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## Preface

Prior to the preliminary definition of trauma in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* in 1980 as a catastrophic stressor outside the range of typical human experience, it was well understood that certain adverse experiences can cause acute clinical manifestations. The long-term sequelae of trauma, however, were frequently misdiagnosed as primary psychiatric disorders or unexplained physical syndromes. Trauma research and informed care have progressed significantly since that time. For example, it is now known that exposure to a traumatic experience can have epigenetic, neuropsychiatric, and transgenerational effects that can persist over the course of a person's – or their offspring's – lifetime. Further, what constitutes a traumatic experience is no longer narrowly defined (e.g., war, rape, natural disaster). Trauma is both context and person dependent, in that one individual may experience traumatic sequelae from a specific event while another might not. Finally, trauma may have myriad mental, physical, and behavioral effects that are not always easily classified.

As the conceptualization of trauma diversifies, so too does the understanding of how being identified as a member of a minority group can expose individuals to a unique set of experiences that can be traumatic. Individuals with diverse sexual orientations, gender identities, and expressions are more likely to experience bias, harassment, discrimination, and violence compared to heterosexual, cisgender populations. They may also face unique internal challenges associated with the coming out process. As suggested by the minority stress model, the combination of these internal and external stressors can place lesbian, gay, bisexual, and transgender (LGBT) individuals at higher risk for mental and physical health concerns. This vulnerability may be compounded for individuals with multiple stigmatized intersectional identities and expressions.

Fortunately, traumatic experiences are frequently paralleled by the development of coping strategies that permit affected individuals to recover and even thrive. The ability to adapt positively or cope with adversity – otherwise known as resilience – is difficult to measure construct that nonetheless portends improved psychosocial function and higher quality of life. Understanding the specific adversities experienced by different communities is a crucial first step in the development of a resilience promotion approach. This book educates healthcare professionals on the impact of traumas experienced by LGBT populations and outlines strategies that can be used in the clinical encounter to facilitate recovery and resilience.

One important theme that emerges is the use of terminology. While numerous acronyms exist to describe LGBT populations including sexual and gender minority (SGM) or sexual and gender diverse (SGD), “LGBT” will be used throughout this text to describe individuals with diverse sexual orientations and gender identities as this acronym is currently the most widely used. However, at a clinical level, terminology is personal and healthcare professionals should be well-equipped to communicate with their patients regarding sexual orientation and gender identity using a variety of terms.

The first section of the text provides an overview of trauma in LGBT populations, followed by a review of how resilience changes across the life span. Characteristics of resilience development are then examined in particularly vulnerable LGBT communities, including transgender and gender nonconforming individuals, people of color, sexual minority

women, migrant communities, and incarcerated individuals. Finally, experts in the field present strategies clinicians can use when working with LGBT individuals to facilitate adaptation and healthy coping.

A critical theme throughout this text is that *all* clinicians play a critical role in making healthcare and the healthcare environment trauma informed. While certain specialties may play a more specific role in treating the psychological sequelae of trauma, the myriad manifestations of chronic stigma and trauma necessitate interdisciplinary and wide-reaching individual, organizational, and systems changes. These changes are not arduous or cumbersome; rather, they simply require an ongoing investment by all healthcare professionals in to understanding, recognizing, contextualizing, and managing trauma. By addressing trauma in LGBT communities using the strategies described in this text, we hope that not only will the health disparities faced by LGBT communities be reduced, but that clinicians themselves can serve as role models for the larger societal changes necessary to eliminate the stigma, violence, and discrimination faced by LGBT individuals.

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