

**Trauma-
informed Care**
for the
LGBTQ+ Patient

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Trauma & ACEs

What counts as trauma?



This is **PERSONAL**



The trauma inflicted on the
LGTBQ+ community is the trauma
inflicted on me and my family.

Trauma and ACEs

Trauma

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

ACEs

ACEs = Adverse Childhood Experiences

The 3 types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Abuse toward Parent



Substance Abuse



Divorce

Effect of Trauma on General Health



2 times

as likely to smoke



2.5 times

more likely to have sexually-transmitted infections



4 times

more likely to have chronic obstructive pulmonary disease



7 times

more likely to consider themselves an alcoholic



10 times

as likely to have injected street drugs



12 times

as likely to have attempted suicide

(Source: [Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults](#))



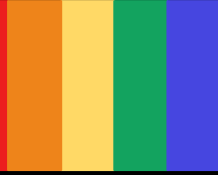
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LGBTBQ+ Trauma

What's different for LGBTQ+ folks?



Legal battles for basic rights



- Marriage equality
- Military service
- Bathroom Access
- Conversion therapy



LGBTQ+ Health Outcomes



Anti-LGBTQ homicides nearly doubled in 2017, report finds

SHARE & SAVE — f t e ...

Anti-LGBTQ homicides nearly doubled in 2017, report finds

Fifty-two LGBTQ people were killed last year as a result of hate violence, according to the National Coalition of Anti-Violence Programs.

Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner

	Women		Men
Lesbian	44%	Gay	26%
Bisexual	61%	Bisexual	37%
Heterosexual	35%	Heterosexual	29%

TREVOR National Survey on LGBTQ Youth Mental Health 2021



INTRODUCTION



- **42% of LGBTQ youth** seriously considered attempting suicide in the past year, including **more than half of transgender and nonbinary youth**.
- **12% of white youth** attempted suicide compared to **31% of Native/Indigenous youth, 21% of Black youth, 21% of multiracial youth, 18% of Latinx youth, and 12% of Asian/Pacific Islander youth**.



- **Transgender and nonbinary youth** who were able to change their name and/or gender marker on **legal documents**, such as driver's licenses and birth certificates, reported **lower rates** of attempting suicide.
- **LGBTQ youth who had access to spaces** that affirmed their sexual orientation and gender identity reported **lower rates** of attempting suicide.



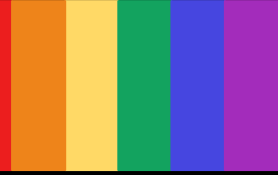


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Trauma-informed Care

Definition and differences from standard practice

Trauma-Informed Care



1. SAFETY



2. TRUSTWORTHINESS
& TRANSPARENCY



3. PEER SUPPORT



4. COLLABORATION
& MUTUALITY

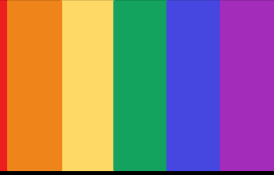


5. EMPOWERMENT
VOICE & CHOICE



6. CULTURAL, HISTORICAL,
& GENDER ISSUES

Trauma-Informed Care



Not “what’s wrong with you”

Trauma-Informed Care Model



What happened to you?



Ask about experiences



Clinical and Organizational

Guiding Principles



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed



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Implementation

How does this work in practice?

Implementation

Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:



- 1 Lead and communicate about being trauma-informed
- 2 Engage patients in organizational planning
- 3 Train both clinical and non-clinical staff
- 4 Create a safe physical and emotional environment
- 5 Prevent secondary traumatic stress in staff
- 6 Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:



- 7 Involve patients in the treatment process
- 8 Screen for trauma
- 9 Train staff in trauma-specific treatments
- 10 Engage referral sources and partner organizations



For more details, read the brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*.
Visit www.TraumaInformedCare.chcs.org.



Implementation

Because non-clinical staff often interact with patients, they can play an important role in making patients feel safe and welcome and should be included in all awareness-building events or trainings.

What Can You Do Tomorrow to Support Trauma-Informed Care?

Eddy Machtinger, MD, director of the Women's HIV Program at University of California, San Francisco, offers a simple roadmap to help organizations promote trauma-informed care:¹⁶

1. **Realize** that a lot about who we are and what we do is because of things that happened to us.
2. **Embrace** trauma-informed values for yourself.
3. **Distribute literature** in the waiting room about the impact of trauma on health.
4. **Get training (ideally for the whole organization)** about the impact of trauma on health, trauma-informed skills, and screening for interpersonal violence and the impacts of lifelong trauma.
5. **Assemble a team** that is interested in this issue to get educated, collaborate on steps forward, and support one another in the process.

Specific LGBTQ+ Implementation



Pronouns

Ask them of everyone,
everyone wear them
universally

Ungender

Bathrooms, handouts,
clinic names, website
information, signage

Risk Education

Screen for actual risks,
don't assume
understanding

Return Power

Patient always has
power to end exam or
encounter at any time.

Explain Exam

If you can't justify your
exam, you probably
don't need it.

Ask Permission

... and wait to proceed
until receiving it!



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Resources

More info for practices and patients



Top 5 Take Away Points



- Trauma has real, measurable health effects and is worthy of screening for and addressing.
- Oppressed populations have more societal trauma and suffer more as a result.
- Members of the LGBTQ+ community have statistically more assault, hate crimes, and suicidality and receive less support, resources, and research funding.
- Trauma-informed care is a method of providing care that empowers the traumatized person or group and prioritizes their safety over the convenience of the person or group in power.
- LGBTQ+ specific implementation includes unlearning bias, training staff, making processes more inclusive, and approaching the appointment from an informed and thoughtful perspective specific to the patient and their needs.

Resources



- Substance Abuse and Mental Health Services Administration (SAMHSA): [Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [ACEs Aware](#)
- Trauma Informed Care: [Implementation Resource Center](#)
- [The Trevor Project](#)
- Human Rights Campaign: [Sexual Assault and the LGBTQ+ Community](#)
- Born Perfect: [Campaign to Ban Conversion Therapy](#)
- No Matter What Recovery: [LGBTQ and Trauma](#)
- [OutCare Health](#)



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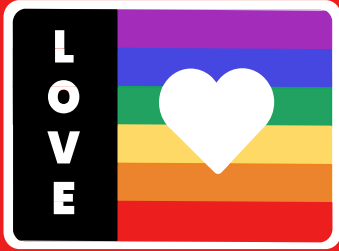
References

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Landmark References



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- Pullen, C. 2014. Media responses to queer youth suicide: Trauma, therapeutic discourse and co-presence. *Queer youth and media cultures*, 63-85.
- Additional references available on request



Thank you!

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