

# 2SLGBTQ+ Inclusive Trauma-Informed Care

Webinar for the Violence Against Women Learning Network and  
Knowledge Hub

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## Acknowledgements

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## Acknowledgements

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- presentations I have collaborated on with Dr. Leah Keating
- a project I collaborated on with the Re:searching for LGBTQ Health ([www.LGBTQHealth.ca](http://www.LGBTQHealth.ca)) team of the Dalla Lana School of Public Health, U of T, which was funded by the Public Health Agency of Canada ([www.buildingcompetence.ca](http://www.buildingcompetence.ca))
  - Building Competence + Capacity: 2SLGBTQ+ Competent Trauma-Informed Care was an education initiative piloted and evaluated in Ontario. This project was completed April 2021. A grant has been submitted to revise the workshop and scale it up.

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## Speaker Disclosure

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**Other:** I was employed on the Building Competence project; I am a Registered Social Worker in private practice; I'm in the planning stages of curating a digital education community on related topics.

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## Today's Learning Objectives

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1. Describe the importance and guiding principles of 2SLGBTQ+ inclusive trauma-informed care.
1. Increase understanding of trauma as it specifically relates to 2SLGBTQ+ communities.
1. Identify opportunities to apply learnings to practice.

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## Agenda

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- Brief introduction to gender and sexuality
- A brief introduction to 2SLGBTQ+ inclusive trauma-informed care
- Exploring trauma experienced within 2SLGBTQ+ Communities
- Defining the principles of 2SLGBTQ+ trauma-informed care
- Suggestions for applying today's learnings to practice

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# Very Brief 2SLGBTQ+ 101

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## What is 2SLGBTQ+?

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2SLGBTQ+ stands for Two-Spirit, Lesbian, Gay, Bisexual, Trans, and Queer. It is an umbrella acronym/term for folks who experience marginalization on the basis of sexual orientation and/or gender identity.

2SLGBTQ+ folks have diverse experiences, identities and social locations — there is no one-size-fits-all approach.

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## Why is 2S at the beginning of the acronym?

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2S (Two-Spirit) is placed at the beginning of the 2SLGBTQ+ acronym to recognize that Indigenous 2SLGBTQ+ folks were on this land before settler (i.e., non-Indigenous) LGBTQ+ peoples.

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## There is a difference between sex and gender.

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- Sex is a social classification of people as male, female, or intersex.
- Sex is generally based on biological factors (i.e., genitals, hormones, chromosomes).
- Intersex is a term used to describe a person born with reproductive or sexual anatomy that does not fit into “female” or “male” boxes.

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There is a difference between gender identity and expression.

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- **Gender identity:** One's internal and individual experience of their gender. That is, their sense of being a man, woman, both, neither, or somewhere along a spectrum.
- **Gender expression:** How an individual expresses their gender. Can include dress, voice, make-up, hair, name, medical interventions.
  - E.g., feminine, masculine, androgynous.

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## Defining Transgender and Cisgender

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Baby is born



Assigned female at birth



Identifies as gender other than female



**Transgender person**

Baby is born



Assigned female at birth



Identifies as female



**Cisgender person**

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Trans can be used as an umbrella term to describe gender identities that don't align with the expectations of the sex assigned at birth.

- Under the trans umbrella people may identify as transgender, gender queer, gender non-conforming, non-binary, etc.
- Trans folks may or may not undergo medically supportive treatments.

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Non-Binary is an umbrella term for anyone who doesn't identify with binary (e.g., male/female) gender identities.

- Includes persons who may identify as having:
  - an intermediary gender (e.g. genderqueer)
  - multiple genders (e.g. bigender, polygender)
  - a shifting gender (gender fluid)
  - no gender (agender)
- Binary understandings of gender do not reflect many people's experiences

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Cisgender is gender identity congruent with sex assigned at birth.

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- It is more appropriate to use “cis” as a prefix than “bio”, “genetic” or “real” as these prefixes invalidate trans identity by suggesting that trans people are not bio, genetic, or real
  - E.g., cis woman, cis man

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There are multiple components to our sexuality

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- **Sexual behaviour** – What we do sexually
- **Sexual identity** – How we define our sexual orientation
- **Sexual attraction** – Who we are sexually attracted to, which may differ from emotional or romantic attraction

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## Two-Spirit

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- An English-language umbrella term used by some Indigenous peoples of Turtle Island (North America) to describe gender identity, sexuality, and social roles within Indigenous communities who “carry both [masculine and feminine] spirits.”
- The creation of the term ‘two-spirit’ is attributed to Elder Myra Laramée at the 3rd annual international LGBT Native American gathering held in Winnipeg in 1990.
- Can be used to describe gender identity and sexual orientation.

*From the video: A 2 Spirited Story of Gender, Sexuality and Traditional Roles for Health Care Providers*

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## Two-Spirit (cont.)

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- One of the impacts of colonization is the theft of identity, ways of being, and the loss of knowledge about Two-Spirit people.
  - This is a source of trauma for Indigenous peoples.
- Some Indigenous people identify as Two-Spirit, some do not. Some identify as Two-Spirit as well as lesbian, gay, bisexual, queer, or trans.
- Only Indigenous people can identify as Two-Spirit.

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## Bisexuality

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- An individual who is attracted to, and may form relationships with people of the same or different genders.
- Can also be used as an umbrella term (e.g., pansexual, queer, omnisexual, fluid).
- Bi-Erasure: A culmination of biases, attitudes and language that erase bisexuality and can include the denial that bisexuality exists
  - e.g., “going through a phase,” “is not yet ready to come out fully as gay/lesbian”
- Bi folks report disproportionate rates of violence and mental health symptoms. One theory is because they experience biphobic discrimination in both heterosexual and gay and lesbian communities.

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## Introduction to 2SLGBTQ+ Inclusive Trauma-Informed Care

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## How do we define trauma?

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We understand trauma as single-incidents or repeated events that overwhelm an individual's ability to cope.

Growing research demonstrates that ongoing experiences of oppression and discrimination may be traumatizing and have negative impacts on mental health.

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## 2SLGBTQ+ Inclusive Trauma-Informed Care shifts the conversation from...

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“What is wrong with you?”

to

“What happened to you?”

Where “what happened” includes experiences of violence and discrimination based on gender and sexual identity.

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## Why do we need 2SLGBTQ+ inclusive trauma-informed care?

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2SLGBTQ+ folks experience higher rates of childhood and adult violence, discrimination, harassment, poverty and medical violence.

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## Rates of violence in the trans community

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According to US research, **Over half** of trans people have experienced family rejection, physical, verbal and sexual abuse (Grant et al., 2011; Kenagy, 2005; Reisner, et al., 2014).

**20%** of trans people in Ontario reported experiencing physical or sexual abuse based on their gender identity and **34%** reported experiencing verbal threats or harassment (Bauer, et al., 2010).

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## Rates of violence among lesbian, gay and bisexual folks

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Lesbian, gay, and bisexual people report elevated rates of trauma exposure

Compared to heterosexual individuals, LGB participants reported:

- More dating violence victimization
- More physical and psychological abuse by partners in adulthood
- More experiences of sexual assault in adulthood

(Anderson et al., 2013; Balsam, Rothaam, & Beauchaine, 2005; Dank, Lachman, Zweig, & Yahner, 2014)

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## 2SLGBTQ+ folks are diverse and social location matters.

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Higher rates of violence are often reported among 2SLGBTQ+ women and people of colour.

Folks experiences of trauma and access to services may be informed by other forms of oppression they experience (e.g., racism, colonialism, ableism, classism, sanism, fatphobia).

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2SLGBTQ+ trauma-informed care is important because (re-)traumatization can be perpetuated intentionally and unintentionally by individuals, service providers, organizations and systems.

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It was next to impossible to find any support for that [trans identity]. I went back to [LGBT-focused mental health service] and saw somebody who [they] told me had a really good understanding of trans identity and it was the most traumatic experience I've ever had. She looked at me horrified when I came out to her as trans, had no idea what that meant and said 'We don't know how to help you,'...I stayed out of counseling for awhile after that.

– Rory, 27, pansexual/queer, white, trans man

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She [the counselor] basically said that I should stop dating women. That men are the only choice, and that I should try out religion, because that would probably solve my problems and make me no longer want to date women. And she said that my anxiety would go away if I stopped, if I stopped making myself – forcing myself to be different, by liking women.

– Jordana, 29, bisexual, Metis, cisgender woman

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## It is important to remember...

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- People do not need to disclose their identities for us to work in an inclusive way
- Not all 2SLBTQ+ have trauma histories or mental health challenges
- 2SLGBTQ+ folks and communities are resilient
- 2SLGBTQ+ identity is not a result of trauma or pathology
- 2SLBTQ+ identities are healthy, natural, and positive
- Individual and societal oppression, violence, and neglect cause traumatic stress and mental health disparities, not being 2SLGBTQ+.

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## Trauma and 2SLGBTQ+ Communities

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### Trauma is a common human experience.

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Traumatic events are generally denied, repressed or dissociated at the social and individual-level.

(Herman, 1995)

The invisibility, erasure, invalidation, dismissal and/or outright denial of experiences of trauma can exacerbate and worsen the impact of trauma on survivors, and has been described as a secondary-trauma.

Some 2SLGBTQ+ people experience their identity as being invisible, erased, invalidated, dismissed or denied, which can be internalized.

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## Types of Trauma

- Insidious Trauma
- Single Incident Trauma
- Complex Trauma
- Developmental Trauma
- Historical Trauma
- Intergenerational Trauma
- Community Trauma

A handout defining these types of trauma and their relevance to 2SLGBTQ+ folks can be found at [www.buildingcompetence.ca](http://www.buildingcompetence.ca)

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## Insidious Trauma

- **Insidious trauma:** continuous traumatic influence of living with oppression (Root, 1992).
- **Microaggressions:** statements, actions, or incidents regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group.
- Insidious Trauma or Microaggressions may be unintentionally perpetrated in our work with clients and within the organizations and systems we work within.

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## Examples of anti-2SLGBTQ+ microaggressions include...

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- Laughing at expressions of same-gender love/sex
- Shocked facial expressions
- Straight people using derogatory 2SLGBTQ+ slang
- Being told you “don’t look/act” gay
- Being told you just haven’t met the right different gender partner yet
- Negative reactions to same-gender affection
- Straight people gossiping about who is gay
- Making stereotypical assumptions
- Being told “you are so brave”
- Using “that’s so gay” as an insult
- Asking why their needs to be a pride parade
- Misgendering people (i.e., using the wrong pronouns)
- A lack of representation of 2SLGBTQ+ in the media

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## Discrimination has an impact on mental health.

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- Among trans people, and bisexual and lesbian cisgender women:
  - Discrimination was positively related to distress and PTSD symptoms (Breslow et al., 2015; ; Dworkin et al., 2018; Reisner et al., 2016)
- Among gay and bisexual cisgender men:
  - Discrimination was positively related to greater emotion dysregulation (Pachankis et al., 2015)
- Among LGBTQ+ adults who had experienced trauma:
  - Transphobia, biphobia, and homophobia were associated with attachment insecurity, emotion dysregulation, and PTSD and dissociative symptoms (Keating & Muller, 2019)

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In addition to microaggressions/discrimination, 2SLGBTQ+ folks may experience the same types of traumatic events as the general population or they may experience traumatic events that are specific to the oppression of 2SLGBTQ+ identities.

For traumatic events similar to the general population (e.g., car accident) there may be unique ways a 2SLGBTQ+ person experiences it.

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Some types of trauma specific to the 2SLGBTQ+ community include:

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- Physical, verbal and/or sexual violence that is rooted in homophobia, biphobia and/or transphobia
- Rejection from family of origin, which may result in homelessness
- Having one's identity denied or erased
- Being rejected from one's community (e.g., church)
- Microaggressions

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## Some types of trauma specific to the 2SLGBTQ+ community (cont.)

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- Conversion therapy (i.e., psychological or spiritual intervention to change someone's gender or sexual orientation)
- Some immigrants and refugees in Canada have faced persecution in their country of origin because of their gender identity, gender expression, sexual orientation or HIV status.
- Employment discrimination (e.g., demotions, firings, unjust discipline)
- Disproportionate murder of trans people in general, and trans women of colour in particular

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## Principles of 2SLGBTQ+ Inclusive Trauma-Informed Care

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## Acknowledgement

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Building awareness among staff and clients of:

- How common trauma is in general, and among 2SLGBTQ+ people in particular
- 2SLGBTQ+ identities and issues from an intersectional perspective
- Types of trauma experienced by 2SLGBTQ+ folk
- How trauma can impact 2SLGBTQ+ folk's sense of identity and sense of safety
- The wide range of adaptations 2SLGBTQ+ people make to cope and survive
- The relationship of trauma with substance use, physical health and mental health concerns

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## Strengths Based and Skills Building

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When we see a client in context, we see their strengths, resilience, creativity and coping - not just the bad things that happened to them.

Clients are encouraged to identify their innate, intuitive, creative coping and resilience skills and to develop and more skills as needed. Even “self destructive” or “maladaptive” behaviours can be seen as people taking care of themselves the best they can.

Working from a strengths-based approach is particularly important for 2SLGBTQ+ folks given that societal messages have often framed 2SLGBTQ+ peoples in a deviant or pathological manner.

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## Safety and Trustworthiness

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Physical and emotional safety for 2SLGBTQ+ clients is key to trauma-informed practice because traumatic violence often includes boundary violations and abuse of power. Service provision can replicate power and authority dynamics that were the original sites of trauma, particularly in developmental trauma.

2SLGBTQ+ folks may particularly feel unsafe accessing services because of the the fact that some institutions/professions have a history of pathologizing and/or criminalizing 2SLGBTQ+ identities.

Safety and trustworthiness is fostered through service providers' ongoing education, minimizing power imbalances, upholding privacy and confidentiality, clear boundaries, informed consent, transparency, accountability and repair.

Taking the burden of education, advocacy, and awareness off of the client, while also being open to learning from and being corrected by the client, reduces barriers to care and increases emotional safety and trust between the client and service provider.

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## Opportunities for Choice, Control and Collaboration

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2SLGBTQ+ trauma-informed services create safer environments that recognize and foster a client's sense of self-determination, dignity and control.

We can communicate openly, create an affirming and non-judgmental space, minimize power imbalances, allow for the expression of diverse feelings and identities, provide choices as to services, and work collaboratively.

Trauma-informed care can include the involvement of diverse 2SLGBTQ+ clients in evaluating services, and being represented on consumer councils that provide advice on service design, consumer rights and grievances to ensure greater equity, diversity and inclusion in all that we do.

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Briefly, 2SLGBTQ+ inclusive trauma-informed care is...

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The ability to understand and work with people of diverse 2SLGBTQ+ identities from a place of respect, humility, curiosity and a non-presumptuous stance.

It's the ability to understand and work with folks whose cultures, meanings and/or belief systems may differ from our own - even if we identify as members of the 2SLGBTQ+ community.

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When do we bring a 2SLGBTQ+ Inclusive Trauma-Informed Approach to our work?

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**Always!**

**Given that 76% of all Canadians will experience at least one traumatic event in their lifetime it make sense to work with everyone as if they have possibly experienced trauma.**

Similarly, inclusion of diversity is an approach that can be embedded into everything that we do to ensure that folks feel safe and have access to services/supports that meet their needs regardless of whether or not they have disclosed. **Given that we cannot make assumptions about individuals' identity, experiences or backgrounds, we must work in a way that respects and includes everyone.**

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## Applying Learnings to Practice

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So given this, what can we do?

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Trauma-informed practice for 2SLGBTQ+ communities (and everyone) is an overall way of working, rather than a specific set of techniques or strategies.

But here are some practical ideas...

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## Advertising

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- Place ads in or write articles for local 2SLGBTQ+ publications, which demonstrates a desire to work with the 2SLGBTQ+ community in an affirming manner

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## Waiting Room/Office/Website

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- Post a bill of rights committing to non-discriminatory trauma-informed care of 2SLGBTQ+ clients
- Have information on 2SLGBTQ+ resources
- Display images that affirm 2SLGBTQ+ identity (e.g., same-gender couple, rainbow flag)
- Provide 2SLGBTQ+ magazines

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## Introductions (phone, intake, session 1)

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- Ask clients their pronouns, and what pronouns to use in waiting room/in presence of family members
- Share your own pronouns
- Have the ability for clients to provide their correct name in addition to their legal name

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## Everyday Practices

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- Use inclusive, non-binary language (e.g., “Do you have a partner or partners?” instead of “Do you have a boyfriend or girlfriend?”) on the website, on forms and in verbal communication
- Use correct pronouns
- Use accurate names and not legal names

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## Bring yourself to your work/the community.

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- Be involved with 2SLGBTQ+ community events
- If you identify as 2SLGBTQ+, consider making yourself visible to the 2SLGBTQ+ community

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## Training

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- Receive training to build your knowledge, skills and confidence with 2SLGBTQ+ identity and trauma
- Ensure all staff engage in anti-oppression, anti-racist and 2SLGBTQ+ inclusion training. Consider how you can apply that training to all aspects of your work (e.g., website, administrative forms, physical space)

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## Self-Reflection

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- Reflect on your own assumptions & don't assume that you know somebody's sexual orientation or gender by looking at them
- Consider how accessible your practice is and if there are ways to enhance access with regard to cost, hours, and location
- Reflect on your own assumptions about gender, sexuality, trauma and mental health, and consider how they are informing your practices

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## Self-Reflection (cont.)

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- Acknowledge when you are not knowledgeable or skillful and either build knowledge and skills in that area (preferably), or refer to someone who is skilled working with 2SLGBTQ+ folks and/or trauma
- Examine stereotypical beliefs that may come up for you (e.g., believing bisexuality is an indicator of promiscuity or an unstable self-image)

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## Cultural Humility

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- Understand “insidious trauma” (i.e., discrimination and violence because of 2SLGBTQ+ identity) as a form of trauma
- Regard 2SLGBTQ+ identity as legitimate
- Do not assume 2SLGBTQ+ identity is a result of an individual’s trauma history
- Create space for clients to bring their whole selves to a session and understand how sexual and/or gender identity are only one aspect of their self, and that all parts of their identity (e.g., race, class) intersect to inform their experience of life, trauma and mental health

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## Cultural Humility (cont.)

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- Respect the historical and contemporary traumas 2SLGBTQ+ people have been subjected to within the mental health field, and the ambivalence and trepidation an individual may feel working with them
- Notice if you are bringing gender and sexuality into the conversation and whether the client believes it is relevant to the discussion
- Understand that it can still be difficult to be “out”

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## Cultural Humility (cont.)

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- Be aware that some diagnostic labels have been used to undermine the legitimacy of trans and bi people's' identities, and impose significant barriers to accessing resources
- Make an effort to keep up to date with 2SLGBTQ+ terminology and issues
- Develop knowledge of and affirm diverse relationships structures (e.g., poly, open) and expressions of sexuality (e.g., kink)
- Let your clients know that they can provide you with feedback if you get something wrong by accident (e.g., use heteronormative or cissexist language) and that you are open to learning
- Be open and learn from your client, but do not expect them to educate you beyond what is appropriate

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## Some Take Away Messages

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### **2SLGBTQ+ people often feel invalidated accessing services due to:**

- Inappropriate language
- Assumptions
- Lack of understanding

### **As service providers we can:**

- Educate ourselves
- Be open and non-judgemental
- Be self-reflective and aware of own biases and areas for growth
- Affirm different gender identities, sexualities, diverse expressions of gender and sexuality, and relationship structures

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# QueeringTraumaTherapy.ca Checklist

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**Queering Trauma Therapy - Self-Reflection Checklist for Service Providers**  
 Leah Keating, PhD (C. Psych) & Jenna MacKay, MA, MSW

This checklist was created based on in-progress research conducted by Dr. Leah Keating and Dr. Rob Muller, and a paper authored by Jenna MacKay (MacKay, J., Robinson, M., Pinder, S. & Ross, L. E. (2016). A grounded theory of bisexual individuals experiences of help seeking. *American Journal of Orthopsychiatry*.) Recommendations for creating more accessible, affirming trauma therapy for LGBTQ clients are based on quantitative and qualitative data provided by LGBTQ individuals reflecting on their experiences of accessing or attempting to access therapy. (Version: 06.2018)

Advertising	I do this already.	I want to do this.	I am hesitant to do this.
Place ads in or write articles for local LGBTQ+ publications, which demonstrate a desire to work with the LGBTQ+ community in an affirming manner.			
<b>Waiting Room/ Office Space/ Website</b>			
Post a bill of rights that demonstrates a commitment to non-discriminatory care of LGBTQ+ clients.			
Have information on LGBTQ+ resources.			
Display images that affirm LGBTQ+ identity (e.g., same-gender couple, rainbow flag).			
Provide LGBTQ+ magazines.			
<b>Introductions (Phone, Intake, Session 1)</b>			
Ask clients their pronouns, and what pronouns to use in waiting room/ in presence of family members.			
Share your own pronouns.			
Have the ability for clients to provide their correct name in addition to their legal name.			

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# PDF from www.BuildingCompetence.ca

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## Putting 2SLGBTQ+ Competent Trauma-Informed Care into Practice

Recommendations and Suggestions

As you review this document, it may be helpful to note the things you already do, the things you want to do and the things you are hesitant to do.

### Overarching Values and Principles

#### Acknowledgement

Building awareness and understanding among staff and clients of:

- How common trauma is in general and among 2SLGBTQ+ people in particular;

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# Thank you!

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Feel free to contact me at:

[www.jennamackay.com](http://www.jennamackay.com)

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The accompanying resource list has the two practical resources for putting 2SLGBTQ+ inclusive trauma-informed care into practice I just showed you.

Sign up for an email list at [www.facilitating-growth.com](http://www.facilitating-growth.com) to be updated on the next stage for the Building Competence + Capacity project (if the team gets the grant), and to be informed of future free and low-cost trauma-informed education resources on gender and sexual diversity.

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