Trauma-Informed Care for LGBTQIA Individuals Living with Substance Use Disorders

Gabriela Zapata-Alma, LCSW, CADC

This training is supported by Florida Department of Children and Families Office of Substance Abuse and Mental Health

Presented by: Gabriela Zapata-Alma, LCSW, CADC

Director of Substance Use Treatment Programs
Thresholds

Adjunct Faculty
School of Social Service Administration
The University of Chicago

Independent Consultant

There are no actual or potential conflicts of interest to disclose; this presentation was created without any commercial support.
Learning Objectives

● Define trauma, and review key features of potentially traumatizing events and situations specific to lesbian, gay, bi-sexual, tran-sexual, queer, intersexed, and asexual (LGBTQIA)+ identities and experiences within the U.S.

● Review prevalence of trauma disorders in LGBTQIA+ populations, and LGBTQIA+ specific risk and protective factors.

Learning Objectives, cont’d.

● Identify organizational and clinical practices may increase risk of retraumatization for LGBTQIA+ individuals and families.

● Develop multi-dimensional strategies to actively resist retraumatization of LGBTQIA+ populations.
“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”

(SAMHSA, 2014)
### Types of Trauma

- **Acute**: a single event that lasts for a specific period of time.
- **Chronic**: many traumatic events over a prolonged period of time.
  - Trauma can be of the same kind, or mixed.
  - Often begins in childhood.
- **Complex**: chronic trauma beginning in early childhood, experienced at the hands of caregivers.

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### Post-Traumatic Stress Disorder (PTSD)

**DSM-5**

A: stressor: need 1 of 4:  
1) Direct exposure; 2) Witnessing; 3) Indirectly, by learning a close relative or close friend was exposed; 4) Repeated/extreme indirect exposure in the course of professional job (not through media).

B: intrusion symptoms: need 1 of 5:  
1) Recurrent, intrusive memories; 2) Traumatic nightmares; 3) flashbacks; 4) Intense/prolonged distress after exposure; 5) Physiologic reactivity upon exposure to cues

C: persistent effortful avoidance of distressing trauma-related stimuli: need 1 of 2:  
1) Trauma-related thoughts/feelings; 2) Trauma-related external reminders

D: negative cognitions/ mood: need 2 of 7:  
1) Inability to recall key features of the trauma; 2) negative beliefs about oneself, the world; 3) distorted blame of self, others; 4) Persistent negative trauma-related emotions; 5) diminished interest; 6) Feeling alienated, detachment/estrangement; 7) Constricted affect

E: alterations in arousal and reactivity: need 2 of 6:  
1) Irritable or aggressive behavior; 2) Self-destructive/reckless behavior; 3) Hypervigilance; 4) Exaggerated startle response; 5) Problems in concentration; 6) Sleep disturbance.
Trauma-Informed Approach

- **Realizes** the widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** the signs and symptoms of trauma.
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
- **Resists** re-traumatization.

(SAMHSA, 2014)

DATA:

Realizing the impact of trauma
Precise data on substance use patterns and related disorders, as well as trauma-disorders and adversities experienced by LGBTQIA+ individuals are difficult to determine for several reasons.

(SAMHSA 2018)

- Lack of reliable information on LGBTQIA+ population size.
- Research rarely collects sexual orientation or gender identity demographic information (erasure).
- Survey samples cannot be compared because of inconsistent methodologies.

(SAMHSA 2018)
BASIC TRENDS: Substance Use

Studies indicate that, when compared with the general population, LGBTQIA+ individuals:

- Are more likely to use alcohol and drugs,
- Have higher rates of substance use disorders (SUDs)
- Are less likely to abstain from use, and
- Are more likely to continue heavy drinking into later life (decreased “aging out” phenomenon).

(SAMHSA 2018)

Findings from SAMHSA’s 2016 NSDUH Report

- Sexual minority individuals were more likely to use illicit drugs, alcohol, and cigarettes than sexual majority adults.
- Rates of substance use disorders were higher in sexual minority individuals (8% vs 17-20%).

https://pdas.samhsa.gov
When compared with the general population, evidence indicates that LGBTQIA+ individuals are disproportionately subjected to traumagenic situations, often experiencing more severe and complex threats to their wellbeing across the lifespan. (Miller et al., 2016)

Increased rates of:
- Childhood trauma (including sexual abuse, bullying, physical and emotional abuse);
- Intimate partner violence;
- Hate crimes;
- Police-based violence;
- Behavioral health issues;
- Physical health issues;
- Economic hardship (including homelessness). (Miller et al., 2016)
Intimate Partner Violence (IPV)

Homosexual/bisexual women (cis) and bisexual men (cis) experience higher rates of IPV than their heterosexual counterparts.

Trans incidence of IPV not tracked, but limited evidence points to >2X higher than cis heterosexual counterparts.

Walters et al. 2013

Intersectionality

- LGBTQIA+ trauma survivors experience increased oppression and exposure to violence at the intersections of their identities.
- Anti-LGBTQIA+ violence does not exist in isolation, but is compounded by other forms of hate violence and discrimination, including institutional and systemic marginalization.
Intersectionality 2

- 60% of LGBTQIA+ hate-violence survivors self-identified as people of color.
- 15% of LGBTQIA+ hate-violence survivors (who chose to share their documentation status) were undocumented.
- Black LGBTQIA+ hate-violence survivors were nearly 3 times more likely to experience excessive force from police than survivors who did not identify as Black.

(NCAVP 2016)

Increasing Rates of Hate-Motivated Homicides

ANTI-LGBTQ HOMICIDES SINCE 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Individual Reports of Anti-LGBTQ Homicides</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>25</td>
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<tr>
<td>2013</td>
<td>15</td>
</tr>
<tr>
<td>2014</td>
<td>20</td>
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<td>2015</td>
<td>24</td>
</tr>
<tr>
<td>2016</td>
<td>26</td>
</tr>
<tr>
<td>Jan-Aug 2017</td>
<td>56</td>
</tr>
</tbody>
</table>

*In 2016, the total number of reports of anti-LGBTQ homicides was 77, including the 49 lives taken during the shooting at Pulse Nightclub in Orlando, Florida. The second highest number of reports of individual homicides was 30 in 2011.*
Increasing Rates of Hate-Motivated Homicides

Since 2012, significant increases in hate-motivated homicides each year, particularly of transgender women of color.

Jan-Aug of 2017, hate-motivated homicides of LGBTQIA+ individuals:
- 75% of victims were people of color.
- 64% were under the age of 35.
- 47% involved the use of a firearm.

LGBTQIA+ Youth & Homelessness

- High rates of family rejection & abuse.
- Lack of shelter and housing resources.
- 7x more likely to be the victim of a violent crime (compared to non-LGB homeless youth).

Top five reasons why LGBT youth are homeless or at-risk of becoming homeless

- Ran away because of family rejection of sexual orientation or gender identity: 44%
- Forced out by parents because of sexual orientation or gender identity: 43%
- Physical, emotional, or sexual abuse at home: 32%
- Aged out of the foster care system: 17%
- Financial or emotional neglect from family: 14%
Family Rejection linked to Behavioral Health Issues & Suicide

Risks for Transgender Youth
- Transgender youth who are rejected by their families are more than 8X more likely to attempt suicide.
- 78% of transgender students in grades K-12 experience harassment, with 25% reporting severe harassment and 12% reporting sexual assault.
- 15% of transgender students leave school in middle school or high school due to family rejection.
- 1/5 of those who leave school report experiencing homelessness.

Risk of Depression, Suicide and Substance Abuse
- LGB YOUTH ARE
  - 3X more likely to consider suicide than straight youth.
  - 4X more likely to attempt suicide than straight youth.
- 2X more likely to feel sad or hopeless than their peers.
- 4X more likely to make a suicide attempt.
- 4X more likely to make a suicide plan.
- 4X more likely to overdose or die by suicide.

CDC, 2016  www.campuspride.org/forwardthinking/

**Trauma-Disorder Risk Factors: Person**

- Mental health condition(s).
- History of trauma/abuse (especially at a young age).
- Chronic physical health condition(s).
- Family history of mental health condition, PTSD or trauma.
- Heavy stress.
- Social isolation and/or poor social support.
- Feels responsible (or is blamed) for the traumatic event.
- Dissociation following the event.
- Feminine gender.
- Being in the position of perpetrator of violence. (DSM-5)

**Trauma-Disorder Risk Factors: Event**

- Interpersonal nature of trauma (especially when involving caregivers).
- Unexpected (vs anticipated).
- Ability to act during event.
- Outcome of event.
- Severity of event.
- Proximity to event.
- Frequency of trauma (single, recurrent…).
- Complexity of trauma (multiple threats to self/safety). (DSM-5)
Impact of Risk Factors?

What are some unique or increased trauma risk factors for LGBTQIA+ individuals?

LGBTQIA+ & SUD

SUD develops in context of LGBTQIA+ experience:

➔ Means of numbing experiences of rejection, internalized shame, gender dysphoria, etc.
➔ Initiation of use potentially coincides within first affirming relationships and/or environments.
➔ Use may facilitate greater expression of sexuality and gender; flashes of self-acceptance.
LGBTQIA+ Specific Risk Factors for Trauma & SUD

Pervasive discrimination and abuse on macro, mezzo and micro levels.

- Personal and Cultural Trauma, ranging from rejection to hate-motivated murders.
- Internalized oppression and shame.
- Discrimination in workplaces, policy, social spheres, legal environment, medical settings, etc.

Isolation / Diminished Social Support:

- increased experiences of bullying;
- higher incidence of abuse and rejection by family of origin.
- lack of connection to community/peers;
- lack of support and/or increased abuse from schools, church, workplace, community, etc.;
- normalization of risky substance use and decreased recovery-oriented social environments that are affirming of LGBTQIA+ individuals.
LGBTQIA+ Specific Risk Factors for Trauma & SUD 3

- Intersectionality & exponential oppression
- Community grief & loss
- Co-occurring behavioral health concerns
  - depression, anxiety, suicide
  - substance use disorders

LGBTQIA+ Specific Risk Factors for Trauma & SUD 3

- Economic vulnerabilities
  - Homelessness
    - lack of affirming shelters/housing options
  - Unemployment / underemployment
    - workplace violence/discrimination
LG BTQIA+ Specific Risk Factors for Trauma & SUD

- Medical vulnerabilities
- Lack of affirming, responsive, and effective providers

www.campuspride.org/forwardthinking/
CDC: https://www.cdc.gov/hiv/group/age/youth/

Pause - please return in 5 minutes
Trauma-Disorder Protective Factors

- Social support
- Positive connection with caregiver
- Socioeconomic stability
- Access to medical and mental health care

(DSM-5)

Impact on Protective Factors?

How might these protective factors be impacted by discrimination against LGBTQIA+ individuals?
Protective Factors

What cultural resources and resiliencies may act as protective factors?

Protective Factor: Chosen Family

Individuals (not providers) define their family.

Assess for chosen family.

Include identified family (with consent).

Image source: Mark Strobl https://flic.kr/p/9xcuCw
Written policies include commitment to providing services that are culturally responsive, inclusive, and affirming for LGBTQIA+ individuals.
General Guidelines 2

Agency provides information on, and staff members are knowledgeable about culturally relevant community resources for support, referrals, and assistance for LGBTQIA+ individuals.

General Guidelines 3

Apply principles of trauma-informed care with an understanding of the specific needs, risk and protective factors, and individualized goals of LGBTQIA+ individuals served.
Trauma-Informed Care Principles

<table>
<thead>
<tr>
<th>Safety</th>
<th>Trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer support</td>
<td>Collaboration and mutuality</td>
</tr>
<tr>
<td>Empowerment, voice, and choice</td>
<td>Cultural, historical, and gender issues</td>
</tr>
</tbody>
</table>

(SAMHSA, 2014)

Build Safer Space

Add
- Sexual Orientation
- Gender identity/expression
to all anti-discrimination clauses

Offer
- Gender inclusive restrooms
Assess, Don’t Assume

Avoid labels, elicit self-report
- Name
- Gender identity
- Gender pronouns
- Sex Assigned at birth (if needed)
- Sexual orientation

Actively Resist: Misgendering

How is the experience of being misgendered retraumatizing?
- Pronouns
- Birth name
- Any other explicit/implicit gender signifier

Image: Trans Lifeline
Actively Resist: Misgendering 2
What institutional and practitioner practices help minimize misgendering?
How can we endeavor to repair if it does happen?

Actively Resist: Outing Others
- “Coming Out” as a process of unfolding self-awareness, acceptance & love
- Never force or lead
- Assess stage
- Safety issues
- Cultural differences

If someone opens the door, walk through it!
Beyond “Adaptive Coping”: Creative Strengths

Trauma-Informed Care recognizes that what may be seen as maladaptive attempts at coping often arose out of adaptive methods for survival.

Beyond “Adaptive Coping”: Creative Strengths 2

“Organizations that work with LGBQT* survivors must operate from a place of understanding that perceived “challenges” may actually be creative strengths”

“Celebrating survivors’ coping strategies as not merely adaptive, but indeed creative, even when such strategies are not on the surface immediately conducive to health or perceived well-being.”

(Miller et al., 2016)
Beyond “Relational”: Deep Connections

Trauma-Informed Care recognizes that healing happens in relationship.

When we are trusted, we may even be regarded as ‘chosen family’.

(Miller et al., 2016)

Beyond “Relational”: Deep Connections 2

“...a different and more porous set of boundaries may be required... one of the most important and helpful aspects of the services they received was the staff’s willingness to go ‘above and beyond their job descriptions.’ Providing the sort of attention that a friend might provide (e.g., calling to check in or going along to doctor’s appointments) was important because, as one survivor expressed, ‘I had never been treated that way in my life, not even by my family.’”

(Miller et al., 2016)
Navigating Healthy Boundaries

Trauma-Informed Care recognizes that healthy, predictable boundaries are a cornerstone of building safety in services.

As providers, we endeavor to balance the potential need for LGBTQIA+ survivors to build radically authentic relationships with us, while also maintaining healthy boundaries.

Developing Peer Supports

- Community affiliations & support
- LGBTQIA+ mutual aid resources
- LGBTQIA+ recovery oriented community spaces
- Develop & locate community-based resources

Image: Nathan Rupert
https://flic.kr/p/cCEXzs
Family of Origin, Ex-Spouses & Children

Managing & healing strained family relationships can be meaningful and desired for some...

it may be impossible or a non-issue for others.

Cultural, Historical, and Gender Issues

Trauma-Informed Care recognizes the need to be aware and responsive to cultural, historical, and gender issues.
Bias is often implicit, and may not align with our explicit personal or institutional values. Nevertheless, heterosexist and cissexist biases are often still present within our services and service environments.

Intentionally engage in anti-biasing activities to expand awareness of and address personal and institutional biases against LGBTQIA+ individuals.
Honor Community Grief

Image source: Scott DeWitt [https://flic.kr/p/ccHsvf]

Intersectional Anti-Oppression Framework

“...build organizations that are integrated into and learn from the historically marginalized communities they serve (or should be serving) and that center the knowledge and experiences of those communities... as the foundation of their organizational philosophy, practices, and policies.”

(Miller et al., 2016)
What now?

What is one thing you can immediately start doing within your organization, practice, and/or provider community to increase the practice of trauma-informed care with LGBTQIA+ individuals living with substance use disorders?

Questions?
Thank you!

Gabriela Zapata-Alma
LC SW CADC
GZapata.Alma@gmail.com
www.GZapata-Alma.com

Resources & References

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  https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf


Resources & References


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