



Culturally Sensitive Care for Female Service Members and Veterans: The Role of Intersectionality

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I am a clinical psychologist. I use she/her/hers pronouns. I am a sexual assault/harassment and women's mental health SME at Psychological Health Center of Excellence, Defense Health Agency. I have been interested in cross-cultural psychotherapy throughout my education and career. I minored in Women's Studies while majoring in Clinical Psychology at Northern Illinois University and have sought training and experience with cross-cultural psychotherapy.



Agenda



- Intersectionality – definition and overview
- The role of intersectionality
- Increasing cultural sensitivity and competence

Learning Objectives



At the end of the presentation, you will be able to

- Explain intersectionality
- Describe two examples of how intersectionality may manifest for female Service members or Veterans
- Identify three steps towards increasing cultural sensitivity

Intersectionality

**“If black women were free,
it would mean that everyone else would have to be free,
since our freedom would necessitate the destruction
of all the systems of oppression”**

(Combahee River Collective, 1978)

■ Kimberle Williams Crenshaw

“...because the intersectional experience is greater than the sum of racism and sexism. An analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated.” (Kimberle Williams Crenshaw, 1989)

■ Patricia Hill Collins

“highlights how social groups are positioned within unjust power relations, but it does so in a way that introduces added complexity to formerly race-, class-, and gender-only approaches to social phenomena” (Collins, 1998, p. 205)

What is Intersectionality?

Intersectionality considers the ways that identities related to multiple socially constructed categories create similar, additive, and unique intersections of experiences, which are qualitatively different than the sum of individual identities.



(APA, 2019)

Key Terms

cont. 1 of 3



- Racism - racism is the belief in the superiority of one's own race and the inferiority of another race and the power to take individual or collective action against the racial group(s) deemed as inferior. (Jones, 1997)
- Oppression - oppression refers to harmful experiences or exclusion imposed on some but not others on the basis of status rather than lack of merit. (APA, 2019)
- Disability - umbrella term for a lasting physical or mental impairment that significantly interferes with an individual's ability to function in one or more central life activities, such as self-care, ambulation, communication, social interaction, sexual expression, or employment. (APA, n.d.)

Key Terms

cont. 2 of 3



- Privilege - privilege is unearned power that is afforded to some but not others on the basis of status rather than earned merit; such power may come in the form of rights, benefits, social comfort, opportunities, or the ability to define what is normative or valued. (APA, 2019)
- Gender identity - one's self-identification as male or female. (APA, n.d.)
- Gendered Racism - racism and sexism "intertwine and combine under certain conditions into one hybrid phenomenon." (Essed, 1991)

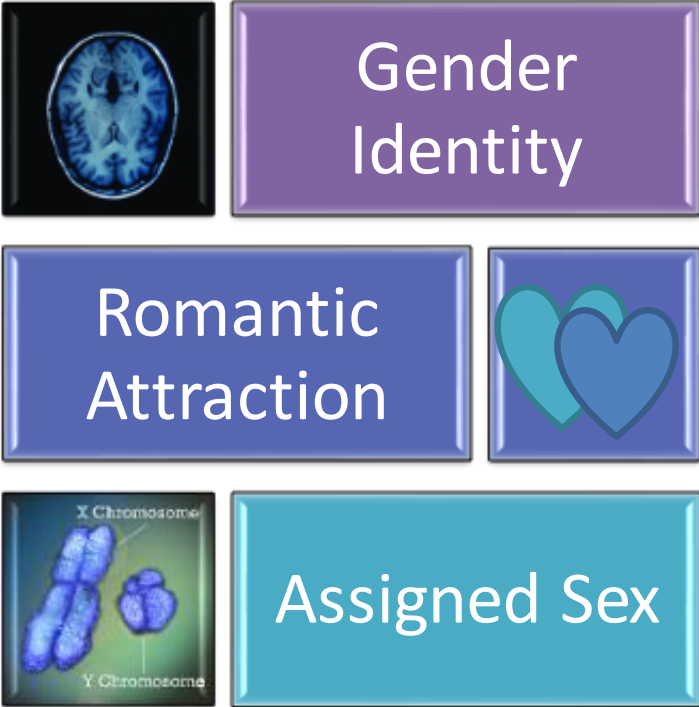
Key Terms

cont. 3 of 3



- Microaggressions - “brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group.” (Sue et al, 2007, p.273)
- Minority stress - the physiological and psychological effects associated with the adverse social conditions experienced by ethnic and racial minorities, lesbians, gay men, bisexual and transgender individuals, and others who are members of stigmatized social groups. (APA, n.d.)

Assigned Sex vs Identity vs Attraction



Images: NIH

Poll Question #1



Intersectionality is NOT...

- A. An additive model of racism and sexism
- B. A framework to describe the impact of multiple marginalized identities
- C. A model to understand the experience of someone with more than one marginalized identity
- D. A way to describe the unique social space occupied by a woman who identifies with more than one oppressed group

Cultural Competence

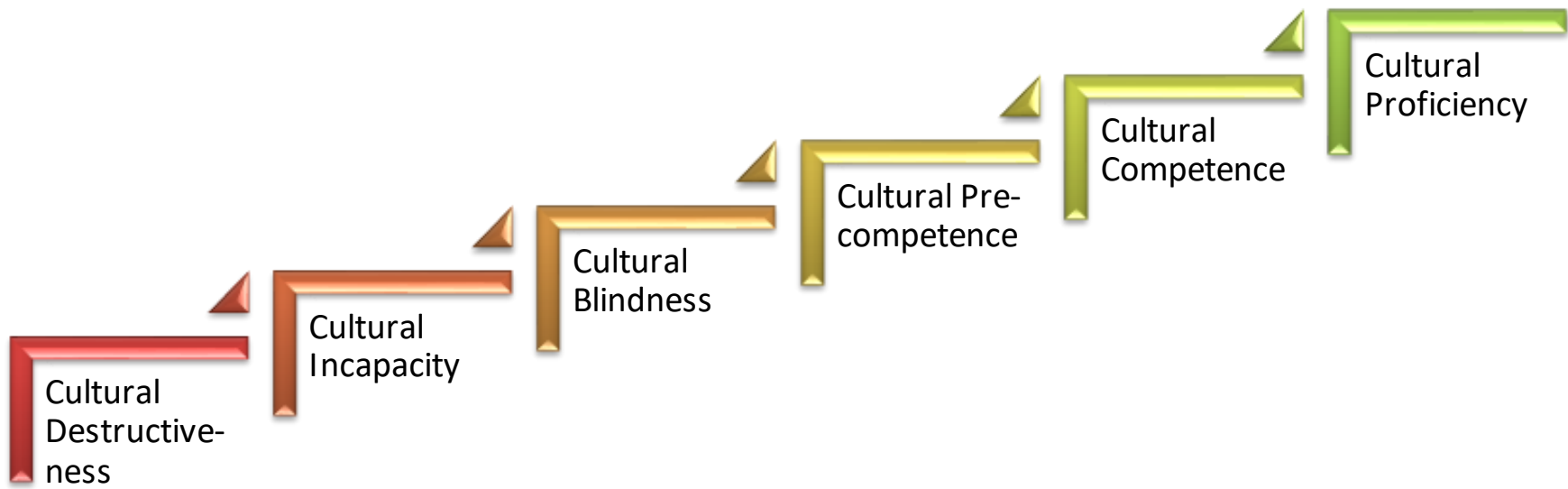
Awareness of
bias and
personal
culture

Knowledge of
culture,
stressors and
challenges

Skills to assist

Adapted from Pederson, 1994

Cultural Competence Continuum

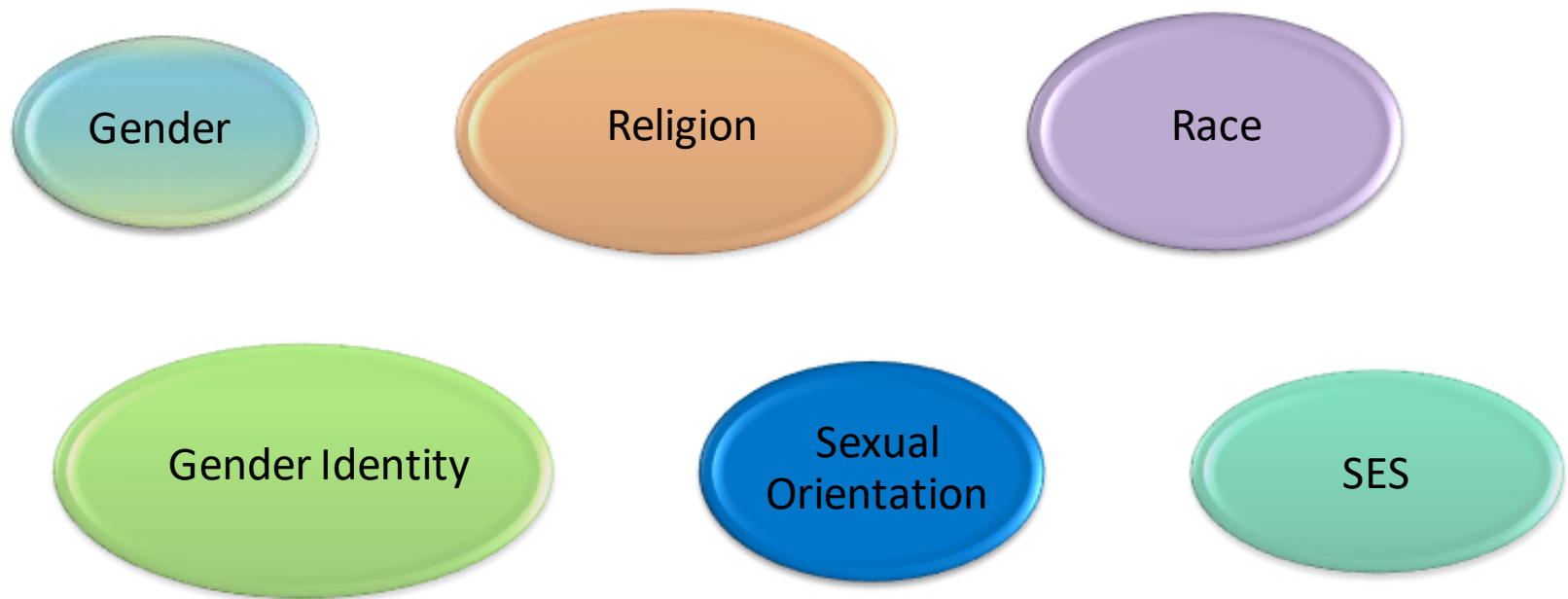


Adapted from Cross et al, 1989

Clinical Examples

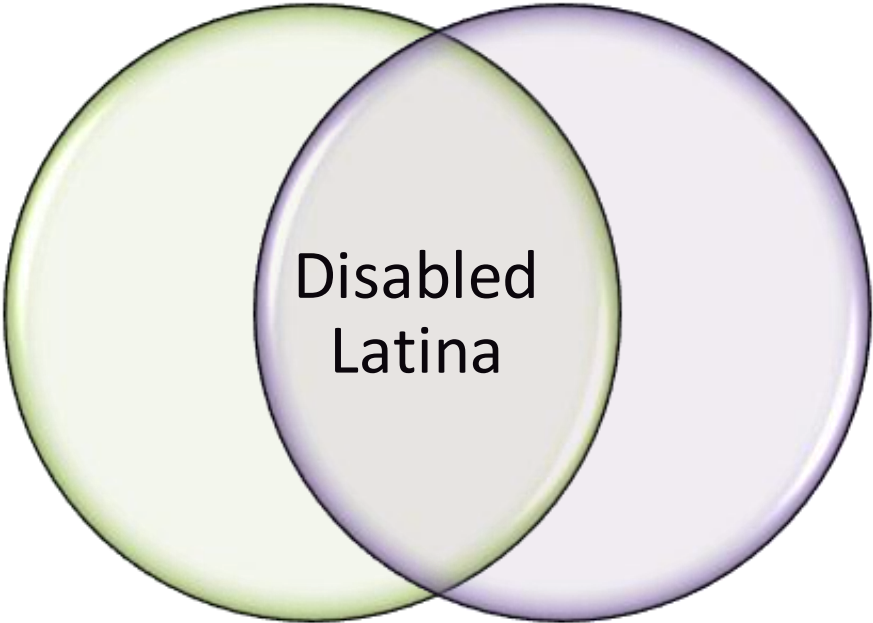
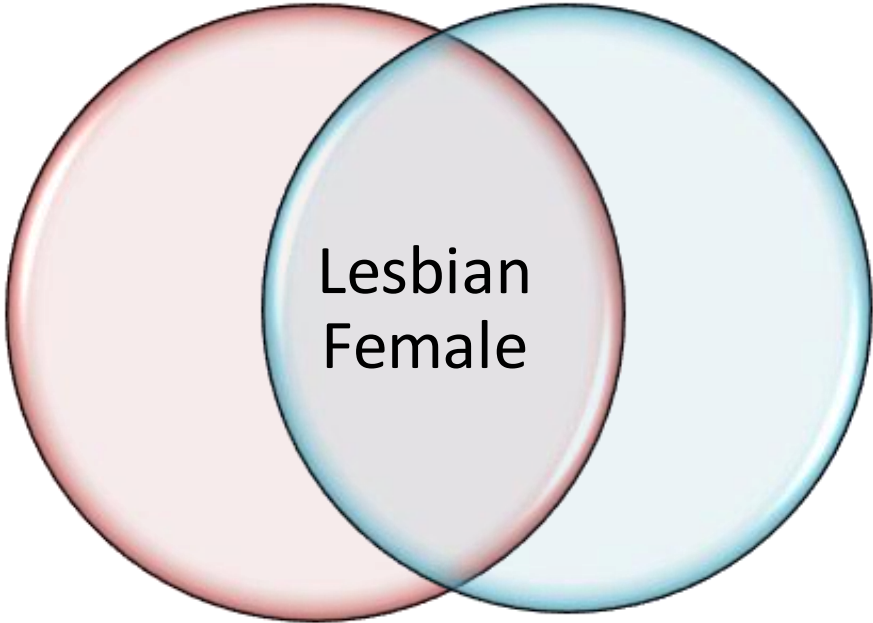
Examples

cont. 1 of 2



Examples

cont. 2 of 2



Case Example

cont. 1 of 2



■ Jane

- 32 years old
- Identifies as Latina, appears to be of mixed heritage
- Seeking support and problem solving as she would like to finish her M.S.

- Reports that people keep asking her where she is from
- Has repeatedly been informed of childcare support and services
- Has been “complimented” on how articulate she is
- Has been invited to several dinner parties which turn out to be set-ups
- Reports several inappropriate flirtations, feels uneasy

Case Example

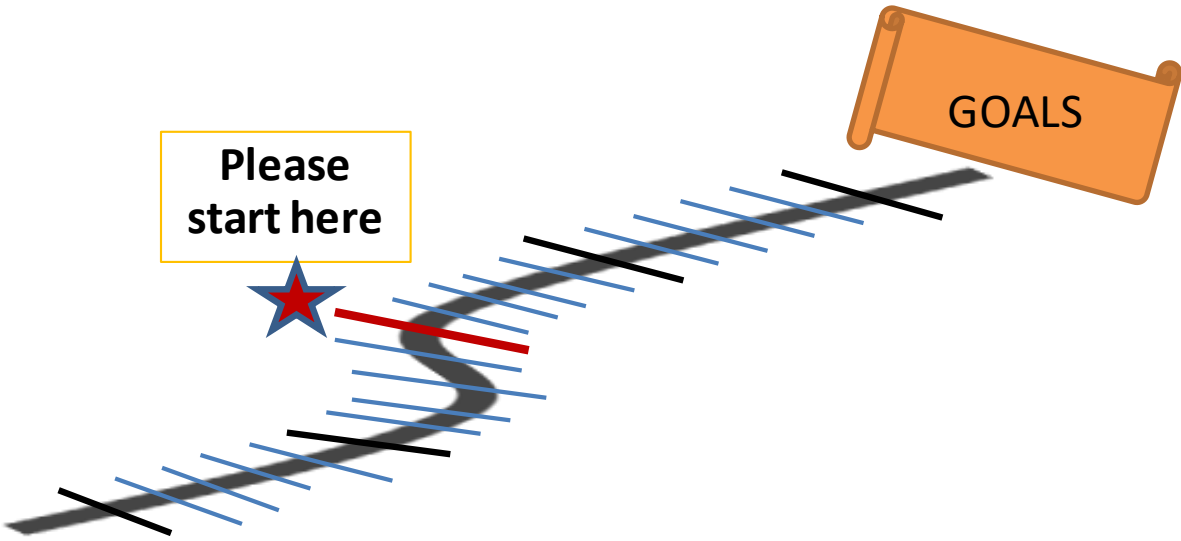
cont. 2 of 2



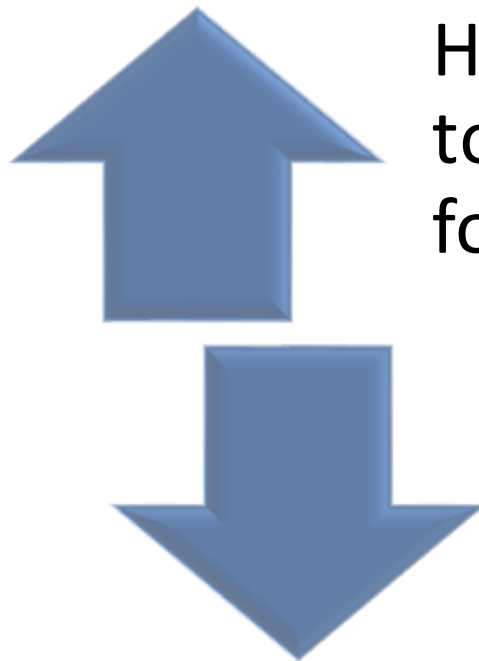
What would you focus on in the early sessions?

How might you ask Jane if sexism plays a role in her experience?

Exercise: Privilege



Reflections on the Exercise



How did it feel
to move
forward?

How did it feel
to move back?

More Clinical Examples

- Microaggressions - “brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group” (Sue et al, 2007, p.273)
- Discrimination - behaviors, policies
- Devaluation and hyper-sexualization of women of color

Microaggressions



- Microassault - explicit racial derogation manifested as a verbal or nonverbal attack
- Microinsult - rude and insensitive communications
- Microinvalidation - exclude or negate the thoughts, emotions or experienced reality of a person of color

Microaggressions

cont. 1 of 4



An amputee reports that she is embarrassed when two women “go well out of their way” to clear a path for her as she gets onto the commuter train

What is the hidden message?

Microaggressions

cont. 2 of 4



A client comes in visibly distressed and reports that she just had another “all lives matter debate”

Do you know why she may be upset?

Microaggressions

cont. 3 of 4



A woman of color is in the zone for promotion to O-5. She overhears her supervisor say, "She is a very hard worker and a credit to her race"

Why might she be angry?

Microaggressions

cont. 4 of 4



Your client is upset because the only options for marital status are “single,” “married” and “divorced.” She says, “Just once, I would like to see an option that creates room for the LGBT community”

Why might she be frustrated?

What is the Impact of Microaggressions?



(Sue et al, 2007)

Poll Question #2



Microaggressions are

- A. Brief and common
- B. Subtle insults and slights against people of color or people who are oppressed
- C. Usually intentional or purposeful
- D. A and B

Self-Awareness

cont. 1 of 2



Never

Often



- Do you have people of color or LGBT educational materials visible in your clinic or office?
- Do you refer to transgender people by their preferred pronoun? Even when they leave the room?
- Have you read any professional blogs, articles or books on clinical care with minority or LGBT populations?
- Have you attended any continuing education courses specific to cross-cultural work?
- View the client as encountering problems rather than having a problem?

Self-Awareness

cont. 2 of 2



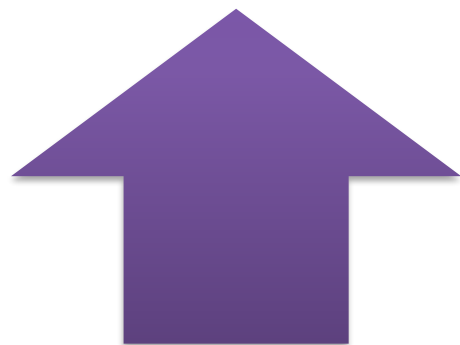
Never

Often



- Have you had a clinical supervisor of a different identity?
- Have you read SAMHSA's TIP on cultural competence?
- Have you brought up racism or oppression before your client did? Or did you wait for them to tell you it was a problem?
- Have you minimized your client's experience of racism?
- Do you focus on coping skills and problem solving to the exclusion of self-advocacy?

Self-Reflection - Personal Bias

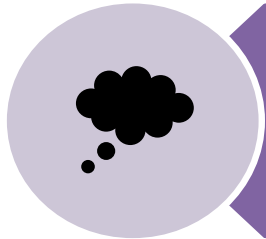


Which of my identities allow me to experience privilege?

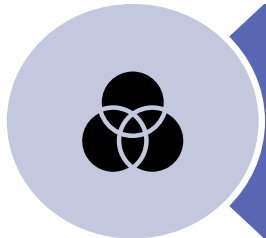


Which identities expose me to oppression?

Strategy: “Ask the Other Question”



If the situation seems racist...
Does sexism play a role?



If the situation seems sexist...
Does homophobia play a role?



If the situation looks homophobic...
Is it also classist?

(Matsuda, 1990)

Strategy:

Ask Additional Assessment Questions



How can I help?



What do you think is causing your problem?



Why do you think this is happening to you?

(Sue et al, 2019; Matsuda, 1990)

Strategy: Focus on Strength



Intersectionality can be a source of significant strength



Acknowledge this strength (and provide support)



Reinforce and support positive actions

Intersectionality in Treatment



- Recognize and consider your privilege
- Ask questions about other identities
- Learn more about other cultures: including their stressors, cultural norms and struggles
- Know that race and culture may play a role even if the client does not explicitly say so

Build A Plan for Development

cont. 1 of 3



■ Awareness of Personal Bias and Culture

Self-assessment

Recognize privilege

Recognize your personal beliefs and how they may impact therapy

Build A Plan for Development

cont. 2 of 3



■ Knowledge of Culture, Stressors and Challenges

- Read academic books, journal articles, RAND reports
- Consider joining other divisions of APA, NASW, etc.
- Continuing education coursework
- Attend scholarly conferences (ethnic minorities, LGB, women's health)
- Watch documentaries
- Identify culturally-specific ways of helping

Build A Plan for Development

cont. 3 of 3



■ Skills to assist

- Continuing education coursework
- Guided readings
- Clinical supervision by culturally competent clinician
- Consider joining other divisions of APA, NASW, etc.

Help Your Clinic Increase Cultural Sensitivity



Resources

- Create a list of culturally appropriate local resources

Engage

- Engage in community outreach, specific to cross-cultural work

Be Inclusive

- Create a culturally sensitive environment
- Individuals may be looking for safety signals
- Diverse clinic materials

Increase Awareness

- Help team members to understand cultural differences and beliefs
- Beliefs about disease vs personal responsibility
- Beliefs about asking for external help

Support

- Cross-cultural training
- Share training resources in your clinic

Be Careful of Pitfalls

Don't tell
clients that you
"don't see
color"

Don't
over-identity

Don't let clients
"hide" behind
identity

Recognize
nuances

Encourage
social support

People are
not binary

Poll Question #3



I can increase my cultural sensitivity by recognizing my personal biases, seeking additional training in cross-cultural work, reading relevant articles and seeking consultation from those who are more culturally competent.

True or False?

Key Takeaways

- Become aware of your personal biases and beliefs
- Recognize privilege and its impact
- Empower your clients to share their experiences and validate them
- Learn more about cross-cultural beliefs, stressors and struggles
- Make a plan to increase your cultural sensitivity

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cont. 1 of 4



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Resources

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- Behavioral Health Equity for Black and African-Americans
<https://www.samhsa.gov/behavioral-health-equity/black-african-american>
- Behavioral Health Equity for Latinas
<https://www.samhsa.gov/behavioral-health-equity/hispanic-latino>
- Behavioral Health Equity Asian American, Native Hawaiian, and Pacific Islander (AANHPI) <https://www.samhsa.gov/behavioral-health-equity/aanhpi>
- Behavioral Health Equity for LGBT <https://www.samhsa.gov/behavioral-health-equity/lgbt>
- Work with American Indians and Native Alaskans
<https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>

Resources

cont. 2 of 2



- Mental health fact sheets (many available in Spanish)
<https://www.nimh.nih.gov/health/publications/index.shtml>
- Impact of COVID-19 on Black and Latino communities
<https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>
- Training resources for work with LGBT community
<https://www.samhsa.gov/behavioral-health-equity/lgbt/curricula>
- Improving cultural competence <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>
- Improving Cultural Competency for Behavioral Health Professionals
<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

Referral Resources



PSYCHOLOGICAL HEALTH RESOURCE CENTER
866-966-1020 • Open 24 hours a day, 7 days a week

The logo for the Psychological Health Resource Center consists of a stylized graphic on the left. It features a blue swoosh on the left and a red swoosh on the right, both curving upwards and meeting at a point. A small blue star is located at the bottom center of the swooshes. To the right of this graphic, the text "PSYCHOLOGICAL HEALTH RESOURCE CENTER" is written in a bold, blue, sans-serif font. Below this text, the phone number "866-966-1020" and the phrase "Open 24 hours a day, 7 days a week" are written in a red, sans-serif font.

Assistance During Transitions



Receive coaching and assistance for accessing behavioral health care at 800-424-7877

For active-duty Service members, National Guard members, reservists, Veterans, and retirees

Connect with PHCoE



Email: usarmy.ncr.medcom-usamrmc-dcoe.mbx.dhcc-pdhealth@mail.mil

Web: <http://pdhealth.mil>

Facebook: www.facebook.com/PHCoE

inTransition: www.pdhealth.mil/resource-center/intransition

Real Warriors Campaign: www.realwarriors.net

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