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SEXUAL GENDER MINORITY SUPPORT CARE

It Takes More than Rainbows: Supporting Sexual and Gender Minority Patients with Trauma-Informed Cancer Care

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Precis: Our perspective highlights the urgent need to integrate trauma-informed care principles into cancer care for sexual and gender minority populations. By implementing the proposed recommendations, oncology care teams can address disparities and enhance outcomes, ensuring equitable and inclusive cancer care for all patients and their families.

AUTHOR CONTRIBUTIONS: Sinko: Conceptualization, data curation, funding acquisition, investigation, resources, supervision, writing - original draft, and writing - review and editing. Ghazal: Conceptualization, data curation, funding acquisition, investigation, resources, writing - original draft, and writing - review and editing. Fauer: Conceptualization, data curation, funding acquisition, investigation, writing-original draft, and writing- review and editing. Wheldon: Conceptualization, data curation, resources, writing - original draft, and writing - review and editing.

Abstract

Background/Purpose: The American Society of Clinical Oncology (ASCO) has called for an increased priority to improve cancer care for sexual and gender minority (SGM) populations, due to heightened risk of receiving disparate treatment and having suboptimal experiences, including perceived discrimination. We demonstrate how integrating trauma-informed care (TIC) principles across the cancer continuum is a key strategy to improving care delivery and outcomes among SGM populations.

Method: This empirically-informed perspective expands on the concepts generated through the ASCO position statement and utilizes the Substance Abuse and Mental Health Services Association (SAMHSA) “Four R’s” Toward Trauma Informed Care: Realize, Recognize, Respond, and Resist Traumatization.

Results: Recommendations for each component of TIC include: (1) Realize: Implement SGM cultural humility training, including modules on SGM-specific trauma, discrimination, harassment, and violence; (2) Recognize: Routinely screen for emotional distress using methods to ensure privacy, and/or normalize mental health screenings to cancer patients; (3) Respond: Create and widely disseminate policies and patients’ rights that prohibit discrimination and ensure access to gender-neutral clinical environments; and (4) Resist Traumatization: Establish and respond to quality metrics (e.g., standardized patients, patient satisfaction surveys) that are informed by a community advisory board with the purpose of ensuring and maintaining quality care.

Conclusions and Implications: Integrating TIC principles into cancer care for SGM populations is crucial to address disparities in treatment and clinical outcomes. Our recommendations offer practical approaches for oncology teams to implement TIC care and ensure equitable and inclusive cancer care for patients and their families.

Keywords: sexual and gender minority; trauma informed care; cancer survivors

It Takes More than Rainbows: Supporting Sexual and Gender Minority Patients with Trauma-Informed Cancer Care

Introduction

A cancer diagnosis and subsequent treatment is an often-traumatic experience for anyone, but for sexual and gender minority (SGM) patients it comes with unique challenges that can exacerbate historical and existing traumas. SGM patients bear a disproportionate cancer burden and face disparities in cancer-specific outcomes stemming from unique cancer risks, needs, challenges, as well as gaps in quality of care.¹ This disproportionate burden is even higher for SGM people of color, older SGM adults, and SGM people living in poverty.² The broader healthcare system has not always been inclusive and respectful of SGM patients' diverse identities and experiences, leading to potential interpersonal and institutional stigma.³ These experiences can also exacerbate the personal trauma histories of SGM patients, creating barriers to quality cancer care.

Recent calls by the American Society of Clinical Oncology (ASCO) highlight the urgent need to address cancer care disparities and improve outcomes for SGM cancer patients.¹ In this perspective, we build on these existing ASCO recommendations and argue the added value of a complementary trauma-informed approach.⁴

While the past decade has witnessed the enhanced discussion of trauma-informed frameworks, trauma-informed principles have not been regularly applied to the cancer care field, particularly as it relates to improving care quality and experiences for systematically marginalized populations.⁴ Through this perspective, we advance the concept of trauma-informed cancer care with a heightened sensitivity to SGM-

related issues that recognizes the widespread nature of trauma in SGM populations, integrates knowledge about this trauma into practices and procedures, and minimizes further re-traumatization for these populations. We argue that the integration of trauma-informed principles in cancer care can reform the screening, care experiences, treatment engagement, and health-related outcomes for SGM patients. Practical applications corresponding to each trauma-informed “R” can be seen in **Table 1** and are briefly summarized below.

<Insert Table 1 about here>

What is Trauma-informed Care and Why is it Important to Incorporate Throughout the Cancer Care Continuum for SGM Patients?

Trauma can be an enduring reality for cancer patients, occurring at various stages along the cancer care continuum (i.e., effecting risk behaviors, screening, treatment, and survivorship care).⁴⁻⁶ For SGM patients with cancer, previous traumas may exacerbate and compound psychosocial challenges, such as estrangement from families of origin and experiences of discrimination in healthcare settings.^{1,7,8} Evidence has shown that SGM patients face disproportionate incidences of trauma and violence outside of healthcare and familial spaces.^{2,9,10} This is especially true for SGM patients facing intersectional forms of oppression.¹¹ Intersectionality theory can serve as a framework in this regard to better understand how these various intersecting social identities (race, gender, sexuality, disability, class, and others) systems of oppression shape ones experiences and cancer care outcomes.^{12,13} Thus, it is crucial to incorporate trauma-informed principles into cancer care for SGM patients to mitigate the negative impact of these experiences and improve overall cancer care experiences, treatment engagement, and outcomes for this patient population.

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The concept of trauma-informed care is a healthcare approach that recognizes the universal impact of trauma and how it affects healthcare interactions, including how patients receive or respond to services. According to the Substance Abuse and Mental Health Services Association (SAMHSA), being trauma-informed involves *realizing* the widespread impact of trauma, *recognizing* the signs and symptoms of trauma, *responding* with TIC, and actively *resisting* retraumatization.¹⁴ Additionally, we propose the addition of a fifth “R” – *reflection*. This concept involves reflection of one’s biases, trauma histories, and organizational climate to understand how that might promote recovery or create barriers to equitable care for SGM patients. Incorporating these five R’s, we propose applying the SAMHSA trauma-informed care principles to cancer care for SGM patients and highlight examples of how trauma-informed care can be implemented to provide better care for this patient population.

1. Realize the widespread impact of trauma on SGM people. To create a trauma-informed space throughout the cancer care continuum, it is imperative to recognize the disproportionate impact of trauma and violence on SGM people and acknowledge the historical harms they may have already experienced interacting with the medical system. SGM individuals face a higher risk of poverty, stigma, marginalization, hypersexualization, and hate-motivated violence compared to their cisgender, heterosexual peers, making them more susceptible to experiencing trauma.¹⁵⁻¹⁷ In addition, there is often a multiplicative effect of intersectional minoritized identities on exposure to, and experiences of, trauma, making it imperative to recognize various intersecting factors and their impact on patient health and care engagement.^{18,19}

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SGM populations are more likely to have had adverse childhood experiences and secondary trauma from systems they seek help from.²⁰ Healthcare settings can also exacerbate traumatic experiences. For example, it is estimated that only around 8% of SGM people who have experienced violence seek help from medical professionals.²¹⁻²³ The estimated perceived helpfulness of medical support from those that have sought care ranges from 7-78%,^{21,24} pointing to inconsistent treatment of these individuals across healthcare spaces. Enacted stigma (e.g., verbal and physical violence targeted to SGM identity) can shape the cancer care experiences of SGM patients not only from providers but from other sources, like hospital staff and other patients.²⁵ Stigma and fear of discrimination can also prevent SGM individuals from seeking care, with concerns of being blamed, not taken seriously, or being outed by those caring for them.^{23,26} This fear may lead to SGM patients not disclosing their sexual orientation to healthcare providers, which can create additional barriers to care.²⁷ The intersectionality of the SGM patient, including other minoritized identities and comorbidities, such as diagnosis with HIV/AIDS,²⁸ may also impact their experiences receiving care. Figure One describes other overlapping sources of trauma SGM patients may be disproportionately exposed to prior to entering a cancer care setting. Realizing this context and appreciating its impact on clinical presentation and healthcare interactions is crucial to providing affirming, high-quality, and effective care.²⁹

<Insert Figure 1 about here>

Applying this to cancer care practice. To ensure that providers across the cancer care continuum realize the unique impact of trauma on SGM populations, content related to this should be integrated into curricula, training requirements, and certification exam content. Additionally, including SGM status as a required

data element in cancer registries and clinical trials could help us better understand the impact of trauma on cancer incidence and outcomes among SGM populations. This would ultimately promote better treatment outcomes for these populations. In addition, it is important to train future scientists to incorporate trauma history as a non-stigmatizing and non-discriminatory covariate to avoid missing opportunities to improve patient understanding, engagement, and quality cancer care across sexual orientation and gender identity spectrums. By doing so, we can ensure that all patients receive the best possible care and treatment, regardless of their sexual orientation or gender identity.

2. Recognize the signs, symptoms, and impacts of trauma.

The long-term effects of trauma exposure on physical, mental, and psychosocial wellbeing are well established.³⁰ In cancer care settings, the associated symptoms can affect cognitive processes and behaviors. For example, traumatic exposure impact the reactivity of the prefrontal cortex's threat and fear responses, thus potentially decreasing patients' abilities to manage emotions, build trusting relationships with cancer care providers, adhere to treatment, and adapt to stressful clinical environments..^{31 32} Trauma can also arise from negative healthcare experiences,³³ which may influence patients' decision-making regarding treatment¹⁴ and lead to greater distrust of oncology clinicians and institutions. Healthcare-related trauma often stems from discrimination and stigma (i.e., racism, sexism, ableism, etc.),³⁴ which disproportionately impact SGM patients. For example, SGM populations may exhibit lower rates of cancer screening due to enacted (i.e., previous experiences of unfair treatment) and/or felt (i.e., expectations of future unfair treatment) stigma.³⁵⁻³⁷ Consequently, SGM patients with cancer are more likely to present with late-stage disease.³⁸

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Recognizing that healthcare-related trauma can occur at any point in a patient's care journey, including before, during, or after cancer treatment, and during non-cancer-related care and being prepared for its potential consequences can help provide more proactive support for patients across the cancer care continuum. By understanding that these experiences can be re-triggering for patients with trauma histories we can better understand and mitigate the barriers they face for cancer care engagement. For example, Kohler et al.³⁹ found that women with sexual trauma histories may avoid Pap screenings altogether due to the potential for re-traumatization. Similarly, Farley et al.'s studies^{40,41} showed that some women may skip mammograms as a preventative measure against breast cancer to avoid further trauma. West et al found that disclosure of sexual orientation was a way to build trust in oncology providers, but often that trust was violated by the stigmatizing actions of providers.⁴² Regardless of the source, experiences or fears of healthcare-related trauma can contribute to cancer patients choosing to delay and/or avoid care.^{43,44} Overall, recognizing the signs, symptoms, and impacts of trauma on cancer patients and taking steps to create a trauma-informed approach to care can improve SGM patient outcomes, increase trust in healthcare providers, and ultimately lead to more effective and equitable cancer care.

Applying this to cancer care practice. To effectively address and recognize the impact of trauma on cancer care, it is essential to collect and use SGM-relevant data for quality improvement, organizational growth, and understanding correlations between SGM trauma and treatment outcomes, in accordance with ASCO guidelines. This can include gathering demographic information on SGM patients, inquiring about trauma histories, and assessing

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potential symptoms of healthcare-related trauma throughout the patient's care journey. Additionally, it is crucial to train clinicians on recognizing signs and symptoms of trauma and to educate patients on how their previous trauma histories can be exacerbated through cancer care. Engaging in conversations about patient triggers, preferences, and awareness of their histories can help providers integrate trauma-informed approaches into cancer care delivery, which can ultimately reduce potential harm and improve patient outcomes.

3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices.

Trauma-informed care has gained traction in healthcare over the past decade and has been increasingly integrated into various healthcare settings. In healthcare settings more broadly, trauma-informed care has been implemented through changes in policies, procedures, and practices. This includes the adoption of patient-centered communication techniques, the incorporation of trauma screening and assessment tools into routine care, and the provision of trauma-specific services and resources. Key principles of trauma-informed care involve prioritizing safety, providing opportunities for patient collaboration, and promoting patient voice and choice. See SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach for a more detailed description of key principles of Trauma-informed care. ¹⁴

While the application of this may look different depending on the healthcare setting, several studies have explored the application of trauma-informed care principles within healthcare practices and policies to improve treatment outcomes. For instance, a review of trauma-informed care in oncology settings⁴ found that interprofessional collaboration in trauma-informed care enhanced healthcare

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providers' understanding of their patients' physical and psychosocial needs, resulting in improved quality of life, maximized patient safety, and increased trust between patient and provider.^{32,45,46} “Sensitive practice” tools can be used to identify potentially triggering aspects of cancer care (e.g., breast radiotherapy) for individual patients and relay that information to providers.⁴⁷ Similar approaches, such as trauma-informed reproductive health services, increase patient satisfaction and empowerment to manage their health risks.^{4,48,49}

Trauma-informed approaches must include SGM-specific considerations to give providers the tools they need to adequately meet the needs of these populations. These considerations must address the intersectional identities of SGM cancer patients, which may affect how we deliver trauma-informed cancer care. Some examples of how cancer centers can attend to intersectional identities include offering translation services in multiple languages; creation of a patient advisory council that includes SGM members from different racial, ethnic, and socioeconomic backgrounds; and partnering with a local LGBTQ+ organization to provide outreach and engagement to SGM cancer patients. These learnings must then be integrated into all aspects of care delivery, including revising policies and procedures to reflect trauma-informed practices. This includes using patient-centered communication techniques that validate patient experiences, avoiding re-traumatizing procedures whenever possible, and creating a safe and supportive environment for patients to share their trauma history if they feel comfortable doing so. For SGM patients, trauma-informed care should also involve creating gender-affirming and culturally competent spaces that promote inclusivity, respect, and understanding. Additionally, healthcare providers should provide additional resources and support, such as connecting patients with SGM-specific support groups or counseling

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services that are equipped to address the unique mental health needs of this population. Finally, it is crucial for providers to consider the impact that systemic discrimination and oppression may have on the physical and mental health of SGM patients, and work to critically examine policies at their clinical settings that perpetuate systemic inequities. By taking these steps, healthcare organizations can create a more supportive and inclusive environment for SGM patients who have experienced trauma, ultimately improving their overall health outcomes and quality of life.

Applying this to the cancer care setting. To create trauma-responsive policies and practices, in alignment with ASCO guidelines, healthcare organizations should start by establishing and implementing policies that ensure equitable, culturally competent cancer care is accessible to all patients. The provision of trauma-informed care should not be a one-time training or initiative, but rather an ongoing process that is continually assessed, improved, and reinforced through regular staff development opportunities and education. This is particularly vital for improving care for SGM patients, as it can help decrease healthcare-related trauma. Also, trauma-informed care may ultimately enhance patient outcomes by enabling SGM patients to feel listened to and feel empowered to actively participate in their own care. In addition, healthcare organizations should expand patient access to culturally competent support services that are tailored to meet the unique needs of SGM patients, and implement policies that prohibit discrimination, as well as offer education and training to all healthcare providers and staff on the particular health disparities that affect SGM patients. Additionally, healthcare organizations should prioritize research that aims to comprehend the distinctive health needs and experiences of SGM patients with cancer to develop evidence-based interventions

that enhance health outcomes for this population. Creating a welcoming and inclusive environment for all patients, regardless of their sexual orientation or gender identity, is crucial to reducing health disparities and ensuring that SGM patients receive the high-quality care they deserve.

4. Resist Retraumatization actively by building awareness of and changing practices that perpetuate trauma and re-enact traumatizing relationships with SGM patients and their families.

A critical part of trauma-informed care is to proactively resist retraumatization before it occurs.^{4,50} Retraumatization is the reactivation of feelings/memories from negative past experiences.⁵¹ This requires integrating trauma-informed principles and changing practices that perpetuate trauma and re-enact traumatizing relationships with SGM patients and their families. By prioritizing safety, promoting trust and transparency promoting patient empowerment, and acknowledging socio-cultural and historical contexts, healthcare providers can reduce instances of retraumatization that SGM patients could experience in the cancer setting. By implementing these principles, healthcare providers are better able to create a safe and inclusive environment that is responsive to the unique needs and experiences of SGM patients and their families. These principles align with the ASCO guidelines for SGM Populations and may improve treatment outcomes, maximize patient safety, and increase trust between patient and provider.

In addition to the initiative-taking measures mentioned above, healthcare organizations may also benefit from reflecting on past experiences and practices to

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identify areas where they may have inadvertently caused harm or retraumatization to SGM patients. This could involve conducting an audit of patient complaints or conducting focus groups with SGM patients and their families to better understand their experiences in the healthcare setting. By identifying areas for improvement and committing to ongoing reflection and improvement, healthcare organizations may continuously work towards providing trauma-informed care that is responsive to the unique needs and experiences of SGM patients. It is essential to recognize that trauma-informed care is an ongoing process that requires a commitment to ongoing learning, growth, and reflection to ensure that all patients receive the best possible care.

Applying this to the cancer care setting. To provide trauma-informed care for SGM patients, it is crucial to proactively resist retraumatization before it occurs. This involves integrating the trauma-informed principles discussed earlier to reduce the likelihood of SGM patients experiencing further trauma. Ensuring safety for SGM patients means creating policies that prohibit discrimination and harassment based on sexual orientation or gender identity and training all staff members to recognize and respond to situations where SGM patients may be at risk of harm or re-traumatization. It also means seeking feedback from SGM patients and their families and using it to make changes that promote a safer and more inclusive environment.

Building trust and transparency involves providing clear and consistent messaging around confidentiality, informed consent, and the patient's right to control their own healthcare decisions. It also includes providing prompt follow-up and continuity of care as suggested by the ASCO SGM Population guidelines. Collaboration and mutuality require healthcare providers to work with SGM patients

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and their families to develop culturally sensitive care plans that are responsive to their unique needs and experiences. It also involves equalizing power dynamics between clinicians and patients and involving SGM patients in all aspects of their care.

Peer support includes creating safe spaces where SGM patients can share their experiences and feelings, such as support groups or counseling services tailored to their needs. It also involves providing resources and referrals for legal support, mental health services, and community-based organizations that specialize in serving SGM patients and their families. Acknowledging cultural, historical, and gender issues means providing education and training to all staff members on the unique challenges and historical trauma faced by SGM patients and delivering culturally responsive and sensitive care.

It also means creating a welcoming and inclusive physical environment that reflects the diversity of SGM patients. Finally, promoting empowerment, voice, and choice for SGM cancer patients involves seeking out and incorporating feedback from SGM patients and their families in all aspects of care, providing education and resources to support informed decision-making, and encouraging SGM patients to participate in advocacy and leadership roles. These principles align with the ASCO SGM Population guidelines and aim to create safe spaces for SGM patients, expand and promote cultural competency training, ensure prompt follow-up and continuity of care, and ensure policies that prohibit discrimination.

5. Reflect on our own biases, trauma histories, and organizational make up to understand how that might promote recovery or create barriers to equitable care for SGM patients.

Finally, while trauma-informed guidelines end there, we propose a fifth "R" to reflect on our own biases, trauma histories, and organizational make up to understand how that might promote recovery or create barriers to equitable care for SGM patients. This reflection can involve examining our own assumptions and beliefs about gender identity and sexual orientation, identifying any unconscious biases that may exist, and actively working to address them. By engaging in this ongoing reflection, healthcare providers can better understand and address the unique challenges faced by SGM cancer patients, and work towards providing more equitable and compassionate care for all individuals. This approach requires a fundamental shift in the way healthcare providers think about and deliver care, but it is essential to ensuring that all individuals, regardless of their sexual and gender identity, have access to high-quality cancer care that is grounded in respect, compassion, and cultural sensitivity.

Applying this to cancer care practice. Encouraging provider reflection and debriefing can be a powerful tool in helping them deliver high-quality, trauma-informed care. In addition, healthcare organizations must prioritize the recruitment and training of staff who reflect the diversity of their patient population and have experience working with SGM patients. Community-based organizations that serve SGM individuals can be valuable partners in informing cancer care programs and services. Healthcare organizations must prioritize the retention of diverse staff by fostering a supportive and inclusive work environment that values the unique perspectives and experiences of all employees. Safe and brave spaces are

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important not only for patients but also for healthcare providers and staff, who may themselves identify as SGM individuals. By implementing these strategies and creating a culture of inclusivity, healthcare organizations can improve the quality of care provided to SGM cancer patients, promote the well-being and job satisfaction of their staff, and ultimately improve patient outcomes. To achieve this, healthcare organizations and providers must commit to examining their biases and assumptions, actively working towards creating a more diverse and inclusive workplace and prioritizing the unique needs of SGM cancer patients in all aspects of care delivery.

Policy-Level Barriers to Trauma-informed SGM Cancer Care

A number of recently passed “anti-LGBTQ” laws may limit the capacity of cancer care organizations to implement trauma-informed SGM cancer care in a number of states. In 2022 alone, 315 anti-LGBTQ bills were introduced in state legislatures across the U.S.⁵² These laws, such as Florida Senate Bills 254 and 1580,^{53,54} can directly limit access to SGM-affirming care and license discrimination based on sexual orientation and/or gender identity. They can also create perceptions of hostile healthcare environments among SGM patients, erode trust in healthcare providers, and ultimately exacerbating feelings of trauma and marginalization. Additionally, such policies may directly and indirectly impede healthcare organizations' efforts to implement trauma-informed practices by limiting resources, inhibiting data collection on SGM populations, and discouraging staff from receiving adequate training in providing culturally competent care. Cancer care organizations and providers should actively advocate for policies that protect the rights and well-being of SGM populations. They can also engage in

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research that examines the impact of anti-LGBT state policies on SGM cancer patients in order to support policy changes and strengthen the case for trauma informed care.

Conclusions

Trauma-informed care is vital to improving care quality for SGM cancer patients. Trauma-informed cancer care is prepared for SGM patients' past or future traumatic experiences, while also recognizing and responding to structural and historical harms. In addition, it recognizes the role of the surrounding community, particularly how violence, substance use, hunger, poverty, and housing insecurity may contribute to further trauma and/or negatively impact healing. Infusing trauma-informed care with ASCO SGM Population guidelines, highlights the complementary nature of these approaches and the necessity of using a trauma-informed lens when trying to prioritize patient empowerment, reduce potential harm, and improve outcomes for SGM cancer patients. Future research in this area should focus on developing tailored trauma-informed interventions and understanding the impact of trauma-informed care on cancer care outcomes and patient satisfaction. It is also important to investigate the effectiveness of training healthcare providers in trauma-informed care and the experiences of SGM cancer survivors to provide appropriate post-treatment support. By acknowledging and addressing the impact of trauma on the physical and mental health outcomes of SGM cancer patients, healthcare providers can create a safe and supportive environment that leads to better health outcomes and quality of life among historically marginalized populations.

Table 1. Application of Trauma-informed Care for Oncology Providers: *Aligning ASCO Strategies for Reducing Cancer Health Disparities Among Sexual and Gender Minority Populations with TIC Principles and Strategies*

| Components of TIC Principle | Most Relevant ASCO Recommendations for Improving SGM Cancer Care | Reflective Questions | Direct Recommendations (Potential action items for oncology care team) |
|------------------------------------|--|---|--|
| <p>1. Realize</p> | <ul style="list-style-type: none"> • Incorporate SGM Training Into Training Curricula, Training Requirements, and Certification Exam Content • Promote the Inclusion of SGM Status as a Required Data Element in Cancer Registries and Clinical Trials | <p><i>How does trauma impact SGM cancer patients? How common is it?</i> <i>How could a cancer diagnosis and subsequent care exacerbate that?</i> <i>Is there room for promoting trauma recovery in the context of cancer care and recovery?</i></p> | <ul style="list-style-type: none"> • Training on trauma-informed care, which includes an understanding of the impact of trauma on SGM populations and how to provide care that is sensitive to trauma survivors' needs. • Understand the potential impact of discrimination, stigma, and marginalization on the physical and mental health of SGM patients, including how these experiences may exacerbate trauma symptoms. • Engage with community organizations and support groups for sexual and gender minority individuals to gain a deeper understanding of their experiences and needs. • Implement SGM cultural humility training that includes modules on SGM-specific trauma, discrimination, harassment, and violence. • Incorporate questions about trauma history and appropriate follow up into the patient intake process to identify patients who may have experienced trauma. • Develop resources and referral networks for patients who have experienced trauma, such as support groups, counseling services, and community-based organizations. |

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| <p>2. Recognize</p> | <ul style="list-style-type: none"> • Collect and Use SGM-Relevant Data for Quality Improvement • Expand Education for SGM Patients With Cancer and Survivors | <p><i>How might this manifest in the cancer setting in terms of treatment engagement, health behaviors, clinical interactions, etc.?</i></p> | <ul style="list-style-type: none"> • Being aware of common trauma reactions, such as hypervigilance, anxiety, and avoidance behaviors, and understanding how these may manifest differently in SGM patients due to unique stressors and experiences. • Routinely screen for emotional distress using methods to ensure privacy (e.g., symptoms management app). • Be sensitive to cultural differences and recognizing that trauma can be experienced differently based on a person's background and experiences. • Create a safe environment for sexual and gender minority patients to disclose trauma histories, such as by using trauma-informed language and asking open-ended questions. • Normalize and offer mental health screenings to cancer patients. • Recognize places within the cancer care continuum that may exacerbate trauma. |
| <p>3. Respond</p> | <ul style="list-style-type: none"> • Create and Enforce Policies Ensuring Access to Culturally Competent, Equitable Cancer Care • Increase Patient Access to Culturally Competent Support Services • Ensure Policies Prohibiting Discrimination | <p><i>How can we incorporate trauma-informed principles into oncology policies, procedures, and healthcare worker practices?</i></p> | <ul style="list-style-type: none"> • Create and widely disseminate policies and patients' rights that prohibit discrimination and harassment. • Normalize the use of gender-affirming language. • Provide individualized care plans that consider the unique needs and experiences of SGM cancer patients who have experienced trauma. • Recognize that trauma is often experienced at the intersection of multiple identities and consider the unique experiences of patients who identify with multiple marginalized groups. • Offer counseling services that are sensitive to the unique needs of SGM individuals, including those who have experienced trauma. • Create and provide resources to peer groups to |

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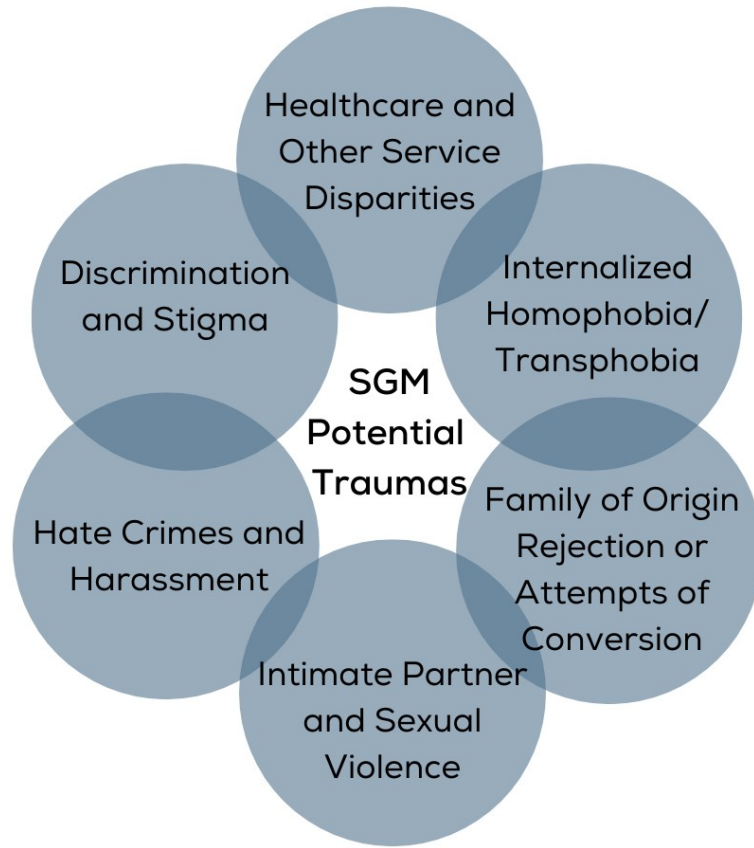
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| | | | <p>provide support.</p> <ul style="list-style-type: none"> • Collect data on patients' sexual orientation and gender identity to identify disparities and improve and inform policies, procedures, and practices. • Connect sexual and gender minority patients with resources for trauma recovery, such as support groups or mental health services to empower them to take control of their own recovery. |
| <p>4. Resist Traumatization</p> | <ul style="list-style-type: none"> • Create Safe Spaces for SGM Patients • Expand and Promote Cultural Competency Training | <p><i>How can we ensure we are not re-traumatizing SGM cancer patients and their families through our policies, procedures, and practices? How has cancer care historically retraumatized SGM populations? Where are the potential areas where we hypothesize re-traumatization may occur? How can we modify those areas to be more supportive for SGM cancer patients and their families?</i></p> | <ul style="list-style-type: none"> • Use standardized patients to ensure quality care and receive feedback in a safe environment. • Providers should use clear and concise language, avoid assumptions or judgments, and ask permission before performing any physical exams or procedures. • Ensure physically and emotionally safe spaces for SGM patients. This can include displaying signs or symbols of inclusivity, using gender-neutral language, and having a diverse and inclusive staff. • Ask patients about their goals, values, and preferences for care and make sure that the care plan aligns with their wishes. • Avoid making assumptions about SGM patients' sexual behavior, gender identity, or relationship status. Instead, they should ask open-ended questions and be respectful of the patient's self-identified gender and sexual orientation. |
| <p>5. Reflect</p> | <ul style="list-style-type: none"> • Foster safe spaces for SGM staff and providers • Integrate a Focus on SGM Physicians in | <p><i>How do I and the systems I am a part of perpetuate trauma and re-enact traumatizing relationships?</i></p> | <ul style="list-style-type: none"> • Incorporate debriefing practices. • Gather feedback from patients and colleagues. • Include SOGI information in patient-satisfaction surveys. • Provide opportunities for meaningful self-reflection |

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|---|---|--|---|
| | Oncology Workforce Diversity Efforts | | and dialogue. • Advocate for the recruitment and retention of diverse staff. |
| <p>Note. <i>Trauma-informed principles include safety; trustworthiness and transparency; collaboration and mutuality; empowerment, voice, and choice; peer support; and paying attention to cultural, historical, and gender issues.</i> Abbreviations: TIC, trauma-informed care; ASCO, American Society for Clinical Oncology; SGM, sexual and gender minority; SOGI, sexual orientation gender identity.</p> | | | |

Figure 1. Overlapping Sources of SGM Potential Trauma

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