello, V., Hughes, M., Barrett, C., . . . Blanchard, M. (2022). Factors associated with self-reported PTSD diagnosis among older Lesbian women and Gay men. *Journal of Gerontological Social Work*, 65(2), 129-142.
- [2]. Alessi, E. J., Cheung, S., Kahn, S., & Yu, M. (2021). A scoping review of experiences of violence and abuse among sexual and gender minority migrants across the migration trajectory. *Trauma Violence Abuse*, 22(5), 1339-1355.
- [3]. Berona, J., Horwitz, A. G., Czyn, E. K., & King, C. A. (2020). Predicting suicidal behavior among lesbian, gay, bisexual, and transgender youth receiving psychiatric emergency services. *Journal of Psychiatric Research*, 122(1), 64-69.
- [4]. Christiansen, D. M., & Berke, E. T. (2020). Gender-and-sex-based contributors to sex differences in PTSD. *Current Psychiatry Reports*, 22(4), 19-28.
- [5]. Dietrich, H., Estramiana, J. L., Luge, A. G., & Reissner, V. (2023). Effects of posttraumatic stress disorder and mental disorders on the labor market integration of young Syrian refugees. *International Journal of Environmental Research and Public Health*, 20(3), 2468-2479.
- [6]. Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization survey, 2017. *Science Advances*, 6(40), eaba6910. <https://doi.org/10.1126/sciadv.aba6910>
- [7]. Godfrey, L. M., James-Kangal, N., Newcomb, M. E., & Whitton, S. W. (2022). Relationship, marriage, and parenthood aspirations among sexual and gender minority youth assigned female at birth. *Journal of Family Psychology*, 36(7), 1161-1172.
- [8]. Haag, K., Fraser, A., Hiller, R., Seedat, S., Zimmerman, A., & Halligan, S. L. (2020). The emergence of sex differences in PTSD symptoms across development: Evidence from the ALSPAC cohort. *Psychological Medicine*, 50(10), 1755-1760.
- [9]. Harper, G. W., Crawford, J., Lewis, K., Mwochi, C. R., Johnson, G., Okoth, C., . . . Wilson, B. D. (2021). Mental health challenges and needs among sexual and gender minority people in Western Kenya. *International Journal of Environmental Research and Public Health*, 18(3), e1311. <https://doi.org/10.3390/ijerph18031311>
- [10]. Hottes, T. S., Bogaert, L., Rhodes, A., Brennan, D. I., & Gesink, D. (2016). Lifetime prevalence of suicide attempts among sexual minority adults by study sampling strategies: A systematic review and meta-analysis. *American Journal of Public Health (AJPH)*, 106(5), e1-e12. <https://doi.org/10.2105/AJPH.2016.303088>
- [11]. Hu, J., Feng, B., Zhu, Y., Wang, W., Xie, J., & Zheng, X. (2017). Gender differences in PTSD: Susceptibility and resilience. *Tech Open Journal*, 10(3), 71-79. <https://doi.org/10.5772/63040>
- [12]. Kassing, F., Casanova, T., Griffin, J. A., Wood, E., & Stepleman, L. M. (2021). The effect of polyvictimization on Mental and physical health outcomes in an LGBTQ sample. *Journal of Traumatic Stress*, 34(1), 161-171. <https://doi.org/10.1002/jts.22579>
- [13]. Kunst, M. (2010). Employment status and posttraumatic stress disorder following compensation seeking in victims of violence. *Journal of Interpersonal Violence*, 26(1), 377-393.
- [14]. Mark, K. M., McNamara, K. A., Gribble, R., Rhead, R., Sharp, M., Stevelink, S. A., . . . Fear, N. (2019). The health and well-being of LGBTQ serving and ex-serving personnel: A narrative review. *International Review of Psychiatry*, 31(1), 75-94.
- [15]. Oblea, P. N., Adams, A. R., Nguyen-Wu, D., Hawley-Molloy, J. S., Balsam, K., Badger, T. A., . . . Cartwright, J. (2023). Lesbian, gay, bisexual, transgender and queer healthcare experiences in a military population. *Journal of Homosexuality*, 70(6), 1098-1118.
- [16]. O'Cleirigh, C., Traeger, L., Mayer, K. H., Magidson, J. F., & Safren, S. (2013). Anxiety specific pathways to HIV sexual transmission risk behavior among young gay and bisexual men. *Journal of Gay and Lesbian Mental Health*, 17(3), 314-326.

- [17]. Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, S. B. (2012). Elevated risk of posttraumatic stress in sexual minority youths: Mediation by childhood abuse and gender nonconformity. *American Journal of Public Health*, 102(8), 1587-1593. <https://doi.org/10.2105/AJPH.2011.300530>
- [18]. Ross, L. E., Bauer, G. R., MacLeod, M. A., Robinson, M., MacKay, J., & Dobinson, C. (2014). Mental health and substance use among bisexual youth and non-youth in Ontario, Canada. *PLoS ONE*, 9(8), e101604. <https://doi.org/10.1371/journal.pone.0101604>
- [19]. Savoca, E., & Rosenheck, R. (2020). The civilian labor market experiences of Vietnam-era veterans: The influence of psychiatric disorders. *Journal of Mental Health Policy Economics*, 3(4), 199-207.
- [20]. Serrano, C., Leiva-Bianchi, M., Ahumada, F., & Araque-Pinilla, F. (2021). What is the association between post-traumatic stress disorder and unemployment after a disaster? *International Journal of Occupational Medicine and Environmental Health*, 34(6), 755-766. <http://doi.org/10.13075/ijomeh.1896.01557>
- [21]. Sherman, A. D., Poteat, T. C., Budhathoki, C., Kelly, U., Clark, K. D., & Campbell, J. (2020). Association of depression and posttraumatic stress with polyvictimization and emotional transgender and gender diverse community connection among black and latinx transgender women. *LGBT Health*, 32(8), 358-366. <http://doi.org/10.1089/lgbt.2019.0336>
- [22]. Shipherd, J. C., Lynch, K., Gatsby, E., Hinds, Z., DuVall, S. L., & Lingston, N. A. (2021). Estimating prevalence of PTSD among veterans with minoritized sexual orientations using electronic health record data. *Journal of Consulting and Clinical Psychology*, 89(10), 856-868. <https://doi.org/10.1037/ccp0000691>
- [23]. Stenersen, M., Ovrebo, E., Emery, E., Brown, E., New, C., Brasfield, C., & Turner, L. (2019). Interpersonal trauma, and PTSD symptomology among Lesbian, Gay, and Bisexual Individuals: A closer look at gender, minority stress, and help-seeking behaviors. *Journal of LGBT Issues in Counselling*, 13(3), 216-231.
- [24]. Valentine, S. E., Livingston, N. A., Salomaa, A. C., & Shipherd, J. C. (2022, April 4). Trauma, discrimination and PTSD among LGBTQ+ people. Retrieved from PTSD: National Center for PTSD: https://www.ptsd.va.gov/professional/treat/specific/trauma_discrimination_lgbtq.asp
- [25]. Whitton, S. W., Newcomb, M. E., Messinger, A. M., Byck, G., & Mustanski, B. (2019). A longitudinal study of IPV victimization among sexual minority youth. *Journal of Interpersonal Violence*, 34(5), 912-945. <https://doi.org/10.1177/0886260516646093>
- [26]. Wilkins, K. C., Lang, A. J., & Norman, S. B. (2011). Synthesis of the psychometric properties of the PTSD checklist (PCL) military, civilian, and specific versions. *Depression and Anxiety*, 28(7), 596-606. <https://doi.org/10.1002/da.20837>
- [27]. Wilson, H., & Finch, D. (2021, April 16). Unemployment and mental health: Why both require action for our COVID-19 recovery. Retrieved from The health foundation: <https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health>
- [28]. Yue, J. K., Rick, W., Morrissey, M. R., Taylor, S. R., Deng, H., Suen, C., . . . TRACK-TBI Investigators. (2018). Preinjury employment status as a risk factor for symptomatology and disability in mild traumatic brain injury: A TRACK-TBI analysis. *NeuroRehabilitation*, 43(2), 169-182.