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Introduction to the Special Issue: Queer and Trans People's Experiences of Sexual Violence

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We, the guest editors, have come to the topic of queer and trans experiences of sexual violence from different paths even though we started our careers in Psychology at the same institution (Rock Chalk Jayhawk, Go KU!). Dr. Anderson is, first and foremost, a violence researcher, and Flanders a queer and trans health researcher. However, we have come together to collaborate in the last few years in recognition of how little scholars in the fields of violence research (frequently named violence against women) and sexual and gender minority (SGM) health research collaborate despite the many intersections and overlapping work of the fields. These fields have a great deal in common - both are invested in improving the lives of people who are marginalized. Yet, we saw a need to foster greater space and dialogue for violence researchers and SGM health researchers in psychology and related disciplines regarding the stark sexual violence disparities SGM people experience. We see this special issue as constituting a way in which this dialogue can be continued, as well as serving as an important resource on SGM sexual violence for both researchers and clinicians.

Prior research has consistently demonstrated that SGM people experience sexual victimization at rates significantly higher than cisgender heterosexual people (e.g., Walters, Chen, & Breiding, 2013; James et al., 2016). Despite this information, there is very little published research on what factors make SGM people more vulnerable for victimization; what their post-victimization experiences are like; how violence relates to other health outcomes for SGM people; or strategies for reducing SGM sexual victimization. This is particularly true for

bisexual and trans people, as well as SGM People of Color. The researchers in this special issue have helped provide greater information for these topics, which we hope will inform further research, sexual violence prevention programming, and clinical work.

A number of the included papers address the varying factors that predict rates of sexual victimization for SGM people, as well as how victimization relates to other health outcomes. Cogan, Scholl, Lee, Cole, and Davis (this issue), as well as Marx, Hatchel, Mehring, and Espelage (this issue) have addressed predictive factors for sexual violence and suicidality amongst trans and gender diverse people, whereas Drescher and colleagues (this issue) have investigated how sexual violence relates to other outcomes, including suicidality and homelessness, among trans people. Scheer, McConocha, Behari, and Pachankis (this issue) outline a project on sexual orientation disparities with sexual victimization and alcohol use among young women, and Norris and colleagues (this issue) have further discussed how racial and ethnic identity combined with sexual orientation connects to sexual victimization and substance use.

Other authors in this special issue specifically investigate outcomes related to sexual violence. For instance, Newins, Wilson, and Kanefsky (this issue) researched how posttraumatic cognitions relate to post-assault outcomes among sexual minority people, while Hequembourg, Blayney, Livingston, Bostwick, and Auerbach (this issue) discuss differences in coping post-assault between sexual minority and heterosexual women. Solomon and colleagues (this issue) investigated how minority stress and gender identity relate to PTSD outcomes among sexual minority people who have experienced sexual victimization. Morrison, Parker, Sadika, Sameen, and Morrison (this issue) have investigated societal outcomes, specifically how news media cover sexual victimization of SGM people in contrast to cisgender heterosexual people,

highlighting ways in which this may impact how others view and understand sexual violence differently across these populations.

Finally, Johnson, Corbett-Hone, Gutekunst, and Grove (this issue) have implemented a project that is geared toward addressing and potentially decreasing rape culture within SGM populations, thus identifying a potential avenue for decreasing victimization. Taken together, these authors have addressed a wide range of potential risk factors, diverse experience in outcomes, and possibilities for addressing victimization. We believe that this collective work serves as a strong repository of information regarding SGM sexual violence experiences, and hope it serves to move forward the collaboration between violence and SGM health researchers. We especially hope that the research in this special issue moves the field forward beyond an emphasis on just the stress part of the minority stress framework – and towards better understanding resilience, clinical outcomes and developing and implementing interventions.

References

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