

Interview on LGBTQIA-Related Trauma with Shevy, a survivor and provider

0:00 Hello, my name is Josie and I would like to welcome you back to Rising from the Ashes, Trauma Talks, a podcast series brought to you by UB School of Social Work, The Institute on Trauma and Trauma-Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency has allowed individuals to rise from the ashes. Trauma talks follow people who have both worked within the field of trauma as well as those who have experienced trauma. Here we will reflect on how trauma-informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration and empowerment. Today I am sitting here with Shevy. Shevy is the transgender wellness coordinator at the Pride Center of WNY. On behalf of the institute, we would like to thank you for being here today and sharing your story with us. I'm going to let Shevy begin with giving you, the audience, a sense of how they came to interact with the field.

1:04 **Josie:** Alright Shevy, can you tell us a little bit about why you chose to get into this field or how you came to be working at the Pride Center?

1:13 **Shevy:** Sure. Well in my undergrad at St. Lawrence University I had a minor in gender and sexuality studies but I ended up taking more classes in that than my major and I just became kind of obsessed. I always was super fascinated by gender. I think I remember sometime in like middle school I saw an article about a trans boy and how he like just like started peeing standing up and his parents weren't down with that and I remember asking my mom what that meant and I don't know exactly what language she used but she basically described transgender people to me at that point, and I just remember being like oh that's not me but like I'm intrigued, something about that resonates with me, I didn't know what it was. I had learned that I was somewhere in the bisexual realm when I was probably about 8 or 9 so all this stuff was kind of always on my mind. I didn't really get a solid understanding of my gender until college when I had more language to describe it and even then I still didn't have a word like an identity, I just knew that I was just a little more fluid. I strongly identified with like a feminist and it was interesting like I've always kind of been at war with femininity. Also I appreciate it, like appreciate the struggle of being a woman but that still just didn't really fit with my experience. When I graduated from St. Lawrence I moved to Buffalo with my ex and basically hunted the Pride Center webpage [Shevy laughs] website like every other week at least just to try and see if something would open up. At that point when I first moved here there wasn't a transgender health initiative I was just like I knew I wanted to work with trans people and gender fluid people and thought that would be like the only way to get close to that. So then a few years later I saw on their website this advertisement to come to like a free transgender health initiative luncheon and it was like the startup of the grant and just kind of educating the community, whoever wanted to come in here about it. And so I met the director of Pride and the woman who used to be in my position currently. Yep I just kept my eye on it and then one day I saw an outreach specialist for the trans health initiative open up and I sent my resume to everybody [inaudible].

03:18 **Josie:** Yeah.

03:19 **Shevy:** I knew this was my passion and so I made sure they knew it. And been here ever since so.

03:23 **Josie:** That's awesome.

03:24 **Shevy**: Yeah.

03:25 **Josie**: So can you tell us a little bit then like what you do day to day in terms of like your role as the, as a transgender health specialist?

03:32 **Shevy**: Sure, I used to be like I said an outreach specialist and that's because when we first started the grant we didn't know where the community was, we didn't know where to find the community, and we didn't have any trust built within the community so a lot of it was just being a consistent presence in LGBT queer spaces. So we would go to the gay bars or to LGBT fairs at colleges, whatever seemed like appropriate. Go to drag shows and pass out condoms. Really anything to just, this is the THI team, you know, just let the community know we're here, we have services to offer, we are funded by the AIDS Institute so we really have emphasis on sexual health but we really want to get most people connected to whatever they need. We just were consistent. In that first year, I think I did outreach in like over 300 places and made a pretty good network of providers and service providers. About six months in our old coordinator, Sally Hearn, left and I went for the position and then I began as Trans Wellness Coordinator and we changed the titles to Wellness Specialist and Wellness Coordinator because we learned over the few years that it wasn't just like, even though that's what we're funded to do, sexual health, there's so many needs and there's so much going on that we're really more about holistic health and wellness of trans people and just trying to get people connected to mental health and medical and, you know, hormones and support groups and. So basically we do lots of different stuff. I help facilitate the trans generation support group. I'm usually the main facilitator but I say that because sometimes we have, um, community members help out or guest speakers. You know, I have community members help me out with the group, agreements and stuff like that. I would love to have somebody be a full-time facilitator. I haven't found somebody who is super interested in that yet. But it is a really old group, it's been running about, I think 10 years and so it was run completely by the community before the Pride Center kind of took it under our wing. So I've been facilitating that for the four years I've been here and weird, it's this week is my anniversary, 4 year anniversary.

05:30 **Josie**: Yeah, nice!

05:31 **Shevy**: That's kind of been a feeder to the program but really it's mostly word of mouth and, you know, all the plans that we've had and connections and resources who are sharing us with their friends and other mental health providers and medical providers know about us so sometimes we get referrals that way. I didn't know, like, there would be so much to this job, you know, I thought I was just going to be doing sexual health education and one-on-one stuff which I still do but now I'm super involved in policy with helping the Buffalo Public Schools with their gender identity policy. I have had the opportunity to be a panelist and go to all these conferences and learn about harm reduction. It's just been, I knew I would be endlessly fascinated but it's just, then there's always something new to learn. Even within the LGBT community we don't know everything there is to know about trans people so that's cool to always kind of be humbled and learning new identities and new ways people express themselves and seeing the language of all. I just love being involved in all of that.

06:25 **Josie**: It sounds like really multifaceted and also like just constantly evolving.

06:29 **Shevy**: Yeah.

06:30 **Josie**: And changing.

06:31 **Shevy**: And we have our trans wellness conference coming up in November. It's a free two day fair. And this is the first year we have all transgender nonconforming speakers so that's really exciting. And this is our fifth consecutive one so I'm pretty excited about that.

06:43 **Josie**: That's awesome. Is that here in Buffalo?

06:45 **Shevy**: Yes, um Evergreen has a community space called The Commons just right around the block and it's like a beautiful old church they remodeled and so we have it there.

06:53 **Josie**: I'm wondering if you can like just speak maybe a little bit to like some of the experiences. I know it has to be like a super vast array of experiences that people bring with them, you know, when they enter into services here and like interact with you but I'm wondering if you can just speak a little bit to some of the trauma and experiences that those individuals bring when they come to the Pride Center.

07:17 **Shevy**: A really huge thing is that trans people are just so unfortunately used to being discriminated against and harassed and even just unintentionally made to feel not human.

07:28 **Josie**: Mm-hmm.

07:29 **Shevy**: And it's hard to imagine like unintentional dehumanization but it does, it's just like there's so many people that just don't believe trans people exist. There have been a lot of amazing studies supporting us. The one that we always fall back on is the National Center for Trans Equality. They had a survey in 2011. I think the next one's coming up this year so we'll have some more recent data. I think there was a sample of close to 7,000 trans folks and overwhelmingly they all report, that this, they just don't even go to providers for fear of discrimination and then there's this other huge portion that just when they do seek services face discrimination once they get there whether that is like have a doctor who you've heard a lot of great things about and you know you're on the waiting list to get there. You do all the hurdles and then the administrative assistant will call you by your legal name or not respect your pronouns and then you walk out and you kind of start from scratch. Or maybe you just avoid going to medical providers all together because they're so stigmatizing and where it should be addressed immediately as within medical schools because I just, it's not part of everybody's mandatory training as I understand it because there's just no doctors willing to be trans specialists. And I don't know what that is, I feel like that's just, that's a curriculum issue. Because just like we have to learn how to serve people with, of different sexualities, even though they are a minority and they aren't everybody, then we have to also know how to serve people of different gender identities and so I see that as the biggest shortcoming that doctors just. I don't know if it's that they're not willing to learn because I just think it's not being advocated for in medical school or something of that nature.

09:04 **Josie**: Right.

09:05 **Shevy**: I do cultural competency trainings and wherever people want us to come and get involved we try to do that. But it's hard. We're 1 center and we can't train everybody and there's not a lot of people who feel competent in these issues. And there really is no way to be 100% culturally competent in these issues because they're literally changing every day. This sphere of the providers, this, all these other barriers in terms of support because once you come out you are at risk for losing your family and your friends, your financial stability, maybe even your job. Maybe you postpone transition for years because of a job or because of a relationship. So we see a lot of denying your identity on a constant basis and then kind of internalizing that. What does that mean that I am not being who I really want to

be? Or now that I am who I really want to be and people aren't affirming me or validating me like what does that mean? So I see this, I see a lot of hopelessness and what I really like to focus on is empowerment and self-advocacy and validation. There's so many people that walk in this office and ask like am I crazy here, you know, is this normal, and it's like yes, like you are totally entitled to explore any part of your identity whether it's your gender, whether it's your religion, whether it's whatever. Like you are free to be you and so what I see is just that trans people are faced with so much bad vibes that it's just hard to not internalize that and be and live that. So I wish I had funding for mental health because that is where I just see the most needed support. So many mental health providers don't really feel comfortable in these issues either so, you know, I do one-on-one with them trainings but it's just there's so much work that needs to be done as we can see in the media. There's just so much backlash to any kind of policy around affording trans people rights that cisgender people have had forever. It's just really distressing, you know. You got to just focus on the present and getting them through whatever struggle they're dealing with right now because there's just always going to be more. Like if you, even if you fully transition there just, there's always an element of safety of, the element of disclosure and who to disclose to. If you're going to live out fully all the time or if you will decide to not live out if you pretty consistently perceived as your affirmed gender maybe you like back away from the trans community and then you're isolated as well. If you're this trans person in this cis world and everybody thinks you're cis and treats you that way and you have, you experience isolation that way. I've just seen like incredible need for support; that emotional aspect is just really, really critically important. When people aren't getting treated compassionately in like every facet of their lives like down to where they go to the bathroom really, I see it wear down people. In that same study, 41% of the folks reported attempting or committing suicide at some point in their lives. And that is just, that speaks to the violence in our culture that you feel like there's no other alternative. That's for me the ultimate embodiment of trans phobia in our culture and it's a critical public health issue right now and it's completely being overlooked.

12:07 **Josie:** Yeah it does like seem that way. There's been this evolution that in terms of social like norms, beliefs, and policies have been slow if not completely impervious to really responding to those and it's definitely clearly being [inaudible] and you can see it in those numbers. In, in our conversation so far, I know that I've heard a lot of mention on your part about the trauma-informed care principles, you know, of safety, choice, trust, collaboration, and empowerment. You know those are obviously, like, hugely central to, to trauma-informed care. I've also like really hearing you talk like I'm hearing the very essence of that idea of like trauma-informed care, of not you know, saying what's wrong with you, it's really completely changing that to what has happened and I've heard a lot of like who do you want to be. I know just in the last little bit that you mentioned you talked about safety, you know, in terms of people feeling safe to live out and to be who they truly are so I was wondering you know, if we could talk a little bit more about how in what you do in here at the Pride Center, what are ways that you guys really focus and try to afford safety both like physical safety and emotional safety to you know, the folks that come here for services?

13:23 **Shevy:** So yeah, safety is obviously a primary concern with the population, you know, is used to feeling unsafe so that's like our utmost concern. At least in our support group, you know, we offer a social aspect and a support aspect so like the social one is that we meet at a coffee house and that's like a little intimidating for some people that maybe haven't dressed as themselves out or haven't even met other trans people. So like sometimes I encourage them to come to the, the closed support group that we have here at the Pride Center on the third Thursdays. That's a cool option for people who just don't

feel as safe putting it all out there then. I also have people that are just so anxious about even coming to a group in person. When I found that out I created this secret Facebook group of the, of the support group and that was a really great way to engage people because not only were there trans, a lot of trans people have transportation issues, you know, access to, you know, money or the bus route or whatever it is and so that also took away a barrier so people can have access to everybody in the group basically all the time. There's always people looking at the posts and responding so that's been really cool to see. We tried to have an online chat but it wasn't as successful. We'd only get a couple of people in it at a time so after a few years we didn't do that anymore but just building consistent spaces is what is so needed for people to feel safe. Because there aren't, even though we have like gay bars that's not a trans space and there really aren't trans spaces. We pride ourselves, I pride being a safe house and for instance, I have maybe stored clothes for people who don't feel safe keeping them at their house or if somebody has a special document that they really can't keep around their parents or something maybe I would store that here in a locked place.

14:58 **Josie:** I know that you said that to have like the support group that meets. Do folks like just come to the Pride Center sometimes just to, to be here or to like use like, you know, if they like I don't know need access to a computer or you know, or just need to talk. Is it kind of like an open door policy?

15:13 **Shevy:** We try to never, even if they, all the trans health people are busy with something like our, all of our staff is competent in like dealing with trans issues and trying to, you know, connect people to stuff so like nobody is ever turned away like we'd absolutely always have an open door policy. We don't want to ever turn people away without a resource or without some kind of place they can call or other service. We really harp on that this is a safe place free of discrimination/harassment. The computer lab that we have is really awesome to create access as well because some people don't have internet access or don't feel safe searching things at home so this is a place they can come every day from two to close and just get that access and if they need to like print something for a resume or a job application, something like that, we can help them out with that which is really cool. In terms of sexual health, we do a lot of safety around that so we have lots of free sexual health supplies like condoms, female condoms, dental dam, lube, finger condom, everything you could ever need really. People never have to buy, ever buy that stuff ever because we have like it endlessly.

16:14 **Josie:** Right.

16:15 **Shevy:** And then I've done some one-on-one kind of safety planning so maybe we would craft a coming out plan or what happens when and if your family decides that you can't stay there after you come out. So maybe we plan out what you need to bring with you in terms of important legal documents or just supplies or what you might need to get, you know, to the next step. We also sometimes I'll go with people to apply for benefits because that's a really scary process. There's not a lot of training, as you can imagine, down at DSS with trans issues so it always help to have one of us as an advocate there like yes we realize this is the legal name but we really, I'm here as an advocate from The Pride Center and this is how you address this person and this is, these are the pronouns they use and sometimes that's all it takes to get people to respect and that's really sad that we have to do that and intervene in that way but that's just a nice service we offer too. I've also, you know, if somebody's nervous going to Evergreen for the first time to like the medical clinic then I might go to an appointment with them, something like that. We always give the option if they are given an HIV test if they want us to be with them or not be with them or like I'm here afterwards if you need to come talk. Really just

constant communication, being consistent. Literally providing spaces and making spaces for trans people.

17:30 **Josie:** Like making those literal like physical and emotionally safe locations. I know that's something you mentioned back in the beginning was that when you first started doing this it was more like outreach and that there wasn't necessarily that element of trust there yet. It was just kind of starting to cultivate, you know, and to become a thing. I'm wondering if you can talk a little bit about that like how that trust has been built up. How you see that playing out, you know, in your day to day here?

17:59 **Shevy:** I really love puns so I'll go there but like I always say transparency with trans clients is super important because they are so used to, they're just expecting you to not understand them. That's kind of my biggest hurdle in being able to help trans people is getting a rapport and getting a connection. I find overwhelmingly that just by taking like a few minutes to tell people about myself at the beginning or about where, you know, my beliefs stand and why I'm in this field really kind of sets the tone for like okay this is a safe space, this is, this person is going to be affirming of me. I find it helpful to disclose my gender identity and my pronouns because even though I'm not transgender, I have thought about gender in other ways and that's comforting. All of our staff are genderqueer and transgender on our grant so myself, my two wellness specialists are just super approachable in that way. I think that's really helpful that we have people serving the community who are part of the community. So that is kind of an instant rapport builder also. Then you have like the super traumatized trans client who maybe is just like no matter how warm and welcoming and open you are, you're going to have to earn their trust and that is like totally obviously encouraged and, you know, we'll go as slow or as fast as you ever need like we'll never push you in any direction as far as transition. We just want you to figure out what tools you need to get to wherever you want to be and we also, I think are pretty unique in that we accept all sorts of people on the spectrum not just, you know, transitioning from one end of the binary to the other so that's really empowering for people because so many just providers don't even look. They're having a hard time with trans identities and then when you tell them about nonbinary identities and gender fluidity they just are expecting that people are going to write them off and not use their pronouns and yeah I would say it's just like a lot of being consistent and being open and just being willing to learn because that seems like the biggest barrier with providers, that they feel like they know what's going on with you and don't know what's going on with any person let alone like a trans person who is like a complex, very in-depth like emotional and spiritual or whatever history of figuring this out for themselves and so you should really just be open and be willing to hear that and let them do what they want with it.

20:14 **Josie:** I heard you mention a lot about pronouns and so I was just like wondering like if we could just take a few minutes and talk about that a little bit more, you know like, in terms of just your experiences with the folks that come here for services and you know with like building up trust and building up safety.

20:30 **Shevy:** So even not in this office and even like when I'm not working with trans people at all I try to help socialize the world to use, to um, ask people about their name and their pronouns. That's kind of off the bat what I'm trying to like train myself because like honestly you don't know who somebody is until they tell you and if somebody seems like offended why I'm asking, you know, I just ask this to

everybody. This is, I don't want to assume anything about you and it's not that hard when we learn somebody's name and their nickname to also learn their pronoun or.

20:58 **Josie:** Right.

20:59 **Shevy:** It's an indicator to trans people too like immediately if you are like asking about pronouns that you are, you know something so that usually excites people. And if you are maybe a genderqueer non-binary person who maybe uses gender neutral or some other pronouns, like I know somebody who uses the pronouns awesome or somebody, you know who has, people have all these really interesting ways of expressing themselves. So when they see that you're willing to use that language and mirror that language, you know, be consistent in calling them who they are, that's super helpful and also if you mess the dreaded misgendering within the trans community trans people aren't, yes it can be super triggering, they don't want you to ignore it. They want you to acknowledge your mistake and they want you to like commit to that you're going to try harder and, you know, get it right. I think that really trips people up, like they avoid people's pronouns or they don't want to ask like they look at somebody and they don't know and that just creates more distrust and uneasiness. So the best thing to do if you don't know somebody's gender identity is just literally to, oh I noticed like, you know, you have a different gender presentation then I'm used to so maybe I was wondering if you'd share your pronouns with me. Oh like, you don't, you don't use like pronouns, I wasn't expecting, that's cool like so I ask everybody this or you know so. Trans people and gender nonconforming people would rather just that you were informed instead of just kind of trying to figure it out or being uncomfortable. With that I also would say that it's, you shouldn't be overly apologetic and overly I'm sorry, I'm sorry, I'm sorry. That also just can create discomfort so it's, it's a fine line. We just gotta know that these things aren't, we aren't taught them in school. We have to kind of learn, relearn how to think about gender which is hard when you're an adult. And so like we're literally creating new pathways in our brain for this stuff and so sometimes you slip up and you acknowledge that and that's really all that trans people ask for is that you are trying to validate them so.

22:54 **Josie:** Yeah absolutely. No, thank you. It seemed like, you know, I could hear that consistent strain, you know, through like everything that you've been sharing. It, it did seem like respecting an individual's pronouns is a huge way of being able to really buoy up that safety and trust.

23:11 **Shevy:** Yeah and that could be the difference between a great day, bad day, week, year. Like you could be that 3,000th person who has done it that week that just sends them right over the edge. So it's always good to acknowledge, you know, when you do something that's not affirming.

23:24 **Josie:** I appreciate you providing that example too of a way to engage with people that definitely, I know have kind of had that question of what's an appropriate way to, to check in with somebody and to not make assumptions so.

23:39 **Shevy:** And that's, that element of trauma-informed care is definitely reflected in our paperwork too because we don't just have what's your sex, male or female, we have male, female, transgender, genderqueer, other, you know. You can even write in your own category, we're not gonna pigeonhole you and then I do ask pronouns on that form. We do ask, we have, give a lot of different sexual orientations and a fill-in option as well for that so really just by offering that which isn't on a lot of intake forms, as you can imagine, is super empowering. Wow, I'm on a piece of paper so I do exist. It's kind of, it seems simple but it's, it is the answer. We need to, you know, change our systems to meet the people

where they're at not force people to pick a box. And then there's this constant, I'm constantly educating people about the difference between sex and gender because it's just so backwards on our forms. How, why wouldn't you expect, like you're gonna have wrong answers when you only have two options, especially because intersex people exist in this world and they literally have chromosomes of both elements or body parts of both elements of gender so this has always existed and we need to expand our language whenever we're talking about sex, we are really talking about gender. I hear the sex-segregated facilities all the time and it drives me nuts like we wouldn't even have any issues with the bathroom stuff if we just said gender from the beginning because it's all about gender identity, it's not what you're peeing with.

24:55 **Josie:** And something that like I'm really hearing too, in terms of the box that you check is like that element of choice.

25:03 **Shevy:** Yes.

25:04 **Josie:** Looking at a form and, you know, what can I like choose here and is it pigeonholing or are there options that really validate, you know, who I am, who I identify as. Like I'm wondering too, in terms of choice, what has the experience been like for you as a service provider of having like the option of really evolving and having different options and choice and providing services for folks?

25:27 **Shevy:** I just love that it's like super empowering for me too. Because I identify as genderqueer and just knowing that if I went here I could get those services make me just happy, it makes me feel like we're really heading in the right direction. Things that go on in our intake forms are going on every health service as well and other providers. I think that Buffalo Women's Services is a huge provider of hormones and, you know, other services so these places are starting to jump on the cultural competency bandwagon but it's also hard convincing people to change. You know, even simple structural things like that, it can be daunting. So like we really need advocates in every facet of the field like championing for the stuff if like you work at a business that doesn't have any kind of trans policy, you know, anti-trans discrimination or anti-gender discrimination, fight for that. If you don't see that these things are reflected on your forms like speak up because most likely the people who created the form didn't even realize, know that was in the realm of possibility so we just gotta do more education, for sure. Back to choice, we're super, when we do our intake you can, not even tell me your name like if you don't want to because some people are that, not paranoid, but cautious, rightfully so because of previous experiences or things that they've heard their trans friends go through. I am constantly offering choice throughout the interview like this is, now I'm moving into the sexual health questions, you know, if anything about this is uncomfortable or triggering or you just want to pass, tell me I'm crazy and you're not gonna answer that like I, you know, I just want people to know that like every part of this is voluntary and I'm just here to help, whatever way you need help is fine so like if somebody wants to do an anonymous intake with me and not give me any demographic information, I'll just do the screening and give them the resources they need and they're on their way. It really helps us to not have people be anonymous so I just kind of illustrate how they're helping the community and how, you know, if they choose to do this, you know, historically there is no information on transsexual health and so by offering this information to the state, like you're really helping push our movement forward and when there is data, then there are services. There's proof that we need healthcare, there's proof that we have these issues so once I explain that to more cautious, I find people are often just like super willing to engage with that and get the information out there because they realize like yeah this, this is long overdue. And

I feel bad that we kind of have to all be pioneers and like always be educating everybody around us but it's, it's necessary at least at this point in the movement that, not necessary I don't want to like force all trans or gender nonconforming people to do it, but for those that are willing, it's really helpful to just help everybody in the end.

28:07 **Josie:** It also, it sounds like the Pride Center itself has like been supportive of, you know, giving like, you know, this like department like the choice to grow and to meet the needs like that's like what I've like heard, you know, as you've like been speaking. That it started off as like an outreach and then with a focus on like sexual education but has really evolved like to what the need is.

28:29 **Shevy:** Definitely like we had—

28:31 **Josie:** Seeking Safety?

28:32 **Shevy:** —Seeking Safety. We had a couple facilitators do just a trauma, just a transgender group around Seeking Safety and yeah like when I first started this group, that's not ever something I thought we would be doing but like once we saw the need and like reporting that to our peer manager and my director and were like seeing all these consistent issues, we saw that trauma was like a really, a place that really needed to be addressed and so we did a couple cycles of that group. I hoping we're bringing it back. For instance, that's something that didn't, wasn't written into the grant and we didn't necessarily get credit for it in terms of like deliverables but like in terms of narrative and in terms of improving the life of trans people obviously like that goal was achieved. We find ourselves doing so much more than what we're funded to do. Something that really enables us to do that is our relationship with Evergreen because maybe if there is an extra project that we need a little help with in terms of money then they're able to support us. So for instance, we've always had like a part of the Pride website for the trans health initiative but now we have, we're building our own trans health initiative website that's like a separate page from Pride. We just interviewed six of our people who are connected to the initiative and were able to get this really professional film company to do that and we wouldn't have been able to do that without just a little bit of a supplement from Evergreen so we're super lucky that we're part of a bigger association that can support us and like being able to address more needs because when you come out, you maybe lost your job or your family and you're trying to get back on your feet, the last thing you're really thinking about is your sexual health, not that it isn't important but like sometimes we have to put that on the back burner and I just help people with what they need now and if ever people decide to be more involved in the sexual health education aspect then I'm there for that too.

30:13 **Josie:** I'm constantly hearing too like that collaboration, you know, being also like a trauma-informed principle is literally just like interwoven into everything. Just in terms of collaborating with Evergreen, also just like collaborating with the providers that you talked about i.e. the medical providers, mental health.

30:27 **Shevy:** Right, I've done some trainings for the FBI and we've not personally but one of my other coworkers have had like 60 trainings for the police department and we're constantly trying to collaborate with other agencies and just like increasing that knowledge base about gender issues.

30:42 **Josie:** I know like also we've been talking about a lot of empowerment and especially like going back to even just talking about the pronouns and the ways in which that can be validating and empowering or really disempowering and um, really like even triggering in pushing people over the

edge. You also had mentioned doing some advocacy even in terms of like policy law and I'm like just wondering if you can speak a little bit more to that kind of piece of empowerment?

31:07 **Shevy**: Sure. I was honored to be asked to come to one of these, these meetings where Dr. Will Keresztes, he works for, not on the Board of Education, but he works for the Buffalo Public School District and he invited myself and one of my coworkers, people who worked at the Gay and Lesbian Youth Center, and some of the activists who started the Spectrum Transgender Support Group, invited us all to the table to look at this new policy. At that point it was only two pages, he really just wanted feedback. Is there anything we should change and if we saw some things we wanted to change but it was pretty good for a first, probably the best first shot I would have ever guessed. It was really well researched and thoughtful. So we just helped make it a little more robust and changed the language and fixed some discrepancies and it was just really cool being a part of that process. So we helped him with that second draft and then we anticipated that month, August, that it was just going to be passed and we were not expecting that there would be this huge community backlash so even before the backlash started we kind of anticipated that people, there was some tension brewing. I was asked to be on a panel during these public meetings where we kind of present the policy and then just like answer questions about gender. People were really not willing to participate in the conversation at both meetings. People effectively almost like stopped the process because they were very angry that this was being introduced to them without prior knowledge and I don't blame them, like I really felt like the, it falls on the school district to like if you're gonna implement a policy where people literally have never heard any, like half of these words, that there should be education kind of before that. Unfortunately, it came after and so that's why I feel like there's a lot of tension in the media and what's going on with the board and like I said it wasn't passed. So we're still waiting, been through several drafts now and now that they're going to be voting on the actual final draft on the 26th so I'm hoping to speak at that last board meeting. I've spoken at two others and just been really trying to help empower community members to come even if they don't feel comfortable speaking just to be bodies there. I'm like all over social media, always sharing when it's happening, what's going on, even if I can't be there, you know, I'm supporting it that way or trying to recruit people to speak in support and that's been super successful. I think in the first meeting where we were speaking in favor of it there were like 14 of us for and two against and then slowly the against has like kind of risen but there's always like way disproportionately, there's more of us lately so that's really cool to see just people that I've like been helping and now I'm like fighting beside which is really cool because that's also that collaboration, that's also that trust like we're in this together. Yeah it's just really cool to see people literally fighting for their rights. It's just so needed, the stuff with the Buffalo Public Schools. We really didn't need the policy, this stuff is already happening, like schools aren't making students choose the bathroom, you know, use the wrong bathroom. They're letting them choose the bathroom that's affirming to them and now we just have words to kind of outline what that looks like. For the school district and for concerned parents and whatever. Really it's already being done we're just like putting language to it and so that's what frustrating to me, that literally trans people have always done this.

34:08 **Josie**: Mm-hmm.

34:09 **Shevy**: They've always been peeing next to you. And that was literally two sentences of the policy, had to do with bathrooms and the other four pages are like how to support trans students in schools like it should be and that's what seems to be what all the hullabaloo is about.

34:21 **Josie:** Building on that you just like hit something that, you know, I kind of wanted to touch on in terms of like this resiliency and growth like, you know, you talked about how awesome it is to see people really like self-advocating and so I was wondering, you know, yeah like what have your experiences been with seeing people really grow and come into their own and thrive and, and grow from their struggles?

34:44 **Shevy:** That's probably the most like rewarding part of this job is seeing people move from gender dysphoria to gender euphoria and just literally seeing the transformation. You know, I'll work with somebody who like never dreamed that they would be out and about as themselves to like on hormones, out to everybody they know, super happy like regardless of maybe some nasty people they encounter. The positive experiences far outweigh those because like you're finally just affirming who you are and living that and so that's the best thing to see is really many issues whether it's mental health or just like interpersonal issues or whatever's going on like are resolved by just addressing your gender identity and just really seeing that come to fruition is just like beautiful so I love that.

35:27 **Josie:** So it sounds like doing this work, you've known for a while it's really filling, you know, for you and really affirming. I mean, do you like find that dealing with a lot of the discrimination that, you know, people come in here having experienced, you know, what does like your self-care then like look like? Do you, you know, do you get a lot of that fulfillment still in the work you do here and how do you balance that out for yourself?

35:51 **Shevy:** It is really tough. I hear some horrible things. I hear all sorts of trauma whether it's related to gender identity or not and just the constant trauma of hearing like the same stories from all of these different people. That is a lot for me. And so I do have to take time away. My first couple years was really hard setting boundaries, not taking it home with me which is like impossible for me. For instance, because I run the online support group, I'm like pretty connected with my clients on Facebook. I have people at a distance, you know, in terms of what they can see but people can pretty much always find you on social media so that has to be like a barrier for me. You know, I'm not gonna check my messenger on Facebook after work hours, you know, people know that now. I don't give like my personal number or email or anything like that so I just really have to focus on having good boundaries because I find that when you're one of the first people somebody discloses to there is just gonna be, that's gonna be a really important relationship for them and you, it's important that I, that I don't discontinue that relationship. It's important that I always keep that channel open because in a lot of cases I'm one of the only people that somebody has to talk to and so that's a lot emotionally for me too. Sometimes I'll close my door for 10 or 15 minutes after a really intense something or I don't really get sick that often but I do take mental health days because I just need to step back for a minute, you know, try to take vacations as I can. I really find exercise is like one of the only ways that I can get out all that negative energy so I can get some endorphins flowing and some positivity back. But it is like I, at several points have suffered from compassion fatigue and then I just know like I'm really, I just need to step away or maybe what am I doing that is maybe enabling or maybe, you know, not empowering to people? What am I doing that maybe is creating dependency which is a fine line when like there's not other people around to depend on? So that is always a constant struggle in this field I think. I just have so much compassion for the community and I just, I know I can't help everybody in every way. I'm getting more efficient at giving people like a blueprint to tackle their problems that kind of is not one-size-fits-all but just like helping people more with strategy than just helping people like really I want to empower people to be able to do the stuff on their own and navigate providers on their own and yeah

I'll come with you to like your first appointment but then we got to figure out like how you're going to go to your appointments in the future. And, you know, you did have supports before me so who are those people and just really putting it back on clients, I guess. But it is a constant thing I have to be mindful of or I definitely get burned out and that's interesting because this is my passion, like this is the field I want to be in forever and I was shocked I could even get burned out honestly but yeah it happens.

38:32 **Josie:** So like, you know, kind of as a final bringing it all together like for people who are listening, you know, to this podcast who either are, you know, identifying as trans or are questioning their own identity and then also for providers in the medical field, mental health field who are encountering people that identify as being outside of the cis gender identity, you know, are there just like any last words or um, any thoughts on why being trauma-informed is so essential that you'd like to offer people who are listening?

39:04 **Shevy:** Since I took Social Contexts of Human Biology, I had to take that bio requirement when I started the program, I've been really interested in cortisol levels and, and just the effect of stress on our bodies and I'm thoroughly convinced that trans people always have a low grade high cortisol thing going on. There's just so many aspects of their lives that can be stressful. So many barriers that I just feel that stress is really affecting the community. I mean we see that in the suicidality. We see it in people pursuing illegal ways to do transitional things such as like, you know, like black market hormones might be all that people buy through the internet or on the street. Some people will turn to doing silicone injections themselves, you know, with industrial grade silicone like from the hardware store to achieve certain things that, you know, they might need, that they would need plastic surgery to do otherwise and so we see people turning to dangerous places because they're not affirmed in, in these fields. We all have to be educated that these things go on. We all have to eliminate the barriers and create the access and the gatekeeping really needs to stop. I'm very frustrated, at least in the mental health realm, with people deciding how long you need to be in sessions before like they approve your gender basically and that they approve like the process for you. That's super frustrating to me. And I understand the ethics behind it and I understand like the legal ramifications or what, what have you with doctors and liability, I understand all of that, but at the same time like we don't make cisgender women do a mental health assessment to get breast implants, we don't do that. Why does a cisgender woman have more say over her body than a trans woman? Or it's backwards and we have all of these unnecessary checkpoints. I know like the health issues warrant a little more caution but in the end this is, at least from the hormone perspective, hormones are just another drug that you should be informed about the, the effects and that's your choice if you want to take that drug. I'm, that's, people choose to take antidepressants that like change your brain chemistry. We let people be in charge of their bodies in every other arena, except gender and that is what I just urge people to stop creating unnecessary wait time when it's a life or death issue for a lot of trans people, being who they are. If they can't be who they are then they may not just be anybody. And so we need to really just create the space for gender exploration and even if it's not true for you that gender is more expansive than male and female then you just have to accept that it could be for somebody else and like respect that that is somebody else's experience. I think it's fundamentally about respect and rejecting this notion that trans people somehow have less agency than other people and cisgender people or that they're not capable of making a decision about their lives and bodies which they probably put years of thought into. Like maybe you're seeing it for the first time but for somebody who's considering changing their entire lives, every part of it for this, then they're pretty serious about it. They're not, for me it's never a question of like how dedicated somebody is to being

transgender so I just think we need to move the conversation away from that to be truly trauma-informed with trans people and just need to, I'm so excited about this gender identity policy in the Buffalo Public Schools and that's a first step. We need to start with our youth and educate our youth.

42:23 **Josie:** On behalf of the Institute on Trauma and Trauma-Informed Care, I'd like to thank Shevy again for taking the time to speak with us today and sharing their witness of strength and resiliency. It has been a pleasure.