



Presentation Title: It's Not All Better: Minority Stress & LGBTQ people.

Presentation Time: 4:30 PM - 6:00 PM US Eastern Time

Content Level: Beginning/Introductory

Abstract: Clinicians who work with trauma must be able to address stigma, violence, and active discrimination. Clinicians need support to work knowledgeably with both LGBTQ families and heterosexual, cisgender families with children who are gender diverse or questioning. To work effectively, clinicians must understand the impact of our toxic culture where social institutions and government policies work to deprive LGBTQ people of human rights and deny the reality of gender and sexual minorities' lived experience. Clients must navigate systems of care that often stigmatize or misunderstand LGBTQ experience. The past three decades brought a media focus on LGBTQ rights, which, despite the positive gains, also had a negative impact on people's lives. Referendums on banning rights creates a toxic environment for the targets of those elections and discussions.

Gender and sexual minorities carry the impact of adverse childhood experiences and present-day stigma and minority stress. ACEs underlie a host of medical and mental health and social issues. LGBTQ people experience higher rates of violence and victimization, as well as discrimination. Communities of color are at higher risk still and face the brunt of social burdens. Transgender people of color are frequent targets of hate crimes and violence.

LGBTQ people struggle with the physical and emotional burdens of discrimination and abuse across the lifespan. While the past decade bought the right to marry legally, this came at a psychological cost. Many states still discriminate against LGBTQ people building families through adoption. Only in June 2020, LGBT people received protections against workplace discrimination. LGB people who report prejudicial events experience worse health and higher rates of disability. New research on aging and LGBTQ people focuses on chronic minority stress and the brain.

Despite the images we see in the media, the LGBTQ community is disproportionately poorer than our heterosexual siblings and still struggles with workplace bias, and nearly half remain closeted, and most are uncomfortable. Transgender people are targets of socially sanctioned violence as the current administration seeks to remove rights and limit access to service.

Irrespective of adversity, LGBTQ people find each other and build families and communities. LGBTQ people tend to be more socially and emotionally aware related to histories of bias and have increased personal insight related to identity exploration. As a group, we have empathy. LGBTQ choose to seek help at higher rates than our heterosexual and cisgender peers.

Society is slowly changing the current impact of interpersonal and institutional discrimination, and the past impact of ACEs is significant. LGBTQ people are at higher risk for disproportional impact from experiences like the COVID pandemic, where there are higher rates of job loss resulting in loss of health coverage and increased mental health challenges with gender-affirming surgeries postponed indefinitely.

We will overview underlying themes and research across the lifespan, focusing on discussing ACEs and their impact on gender and sexual minorities. We will discuss clinical interventions and approaches to work with LGBTQ clients. We will address parenting concerns for LGBTQ parents and allies related to bullying and stigma. We will discuss how we support our children to understand and inoculate against shame and internalized oppression. We will also explore how allies can raise children who will not bully or harm gender non-conforming or LGBTQ or gender-diverse peers.

Learning Objectives:

At the conclusion of this presentation, participants will be able to:

- Describe in broad terms, two ways that working with trauma in LGBTQ clients is different from working with cisgender heterosexual clients.
- Identify teaching moments and develop skills to transform classrooms, playgrounds and families so they are safer for all children.
- Describe the impact of intersectionality related to culture, class, race, and ethnicity for LGBTQ people.
- Identify three specific concerns related to the COVID pandemic and mental health issues for LGBTQ.
- Identify several tools to assist clients to resist internalized oppression.

Presenter(s)

julie graham, MS

julie graham is a gender health specialist with a particular interest in trauma and the impact of chronic psychosocial stress on health and well being. julie is interested in assisting large institutions to shift to provide culturally responsive care and reduce healthcare disparities. julie was the director of the first program in the nation to provide access to gender confirmation surgery utilizing a focus on peer navigation and education. As the mental health coordinator of gender health related programs within the San Francisco Department of public health, julie spearheaded the creation and implementation of gender health trainings for approximately 10,000 care providers.

Mary Jayne Sims, PhD

Mary Jayne Sims, PhD is a psychologist and consultant who offers training and consultation with a strengths-based, positive, multicultural lens to promote health and sustainable change. Dr. Sims' clinical expertise is in early childhood mental health; attachment; complex trauma; the impact of incarceration on individuals and families, and intergenerational trauma. Dr. Sims is particularly experienced with working with racial stress and trauma; spirituality, diversity and equity issues in the workplace, parenting, child abuse and raising healthy children of color. She is interested in the intersection of spirituality and the gender spectrum, the relational and intergenerational impact of the -isms, and lesbian parenting. Dr. Sims' grew up in a large working class family with a mother who was a civil rights activist and deeply spiritual. Dr. Sims has managed the experience of being "othered" in educational and work settings, having to navigate being the only black woman in all-white environments. These experiences influence her work helping clients to sustain a healthy self in hostile environments.

Lotus Do, MSW

Lotus Đỗ is a bilingual, licensed clinical social worker of Vietnamese descent and transgender experience. He combines his experience in clinical care, research, and community organizing to address health disparities and social injustices. As the former Senior Behavioral Health Clinician and Interim Clinical Director of Gender Health SF, Lotus offered intensive clinical case management and mental health assessments for low-income and uninsured San Francisco residents with significant psychiatric and medical needs seeking gender-affirming surgeries. He also assisted in the development of clinical best practices for gender-affirming surgeries in the public health setting, which included patient education, psychiatric clearance recommendations, and treatment of complex gender dysphoria. He is now working with Kaiser Permanente Adult Psychiatry where he is joining efforts to improve the quality of care to be gender-affirming and responsive to racial trauma.

Continuing Education

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