

If I'm taking breaks it's because the chat is very active and I'm reading the chat. Okay, I'll continue.

I identify as someone living with intersecting physical processing. Someone's requesting I switch something but I'm not sure what. Oh, to my phone. I don't have that um capability unfortunately to call in. Okay, I will continue for now. I might have to cut out um a few sections of this uh we'll see how we go. Okay. I identify as someone living with intersecting physical processing and emotional disabilities. I'm also queer, non-binary, trans masculine and an immigrant. I was born in Aotearoa, on my maternal side descended from the Han tribe and on my paternal side descended from Indigenous farmers from the Mekong Delta whose cultural identities and records were erased due to colonization. My experience and perspective is largely from a non-North American perspective and one of working for communities in large highly populated cities. I started my education career teaching at a center for children living on the spectrum or autistic, sorry autism spectrum disorder, ASD, in Sydney, Australia, and working with elementary school children with disabilities in Kathmandu in Nepal and Vi Thanh in Vietnam.

My processing disorder means that I might get overwhelmed when there is a lot of incoming content in the chat and I won't be able to monitor Discord at the same time as talking.

My pronouns are they/them/theirs. I've trained and consulted with organizations and universities about inclusive practice in the UK, USA, Finland, Sweden, Germany, The Netherlands, Australia, Nepal, Vietnam, Mexico and Denmark since 2009. Writes publications around race, trauma, and transformative justice and de-escalation, focusing on building resilience of Black, Indigenous, People of Color communities and I'm a survivor.

Trauma-informed care is the recognition of the prevalence of trauma. Trauma is when an individual or community experiences, witnesses, or is confronted with an event that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others. As we understand, this can be a daily or constant experience for many of us.

In the chat, what systems or institutions are you a part of where ableism and trauma cross over?

Nicole wrote: Post-secondary education institutions i.e college or university hospital and medical systems.

Missy wrote: All of them it seems.

Emily wrote: Employment.

RJ wrote: OHIP. Ontario healthcare is what that stands for.

Lunia wrote: Service industry work.

Page wrote: Open enrollment.

Ismoon wrote: Social work at the downtown library.

Jennifer wrote: Right now is the fact that I don't have access to the chat or this Discord. Access on more parts than one.

That's good to know. I'll keep that in mind and minimize chat interaction.

Megan wrote: The entire educational system.

T wrote: Higher ed.

Mark wrote: Mutual aid work. And again mutual aid work.

Maya wrote: Special education schooling.

Society wrote: Health care system.

T wrote: Certain family systems.

And Nicole wrote: Housing.

And Nick wrote: Social welfare.

And the Disability Justice Collective PDX wrote: Therapy.

In the Q and A Cairo wrote: I'm a social worker. Ableism and trauma are present in the medical industrial complex and non-profit industrial complex within the field and in how we practice.

Nicole wrote: Banking system and credit debit.

Absolutely and as someone said it's all of them all the systems so thank you for participating in that question and answer.

So you might have said medical or care system cis-hetero-patriarchy, dominant culture, white supremacy or whiteness, social services, non-profit industrial complex, higher education system, education system, work or labor industries, judicial system, u.s imperialism, or the wealth class system, and Yaya wrote: I left the social work field before I left because ableism and sanism.

Thank you for sharing. So this was a way to acknowledge that these systems are built upon, structural imbalances that include ableism and sanism.

Sybil wrote: I was in higher education but lost my career due to discrimination.

Sorry that happened.

So we will move away from kind of talking about, you know, these horrific realities that we live in and start to focus on how to identify triggers in those environments and then move on to resilience. So just in case folks need a definition, a trigger is an environmental stimulus that prompts recall of a previous traumatic experience. Triggers can cause for folks to feel threatened or scared leading to these automatic trauma responses which have proven to be helpful in the past or have led them to safety.

These triggers are outlined in the next slide and while I outline them it might be helpful to think about folks around you or your own responses that might fit under some of these categories. It is a way to name them.

So typically trauma responses fit under these three categories:

Fight describes rejecting behavior, arguing, aggression, anger, hyperactivity, or fidgeting anything that rejects or attempts to reject the thing that is happening. Remember these are automatic responses, these aren't things that people decide to do.

A Flight response describes a vacating behavior, so something that, um, tries to vacate the thing that's happening. It could be social isolation, avoidance of others, walking or running away from the situation, or moving away from the situation I should say.

And Freeze describes a freezing behavior, disassociation, distant, emotional expression, unresponsive expression, including Fawn. Fawn is a subset of Freeze and it describes when people perceive that the path of least resistance is easier than Fight or Flight. So that can look like over-compliance, going along robotically, or a denial of needs.

So for some context, some Fight, Flight or Freeze responses after the global pandemic was announced, were arguments; either physical or verbal, so that would fall under Fight response. Avoidance or denial of the pandemic or the disease itself which would fall under Flight. Or disassociation, which falls under Freeze and that could be in order to cope with the overwhelming trauma of the pandemic. It could cover sleeping a lot or turning off your phone or your social media or other things where it feels safer to not engage with what's happening.

Other examples I wrote down were, yeah, protecting oneself against engaging in any type of external factor which would fall under flight or freeze.

So just to slow down for a second, I described these three responses that are automatic and not controlled. They're not decisions, and they're a natural trauma response when there is a trigger.

Understanding triggers. So now that you understand kind of the three categories of trauma responses, it's important to understand that triggers can be almost anything.

Triggers might be any transitional time, resources being taken away, access being denied, lack of follow through, lack of response, invasive questions, lack of privacy or confidentiality, touching without consent. Other triggers may be physical or environmental, such as authority figures or authoritarianism, uniforms, atmosphere of a space, a tone, dominant culture norms, indicators of whiteness, ableism or the patriarchy, or any other reminders of any time that felt threatening.

So we have established that trauma-informed care is the assumption that trauma is everywhere, that ableism and trauma intersect in almost every system that we exist in, what the responses can look like those automatic responses, and that anything can be a trigger.

So if we recognize that, then we can start to validate and acknowledge people's trauma responses even if they look a certain way and we start to understand why people are responding to threat or feeling unsafe in a number of different ways. So we'll talk a little bit more about how that underpins trauma-informed care. Firstly, for kind of this to be fully realized, all of these are intrinsically linked; Trauma-informed care, anti-racism, disability justice, anti-capitalism, abolition and harm reduction.

And anti-racism includes dismantling and ending anti-blackness and post-colonial and decolonizing strategies as was discussed discussed by Kibler earlier. So here we start to describe the components of a trauma-informed lens and I'd like to apply it to disability justice.

Over the next three slides I would love to hear from people in the chat or on Discord for people to read later myself included and I will try to read them out as they go through the chat. And what I'm asking to share in the chat is, what ideas can you think of as I introduce these principles, that are at the intersection of disability justice and trauma-informed care?

The chat has already started so I will read some out before moving on to the principles.

Nicole wrote: Care mongering which I believe is the gatekeeping of care and the control of care as I understand that.

Anna wrote: Flexibility and letting people share as much and as little as they'd like.

Sorry Nicole, maybe it meant also um the positive side of that which is uh encouraging care.

Anna described flexibility and meeting people where they're at.

Kaya wrote: Psychiatric survivor communities and anti-psychiatry.

Absolutely.

Nicole wrote: Providing food for folks who were too disabled or too sick to go out for food.

Yaya wrote: CONSENT CULTURE!! in all caps, two exclamation marks.

Megan wrote: Toxic positivity which I will say ties into that trigger of a dominant culture or a tone or an atmosphere that could be triggering for folks.

Okay I'll start to introduce the principles and welcome more comments in the chat. I apologize for the very small text on this slide. It is a screenshot of the governing think tank on trauma in Oregon called Trauma Informed Oregon. These are five out of six principles of trauma-informed care. I will read the text going down the columns.

Safety- ensuring physical and emotional safety. A principle in practice would be a common area is welcoming and privacy is respected. If I was to apply that with a disability justice lens I would think about bodily autonomy, confidentiality, consent to information being shared, not outing people. There are so many elements of physical and emotional safety that are not quite fulfilled in all systems.

The second principle is choice- the definition is individual has choice and control. The principle and practice is individuals are provided a clear and appropriate message about their rights and responsibilities. In practice that means giving people processing time, extra time built into procedures, and questions and different processes. Many ways of communicating what is likely to happen next for somebody, so transparency around context and future and more explanations.

The third principle is collaboration- definition is making decisions with the individual and sharing power. That principle in practice, individuals are provided a significant role in planning and evaluating services. So as we know, that means people really being able to choose what happens to them as opposed to it happening to them. And people feeling empowered and autonomous to choose and to be given opportunities to have input.

Trustworthiness is the fourth principle, which means task clarity, consistency, and interpersonal boundaries. In practice it means respectful and professional boundaries are maintained. And to me this is connected to treating everyone with dignity and respect.

The fifth principle is empowerment- definition, prioritizing empowerment and skill building. In practice, that means providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency. That is a very service provider specific language. How that could look would be for staff members giving benefits that can meet people's needs, specific and individual needs, not just a one-size-fits-all situation. There's also in the skill building piece around education which we'll talk about shortly, and capacity building, so, how do we give people knowledge and skills so folks can make their own decisions and continue to educate their own communities? And this is the principle that starts to touch the mutual aid um idea.

The sixth principle which has been supported by strategies raised by Kibble and Galadriel earlier today, is cultural historical and gender issues, which includes leveraging the healing value of traditional cultural connections and recognizing and addressing historical trauma. Obviously, this in practice would mean that there was not just one dominant culture of whiteness or an expectation of whiteness to be the default. There would be space and embracing of non-western approaches, non-colonial approaches, Indigenous approaches, and the validation of these as valid and real legitimate approaches.

Okay so I read a lot of things just now, so I just wanted to remind you to stretch however it feels comfortable for you.

Thank you Nicole.

So that was a description of the principles of trauma-informed care. By using a universal trauma-informed lens we can help build resilience in ourselves and others.

So we'll talk about resilience now. Another way of talking about resilience is the capacity or the ability to bounce back and come back stronger than ever. So that is given that yes we have traumas that will continue and repeat and other things may happen to us and we have our trauma responses that ideally folks can recognize and acknowledge and understand and validate, and with those, on top of everything else, we develop our ability to come back stronger than ever, with everything else assumed.

No worries Jojo.

Resilience can include psychological resilience, emotional resilience, physical resilience, community and cultural resilience. And it is about tapping into the strengths or the skills that we have developed over our lifetimes that we feel good about and I guess to use Kibler's language, "when we feel like we're in a good way," to build out those good ways or build out those forms of resilience. So some ways to build resilience.

I should be talking for another 15 minutes or so and then hopefully we'll have time for questions at the end.

I will expand on some of these a little earlier. In the slide is an image of the flowers again the white and pink flowers from earlier and text which I will read out: Recognizing coping strategies, using a strengths-based lens, highlighting cultural strengths, building mutual aid and community care, building community, focusing on celebration and healing, and making it sustainable.

To give you examples of coping strategies, some people call them survival skills. They come from the list of trauma responses and they are a developed long-term, sometimes intergenerational version of those three trauma responses, ways that people have been able to form lifelong practices out of those trauma responses. They can include creative expression, a quick adaptability, if you've had to learn to adapt to a lot of new changes, resourcefulness, so being able to identify and get what you need however you can get it, self-reliance, so learning that maybe, you know maybe people had to parent themselves, and maybe learning that they were the only person they could trust in that way, camouflage or silence, so folks who maybe learned that not going under the radar helped them survive or get through a situation better than being noticed. The inverse of that could be a survival skill of leadership or hypervisibility. Other survival skills could be perceptiveness or high observation skills, pouring oneself into work or service, or helping or educating others.

The second point using a strengths-based lens can include reframing people's behavior, for example 'determined' in place of 'argumentative', 'they care' instead of 'over-emotional'. These are two examples of how instead of being focused on fallacy or flaws, we focus on people's abilities and strengths and affirm the tools that they have used their whole life to get to this point. Similarly, cultural strengths are highlighted so if a community is 'self-reliant' instead of being 'avoidant' or 'prideful', maybe someone from a family is 'a strong advocate' instead of 'demanding' or 'needy'. Again, we start to validate and recognize people's trauma responses as strengths and we affirm those.

Under build care, we would want to be aware of how to show up for different people with varying needs. We want to not patronize folks so, to explain that a little bit more, equalize a power dynamic instead of treating people from a superior power dynamic often seen in the savior complex. Build awareness of invisible educational emotional cultural and physical labor imparted on folks not just awareness but compensation and reward and validation and credit where credit is due.

Megan wrote 'Fuck infantilization', which is a common occurrence in many systems where people are treated like children as opposed to autonomous adults due to stigma and stereotypes.

And then lastly, when building care, a practice of care, be aware of burnout, so the likelihood of exhausting oneself over time and draining energy reserves over time and vicarious trauma, which is when you start to absorb other people's trauma as your own which happens when you're an empathetic person. So when you build care, try to look after your own reserves and your own energy and capacities.

Second to last, building community. We build community to debrief, to share experiences, to share the load or the burden, to feel less alone, to feel witnessed, just like this conference, just as was brought up by Kibler and Leah and Galadriel today.

Which leads to mutual aid and community care. Moving from individualism to collectivism, supporting via but not limited to, money, medication, self-medication, therapy, food, healing, joy, technology, housing, transportation, access and accessibility. These are some things we can promise to provide to folks as they would provide to us. The list continues...

Mutual aid and community care can involve supporting people with their pets, or their kids, supporting strategies to support their friends or their neighbors, but also reaching out to our friends, neighbors, chosen family, our colleagues, and family, if that's an option.

And then just as a kind of final thought before questions. We heard some examples today of celebration and healing through community connections and codependence that Leah brought up and through-

What does that word mean? Nicole asked. Oh, oh got you. Thank you. So Nicole is saying that caremongering is a similar description to I think mutual aid and community care. Got it.

Um, Galadriel brought up gardening and accessing ancestral wisdom which is definitely two very strong strategies of celebration and healing. We see those examples brought up today as examples where people can be celebrated in their full humanity, with dignity and respect, through showing and receiving appreciation and celebrating successes and mistakes too.

So we have four minutes left. I apologize. This is where I am happy to answer one or two questions.

Rebel: And if you have the capacity to go until three I think we could take that time because we're at the very end of the day.

Can we check with the closed captioner if they need a break?

Rebel: That's a great idea.

I can't um see their responses but maybe let me know if they need a break before that.

Rebel: Closed Captioner is fine going to three. Thank you.

Should I read the question from the chat, Rebel?

Rebel: Sure, if you'd like.

Okay.

Revy wrote: Question about how to build awareness of invisible educational, emotional, cultural, and physical labor. Like privilege, these are not at all invisible to those who are doing the work.

Absolutely. Yes. So folks who are doing the work are usually fairly aware of this labor that they are imparting and there is an imbalance because not everybody is aware of that. So with like any conversation around power dynamics, whether they be racial or cultural or around ableism or transphobia, it's about building the vocabulary and the opportunity to discuss them and then address them. So I always say, what structural ways are people- in their relationships, in their connections, at their jobs- able to build in regular check-ins and regular conversations to share, but also to be asked.

So a tangible example would be having a structure where supervisors and organizations understand that it is their role as a collective entity to ask, 'What could we be doing better to support you? I've noticed that you're working a lot lately. That's our problem and something we've created so tell us how we can create conditions where you don't have to work this much.' You know, regular, if not weekly times where people say 'this is when we can discuss dynamics of ableism and sanism and other power dynamics and justice', carved out regular space where the powers that be can offer that conversation, for folks to contribute if they want to or for folks to air out their thoughts if they want to.

That is just one example. But it's a slow process of education and opportunity and intention and building out regular intentional spaces to address those things, not just kind of forget about them once we learn about them. I hope that answers your question Revy.

Megan wrote: Any advice for informing therapists about this type of work? So often therapy is supremely westernized and this type of trauma-informed care, specifically for POC and disabled folks.

Um, I think that work's been currently built. And I wish I could say there was a solid place to go. I think that over the next year that will be built more tangibly but I'm currently working with Trauma Informed Oregon and they have a huge website of resources which I can share in the Discord later, um, and I know that they are working on adding resources for disabled and BIPOC folks.

Someone on Discord asked: I would love to hear about best practices general tips for avoiding vicarious trauma.

Okay, there's two questions here so the first question this is a whole other two hours of discussion I guess but one is a separation and you know boundary setting and a separation of, um, I would say you know personal practice, professional practice, community practice, and I know that's a very colonial answer but having some kind of reserve of energy for yourself because you are an entity as well. I think we, we in this conference are probably people geared towards caring for others quite a lot and that is a beautiful thing to preserve. Sometimes we care for other people to the detriment of ourselves so I always say I know you want to give a hundred percent, how about giving 90 percent and then keeping hold onto 10 percent so that you can make it to the next day. But that's a very basic answer around vicarious trauma at the base level that is my answer and on top of that is building regular healthy practices of things that you love and things that you feel good for you, and that can be petting a cat or calling somebody that you know will listen to you when things are rough. But that's different for everybody but tapping into those things.

Nicole wrote: Like grounding?

Yeah, grounding is one thing if it works for people. For some people grounding could be a reminder of things they aren't comfortable with so it really is personal and it depends on people's best strategies.

Okay, uh I'm gonna go to the next question just because there are so many.

Kiasi wrote: How do you deal with competing trauma responses?

It's similar, that question and that answer is similar to the one about invisible labor. We start to name things when we know, so building awareness, building vocabulary, building conversation to communicate that not to just oneself but those around us and practicing ways of boundary setting when there are competing trauma responses. It's quite often. It happens quite a lot and often trauma responses can escalate one another so when you start to recognize that, um, then to break the cycle, you know, folks sometimes need to stop engaging for a second or someone else can step in instead of you if you're dealing with a customer or client for example. But building awareness and then practicing de-escalation and changes in the cycle.

In answer to Barbara's question about what are good resources to learn more about this? Um, I pointed to Trauma Informed Oregon and I'm pointing to them mainly because I don't know where else to look and I personally don't, um, rely on a lot of resources because they're not always there. I guess I had



forgotten about this but it would maybe be a good time to plug my book because that does provide these resources for people. I forgot about this but I made a graphic novel that does discuss specifically um how to hold space so that's what it's called, Trauma X: Holding Space Radically by Vo Vo. So it gives you strategies to support yourself and folks around you. I always forget that that just got released a couple of days ago.

Um, Jennifer wrote: Is it possible to learn more about or utilize the Trauma Informed Oregon you mentioned and if an agency receiving trauma-informed care non-violence funding through the government and is not abiding with trauma-informed care, what safest choices would you make as a survivor in order to receive proper care? Any advice?

Perhaps I don't have a definitive answer for that, but I think that they would be open to hearing from you or anybody else because that is kind of what they do, they intervene when something is not, um, as trauma informed as it could be. So my answer is I don't know, but that's a good starting point.

We have three minutes left and I will try to cover the remaining questions that are here.

Maya wrote: Sometimes when i'm trying to compartmentalize to help myself with vicarious trauma I also wonder if some of what is so difficult is an experience of collective trauma, like we don't have what is needed for the structural harm to not occur again. Can you speak about vicarious trauma versus collective need for well-being?

Yes, and I think that this is a key time where we are having to make choices every day between holding space for collective trauma versus blocking it out to some degree. I know that's a very brutal answer but there are balances, and the balance can be focusing on your immediate community or narrowing that lens just for a moment so that you're not constantly holding space for collective constant pain and trauma, including that of colonization and white supremacy.

So, partly I would say the collective need for well-being sometimes is that leaning on celebration and healing and as Nicole wrote, care-mongering, and how do we if it was an equation, how do we balance, um, how do we balance the scales so we are spending more attention and time on care mongering and mutual aid and celebration and healing, and then only holding space for collective trauma when we absolutely have the capacity to. That's a hard thing to say but i worry about people's capacities all the time.

And then Cat wrote: Right, because so often vicarious trauma is in our intimate lives where those boundaries are harder to create, distinguish, maintain. Absolutely. Boundary setting is a lifelong journey and a lifelong learning process.

Absolutely. Um, oh. Hello, uh there's three questions about the book so I will just link it on the chat and then I will put the link in um sorry, on Discord as well. And I think that puts us up at exactly three o'clock so I want to say thank you.