



National LGBTQ Institute on Intimate Partner Violence

A PROJECT OF THE LOS ANGELES LGBT CENTER

In partnership with the National Coalition of Anti-Violence Programs and In Our Own Voices, Inc.

# WHEN WE CALL ON ANCESTRAL MEMORY

LINEAGES OF BLACK LGBTQ+ HEALING & TIPS FOR CARE PRACTICES

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FOR AND BY BLACK LGBTQ+ SURVIVORS

**This is published by the National LGBTQ Institute on Intimate Partner Violence, a project of the Los Angeles LGBT Center. More than 50 years ago, a group of queer activists came together to share a dream. After fighting for equality in protests, demonstrations, and beyond, they wondered: *What if we created the world we've been waiting for?* This question led to the creation of the Los Angeles LGBT Center and eventually the National LGBTQ Institute on IPV. We hope you explore this question with us throughout this publication and beyond.**

## **Project Team**

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## **About the Author and Designer**

**Nish Newton is a gender doula, and they utilize art to wage a better world. Among a myriad of identities, Nish is a Black, queer, trans person as well as a survivor of sexual and domestic abuse. With a graduate M.A. degree in Social Justice and Human Rights, along with their deep-rooted experience in victim advocacy, Nish is steadfast in cultivating liberation by uplifting culturally-specific and trauma-informed care. When Nish isn't mobilizing toward a more equitable and liberated world, they are known for their film projects, poetry, and beloved garden.**

**Nish offers their expertise and lived experiences to this case study, dedicating this piece to all who still dare to dream with them for a better future.**

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# What Our People Have Known

## An overview of Black LGBTQ+ healing

**Black LGBTQ+ people<sup>1</sup> have always carried the blueprint for survival, especially after colonization and enslavement led to the oppression and erasure of our communities.**

Our ancestors built care systems rooted in intuition, collective love, and spiritual knowing long before our fights for voting rights, movements for gender-affirming care, or terms like “trauma-informed care” became commonly used.<sup>2</sup>

**Healing was not a theory to those who came before us; it was daily practice — braiding hair, singing grief songs, praying or chanting, holding one another through loss.** These rituals of care were how they mended what the world tried to break in the spread and rise of racism, homophobia, transphobia, and all other outcomes of colonization.<sup>3</sup>

Today, those same traditions live on in how we check in

with our friends, how we make space for chosen family, how we gather in beauty and joy despite it all. **This is ancestral memory** — the knowledge that healing is something we inherit.<sup>4</sup> But that inheritance is complex. Alongside the wisdom our ancestors offer us, we also inherit wounds. Centuries of racial inequity, anti-LGBTQ+ violence, and abuse related to race, gender, sexuality,<sup>5</sup> or beyond create our trauma — the kind that embeds itself not only in our nervous systems, but in our families and communities.<sup>6</sup>

**For many Black LGBTQ+ people, the experience of seeking care in the present day is layered:** we carry the history of medical and psychological harm against Black bodies and minds; the religious rejections of queer and trans existence; the

1. Throughout this project, I use “Black” and “LGBTQ+” as umbrella terms that refer to my beloved community members. Black refers to people who belong to racial communities of the African diaspora, and LGBTQ+ refers to those who do not connect with the colonial gender binary or cisgender-heterosexual values.

economic struggles born of systemic inequality; and the stings of being told again and again that we are “too much” to be cared for with honor. **The healthcare systems and wellness resources that exist today often replicate the same violences we’re escaping.** Clinics misgender. Therapists minimize racial trauma. Shelters separate by binary gender and exclude trans women. **Too often, “care” becomes another site of survival instead of healing.**<sup>7</sup>

And yet — we have always found ways to heal each other anyway. When we take it to the streets for protests, when a friend sits with you through a panic attack, when your barber or stylist affirms your transition, when you make sure a neighbor is safe from an unhealthy relationship — that’s gender-affirming, culturally-specific, trauma-informed care.<sup>8</sup> Healing is not just about completing therapeutic services. It’s about being comprehensively cared for.

This case study is written for both people and community spaces that support people who are healing from harm, especially Black LGBTQ+ survivors of intimate or relational violence. **This case study invites us all to remember that care does not have to mimic the systems that harmed us.** Care can emerge from what our elders already taught us: that liberation and love are intertwined, that healing from violence and trauma is a collective practice, and that we deserve care that honors every part of who we are.<sup>9</sup>

**Are you interested in more info and stories about Black LGBTQ+ communities or our healing and care?**

**Check out the Black Trans Bookshop:**



**[www.bit.ly/library4us](http://www.bit.ly/library4us)**

2. Audre Lorde, *Sister Outsider* (Berkeley, CA: Crossing Press, 1984), 130.

3. bell hooks, *Sisters of the Yam* (Boston: South End Press, 1993), 12.

4. Alexis Pauline Gumbs, *M Archive* (Durham: Duke University Press, 2018), 25.

5. There are many forms of abuse that Black LGBTQ+ people face in this country, including gender-based violence (such as intimate partner violence, domestic abuse, sexual assault, human trafficking, stalking, and beyond). For instance, in a 2024 article called “Sexual Violence and Suicide Risk among LGBTQ+ Young People,” The Trevor Project shares that LGBTQ+ young people report higher rates of sexual violence than the general population; they also share that Black LGBTQ+ young people reported significantly higher rates of experiencing abuse compared to their white LGBTQ+ peers. Both colonization and enslavement are root causes of the violence and abuse experienced by Black LGBTQ+ people.

6. Christina Sharpe, *In the Wake* (Durham: Duke University Press, 2016), 45–46.

7. Cathy Cohen, *The Boundaries of Blackness* (Chicago: University of Chicago Press, 1999), 68.

8. Want to learn more about gender-affirming, culturally-specific, trauma-informed care? Check out pages 12 and 13 of this project!

9. George M. Johnson, *All Boys Aren't Blue* (New York: Farrar, Straus and Giroux, 2020), 90.

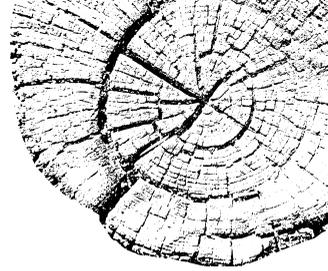


**“We are each other's harvest; we are each other's business; we are each other's magnitude and bond.”**

— Gwendolyn Brooks



# Intergenerational Healing Among Black LGBTQ+ Folks



**Ancestral memory<sup>10</sup> is the knowledge passed down through generations — sometimes through story, sometimes through silence.<sup>11</sup>** It can be a rhythm your body recognizes when the drum starts, or an internal whisper that says, “You’ve been here before.” It’s a skill you have a knack for, inherited predispositions, and adaptations we’ve genetically carried (and carry forward).

For Black LGBTQ+ people, ancestral memory often contains both trauma and truth.<sup>12</sup> Our lineage holds memories of forced displacement, survival under slavery, resilience through the AIDS epidemic, plus more. Each memory shapes how we love, how we trust, how we protect ourselves. But within that same memory is the remembering of the magic that came before colonization and its long lineages of violence. We also have a roadmap toward a future where we uplift healing rather than upholding harm.<sup>13</sup>

**Intergenerational healing begins when we honor the wounds and the wisdom.** It asks: *What practices did our ancestors use to care for one another before today’s systems existed? What of their approaches and practices can we reclaim?*<sup>14</sup> Healing in this sense is not about an act of recovery for Black LGBTQ+ individuals. It’s about transforming relationships, families, communities, and spaces so that future generations of Black and LGBTQ+ inherit less pain and more possibility.<sup>15</sup>

10. Our ancestors pass along more than genetic traits like hair color or height. Our ancestral memory can allow us to look back at the attributes and experiences of our pastparents to trace which traits are passed down to us (even each of our epigenetic mechanisms that influence our instincts, fears and anxieties, or beyond). Ancestors include all who shape our minds, bodies, behaviors, and lives too—not just relatives.

11. Alexis Pauline Gumbs, *M Archive*, 27.

12. bell hooks, *All About Love*, 30.

13. Audre Lorde, *Sister Outsider*, 132–133.

14. Cara Page and Erica Woodland, *Healing Justice Lineages*, 22.

15. Christina Sharpe, *In the Wake*, 56.

# Barriers to Affirming, Accessible, and Quality Care

## 1. Gender and Sexuality Policing in Care Settings

Black LGBTQ+ people are often denied care outright.<sup>16</sup> Gendered shelters and hospitals often misclassify or exclude trans clients. Providers sometimes conflate LGBTQ+ identities with mental instability or moral failing. Without gender-affirming policies and training about LGBTQ+ communities, institutions often replicate harm rather than repair it.<sup>17</sup>

## 2. Criminalization and Distrust of (In)Justice Systems

Because of racial profiling and the criminalization of sex work, trans identity, and poverty, many Black LGBTQ+ people don't call the police or reach out to state agencies when they experience harm. Instead, they often rely on friends, chosen family, and trusted organizations in their community. Unless we utilize community-based crisis systems or radically transform our (in)justice systems, many of our people are left unsupported.<sup>18</sup>

## 3. Systemic Racism and Medical Mistrust

Black communities in this country have a long and justified history of medical mistrust. From the Tuskegee Syphilis Study to the exploitation of Henrietta Lacks, before and beyond, the medical field has routinely used Black bodies for research while denying us basic care.<sup>19</sup> When you add the stigmas that queer and trans people face, that mistrust deepens. Many Black LGBTQ+ people report being misdiagnosed, dismissed, or pathologized because of homophobic and transphobic bias.<sup>20</sup>

## 4. Economic and Housing Insecurity

Systemic inequities keep many Black LGBTQ+ folks in cycles of precarity. Housing insecurity is one of the strongest predictors of vulnerability to abuse, violence, and barriers to leaving harmful relationships or environments.<sup>21</sup> Without stable shelter or income, "healing" becomes secondary to survival.





## 5. Cultural Erasure and Colonial-Centered Models of Healing

Most of this country's mental health and social service frameworks are built on Eurocentric, cis-hetero assumptions about the individual.<sup>22</sup> But Black healing traditions are inherently communal and spiritual, and LGBTQ+ people have always cultivated, maintained, and reclaimed care systems beyond what is now called Western medicine. When systems don't make space for our practices — when they dismiss the ways Black and LGBTQ+ people have always made lifelong rituals of caretaking and healing communities — they erase the context that makes thriving possible.<sup>23</sup>

## 6. Language Gaps and Accessibility

Many Black LGBTQ+ people who have experienced a form of violence do not use terms like “domestic violence,” “intimate partner violence,” or “survivor.”<sup>24</sup> Some might say “I went through something,” or “I had to get free.” Using rigid or academic language can alienate people from care that's meant to serve them. Accessibility also means cost, transportation, disability access, and language translation — all of which are barriers compounded by racism and poverty.<sup>25</sup>

## 7. Strained and Severed Connections to Our People

Many of us experience profound disconnection from ancestral and communal roots, a barrier rooted in both historical and ongoing oppression. The legacy of enslavement systematically fractured family structures, obscuring lineages and disrupting the transmission of cultural practices.<sup>26</sup> For LGBTQ+ people, additional layers of minoritization—including societal pressures to remain closeted, discrimination, and violence—further strain connections to chosen and ancestral communities. Our layered disconnection can make it difficult, if not impossible, to access and practice ancestral memories of care or healing as these traditions are often tied to lineages, rituals, or community contexts that may no longer be directly accessible.



16. Lambda Legal, *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People Living with HIV*, 2010.

17. National Center for Transgender Equality, *The Report of the 2015 U.S. Transgender Survey* (Washington, DC: NCTE, 2016).

18. Dean Spade, *Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of Law* (Durham: Duke University Press, 2015), 49–67.

19. Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006), 215–240.

20. American Psychological Association, *APA Resolution on Data About Bisexual, Gay, and Lesbian People and Individuals with a Transgender Identity in Health Care*, 2021.

21. Bianca D.M. Wilson et al., *LGBT Poverty in the United States* (Los Angeles: The Williams Institute, UCLA School of Law, 2020).

22. Frantz Fanon, *Black Skin, White Masks* (New York: Grove Press, 2008), 154–169.

23. Cara Page and Erica Woodland, eds., *Healing Justice Lineages: Dreaming at the Crossroads of Liberation, Collective Care, and Safety* (New York: North Atlantic Books, 2023), 18–27.

24. Beth E. Richie, *Arrested Justice: Black Women, Violence, and America's Prison Nation* (New York: NYU Press, 2012), 45–68.

25. Centers for Disease Control and Prevention, *Health Disparities and Inequalities Report* (Atlanta: CDC, 2013).

26. Saidiya Hartman, *Lose Your Mother: A Journey Along the Atlantic Slave Route* (New York: Farrar, Straus and Giroux, 2007), 85–102.



**We inherit the wisdom and wounds of our ancestors,  
which also means we can offer our healing and  
reclaimed wellness to our Black LGBTQ+ descendants.**

What will you offer our future world?



# What We're (Re)Practicing

## 3 Parts of our Pastparents' Care

### **1. Gender-Affirming Care**

Gender-affirming care recognizes each person's gender identity and expression as valid, sacred, and non-negotiable.<sup>27</sup> For Black trans and nonbinary people, affirmation is particularly imperative, especially for one's healing.

#### **Our Black LGBTQ+ elders have shown us gender-affirming care by:**

- Using correct names and pronouns, not just whatever was assigned at/before birth
- Offering transition-related healthcare and mental health support without gatekeeping or stigma
- Designing programs and spaces that are not separated by binary gender
- Creating public signals of inclusion (Black trans flags, affirming art, inclusive intake paperwork and outward-facing documents, etc.)

### **2. Culturally-Specific Care**

Care that is culturally-specific acknowledges that culture is not an "add-on" but central to healing. For Black LGBTQ+ people, this means many things: integrating African-diasporic, Southern, and queer spiritualities; affirming chosen family structures; and honoring cultural forms of expression like music, movement, and storytelling as therapeutic.<sup>28</sup>

#### **Our Black LGBTQ+ elders have shown us culturally-specific care by:**

- Offering care that incorporates spiritual practices or ancestral remembrance
- Providing group healing spaces that uplift Black music, art, or oral storytelling
- Recognizing that resistance, joy, and celebration are vital forms of healing
- Seeking and supporting Black queer and trans advocates, healers, etc.

### **3. Trauma-Informed Care**

Trauma-informed care begins with the assumption that most individuals have experienced trauma — and that safety, trust, and choice must be centered to heal from trauma.<sup>29</sup> But for Black LGBTQ+ people, trauma isn't just individual — it's structural. Trauma-informed approaches must therefore address racism, homophobia, and transphobia as systemic traumas.

#### **Our Black LGBTQ+ elders modeled trauma-informed care by:**

- **Allowing folks, especially survivors of abuse, to define what safety means for them**
- **Understanding that hypervigilance or distrust can be inherited survival responses**
- **Prioritizing consent at every part of engagement**
- **Building relationships that center mutuality, trust, and boundaries**

*Gender-affirming, culturally-specific, trauma-informed care*

**Together, these 3 forms of care can create a healing practice that honors us holistically and collectively**

— not as a broken patient to be fixed in an otherwise perfect world, but as a multidimensional person who's deserving of dignity and joy despite the oppression, violence, and abuse that Black LGBTQ+ have faced in this country.<sup>26</sup>

27. World Professional Association for Transgender Health (WPATH), Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022).

28. LeConte J. Dill and Bianca D.M. Wilson, "Black LGBTQ+ Communities, Culture, and Healing," in *The Routledge Handbook of LGBTQIA Administration and Policy*, ed. Wallace Swan (New York: Routledge, 2022), 233–246.

29. Substance Abuse and Mental Health Services Administration (SAMHSA), SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (Rockville, MD: SAMHSA, 2014).

## **THREE TIPS FOR BLACK LGBTQ+ CARE**

### **1. Recognize the Contexts of Disconnection**

- Many care providers reference family history and familial relations for their care plans. Although it's important to have a fuller perspective of clients' backgrounds, it's also important to understand that Black LGBTQ+ clients may lack access to knowledge or support due to generational trauma, systemic oppression, or forced separation and secrecy. Avoid assuming family ties, lineage, or cultural knowledge is readily accessible.
  - ***Foster interconnection. In intake or care conversations, ask open-ended questions about community and support networks rather than asking for family trees or traditional rituals that may be unknown.***

### **2. Facilitate Access to Community Knowledge**

- Provide clients with resources, networks, and spaces that allow them to engage with cultural or ancestral practices.
  - ***It is crucial for providers to remain in-the-know of community tools so you can suggest a range of healing practices, spaces, and traditions.***

### **3. Practice Digital Security**

- Black and LGBTQ+ communities are surveilled and criminalized, so it's vital to protect Black LGBTQ+ clients' records, photos, information and descriptions, stories, and your session notes.
  - ***Utilize tools (like software or email accounts) that have end-to-end encryption—and do not use AI for your correspondence or your planning regarding clients.***

**Want to explore more about healing clients' ancestral memory?**

**Check out  
*Break the Cycle: A Guide to Healing Intergenerational Trauma***

**[www.bit.ly/btc-healing](http://www.bit.ly/btc-healing)**

**SCAN ME! >>>**



*If you like what you find, there's a training certification available by Dr. Mariel Buqué*

## **THREE TIPS FOR FOLKS SEEKING HEALING**

### **1. Build Up Chosen Families**

- Healing rarely happens alone, and beyond the power of kinship, there is a higher likelihood of maintained and sustained healing when one is surrounded by a supportive community.
  - ***When ancestral knowledge or direct lineage is inaccessible, chosen families can be central sites of care.***

### **2. Document and Share Your Stories**

- Actively creating and recording personal, chosen-family, or community histories can counter the dismissal and erasure we often face as Black LGBTQ+ people. Our stories have power whether they're about the good times, our hardest days, or in between. Plus, there are many benefits. For example, exploring our stories allow us to explore our fullest selves, logging our experiences can help keep us safer when we're experiencing unhealthy or potentially dangerous situations, and journaling is a grounding practice people have been doing for centuries.
  - ***Maintain a "living archive" of letters, oral histories, film, or recorded conversations with mentors in your community—creating a gallery that you, others, and future generations can draw upon throughout the wellness journey(s).***

### **3. Engage with Community Networks**

- Seek out local or virtual spaces for Black LGBTQ+ people to get knowledge, resources and mutual care. Community connection strengthens our ancestral memory, and there are several resources that can offer help that's aligned to your needs and values (such as being no-cost, providing emergency response without calling police, and more).
  - ***There are doulas, therapists, advocates at programs, people at Black and LGBTQ+ organizations, and beyond that can offer you direct support and helpful referrals.***

# Closing Reflection

To practice gender-affirming, culturally-specific, trauma-informed care for Black LGBTQ+ people is to practice remembrance. It is to return to what our ancestors already knew: that we heal best in community, in ritual, and with the power of our people.

Our survival has never depended solely on systems or byproducts of colonialism; it has depended on each other. The work ahead is not to reinvent care, but to remember it — to pull from our ancestral memory the medicine that has always been ours. When we do practice our ancestral memory, we not only heal our own generations — we leave pathways of liberation for those yet to come. It is my deepest honor to join you on this journey toward collective care.



*- Nish Newton, 2025*

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