

Fostering LGBTQI+ Healing: Global Perspectives on Supporting LGBTQI+ Trauma Survivors

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On June 11, 2024, the International Society for Traumatic Stress Studies (ISTSS) Special Interest Group on Sexual Orientation and Gender Diversity (SOGD SIG) hosted a webinar entitled “Fostering LGBTQI+ Healing: Global Perspectives on Supporting LGBTQI+ Trauma Survivors.” This was co-moderated by Dr. Lauren Ng and SOGD SIG Co-Chair Leisha Beardmore, and featured panelists with a wide range of clinical, academic, non-profit, and lived expertise from Afghanistan, Australia, Kenya, Pakistan, Uganda, the United States and Yemen. The focus of this webinar was on strengthening our collective understanding regarding the unique needs of LGBTQI+ individuals and communities who have endured situations of violence, discrimination, and abuse, particularly those living in the global majority, and holding other historically marginalized identities (e.g., older persons, persons with disabilities, indigenous communities among many others). Below the key takeaways are highlighted:

Survivors are the experts of their own lived experience. Survivors are unique, and so are identities within the Sexual Orientation Gender Identity and Expression and Sex Characteristics (SOGIESC) umbrella. LGBTQI+ persons often know what is needed and what works well for them. Tailor interventions to individual needs and contexts, honoring their histories and cultures. When working in a new space, or with an individual from a context or with a lived experience different from our own, we must ask what changes are the most significant for them, not what seems the most significant to us.

Individuals are connected to interpersonal and global situations, and trauma is also a result of the systems of oppression that impact our rights, access, and experiences in any given context. As such, there is a need to shift away from medicalization, and away from labeling and pathologizing LGBTQI+ identities and towards understanding the collective impact of these systems and how they affect underserved and historically marginalized groups disproportionately. When integrating somatic approaches, we must remember that our bodies are impacted by the systems of oppression we exist within. Understanding an individual solely in relation to their symptoms misses a vital aspect of their lived experience. Acknowledge people’s survival, collective historical resistance, and abilities. Leave space for learning and information sharing, seeking to shift power to be more equitable in mental health research and practice.

Be cautious not to misrepresent local LGBTQI+ issues by oversimplifying them as inherently cultural without considering historical, colonial, and often external influences. Anti-LGBTQI+ sentiments and anti-gender movements are often rooted in Western and evangelical ideologies, such as the framing of Queerness as “unAfrican”. This perspective overlooks the influence of Western-imposed religions and colonial legacies on homophobia, while invisibilizing the Queer histories connected with indigenous cultural practices and traditions. Highlighting the diversity and richness of LGBTQI+ histories is important, such as the collective action of transgender and gender expansive communities in Pakistan and peer-led organizing for mental health support among queer people in Uganda. Accurate representation of LGBTQI+ stories and struggles is vital. It is vital to avoid homogenizing their experiences and acknowledge the distinct challenges faced by different groups in different contexts, and within the LGBTQI+ umbrella. For example, the experiences of a lesbian woman in Uganda differs significantly from those of a trans man in El Salvador or an intersex child in the United States. Respecting and recognizing the deep wisdom and sacred relationships within LGBTQI+ communities is crucial. Mental health programming must be context-specific, culturally sensitive, and co-created with the

communities we are seeking to support. In Afghanistan, the lack of official support channels forces LGBTQI+ individuals to rely on informal networks. Programming and research aimed at strengthening mental health and wellbeing amongst LGBTQI+ populations should be open to work with and strengthen these networks, provide safe pathways to access support, and consider the role of conscious and unconscious bias in program and research design, as well as assessment of risk. Advocacy for systemic change is essential to address the multi-layered violence faced by LGBTQI+ individuals. Highlighting the link between current discriminatory practices and their roots in systems of oppression is essential to foster lasting improvement to the mental wellbeing of underserved and historically marginalized individuals and communities.

Facilitating trauma recovery requires a holistic and community centered approach. A focus on mental health through clinical treatment of an individual's symptoms alone fails to consider the collective and interconnected needs of trauma survivors, particularly those holding historically marginalized identities. Working to address trauma and foster healing requires both a whole-of-person approach and a person-within-community approach. As such, clinical and research support with trauma recovery as its goal must stem from listening to and co-creating pathways to recovery with the impacted communities themselves, both in the immediate, short- and long term. Support that moves away from our perception of what is needed, to multidisciplinary and practical support aligned with community defined needs and priorities is key. This may mean something as simple as ensuring that the organization has at least one all gender bathroom that is accessible to individuals with disabilities, creating an option for research participants to choose either focus group discussions or individual interviews based on their own sense of safety and comfort, or ensuring we are centering solidarity and togetherness in all aspects of our work. Creating opportunities for the community to come together in a safe, enjoyable, and uplifting way goes a long way towards building trust and promoting healing. This may be through activities such as cooking, permaculture, and dance within community centers that also offer the option of 1:1 mental health support. Advocate for financial and geopolitical support for formal and informal queer networks (e.g., community centers, public health services, information sharing platforms). Trauma recovery does not stop at surviving, and it is important that we also support individuals and communities also to thrive. Support systems must be consistent: public services such as housing and healthcare often diminish once the individual is out of immediate crisis, however we must support individuals through reliable holistic care, not only in situations of crisis but also in the recovery phase. All contexts have differences and nuances, however the need to honor and respect lived expertise remains consistent.

We need to unpack our own assumptions and confront our own relationship with power (e.g., whiteness and colonial structures) to be able to provide support that does not 'other' or further exacerbate harmful stereotypes and biases. Regularly reflect on your practices to ensure they are aligned with the needs and preferences of LGBTQI+ communities. Adjust approaches based on feedback and evolving contexts. Reflection helps in making necessary changes and improvements. Engage in advocacy to address systemic issues, not just for clients but as part of your professional responsibility. Work against oppressive systems such as restrictive visa policies, which often make invisible and exclude LGBTQI+ individuals in the global majority and other underserved contexts at the local, regional and global level. Conduct research that gives people opportunities to discuss what matters to them, to have a platform to voice both concerns and solutions, as co-authors of the change that impacts them. Create collaborations that don't centralize power with donors, systems, or self-proclaimed outside experts unfamiliar with local social and cultural norms/dynamics.

The voices of those most often excluded or unheard in mental health research and practice may face significant safety issues when speaking up to advocate for contextualized, quality and equitable access to mental healthcare. The need for clinicians and researchers to facilitate trauma-informed spaces that make it possible for us to listen and learn from communities and individuals in all their diversity is urgent. This involves the active inclusion of voices and perspectives from individuals who we typically hear less from, including those from underserved communities and holding historically marginalized identities, and appropriate compensation for their time and lived expertise. It is not appropriate to transfer risk onto the clients or research participants we work with, as clinicians and researchers we must be proactive to cultivate and advocate for the safest spaces possible to do this work. We must acknowledge systemic violence and support in addressing gaps. In service to this fact, due to security concerns, this webinar was not recorded and the names of some panelists have been excluded. In addition, considerations such as invitation only events or events with a screening process for registration, data encryption, the option to not record or transcribe meetings, for live translation with an interpreter recommended by the panelist and sharing questions in advance can all be ways to foster a safer, braver, more trauma-informed space. Discussions with panelists should not only be done in plenary, but also on a 1:1 basis to ensure that those involved have the opportunity to consent or withdraw consent for participation and the type of participation at any stage. This requires flexibility and self-reflection of power dynamics on the part of moderators, and effort placed not only on what will be discussed, but on the co-creation of a kind and mutually supportive space for enhanced collective learning and understanding.

Leisha Beardmore (she/they) is a humanitarian practitioner and researcher in the field of human rights, trauma and global mental health. They serve as the current ISTSS SOGD SIG co-chair, a Sr. Humanitarian Advisor at Save the Children and a Research Fellow at the Stanford University Department of Psychiatry. They self-identify as genderqueer pansexual White-British/European and acknowledge the histories of colonialism, imperialism and white supremacy that have influenced both their privileges to access work within this space and have their voice heard, as well as the impact of these structural systems of harm as root causes of many of the challenges highlighted in this article.

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Lauren Ng (she/her) is an Assistant Professor of Psychology at UCLA. She is the director of the Treatment and Research for the Underserved with Stress and Trauma (TRUST) lab which seeks to improve access to, and effectiveness of, mental health interventions for communities that are often

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