Oppression: A Trauma Informed Perspective

- Danny Gladden, MBA, MSW, LCSW
- (He, Him)

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Oppression: A Trauma Informed Perspective

Presented by: Danny Gladden, MBA, MSW, LCSW
Oppression: A Trauma Informed Perspective

Modeling Safety: Expanded Empathy

Seek first with the INTENT to understand

Share the floor

You don’t have to “get it” for it to be so

Compassion over competence

Strive for clinical curiosity: “I wonder what that’s about”

Seek connection, not attention
Objectives

1. Explore the dimensions of human diversity and trauma
2. Understand how cumulative microaggressions lead to toxic stress
3. Review trauma symptoms of discrimination scale and the science behind it
4. Understand appropriate tools to utilize when engaging individuals who have been exposed to trauma from oppression and discrimination

Who Are You?

- Share a story about your name
- Who gave you your name? Why?
- What is the origin of your name?
- How do you feel about your name?
- Share an example of a place where you felt a strong sense of belonging. What was it about that environment that made you feel included and seen?
- Can you share an example of a time when an ally supported you through something challenging at work or in life?
The Old: “What’s wrong with you?”

The New: What happened to you?

New Paradigm

Viewing Ferguson through a Trauma Responsive Lens
Trauma and Oppression

- Trauma is a psychological dimension of oppression.
- Oppression, which is the systematic abuse of power, renders people powerless.
  - Powerlessness is the hallmark of traumatic experience.

Trauma

...experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being.”

SAMHSA. (Spring 2014).
Microagression

The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.
### Examples of Microgressions

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Culture/Race</td>
<td>In a clinical relationship a provider may, for example, minimize racial/cultural issues; subtly communicate stereotypic assumptions; or over-identify with the patient’s cultural background, at times due to assumed similarities with oppressive experiences.</td>
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<td>Gender</td>
<td>My trip to Chicago</td>
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<td>Sexual Orientation</td>
<td>Two gay men hold hands in public and are told not to flaunt their sexuality. Same-sex displays of affection are abnormal and offensive. Keep it private and to yourselves.</td>
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<td>Gender Identity</td>
<td>Legislative policies</td>
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<td>Tech equity</td>
<td>Hardware, bandwidth, knowledge</td>
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A thousand little paper cuts

Microassaults
- Conscious/Intentional

Microinvalidations
- Subtly exclude, negate or nullify

Microinsults
- Verbal/Nonverbal
- Subtly convey rudeness & insensitivity

Protective Factors

Three Levels of Stress Response

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.
Understanding the Psychological Impact of Oppression Using the Trauma Symptoms of Discrimination Scale

• Williams, Osman, Hyon January 2023 SAGE Journal
• The Trauma Symptoms of Discrimination Scale (TSDS) is a self-report measure designed to assess the traumatizing impact of discrimination broadly by measuring anxiety-related symptoms of trauma due to discriminatory experiences. This may include symptoms arising from racism, homophobia, sexism, poverty, or other forms of marginalization.
• Oppression describes an asymmetrical power dynamic characterized by domination and subordination of a group by restricting access to social, economic, and political resources. Subordinated groups experience fear, stress, and may develop negative views of themselves. As a chronic stressor, oppression can lead to poor mental health. Studies consistently link poverty and lower socioeconomic status (SES) with increased vulnerability to negative physical and mental health conditions, including schizophrenia, major depression, panic and phobic disorders, as well as antisocial personality disorder.

The Literature

• Oppression based on race, sexual orientation, and other identities predicts poor mental health. A meta-analysis of 66 studies concluded increased exposure to stress from racial discrimination was a stronger predictor of depression and anxiety for African Americans. Similar findings exist for intersectional oppressions based on class, sexual orientation and race. In a study of 376 Black, Latino, and multiracial sexual minority males, English and colleagues found gay rejection sensitivity, racial discrimination, and emotional regulation difficulties were significantly linked, which in turn predicted higher anxiety and depressive symptoms.
• As chronic experiences, oppression can even be traumatizing. Although the DSM-5 conceptualizes traumatic experiences as discrete events, Holmes and colleagues argue this approach fails to capture the harm of chronic oppression-based experiences, such as racism, sexism, homophobia, and poverty.
The Trauma Symptoms of Discrimination Scale

PART 1: Frequency of Experiences

Experiencing discrimination can be very stressful, and sometimes people can feel specific types of stress due to discrimination that impact their daily lives. This can be caused by one very stressful experience of discrimination, or several smaller experiences of discrimination over the course of one’s life. Based on these experiences in your life, answer the following questions. Please keep in mind that ratings should reflect whether the type of stress was caused by discrimination.

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The Conclusion

- The research found oppression in all its forms is traumatizing, although some dimensions of oppression are more traumatizing than others based on differing identities and intersectionalities. Clinicians should consider all of these in clinical practice, individually and in combination. Intersectionality may require unique treatment approaches, which is an area sorely in need of more research.

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How Trauma Impacts

- Intrusive Memories
- Avoidance
- Negative changes in Mood and Thinking
- Changes in Emotional Reactions
  - Irritability, angry outbursts or aggressive behavior
  - Always being on guard for danger
  - Overwhelming guilt or shame
  - Self-destructive behavior
  - Trouble concentrating
  - Trouble sleeping
  - Being easily startled or frightened

Back to Ferguson

- Psychoanalytic Perspective
  - Rage is a conditioned response to helplessness
  - Entitlement is a conditioned response to deprivation
- Traumatic rage
  - Irritability, angry outbursts or aggressive behavior
  - Always being on guard for danger
  - Self-destructive behavior
  - Being easily startled or frightened

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“A program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”

According to SAMHSA’s concept of a trauma-responsive approach, “A program, organization, or system that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- **Seeks to actively resist re-traumatization.”
A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

Secondary Trauma

- “Compassion Fatigue” or “Vicarious Traumatization”
- Refer to the similar physical, psychological, and cognitive changes and symptoms that behavioral health workers may encounter when they work specifically with clients who have histories of trauma.
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