**Talking Points from ChrisTiana ObeySumner**

**(10:30-11:30am) Panel: Trauma-informed Approaches, Lived Experience**

**Facilitator:** Zack Siddeek

**Objectives:** Increase awareness of challenges, barriers and outcomes of parents and autistic adults who experience trauma (themselves and/or their children) in seeking treatment, resources and/ or support in their community and school settings.

**Panelists** (listed in alphabetical order by first name):

* **Arzu Forough**, parent; President/CEO, Washington Autism Alliance & Advocacy
* **ChrisTiana ObeySumner**, MNPL; Autistic activist; Owner and Principal Social Equity Consultant, Epiphanies of Equity, Co-Chair, Seattle Commission for Disabilities, Executive Director, The Eleanor Elizabeth Institute for Black Empowerment
* **Micah Levenson**, LICSW, Autistic adult, private practice psychotherapist
* **Rachel Nemhauser**, parent, Parent to Parent Program Supervisor, The Arc of King County

**(10:30-11:30am) Panel questions for all panelists:**

1. Tell us about your experience seeking support/treatment (for yourself and or your child) in the health care setting, school setting and or community and how it affected you?
   1. It is difficult to navigate these systems as someone who is intersectionally autistic, (Black, Indigenous, Femme, with other disabilities, person of size, queer, and married.) The intersection of indigeneity and my autism led to seven years of involuntary psychiatric institutionalization due to a lack of cultural humility of how disability is constructed differently in my ethnic culture. In public school, my high IQ threw teachers and administrators for a loop when they were seeking answers as to why I was “so developmentally behind.” Because there are/were restrictions on who could be diagnosed as Autistic, by whom and with what insurance, and through what means -- often inaccessible to my single parent mother -- it was easier to mark my presentation up to behavioral issues and institute punishment. The constant conversation as to whether I should be moved ahead grades based on my competency and intelligence testing, or held back in special education based on my math scores and regressed developmental testing and presentation, (i.e. nonverbal, antisocial, isolatolative, etc,) led to an increase of iatrogenic trauma, or the trauma that occurs when violence is experienced at the hand of practitioners. It also made it nearly impossible to report other sorts of trauma, like bullying, sexual assault or harassment, or racism/ antiblackness.
2. What has helped you in the past and what would you want community professionals and policy makers to know?
   1. Cultural humility is the golden standard for intersectionally autistic people. It is important to not only understand oneself and your power dynamic in a situation with an intersectionally autistic person -- especially if they are in a feminized or racialized body, or if they have a disability they “wear out loud,” -- but also seek to empathetically understand the gestalt and lived experience of the intersectionally autistic person; And then, and most importantly, seek to lead with care and mindfulness how your sociopolitical power and proximity to privilege can be threatening, re-traumatizing, and oppressive to the intersectionally autistic person. It can mean the difference between rapport building and gains in the person’s care, and the perpetuation of iatrogenic trauma.
3. What would you change if you had a magic wand?
   1. Simple. I just want to be able to live my life free of socially and medically enforced constructs placed upon my person. I would love to live in a community that practices radical acceptance and lovingkindness. I would love to live in a community where my marriage is not seen as charity or potential abuse. I would love to be taken seriously and at face value when I report my autism to providers and employers, and not be bombarded with questions about how autism can occur in a femme or Black body. Remember that autistic people are people: Not cases, not dependents, not fragile things. But we have a limbic system, hopes, dreams, desires, and emotions like everyone else.