Trauma and Resilience in LGBTQ+ Communities

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Objectives

- Understand how the LGBTQ+ community and family can serve as protective factors.
- Utilize the Minority Stress Model in clinical settings to better understand trauma for our LGBTQ+ patients.
- Identify factors associated with community resilience
- Share a personal story highlighting family resilience
- Define the components of trauma informed care.
- Begin to develop strategies for applying trauma informed care for transgender patients in healthcare settings.

Trauma

- Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:
  - Directly *experiencing*
  - *Witnessing* in person
  - *Learning* of events occurring to a close family member / friend
  - Repeated / exposure to aversive details
Trauma in LGBTQ+ populations

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Trauma</th>
<th>Prevalence or Odds Ratio (OR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood / Adolescence</td>
<td>Emotional</td>
<td>• 82% of LGBT youth report verbal harassment while at school</td>
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<td></td>
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<td>• More likely to miss school because of fear compared with heterosexual youth (OR = 2.4)</td>
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<td></td>
<td>Physical</td>
<td>• 38% of LGBT adolescents report physical assault while at school</td>
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<td></td>
<td></td>
<td>• 39.9% of bisexual females, 50.2% of bisexual males, 43.3% of gay males, and 44.4% of lesbian females have experienced childhood physical abuse (OR 1.2 compared to heterosexual youth)</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td>• 21% of gay males, 24% of bisexual males, 32% of lesbian females, and 40% of bisexual females have experienced sexual abuse (OR = 3.8)</td>
</tr>
<tr>
<td>Adult</td>
<td>Emotional</td>
<td>• 56% of transgender individuals report verbal harassment</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>• 38% of gay men report hate crimes against their person or property</td>
</tr>
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<td></td>
<td></td>
<td>• 19% of transgender individuals report physical violence</td>
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<tr>
<td></td>
<td>Sexual</td>
<td>• 46% of bisexual women have been raped in their lifetime</td>
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<tr>
<td></td>
<td></td>
<td>• 47% of bisexual men have experienced lifetime sexual violence</td>
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<td>• 50% of transgender respondents reported assault or rape by a partner</td>
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<tr>
<td>Older Adult</td>
<td>Emotional</td>
<td>• 63-65% of older LGBT individuals report lifetime emotional violence</td>
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<tr>
<td></td>
<td>Physical</td>
<td>• 40% of older LGBT individuals report lifetime physical violence</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td>• 58% of older transgender individuals report experiencing at least one instance of forcible sex in their lifetime</td>
</tr>
</tbody>
</table>

Stress

Biological Stress Response

Credit: K. Tetzlaff
Stress

Chronic interpersonal stress (e.g. racial bias) can similarly disrupt certain neural circuits that may underlie mental health symptoms & decreased wellbeing.

Minority stress

Environmental Circumstances
- General Stressors
- Distal Minority
  - Stress Processes
  - Prejudice
  - Discrimination
  - Violence
- Proximal Minority
  - Stress Processes
  - Expectations of Rejection
  - Concealment
  - Internalization/homophobia
- Resilience
  - Coping Strategies
  - Social Support
  - Community Resources

Allostatic Load
- Repeated Hits
- Lack of Adaptation
- Prolonged Response
- Inadequate Response

Physical Health
- Mental Health

Credits: K. Tetzlaff
Mental Health Comorbidity is Greater Among LGB Individuals Living in States with Structural Stigma


All Cause Mortality is Greater Among LGB Individuals Living in Areas with Structural Stigma

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Hazard Ratio</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural Stigma</td>
<td>3.03</td>
<td>(1.50, 6.13)***</td>
</tr>
<tr>
<td>Sex (Female)</td>
<td>0.59</td>
<td>(0.39, 0.88)**</td>
</tr>
<tr>
<td>Race/Ethnicity (Black)</td>
<td>2.87</td>
<td>(1.76, 4.67)***</td>
</tr>
<tr>
<td>Age at Interview</td>
<td>1.05</td>
<td>(1.04, 1.06)***</td>
</tr>
<tr>
<td>Years of Education</td>
<td>0.99</td>
<td>(0.93, 1.05)</td>
</tr>
<tr>
<td>Household Income</td>
<td>1.04</td>
<td>(0.86, 1.86)</td>
</tr>
<tr>
<td>Self-Rated Health (Poor/Fair)</td>
<td>1.04</td>
<td>(0.61, 1.19)</td>
</tr>
</tbody>
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Life Expectancy Difference = 12 ± 8 years

Access to care

Barriers to care
Resilience: Movement perspective

1952 APA lists "homosexual" as a sociopathic personality disorder
1953 Eisenhower prohibits gay men and women from working for the federal government
1969 Stonewall riots
1976 Renee Richards banned from competing in the US Open
1993 "Don't Ask, Don't Tell"
2011 "Don't Ask, Don't Tell" repealed
1961 Homosexuality decriminalized in Illinois
1996 DOMA
2015 Marriage equality

Resilience: Confronting internalized stigma
Resilience: Expression of affect

Resilience: Successful witnessing
Resilience: Community

Introduction to family as a resiliency factor

• If your child was doing something that leads to…

  • Increased mental health problems
  • Higher rates of suicidality
  • Unemployment and homelessness
  • Expulsion from school
  • More high-risk sexual behavior

• What would you do?
Youth without accepting families...

- Eight times as likely to be suicidal
- Almost 4 times as likely to use illegal drugs
- Almost 4 times as likely to engage in risky sexual behaviors

Parental concerns

- Religious teachings
- Biases and stereotypes
- Is it a choice?
- Is it my fault?
- How do reconcile my religious beliefs?
- Is sexual orientation/gender identity an illness?
- Can it be “cured?”
- When did “it” happen?
What can providers do to help

• Listen to the parents’/family's story
• Parents are:
  • Concerned about the child’s future
  • Concerned about dealing with other family members
  • Concerned about judgement from others (e.g., “how do you let your young child transition)
What can providers encourage parents to do

- Talking to your child re: their LGBT identity
- Provide support despite feeling uncomfortable
- Require other family members to be respectful
- Connect child with LGBT role models
- Work with your community to be supportive of LGBT youth
- Welcome child’s LGBT friends/partner to your home and family events/activities
- Support your child’s gender expression
- Believe that the LGBT child can have a happy future

Personal story
What happens with someone receives little support?

TRAUMA
Death, threatened death, and/or actual or threatened serious physical, sexual, or interpersonal injury (e.g. house robbery, car accident, assault, bullying)

HOW
Direct exposure, witnessing, indirectly experiencing, repeated

POST TRAUMATIC STRESS DISORDER (PTSD)
Intrusion, avoidance, negative thought/mood symptoms or reactions

PTSD Reactions Differ By Age

ADULT
- Intrusive thoughts / nightmares
- Flashbacks
- Dissociation
- Negative / distorted beliefs
- Irritability, aggression
- Poor concentration
- Hyperarousal

CHILD
- Re-enacting the event in play
- Repetitive play
- Enuresis
- Regressed / Failure to progress in development
- Clinginess / social withdrawal
- Irritable or angry outbursts
- Poor sleep
- Dissociation
What Is Trauma Informed Care??

A provider, or organization that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery.
2. *Recognizes* the signs and symptoms of trauma.
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices.
4. Actively works to avoid re-traumatization.

Does All Trauma Lead to PTSD?

*NO. Trauma can manifest in many “trauma-related” ways…*
Trauma in Trans* Communities

• Childhood and adolescence are particularly vulnerable developmental periods

• Non-binary identities or expressions are at heightened vulnerability
  o Gender nonconforming identities / expressions
  o Overlying impact of sexual orientation
  o Time period during physical and societal transitioning

• Intersectional factors are important and can modify risk, including:
  o Race/ethnicity
  o Religion
  o Rural geographic location and disconnection to social networks

• Coming out and disclosure of gender identity is NOT always protective

Why Trauma Informed Care??

• Adverse childhood events, traumatic experiences, and chronic daily discrimination are near universal

• Trauma may result in significant neurobiological, psychological and physical sequelae

• Avoidance of health care among individuals who have experienced trauma is high

• Trauma informed care (TIC) can engage patients and minimize re-traumatization
**TIC: Establishing Safety**

- Begin with the basics: waiting areas, safe spaces, names/pronouns, restroom labelling, discussing insurance
- Asking about and showing interest in life experiences, what feels fair or unfair, past and current challenges
- Acknowledging stress and trauma

**TIC: Assessing Stress**

**Questions for Discussion Minority Stress**

- How do you feel regarding your friends, family, or coworkers knowing about your gender identity?
- What, if any, harassment, discrimination, or stigma have you experienced as a result of your gender or appearance?
- How have people will treated you differently, look down on you, or think less of you because of your gender identity? How do you feel about this?
- Do you ever feel depressed, anxious, upset, or stressed when you think about your gender identity or gender expression?
- What do you do to cope when you encounter stressful situations or feelings of depression/anxiety related to your sexual orientation, gender identity or gender expression?
TIC: Choice and Empowerment

FOR EVERY CLINICAL ENCOUNTER...

1. Ensure that control remains with the patient
   - Consent to the treatment, especially if it’s from a medical provider
   - Empowerment to stop the session, communicate with you, or ask for modifications at any time

2. Engage in shared decision-making regarding what is done

3. Always explain the procedure/reason for asking the questions, using the patient’s preferred terminology for body parts

4. Discuss what modifications can be made to promote comfort (e.g., have a supportive person at the appointment)

5. Acknowledge the patient’s trauma history & validate any negative consequences they feel due to the trauma

TIPS

- Respect the patient as an individual.
- Don’t assume anything about the patient.
- Don’t assume the patient knows all about LGBT+ health.
- Ask preferred name and preferred pronouns while introducing yourself.
- Ask questions necessary for care, not for curiosity.
- Ask a sensitive and detailed sexual history.
- Make sure you’re on the same page about communicating with parents/guardians, if applicable.
- Entire office should be welcoming to the LGBT+ community.
- Use interdisciplinary team (medical, social work, psychological/psychiatric).
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THANK YOU!