Trauma-informed Care for the LGTBQ+ Patient

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What counts as trauma?
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

- **HOUSING 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 more likely to have injected street drugs
- 12 times more likely to have attempted suicide

(Source: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults)
LGTBQ+ Trauma

What’s different for LGTBQ+ 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

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

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.
3 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

Trauma-Informed Care Model

- What happened to you?
- Ask about experiences
- Clinical and Organizational

Not “what’s wrong with you”
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.
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](http://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:

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 LGTBQ+ Implementation

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<th>Pronouns</th>
<th>Ungender</th>
<th>Risk Education</th>
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<td>Ask them of everyone, everyone wear them universally</td>
<td>Bathrooms, handouts, clinic names, website information, signage</td>
<td>Screen for actual risks, don’t assume understanding</td>
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<th>Return Power</th>
<th>Explain Exam</th>
<th>Ask Permission</th>
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<tr>
<td>Patient always has power to end exam or encounter at any time.</td>
<td>If you can’t justify your exam, you probably don’t need it.</td>
<td>… and wait to proceed until receiving it!</td>
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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 LGTBQ+ 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.
- LGTBQ+ 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 LGTBQ+ Community
- Born Perfect: Campaign to Ban Conversion Therapy
- No Matter What Recovery: LGTBQ and Trauma
- OutCare Health
References

Landmark papers, websites with future training
Landmark References


• 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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