

## Interview on LGBTQIA-Related Trauma with Adrian, a survivor

Hello, my name is Elyse and I would like to welcome you back to Rising from the Ashes, Trauma Talks, a podcast series brought to you from the UB School of Social Work 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 them to rise from the ashes. Trauma talks follows 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 here with Adrian. Adrian is an individual who identifies as neutrois-transgendered and is involved with transgender health care services. On behalf of the institute we would like to thank you for being here today and sharing your story with us. I am going to let Adrian begin with sharing their story that has allowed them to rise above the ashes, and to become a more stronger, confident, person.

1:10 **Adrian:** So what kind of story do you want me to tell you?

1:15 **Elyse:** So I am thinking it would be interesting to hear how you came to be involved in trans healthcare services. What led you there?

1:25 **Adrian:** I guess in the beginning of 2015, I guess I came to some realizations about who I am as a person and what I wanted to do about those realizations. Whether I identified as a trans woman or a trans man or as neutrois, I knew that I wanted to transition. The first realization was that I wanted to change my body. Or to begin a physical, neurological change. I had to do a lot of research to better understand what is out there, right? And I am very thankful that we live in an age of technology now where I found everything that I needed online, right? Everything I needed to know was online. Yeah, the first step in me approaching transgendered healthcare, or services to start my transition, started online. Informing myself. My father is a doctor too, and he always raised me to know that you need to be an informed patient. So, I needed to be aware of what was accessible.

2:50 **Elyse:** So, I am wondering do you consider yourself to be a survivor of trauma in some capacity?

2:57 **Adrian:** Absolutely. You and I have talked about Dr. Brown in the past, and she did this great lecture on the power of vulnerability and I think it is important to recognize when you do go through some type of emotional turmoil. And I can definitely admit that I've gone through trauma in my life.

3:22 **Elyse:** And so, for people who are listening: Would you be able to maybe define neutrois-transgendered? And kind of what that means in your life.

3:30 **Adrian:** So, when I realized I was trans, it didn't fit well with me that I wanted to become a woman. And I realized it's not about my difficulties with maleness, it's more with... Well, my difficulties with masculinity, I am definitely proud that sometimes I can be masculine. That's not

something that I am ashamed of. But it's the maleness that I have an issue with. This discomfort I get for basically my whole life when people put me into a box, calling me a "he" or a "gay man" has been suffocating to a certain extent. So I came to realize through the internet that there was something called non-binary, that there was a group of people out there that define themselves as non-binary. Politically I had my own issues with that definition. Like I have my own issues with non-binary because I am not ashamed of the binaries, and that's another thing that is weird about my perspective and why I like the word neutrois, because I am not ashamed of being born a male and I am not against the binaries because I'm pro-culture, I am pro-history. You know, I am not going to deny that history happened. And I am not saying that non-binary people do, it's just kings and queens, I can indulge in the beauties of binaries. Masculinity and women, and the Victorian Era and I can indulge in that. And, I discovered the word neutrois, through MICA. And MICA started [neutrois.com](http://neutrois.com) and they, I don't know if I am using the wrong pronouns, but they go by they and them as well. And they've started an amazing resource for non-binary transgendered people online. So, that's where it started. And I discovered the word because MICA put out information, and it turns out it was a word that was only coined in 1995 by a trans person in France. It literally translates into their gender, and when I heard the word, it was just like "that makes sense, that's what I am, that's who I've been trying to become," or it just makes sense to me.

6:09 **Elyse:** So what I am going to ask you about is your interaction with services providers under this umbrella of idea of trauma informed care. What trauma informed care does, is it asks services providers to stop asking "what's wrong with his person in front of me," and move towards asking "what's really happened to this person." So there is five guiding principles of trauma informed care which are safety, trust, choice, collaboration, and empowerment. And those are all tools that services providers can use in their services in many different ways to provide a more trauma-informed practice. So I guess I'd like to start off by asking people, and it sounds like you've been in touch with a few service providers: When was the first time you felt a sense of either physical or emotional safety with that provider?

7:04 **Adrian:** Emotional safety or non-safety, or both?

7:08 **Elyse:** Yeah sure, whatever you want to start off talking about first.

7:12 **Adrian:** Okay this is what, this is the nitty-gritty as to why I think trans healthcare is so behind in this country, being Canada. Is that most trans people in this country when they realize that they are transgender, the first step they want to take is: How do I talk to a doctor about transitioning? That is the first thing they want, the first thing that they think about is that they want hormones. I want hormones, I want to access the care. And you know what is funny? Sometimes it's not even about the hormones, it's sometimes just talking to the doctor about what you're going through, right? And that doctor can also act as a counselor. And my issue with the way things are set up right now is that there is not enough focus on sensitivity. And I'll tell you why: The first phone call I made to a health clinic in this country, was to a receptionist, who you know, I am sure is a very nice woman, who comes from a nice family. The kind of family you say hello to and is there for you on a Sunday afternoon. But you know, working a job like that I understand is difficult, you get phone calls every single day. And an individual does not know who they are talking to, right? But for a trans person to pick up the phone and call any healthcare

clinic in Canada, and hear them say the first word “Hello?” it’s not just what they say it’s how they are saying it, “hello?” “Hi um, I am transgender and I am looking to discuss transitioning and I’d like to make an appointment.” “Oh, I am sorry, we are not taking appointments right now.” That’s the first thing that they hear. It was the first time that I felt like I was a crazy person!

9:16 **Elyse:** So, are you saying it was kind of the tone? And also, what would have helped you feel like they were hearing you or responding to you in a way that was...

9:25 **Adrian:** For a receptionist? You know, this is what is so interesting is that for specifically a trans person, the first person they are talking to is a receptionist. Not a nurse, not a doctor, just a receptionist. And the first words they are hearing from a healthcare provider is “I’m sorry we don’t have room for you.” See trans people, we already, we already wake up and feel this world isn’t designed for us. And the first moment they feel the courage to get up and ask somebody for help, the receptionist at a health clinic telling them they aren’t taking appointments right now, they aren’t taking any more patients — that is trauma. The receptionist, they don’t know that. They don’t know that their negativity and how they are expressing their words and what they are saying to me right now is really going to effect that trans person for the rest of their lives. Because that first experience, that engagement, is negative. Because we are already coming in with a stigma that it is a mental health issue, when it’s not! Being transgendered is not a mental health issue. Right now, we live in a world where in order to access the care we need, there’s this pulmonary process, this process of needing to prove to this society that we need what we need. You are asking me a really good question and the way I would answer it is a better hello. Like, “Hi this is such and such clinic, my name is blank, how may I help you? What is your concern? Who am I talking to?” There is not enough questions being asked by something so simple as a health care receptionist! You’d think in this country they’d want to ask more questions to their patients. I think this is the best way I can describe.

11:33 **Elyse:** Those are great points. And so in a practice that was trauma informed, the receptionist would be treating every phone call as if they were potentially speaking to a traumatized individual, or a trauma survivor. So like you said, language is so important and making that connection. Another principle of trauma informed care is choice. Feeling like you have a choice, and maybe feeling empowered as well in terms of taking that first step. That you aren’t just going to be silenced right away.

12:07 **Adrian:** I usually start any conversation with someone who is trying to understand more about the trans-community with the question that most people don’t know what cis means. Cisgender means an individual that does identify the sex they were assigned at birth. And transgender means that they do not identify with the sex they were assigned at birth. Trans people can also be trans women and trans men, and also be non-binary. I think what’s difficult is that, I think there needs to be more of a discussion about what a cis is. That nurses understand what their own identities are as well. Healthcare providers need to also understand what their identities are as well, so they know who they are speaking to. Because again, most trans people, the trauma they go through, is the shock of recognition that they are different. That everyone around them identifies their body as a home, and they don’t. It’s a challenge from the beginning.

13:18 **Elyse:** So do you feel (interrupts by **Adrian** at 3:19 -Empathy is key-) Yeah, that’s kind of

what I hear in a lot of things that you've hoped and wished may have happened in that first interaction, right? So now I am kind of wondering have you had any experiences with a service provider where safety and trust was absolutely there? And thinking about that safety and trust aren't just between the people, but also in the environment. So, was the building safe, what made you feel like you were receiving confidential services?

13:52 **Adrian:** After my first encounter with this healthcare provider, I reached out to many different health care providers, maybe four to five clinics in Canada, and all of them didn't accept me. They did not, they said come back in January. I had to take it upon my own hands to look at my homework and find friends that just happened to be psychiatrists. I can admit that I am one of the most privileged trans-people in this country. So I had to take it upon my hands to talk to my first that were psychiatrists. Even their referrals did not necessarily help. You're asking me about safety, right? Luckily I found a, well not a provider, but I went to my trans-support group at Sherborn Wellness or Health Center in downtown Toronto. They run a support group every Thursday run by SOY. And what I love about them is they start off every single meeting with, "Hello we are SOY, we are here, this is a safe space for those who identify as transgender," and they start off the meeting reminding people this is a safe space. And in trans, you'll talk to a lot of trans people who go to these groups, and we constantly talk about something called "safe space." And we do a check in and check out where we go around and say what is your name and your pronouns. And that's how we start off every group. And I really think that is a protocol that could really be used in all hospitals and healthcare clinics.

15:44 **Elyse:** Like a first questions to ask?

15:49 **Adrian:** Exactly! What's your name and what are your pronouns? It's a very simple way of making a safe space for trans people.

15:57 **Elyse:** So for you does that, so language is just a really important way of building trust it sounds like.

16:07 **Adrian:** Absolutely. Me and my trans friends say all the time that it would be great if one day there was a gender clinic in every hospital in Canada. But unfortunately we're not at that, we have to travel kilometers to find that support. The last point I wanted to make was that most people need to remember that most trans people don't know other trans people. We have difficulty meeting other trans people, let alone non-binary people. It's not about just finding healthcare providers support. It's about finding other trans people.

16:35 **Elyse:** So do you feel like, as you're going through healthcare providers now, that collaboration of other support systems in your life: maybe family, maybe friends, has been really important?

16:46 **Adrian:** They've been important but how do I say... limited. Limited because there is still not enough discussion. I can go on and on about non-binary support, let alone transgender support.

17:07 **Elyse:** Now, do you feel like you get a significant amount of that support or sense of

teamwork between you and your current service provider?

17:16 **Adrian:** My current service provider goes by an amazing doctor, Dr. Carrie, and I was referred to her by my father. Yeah, she sort of changed everything for me. I think she should be the one that is pushing this legislation forward. She is the one who taught me to approach trans health care from an identity perspective and not a mental illness perspective. Even better, from a consent approach.

17:49 **Elyse:** Now what do you mean “consent approach?”

17:54 **Adrian:** Consent is based on questions. It’s the same thing talk about... Consent to have sex with another individual. Right? No means no. And yes means yes. I strongly urge Canada healthcare, especially in transgender areas to encompass more areas of consent. Asking questions. You know, what they consent to work for them.

18:22 **Elyse:** I am just kind of curious. Was there one thing that happened with Dr. Carrie that made you feel so empowered and heard? Was it the language, the environment, a certain moment in your care?

18:40 **Adrian:** She just had a conversation with me. Just like a very simple conversation with me about what I want to happen and what I’m feeling and what I’m thinking. It was nice talking to someone who I didn’t feel like I needed to justify to them why I am the way that I am. You know, I was so scared to see her. And I’ll tell you why. The same reason why most people trans people in this country are scared. And you know why they’re scared? They’re scared because there is something that the healthcare system here calls “gender dysphoria.” You can’t get approved for hormones unless you are diagnosed with a certain level of gender dysphoria. And that’s the conversation that is so sensitive to have. Because gender dysphoria is treated like a mental illness, and it is defined as a... I have to go there with my W-PATH standards of care, and W-PATH standards of care, which is the World Professional Association for Transgendered Health, they just started recognizing non-binary transitioning in gender non-conforming people since 2011. Less than five years! And transgendered people, let alone non-binary trans people don’t even know they are allowed transformation. And that’s why I was scared. I was scared just like any other of the trans people in going to a doctor because they feel like they need to prove to their doctor that they are transgendered!

20:20 **Elyse:** I was wondering with your experience with your doctor, how did she combat that sense of shame that can be felt when you have to prove yourself in that way?

20:30 **Adrian:** She talked about my identity, and not my disorder. Or not as a disorder. She asked questions and engaged with me in a way that made my identity feel safe. Made my environment safe. It was more like, how my best friend David and I talk about “emotional rape,” the joke is that when you are emotionally raping someone, you’re talking at them, you’re not talking with them. And I felt like my conversation with her was a conversation together.

21:10 **Elyse:** Okay, that’s beautiful. I think that’s so important to kind of give voice to. I’m

wondering, since you've kind of received interacting with her, and had her on your side for healthcare providers, do you feel like you are experiencing a sense of growth throughout this process? A sense of increased safety or empowerment with your transition?

21:39 **Adrian:** If you're talking about how overwhelmed and excited I am to be on hormones now, yes! Yeah, things are great. I've been on hormones for almost a month now and it's been a surreal experience. I don't know if that answers your question, but I am definitely in a better place now. But you know, things are... everything is a process. You know, I talk about transient thinking, everything is a process. Things aren't always going to be good, and things aren't always going to be bad. It's okay to indulge in misery once in a while.

22:17 **Elyse:** Right. I think that's really important to bring up that balance. Are there any final words you may want to share with others who are going through similar experiences? And also why you think trauma informed care is so important for them, for this population.

22:34 **Adrian:** I think it's important to relieve the stigma of just the word trauma. There's nothing wrong with trauma. And that's what is so interesting about what we are talking about today. We aren't talking about trauma like it's a problem, we are talking about trauma like it's a verb. And it's something you experience. And it's okay that you experience it. It's okay that we go through these momentarily lapse of pain. Maybe in some ways it is good for us. It makes us feel more human. And I think we need to talk more about trauma, and I think it's great what you are doing here today. I think more people need to talk about trauma because then people won't be afraid.

23:26 **Elyse:** Thank you. On behalf of the Institute on Trauma and Trauma Informed Care, I'd like to thank you for taking time out of your day to share your story with us. It's been a pleasure.

23:39 **Adrian:** Thanks!