



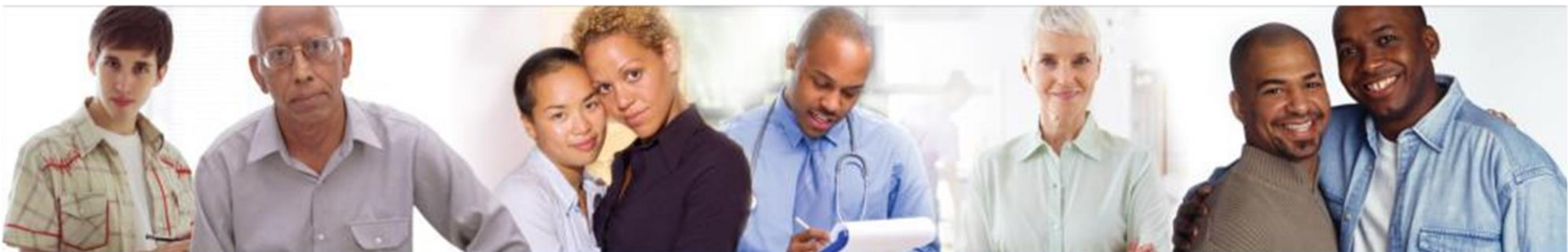
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SCHOOL-BASED  
HEALTH ALLIANCE

Redefining Health for Kids and Teens



# LGBTQ Youth: Providing Care, Protecting Confidentiality

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# Continuing Medical Education Disclosure

- **Program Faculty: Scott Hadland, MD, MPH**
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- **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.
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# Supporting LGBTQ Youth: Providing Affirmative and Inclusive Care Across the Spectrum of Gender and Sexual Identity

Scott E. Hadland, MD, MPH

Harvard Medical School • Boston Children's Hospital



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# Learning Objectives

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

1. Understand concepts of sexual and gender identity in a developmental context
2. Identify the unique challenges and health disparities experienced by lesbian, gay, bisexual, transgender, queer (LGBTQ) children and adolescents
3. Become familiar with strategies to create affirming and competent clinical spaces, history taking, physical exam, screening, and communication with LGBTQ youth and their families
4. Access additional resources for improving the health and well-being of young LGBTQ patients

# Fenway's Roots

## Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health

## The Fenway Institute

- Research, Education, Policy



# LGBT Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

- Training and Technical Assistance
- Grand Rounds
- On-Line Learning
  - Webinars and Learning Modules
  - CEU and HEI Credit
- Resources and Publications

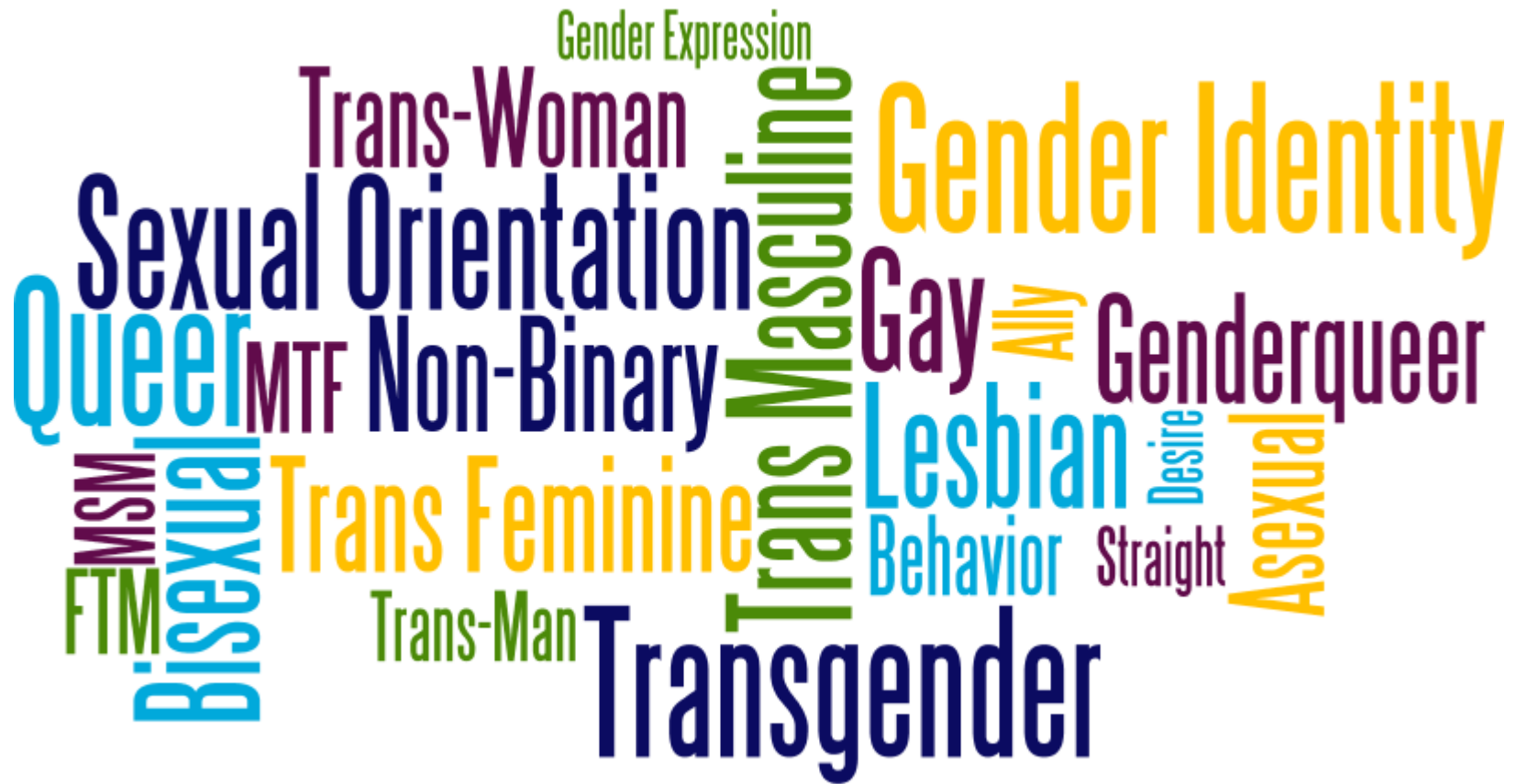


# Why is caring for LGBT youth important to your practice?

- Unfortunately, many LGBT youth are at higher risk for poor health outcomes.
- Health risks are not due to an individual's sexual orientation or gender identity, but rather result from the stigma and isolation they face in light of who they are.
- As a provider, you can play a major role in changing this experience.
- Since 5-10% of individuals identify as LGBTQ you certainly care for these youth in your practice.



# What's in a word?



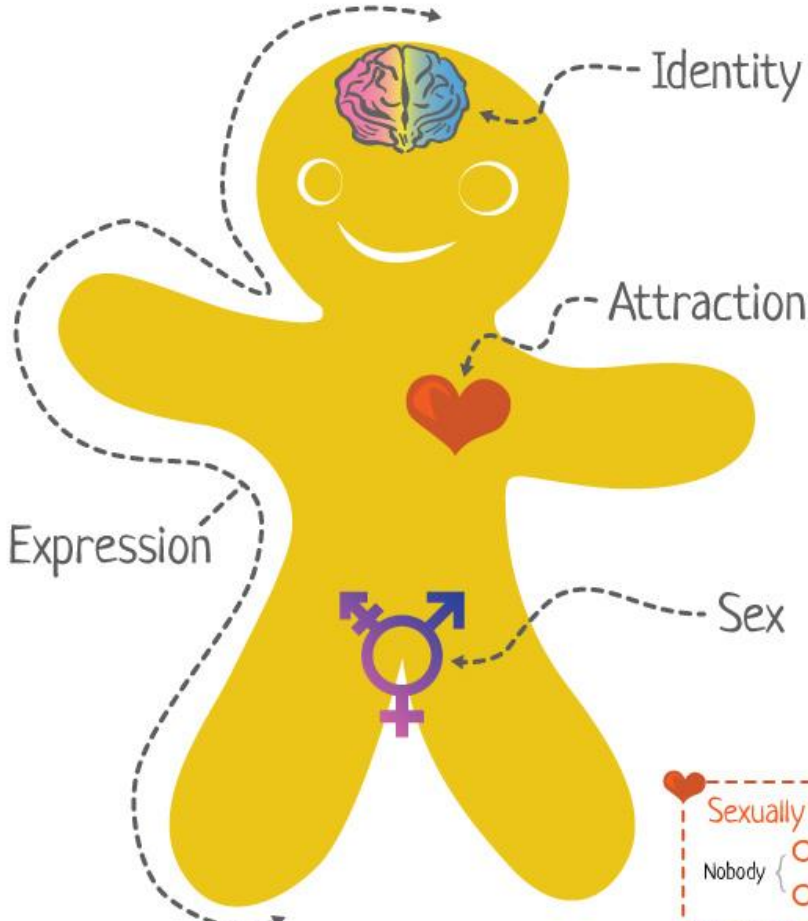
# The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

Plot a point on both continua in each category to represent your identity, combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos



**Gender Identity**

⊘ Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Labels: "woman", "man", "two-spirit", "genderqueer"

**Gender Expression**

Feminine

Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Labels: "butch", "femme", "androgynous", "gender neutral"

**Biological Sex**

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Labels: "male", "female", "intersex", "MtF Female"

**Sexually Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

**Romantically Attracted to**

Nobody

(Women/Females/Femininity)

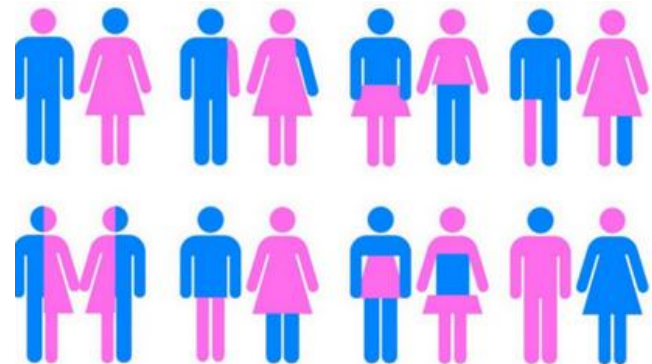
(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

# Gender Identity and Gender Expression

- Gender identity
  - A person's internal sense of their gender (do I consider myself male, female, both, neither?)
  - All people have a gender identity
- Gender expression
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - May be on a spectrum



# The T in LGBT: Transgender

- Transgender
  - Umbrella term
  - Gender identity not congruent with the assigned sex at birth
  - Alternate terminology
    - Transgender woman, trans woman, male to female (MTF)
    - Transgender man, trans man, female to male (FTM)
  - Non-binary, genderqueer
    - Gender identity is increasingly described as being on a spectrum

# More Terminology

- “LGBTQQI2SAA”
  - Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, 2-Spirit, Ally, Asexual
- 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’ or ‘gender expansive’ reject binary categorizations of gender and sexuality – may be seen as more fluid
- Non-traditional pronouns
  - Some refer to selves as: yo, ze, zhe, hir, they



# Terminology Matters: Language Validates Identity



- Terms are constantly changing
- Sometimes difficult to know what is appropriate or could be offensive
- Dealing with this issue in a caring and thoughtful way is very important since for many young people how we use language validates their identity
- Ask in an open and respectful way which term(s) and pronouns are preferred

# Developmental Challenges Specific to LGBTQ Youth

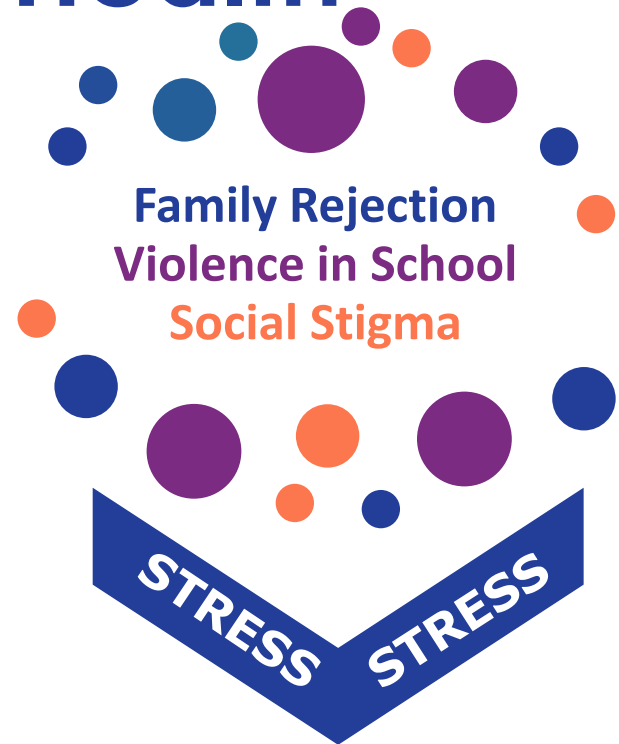
- Establishing a comfortable sense of sexual identity and/or gender identity
- Deciding when and to whom to “come out” to
- Coping with external homo/transphobia (bullying, harassment)
- Coping with internal homo/transphobia
- Finding supportive peers, role models, family members



# LGBTQ Youth Face Health Disparities

## Keeping Context in Mind

Stigma, discrimination and marginalization of LGBTQ youth creates stressors, which can help to explain increased health risk behaviors and behavioral health issues.



**Risk Behaviors,  
Disparities**

# Barriers to Accessing Health Care

- Some youth have difficulty finding 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 which may lead to other barriers including:
  - Lack of transportation
  - No insurance or coverage under family member not supportive of identity



# Creating a Welcoming Space from the Front Door

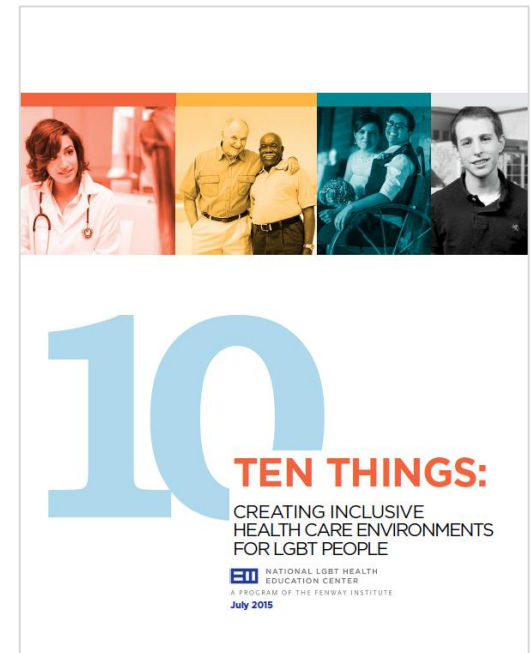


- Starts before youth enters your exam room
- Consider displaying LGBT positive/inclusive messages in windows and on posters
- Forms and materials reflect diversity of LGBT people and their relationships
- Train registration staff to provide respectful, non-judgmental service regardless of identity

# Creating a Welcoming Space from the Front Door

- Train all staff on LGBT health and competencies
- Offer single stall, gender-neutral bathrooms
- Include gender identity and sexual orientation in non-discrimination policies
- Develop office policy that respects adolescents' legal right to confidential care
- Research Safe Space or Safe Zone training

SAFE ZONE



# 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



# Discussing Identity on their Terms



- 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

# Taking a Strength-based Psychosocial History: SSHADESS

- HEADS mnemonic used to screen for most causes of morbidity and mortality in teens
- SSHADESS reorders to discuss easier things first and is strength-based
  - Strengths
  - School
  - Home
  - Activities
  - Drugs
  - Emotions/Depression
  - Sexuality
  - Safety
- Confidentiality



# Discussing Sexual Health and Sexual Identity



- Practice, practice- If you are uncomfortable asking, youth may not be comfortable giving honest answers
- Avoid assumptions
  - Address pregnancy prevention with women based on sexual history
- Be specific and complete- Consider using Attraction / Behavior / Orientation framework

# 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 a issue for gay and bisexual boys
    - In fact recent study showed higher risk of pregnancy among LGBT youth
  - Lesbians and bisexual girls may be less likely to use contraceptives



Saewyc et al 2008; Travers et al 2011

# 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?*

# Physical Exam/Touch

- Assess for abuse/forced sex prior to invasive exam
- Exam can be particularly traumatic for trans youth who may not identify with their anatomy
- Explain why and how you will examine sensitive areas
- Consider deferring sensitive parts of exam while building trust to make youth more comfortable
- Suggest strategies to increase comfort
  - Listen to music or hold someone's hand during a pelvic exam



# Supporting Youth Who Are Coming Out

- **Safety First.** May not be right time if risk of violence or lost housing/financial support
- Who to tell first? Help youth pick someone whom they trust and will be supportive
- Help youth understand that feelings will change over time and initial bad reactions do not mean they will be that way forever
- Consider role-play to practice and formulate back-up plan if reaction different from expected



# Addressing Concerns of Parents of LGBT Youth

- Common questions
  - *“Did I do something to cause this?”*
  - *“What about having children?”*
  - *“It’s going to be hard for him/her”*
- Focus on the positive and provide resources and support
- Be clear that studies show that parental love and support lead to better physical and mental health outcomes



# Provider Resources

- **AAP Reaching Teens Strength-Based Communication Strategies To Build Resilience and Support Healthy Adolescent Development:** <http://ebooks.aappublications.org/content/reaching-teens-strength-based-communication-strategies-to-build-resilience-and-support-healthy-adolescent-development>
- **Gay and Lesbian Medical Association Provider Directory:** <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=939&grandparentID=534&parentID=938&nodeID=1>
- **AAP Policy Statement- Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth:** <http://pediatrics.aappublications.org/content/early/2013/06/19/peds.2013-1282>
- **World Professional Association of Transgender Health:** <http://www.wpath.org>
- **AAP Section on LGBT Health and Wellness:** <https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/solgbt/Pages/home.aspx>
- **GLSEN Safe Space Kit:** <http://www.glsen.org/safespace>

# Practice Guidelines

- The Endocrine Society, 2009
  - Recommend that adolescents who fulfill eligibility and readiness criteria undergo treatment to suppress pubertal development
  - Suppression of puberty should start after the first signs of puberty, no earlier than Tanner 2-3
  - For those meeting eligibility and readiness criteria, start cross-sex hormones no earlier than 16 years old
    - Many center individualize treatment at earlier ages



Hembree, W.C. et al., Endocrine treatment of transsexual persons: An Endocrine Society practice guideline. *Journal of Clinical Endocrinology and Metabolism*. 2009;(94)9:3132-3154

# Resources for LGBT Youth and Families

- Family Acceptance Project: [familyproject.sfsu.edu](http://familyproject.sfsu.edu)
- Parents and Friends of Lesbians and Gays: [www.pflag.org](http://www.pflag.org)
- It Gets Better Project: [www.itgetsbetter.org](http://www.itgetsbetter.org)
- The Trevor Project (suicide prevention): [www.thetrevorproject.org](http://www.thetrevorproject.org)
- Gay Straight Alliance Network: [www.gsanetwork.org](http://www.gsanetwork.org)
- Gay Lesbian & Straight Education Network: [www.glsen.org](http://www.glsen.org)
- KidsHealth: [www.kidshealth.org](http://www.kidshealth.org)
- TransYouth Family Allies: [www.imatyfa.org](http://www.imatyfa.org)

# 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

- **National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org>

1-800-273-8255

# Acknowledgments

- Nadia Dowshen, MD
- Robert Garofalo, MD, MPH



# LGBTQ Youth Protecting Confidentiality

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# Learning Objectives

- Explain consent & confidentiality laws related to sexual & reproductive health care and other health services for minors & young adults
- Explore application of the minor consent laws to LGBTQ youth
- Explore confidentiality issues related to sexual orientation & gender identity for LGBTQ minors & young adults

# Overview

- Series of confidentiality webinars on SBHA website
- Rationale & research findings re confidentiality
- Legal requirements for consent – state laws
- Legal requirements for confidentiality – state & federal laws
- Relationship between consent & confidentiality
- Special disclosure issues
- Considerations for LGBTQ youth

# Parents & Adolescents

- Voluntary communication
  - Supportive parents
  - Adolescent disclosure
- Mandated communication
  - Dysfunctional families
  - Adolescent autonomy
- Interests of adolescents & parents
- Heightened risks & challenges for some LGBTQ youth

# Confidentiality Protection: Rationale

- Avoid negative health outcomes
  - Protect health of adolescents
  - Protect public health
- Encourage adolescents to seek needed care
- Supported by research findings

# Research Findings: Focus of Privacy Concerns

- Many adolescents have privacy concerns
- Adolescents & young adults are concerned about disclosure of information to their parents related to
  - Sexual behaviors
  - Substance use
  - Mental health
- LGBTQ youth have additional concerns about disclosure of
  - Sexual orientation
  - Gender identity

# Research Findings: Effect of Privacy Concerns

- Privacy concerns can influence:
  - Whether youth seek care
  - When youth seek care
  - Where youth seek care
  - How openly youth talk with health care provider

# Relationship of Consent & Confidentiality

- “Consent & confidentiality”
- Confidentiality & disclosure in consent laws
- Linkage
  - Clinical practice
  - Ethical guidelines
  - Professional policies
  - State & federal laws

# History of Minor Consent Laws

- Earliest laws enacted in 1950s
- Expansion in 1960s & 1970s
- Stability in 1980s
- Attempts to limit in 1990s & beyond

# Minor Consent Laws: 50 States & DC

- Exceptions to parental consent for minors
  - Minor consent laws
  - Treatment without prior consent (e.g. emergencies)
- Minor consent laws in all states
  - Minor's status
  - Services minor is seeking

# Consent Laws Based on Status

- Emancipated minor
- Minor over a certain age
- Mature minor
- Minor living apart from parents or homeless minor
- Married minor
- Pregnant minor
- High school graduate
- Minor in the armed services
- Incarcerated minor

# Consent Laws Based on Services: Pregnancy Related Care

- “Pregnancy related care”
- Minors usually may consent
  - Contraceptive services
  - Prenatal & maternity care
- Minors often may not consent
  - Sterilization
  - Abortion, without a court order re maturity or best interest

# Consent Laws Based on Services: STD, HIV, MH, & Substance Use

- STD/VD (**prevention**), diagnosis, & treatment
- Reportable disease (**prevention**), diagnosis, & treatment
- HIV/AIDS testing & treatment
- Drug or alcohol counseling & treatment
- Outpatient mental health services
- Diagnosis & treatment for sexual assault

# Consent Issues for LGBTQ Youth

- Status
  - LGBTQ not specified as status in minor consent laws
  - Many LGBTQ youth occupy status covered by minor consent laws
- Services
  - LGBTQ services not specified in minor consent laws
  - Many LGBTQ youth need services covered by minor consent laws

# Confidentiality Laws

- State Laws
- Federal Laws
- Intertwined, especially by HIPAA Privacy Rule

# State Confidentiality Laws

- State constitutional right of privacy
- Minor consent
- Medical confidentiality & medical records
- Patient access to health records
- Professional licensing
- Evidentiary privileges
- State funding programs
- Education records

# Federal Confidentiality Laws

- Federal constitutional right of privacy
- Federal funding programs
  - Title X
  - Medicaid
- Regulations for federal drug & alcohol programs
- HIPAA Privacy Rule
- FERPA
- Importance of state laws in application of federal laws

# HIPAA Privacy Rule: Minors as Individuals

- Minors are treated as “individuals” under HIPAA Privacy Rule in 3 circumstances:
  - Minor has the right to consent and has consented; or
  - Minor may obtain care without parental consent and the minor, a court, or someone else has consented; or
  - Parents accede to confidentiality agreement between minor and health care provider

# HIPAA Privacy Rule: Rights of Minors as Individuals

- Minor acting as “the individual” can exercise rights re “protected health information”
- Right of the individual
  - Access to information
  - Control over disclosure
  - Request special privacy protections
    - Restrictions on disclosure
    - Confidential communications
    - Relationship to endangerment

# HIPAA Privacy Rule: Special Privacy Protections

- Individuals may request restrictions on disclosure
  - Providers & health plans not required to comply unless
    - Agree to do so
    - Care is paid in full
- Individuals may request confidential communications by alternative means or at alternative locations
  - Providers must grant reasonable requests, may not require endangerment
  - Health plans must accommodate reasonable requests if individual claims endangerment

# HIPAA Privacy Rule: Disclosure to Parents

- If state or other law requires it, provider must disclose
- If state or other law prohibits it, provider may not disclose
- If state or other law permits it, provider has discretion to disclose
- If state or other law is silent or unclear, provider has discretion to grant or withhold access

# HIPAA Privacy Rule: Disclosure to Others

- Disclosure without authorization
  - Treatment
  - Payment
  - Health care operations
  - Other exceptions (e.g. child abuse reporting)
- Disclosure with authorization
  - To anyone else
  - Authorization of young adult
  - Authorization of parent?
  - Authorization of minor?

# Confidentiality Protections: State Minor Consent Laws

- Explicit protection of confidentiality in minor consent laws
- Reference to minor consent laws in other statutes
- Grant of discretion to physician or health care professional to disclose information
  - Disclosure if necessary to protect health of minor
  - No disclosure if minor's health would be harmed

# Special Disclosure Issues

- Parental notification/consent requirements
- Child abuse reporting statutes
- Disclosure requirements when minor is dangerous to self or others
- Billing & health insurance claims

# Parental Notification/Consent

- Services outside minor consent laws require parental consent which limits confidentiality
- Most states require parental notification or consent for abortion with judicial bypass and emergency exceptions
- Some minor consent laws require parental notification but contain exceptions if health of minor would be harmed

# Child Abuse Reporting

- Every state has child abuse reporting laws
  - Physical abuse
  - Emotional abuse
  - Sexual abuse, exploitation, and/or assault
- Some laws only apply if perpetrator is parent or caretaker
- Some laws require reporting of voluntary sexual activity of minors, depending on
  - Definition of sexual abuse, exploitation, or assault
  - Age of partners
  - Other factors

# Danger to Self or Others

- Legal & ethical obligation of health care provider to disclose
- “Tarasoff” standard developed from case law
  - Articulated threat to identified other person
- Obligation to disclose to law enforcement, parents

# Billing & Health Insurance Claims

- Federal & state laws require certain disclosures
  - Explanation of Benefits (EOB)
  - Denial of claim
- States developing protections
  - Building on HIPAA Privacy Rule
  - Redirection of EOBs, other communications
  - Controlling content of communications
  - Protections for adult dependents and/or minors
  - Broader definitions of endangerment

# Conclusion

- LGBTQ youth share consent & confidentiality concerns with other adolescents & young adults
- Special considerations for LGBTQ youth
  - Disclosure of sexual orientation & gender identity
  - Heightened risk for specific health concerns, suicide
  - Heightened risk for harm at home, other settings

# Resources: Consent & Confidentiality

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# Q&A

**Type your questions into the “Q&A” box on the right hand side of your screen.**

**Be sure to send to the “Webinar Host” so the question can be read aloud.**



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