

LGBTQIA+ Care in the Context of Violence

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Session Objectives

1

Understand the intersection between cultural safety and trauma for LGBTQIA+ persons

2

Understand how to use appropriate language and terminology when caring for LGBTQIA+ persons

3

Identify SANE care modifications that support culturally safe care of LGBTQIA+ patients

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Describe two actions a provider can take to utilize trauma-informed approaches to LGBTQIA+ patients

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The Sue & Bill Gross School of Nursing is committed to a culture of integrity, respect, equity, diversity, and inclusion for all. We acknowledge that we live and work on appropriated, unceded lands of the Kizh and Tongva people.

We acknowledge the universality of implicit biases about various personal characteristics (e.g., race, ethnicity, gender/sexuality, socioeconomic status, religion, ability) and are committed to preventing their influence on our school culture. We, therefore, encourage collective reflection, self-awareness, and openness to change that advances inclusive excellence, and we support open and honest dialogue about our learning and working environments.

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Ground
rules

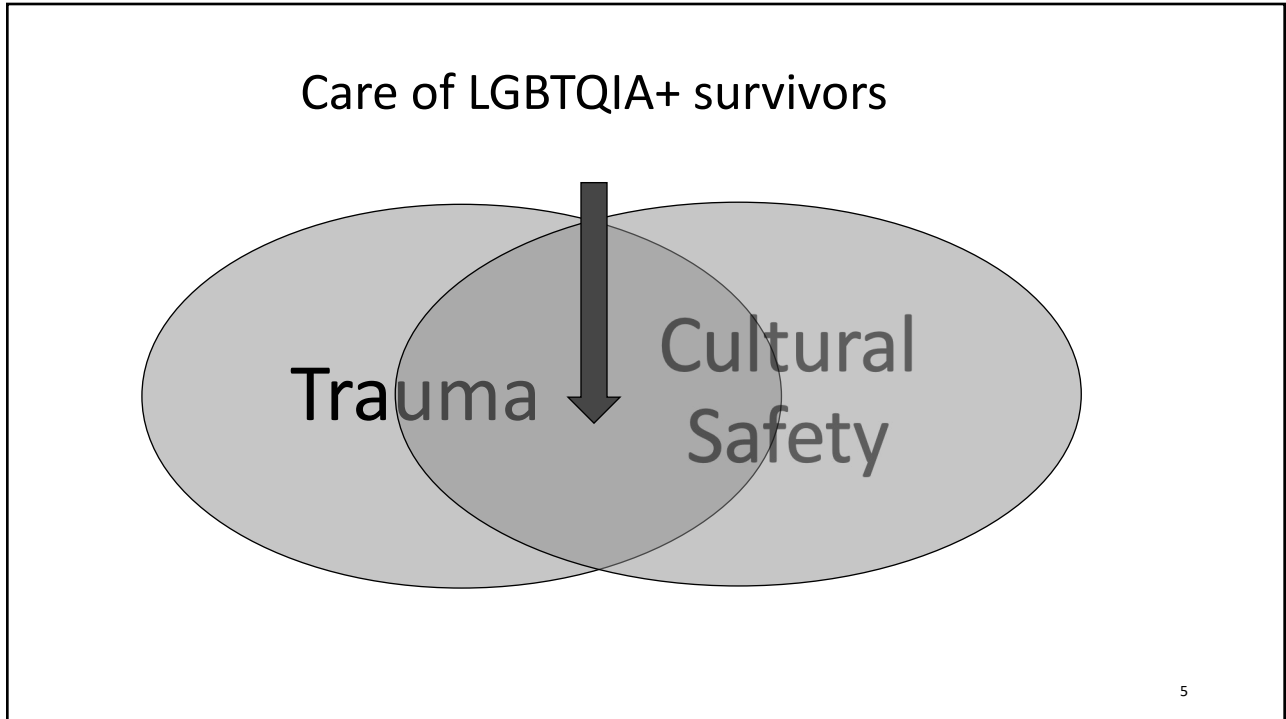
This is meant to be a safe space but ALSO a brave space.

Take a timeout if you need to!

Remember that you are not in charge of fixing everything.


Ask for what you need.


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Trauma is defined by 3 key components (the 3 E's):

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

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Retrieved September 25, 2020, from <https://store.samhsa.gov/system/files/sma14-4884.pdf>

Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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What's the intersection?



Trauma is not just an emotional event.



Trauma is not just an acute event that can be "over."



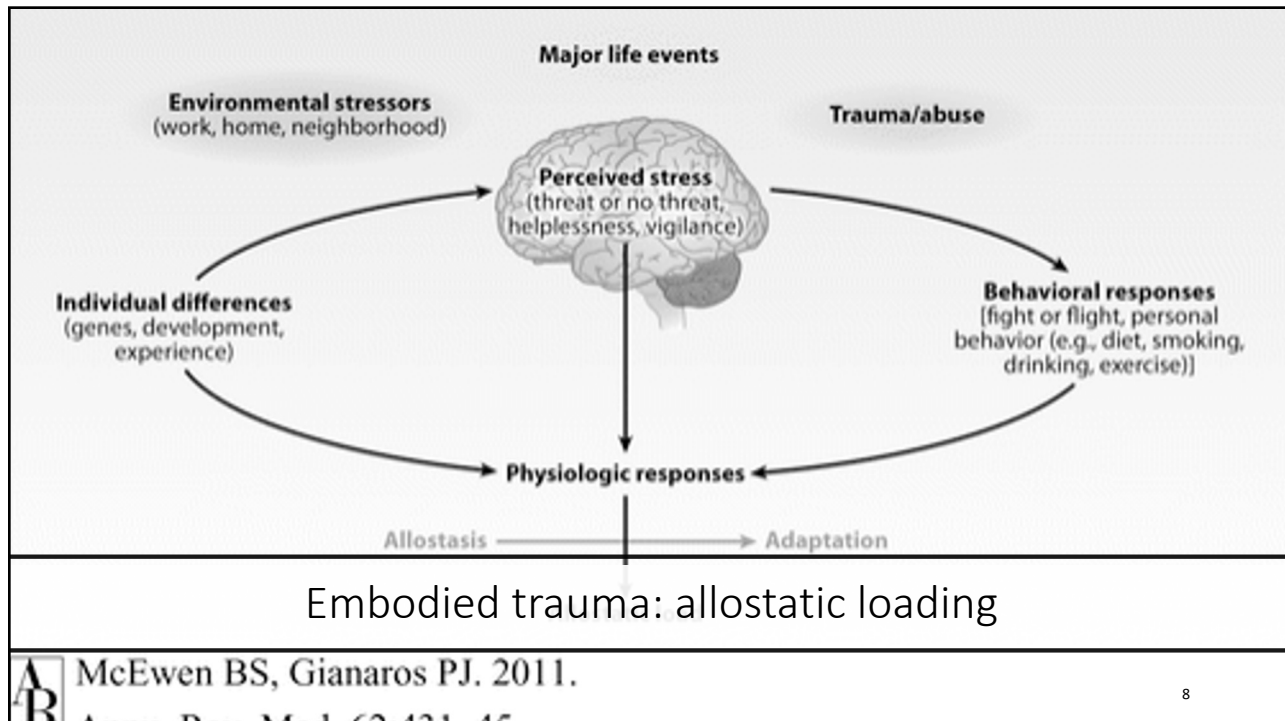
Trauma is not a sign of weakness, lack of coping skills, or any kind of failure.



Trauma isn't just in your head....

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Types of Trauma

Historical: affect the history of a specific population or community over generations

Structural: harm done by social structures that value one set of characteristics over others or disempower those who do not possess these characteristics

Violence & abuse: community violence, intimate partner violence (IPV), child abuse and/or neglect, sexual abuse and/or assault, and psychological forms of abuse

Betrayal: people or institutions depended upon for survival/needs fail to provide safety

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Trauma occurs in the *absence* of safety.

- **BETRAYAL TRAUMA** is having people or institutions we depend on fail to provide safety

- **Cultural betrayal trauma** is when one's cultural needs are not fulfilled by people or institutions depended on fail to provide safety

In the context of violence, abuse, and/or assault betrayal happens

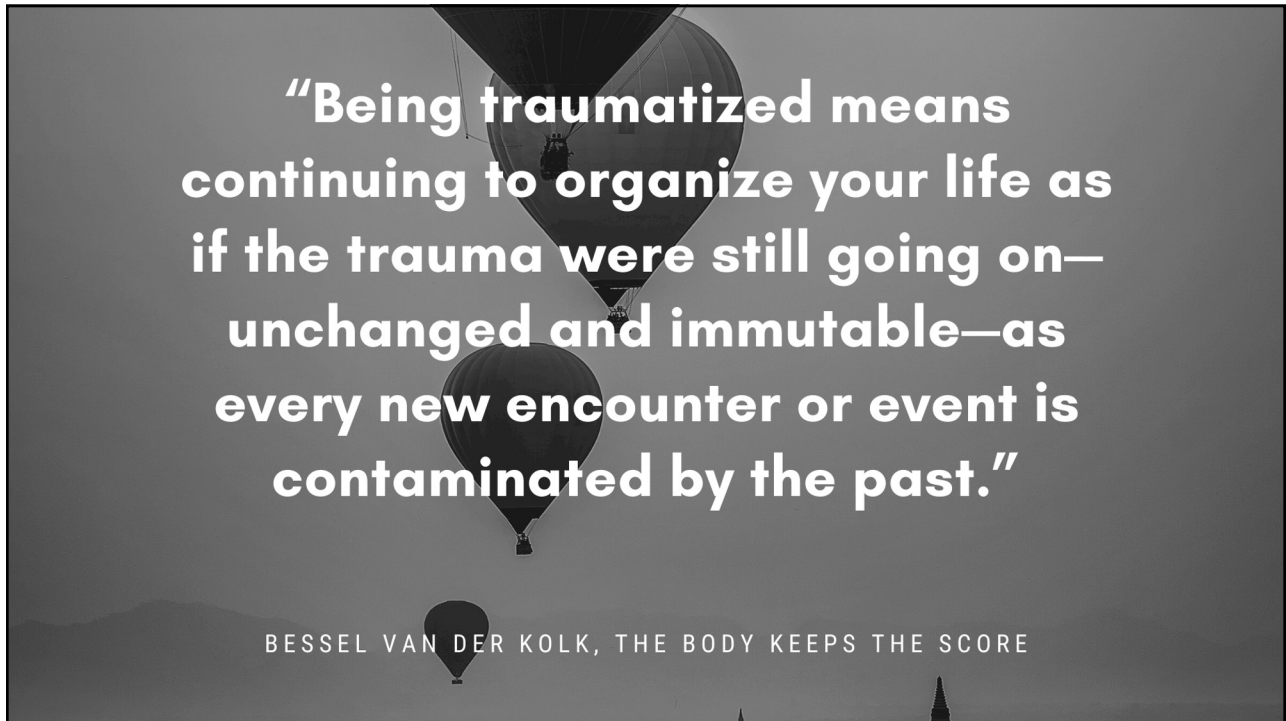
1. **By assailant**
2. **By "systems" meant to help the survivor**

Gómez, J. M. (2020). Cultural Betrayal as a Dimension of Traumatic Harm: Violence and PTSS among Ethnic Minority Emerging Adults. *Journal of Child & Adolescent Trauma*. <https://doi.org/10.1007/s40653-020-00314-0>

Smidt, A. M., Rosenthal, M. N., Smith, C. P., & Freyd, J. J. (2019). Out and in Harm's Way: Sexual Minority Students' Psychological and Physical Health after Institutional Betrayal and Sexual Assault. *Journal of Child Sexual Abuse*, 1-15.

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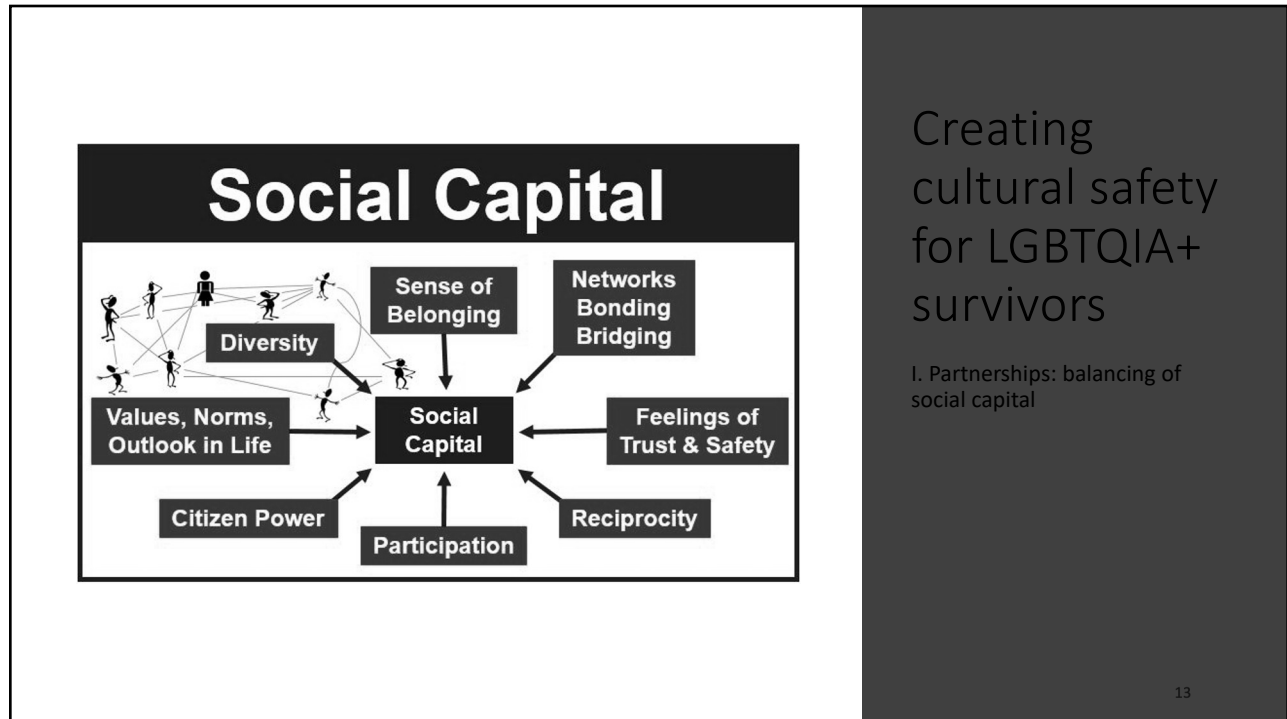
Cultural Safety

Cultural safety incorporates consideration of:

1. Partnerships
2. Consideration of personal ADLs
3. Prevention of harm
4. Patient centering
5. Purposeful self-reflection

Poteat, T., Mukerjee, R., Wesp, L., Singer, R., Singer, R., Wesp, L., Menkin, D., et al. *Clinician's Guide to LGBTQIA+ Care* (1 ed.). Springer Publishing Company. <https://doi.org/10.1891/9780826169211>

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- II. Consider personal ADLs
 - What does this person need to do to get through a day?
 - How do they provide for their safety?
 - What kinds of things are traumatic for them on a daily basis already?
- III. Prevention of harm
 - No implied judgments
 - Harm reduction
 - Avoiding retraumatization
- IV. Patient-centering
 - Alignment of patient & provider goals
 - Advocacy
 - Harm reduction (yes again)
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V. Purposeful self-reflection

- How much experience have you had caring for LGBTQIA+ people?
- What does it mean to be gender-affirming?
- What are the differences among bi, pan, lesbian, gay, queer, nonbinary, intersex, aromantic and asexual identities?
- What pronouns are correct for someone?
- What do you do if you get it wrong?
- How would you feel if you found out you got it wrong?

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| Asexual | Describing a person who has little to no interest in sexual intercourse. |
| Barebacking | Engaging in anal intercourse without a condom. |
| Bigender | A gender identity identified by feeling that one has two fully functioning gender identities, whether experienced simultaneously or at varying times. |
| Cisnormativity | The assumption that all persons have a gender identity congruent with their assigned sex. |
| Cisgender | Having a gender identity that is congruent with one's assigned sex. |
| Gender | The roles, behaviors, activities, attributes and opportunities that any society considers appropriate for people based on their identity as male or female. It interacts with but is different from biologically determined sex. |
| Gender non-conforming | A person whose behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their presumed gender. |
| Gender-fluid | A non-binary gender identity that fluctuates along the spectrum of masculine to feminine identity. |
| Genderqueer | A person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders. |

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| Heteronormativity | The idea that binary gender identity (i.e. male or female) and heterosexual orientation are the norm, to the exclusion of all other identities. |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome; a virus that attacks T-cells which are part of the body's immune system defenses. |
| HPV | Human papillomavirus; the most common sexually transmitted infection (STI), it is a virus that can lead to certain types of cancer and genital warts. |
| Intersex | A general term for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not match the typical definitions of female or male anatomy. |
| Non-binary genetics | Sex chromosome arrangements other than XX (female) and XY (male). |
| Pansexual | A person who is not limited in their sexual choice with regard to biological sex, gender, or gender identity. |
| Polyamory | The practice of engaging in multiple sexual relationships with the consent of all the people involved. |

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| Queer | An umbrella term for sexual and gender minorities. Formerly a pejorative, now adopted as an empowering identity. |
| Questioning* | A person who has not defined or is in the process of redefining their sexual orientation or gender identity |
| Sex | A label assigned to an individual at birth based on genital anatomy and/or chromosomal arrangement. Not necessarily aligned with gender identity. |
| STI | Sexually transmitted infection; an infection transmissible via sexual contact |
| Trans* | An umbrella term referring to all communities and individuals with nonconforming gender identities and/or expressions. |
| Transgender | Having a gender identity that is not congruent with one's assigned sex. |

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Consider: for culturally safe care of LGBTQIA+survivors

- Interacting with law enforcement
 - Nearly 90% of hate crimes are committed against this population
 - 40%+ of these interacted with law enforcement—over 60% of these had a bad experience (i.e. dismissed or treated with hostility)
- Trauma in healthcare
 - Same-sex affiliative behaviors were considered mental illness until 1987
 - Up to 70% of LGBTQIA+ patients have been refused care, had a provider refuse require excessive precautions, been verbally or physical mistreated by a health care provider. (“sanctuary harm” or “betrayal trauma”)

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Consider: trauma-informed care

A trauma-informed approach:

Realizes the prevalence of trauma and taking a universal precautions position Assume all patients may be have experienced trauma, and treat accordingly

Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce

Responds by putting this knowledge into practice

Resists retraumatization

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What can we DO?

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| Give | Give relaxed, unhurried attention |
| Talk | Talk about concerns and procedures before doing anything |
| Share | Give as much control and choice as possible back |
| Validate | Validate concerns as understandable and normal |
| Allow | Allow a support person of choice to be present if desired |
| Awareness | Be mindful of, and acknowledge, possible stress reactions as normal |
| Assume | Universal Precautions: Assume everyone may be a trauma survivor, and treat accordingly |

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Options...

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| ASK | ASK: "What can I do to support you?" "What is your preferred outcome?" |
| OFFER | OFFER: "Would it be helpful if I..." |
| ENGAGE | ENGAGE: "How do you want to do..." |
| REMIND | REMIND: "I am here for you, so please be honest about what you want." |

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References

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- <https://www.lgbtqiahealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>

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