

Practice Guidelines for the Delivery of Trauma-Informed and GLBTQ Culturally-Competent Care

A Companion Guide to The Safe and Successful Youth Initiative Best Practice and Strategy Review

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Introduction

The American Institute for Research (AIR), in partnership with WestEd and Justice Resource Institute (JRI), is conducting a process and outcome evaluation of the Safe and Successful Youth Initiative for the Commonwealth of Massachusetts. The initiative seeks to reduce youth violence and foster safer communities by providing individual, family and community level interventions.

JRI, a seasoned provider of youth services, trauma-informed programming and services for gay, lesbian, bisexual, transgender and questioning (GLBTQ) youth has been asked to provide guidance regarding trauma-informed and GLBTQ culturally competent programming that will inform the evaluation process.

This companion guide to the SSYI Best Practice and Strategy Review highlights several practice issues related to serving youth impacted by trauma and/or dealing with issues of sexual orientation and gender identity.

The Impact of Trauma, Sexual Orientation, and Gender Identity on Youth

In recent years many recommendations and guidelines have been created documenting the need for culturally-competent care. Such guidelines typically emphasize the need for holistic treatment in which all components of an individual's history and identity are considered in treatment planning and service provision. Central elements of history and identity include exposure to traumatic incidents as well as sexual orientation and gender identity. These factors shape the way people think, feel, relate to others and manage stress. Failure to consider these factors can lead to misdiagnosis, poor treatment outcomes and ineffective therapeutic relationships.

The connection between trauma, mental health and co-occurring disorders such as substance abuse, eating disorders, HIV/AIDS and further violence has been well-documented and can often lead to entry into the criminal justice system. Individuals

living with HIV often have complicated histories, including negative experiences such as traumatic events, mental illness, and stigma. As the medical community in the United States adapts to managing HIV as a chronic disease, understanding factors such as these negative experiences that may be associated with poorer adherence to treatment regimens, greater HIV risk behavior, and lower patient quality of life becomes critical to HIV care and prevention (Whetten, Reif, Whetten, Murphy-McMillan, 2008). Further, data has shown that repeated exposure to traumatic events may not only decrease treatment adherence but may also be associated with all-cause and AIDS-related mortality (Lesserman, Pence, Whetten, Mugavero, Thielman, Swartz, Stangl, 2007). Rates of post-traumatic stress disorder (PTSD) in juvenile justice-involved youth are estimated between 3%-50% making it comparable to the PTSD rates (12-20%) of soldiers returning from deployment in Iraq. (Wolfpay & Ford, 2004).

For youth struggling with issues of sexual orientation and gender identity, exposure to harassment and violence is frequent. Among students in the California adolescent risk behavior survey, 7.5% of middle and high school students (200,000 students) reported being bullied or harassed because they were known or perceived to be gay (California Safe Schools Coalition, 2004). Similarly in a survey of 400 homeless GLBTQ youth in San Diego, 74% of youth surveyed believed they had received prejudicial treatment, including harassment or threats, after disclosing their sexual or gender identity to service providers (Berberet, 2004). Students who were victimized were more than three times as likely to seriously consider suicide, develop a suicide plan or miss school because they felt unsafe. Failure to feel safe often contributes to poor academic and social performance that, in turn, can lead to truancy and delinquency.

GLBTQ youth may enter the social service system for reasons directly or indirectly related to their sexual orientation or gender identity. Many have been rejected by their family of origin while others have also fled from fosters families that have rejected them upon disclosure. These experiences of neglect, abuse and rejection trigger traumatic reactions. Truancy and survival crimes such as exchanging sex for a place to sleep or

money for food can also lead to entry into the juvenile justice system, increased risk behaviors, exposure to or committing acts of violence.

Creating programs that are trauma-informed and GLBTQ competent requires deliberate planning, training and organizational change at all levels including direct care staff, managers, directors, administration and boards of directors. Organizations that fail to engage in a thorough internal assessment of their competencies in these areas risk alienating the community. By failing to accommodate all aspects of clients' identity, organizations can unknowingly create organizational structures, processes, cultures and/or staff members that do not demonstrate inclusion or that are dismissive to individuals experiencing trauma or identify as GLBTQ.

The Substance Abuse and Mental Health Service Administration (SAMHSA) states "When a human service program takes the step to become trauma-informed, every part of its organization, management and service delivery system is assessed and potentially modified to include basic understanding of how trauma affects the life of individuals seeking services. Trauma-informed organizations, programs and services are based on an understanding of the vulnerability or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization."

Practice Guidelines

There are many tools that guide organizations through a self-assessment process to improve trauma-informed and GLBTQ competent services. Some guidelines are specific for trauma-informed practice, some are specific to GLBTQ culturally competence and some guidelines overlap. In evaluating whether or not agencies are providing trauma-informed and GLBTQ culturally competent care, the following standards of practice should be considered. The experience of identifying and "coming out" as GLBTQ can be a traumatic event that leads to feelings of rejection as well as exposure to bullying, rejection, harassment and violence.

GLBTQ people often experience trauma due to the real or perceived impression of their sexual orientation and/or gender identity. As such, many aspects of trauma-informed programming are directly relevant to GLBTQ individuals. Key practice issues can be addressed by implementing the following four principles.

Principle 1. Understand trauma, sexual orientation, gender identity and their impacting on cognition, emotion, behavior and perception

Trauma, sexual orientation, and gender identity shape the way people think, feel, act and react to the world around them. The ability to form trusting, intimate relationships, manage stress, maintain self-esteem and achieve self-sufficiency can be impacted by these issues. Staff must demonstrate an understanding of trauma, its impact as well as sexual orientation and gender identity.

In order to promote understanding, staff should receive comprehensive training in these areas. Training should be mandatory with periodic updates and should:

Provide working definitions of trauma and its impact on the brain, body, mental health and substance use behaviors.

Failure to properly understand trauma and how it manifests itself can lead to misdiagnosis, improper treatment and poor outcomes. Unrealistic goals and interventions can result. When an understanding of trauma is missing, clients may be pathologized in a stigmatizing way. Signs, symptoms and relevant treatment and service planning are critical elements of staff training.

Explain childhood trauma and its impact on development including its relationship to re-victimization.

When trauma occurs at the hand of primary caregivers, victims develop protective behaviors that may be seen as maladaptive, such as impaired ability to trust,

hypervigilance in relationships, depression or anger. Understanding why victims of trauma develop specific behaviors is critical in working from a strengths-based perspective.

Highlight any linkages between sexual orientation, gender identity and the reason for treatment/engagement in services.

GLBTQ youth experience disproportionate rates of bullying, harassment, violence and suicide. Stigma, rejection by family or peers and shame are common among GLBTQ youth and can lead to depression, violence, substance use, sexual risk behaviors and truancy. Understanding presenting behaviors in their proper context is important in properly serving youth.

Ensure an accurate understanding of the continuum of sexual orientation and gender identity, providing culturally appropriate language.

The use of proper language is essential in creating a welcoming environment in which marginalized people feel seen in a holistic and affirming way. Training must ensure that staff does not conflate the issues of sexual orientation and gender identity. Many young people experience their sexual orientation (the gender to which they are attracted) and their gender identity (the gender with which they identify) as more fluid than previously considered. Without a clear understanding of these issues, staff may inadvertently talk with clients in a dismissive or derogatory way, reducing the likelihood of establishing an effective partnership. For example, a young person who was born male but now identifies as female, despite any physical appearance that remains male, should be viewed as female. Feminine pronouns should be used. Gender specific activities or facilities should match the client's stated gender, not the gender label assigned by staff. It is critical, however, to ensure that training acknowledges that these issues may contradict the political, social, religious or moral values of individual staff. Training should specify that nobody is being expected to change their personal view on these issues but they are expected to behave in professional, respectful ways.

Teach strategies for assessing and engaging families.

Families have often experienced multiple generations of trauma and its impact may or may not be limited to the identified client. Staff must be able to assess the entire family system, their experiences of trauma and the degree to which they can provide healing. Similarly when working with GLBTQ youth, staff must assess the family's reaction to their child's sexual orientation and gender identity. Are they aware of the issues? What values and beliefs do they have about it? How will these impact the child?

Discuss oppression and raise awareness of its impact in order to prevent re-creating it within the program or services.

Individuals who have experienced trauma have often experienced powerlessness and exploitation. Similarly GLBTQ youth have faced stigma in their families and communities. Staff must be taught to recognize and eliminate language that is homophobic, transphobic or heterosexist. An awareness of power dynamics in relationships is critical in effectively engaging these populations. In providing training, make sure to use case examples that reflect all elements of the GLBTQ community such as same sex couples or transgender individuals.

Highlight the impact of cultural differences on trauma, sexual orientation and gender identity.

Religious, political, and social values and beliefs can impact how people understand these issues. Communities with more rigid, traditional gender roles may be less accepting of GLBTQ members. Similarly victims of trauma may experience blaming within their own community. All treatment and service planning must consider cultural perspectives.

Provide self-care strategies for staff.

Working with traumatized and marginalized communities can create secondary trauma for staff. Staffs who have their own traumatic histories may be triggered by the experiences of clients. Staff must be supported to recognize their own risks and develop healthy coping strategies.

Ensure that staff is trained and skilled in de-escalation and crisis intervention.

Trauma-informed programs ensure that clients do not experience re-traumatization while seeking services. As such, chaos and conflict must be managed quickly and effectively. Staff first must understand and demonstrate skill in verbal de-escalation, knowing when and how to intervene in order to avoid a crisis. If a crisis does take place within a program, staff must know how to respond quickly in order to restore order. Roles must be explicit. Protocols for involving police must be clear. All staff must understand security systems and processes.

Principle 2. Provide physical and emotional safety to ensure that client needs are being met, safety procedures are clearly established and communicated, the environment is predictable and respectful relationships are fostered.

People who have experienced trauma are hyper vigilant and are often keenly attuned to their environment. Any indication that the environment is unsafe is a distraction and can lead to emotional and behavioral difficulties.

Ensure that all activities can be well monitored.

Make sure that program spaces are well-lit, uncluttered and visible to staff. Ensure that client-staff ratio is appropriate given the needs of clients and the activities taking place. Make certain that there is appropriate security and privacy as needed. Bathrooms need to be locked and gender appropriate for transgender clients. Whenever possible it is

recommended that gender neutral bathrooms and showers be available and/or single-stall bathrooms that create comfort and safety for transgender individuals. Clients should have appropriate space for securely storing personal property.

Client rights and responsibilities should be clearly visible along with grievance procedures in appropriate languages.

A key element of ensuring safety is predictability. Clients must understand behavioral expectations for themselves and those around them. Rights and responsibilities should be written in appropriate language for youth in order to be culturally relevant.

Any violations of rights and responsibilities must be addressed immediately.

Failure to enforce rules promptly will greatly diminish their impact and will create a sense of uncertainty in the program. Rights, responsibilities and rules should be as brief and clear as possible.

Create individual and program safety and crisis management plans.

To the degree possible, each client should have a safety assessment completed during the intake process. The assessment should identify triggers for each client, their strengths and strategies in managing these and how program staff will respond to behavioral incidents. Safety plans should be created with the client's input using a strength-based perspective. Further, the program must have explicit safety and crisis protocols that specify staff roles, decision-making authority, and situations requiring immediate dismissal from the program and when it is appropriate to call 911. Programs have varied approaches to managing physical violence and strategies such as restraint. The program's policy and procedures should be very clear to all staff. All safety incidents must be documented and reviewed by appropriate staff. Staff should de-brief any safety incidents, crises or trauma in the workplace in order to maximize learning, adapt program practices and avoid any additional traumatization. When necessary,

consultation with outside experts should take place to modify individual treatment and safety plans.

Rules should explicitly state that the program has no tolerance for harassment, bullying, or violence.

This includes the use of language that may be considered derogatory, offensive or stigmatizing. This includes language that may be considered racist, homophobic, transphobic or heterosexist. As previously stated, it is unrealistic to expect that staff and clients will abandon racist, homophobic or transphobic thinking. However it is incumbent upon program staff to set the expectation for respectful behavior regardless of personal attitudes or experiences. All language must be respectful and affirming for every person in the program. Use of the word “gay,” for example, can be commonplace and used in a variety of ways as a slang term. Use of the word in this way can be offensive and derogatory towards gay people and should not be tolerated.

Motivational interviewing should be used to engage clients in behavioral change based on their readiness and capacity to do so.

Motivational interviewing has been proven to assist people in changing behavior, including behaviors that are risky and maladaptive. This non-judgmental, client-centered, strengths-based approach is a helpful tool in the engagement of resistant clients and includes open-ended questions, active listening and affirmations.

Posters, literature and other materials that affirm the identity of each client should be visible.

Materials specifically designed and displayed for GLBTQ populations should be visible within the program including posters, brochures, videos, GLBTQ-themed videos, rainbow flags and flyers about GLBTQ-themed community events.

Principle 3. Adapt agency/program policies, procedures, forms and regulations to maximize inclusion of GLBTQ clients while also minimizing re-traumatization.

Agencies and programs must engage in constant self-assessment while also soliciting feedback from clients to determine whether or not its services are inclusive and respectful.

Sexual orientation and gender identity are included in anti-discrimination policies, discussed during hiring and reflected in client services policies.

Non-discrimination, harassment and diversity policies should explicitly include GLBTQ employees and clients. Client and employee complaints of discrimination must also reflect sexual orientation and gender identity. Other human resource policies, including benefits, should be reviewed and adapted to offer equal coverage for same-sex couples and transgender employees. While many gender reassignment procedures are not covered by health insurance, some aspects of gender reassignment can be covered by third party payors. Employers should assess this when examining benefits packages.

Agencies/programs should track the number of GLBTQ individuals being served.

Many agencies and programs never discuss sexual orientation or gender identity with the people they serve. Assumptions are made based on appearance, behavior or subtle inferences. If an agency or program has very few GLBTQ clients, it is important to assess the reasons. Is there something about the organization and its practices that are not welcoming for GLBTQ people? Is it simply that the issue is not being discussed and if so, why not? Good program planning is driven by data and most organizations have insufficient data to determine whether or not it is serving the population effectively.

Create employee and client forms that allow GLBTQ individuals to answer honestly and thoroughly.

All forms should include a place for transgender individuals to identify themselves. Further, forms that ask about family composition should avoid heterosexist language that excludes the possibility of same sex couples. Same sex couples may not use traditional labels such as husband or wife. Sexual orientation should be included in client data, with each client have the ability to withhold this information if they so choose.

Ensure access to gender reassignment procedures when needed.

Those individuals who are in the process of transitioning their gender should receive support for this process and allowed to continue treatments such as hormone therapy. Transgender individuals are often denied access or their treatment is simply ignored altogether, further exacerbating shame, discrimination and the experience of oppression. Agencies and programs should collaborate with medical providers to ensure continuity.

Integrate competency in trauma-informed services and GLBTQ cultural competency in job descriptions and performance evaluations.

Make it a requirement for staff to demonstrate proficiency in these areas and reward good performance whenever possible. Create an open environment in which staff can discuss their challenges in working with these populations, explore their own biases and receive appropriate supervision and training to overcome obstacles. Expect that staff will encounter challenges and normalize their reactions. We are not all skilled at working with every person who walks through the doors. It takes training, coaching, supervision and support to expand our comfort zone. Recruit staff and board who are “out” with their sexual orientation or gender identity, advertising and engaging in outreach through GLBTQ media outlets and networks.

Examine and update agency/program policies and procedures regarding sexual discussion in your agency/program.

Many youth-serving programs shy away from the issues of sexual orientation and gender identity. Too often there is fear that by directly addressing these issues, youth will engage in sexual behaviors while in the program. This approach further stigmatizes GLBTQ youth by ignoring a central part of their identity.

While discussion of sexual behavior may be triggering for those who have experienced sexual abuse, age-appropriate discussion of sexual behavior, orientation and gender identity should be encouraged and permitted. GLBTQ youth should be allowed to disclose their sexual orientation and gender identity to other youth, caregivers, and agency personnel in the same way a heterosexual youth may do this without facing punishment. If a youth discloses their orientation and/or identity, they should be given maximum choice about with whom and how this information is disclosed.

For youth who have suffered years of abuse, neglect or exploitation, they may have lacked role models for healthy relationships. Social service agencies can provide a valuable opportunity for youth to examine their relationship history, discuss healthy, safe intimate relationships and improve their ability to negotiate intimacy. By avoiding issues of sexual behavior, orientation and gender identity, more youth are unprepared to navigate these complexities and GLBTQ youth experience compounded shame. Further, those youth who have experienced domestic violence with a same sex partner may experience further isolation. Not only do they face the stigma of their sexual orientation, they face the additional stigma of being in a violent relationship. Programs must acknowledge that violence occurs in same sex relationships in the same way it does in heterosexual relationships. Relationship history, orientation and gender identity should be integrated in the intake process to demonstrate an openness to the issues. By having non-judgmental, supportive conversations about these issues with youth, staff begins to model healthy, supportive relationships for the youth.

Principle 4. Foster a participatory culture in which clients participate in program design, individual service planning and the creation of policies and procedures.

Utilize peer-led models of care.

Peer-led models have been shown to improve self-esteem and mastery. In these models, youth have the opportunity to develop leadership skills that support independence and self-sufficiency. Further, with support from skilled adults, youth have the opportunity to share adaptive coping strategies, build supportive networks and regain a sense of control over their lives.

Create client-advisory boards and include clients on program/agency advisory boards.

Clients' voices should be heard at all levels of programs and agencies. They can provide valuable information regarding community trends, gaps in service and the degree to which services are culturally appropriate and accessible.

Create structured, consistent methods for soliciting client feedback.

Client satisfaction surveys should be conducted at regular intervals and design to maximize honest feedback in a culturally appropriate way. Written surveys are not appropriate for all levels of literacy. Feedback from "successful" clients may be skewed so solicit feedback from those who have dropped out of the program as well. Upon discharge, solicit structured feedback from each client. Include clients in the design of evaluation and satisfactory processes.

Provide leadership opportunities for program participants.

As people gain mastery and control of their lives, they may want to share their experience with others and demonstrate empathy. Activities such as speakers' bureaus, interviews for newsletters or newspaper articles or providing a testimonial on your agency/program website is a valuable opportunity for youth to develop leadership skills.

Summary

Effective programming treats each individual in a holistic manner. Exposure to trauma along with one's sexual orientation and gender identity are three specific elements of identity that impact how an individual may enter the system of care and respond to it. Thoughtful planning and evaluation can maximize treatment outcomes and provide a safe, supportive and affirming environment for those seeking care. Ensuring that staff has thorough training is critical for creating the proper environment. With proper staff in place, appropriate structures must be created to ensure safety for staff and clients alike. Additionally, agency policies, procedures and systems must be assessed and adapted to consider how they serve those with trauma as well as those who identify as GLBTQ. Lastly, maximizing client input in program and agency operations is a valuable way to ensure culturally competent and accessible care.

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