

Structural Trauma and the Importance of Trauma-Informed Care Strategies

Exclusion, inhibition and distancing from non-normative expressions of female sexuality alienate LGBTQ+ women from a level of self-knowing and self-trust¹³ that heterosexual women take for granted. Alone, in silence, and often blaming themselves for not identifying with the hetero-norm, participants struggled with the pressure of fulfilling heterosexual expectations.

"I classically knew there was something wrong. Not really wrong but that was the perception, there was something wrong, there was something different, yet. And just through a combination of events, buried it, hid it, stuck to the norms of society. And I'm not necessarily saying my family expected it of me either. My mother and my father were really great and always open. So it was just probably something with me, within me." -Karen

Coming out to oneself marked the beginning of a lifetime of acknowledging and declaring a departure from heteronormative alignment.¹⁴ LGBTQ+ women had to come out in opposition to the expectation of heterosexuality and were forced to contemplate whether doing so would put their safety at risk.¹⁵ Alternatively, they could keep their LGBTQ+ identity invisible however this entailed going back into the closet to mitigate a perceived risk to their safety.¹⁵ Either way, uncertainty and mistrust governed the experiences of LGBTQ+ birthing women.

"When it came to the nursing staff that were kind of in and out, I think they processed me and my partner as much as they were willing to engage with us... I think there was one particularly friendly nurse that even kind of asked questions about our relationship. And she seemed like really friendly and we felt like we had a good connection with her. So we really appreciated that. But for the most part, people didn't really acknowledge it in any other way. And so you don't know whether to interpret that as they're not acknowledging it because they're acting like it's normal or they're not acknowledging it because they don't recognize it, or you don't know what the reason is." -Kate

Narratives revealed a re-occurring theme of structural trauma which is theorized to be disproportionately experienced by members of marginalized communities.¹⁵ The effects of structural trauma were evidenced in the experiences of LGBTQ+ women who shared storied accounts of health care providers who engaged in practices that failed to consider broader understandings of patient safety.¹⁵ Health care providers have the ability to empower or disempower which is particularly significant in determining the health outcomes of LGBTQ+ birthing women.

"But LGBTQ+ for me is [...] seeing spaces between things or understanding [...] the structured nature of the systems around us or that organize us. And so seeing the spaces or seeing the cracks, seeing them for what they are instead of believing in their absolute truth [...] and being like [...] how I can kind of break that open a little bit more and find the spaces where I feel more myself and feel more empowered and feel like I have agency in my own life and I'm doing what is true for me." -Wyn

The experiences of LGBTQ+ women developed trauma-informed care strategies and a redressing of traditional assessment techniques.¹⁵ Strategies aim to address and validate structural trauma by acknowledging that larger systems of privilege and oppression can influence the lives of individuals in diverse ways. Trauma-informed care strategies include inspecting rigid language, validating through reflecting language that patients use to describe their own experiences, and gaining access to relevant information from the patient to build a larger context for the provision of equitable care.¹⁵ Thus, these strategies can be taken up in health practices to reconstruct historically disempowered identities¹⁶ and create opportunities to rebuild relationships into partnerships that are grounded in trust and understanding between LGBTQ+ women and their health care providers.