

# 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.

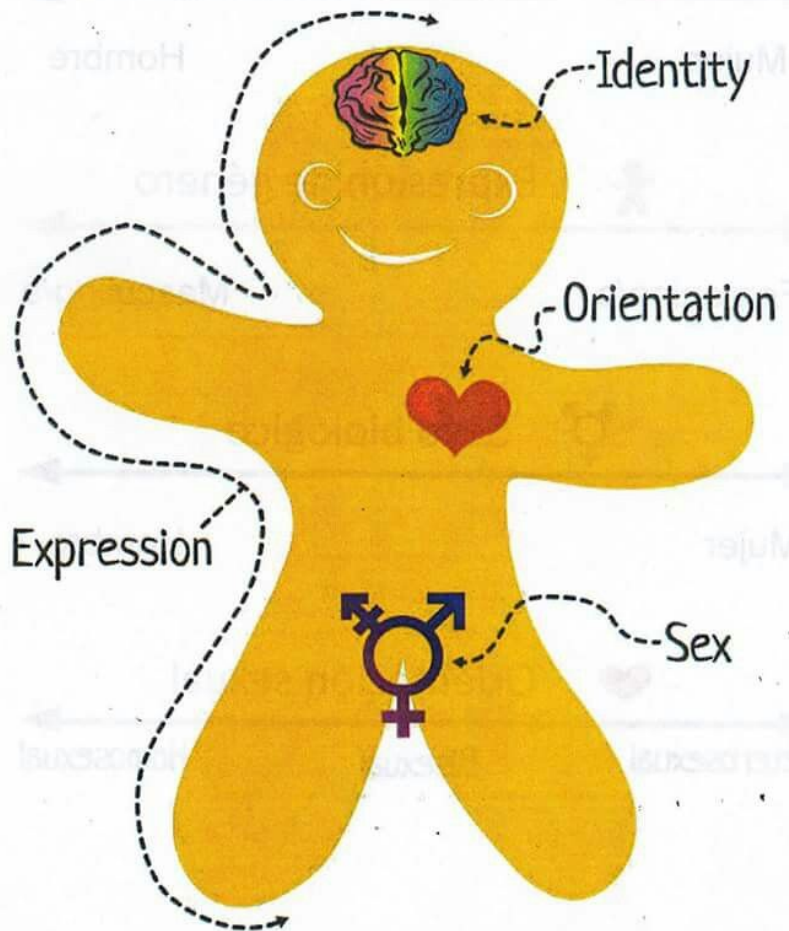
# Sexual Orientation & Gender Identity


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 identity is how you, in your head, think about yourself.

 **Gender Expression**


Feminine      Androgynous      Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

 **Biological Sex**

Female      Intersex      Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

 **Sexual Orientation**

Heterosexual      Bisexual      Homosexual

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.

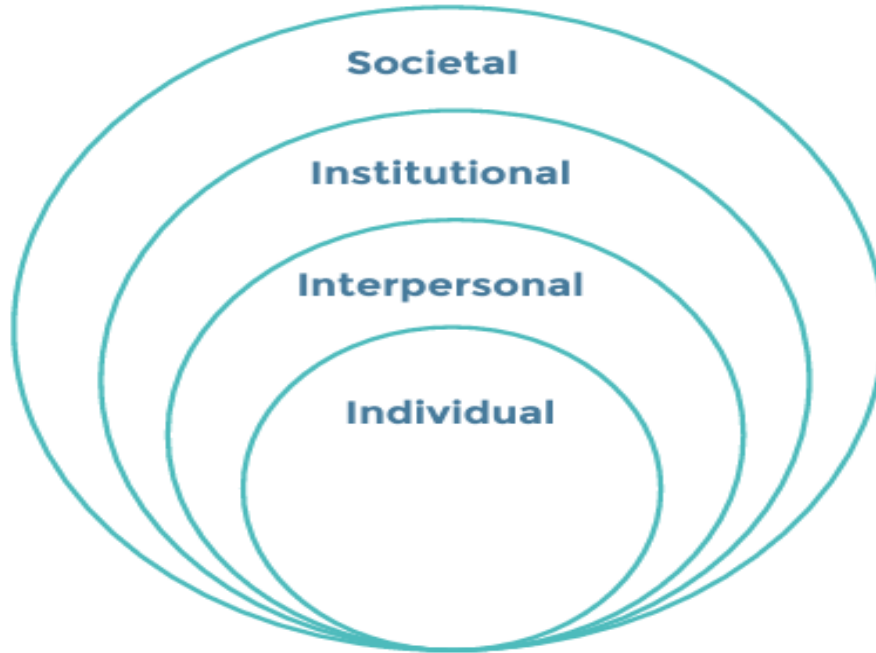
# Types of trauma

## Discrimination

*Sexism  
Racism  
Ableism  
Ageism  
Homophobia  
Transphobia  
Islamophobia*

## Violence & Abuse

*Adverse Childhood  
Experiences  
Intimate partner  
violence  
Sexual violence  
War & Terror  
Gun violence  
Slavery*



## Natural Disasters

*Pandemics  
Earthquakes  
Hurricanes*

## Medical Trauma

*Invasive  
procedures  
Hospitalizations  
Death & dying  
Medical error*

## Physical Trauma

*Motor vehicle  
accidents  
Occupational injuries  
Falls*

## Social Determinants of Health

*Homelessness  
Food insecurity  
Economic instability  
Substance use*

# 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.

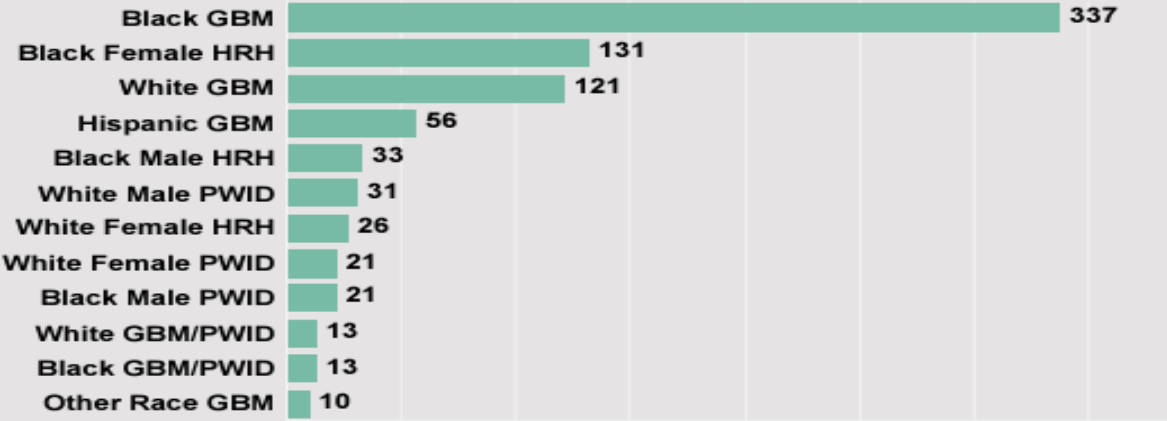
- HIV/STIs
- Smoking
- Substance Use
- Depression & Suicide
- Homelessness



# Health Disparities – HIV/STIs

## Affected subpopulations

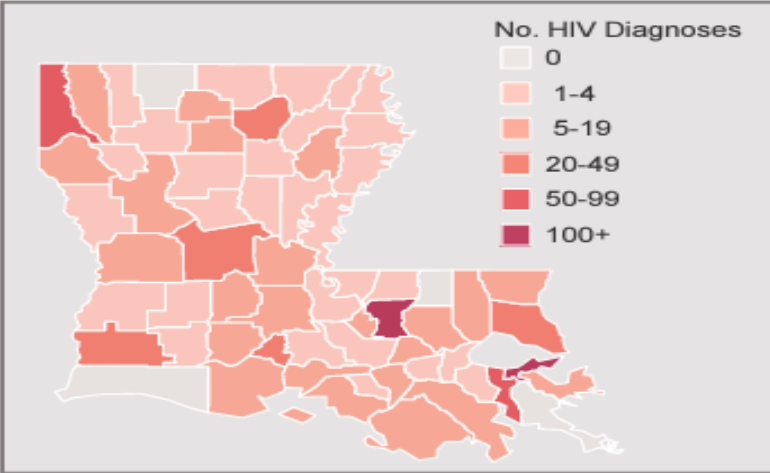
People of color and gay & bisexual men (GBM) are impacted by HIV more than other groups. Over one-third (39%) of diagnoses in 2022 were among Black GBM.



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 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 a 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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