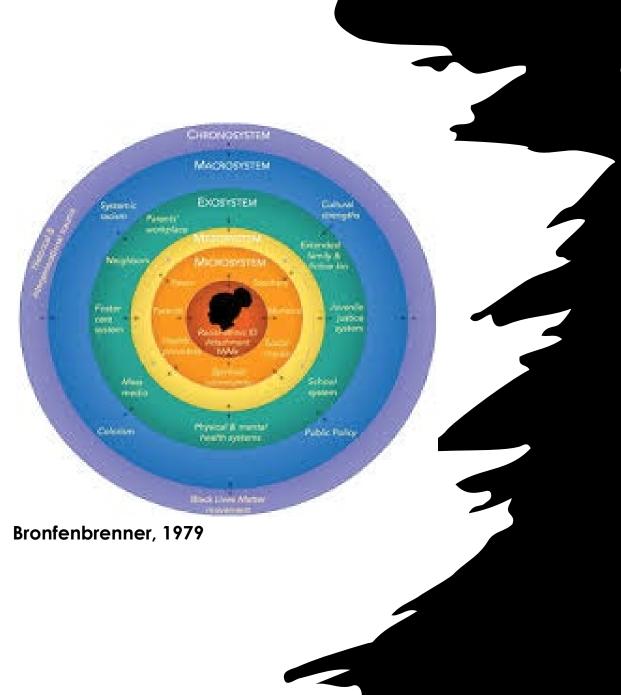
An Open Wound: Addressing the Trauma of Healthcare

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- Define Intersectionality as it relates to compound trauma
- Understand historical injustice in healthcare and the impact on treatment utilization and outcomes
- Learn five strategies to engage compassionately with underserved communities and individuals



ADDRESSING self

- Multicultural competence
 - Knowledge
 - Awareness
 - Skills (Sue et al., 1982;1992;2009)
- ADDRESSING (Hays 1996;2008)
 - Age
 - Disability x2
 - Religion
 - Ethnicity
 - Socioeconomic status
 - Sexual orientation
 - Indigenous status
 - Nationality
 - Gender

Intersectionality

- "There is no such thing as a single-issue struggle, because we do not live single-issue lives." – Audre Lorde
- Recognizes those who are multiply burdened (Crenshaw, 1989)
- Any analysis ignoring intersectionality fails to sufficiently address the subjugation and subordination of Black people. (Crenshaw, 1989)
- Holding a marginalized racial identity influences all other identities

Intersectionality = Compound

- Compound trauma is the experience of multiple, persistent traumatic events, along with systemic trauma
- Anyone can experience everyday traumas (i.e., assault, natural disaster, violence in the home, neglect)
- Historical trauma has been described as a complex and collective trauma experienced overtime and across generations by a group of people who share an identity affiliation or circumstance. It is a cumulative, emotional, and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences Dr. Maria Yellow Horse Brave Heart
- However, certain traumatic experiences are reserved for specific groups, following them wherever they go

Historical injustice

 Centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. These conditions often referred to as social determinants of health—are key drivers of health inequities within communities of color, placing those within these populations at greater risk for poor health outcome (CDC, 2021)

Historical Injustice

- J. Marion Sims
- Studies continue to reveal that laypeople and healthcare professionals (including nurses and doctors) continue to
 - Believe Black people feel less pain or can endure more pain than white people
 - Believe Black people have thicker skin than white people
 - Under prescribe pain medicine
 - Dismiss Black people's reporting of their pain

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(Hoffman et al., 2016)

Continued Injustice

- Rana Zoe Mungin
- Dr. Susan Moore
- Approximately 97.9 out of every 100,000 African Americans have died from COVID-19, a mortality rate that is a third higher than that for Latinos (64.7 per 100,000), and more than double than that for whites (46.6 per 100,000) and Asians (40.4 per 100,000). (Reyes, 2020)
- "When White America catches a cold, Black America catches pneumonia" el-Hajj Malik el-Shabazz AKA Malcolm X

Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world.

Bell Hooks



- Using the ADDRESSING model, reflect on the intersections of your identity and the impact on your lived experience
- Engage in immersion experiences (not cultural tourism)
- Assume everyone has experienced a trauma history
- Seek strengths/good/positives first before focusing on the "why" of the problem
- Advocacy must be core to your identity as a healthcare professional
 - Think systemic solutions
 - Give the benefit of the doubt
 - Know beliefs are more about you than the patient
 - Avoid "power over" relationship dynamics with patients



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