Trauma-Informed Care for Trans and Gender-Diverse Individuals

SGM Conference 2020

Jennifer Potter, MD
Harvard Medical School
The Fenway Institute

Acknowledgments

- Samara Grossman and Sarah Berman, co-authors of *Trauma-Informed Care for TGD Patients.*
- Sadie Elisseou, co-author of *Trauma-Informed Physical Examination for TGD Patients.*
- Harvard Medical School's Trauma-Informed Care Curricular Theme Steering Committee.
- The National Trauma-Informed Care Education and Research Group (TIHCER).

- Other references available upon request.

Learning Objectives

1. Portray the range of stressors experienced disproportionately by TGD individuals.

2. Analyze how a lived experience of trauma can interfere with the formation of therapeutic relationships between TGD patients and providers.

3. Describe how to use universal trauma-informed approach to enhance engagement of TGD patients in care and promote their health and well-being.


LISTEN
TO YOUR
BODY.
ITS SMARTER THAN YOU.

What is Trauma?

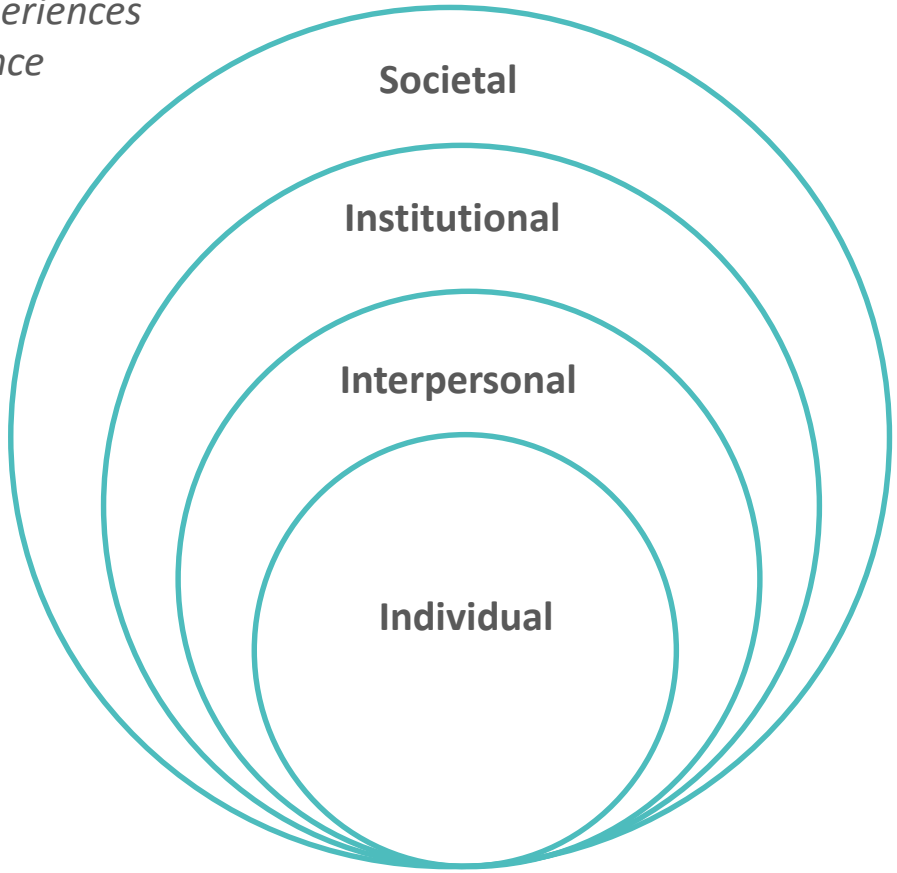
The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as "an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Types of Trauma

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

Discrimination
Sexism
Racism
Ableism
Ageism
Homophobia
Transphobia
Islamophobia

Physical trauma
MVAs
Falls

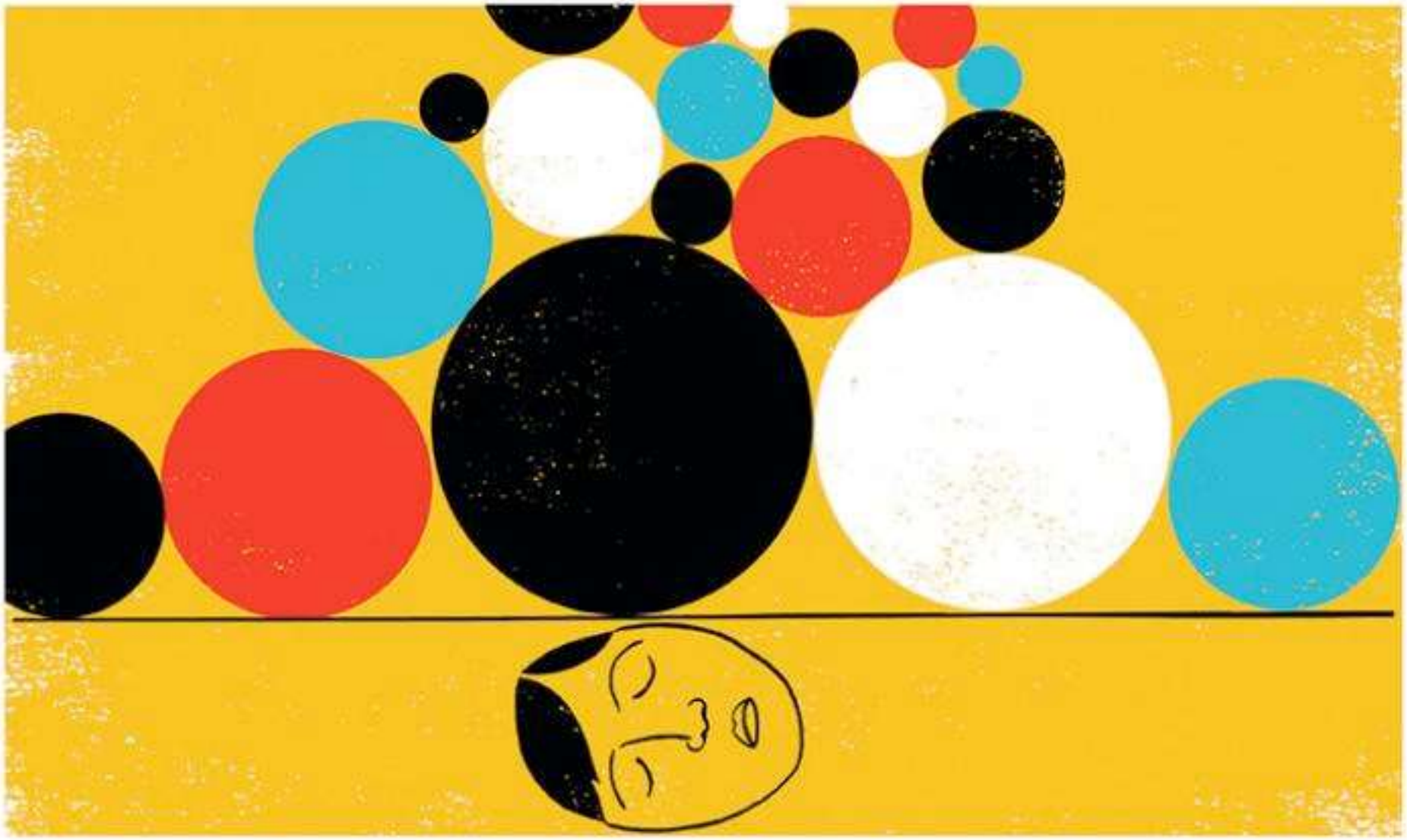


Social Determinants of Health
Homelessness
Food insecurity
Economic instability
Substance use

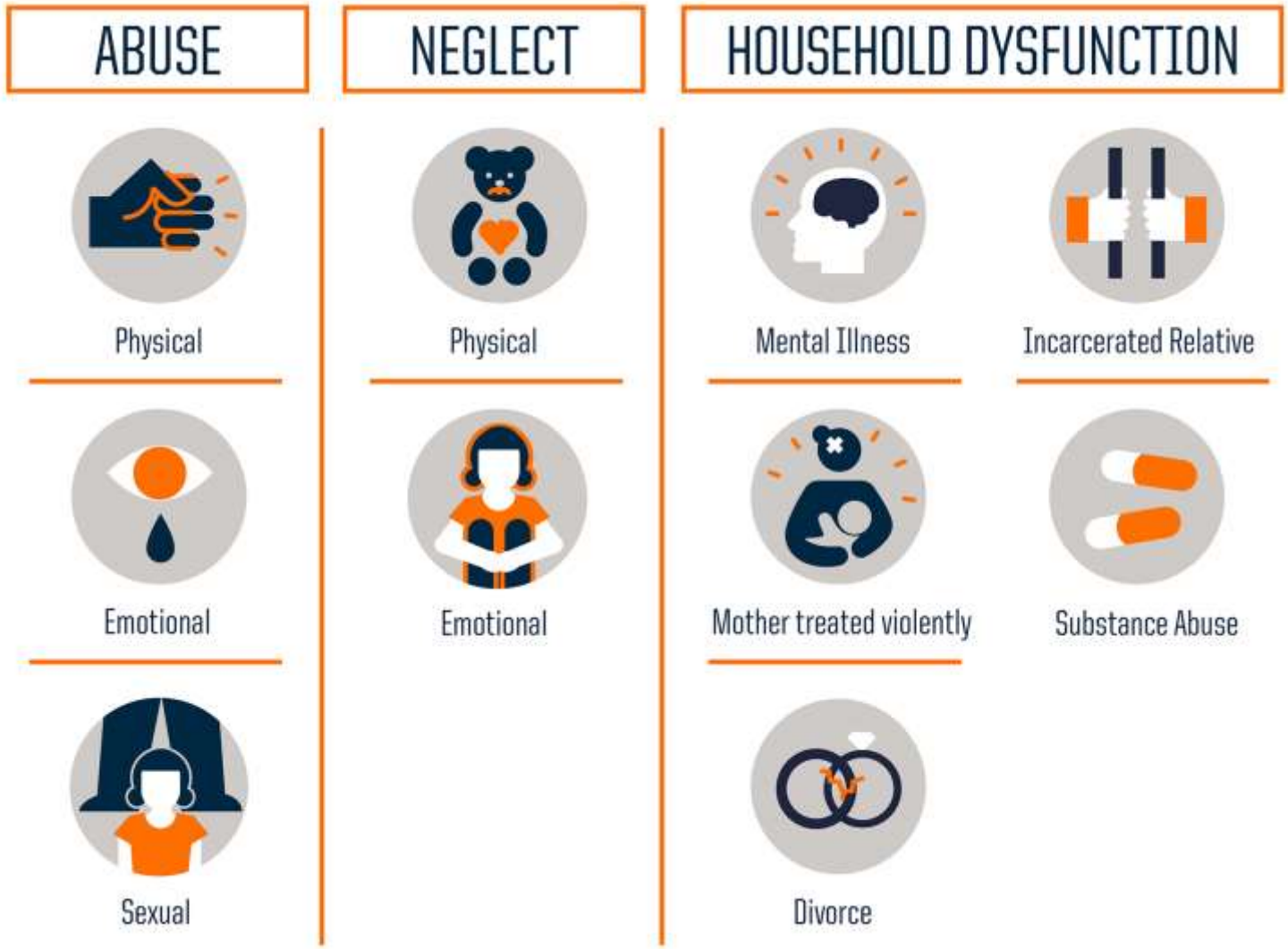
Natural Disasters
Earthquakes
Hurricanes

Medical Trauma
Hospitalizations
Death & dying
Medical error
Procedures
Implicit bias

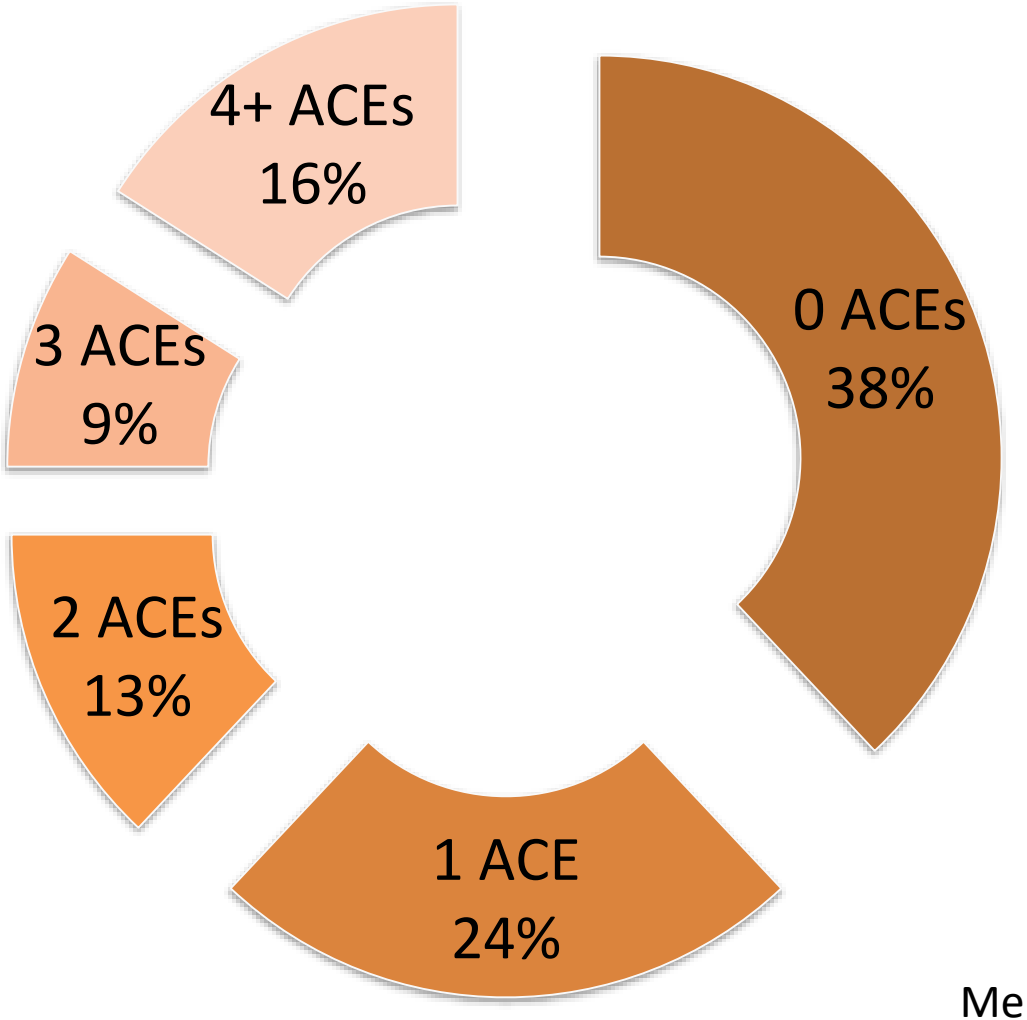
TGD People Experience a Disproportionate Burden of Trauma



Adverse Childhood Experiences (ACEs)



ACEs are Common

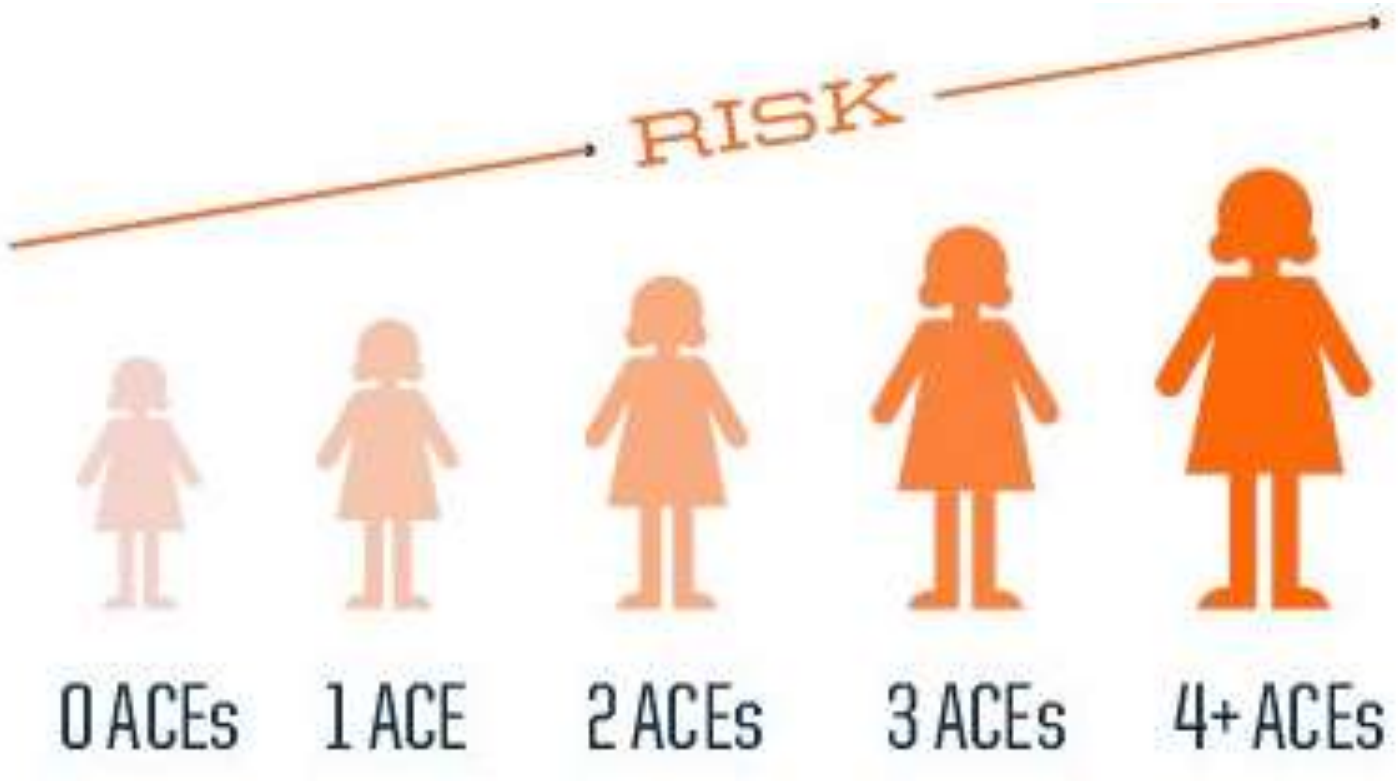


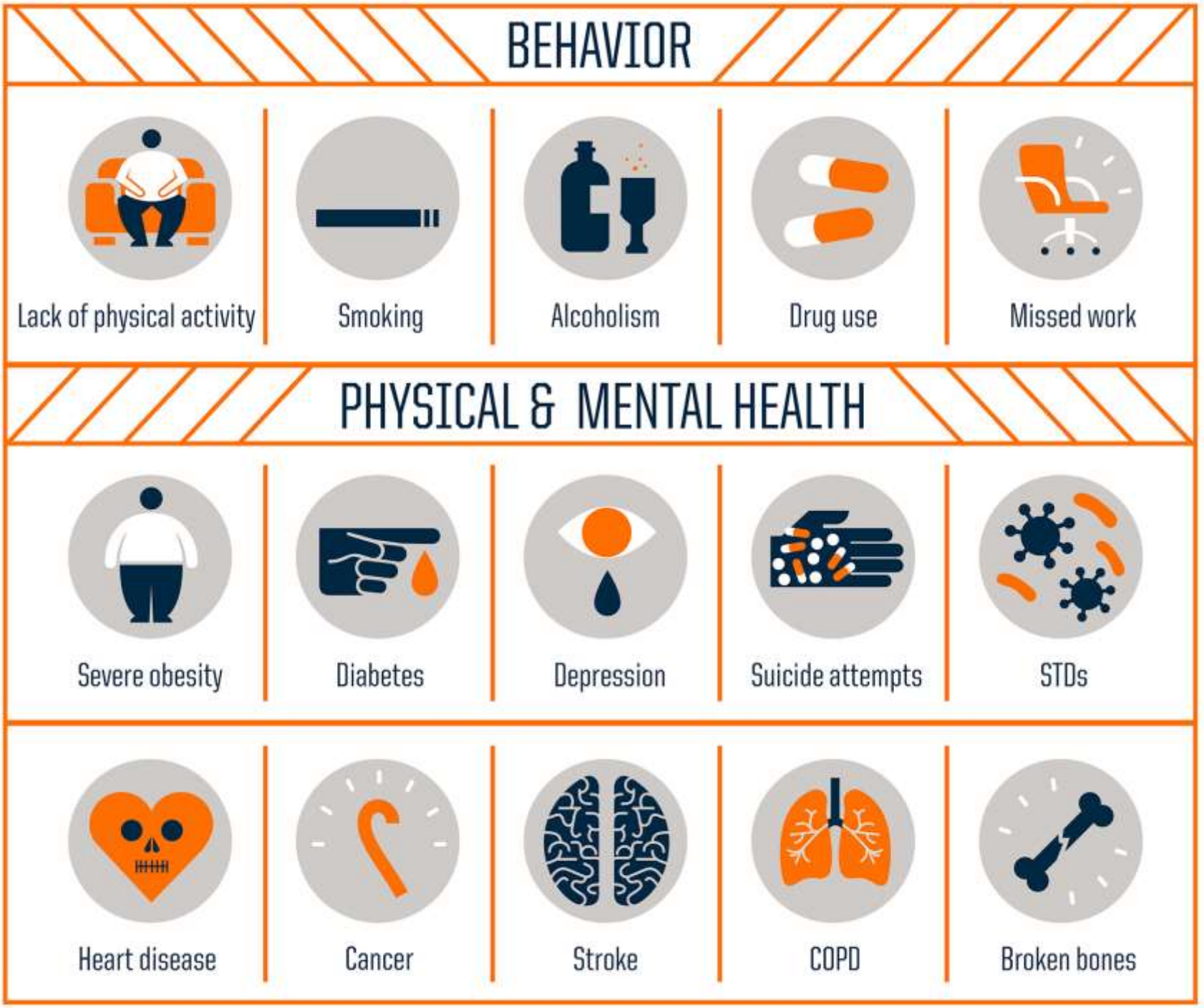
n=200,000 adults in the 2011-2014 Behavior Risk Factor Surveillance System (BRFSS)

More common among TGD adults

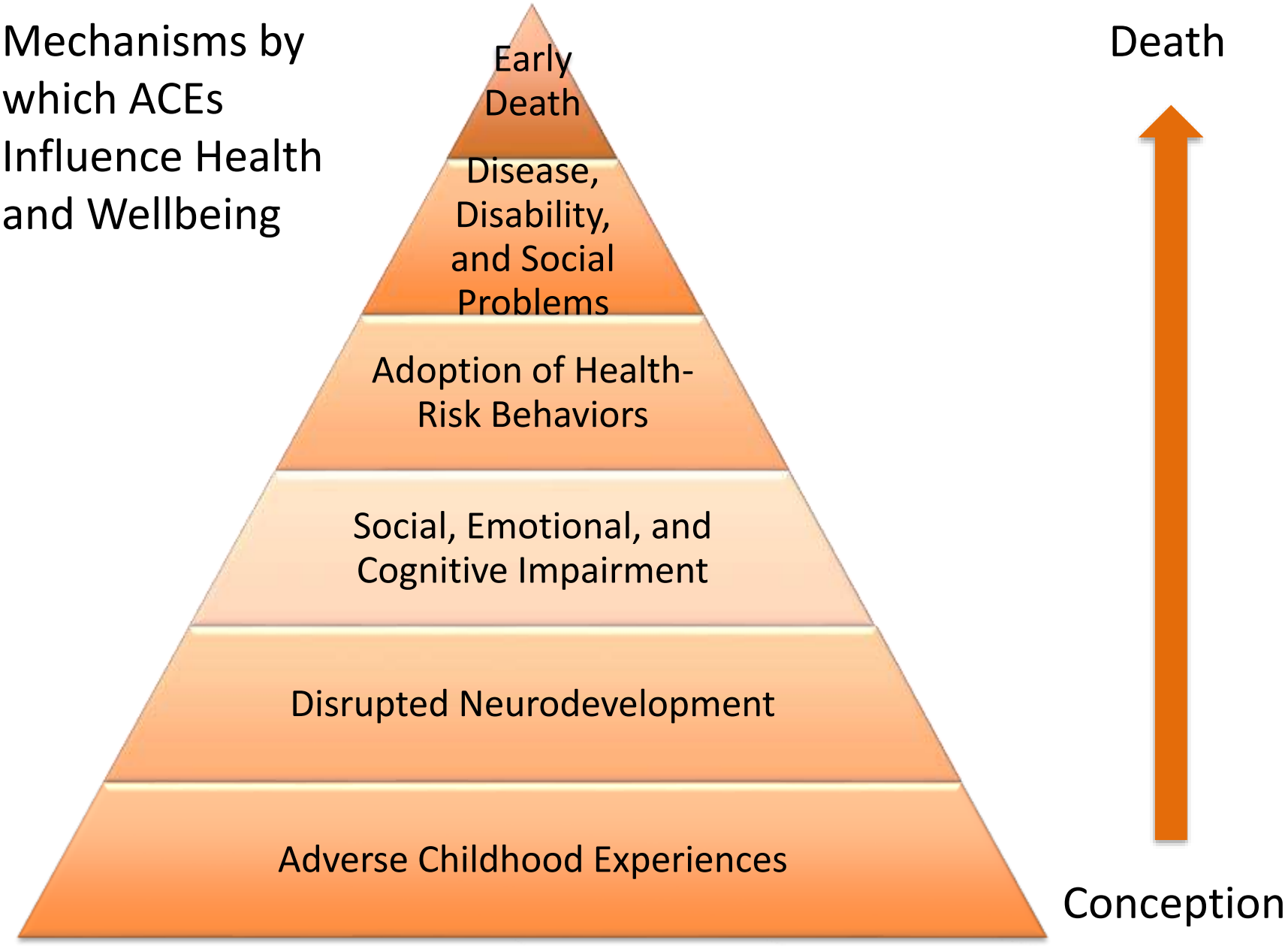
Merrick et al. JAMA Pediatrics 2018.

Dose-Response Relationship with Health Outcomes



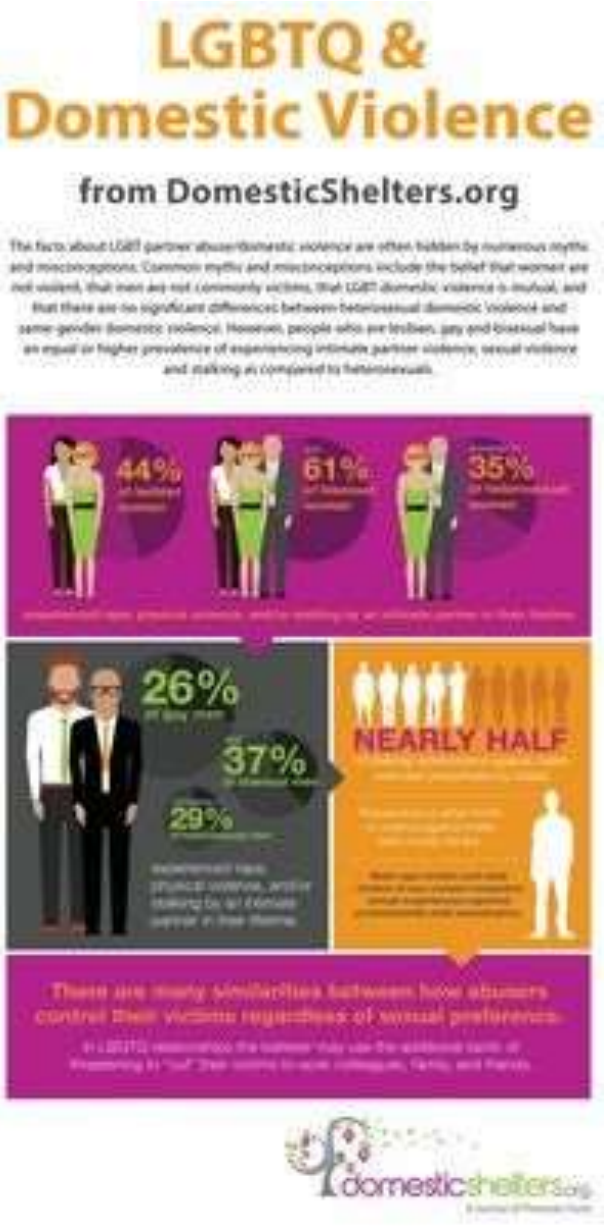

BEHAVIOR
Lack of physical activity
Smoking
Alcoholism
Drug use
Missed work
PHYSICAL & MENTAL HEALTH
Severe obesity
Diabetes
Depression
Suicide attempts
STDs
Heart disease
Cancer
Stroke
COPD
Broken bones

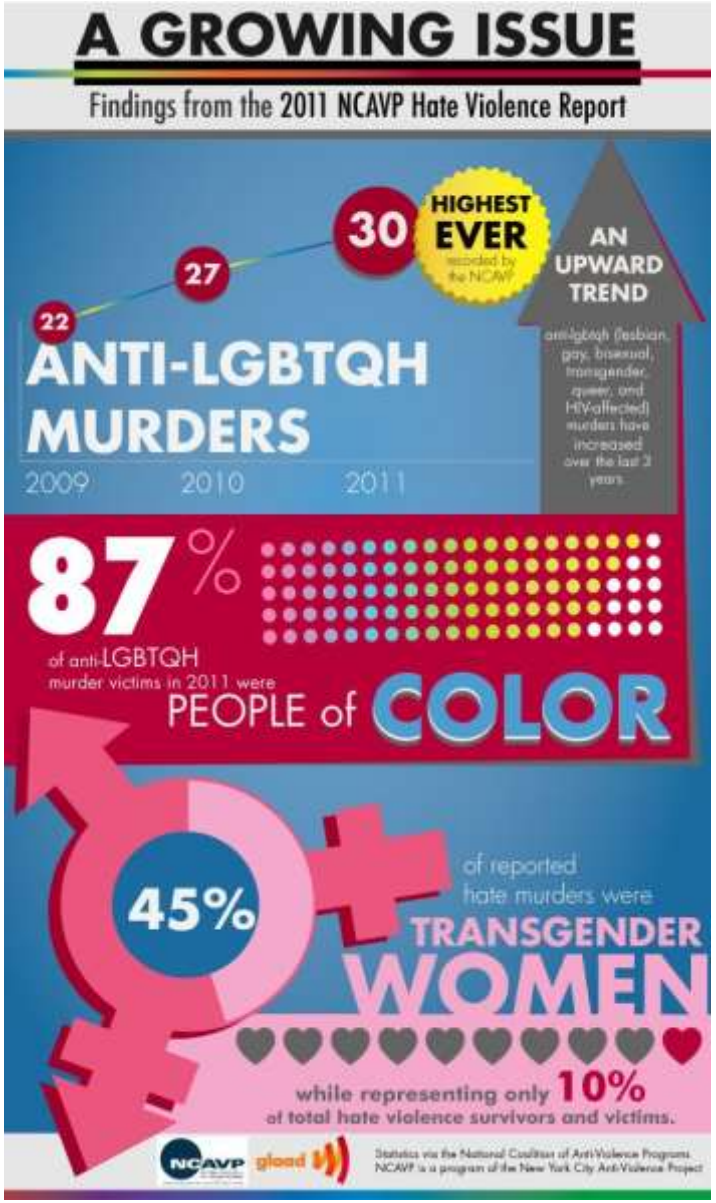
Mechanisms by which ACEs Influence Health and Wellbeing



LGBTQ Youth: Bullying, Family Rejection, Homelessness, Incarceration

LGBTQ Domestic Violence/Hate Crimes



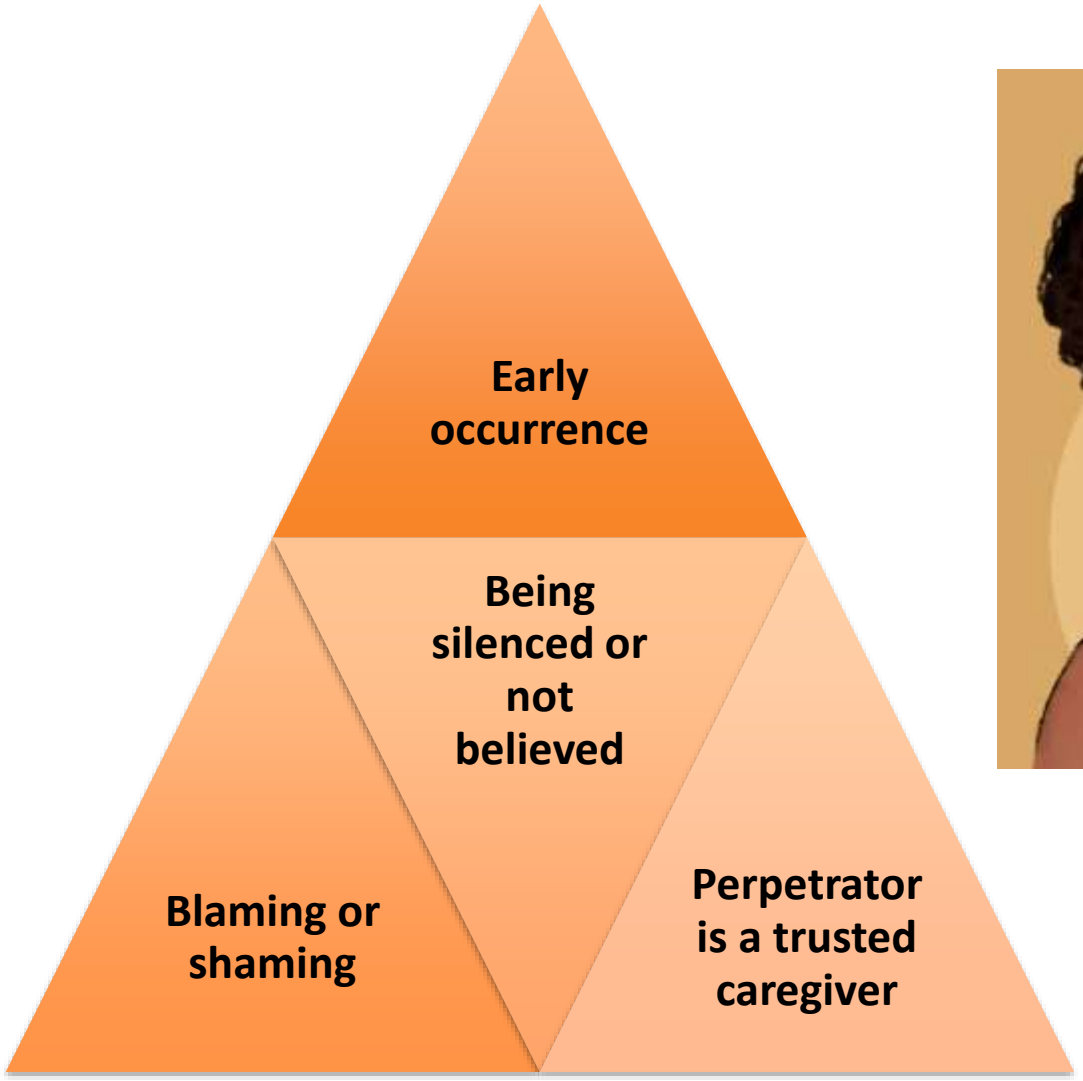


This project was supported by Grant No. 2015-UD-AX-001 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

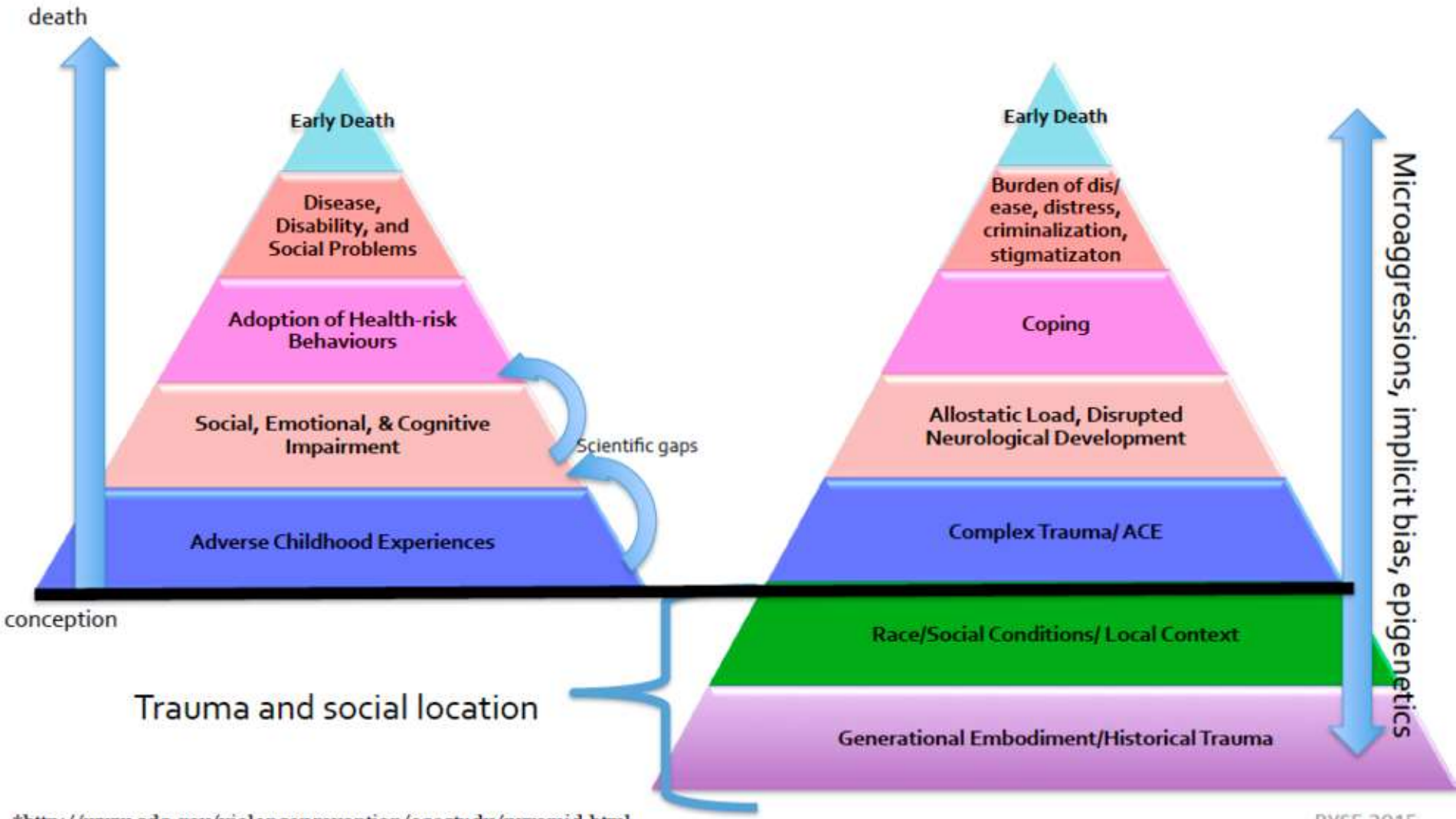
FENWAY HEALTH
VIOLENCE RECOVERY PROGRAM

*National Center for Transgender Equality, 2015 U.S. Transgender Survey

Internalized Transphobia

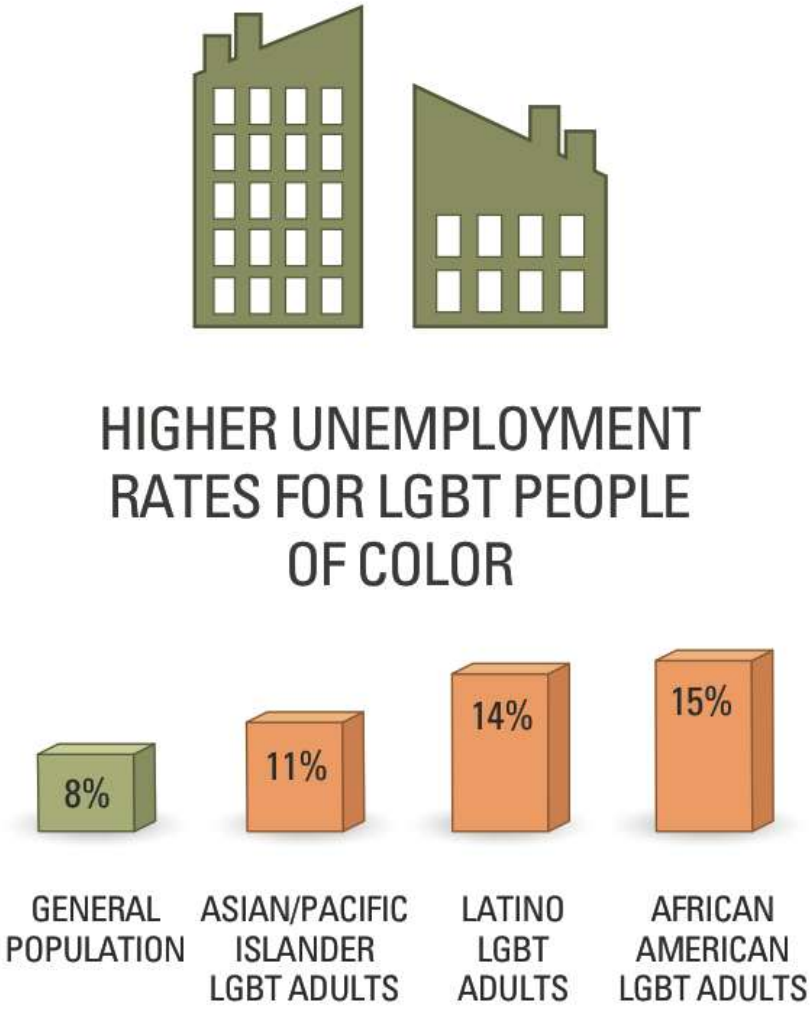


Trauma and Social Location



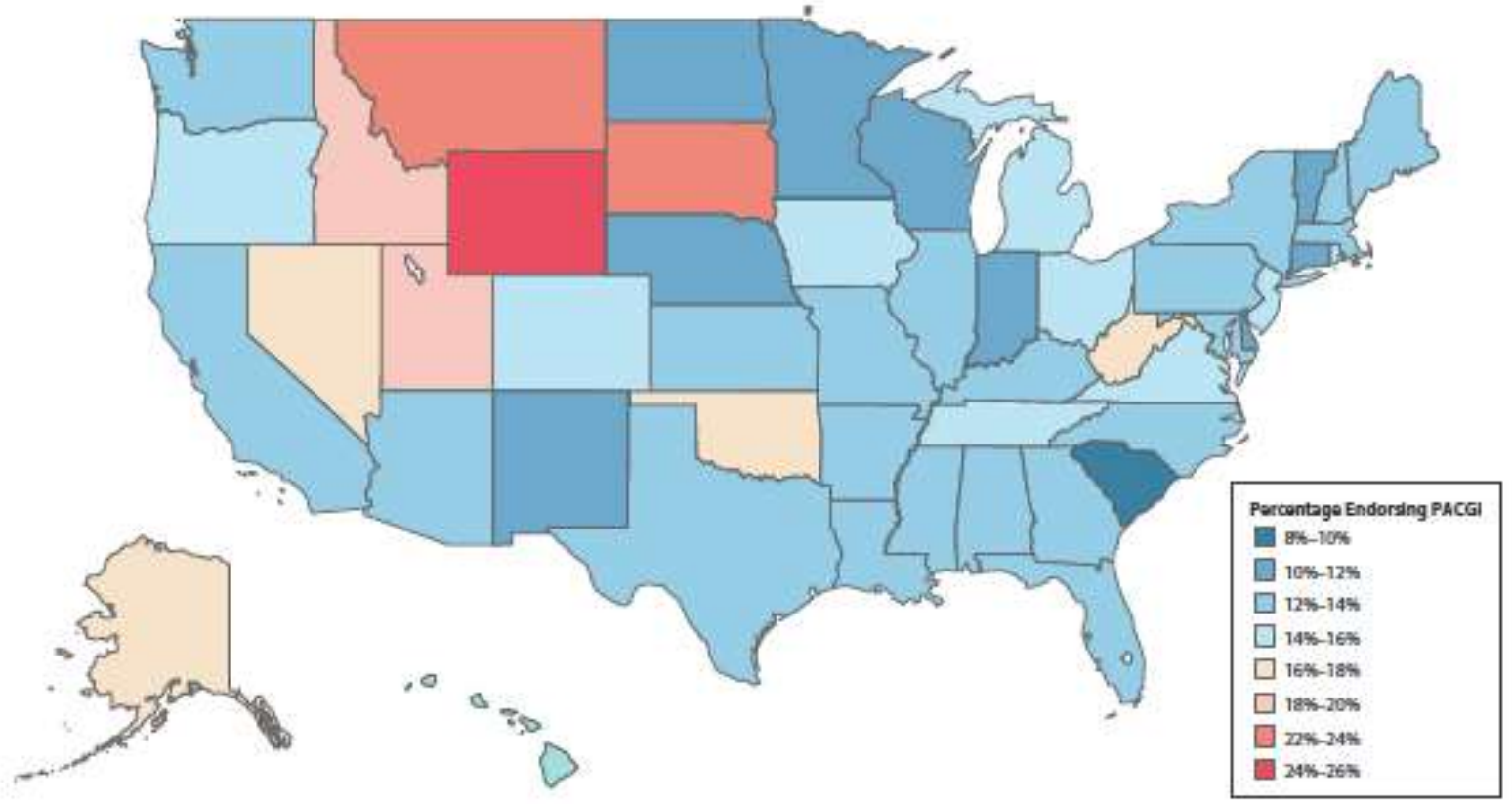
*http://www.cdc.gov/violenceprevention/acestudy/pyramid.html

Unemployed, Uninsured, Living in Poverty



Healthcare's Failure to "Do no Harm"

Ex: Psychological Attempts to Change Gender Identity



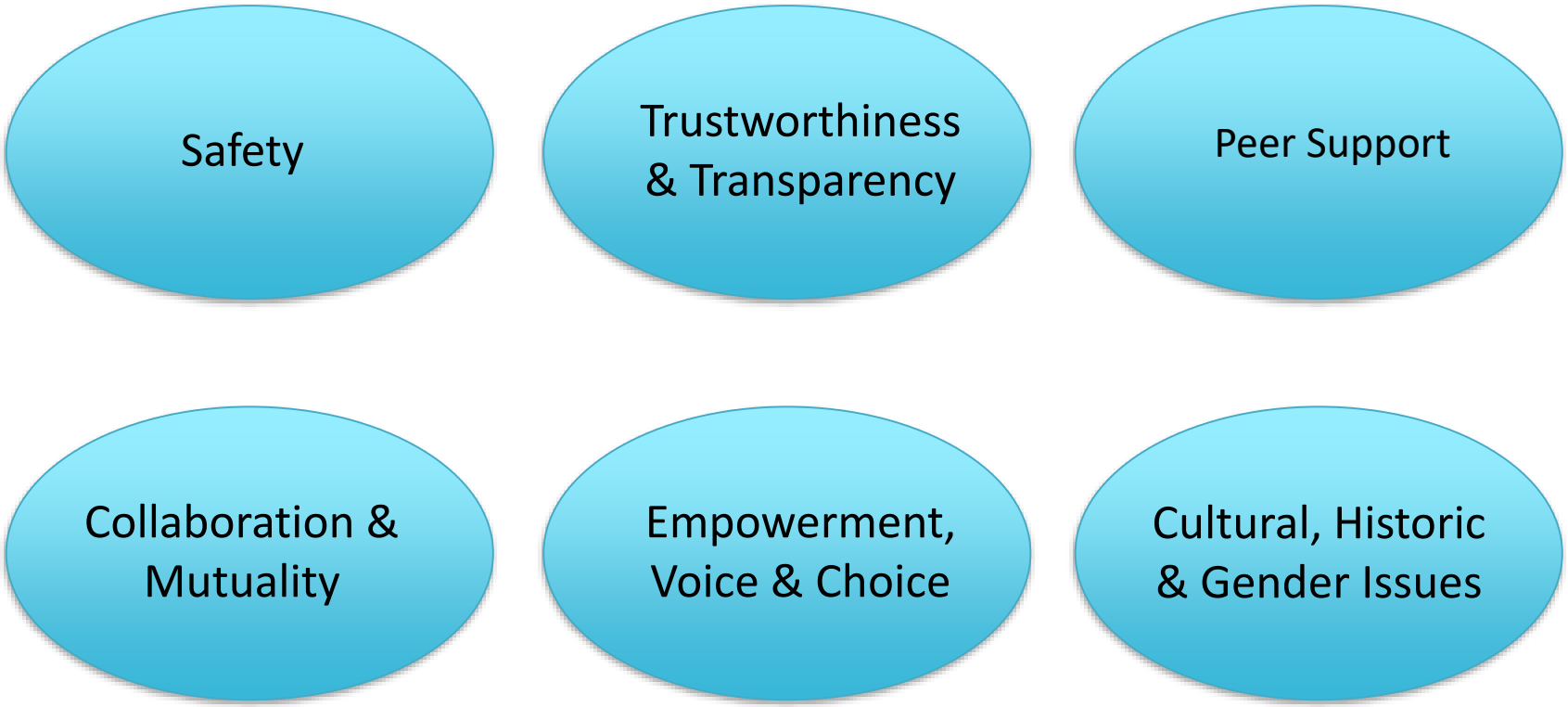
AJPH 2019;109:1452-4.

What Hurts?

Systems Level ("Way Things Are Done")	**Relationship Level** (Who Has Power/Control)
Being treated as a number	Not being seen or heard
Being seen as one's label (i.e., "addict")	Violating trust
Having to continually retell one's story	Failing to ensure emotional safety
Procedures that require disrobing	Failure to ensure physical safety
No choice in service or treatment	Does things "to", "on", or "for" rather than "with"
No opportunity to give feedback about service delivery	Use of punitive treatment, coercive practices, or oppressive language

We Can Trans-Form Healthcare

SAMHSA'S Six Principles of TIC



SAMHSA, 2014.

Clinician-Patient Relationship

Foundation for Adaptive Coping and Resilience

"WITH", rather than "ON", "TO", or "FOR"

Case *(Part 1)*

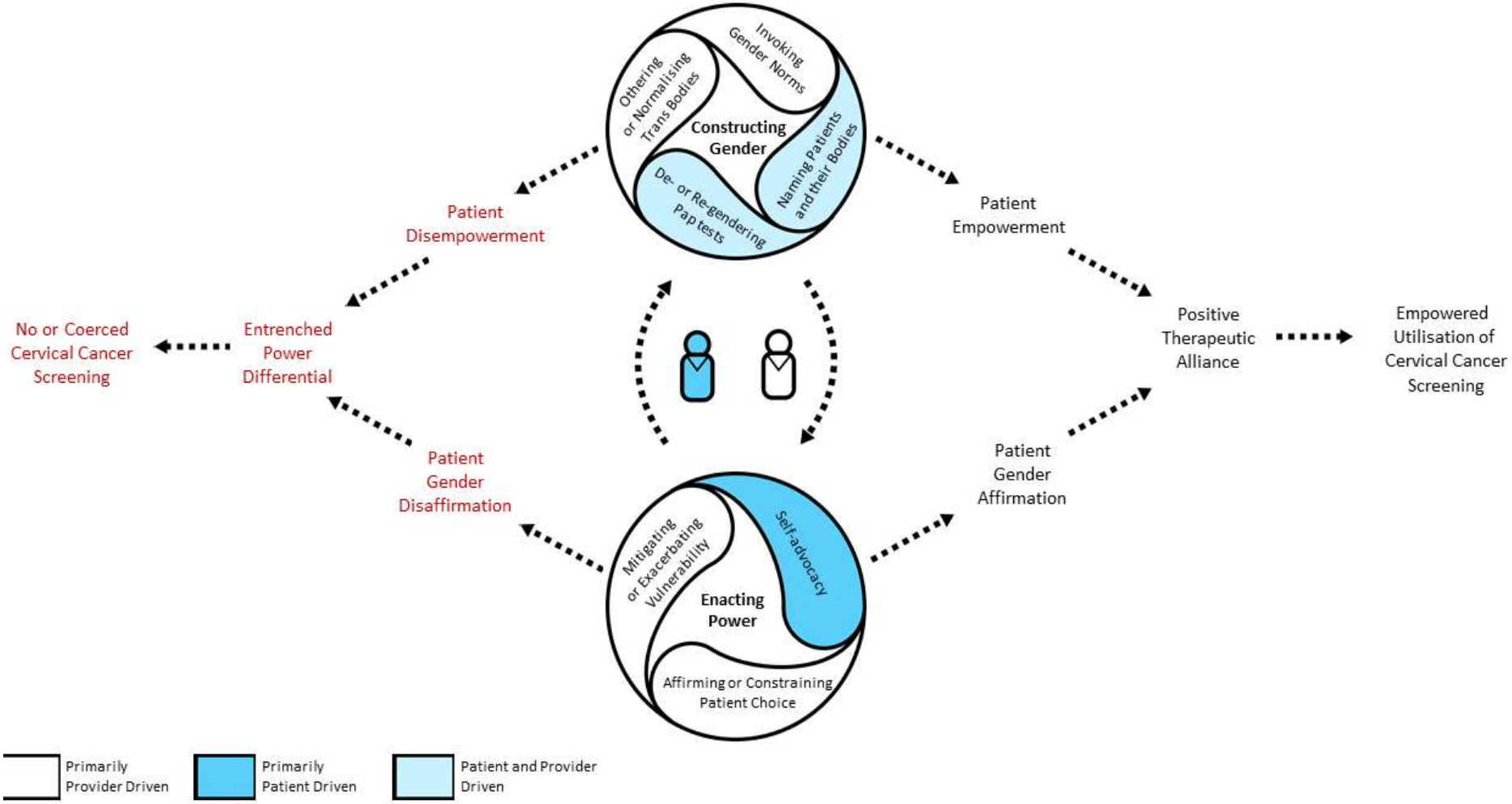
According to the EHR, your next patient is 22-years-old, has a male insurance sex, and a gender-neutral name. The MA lists “difficulty sleeping” and “feels tired all the time” as reasons for the visit. After knocking on the door and entering the room, you encounter an androgynous-appearing individual, who does not make eye contact with you as you introduce yourself.

Questions:

- What is the likelihood that this individual has experienced trauma or adversity?
- How would you begin the visit?

Gender and Power Dynamics

Ex. Cervical Cancer Screening



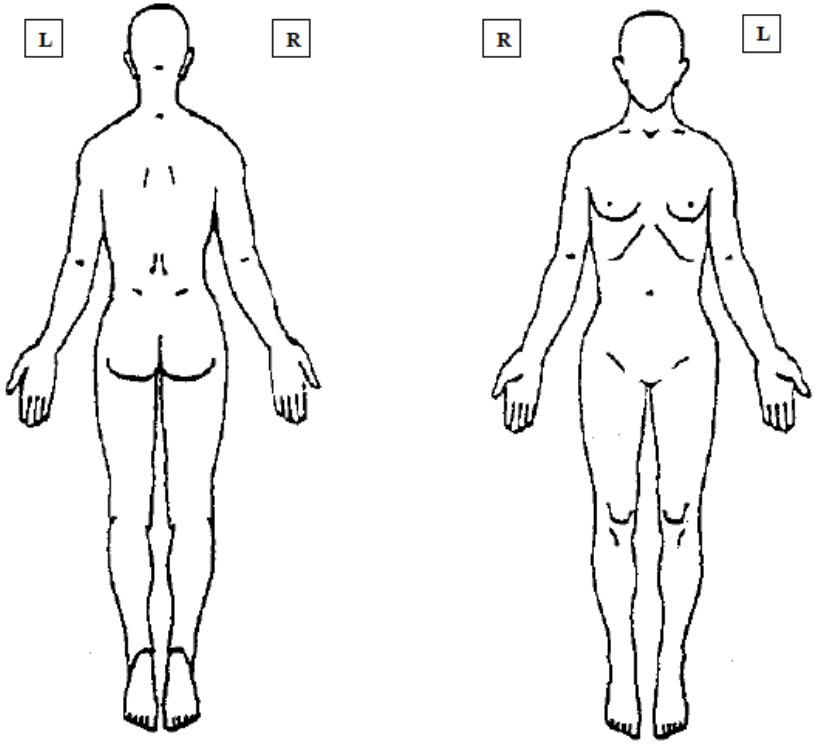
Peitzmeier et al. Culture Health Sexuality 2019; in press.

Gender Dynamics: Ask Everyone for Name, Pronouns

- What name do you go by?
- What pronouns do you use?

Use Gender Inclusive Diagrams

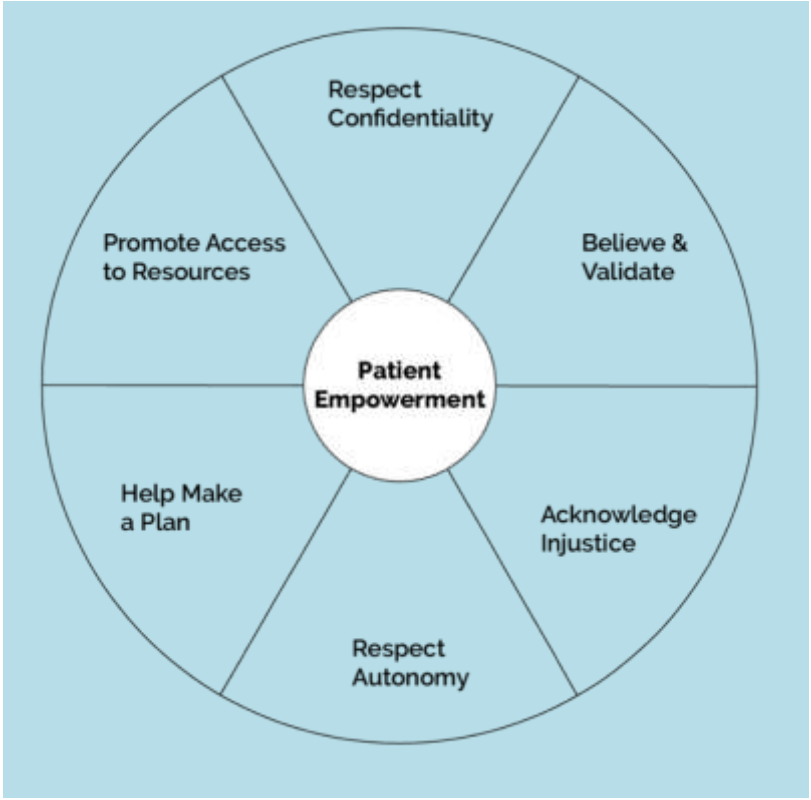
- TGD patients may not identify medical issues on gendered diagrams.
- Use gender-inclusive images to document areas of concern.



https://forge-forward.org/wp-content/docs/gender-neutral-bodymap.pdf

Power Dynamics

- Sit at eye level.
- Conduct the interview with the patient clothed.
- Speak slowly and clearly.
- Develop a shared agenda.
- Offer choices for disclosure, examination, procedures, treatment.
- Ensure that locus of control is with the patient at all times.



Case *(Part 2)*

Proceeding further with the interview, you ask for the patient's name (Dayo), sex assigned at birth (AFAB), gender identity (genderqueer), and pronouns (they/them/their). Now that you know their gender identity, you find yourself wondering if they are using any gender-affirming hormones or have had any gender-affirming surgeries.

Questions:

- Is it relevant to ask TGD patients about hormones and/or surgeries?
- If so, how would you ask?

Ask Only When Relevant

Organ Inventory

- ❑ **Breasts**
- ❑ **Vagina**
- ❑ **Uterus**
- ❑ **Cervix**
- ❑ **Ovaries**
- ❑ **Penis**
- ❑ **Testes**
- ❑ **Prostate**

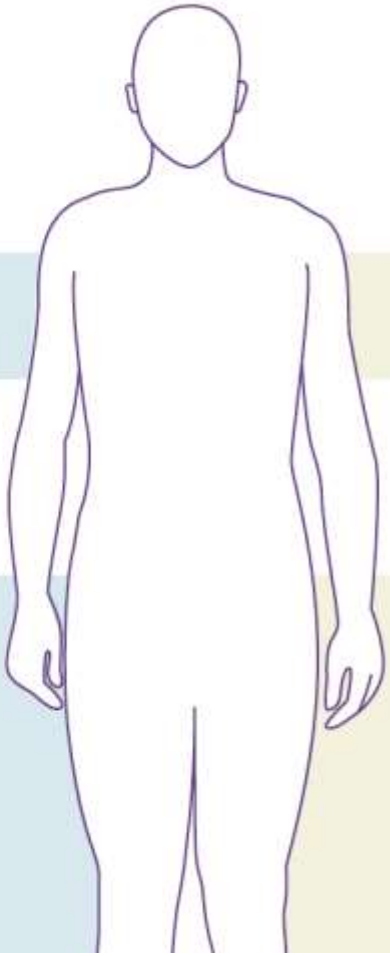
I'd like to take an organ inventory to know what body parts we need to consider when evaluating your current symptoms.

I ask all of my patients for this information. Is that OK with you?

Please take a look at this list and let me know which of these body parts you have present.

What words do you use to refer to these body parts?

GENDERED TERMS	LESS GENDERED TERMS
These terms may be uncomfortable or distressing for trans men to hear.	Try your best to use neutral and inclusive terminology to avoid patient discomfort. If you are unsure, ask what terms your client prefers.
Breasts	Chest
Vulva	External Pelvic Area
Vagina	Genital Opening, Frontal Pelvic Opening, Internal Canal
Uterus, Ovaries	Internal Organs
Pap smear	Cancer screening
Bra, Panties	Underwear
Period, Menstruation	Bleeding



*Language may be adapted to male external genital, anorectal, prostate exams. JGIM 2015;30:1857-64.

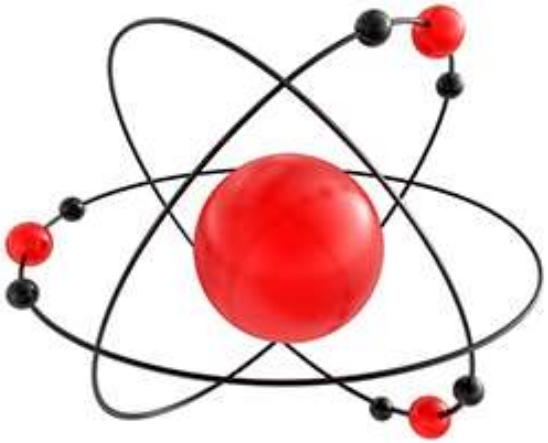
Case *(Part 3)*

Dayo volunteers that they started taking testosterone a year ago and stopped bleeding shortly thereafter. They haven't had any gender-affirming surgeries yet. They use the terms "chest" (breasts) and "front hole" (vagina). As you begin to explore their presenting symptoms in more depth, one of the MAs knocks on the door and brings the patient a jacket they left in the waiting room. In thanking the MA, you use the wrong pronouns by mistake ("Thanks so much for noticing that she left her jacket out there").

Questions:

- How might you feel after misgendering Dayo?
- How might you utilize TIC principles to handle this situation?
- If it had instead been the MA who misgendered Dayo, how could you have used TIC principles to supportively educate the MA and the rest of the office staff?

Possible direct response: *I'm sorry I made that mistake. I will be conscious going forward to be correct in my use of your pronouns. I am open to talking about how that felt to you just now, if you would like.*



When addressing others: *I noticed you said 'she' to that patient. I wanted to let you know that they identify as non-binary, so it's best to use 'they'. I am happy to discuss pronouns further with you anytime if you have questions.*

Courtesy of Samara Grossman LICSW

Case *(Part 4)*

After you offer a straightforward apology, Dayo responds by saying “I’m used to it”, continues to avoid making eye contact, and slumps back into their chair.

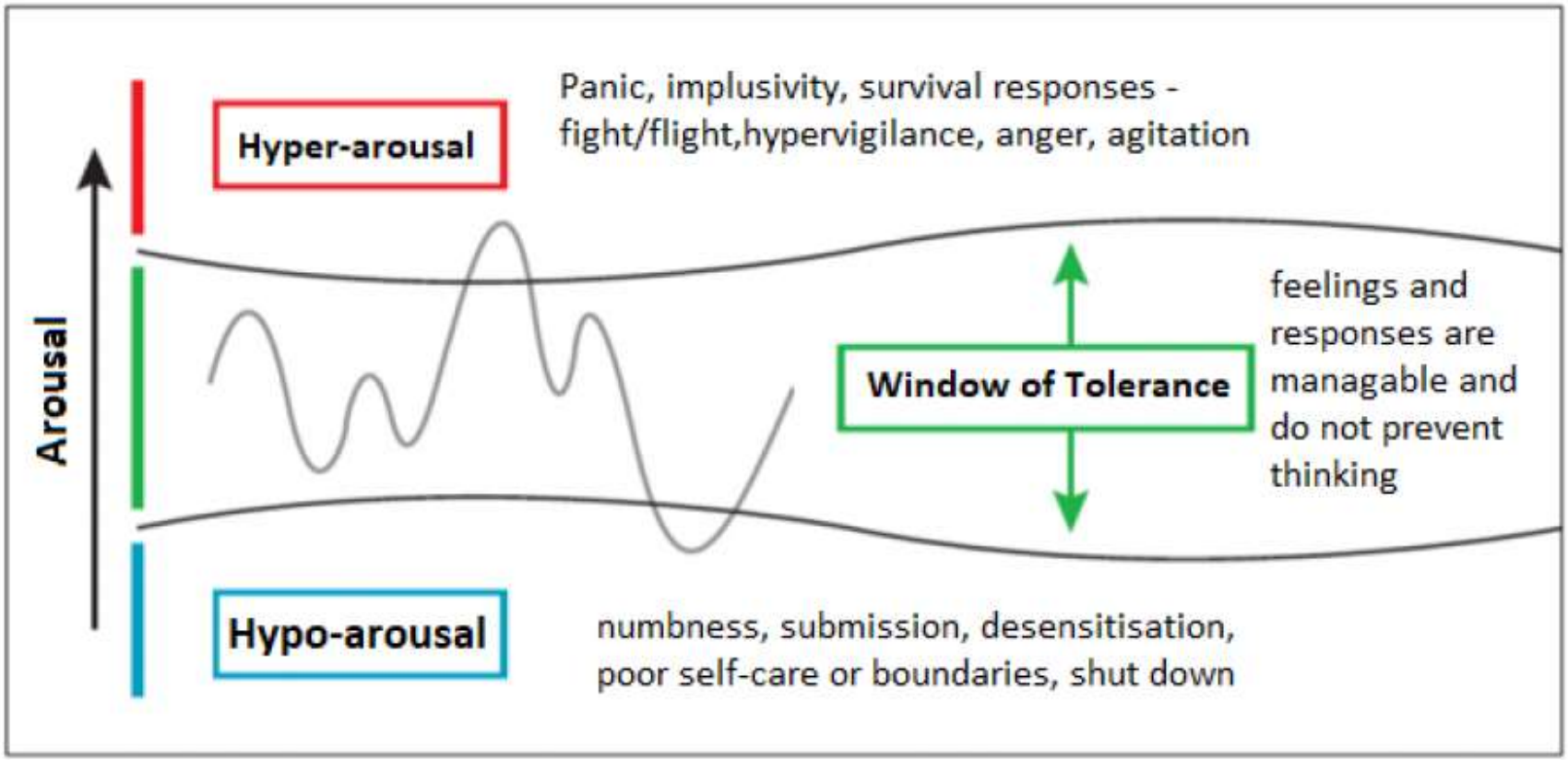
Questions:

- How do you interpret Dayo’s reactions?
- How might you respond?

Post-Traumatic Stress Disorder

Intrusion (Re-experiencing)	Avoidance of Potential Triggers	Changes in Thoughts and Feelings	Changes in Arousal and Reactivity
Involuntary memories Traumatic nightmares Flashbacks Intense or prolonged distress after exposure to reminders (triggers)	Avoiding trauma-related: • Thoughts and feelings • Conversations and activities • People and places	Inability to remember key features of event Distorted beliefs about self or others ("I am bad", "No-one can be trusted") Ongoing fear, horror, anger, guilt, or shame Lack of interest in activities previously enjoyed Sense of alienation and detachment	Irritable behavior and angry outbursts Reckless or self-destructive behavior Hyperarousal and hypervigilance Exaggerated startle response Sleep and concentration problems

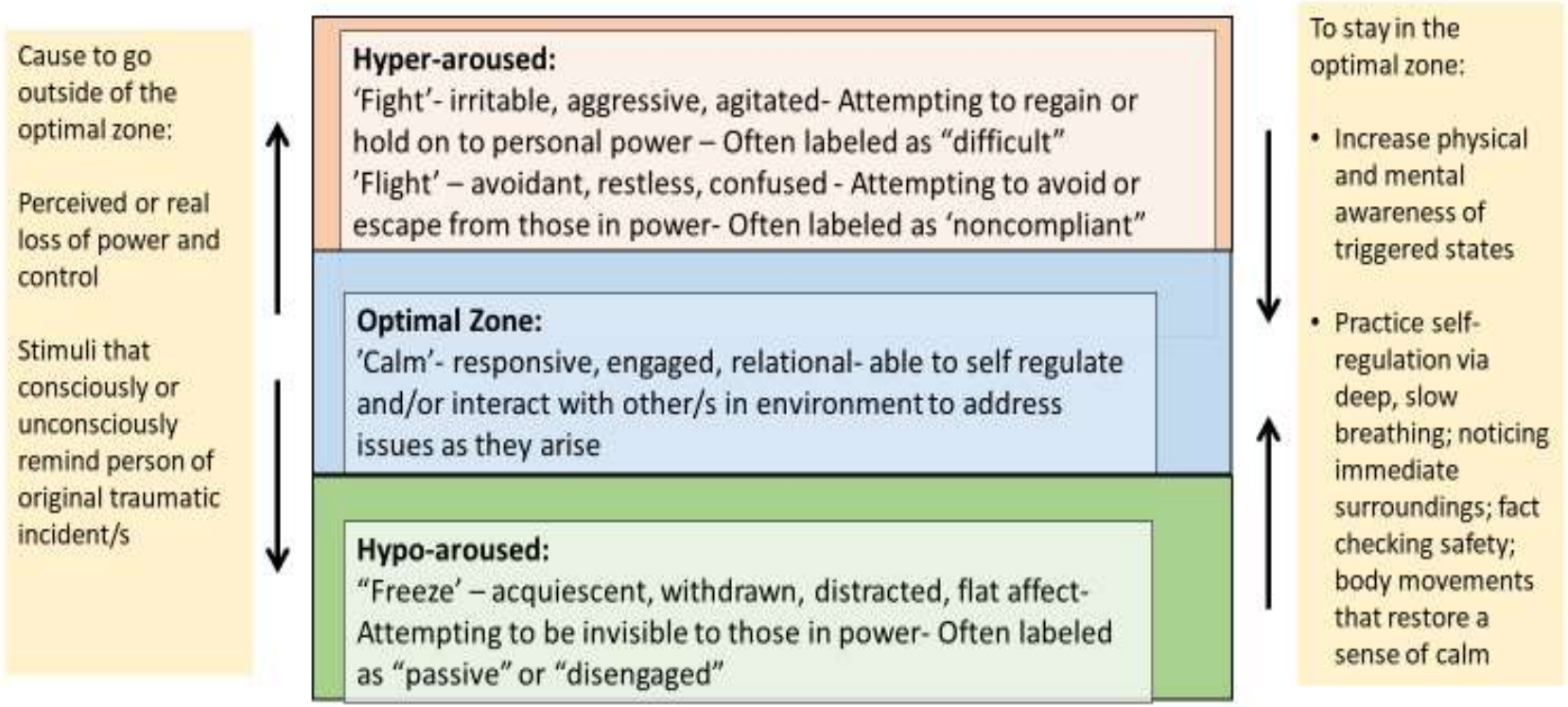
Nervous System Regulation



Trauma-Informed Interpretation

Reaction	Behavioral Manifestations	Unhelpful Clinician Interpretations	Trauma-Informed Interpretations
Fight	Animated Impatient Irritable, angry Loud voice	'Aggressive' 'Combative" 'Resistant' 'Provocative' 'Sullen'	Hyperaroused 'Stuck on high' Attempting to regain or hold on to personal power
Flight	Anxious Confused Forgetful Restless Fidgeting Easily startled Eyes darting	'Non-adherent' 'Non-compliant'	Hyperaroused 'Stuck on high' Attempting to avoid or escape from those in power
Freeze	Acquiescent Withdrawn Distracted, not paying attention Distant look to eyes Quiet/faint voice	'Passive' 'Disengaged'	Hypoaroused 'Stuck on low' Shutting down in response to power

Optimal Arousal Zone



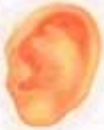
Grossman, Berman & Potter 2020

GROUNDING EXERCISE

NAME 3 THINGS:

YOU SEE

YOU SMELL



YOU HEAR

YOU FEEL

BREATHE IN AND OUT
SLOWLY 3x

Case *(Part 5)*

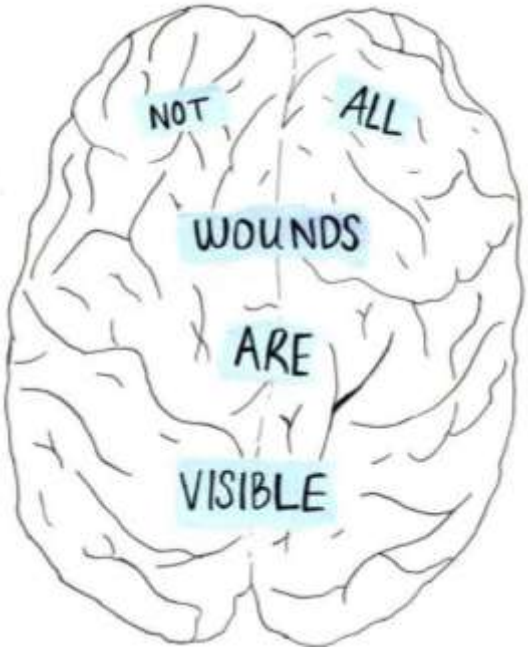
In recognition of Dayo's strength in coming to the appointment and to restore their sense of power and control, you say, " I appreciate how difficult coming to this appointment may have been, and how being here now may still be difficult… Let's take a break and check in. Is there anything you would like me to adjust right now?" Your question seems to ease the discomfort in the room, and Dayo agrees to tell you more about their presenting complaints. You learn that they suffer from fatigue, periods of forgetfulness, chronic undiagnosed stomach pain, and difficulty sleeping.

<u>Questions</u>:

- What presenting symptoms may suggest a history of trauma among TGD patients?
- What physical exam findings may suggest a history of trauma among TGD patients?

Symptoms Suggestive of Trauma

- Anxiety, depression, PTSD
- Fatigue, headaches, jaw pain related to teeth grinding, palpitations, GI symptoms, sexual difficulties, sleep disturbance, chronic pain.
- Many patients have been told that “nothing is wrong” or “it’s all in your head.”



Findings Suggestive of Trauma

- Common sites of injury:
  - Transgender women: face and genitalia
  - Transgender men: chest and genitalia

- Non-suicidal self injury (e.g., cutting/burning):
  - Common among TGD individuals
  - May also focus on chest and genitalia

How to Help Suicidal TGD Patients Access Higher Levels of Care

- *Based on what you are saying I am going to need to call the ambulance to bring you to the ER. Do you have any questions about the process?*
- *Normally… (then describe each step that you reasonably think the patient can expect to experience).*
- *Would you like to take a moment to call anyone to meet you at the hospital/let them know that you are going?*
- *I will call ahead to the clinicians at the ER and explain to them why I sent you. Is there anything else you would like me to tell them?"*

Courtesy of Samara Grossman LICSW

Case *(Part 6)*

Based on the symptoms Dayo is reporting, you begin to suspect a trauma history. You believe that it is important to obtain a more thorough, trauma-oriented history.

Questions:

- What are the potential benefits of trauma inquiry in this situation? What are the potential complexities?
- If you decided to obtain a trauma history, how would you proceed?
- How would you respond to positive disclosure?

Trauma-Informed Trauma Inquiry

Safety	• If you feel uncomfortable at any time, please say pause and we will take a break. You get to lead this discussion.
Transparency	• I'd like to learn more about what has happened to you so that I can more fully understand your symptoms. • I will ask you some questions and you can answer in the ways that feel most comfortable. • If you feel overwhelmed or I notice you are overwhelmed, I may suggest we take a break.
Peer Support	• Would you like anyone with you while we talk about your history?
Collaboration	• We can work together to find a pace that works for you in telling me about your past as it relates to your current symptoms.
Empowerment	• You decide what is important for me to know.

Courtesy of Samara Grossman LICSW

Case *(Part 7)*

After you ask an open-ended question, Dayo discloses a history of penile-frontal sexual assault 6 months ago. Luckily, a friend took them to the ED immediately afterward, where they received appropriate care, including medicines to prevent STIs and pregnancy. The ED also gave the patient a list of recovery programs, but they didn't follow-up because, "None of the programs out there are going to want to see a person like me".

Questions:

- What barriers might Dayo encounter when trying to access trauma recovery services?
- How would you locate TGD-sensitive trauma recovery services?

Responding to Trauma Disclosure

Communicate belief	That must have been frightening for you.
Validate the decision to disclose	I understand it could be very difficult for you to talk about this.
Acknowledge injustice	Violence is unacceptable. I'm sorry that happened, that should not have happened.
Be clear that the patient is not to blame	What happened is not your fault.
Help the patient contain their story to reduce the risk of retraumatization	This information is really important and I wonder if telling it right now might be overwhelming to you or your body? Let's take a moment to breathe and then tell me what you think.
Let the patient know that help is available	A next step that might be useful is to give you some referral options to (people) (programs) that specialize in healing and recovery. Do you feel this would be helpful to you right now?
Collaborate with and empower the patient	Are there resources you know of that you would like my help accessing? The next steps in referral are entirely up to you.

Courtesy of Samara Grossman LICSW

Resources for Healing and Recovery

theNetworklaRed

Survivor-led organizing to end partner abuse
Dirigida por sobrevivientes • Movilizando para acabar con el abuso de pareja

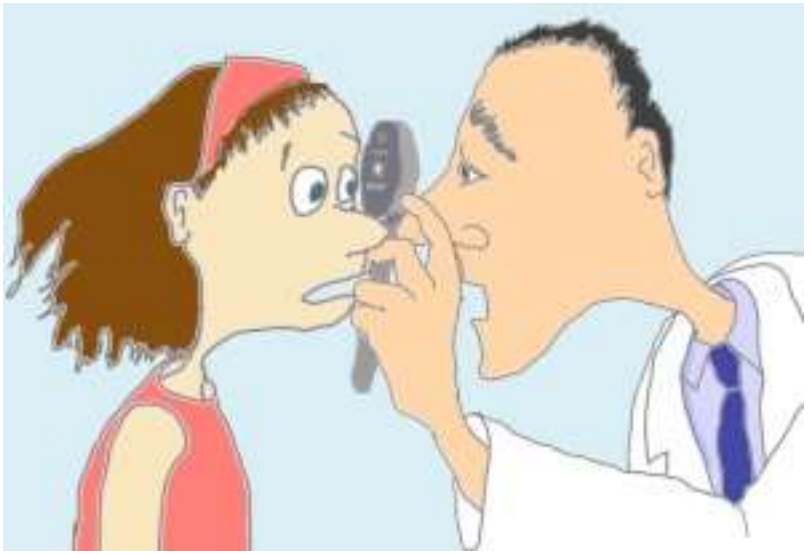
Case *(Part 8)*

After responding appropriately to Dayo's disclosure and offering a referral, they thank you for the suggestion, but say they want to think about it more before taking action. Dayo then returns to their presenting concerns: "First, I want to make sure we do something about what I came in here for today".

Questions:

- How would you approach performance of a physical exam to evaluate Dayo's symptoms?

Any exam or procedure has the potential to be traumatizing



More common with ‘vulnerable’ (i.e., chest, genital, rectal) exams

Common Experiences

- Prior exposure to traumatic/voyeuristic exams
- Inappropriate gendering of certain exams (pelvic = “well-woman exam”)
- Dysphoria during examination of body parts that are discordant with one’s gender
- Dysphoria if provider uses triggering terms to refer to body parts

Trauma-Informed Physical Exam

TI Exam: General Principles

Safety	• Avoid potentially triggering language (e.g., words with sexual or violent connotations). • Stay within the patient's line of sight at all times. • Maintain an appropriate physical distance.
Transparency	• Explain reasons for performing the exam and what it will entail.
Peer Support	• Ask if the patient would like to have a trusted companion in the room during the exam.
Collaboration	• Review options to optimize patient comfort during the exam. • Check in periodically to ask how the patient is doing.
Empowerment	• Ask before touching throughout the exam (i.e., when moving from one part of the body to another). • Obtain permission before proceeding. • Stop immediately if requested by the patient.

Pelvic Exam Modifications

Exam Element or Technique	Modification Options
Chaperone	Patient's choice of support person
Positioning for exam	Feet on table rather than 'footrests'
Speculum selection	Pedersen long narrow or pediatric speculum
Lubricant use	• Non-carbomer-containing water-based • Consider use of topical lidocaine
Speculum insertion	Self-insertion
Cervical sampling	Trans male with prior unsatisfactory cytology: pretreat with 2 weeks of vaginal estrogen

J Gen Intern Med 2015; 30: 1857-64.

Phrases to Avoid	Use Instead
• Don't be scared, everything will be fine.	• What are you most afraid of? • How can we help you through this?
• Stirrups	• Footrests
• Avoid unnecessary touching of the patient (e.g., "Scoot down on the table until your bottom touches my hand")	• Please move your body down until you're right at the edge of the table. • Allow your knees to fall to the sides as much as you can.
• I'm going to insert the speculum. • I'm going to come into you now.	• I'm going to place the speculum now. • It's normal to feel a little pressure.
• I'm going to open the blades of the speculum.	• I'm going to open the speculum.
• I'm going to take the sample now… you may feel a "poke" ["prick"].	• You may feel a little discomfort or cramping.
• Hold still	• If you need to move, wiggle your toes or squeeze your hands.
• Relax	• Try to keep your pelvis resting on the table.

Adapted from: J Gen Intern Med 2015; 30: 1857-64.

Normalize Trans Bodies

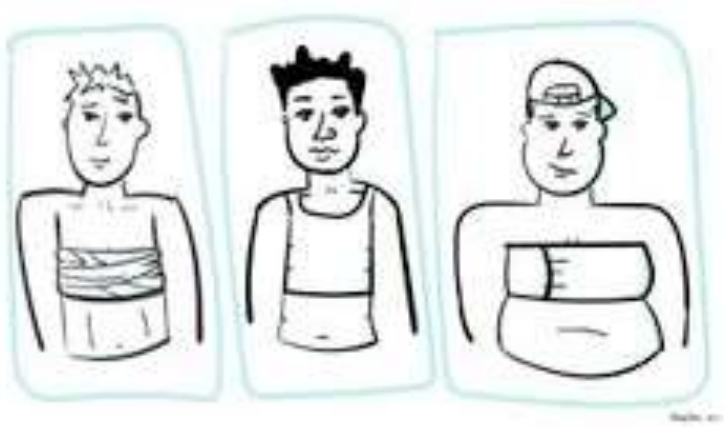
- Curtail your curiosity– only ask questions that are medically necessary.
- Remember to use the patient's terms when referring to anatomical structures.
- Do not visibly react to or comment on the patient's body.
- Limit the number of providers the patient has to see.

Padding/Tucking

Tucking Tips:

- Using a gaff is the safest route.
- Never use duct tape.
- If it hurts: stop. Give your body a break.
- A tight pair of panties or shape-wear work great.
- High waisted bottoms work best, they help keep everything in place.

Binding/Packing



Case *(Part 9)*

Dayo agrees to a physical exam, minus inspection of their chest and genitals, which you agree are not relevant to perform at this visit. Examination of their head, neck, lymph nodes, lungs, heart, abdomen, extremities, skin, and neurological system is normal. After completing the exam, you leave the room so Dayo can dress. After waiting a suitable period, you knock on the door to see if they are ready, and Dayo gives you permission to come back into the room.

Questions:

- How would you incorporate TIC principles into discussion of possible reasons for Dayo's presenting symptoms and decision-making regarding next steps?
- What follow-up plans would you make?

Trauma-Informed Psychoeducation

Safety	If at any point you have questions, disagree, want me to slow down, or repeat or change the subject, please let me know.
Transparency	I would like to explain to you how experiences from the past may be manifesting as symptoms in your body today.
Peer Support	Is there anyone you would like with you while we discuss your symptoms and next steps to take?
Collaboration	I consider everything we decide to do to address your current symptoms to be a plan we create *together*. I may make suggestions, including lab work to get done, or specialists to visit, and I understand you may disagree with these suggestions-- please let me know if you do. I am completely open to this.
Empowerment	I consider you to be in the 'driver's seat' of your care. I want to hear your ideas about how to approach your current symptoms so that I can figure out how to best support you.
Cultural Issues	The symptoms you are having now may stem from prior experiences, but they are not your fault. They reflect a society that allows events like discrimination and oppression to happen.

Courtesy of Samara Grossman LICSW

Case *(Part 10)*

Dayo chooses to have a panel of lab tests checked (all of which return normal), and to try CBT techniques to improve their sleep (with subsequent positive results). They return for monthly follow-up visits, during which they continue taking testosterone, accomplish all of their recommended health screenings, start seeing an individual therapist, and join a local TGD-sensitive violence recovery group. Six months later, they are feeling much better and making plans for top surgery.

<u>Question</u>:

- What else might you do to support Dayo's ongoing recovery and resilience?

Trauma-Informed Follow-Up

Safety	• Co-develop a safety plan to help the patient move back into their optimal zone when they get triggered.
Transparency	• Explain and normalize the fact that trauma-related symptoms are likely to wax and wane over time.
Empowerment **Peer Support**	• Educate the patient on resilience factors. • Name and celebrate the patient's strengths. • Help the patient build on their strengths by engaging in positive coping skills of the patient's choice (connecting with peers, building community, engaging in health-promoting activities and activities that bring pleasure and joy).
Cultural Issues	• Emphasize that social policies that negatively impact the human rights of TGD populations can cause TGD patients to feel triggered and experience decreased mood or other health consequences. • Check in with patients at such times, to encourage an office visit and promote connection to community/activist groups.

Courtesy of Samara Grossman LICSW

Universal Application of TIC Principles Is Essential When Caring for TGD Patients and Includes…

Affirming the patient's gender throughout the encounter		**Performing the exam in a collaborative manner that resists retraumatization**
Attending to power dynamics throughout the encounter		**Recognizing symptoms and exam findings that may suggest a history of trauma**
Obtaining the history in a patient-led manner		**Recognizing and responding productively when a patient becomes dysregulated**
Asking about trauma in a manner that resists retraumatization		**Co-developing care plans that are patient-empowering and enable mutual respect, safety, and ongoing engagement**
Responding appropriately to trauma disclosure		**Facilitating connection to TGD-sensitive trauma recovery services**
		Recognizing, celebrating, and building on the patient's strengths over time

Courtesy of Samara Grossman LICSW

Thank You!