

Centering

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Parental Discretion Advised: Gay and Lesbian Issues in Trauma Treatment

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I am frequently asked what makes the gay experience any different from the experience of all people, especially in health care. The questions come as challenges. "How can a gay person's body, body functions, and health care needs be any different from mine or my sister's or my brother's?" These days, people want to be politically correct and express a conviction that we are all the same. In fact, we are all wonderfully different and we who are different from the "norm" are often treated, not with respect, but with judgement and disdain.

Every Wednesday evening, when I watch the Ellen show, I am reminded that the lesbian experience is considered a negative one, an experience from which we must protect our children. The parental discretion warning at the beginning of the show demonstrates the belief that two women in love is a phenomenon harmful for children to watch. Following this warning, I see the coming attractions for a program involving a man and a woman falling out of a shower as they make love in the nude. No parental discretion warning. This is all to say that no matter how much we want to believe that we are in control of our homophobia, it is still alive and well in this society and it is present in all aspects of lesbian life, including health care.

This article is an attempt to raise consciousness regarding the abusiveness of homophobia and its traumatic effects on gay, bisexual, and transgendered persons. Gay persons who have experienced trauma during any time of their lives are caught in a web of interlocking experiences of trauma which frequently intersect with and compound one another. Institutional and personal

trauma combine and increase the effects one of the other.

When any woman brings her wounded and terrified self into a hospital, clinic, or police station, she may be faced with stereotypical and biased questions regarding her "part" in the abuse. When a lesbian seeks help, she may be faced with ignorance and prejudice regarding her situation, partner, history, and experience as a lesbian. She may withhold the fact that she is gay and may, consequently, have to confront questions regarding intercourse and pregnancy. If she chooses to "come out", she may be faced with the reality that examinations, treatment, and investigations tend to be less vigorous with lesbians. The legal ramifications resulting from women coming out while seeking help for rape trauma are serious and far reaching. Inevitably, information which can affect partners, children, and other family members is made public by investigations of rape trauma situations. Jobs, relationships, and child custody status may all be affected. As a result, lesbians often choose not to seek medical, psycho-logical, or legal help.

Shame is a major factor that influences whether or not a gay person will approach a health care facility to seek help, how that person functions in that system if she/he does choose to seek help, and what the chances are of being retraumatized within the health care system and without. Internal-ized homophobia - fear of and disdain toward self for loving another of the same sex - is likely to live deep within the heart of any gay person who brings a traumatized self in for help.

As health care professionals and as consumers, we would do well to remember some important principles regarding the treatment of gay, bisexual

and transgendered persons who have experienced emotional, physical, or sexual trauma:

- Any gay person approaching any health care setting comes with a sense of self that may be built on a bedrock of shame. Health care professionals have the power to increase or decrease that shame.
- Education regarding all aspects of gay life is essential in order to respect and understand gay people and their life experiences. Healing cannot happen without understanding and respect.

Also, as health care professionals and as consumers, we would do well to review some important facts regarding the treatment of gay, bisexual, and transgendered persons:

- There are resources in the gay community (e.g., bookstores, gay 12 step meetings, spiritual groups, clinics, support groups, organizations). Use them.
- There is a relationship between addiction and violence in the gay community. Do not make assumptions based on a tendency to either denigrate or idealize the community. Get the facts.
- The dance of anger and powerlessness among marginalized people must be understood by professionals and consumers.
- The gay "family" network is as important as the family of origin (sometimes more so) and must be invited to participate, if needed, in the care process.

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- The relationship between institutional and personal trauma must be examined by professionals and

consumers in order for effective recovery to occur.

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