



# Putting 2SLGBTQ+ Competent Trauma-Informed Care into Practice

## Recommendations and Suggestions

As you review this document, it may be helpful to note the things you already do, the things you want to do and the things you are hesitant to do.

## Overarching Values and Principles

### Acknowledgement

Building awareness and understanding among staff and clients of:

- How common trauma is in general and among 2SLGBTQ+ people in particular;
- 2SLGBTQ+ identities and issues from an intersectional perspective;
- 2SLGBTQ+ identities as normal and healthy;
- Types of trauma experienced by 2SLGBTQ+ folk;
- How trauma's impact can be central to 2SLGBTQ+ folk's development, sense of identity and sense of safety;
- The wide range of adaptations 2SLGBTQ+ people make to cope and survive;
- The relationship of trauma with substance use, physical health and mental health concerns among 2SLGBTQ+ folks.

### Safety and Trustworthiness

Physical and emotional safety for 2SLGBTQ+ clients is key to trauma-informed practice because trauma survivors often feel unsafe, are likely to have experienced boundary violations and abuses of power, may be in unsafe relationships, and may live in unsafe conditions (e.g. violence, insecure housing, racism). 2SLGBTQ+ may particularly feel unsafe due to life histories of experiencing interpersonal and systemic oppression, and the fact that some institutions/professions have a history of pathologizing and/or criminalizing 2SLGBTQ+ identities. Safety and trustworthiness are established through actions outlined below. These recommendations and suggestions are just starting points into building safety and trustworthiness with 2SLGBTQ+ clients.

The safety needs of service providers are also considered within a trauma-informed service approach. Education and support related to vicarious trauma experienced by service providers themselves is a key component.

Some ideas for building safety include:

- Understanding that individual's reactions are not always personal or about the staff's skills;
- Creating a culture that allows for clients to have reactions, without staff or the organization feeling attacked.

## Opportunities for Choice, Control and Collaboration

2SLGBTQ+ trauma-informed services create safer environments that foster a client's sense of efficacy, self-determination, dignity and personal control. Service providers try to communicate openly, create an affirming and non-judgmental space, minimize power imbalances, allow for the expression of feelings and identity, provide choices as to treatment preferences, and work collaboratively. In addition, having the opportunity to establish safe connections – with providers, peers and the wider community – is reparative for those with early/ongoing experiences of trauma, including the traumatizing effects of oppression. This experience of choice, collaboration and connection is often extended to client involvement in evaluating the treatment services and forming consumer representation councils that provide advice on service design, consumer rights and grievances.

This principle is particularly important as survivors of trauma often feel powerless. Working in a way that fosters collaboration, choice and control is empowering. Choice can be provided in all aspects of a service, from how they will be contacted to their service preferences/goals.

## Strengths-Based and Skills Building

Clients are assisted to identify their strengths and to further develop their resiliency and coping skills. Working from a strengths-based approach is particularly important for 2SLGBTQ+ folks given that societal messages have often framed 2SLGBTQ+ people in a deviant or pathological manner.

From a strengths-based and skills building perspective, emphasis is placed on teaching and modelling skills for recognizing triggers, calming, centering and staying present. It is about shifting the conversation from “What is wrong with you?” to “What has happened to you?” recognizing resilience and holding hope for recovery from trauma.

**Note:** For a further discussion of putting Trauma-Informed Care principles into practice review pages 25-31 of the PDF *Trauma-Informed Practice Guide* published in 2013 by the BC Centre for Excellence in Women's Health. This resource has many great ideas of how to put these principles into practice, along with practical examples.

# What You Can Do at the Personal Level

## Self-Awareness

- Reflect on your own assumptions and do not assume that you know somebody's sexual orientation, gender or trauma history by looking at them.
- Examine stereotypical beliefs that may come up for you (e.g., believing bisexuality is an indicator of promiscuity or an unstable self-image).
- Recognize your own story and what you bring to your work (e.g., social location, beliefs about trauma/mental health/addiction/recovery, beliefs about gender and sexuality, triggers, vulnerabilities, ability to emotionally regulate).
- Be aware of your own trauma history (if needed) - How does this inform your work? What is helpful? What isn't? What work (if any) do you need to do to better support clients?
- Cultivate a sense of comfort and groundedness with the unknown.
- Having a strong relationship is the foundation to working with 2SLGBTQ+ people who may feel particularly unsafe due to life histories and past experiences with service providers. The following characteristics and attributes listed below are essential in building a strong relationship with clients who may have experienced trauma. Cultivating a strong relationship takes time and continuous self-reflection. Reflect on the qualities and attributes of a culturally competent, trauma-informed provider. This list is not exhaustive. What do you do well and what needs to be cultivated?
  - Empathy
  - Hopefulness
  - Compassion
  - Self-Awareness
  - Self-Care
  - Flexibility
  - Openness
  - Groundedness
  - Willingness to learn

## Pay Attention to and Prioritize Your Own Well-Being

- Be aware of the signs of vicarious trauma, which can be experienced at the personal or professional level.

Job performance	Morale	Behavioural	Interpersonal
Obsession about detail	Loss of interest	Frequent job changes	Poor communication
Decreased productivity	Apathy	Overwork	Staff conflict
Avoidance of certain tasks	Dissatisfaction	Tardiness	Withdrawal from others
Low motivation	Decreased confidence	Exhaustion	Impatience

- To address or prevent vicarious trauma, be aware of your own needs, emotions and limits, maintain a work-life balance (e.g., enjoy rest and leisure time), and maintain a sense of connection to yourself, others and the world in whatever way feels meaningful to you.
- Be consistently committed to self-care in a way that is meaningful to you.

## Bringing Yourself to Your Work

- If you identify as 2SLGBQ+ consider making yourself visible to the 2SLGBTQ+ community.

## What You Can Do at the Practice Level

### Awareness of Trauma and 2SLGBTQ+ Competency

- Acknowledge when you are not knowledgeable or skillful and either build competency in that area (preferably) or refer to someone who is 2SLGBQ+ competent.
- Understand “insidious trauma” (i.e., discrimination and violence because of 2SLGBTQ identity) as a form of trauma.
- Regard 2SLGBTQ+ identities as healthy and legitimate.
- Do not assume that a 2SLGBTQ+ identity is a result of an individual’s trauma history.
- Create space for clients to bring their whole selves to a session and understand how sexual orientation and gender are only **one** aspect of their identity, and that all parts of their identity (e.g., race, class, ability) intersect to inform their experiences of trauma and health.

- Respect the historical and contemporary trauma 2SLGBTQ+ people have been subjected to within the mental health field, and the ambivalence and trepidation an individual may feel working with them.
- Notice if you are bringing gender and/or sexuality into the conversation and whether the client believes it is relevant to the discussion.
- Understand that it can still be difficult to be “out.”
- Recognize that individuals may be afraid to disclose their gender identity or sexual orientation to their therapist/service provider for various reasons. You may work with 2SLGBTQ+ clients and not even know it.
- Be aware and sensitive to the fact that some diagnostic labels have been used to undermine the legitimacy of trans and bisexual peoples’ identities and impose significant barriers to accessing medical transition resources.
- Let your client know that they can provide you with feedback if you get something wrong by accident (e.g., use heteronormative or cissexist language) and that you are open to learning.
- Be open and learn from your client, but do not expect them to educate you beyond what is appropriate.

## Language

- Shift language and thinking from an us/them mentality if needed. Service providers are people who may have also experienced trauma. In order to create an open and welcoming space, avoid perpetuating an us/them (staff/clients) dynamic when possible.
- Shift language and thinking to be strengths-based and non-stigmatizing (i.e., resist framing issues as something is missing or wrong with the individual).

<b>From (Deficit Perspective)</b>	<b>To (Trauma-Informed, Strengths-Based)</b>
What is wrong?	What happened?
Symptoms	Trauma responses/adaptations/coping
Disorder	Response
Attention seeking	Individual is trying to connect
Controlling	Individual is trying to assert their power
Borderline	Individual is doing their best given their early life experiences
Manipulative	Individual has difficulty communicating directly
Malingering	Seeking help in a way that feels safer
Treatment resistant	Our formulation/plan isn’t meeting the

	individual's needs
Making it up	Individual has trauma that is hard to talk about
Addict/Addiction	Individual uses substances to cope/survive
Person with.../Suffers from...	Individual has been diagnosed with...

- Avoid jargon and use simple, inclusive language that a client will understand.
- Recognize that language changes and evolves over time and be open to continuous learning.
- Use the language that a client uses to describe themselves and their experiences.

## Adopt Universal Trauma Precaution

- Do not expect or need a disclosure of trauma to work in a trauma-informed manner.
- Explain why sensitive questions are being asked. For example, "I need to ask you questions about your sexual history so that I know what tests you may need."
- Ask about any past experiences that may impact their current interactions with service providers. For example, "is there anything I can do to make your visit and/or exam easier?" or "is there any past experience that may make seeing a practitioner and/or having a physical exam difficult for you?"
- Continually ask for permission.

## Repair and Rebuild Trust

- We can all be someone who re-enacts biases unintentionally, which makes moments of repair crucial.
- Apologize when you make a mistake. Everyone makes mistakes, acknowledge the mistake that has been made, apologize, and move forward.

## Continuing Education

- Make an effort to keep up to date with terminology and issues.
- Develop affirming knowledge of diverse relationship structures (e.g., polyamory, open) and expressions of sexuality (e.g., kink).
- Build relationships with other providers for peer consultation/supervision.
- Access resources and programs for self-study.
- Be open to debriefing with colleagues.
- Build relationships with 2SLGBTQ+ communities you are supporting.

# What You Can Do at the Organizational Level

## Overall Approach

- Include trauma recovery in the organizational mandate.
- Publish a clear policy or position statement that includes a commitment to trauma-informed care, and identifies the relationship between trauma, mental health and substance use, and the implications for service design and access.
- Publish a clear policy or position statement that includes a commitment to inclusive and affirming care of diverse 2SLGBTQ+ clients.
- Put the Principles of 2SLGBTQ+ Competent Trauma-Informed Care into Practice
  - Use **existing tools** to assess the integration of diversity, inclusion and trauma-informed principles into organizational policies, procedures, programs and service delivery. Ensure diverse cultural factors are included in such an audit (e.g., race, gender, sexuality, class, disability). Develop and action plan based on the findings of the audit.
- Adopt Trauma-Informed Care as a *Universal Precaution* (i.e., do not expect or need a disclosure of trauma to work in a trauma-informed manner).

## Leadership

- Program directors, program managers and clinical supervisors understand the role of trauma in staff's work.
- Ensure that leadership endorses and is actively committed to 2SLGBTQ+ competency and trauma-informed care. This includes allowing staff time and resources (e.g., space) to focus on building organizational capacity and implementing trauma-informed care. This may include an initiative, committee or working group, that may include clients or community members.
- Build relationships, partnerships and collaborate with organizational staff, other relevant health and social service organizations and key stakeholders in the development of 2SLGBTQ+ competent trauma-informed care.
- Be aware that trauma can impact anyone, including staff. Promote an environment of self-care/wellness and take organizational measures to prevent burnout and vicarious trauma.
- Seek staff and client feedback on the implementation of 2SLGBTQ+ competency and trauma-informed practice and promote collaborative decision-making/planning to make organizational improvements as needed.
- Demonstrate and nurture compassion in how colleagues treat one another, how managers treat staff, and how staff treat all clients.
- Advocate for diverse 2SLGBTQ+ peoples in the organization's service area.
- Develop an organizational learning culture, where programs and projects can be effectively and efficiently adjusted to implement ongoing lessons learned.

- Ensure that there are clear individual's responsible for implementing 2SLGBTQ+ competent trauma-informed care.

## Policies and Procedures

- Conduct an audit to identify organizational gaps and opportunities with regard to providing quality, inclusive and affirming trauma-informed care to 2SLGBTQ+ clients.
- Ensure that internal and external organizational documents (e.g., policy and procedures manuals, promotional materials) are inclusive and affirming of 2SLGBTQ+ peoples.
- Ensure that policies and procedures are culturally competent and inclusive and respectful of clients of diverse backgrounds (e.g., race, class, language, citizenship status, gender, ability, spirituality).
- Establish a goal and plan to provide competent trauma-informed care to 2SLGBTQ+ clients.
- Consider developing a publicly posting a commitment to non-discriminatory practice and a client's bill of rights.
- Give clients choice in the services they receive and allow them to make decisions through the process (e.g., pacing, level of participation).
- Engage people with lived experience (e.g., clients, community members) as advisory in the development and evaluation of policies and procedures.
- Client safety plans include an individualized list of stressors (i.e., triggers), strategies the client finds helpful and unhelpful, and a list of people the client feels safe around.
- Involuntary or coercive aspects of treatment (e.g., involuntary medication, seclusion, restraints) is avoided.
- Develop an internal standard for writing clinical notes and reports in a culturally competent, trauma-informed manner.

## Hiring Practices

- Job descriptions include knowledge and skills to work with survivors of trauma.
- Job description includes knowledge and skills to work with diverse 2SLGBTQ+ peoples from an affirming, non-discriminatory stance.
- Job interviews include questions about trauma knowledge and skills of trauma-informed practice.
- Job interviews include questions about working effectively with diverse individuals, including members of the 2SLGBTQ+ community.

## Increase a Sense of Environmental Safety

- Cultivate and promote an 2SLGBTQ+ competent trauma-informed environment for all staff and clients.
- Place ads in or write for local 2SLGBTQ+ publications or have staff be involved at 2SLGBTQ+ events to demonstrate a desire to work with the community in an affirming environment.



- Provide gender neutral washrooms in your location(s), for both clients and staff.
- In your waiting room, office or website:
  - Post a bill of rights that demonstrates a commitment to non-discriminatory care of 2SLGBTQ+ clients from a trauma-informed stance;
  - Provide information on 2SLGBTQ+ resources;
  - Display images that affirm 2SLGBTQ+ identities (e.g., same-gender couples, rainbow flag);
  - Provide 2SLGBTQ+ magazines.
- The space around the building is perceived as safe (e.g., well lit, clear signage).
- The physical environment is designed to enhance safety (e.g., calming decor and music).
- The first contacts with clients are welcoming, respectful and engaging.

## Training for Staff

- Provide time and resources (e.g., money, in-house training, lunch-and-learns, webinars, reading groups) for knowledge and skill development.
- Encourage continued learning and self-reflection.
- Provide staff at all levels foundational training to build capacity in providing competent care to 2SLGBTQ+ clients.
- Provide staff at all levels foundational training to build capacity in providing trauma-informed care. Potential training topics include:
  - The relationship between trauma, mental health and substance use;
  - Cultural competency;
  - Communication and relationship building skills;
  - How to minimize re-traumatization;
  - Recognizing and preventing vicarious trauma;
  - Relevant trauma-informed/trauma-specific services across sectors that exist in the community/region.
- Ensure all staff engaged in trauma-informed care and 2SLGBTQ+ inclusion training and consider how training can be applied to all aspects of your work (e.g., website, hiring, administrative forms, physical space, intake process, advertising, service delivery, program monitoring/evaluation).

## Demonstrate Inclusive Practices During Intake/Initial Sessions

- Ask clients their pronouns, and what pronouns to use in the waiting room/in the presence of family members.
- Share your own pronouns.
- Have the ability for clients to provide their correct name in addition to their legal name.
- Differentiate between “gender” and “sex assigned at birth” on intake forms, with “sex assigned at birth” only being relevant to medical settings that require this information.
- Provide multiple options or allow for the self-definition of gender and sexual orientation.
- Have interpretations services available as needed.

- Ensure individuals understand confidentiality and who will have access to their organizational record.
- Ensure consent forms, intake forms, and any other information is in accessible language, translated into other languages as relevant (i.e., family members or friends are not appropriate interpreters).
- Minimize the potential for re-traumatizing individuals during intake processes (e.g., have a compassionate and non-judgemental stance, enhance a client's sense of choice and control).

## Demonstrate Inclusive Everyday Practices

- Establish a policy or position statement that demonstrates an organizational commitment to 2SLGBTQ+ competent trauma-informed care.
- Use inclusive, non-binary language (e.g., “Do you have a partner?” instead of “Do you have a boyfriend or girlfriend?”; Ask about “relationship status” instead of “marital status”) on the website, on forms and in written/verbal communication.
- Use correct pronouns.
- Use accurate names and not legal names.

## Screening and Assessment

- Determine whether the organization will have a universal screening policy during intake.
- If asking about trauma during intake/assessment, communicate why this information is being collected and how it will be used.
- Conduct intakes in a private, confidential space.
- Conduct intake and assessment interviews in a paced manner.
- Supports are in place to ground clients after intake.

## Services

- Consider how accessible your services are, and if there are ways to enhance access with regard to cost, hours, location and other accessibility needs.
- Dedicate resources and programming for 2SLGBTQ+ clients (e.g., Facilitate trauma groups specific for 2SLGBTQ+ individuals).
- Understand the links between trauma, health, mental health and substance use.

## Support and Supervision for Staff

- All staff who work with clients have structured, strengths-based trauma-informed supervision from someone who is training in understanding trauma and anti-oppressive practice.
- There are regular staff meetings, that include opportunities for sharing knowledge/resources.
- Opportunities are afforded for peer support and consultation.

- Staff are encouraged to understand their own stress reactions.
- Self-care is encouraged among all staff and integrated into staff meetings.
- The organization regularly seeks input with regard to staff's wellbeing and sense of competence.
- Recognize that some staff members have trauma histories and take steps to minimize vicarious trauma and burnout.
- The organization provides support for staff who have experienced vicarious trauma.
- Incorporate self-awareness into clinical supervision.
- Create an environment where self-care is possible and required.

## Monitoring and Evaluation

- Remain informed of 2SLTBQ+ community demographics and needs
- Develop plans for serving the 2SLGBTQ+ community as needed.
- Encourage clients and community stakeholders to provide feedback, suggestions and ideas.
- Ensure a clear structure for feedback is in place.
- Consider organizational strengths, weaknesses and opportunities for providing 2SLGBTQ+ competent care.
- Consider organizational strengths, weaknesses and opportunities for providing trauma-informed care.

## Resources

BC Centre for Excellence in Women's Health. (2013, May). *Trauma-Informed Practice Guide*. BCCEWH, Vancouver.

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