Trauma Informed Approaches for serving the LGBTQ+ Community

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Today we will cover:

- Sexual Orientation & Gender Identity.
- What is Trauma & why our approach matters.
- Health Disparities within LGBTQ+ Populations
- How can I provide culturally appropriate care to the LGBTQ+ Community.
Sexual Orientation & Gender Identity

Sexual Orientation & Gender Identity are two very different things – but often get muddled in the conversation.

What is Sexual Orientation?

What is Gender Identity?
The Genderbread Person

**Gender Identity**
- Woman
- Genderqueer
- Man

*Gender Expression*
- Feminine
- Androgynous
- Masculine

*Biological Sex*
- Female
- Intersex
- Male

*Sexual Orientation*
- Heterosexual
- Bisexual
- Homosexual

Gender identity is how you think about yourself. Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact. Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
Pronouns & Respect

• *Personal Pronouns* are an important part of the conversation.

• For Transgender/Gender Non-Conforming clients – it is important to use appropriate pronouns/names as a sign of respect and collaboration.

• Misgendering – referring to a patient by the wrong gender shows disrespect.

• Dead Naming – Transgender people often are called by their *dead name* which can be triggering and halt any chance of comfort or collaboration.
Trauma and its impact on Health

There is a direct correlation between trauma and health disparities.

Trauma can lead to poor self-image, low self-esteem, depression, suicidal thoughts, substance use, unhealthy lifestyle choices and increased risk factors/behaviors.

Trauma Informed approaches in clinical settings can save lives and help prevent further health disparities.
Types of trauma

Societal

Institutional

Interpersonal

Individual

Social Determinants of Health
- Homelessness
- Food insecurity
- Economic instability
- Substance use

Violence & Abuse
- Adverse Childhood Experiences
- Intimate partner violence
- Sexual violence
- War & Terror
- Gun violence
- Slavery

Discrimination
- Sexism
- Racism
- Ableism
- Ageism
- Homophobia
- Transphobia
- Islamophobia

Natural Disasters
- Pandemics
- Earthquakes
- Hurricanes

Medical Trauma
- Invasive procedures
- Hospitalizations
- Death & dying
- Medical error

Physical Trauma
- Motor vehicle accidents
- Occupational injuries
- Falls
Health Disparities

Members of the LGBTQ+ Community can experience disparities at a higher rate than their heterosexual peers.

Transgender & LGBTQ+ Youth experience these at an even higher rate.

- HIV/STIs
- Smoking
- Substance Use
- Depression & Suicide
- Homelessness
Health Disparities – HIV/STIs

Affected subpopulations

People of color and gay & bisexual men (GBM) are impacted by HIV more than other groups. Over one-third (39%) of diagnoses in 2022 were among Black GBM.

- Black GBM: 337
- Black Female HRH: 131
- White GBM: 121
- Hispanic GBM: 56
- Black Male HRH: 33
- White Male PWID: 31
- White Female HRH: 26
- White Female PWID: 21
- Black Male PWID: 21
- White GBM/PWID: 13
- Black GBM/PWID: 13
- Other Race GBM: 10

GBM = Gay & bisexual men; HRH = High risk heterosexual; PWID = People who inject drugs

Geographic distribution

Almost one-third of new HIV diagnoses in 2022 were from East Baton Rouge (15%) and Orleans (15%) parishes.

HIV Care among People Living with HIV in Louisiana in 2022:

- Engagement in HIV Care: 78%
- Retained in HIV Care: 67%
- Virally Suppressed (VS): 68%
- VS in HIV Care: 88%

Engagement in care: at least one CD4 or viral load (VL) lab in 2022
Retention in care: two or more CD4 tests or VLs at least 90 days apart in 2022
Viral suppression or an ‘undetectable’ viral load: VL result < 200 copies per milliliter in 2022
Among persons engaged in HIV care, those who are virally suppressed in 2022

Interpreting the Data: Please note that 2022 data may still be impacted from the COVID-19 pandemic.
Health Disparities – HIV/STIs

Louisiana ranks in the Top 10 for all STIs and HIV. Shame and Stigma is prevalent in the South – leading to folks not getting tested or seeking out treatment.

Are you asking the right questions during intake?
Are your patients/clients comfortable discussing their sexual history with you?
Are your patients/clients comfortable disclosing who they are in your clinic?
Are you running the right tests?
Best Practices

Intake Paperwork – Include Questions about Sexual Orientation, Gender Identity, & Sex Assigned at Birth.

Sexual Health History – Inquire about the types of sex people are having (with who & what kind of sex) to ensure that appropriate tests are being run.

Respect & Confidentiality – Rural areas often report avoiding clinical settings for sensitive issues, out of fear of being seen.

Mirroring Language – If I patient/client is using a term/phrase you are unfamiliar with – ask questions – and use this language when discussing their health needs.

Representation – Including LGBTQ+ Health messaging in waiting/exam rooms shows clients that they are welcome and celebrated in your space. Hiring people from the communities you serve can help queer folks feel more comfortable in your space.
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