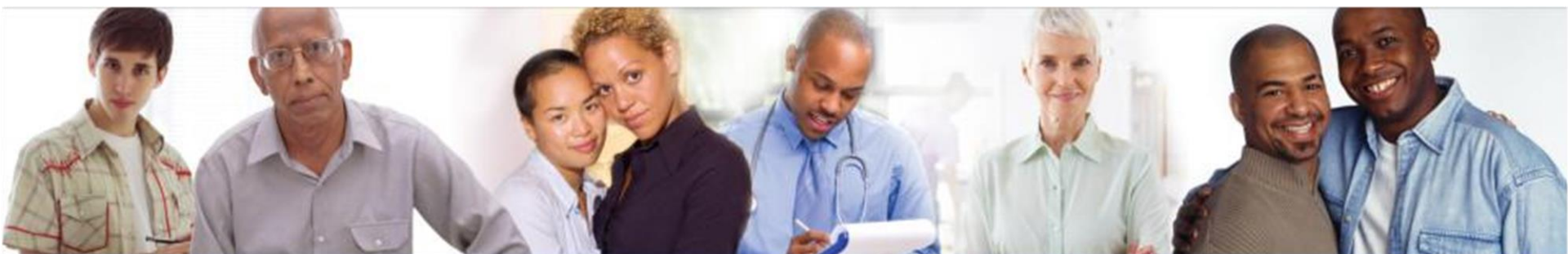




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Supporting LGBTQ Youth: Providing Affirmative and Inclusive Care Across the Spectrum of Gender and Sexual Identity

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Continuing Medical Education Disclosure

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- **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.
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Learning Objectives

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

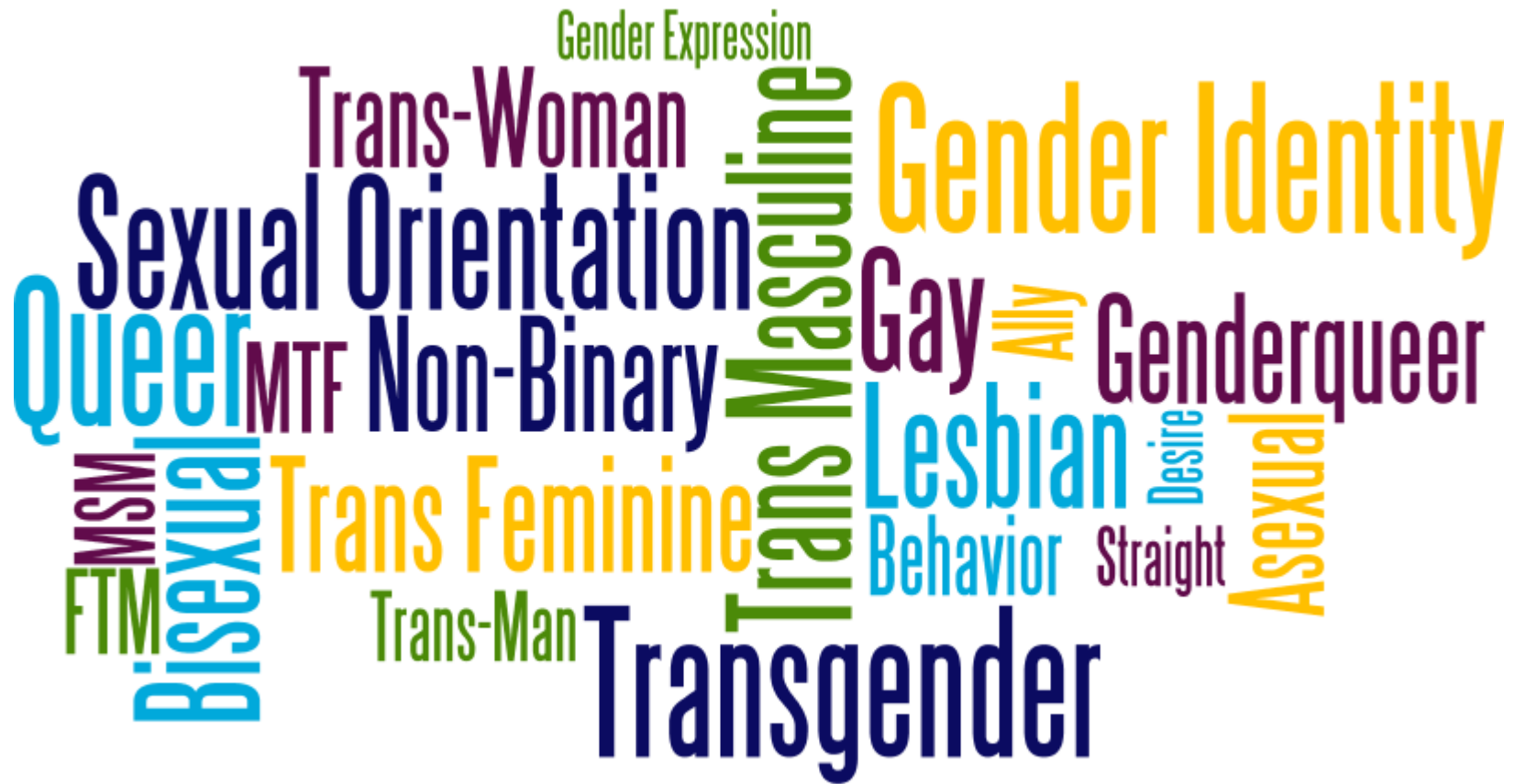
1. Understand concepts of sexual and gender identity in a developmental context
2. Identify the unique challenges and health disparities experienced by lesbian, gay, bisexual, transgender, queer (LGBTQ) children and adolescents
3. Become familiar with strategies to create affirming and competent clinical 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

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 about 3% of individuals identify as LGBTQ, you certainly care for these youth in your practice.



What's in a word?



Sexual Orientation and Gender Identity are Not the Same

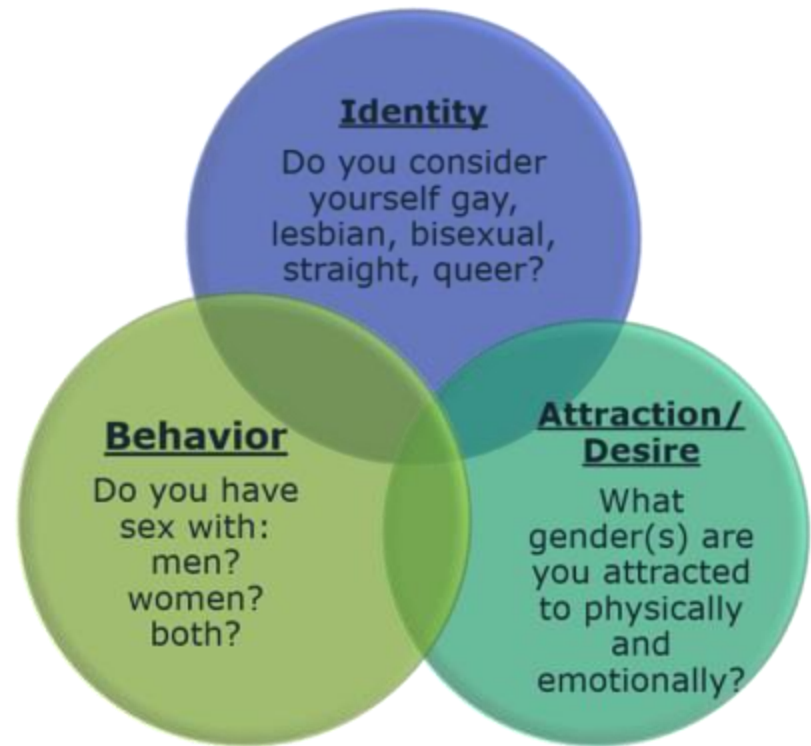
- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity ≠ Sexual Orientation



Sexual Orientation

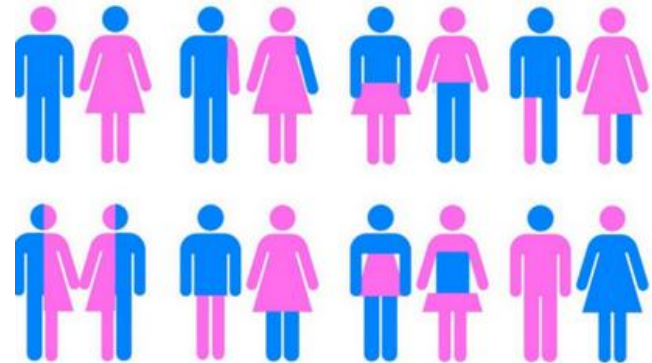
- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior:
 - Men who have sex with men-MSM (MSMW)
 - Women who have sex with women-WSW (WSWM)
- Identity:
 - Straight, gay, lesbian, bisexual, queer--other

Dimensions of Sexual Orientation:



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



Reviewing Terminology

Sexual Orientation

- Whom you are physically and emotionally attracted to
- Whom you have sex with
 - How you identify your sexuality

Gender Identity

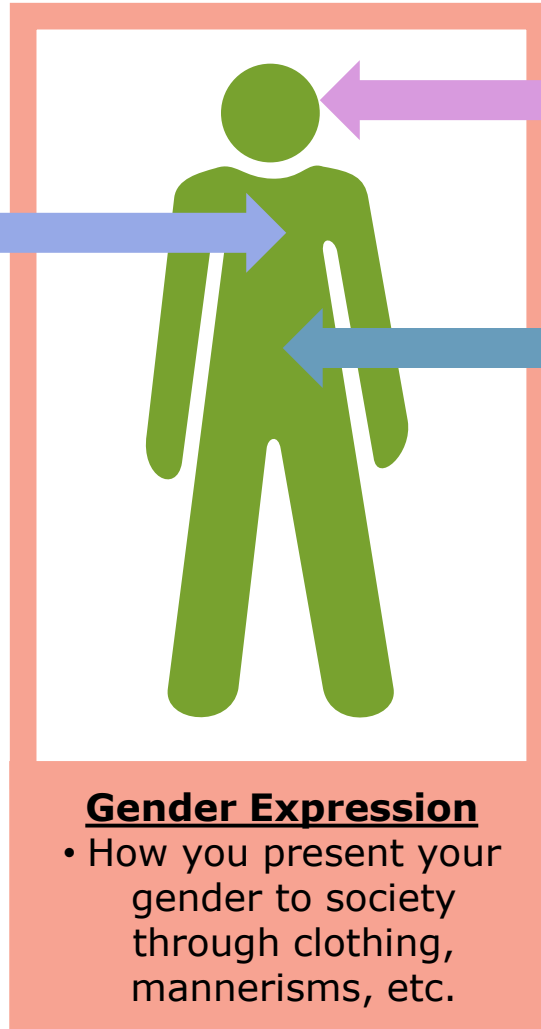
- What your internal sense tells you your gender is

Sex

- Refers to the presence of specific anatomy. Also may be referred to as 'Assigned Sex at Birth'

Gender Expression

- How you present your gender to society through clothing, mannerisms, etc.



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

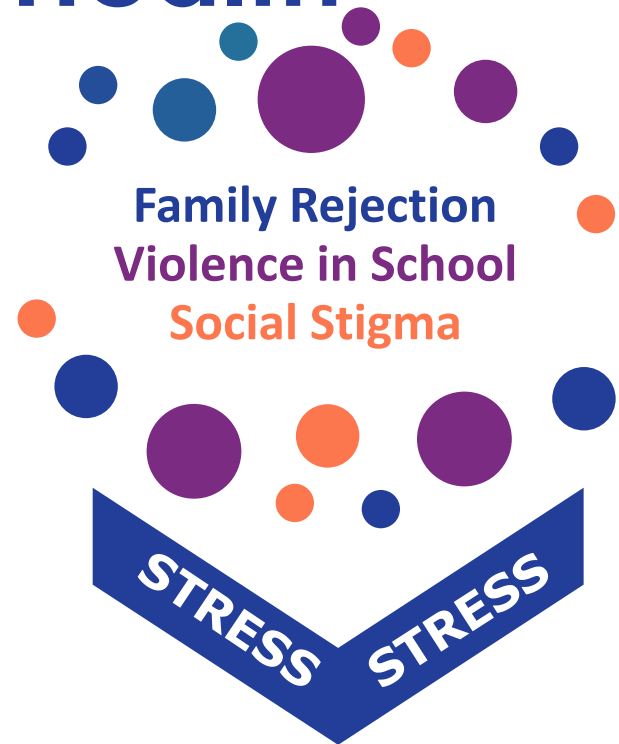
- Establishing a comfortable sense of sexual identity and/or gender identity
- Deciding when and to whom to “come out” to
- Coping with external homo/transphobia (bullying, harassment)
- Coping with internal homo/transphobia
- Finding supportive peers, role models, family members



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.



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

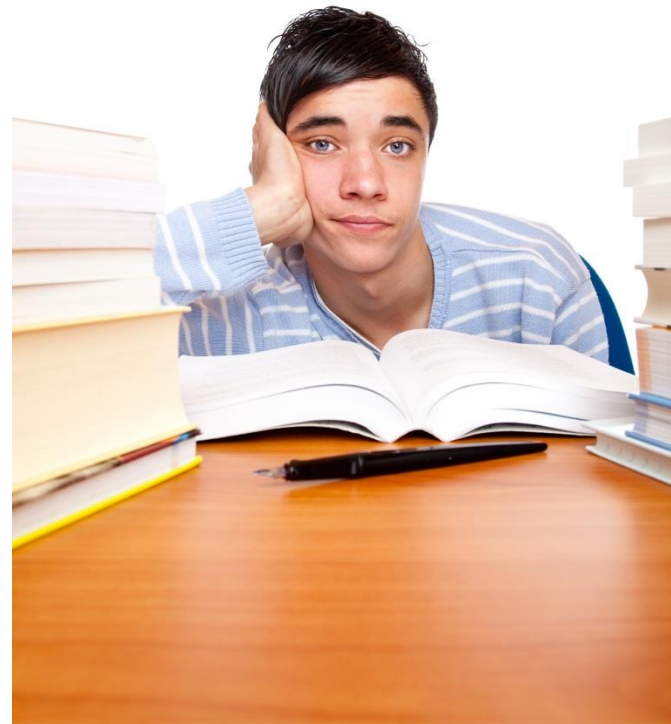


SAFE ZONE



Overcoming Barriers to Care: Organizational Strategies

- Organizations can offer:
 - Case management and peer navigation
 - 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



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



Setting the Stage: Confidentiality

- Discuss with patient and parent up front that you will have confidential time so youth can learn to take responsibility for their own health
- Introduce process with, *“Today we are going to spend some time talking together about Robin’s health. I’ll address any questions each of you have, and then I will spend some time alone with Robin. At the end of the visit, we’ll come back together and talk again.”*
- If parent shows reluctance to leave, try framing in the context of adolescent self-responsibility and self-reliance
- Remind parents and youth that adolescents have the right to seek confidential care; refreshers may be needed on subsequent visits

Confidentiality and Consent for Minors

- Laws/Statutes vary from state to state regarding adolescent health care and consent, and parental notification
- All states allow minors to consent to services for STIs/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/statutes for your state
 - http://www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Setting the Stage: Non-judgment, respect, honesty



- Research shows LGBT teens want the same things as other youth when it comes to interactions with providers
- Be explicit about the fact that you take care of youth with different dreams, challenges, and identities
- Remind youth that honest communication will lead to the best partnership to promote health
- Ask patients again what they want to be called when parents are out of the room

Patients Often Have Unspoken Concerns

Do you have any other problems, have any questions, or want anything else checked out while you're here?



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



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
 - Don't jump from a male patient identifying as gay to HIV testing
- Be specific and complete- Consider using Attraction/Behavior/Orientation framework

Attraction/Behavior/Orientation (ABO) Framework

- Talking about attraction
 - Have you ever had a crush or a romantic relationship with a boy or girl? Are you romantically or sexually attracted to men (boys), women (girls), or both?
 - Are you having sexual feelings? Attractions? Are you comfortable with those attractions?
 - Are you dating someone? Tell me about who you are dating, and what your relationship is like.



Attraction/Behavior/Orientation (ABO) Framework

- Talking about behavior
 - Have any of your friends started to have sex? What do you think about that? Can you explain how you will make decisions about when to have sex?
 - Have you ever had any physical contact, like kissing or touching in private areas, with a boy or a girl? If touching, above or below the waist? Clothes on or off? Has any of this ever happened, even against your will?



Attraction/Behavior/Orientation (ABO) Framework

- Talking about behavior
 - Do you or have you ever had vaginal sex? Oral sex? Anal sex?
 - Do you have sex with men (boys), women (girls), or both?
 - How do you protect yourself against sexually transmitted diseases and pregnancy?
 - When you use condoms for anal or vaginal sex, how many times out of 10 do you use them?
 - Do you have sex with anyone other than your boyfriend or girlfriend? In those situations, how often are you using condoms?
 - Has anyone ever pressured you or forced you into doing something sexually that you didn't want to do?
 - Have you ever needed to trade sex for money, drugs or a place to stay?

Attraction/Behavior/Orientation (ABO) Framework



- Talking about orientation
 - How would you describe your sexual orientation?
 - Many young people aren't sure or prefer not to use a label and that's OK, too. For example, do you consider yourself gay, lesbian, bisexual, or heterosexual (straight)?

Directing Sexual Health Screening

- Screen based on anatomy and behavior, NOT sexual orientation or gender identity
- Does a trans woman need a testicular exam or a trans man a PAP?
- Consider ano-rectal STI screening for all who have receptive anal-sex
- Consider offering self specimen collection when possible for increased youth comfort



Youth and HIV: LGBT Disparities

- Twenty six percent (26%) of all new HIV infections are among youth 13-24 years
- Sixty percent (60%) of youth with HIV do not know they are infected
- Seventy two percent (72%) of infected youth are males who have sex with males
 - Highest rates among Black MSM **NOT** explained by differences in sexual risk, more related to barriers to accessing care
- Young transgender women are also at very high risk of HIV infection

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
 - Test sexually active young gay and bisexual men and transgender women at least once a year
- AAP recommends testing all youth at least once by the age of 16-18 *regardless* of report of sexual activity



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 and boys (regardless of sexual activity)
 - Start the vaccine series at ages 11-12 or before sexual debut
 - Vaccination is recommended for individuals 13-26 if not previously vaccinated



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



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



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

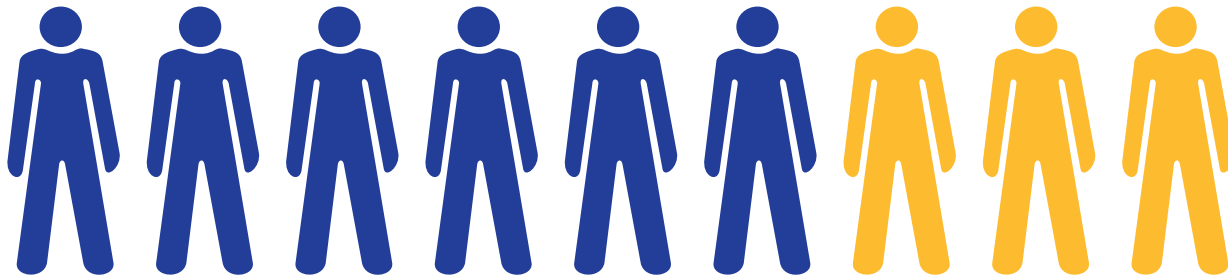


Safety, Violence & Victimization – Screening

- 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?*

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
- 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

Sexual Abuse and Assault

- Among LGBT Youth in a National Survey
 - 65.3% had been sexually harassed
 - 39.1% had been physically harassed
- 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 re-victimization

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



Gayles et al 2010; Halpern et al 2011; National Longitudinal Study of Adolescent Health 2001; Ryan et al 2009

Disordered Eating

- 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

Homelessness

- Thirty percent (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



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

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

48

Transgender Youth Health Risks



- High rates of violence and victimization
 - 63.9% of transgender youth report having ever been verbally attacked
 - 80% feel unsafe at school because of their gender expression
- Difficulty finding employment, high rates of homelessness and survival sex
- Rates of HIV infection >20% in one study of young transgender women
- An estimated 40% of trans individuals have attempted suicide

Case Study: Patient Questioning Sexual Orientation

- Lindsey is a 16 year old girl who is here for annual wellness check
- When taking the sexual history, you find that she has been feeling attractions towards other girls, as well as boys
- She is stressed about figuring out her identity, who she should confide in

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

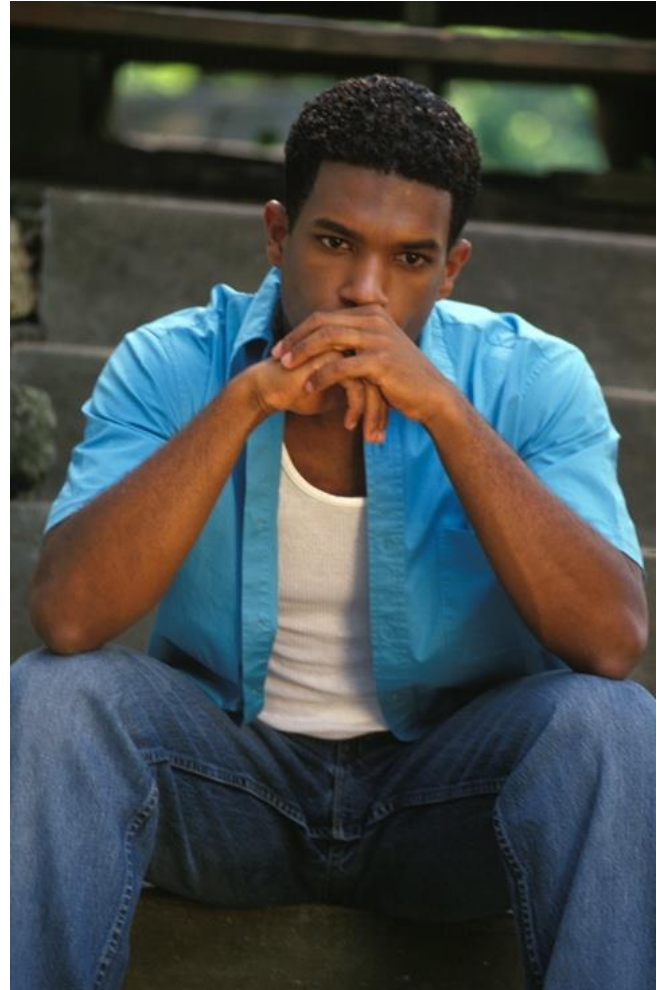


Case Study: Patient Facing Bullying

- Seth is a 15 year old boy who who presents for a sick visit with abdominal pain
- When you talk to him alone he tells you that he has been bullied at school because he's having a relationship with another boy
- Sometimes he has thoughts about hurting himself

Mental Health 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



Case Study: Transgender Patient

- Reese is an 11 year old child was assigned male at birth and whose parents brought Reese to the pediatrician
- The patient's mom expresses the following concerns:
 - "Most of his friends are female."
 - "He hates sports."
 - "I caught him wearing his older sister's clothes and make-up last week."
 - "He loves to paint his nails."
- When talking to Reese alone you learn that Reese has always identified as female
 - Name
 - Pronouns
 - Dress when feeling comfortable
 - Identity has persisted for at least 3 years
 - Increasing distress with not being able to be a girl



Diagnostic Considerations

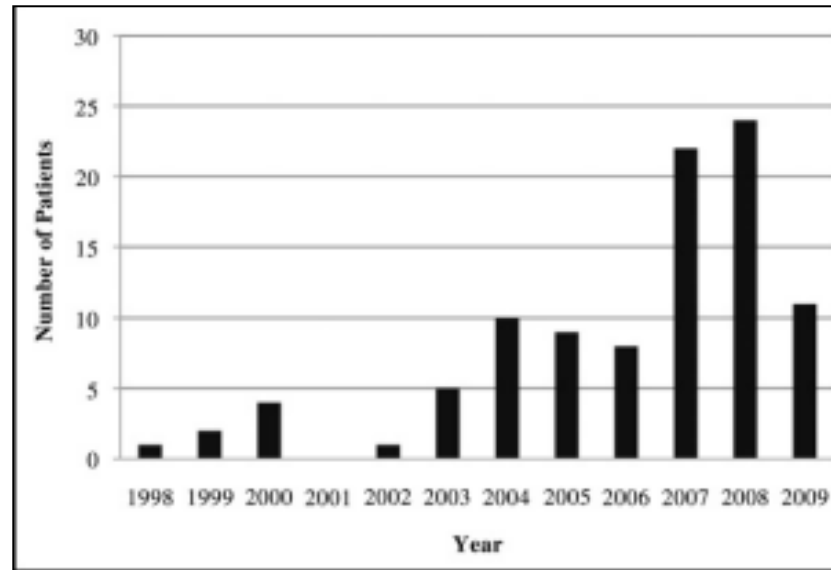
- DSM V change from ***Gender Identity Disorder*** to ***Gender Dysphoria***
- Criteria include:
 - Incongruence between gender identity and assigned sex
 - Desire to be rid of secondary sex characteristics and desire for those of other gender
 - Strong desire to be of and treated as other gender
 - Clinically significant distress (for who?)



Transgender Demographics

- DSM-V American Psychiatric Association prevalence of gender dysphoria
 - 0.005- 0.014% of individuals assigned male at birth
 - 0.002- 0.003% of individuals assigned female at birth
- Recent population-based estimates of gender non-conformity much higher (0.3-1.2%)

GEMS Clinic
Boston Children's



Spack NP et al. Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics* 2012



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Treatment: Phases of Transitioning

Reversible

- clothes, hair, shoes, toys, GnRH analogues, androgen blockers

Partially reversible

- masculinizing & feminizing hormone therapy

Irreversible

- gender reassignment surgery (GRS)



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



Gender Expansive Youth

- Youth are increasingly identifying their gender outside the male-female binary
 - HRC survey- 10% of respondents described gender as something other than male or female
 - 3% chose transgender; 7% chose “other”
- These youth are using an array of terms to capture this aspect of their self
 - Often cited genderqueer, gender fluid, androgynous
- All youth displaying a less rigid interpretation of gender

Language and Communication

Subjective	Objective	Possessive Adjective	Possessive Pronoun	Reflexive
She	Her	Her	Hers	Herself
He	Him	His	His	Himself
They	Them	Their	Theirs	Themselves
Ze	Zim	Zir	Zirs	Zirself
Sie/Zie	Hir	Hir	Hirs	Hirself

Where to Find Support for Gender Expansive Youth

- Need combined medical and mental health support
- Many LGBT Health Centers and Children's Hospitals now have multidisciplinary teams
 - <https://www.google.com/maps/d/viewer?mid=zEqv-kDbOOys.kLn6zxbq9-UE>
- Local support groups and legal advocacy organizations can also be identified



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

The Bottom Line: Knowing yourself as a provider

- Not your job to uncover a youth's identity and you have not failed if no one has come out to you
- Be open and non-judgmental so youth know they can trust you and come when they need help
- Work with patients and families to find sources of support in their communities
- Know your limitations and be prepared with referrals and resources – you may be the first and only adult a youth will confide in



Resources for LGBT Youth and Families

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

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>



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

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