Queering our practice: Gender and sexuality in trauma work.

Pat Durish MSW,RSW, PhD

Review of the Literature

- High rates of bullying for LGBTQ youth;
- Reported rates of experiences of childhood sexual abuse and sexual assault higher for lesbians & trans folk (gay men & bisexuals);
- SSPA is an issue but rates not known - unreported, unacknowledged, dismissed;
- Exposure to traumatic stress higher among trans (particularly MtF) – 98% at least one traumatic incident, 91% multi traumatic events – risk increases the longer one has cultivated a public trans identity;

Review of the Literature

- Trans folk & LGBTQ youth particularly vulnerable; lesbian; gay men, bisexuals;
- Experience of bullying in youth linked to the development of PTSD symptoms, substance abuse, relationship instability;
- High rates of suicide and depression (trans) even in the absence of other risk factors.

Review of the Literature

- Sexual and gender identity appears to play a role in increasing vulnerability to range of mental health issues/symptoms including depression, anxiety, substance abuse, suicidality, risk taking behaviour, etc.;
- Suggesting a link between sexual orientation and gender identity and PTSD symptoms – under theorized
- Connection to community, particularly LGBTQ community reduces the rate of PTSD symptoms.

Practice Issues

- Address issues of safety – gender neutral bathrooms, documentation, resources;
- Knowledge – safe health clinics, information on transition process, community agencies and services;
- Encourage contact with people who can normalize and validate experiences;
- LGBTQ positive therapeutic stance – value, affirm, support, encourage, empower.

Queering Trauma

" As long as the majority cultures and contexts define non-heterosexual desires as deviant, sinful or illegal, LGB [TQ] people will experience normative traumata from the experiences of being alive and queer" (Brown 2003).

PTSD versus Complex PTSD

PTSD (single event)

- Event causing overwhelming terror, helplessness
- Intrusion (1), avoidance (2), arousal symptoms (3)
- Duration and level of impairment.

Complex PTSD

- Cumulative
- Internalization of stress that arises from external oppressive systems – interpersonal or structural
- Difficulties in identity (self perception, alienation);
- Inability to foster stable relationships (attachment);
- Stress related somatization;
- Affect dysregulation;
- Alterations in consciousness and attention;
- Difficulty maintaining boundaries and safety;
- Alteration and meaning making and spirituality (beliefs, values, others, etc.).

TRAUMA

……..shatters our belief and expectation of a just and safe world.

Insidious Trauma

- “daily small dose of trauma” (Brown) & “heightened vulnerability to the effect of small events” – includes coping strategies that may make us more vulnerable (Root)
- LGBTQ people trauma is often not a single event but the ongoing experience of living in a homophobic world/family/community.
- discrimination, anti-gay opinions, politics, vicarious traumatization through the media or personal encounter, lack of services or acknowledgment of violence in LGBTQ lives, stress of concealment, etc.

CASE HISTORY: Trans woman/gender queer, mid 30s

Betrayal Trauma

- Required to defend against the betrayal (forget or minimize) to preserve attachment until attachment is no longer needed for well-being and safety
- Explicit and implicit – includes the subtle devaluing or differently valuing of LGBTQ lives and relationships
- Attachment – coming out is often accompanied by loss (family, religious or cultural community)
- Internalized homophobia brings the conflict inside – internal attachment system premised on lack of safety – can also inhibit coming out process
- Alienation from self and other – loss of feeling

FTM, transitioning, married, mid 30s

Criterion A Trauma

- Prior exposure to trauma (insidious and betrayal)
- Trauma + normative vulnerability
- Deficit of resources – internal and external
- Breach of pre-existing defenses – intrusion of pre and post traumatic affect

CASE HISTORY: Gay man, Mid 20s, Middle Eastern

Practice - Client

- Screen - and cultivate awareness - for criterion A trauma (sexual abuse, etc) as well as insidious and betrayal trauma;
- Explore how contextual factors and multiple identities intersect;
- Range of oppressions (not just gender and sexuality) and how these inform perceptions of safety;
- Stress external factors and how they have been internalized as belief systems;

Practice – Client

- Criterion A trauma – acknowledge, validate and work through previous traumas that have been defended against but no longer possible in face of intense traumatic affect;
- Understand and validate heightened response as result of underlying trauma – betrayal or insidious;
- Trans clients – investigate identity issues in the context of trauma (ie. transitions will not provide alleviation of trauma symptoms);
- Don't neglect the positives,- resiliency, strong supportive communities and chosen families.

Practice - Therapist

- Self assessment interrogating biases, degree of knowledge, awareness and skills related to working with LGBTQ populations;
- Self examinations of our own gender biases and identity issues – to be dealt with in a peer or consult relationship;
- Queer therapist – need to work through own betrayal trauma;
- Heterosexual therapist – must be willing to face their own perpetration of this type of trauma.