“I believe it is vitally necessary to hold all of my identities in the same hand at all times, and remain convinced that they are each always affecting my lived experience.”

Hari Ziyad, 4 Reasons It’s Oppressive to Discuss Gender and Sexuality Without Naming Race, Everyday Feminism.

**Some of My Relevant Identities:**
- White
- Middle-class
- Southern
- American Citizen
- Non-disabled
- Formally Educated
- Cisgender
- Woman
- Queer

**Foundational Assertions**
- Trans/non-binary people are oppressed.
- Experiencing oppression can result in chronic nervous system dysregulation, which leads to trauma.
- If we hope to reduce trauma in trans/non-binary people, we must work to end oppression based on the gender binary.
Foundational Assertions

- All people, including oppressed people, can reduce the impact of trauma and increase resilience through consistent nervous system regulation.
- Consistent nervous system regulation requires safe enough connections to others (attachment relationships).
- Creating safe enough attachment relationships with oppressed people requires (at least) understanding and acknowledging the impact of oppression on oppressed people’s nervous systems and relationships.

Training Objectives

- Discuss the differences between the gender binary and the spectrum model of gender and sexuality.
- Examine the concepts of oppression, privilege, intersectionality, microaggressions, and minority stress as they apply to trans and non-binary people.

Training Objectives

- Explore the concepts of trauma and resilience and discuss ways that oppression can result in trauma.
- Discuss the impact of secure attachment on the healing process and factors to focus on when building therapeutic relationships with trans and non-binary clients.

The Gender Binary vs.
The Spectrum Model
**Assigned Sex**
A marker (female, male, intersex) given to a person at birth based on the appearance of their external genitalia.

**Gender Identity**
An individual’s internal sense of being masculine, feminine, both or something else.
Gender Expression
How a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

Sexual or Romantic Attraction (sexual orientation)
A term describing a person’s attraction to members of the same sex, a different sex or no sexual attraction. (e.g., lesbian, gay, bisexual, queer, heterosexual, asexual)

Terminology
- Terms are crucial AND terms are meaningless.
- For more information on terminology, check out Trans Student Educational Resources or the Fenway Institute.

The Gender Affirmative Model
Oppression, Privilege, Intersectionality, Microaggressions, Transphobia, & Minority Stress

Oppression is...
“A means of immobilizing a group of people and reducing their options for behavior while also requiring compliance to this limitation and immobilization.” (Marilyn Frye)


Oppression is...
“The experience of repeated, widespread, systemic injustice.” (Morton Deutsch)


Oppression is...
“A collective trauma that is perpetrated between groups and exists on a continuum from microaggressions to macroaggressions.” (Ibrahim Kira and colleagues)

Privilege is...

“A set of unearned benefits given to people who fit into a specific social group...Privilege is the other side of oppression.”


Intersectionality

Microaggressions

“Subtle, verbal and nonverbal behaviors that communicate derogatory or dismissing messages towards oppressed groups. Regardless of the perpetrator’s intentionality, microaggressions serve as a reminder that someone doesn’t belong, that they are not valued, or that they are different.”


Trauma, attachment. transgender & nonbinary experience w/ Heather Banham, LCSW
**Minority Stress Theory**

“Minority, oppressed, or marginalized groups are more likely than privileged groups to experience mental health issues because of the negative way they are treated by society.”


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**Oppression in the Transgender Community**

- 29% of respondents in North Carolina were living in poverty.
- 46% experienced serious psychological distress in month before completing survey (based on Kessler 6 Psychological Distress Scale).


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<tr>
<th>Oppression (cont.)</th>
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<td>• 15% of NC respondents were unemployed.</td>
<td>• 62% of respondents avoided using a public restroom in past year because they feared confrontations or other problems.</td>
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<td>• In past year, 32% of those who held or applied for a job reported being fired, denied promotion, or not hired for job because of gender identity or expression.</td>
<td>• 32% of respondents limited the amount they ate or drank to avoid using the restroom, in the past year. [Note: Data collected in summer 2015, prior to passage of House Bill 2]</td>
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<td>• 30% of North Carolina respondents have experienced homelessness at some point.</td>
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<td>• 15% of respondents who experienced homelessness in past year avoided staying in a shelter because they feared being mistreated as a transgender person.</td>
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<td>Nationally, of those who stayed in shelters in the past year, 70% reported mistreatment, including being harassed, sexually or physically assaulted, or kicked out because of being transgender.</td>
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<td>More than three-quarters (77%) of those who were out or perceived as transgender at some point between kindergarten and 12th grade experienced some form of mistreatment, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.</td>
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James, et al. (2016)

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<td>• More than half (57%) of respondents said they would feel uncomfortable asking the police for help if they needed it.</td>
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<td>• In past year, of those who interacted with law enforcement officers who thought or knew they were transgender, more than half (58%) experienced some form of mistreatment. This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.</td>
</tr>
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James, et al. (2016)
Oppression (cont.)

Respondents who were held in jail, prison, or juvenile detention were
• $>5$ times more likely to be sexually assaulted by facility staff than other inmates
• $>9$ times more likely to be sexually assaulted by other inmates.

James, et al. (2016)

Oppression (cont.)

• Nearly half (46%) of respondents were verbally harassed in past year because of being transgender.
• Nearly one in ten (9%) respondents were physically attacked in past year because of being transgender.

James, et al. (2016)

Oppression (cont.)

• Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.
• One in ten (10%) respondents were sexually assaulted in the past year.

James, et al. (2016)

Likelihood of being sexually assaulted if also:
- have engaged in sex work (72%)
- experienced homelessness (65%)
- with disabilities (61%)
- are American Indian (65%)
- are multiracial (59%)
- are Middle Eastern (58%)
- are Black (53%)

James, et al. (2016)
Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse

- Children who exhibit gender non-conforming behavior (dress, mannerisms, interests) before age 11, are at higher risks of being sexually abused by age 17 than gender-conforming peers. (Rates are especially alarming for children assigned male at birth, with rates 3 times higher than gender-conforming boys.)
- Abuse most commonly perpetrated by parents or other adults in the home.

James, et al. (2016)

Oppression in the Transgender Community

- Forty percent (40%) of respondents attempted suicide in their lifetime, nearly nine times the rate in the U.S. population (4.6%).
- Seven percent (7%) attempted suicide in the past year—nearly twelve times the rate in the U.S. population (0.6%).

James, et al. (2016)

Queer survivors have to wade through multiple layers of oppression including, but not limited to homophobia, transphobia, biphobia and heteronormativity, and this survivorhood is further complicated by racism, classism, sexism, dis/ablism, immigration status and sex worker status (among many others). I know intimately the connections between trauma and mental health. There have been so many labels for the kind of “crazy” I am, often used by others as a means to understand how I am in the world and how my world has been impacted by trauma...I am forever searching for a root; a “which came first” with my mental health, well-being and survivorhood. How much of this is me and how much of it is a result of the trauma?

Jennifer Patterson,
Queering Sexual Violence: Radical Voices from Within the Anti-Violence Movement

“Triggers awaken our survival strategies. Oppression is a trigger. Constant oppression is a constant trigger. Therefore constant oppression creates a constant state of survival.”

Rusia Mohiuddin
“Psychological trauma is the unique individual experience of an event or of enduring conditions in which the individual’s ability to integrate his or her emotional experience is overwhelmed (i.e., [their] ability to stay present, understand what is happening, integrate the feelings, and make sense of the experience), or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity.”


Trauma is a unique individual experience that overwheels the nervous system’s integrative capacity.

Trauma symptoms can be thought of as an indication of how regulated or dysregulated a nervous system is.

Neuroception: Cues for Safety vs. Cues for Danger
**What Helps Develop Secure Attachment?**

- Safe & Protective
- Present
- Unflappable Trust
- Affirming & Positive

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**What Helps Develop Secure Attachment?**

- Consistent & Reliable
- Attuned & Resonant
- Reciprocity in Communication
- Welcoming & Affectionate

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**Window of Tolerance**

Hyperarousal Zone

- Hyperarousal: "Fight or Flight" Response
- Increased reactivity, sensitization
- Emotional distress, impulsive behavior
- Intermittent or diffuse, often unregulated

Optimal Arousal Zone

- "Low Level" Total Engagement Response
- States where regulation can be increased and disconnection repaired

Hypoarousal Zone

- "Low Level" Total Engagement Response
- States where disconnection has occurred
- Nurturing of emotions
- (Stabilized) negative preoccupation
- Reduced ability to manage

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**What Helps Develop Secure Attachment?**

- Playfulness
- Ease in Coming & Going
- Use of Repairs
"A somatic approach without a political analysis of social institutions, unequal distribution of power and use of violence and force, leave out some of the largest forces that shape us. Without a political analysis, much of the trauma that folks withstand is either left unnamed (racism, gender oppression, homophobia, class oppression) or only partially addressed."

Ron Kurtz, Founder of Hakomi Method of Mindfulness-Centered Somatic Psychotherapy

"The impulse to heal is real and powerful and lies within the client. Our job is to evoke that healing power, to meet its tests and needs and to support it in its expression and development. We are not the healers. We are the context in which healing is inspired."

Heather Banham, LCSW
References


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www.heatherbranhamlesw.com

www.just-conversations.com