Caring for LGBTQ Youth in Clinical Settings

The National LGBT Health Education Center
Learning Modules
http://www.lgbthealtheducation.org/training/learning-modules/
Learning Objectives

At the end of this module, learners will be able to:

1. Identify the unique developmental challenges and health disparities of lesbian, gay, bisexual, transgender, queer (LGBTQ) youth (12-24 years)
2. Describe barriers to accessing healthcare by LGBTQ youth
3. Describe ways to talk to LGBTQ youth about their sexual and gender identity
4. Explain strategies for interviewing, supporting, and educating LGBTQ youth on social, health, and behavioral concerns
5. Access additional resources for improving the health and well-being of young LGBTQ patients

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Terminology

- Many intersecting identities lead to many terms which may change over time, LGBTQIP2SAA
  - Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Pansexual, 2-Spirit, Asexual, Ally
- Terms evolve along with cultural trends
  - ‘Queer’ is now widely used by youth as a label of their sexual orientation and/or gender identity
  - ‘Queer’ and ‘genderqueer’ reject binary categorizations of gender and sexuality
- Some youth use non-traditional pronouns
  - Examples include: they, yo, ze, zhe, hir (singular)
Developmental Challenges Specific to LGBTQ Youth

- Establishing a comfortable sense of sexual identity and/or gender identity
- Deciding when and to whom to “come out” to
- Coping with external homo/transphobia (bullying, harassment)
- Coping with internal homo/transphobia
- Finding supportive peers, role models, family members
Developmental Stages and Concerns

- Childhood to Early Adolescence
  - May feel something is different about themselves but not yet understand what
  - May experience teasing, bullying, marginalization
  - Development of secondary sexual characteristics and menstruation may cause anguish for transgender youth

(Savin-Williams et al 2007)
Developmental Stages and Concerns

- Middle Adolescence
  - Potential for heightened HIV/STI risk with sexual experimentation; youth may not understand consequences of actions
  - May have coming out concerns; identity self-labeling
  - Dating may be difficult or delayed if same-sex relationships are unavailable or limited
  - Many begin to associate with LGBTQ community

- Emerging Adulthood
  - A previous delay in dating may lead to sex-focused relationships
  - Independent living, potentially increased freedom to come out
  - First independent medical appointment

(Savin-Williams et al 2007)
Health Disparities Among LGBTQ Youth

- Victimization (verbal, physical, sexual abuse)
- Suicidal ideation
- Anxiety, depression
- Smoking

- Alcohol & substance abuse
- Homelessness
- HIV & STIs
- Body image
- Obesity (females)
- Limited access to care

(IOM, 2011)
Health Disparities

- Keep Context in Mind
- Discrimination and marginalization of LGBTQ youth creates stressors, which can help to explain increased risk behaviors and mental health issues.

Risk Behaviors Disparities

(IOM 2011; Rosario et al, 2009)
Barriers to Accessing Health Care

- There are few LGBTQ-welcoming health care organizations
- Some youth delay seeking care because they believe providers will not understand LGBTQ needs
- LGBTQ youth are more likely to be homeless, and/or estranged from family; these youth may lack transportation, coverage under family health insurance plans, or any resources to cover costs of health care
Overcoming Barriers to Care: Organizational Strategies

- Organizations can offer:
  - Case management
  - Transportation assistance; bus passes
  - Mobile vans and outreach
  - Support groups for LGBTQ youth
  - Information and outreach about new types of health care coverage and enrollment under the ACA
Overcoming Barriers to Care: Organizational Strategies

- Display posters or flyers that include LGBTQ youth, same-sex couples, and symbols
- Train all staff on LGBT health and competencies
- Offer single stall, gender-neutral bathrooms
- Include gender identity and sexual orientation in non-discrimination policies
- Allow patients to identify their sexual orientation and gender identity, as well as preferred name and pronouns on appropriate forms
- Develop office policy in compliance with local laws regarding confidentiality for unemancipated minors

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The Clinical Visit
The Goals of LGBTQ Adolescent Health Care

Same as for all adolescents:

- To promote healthy development
- To promote social and emotional well-being
- To promote and ensure physical health
Questions for Reflection...

How did you feel when you visited a health provider as an adolescent or when you went alone for the first time?

Imagine you are an adolescent who has had some same-sex attractions or sexual activity. What effect does this have on your anxiety level about the visit, ahead of time and during the visit? What topics are of particular concern to you?

What did the provider do that helped make you more comfortable? That made you uncomfortable?

Or imagine you have concerns about your gender identity, or are transgender. How do you feel about the visit?

How would you feel if the provider asked you about your sexuality or gender in a non-judgmental way?
Beginning the Patient Visit

- Begin visit with parent/guardian in the room, then complete interview and examination alone with patient (when possible)
  - Allows youth to feel comfortable talking about sensitive topics
  - Protects youth’s confidentiality

“Today we’re going to spend some time talking together about Robin’s health. I’ll address any questions you or she have, and then I’ll also spend some time alone with Robin. At the end of the visit we’ll come back together and talk about any tests, treatments, or follow up plans.”
If Parents Object to Leaving the Room

- Remind the parent and youth of your practice’s confidentiality policy
- Frame the information in the context of adolescent self-responsibility and self-reliance
- Ask if there are any questions or concerns about the policy
- Clarify with patient what information is ok to share before bringing the parent back into the room
Confidentiality and Families

- Laws vary from state to state regarding adolescent health care and consent, and parental notification
- All states allow minors to consent to services for STIs or HIV and emergency care, and most allow them to consent to family planning services and substance abuse treatment
- If a bill or Explanation of Benefits will breach confidentiality (e.g., would disclose STI/HIV testing or treatment), consider alternate coding
- Learn the laws for your state
The Patient Interview

- Take the history as a dialogue, not a check list
- Treat sensitive topics, such as sex and substance use, as routine questions for all patients, using non-judgmental tone and body language
Patients Often Have Unspoken Concerns

Do you have any other problems, have any questions, or want anything else checked out while you’re here?
The Social History

- The H.E.A.D.S. model may be a useful mnemonic for taking the social and behavioral history, with a focus on key social and behavioral areas:
  - **H** – Home
  - **E** – Education/Employment
  - **A** – Activities
  - **D** – Drugs/Diet
  - **S** – Safety/Sexuality/Suicide (depression)

- “How are things at home? At school? What activities are you doing at school or outside of school?”

(Goldenring and Rosen, 2004)
Asking about Sexual and Gender Identity

“I am going to ask you some questions about yourself and I want you to tell me how you feel, not how you think others see you or how others think you should feel. These are questions I ask all my patients.

- Are you attracted to boys, girls, or both?
- How do you feel about your attractions?
- What words do you use to describe your sexual identity?
- What gender do you consider yourself to be?
  - By gender I mean how you think of yourself regardless of what body parts you may have.
- How do you feel about your gender?”
Discussing Identity

- Youth may not disclose their sexual and gender identity to their clinician (that’s okay)
- Youth sometimes reject labels, and may see their sexual or gender identity as fluid
- Let patients use their own terminology for their identity, even if it does not match their sexual behaviors
Safe Disclosure of Identity

- Patients may fear purposeful or accidental disclosure of sexual orientation or gender identity to family members
- Ask who the patients are “out” to (don’t make assumptions)
- If making a referral, ask if patient wants you to disclose their sexual or gender identity to the new provider
- It is not the provider’s role to disclose LGBT identity or behaviors to family or guardians, but offer supports and resources for decision-making
- Train all staff to respect confidentiality regarding LGBT identity
Alcohol & Drug Use

- A 2008 meta-analysis found that the odds of substance use for LGB youth were 190% higher than for heterosexual youth.
- Alcohol/drugs may be used to “self-medicate” against loneliness, depression.
- LGBTQ youth lack social outlets and therefore may frequent gay bars/clubs that normalize substance use.
- Substance use is associated with high-risk sex and HIV/STI transmission.

Tobacco Use

- Approximately 66% of LGB youth have smoked or currently smoke, compared to about half of heterosexual youth
- Tobacco advertising targets LGBTQ communities
- LGBTQ youth may frequent social settings where smoking is normative

(CDC, 2011; Remafedi et al, 2008)
Screening and Counseling for Substance Use

- Ask specific, direct questions; use non-judgmental tone
- Exam room may be the only safe space for youth to ask questions and get accurate information
- Learn street drug names; ask if not familiar
- Educate about different evidence-based approaches, including abstinence and harm reduction strategies
The Sexual History

- Make no assumptions about sexual activity based on sexual identity or age
- Ask specific, easily understood questions about:
  - Gender of current and past partner(s)
    - Are you dating? Have you had sex with men (boys), women (girls), or both?
  - Age of sexual debut
  - Types of sexual activity
The Sexual History

- If sexually active, ask questions about consistency of safer sex practices
  - *Do you use condoms never, occasionally, mostly, or always?*
- Open-ended questions may reveal more accurate answers
  - *How often do you use condoms?*
Youth are at High Risk for HIV Infection

- 26% of all new HIV infections are among youth 13-24 years
- 60% of youth with HIV do not know they are infected
- 72% of infected youth are males who have sex with males
- Young transgender women are also at very high risk of HIV infection

(CDC, 2010)
Factors that Increase Risk for HIV

- Sex with older partners
- Sex under the influence of drugs or alcohol
- Feelings of isolation
- Homelessness
- Low perception of risk

- Low rates of condom use
  - Only 44% of gay and bisexual males in high school used condoms the last time they had sex
  - Low HIV testing rates
  - High rates of STIs

(CDC, 2010)
HIV Risk among Young Men of Color

- Young African American/Black gay and bisexual men are at the highest risk of new infection
- Hispanic/Latino young GB men are also disproportionately affected

(CDC, 2015)
Why is HIV incidence highest among Black MSM?

- Sexual risk behaviors and substance use do not explain the differences in HIV infection between Black and White MSM

- Disproportionate HIV infection rates may be related to:
  - Barriers to accessing health care
  - Less awareness of HIV status
  - Delayed treatment of STIs which facilitate HIV transmission
  - High prevalence of HIV in sexual networks

(CDC 2010 and 2014; Maulsby et al 2014, Millet et al 2007)
Screening and Testing for HIV

- USPSTF recommends testing all patients 15-65 years at least once (Grade A)
- CDC recommends testing all patients 13-64 years old at least once
- CDC recommends testing sexually active young gay and bisexual men and transgender women at least once a year
  - More often if higher risk

(CDC, 2010)
Sexual Health Immunizations: CDC Recommendations

- Hepatitis A & B: Vaccinate all men who have sex with men, if not already vaccinated as children

- HPV
  - Vaccinate all girls, even if only sexually active with other girls. Start the vaccine series at ages 11-12 before sexual debut
  - Vaccinate all boys ages 11 or 12
  - Vaccinate males through age 21 who have not already received all three doses
  - Vaccinate men who have sex with men, and men with compromised immune systems (including HIV) through age 26, if they did not get fully vaccinated when they were younger

(CDC, 2014)
Sexual Risk Counseling

- Address STI/HIV and pregnancy risks based on sexual activity, not identity
  - Identity and behavior do not always align
  - Teen pregnancy does occur in lesbian and bisexual girls and is also an issue for gay and bisexual boys
  - Lesbians and bisexuals may be less likely to use contraceptives

(Saewyc et al 2008; Travers et al 2011)
Safer Sex Counseling

- Harm reduction approaches include:
  - Monogamy with an uninfected partner
  - Reduction in the number of sexual partners
  - Engaging in lower-risk sexual practices
  - Consistent and correct use of barrier methods
  - Avoiding excessive substance use
  - Referrals to community programs

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Cervical Cancer Prevention

- Lesbian and bisexual youth should get cervical Pap tests on the same schedule as other female youth
  - May need to educate them about the need for these screenings as they screen at lower rates
- Transgender youth may be very uncomfortable with physical exams that involve their genitalia; be extra sensitive
  - What can I do to make you more comfortable?
  - Would you like to have a friend or family member in the room?
  - Consider delaying until you have established a trusting relationship with patient

(CDC, 2011)
Eating Disorders

- Lesbian, gay, and bisexual adolescents more likely to engage in higher rates of binge eating; gay and bisexual adolescents more likely to engage in purging
- Lesbian and gay adolescents were more likely to report laxative use to control weight
- Over 1/2 of LGB adolescents report disordered eating behaviors compared to 1/3 of heterosexual adolescents

(Ackard et al 2008; Austin et al 2009)
Suicide Risk

- LGBT youth report having attempted suicide (31.6%) at more than twice the rate of heterosexual counterparts
  - LGBT youth 10 times as likely to have repeat attempts of suicide in a one year period
- Suicide risk in all adolescents is associated with isolation, homelessness, and substance use
  - All factors that occur at greater rates among LGBT youth
- Patients often visit PCP shortly before successful suicide, making assessing mental health vitally important

(CDC 2011; Eisenberg et al 2007; Mustanski et al 2012)
Mental Health: History & Screening

- Screen for depression
- Ask about social supports
  - Who do you turn to when you feel sad or need someone to talk to?
- Make referrals to counseling, as needed

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Emotional and Physical Violence

- Among LGBT Youth in a National Survey
  - 65.3% had been sexually harassed
  - 39.1% had been physically harassed
  - 64.3% felt unsafe at school
- Perpetrators may be family members, peers, teachers, coaches, even employers or police
  - Victim may feel confused about who to turn to for help with these circumstances

(Gayles et al 2010; Halpern et al 2001; The National Coalition of Anti-Violence Programs 2011; Ryan et al 2009)
School Based Violence

- 84% have been verbally harassed in school
- 1/3 of LGBT students drop out of school at one point or another because of the violence they face at school
- LGB youth were twice as likely to be bullied, carry a weapon to school, miss school because of feeling unsafe, and have had a fight at school

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Intimate Partner Violence

- Younger LGBT individuals were nearly **2x as likely to experience physical violence** from an intimate partner compared to non-LGBT
  - LGBT youth of color are nearly 4 times more likely to experience physical violence from an intimate partner
- Gay and bisexual men are often denied access to emergency shelters and services because of their gender
Transgender Youth Violence

- 63.9% of transgender youth report having ever been verbally attacked.
- 80% of transgender youth reported feeling unsafe at school because of their gender expression.
Sexual Abuse and Assault

- Childhood sexual abuse in LGBT people linked to a variety of future health challenges, including:
  - HIV/STI risk behavior
  - Substance use
  - Poor mental health
  - Sexual revictimization

(Austin et al 2008)
Safety, Violence & Victimization – Screening

- Ask generally how things are at home, school, and with peers, and also about “feeling safe” in these settings. Have resources and referrals on hand.
  - How are things going at home or at school?
  - Do you feel safe when you are at home?
  - Do you feel safe in your neighborhood and at school?
  - Has anyone ever picked on you? Can you tell me about it? Was this because you are LGBTQ?
  - At any time, has anyone hit, kicked, choked, threatened, forced him or herself on you sexually, touched you in a sexual way that was unwanted, or otherwise hurt or frightened you?
Homelessness

- 30% of homeless youth seeking shelter identified as LGBT (Homeless Youth Provider survey)
- Many leave home or are forced to leave
  - 54% of LGBT youth reported abuse in the family as a leading factor to their homelessness
- Challenges of homelessness include tenuous housing, work, and support systems
  - Can lead to trading sex for money, food, shelter, or drugs; related HIV/STI risk
  - Substance use, victimization, and violence are common

(Durso et al 2012)
Family Rejection and Acceptance

- Parental rejection of children’s LGB sexual orientation has been linked to negative health outcomes
- LGBT youth rejected by parents are more likely to attempt suicide, report depression, use illegal drugs, and have unprotected sex
- Latino males report highest level of family rejection
- Parental rejecting behaviors include:
  - Forbidding interaction with LGBT peers
  - Blaming child for being victim of bullies
  - Hiding child’s sexual identity from other family members and friends
  - Kicking child out of house

(Ryan et al 2009)
Family Acceptance Strategies

- Ask patients how their families have reacted to their coming out
- Explain to parents the negative impact of rejecting words and behaviors, even when they mean well
- Suggest parents support their child’s sexual orientation/gender identity as much as possible (okay to be uncomfortable; a little support goes a long way)
  - See the Family Acceptance Project for resources: http://familyproject.sfsu.edu/

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I know he is gay
and I don't always understand,
but that doesn't change my love for him.
**The Clinician’s Role: A Summary**

Assist patients in healthy discovery, autonomy, and self-acceptance

Create an open and honest dialogue

Use a non-judgmental tone

Ensure confidentiality

Work with patients to find sources of support at home and/or in the community

Be prepared with referrals and resources – you may be their only adult confidante on LGBT identity or concerns

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Resilient, Strong, Resourceful

- LGBTQ youth create strong, accepting social networks through school and community organizations as well as online.
- LGBTQ youth remain optimistic through victimization and support movements showing the belief “It Gets Better” as they become adults.
- Having a supportive adult is one of the most important factors that facilitates resilience.
Resources for LGBT Youth and Families

- Family Acceptance Project: familyproject.sfsu.edu
- Parents, Families, & Friends of Lesbians and Gays: PFLAG.org
- It Gets Better Project: www.itgetsbetter.org
- The Trevor Project (suicide prevention): www.thetrevorproject.org
- Gay Straight Alliance Network: gsanetwork.org
- Gay Lesbian & Straight Education Network: www.glsen.org
More Resources

- TransYouth Family Allies: www.imatyfa.org
- National LBGT Tobacco Control Network: lgbttobacco.org
- Youth Resource: Sexual health resource for LGBT youth: www.youthresource.com
- Go Ask Alice: STI information for and by teens: www.goaskalice.columbia.edu
- Bullying Violence Network: www.stopbullying.gov
Hotlines for Support, Referrals

- Lesbian, Gay, Bisexual and Transgender Helpline
  617.267.9001
  Toll-free: 888.340.4528

- Peer Listening Line
  617.267.2535
  Toll-free: 800.399.PEER

- GLBT National Youth Talkline
  Toll-free: 800.246.7743

- Trevor Helpline Crisis Intervention for LGBTQ Youth
  Toll-free: 866.488.7386
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