

From Trauma Recovery to Trauma Resilience:

A '*blue/pink-print*' 4 #trauma w/ #sexual and #gender minorities...

Tuesday December 8, 2020; 1-2:15 pm

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Welcome to our Learning Network & Knowledge Hub Webinar

From Trauma Recovery to Trauma Resilience: a 'blue/pinkprint' for trauma with sexual/gender minorities

Date & Time: December 8, 2020 | 1:00-2:15 PM EST


- All attendees are muted during the webinar.
- If you are experiencing issues, please type into the chat box.
- If you have a question for the webinar speakers, please type into the Q&A box and we will spend 15 mins near the end on Questions and Answers (2:00 to 2:15 PM).
- There will be an evaluation link in the chat box at the end of the webinar, please fill out the form as your feedback will guide our future webinars.
- Once you complete the evaluation form, you will be directed to a website where you will be prompted to enter your full name and email address. A certificate of attendance will be generated and emailed to you.
- Presentation slides are posted on our website, there will be a link in the chat box.
- The webinar recording will be posted on our website within the next few days:
<http://www.vawlearningnetwork.ca/in-kh-webinars>

Western  Centre for Research & Education on
Violence Against Women & Children



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Land acknowledgement

"I acknowledge this land on which we occupy. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit River. Today, this taken land is still the home to many Indigenous people from across Turtle Island and I am grateful to have the opportunity/privilege to work, live and play on this land."

"Land acknowledgments are a stepping stone to honouring broken treaty relationships."



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Practice intentions

- ❑ Gratitude...
- ❑ Honour the Indigenous peoples...
- ❑ To appreciate the role/relationship...
- ❑ Broader perspectives - rich history...
- ❑ Does not exist in past/historical context: colonialism is a current ongoing process!
- ❑ Professional practice, continuing competence...
- ❑ Intergenerational, historical trauma in our work...

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Overview:

The purpose of this webinar is to share insights and experiences about a unique, (psychoeducational) trauma recovery skills group for sexual/gender minorities, as well, develop a 'community of practice' that attends to trauma while recognizing the distinct and unique relationship that sex and gender play in our trauma processes and responses.

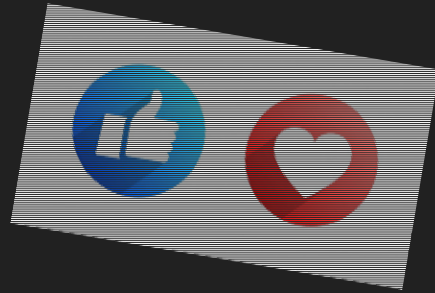
Objectives/outcomes:

1. To explore the impact that gendered messages have on sexual/gender minorities to process and recover from trauma/PTSD;
2. To engage participants in a review of the T.R.E.E program as an adapted model of trauma-informed/specific programming;
3. To build new communities of practice that connects sex & gender into trauma-informed practice.

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***Updated, additional intentions:

4. To provide insight, information that support the need for strengths-based approaches of 'resilience and empowerment' as critical in trauma recovery for sexual + gender minorities;
5. To demonstrate the impact that COVID-19 has had on our trauma-informed/specific programming for sexual + gender minorities.



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Just a bit about me...

- ✓ MSW (U of T) – health/mental health specialization.
- ✓ Cert. Grief Counselling Specialist (in-progress)
- ✓ Cert. Clinical Trauma Professional (in-progress)
- ✓ 2005 - 2020 – HIV & LGBTQ2S health.
- ✓ Lived experience.
- ✓ Why trauma? *Remain curious, challenge self, centre safety.*

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The sexual trichotomy

Sexual Identity
(how we self-identify and/or publicly identify)

Sexual Orientation
(who we are attracted to)

Sexual Behaviour
(the sexual contacts we have)

The Genderbread Person

by www.ItsPronouncedMetrosexual.com

Gender Identity
Woman — Genderqueer — Man
Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression
Feminine — Androgynous — Masculine
Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex
Female — Intersex — Male
Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes. Intersex = a combination of the two.

Sexual Orientation
Heterosexual — Bisexual — Homosexual
Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

Sexual (LGBTQ2S) & Gender (TGNC) minorities = "SGM"

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Prevalence

- Depression, anxiety, OC and phobic disorders, suicidality, self-harm + substance use
- 2 x risk for PTSD than heterosexual peers
- LGBTQ2S youth: 14 X risk of suicide + substance abuse...
- 77% of TGNC (Trans Pulse) "seriously considered" suicide, 45% "attempted" suicide
- Trans youth + experienced physical or sexual assault were found at greatest risk of SH/SI
- Use of alcohol, tobacco and other 'illicit' substances may be 2-6 X higher among SGM than hetero peers
- Qualitative, quantitative studies reveal SGM who experience micro-aggressions report: depression, low self-esteem, and trauma...
- US national study (SAMHSA, 2015) – SGM more likely to have 'any mental illness', 'serious mental illness', 'MDE', 'MDE + impairment', 'receive services within the last 12 mos'.

Sources: Canadian Mental Health Association, SAMHSA, Roberts et al., 2010.

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Video: 5 minutes.

*"Trauma + PTSD in
LGBTQ Individuals
Youth + Adults"*

Amy Ellis, PhD.
Trauma Psychology – APA.



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Trauma events for SGM:

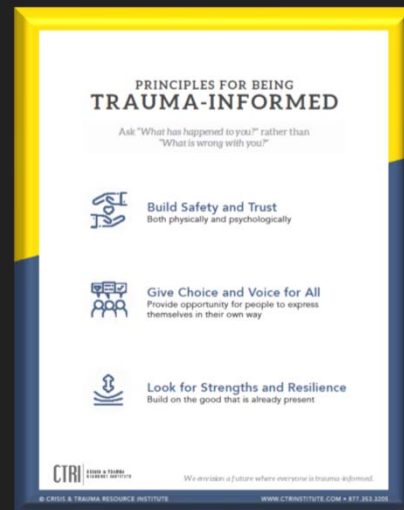


1. HIV diagnoses
2. Transition/gender related processes (surgery, etc.), including personal identification
3. Coming out
4. Conversion therapy
5. Micro-aggressions
6. Public restrooms
7. Homelessness
8. Relationships; IPV or 'internalized hate'
9. Health care access
10. Community violence (Bruce McArthur, trans women of colour)

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"Informed vs. Specific"

- *What are the implications for sexual & gender minorities?*
- *Can practice settings adapt?*



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Informed in practice

- ✓ Recognize 'coercive' interventions cause trauma
- ✓ Awareness/training/support for re-traumatization, vicarious trauma
- ✓ Value client voice in all
- ✓ Inclusive of survivor's perspective - sees person as 'a whole'
- ✓ Human-centered work
- ✓ Requires organizational shift
- ✓ Unique and complex scope and mandate that responds to a diversity of needs...

Specific in implementation

- ✓ Demographics
- ✓ Modality
- ✓ Setting
- ✓ Type of trauma(s)
- ✓ Spaces for sexual identities, gender presentations...
- ✓ Essentials – safe spaces, assessment, evidence base practices, support – peer, program, clinical supervision, professional development, evaluation!

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THE ANGER ICEBERG REVISITED USING A TRAUMA INFORMED LENS

Our current exploration of underlying emotions is just the tip of the iceberg.

Behaviours/Emotions
[Stress responses; coping strategies; societally acknowledged emotions (limited in range), miscues. This level may be the target of tone policing or pathologising].

The Unspeakable & Unacknowledged
[Nuances of emotional distress, unmet need for safety, regulation, attachment, attunement, justice, defenses].

INDIVIDUAL
Trauma, abuse and adversity, attachment difficulties and disruption, toxic stress

COLLECTIVE
Current, Historical & Intergenerational Trauma
[systems of dominance, social issues, violence, poverty, patriarchy, racism, colonialism, dispossession, slavery, genocide, war, terrorism, climate change]

Labels/Diagnoses

Anger/Aggression

scared, grief, embarrassed, ashamed, tricked, frustrated, stressed, grumpy, overwhelmed, desperate, hurtful, rejected, withdrawn, trapped, nervous, anxious, unmet needs, exhausted, disengaged, regret, unsure, lonely, insecure, worried, disappointed, uncomfortable, offense

Iceberg calving is the process of large chunks of ice being discharged into the ocean from ice shelves. Here it is a metaphor for the way we have separated the individual experience of distress from its broader origins. Exploring deeper levels opens up new pathways for healing our individual and collective wounds.

Sunlight level:
Initial exploration

Twilight level:
Hidden depths awaiting exploration

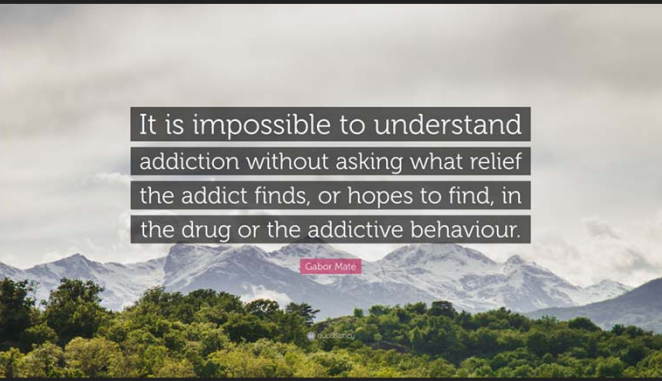
Midnight level:
Requires deep dives into the collective shadow

HIDDEN TREASURE WITH TRACEY FARRELL

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It is impossible to understand addiction without asking what relief the addict finds, or hopes to find, in the drug or the addictive behaviour.

Gabor Maté



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Trauma x substance use, addiction...

(Ontario HIV Treatment Network/OHTN, RR #138, May 2019)

- Chemsex, PnP (crystal meth) – GBMSM
- “Social & sexual resource”
- “Facilitate, disinhibit, enhance, or sustain the sexual experience”
- Broader cultural connectors: **stigma, trauma, isolation/loneliness, self-esteem, safety, abuse, sex work, anxiety/depression, body image** → liberation, cultural freedom...
- Case study:
 - IPV in gay male relationship
 - Immigration stressors, sexual manipulation, isolation, SES...
 - Sudden homelessness
 - Tools: apps = sex, connection + shelter, meth = alertness + safety

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Trauma x substance use, addiction...

(House of Commons report, June 2019)

- Lesbian/bisexual women = 1.64 X more likely to use alcohol heavily than heterosexual women.
- The smoking rate among the various SGM ranges from 24% to 45% and is highest among bisexual individuals.
- By comparison, just 16% of the general population smoked in 2012.
- One of the goals of Canada's Tobacco Strategy is to target certain groups, including SGM, in order to reduce smoking in Canada.
- Usage rates coincide with parallel rates of stigma, discrimination, assault, social isolation, stress...

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Impacts of COVID-19: *"pre-conditions of trauma"*

Bessel van der Kolk (2020):

- ✓ Loss of connection – "chosen families"
- ✓ Numbing/escape – pre-existing rates
- ✓ Loss in sense of self/purpose – coming out, transitioning, self worth...
- ✓ Safety – bullying, harassment, micro-aggressions, violence!

Tip to reduce anxiety, stress and worry during COVID-19:

Manage your news consumption.

COVID-19 Mental Health Tip:
Anxiety is normal,
have perspective

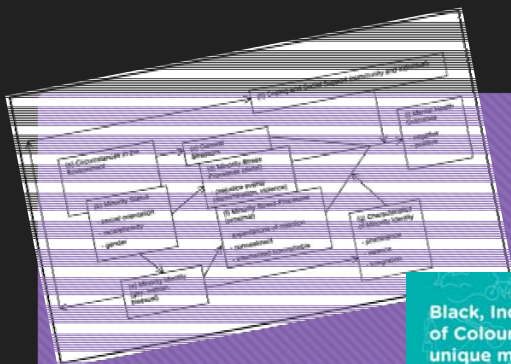
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Grief, Multiple Loss, Bereavement (Centre for the Study of Traumatic Stress, 2020)

- Imbedded within HIV community history
- Distress, anxiety → sorrow, mourning, loss
- Clear, uncomplicated communication
- "Recovery" – process & hope
- 'Swim through deep end of pool'
- Growing, future orientation
- ABRPO – 'mapping'



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Black, Indigenous and People of Colour in Canada experience unique mental health struggles due to historic and systemic oppression.

"Minority Stress"

- Ilan Meyer (1995, 2003); Hendricks & Tiesta (2012).
- Commonly experience distinct and chronic stressors related to their sexual orientation and/or gender identity.
- Internal and external stressors
- Ex: discriminatory employment and housing practices, heteronormative cultural norms, lack of political representation and fear of rejection!
- Having to experience continuous discrimination, rejection, harassment and oppression can lead to the feeling of stigmatization.

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Minority Stress Treatment Principles for Clinicians

1. Normalize adverse impact of minority stress
2. Facilitate emotional awareness, regulation, and acceptance
3. Empower assertive communication
4. Restructure minority stress cognitions
5. Validate unique strengths of LGBTQ people
6. Foster supportive relationships and community
7. Affirm healthy, rewarding expressions of sexuality and gender

Source: National LGBT Health Education Center – Fenway Health (2019)

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Guidelines: *Psychological Practice w/ Trans + GNC (2015)*

- Domains: *to assist psychologists in the provision of culturally competent, developmentally appropriate, and trans-affirmative psychological practice...*
 - Foundational Knowledge and Awareness
 - Stigma, Discrimination, and Barriers to Care
 - Lifespan Development
 - Assessment, Therapy, and Intervention
 - Research, Education, and Training



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Context

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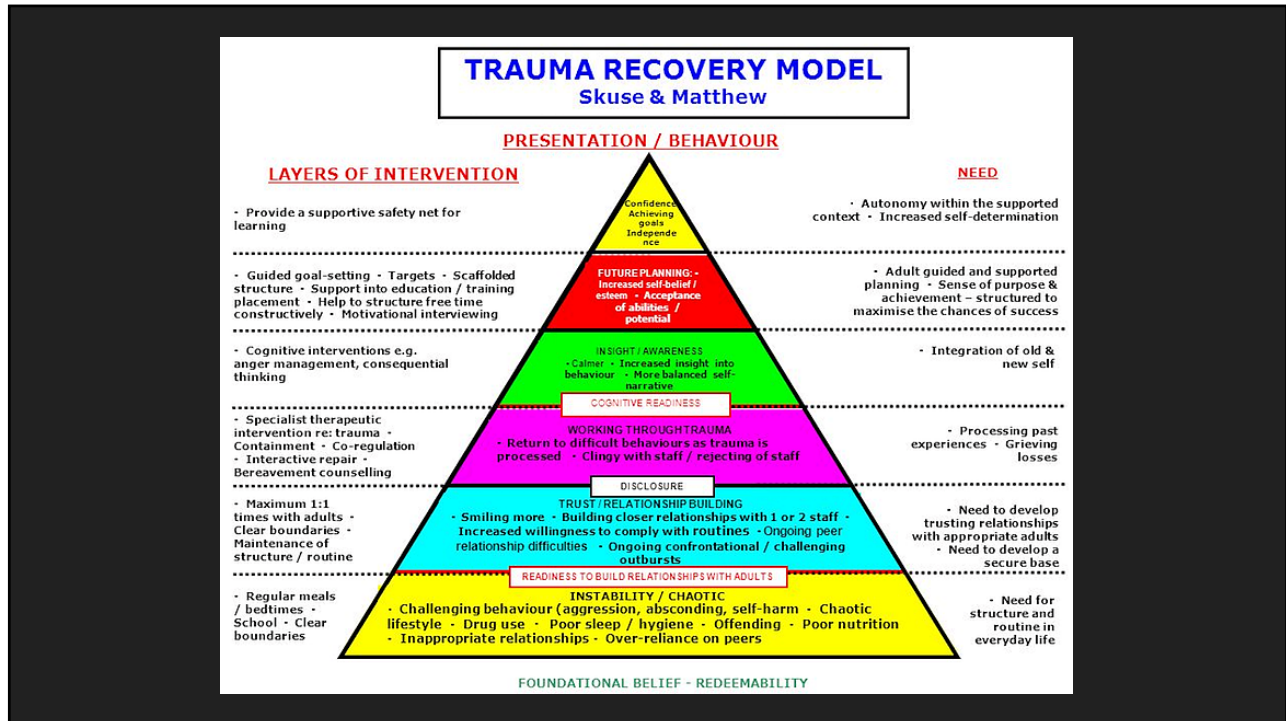
T.R.E.E.
*Trauma, Recovery,
 Education &
 Empowerment*



○ Needs Assessment: 2016 - 2018...

- *"Groups that support histories of transphobia, internalized transphobia, sexual assault, survivor groups"*
- *SafeR emergency / crisis supports*
- *Providers = anxiety, stress, problematic substance use, depression, PTSD/traumas, gender (dysphoria), sexuality*
- *#1 need = **TRAUMA-based!***
- *Other needs: crisis support and planning, skills and strategies, harm reduction, sexual assault and self care...*
- *Bruce McArthur, trans murders, community violence*

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Empowerment



○ **Scope:**

- F & M-TREM re: Trauma Recovery Model
- Psychoeducational = "skills and tools"
- 2015 to 2019; new for 2021 (Casey House)
- Eligibility: 18 years +, self report, history of/working diagnoses
- Longer term groups: 16-25 sessions and 'waves'
- 8-12 participants per cohort
- Focus: GBMSM
- Population health, trauma informed frameworks
- Priority: GBQTM + BIPOC
- Complementary NADA, mindfulness, yoga...

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T.R.E.E.
*Trauma, Recovery,
 Education &
 Empowerment*



○ **Outcomes, evaluation measures, insights:**

1. *PCL – 5 scales (start, midpoint, end):*
 - ✓ *90% + with scores above 31-33 range: benefit, symptoms, no access...*
 - ✓ *84% noticed decrease in PTSD symptoms*
2. *Majority felt heard/seen – able to address “intimate parts of trauma hx” – (sex & drugs)*
3. *More trauma programming – unmet community needs*
4. *From “recovery” to journey, healing, etc...*
5. *Desire for skills and tools*
6. *Partnerships and collaboration*
7. *Fund development – Bell Let’s Talk*
8. *Safety – continuous evolution*
9. *Clinical supervision*
10. *Space to process “re-enactments”*

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T.R.E.E.
*Trauma, Recovery,
 Education &
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○ **On ‘Recovery’, ‘Resilience’ & Empowerment...**

1. *Client driven – who, what, why?*
2. *Individualized experiences*
3. *Critical analysis of language*
4. *Healthy relationships*
5. *Personal is political*
6. *Safety needs*
7. *Triggers!*
8. *Mind, heart and bodies...*

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Harm reduction efforts, 'shared bubbles',
screening, peer/buddy supports,
education, overdose awareness,
withdrawal, safety & NEW coping plans...

'Resilience' → engagement, 'empowerment', community – 2020.

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*"Research shows that for the
queer community, what
doesn't kill us really does
make us stronger"*

The Research Is In: Here Are 6 Strengths Unique to
the LGBT Community – Lighthouse LGBT Inc., 2020

- ✓ Social intelligence,
insight...
- ✓ Courage...
- ✓ Empathetic...
- ✓ Authentic...
- ✓ Resilient...
- ✓ Highly creative...

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The Blue/Pink-print:

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Trauma-informed workplaces create a sense of belonging, connection, and healing. How trauma-informed is your organization in both its awareness and practice? Take 2-5 minutes to complete CTIRI's **Trauma-Informed Workplace Assessment**. Once completed, you will be provided with an 8-page detailed report that will help you evaluate, understand, and discuss how your organization can become more trauma-informed.

<https://ca.ctrinstitute.com/trauma-informed-workplace-assessment/>

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Resources

- ❑ Crisis & Trauma Resource Institute (CTRI): <https://ca.ctrinstitute.com/>
- ❑ Trauma Informed Care Manual: <https://ca.ctrinstitute.com/subscribe/>
- ❑ SAMHSA – LGBT: <https://www.samhsa.gov/behavioral-health-equity/lgbt>
- ❑ PESI
- ❑ Guilford Press

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Recommended readings

1. Trauma-Informed Healthcare Approaches: A Guide for Primary Care (Gerber, M – ed., 2019)
 - Chapter: “Trauma-Informed Care of Sexual and Gender Minority Patients” (McKinnish, Burgess & Sloan, 2019) – https://link.springer.com/chapter/10.1007/978-3-030-04342-1_5
2. WPATH – Standards of Care v.7: <https://www.wpath.org/publications/soc>
3. Psychotherapy Networker magazine: www.psychotherapynetworker.org
4. Guidelines for Psychological Practice With Transgender and Gender Nonconforming People: <https://www.apa.org/practice/guidelines/transgender.pdf>
5. THE HEALTH OF LGBTQIA2 COMMUNITIES IN CANADA: Report of the Standing Committee on Health (June 2019) <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>

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References

- American Psychiatric Association
- Attachment and Trauma Treatment Centre for Healing
- Canadian Centre on Substance Use and Addiction
- Canadian Mental Health Association
- Casey House Hospital
- Centre for Addiction & Mental Health
- Centre for the Study of Traumatic Stress
- Crisis and Trauma Resource Institute
- EQUIP Health Care – Vancouver BC
- Gay Men's Sexual Health Alliance
- Klinik Community Health Centre
- Mental Health Commission of Canada
- National Alliance on Mental Illness
- Ontario AIDS Network
- Ontario HIV Treatment Network
- PESI
- Positive Psychology Institute
- Psychiatry and Behavioral Health Learning Network
- Psychology Today
- Psychotherapy Networker
- Somatic Experiencing Trauma Institute
- Substance Abuse and Mental Health Service Administration (SAMHSA)
- The British Psychological Society
- The Centre for Youth AOD Practice Development
- The Gottman Institute
- Trauma Education Essentials
- Very Well Mind
- UNAIDS

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▶ *Thank you* ◀

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(* under revision)

*Anything that is
"wrong" with you
began as a survival
mechanism in
childhood.*

- DR. GABOR MATÉ

www.BabyDaySammyPlay.com

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