

Trauma-Informed Approach to Psychiatric Sequelae of Firearm Injuries: A Case

Report and Literature Review

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Background

Studies have shown that a significant proportion of patients with firearm injuries screen positive for PTSD, subsequently experiencing poor social functioning, reduced mental health composite scores, lower employment and return-to-work rates, and increased substance use.

Experiencing a firearm injury that results in visible disfigurement comes with additional psychosocial burden, including body image dissatisfaction, low self-esteem, and higher rates of depression and anxiety.

Case Report

Our consultation team was asked to aid the trauma surgery team in providing additional support for a 49yo Hispanic female with history of PTSD who was admitted following a gunshot wound to her groin by her ex-partner.

The patient was experiencing increased anxiety, hypervigilance and nightmares in the hospital. She was tearful on exam, expressing concerns for her safety while hospitalized as well as following discharge. She was also preoccupied with how she would be perceived in her future intimate relationships due to the nature of her injury.

SAMHSA MODEL FOR TRAUMA-INFORMED CARE

Realizing

how prevalent firearm injury is in this country is imperative to understanding the scope of this trauma

Recognizing

- firearm injury and visible disfigurement can increase vulnerability to psychological distress
- injury to one's genitals can lead to sexual dysfunction, chronic pelvic pain, and changes in perception of one's own gender identity
- it can affect a person's receptivity to and engagement with treatment services, interactions with staff and clients, and responsiveness to program practices or interventions

Responding

- utilizing a compassionate, supportive, and collaborative stance
- exploring a patient's self-image post-injury
- coordinating with other providers about sensitivity in examinations
- preventing re-traumatization in healthcare encounters by personalizing treatment plans in accordance with an individual's trauma
- providers should also be aware of the impact of past cultural stereotypes and biases that can affect patient care and offer culturally responsive services in recognizing and addressing historical trauma

Discussion

For our patient, we recognized that prior history of trauma will only increase her risk for future decompensation with depression and anxiety, which can affect her engagement with care. As a victim of domestic violence from a community with limited access to aftercare, the patient was arranged to have an outreach team post-discharge that can help schedule follow-ups for both surgical and mental health services, while also ensuring safe housing options. Finally, we helped the surgical team communicate with the patient about treatment options for her wound, including reconstructive surgery and pain management.

Trauma-informed care acknowledges the need to understand a patient's life experiences to deliver effective care, and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.

References

