Lesbian, Gay, Bisexual, Transgender, and Questioning Youth: Special Focus on Native American Population

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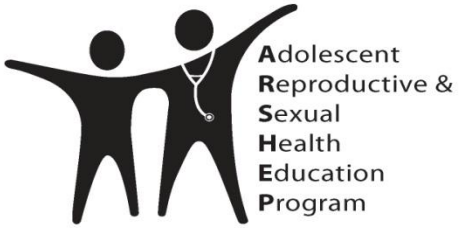

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Objectives

- Identify three risk factors faced by LGBTQ youth
- Discuss the ways that homophobia contributes to American Indian (AI) and Alaskan Native (AN) LGBTQ health outcomes
- List three elements of LGBTQ-competent health care delivery

What Is Healthy Sexuality?

Sexual development and growth is a natural part of human development

Healthy sexual expression is different than sexual risk

Same-sex sexual behavior is included in the realm of healthy sexuality

Why Is Training for LGBTQ Youth-Competent Care Important?

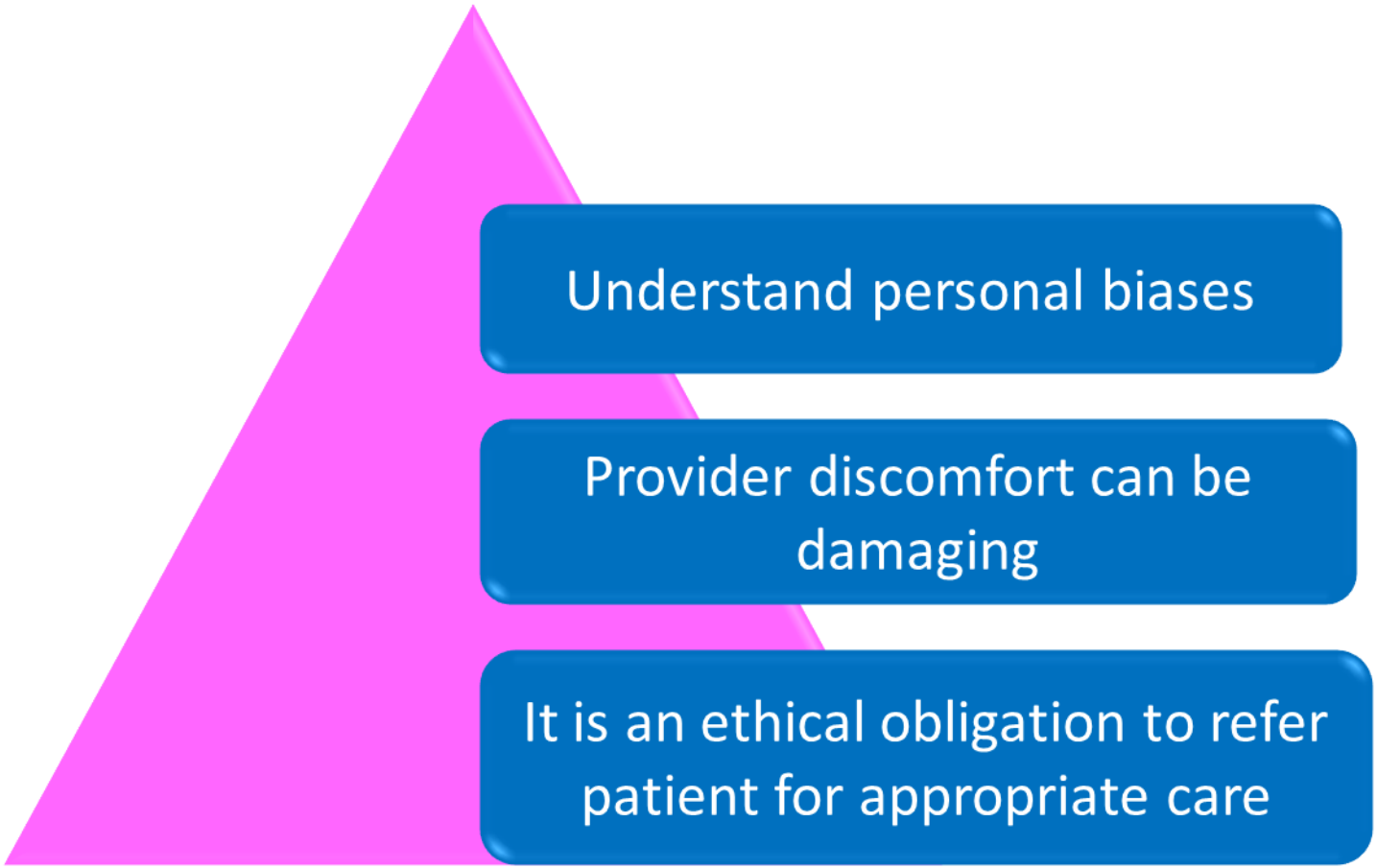
- Youth and LGBTQ community are marginalized, have increased health risks
- Providers rarely receive LGBTQ-specific training
- Providing LGBTQ youth-competent care is a skill

- National, statewide, and city initiatives to improve access to health care for LGBTQ youth

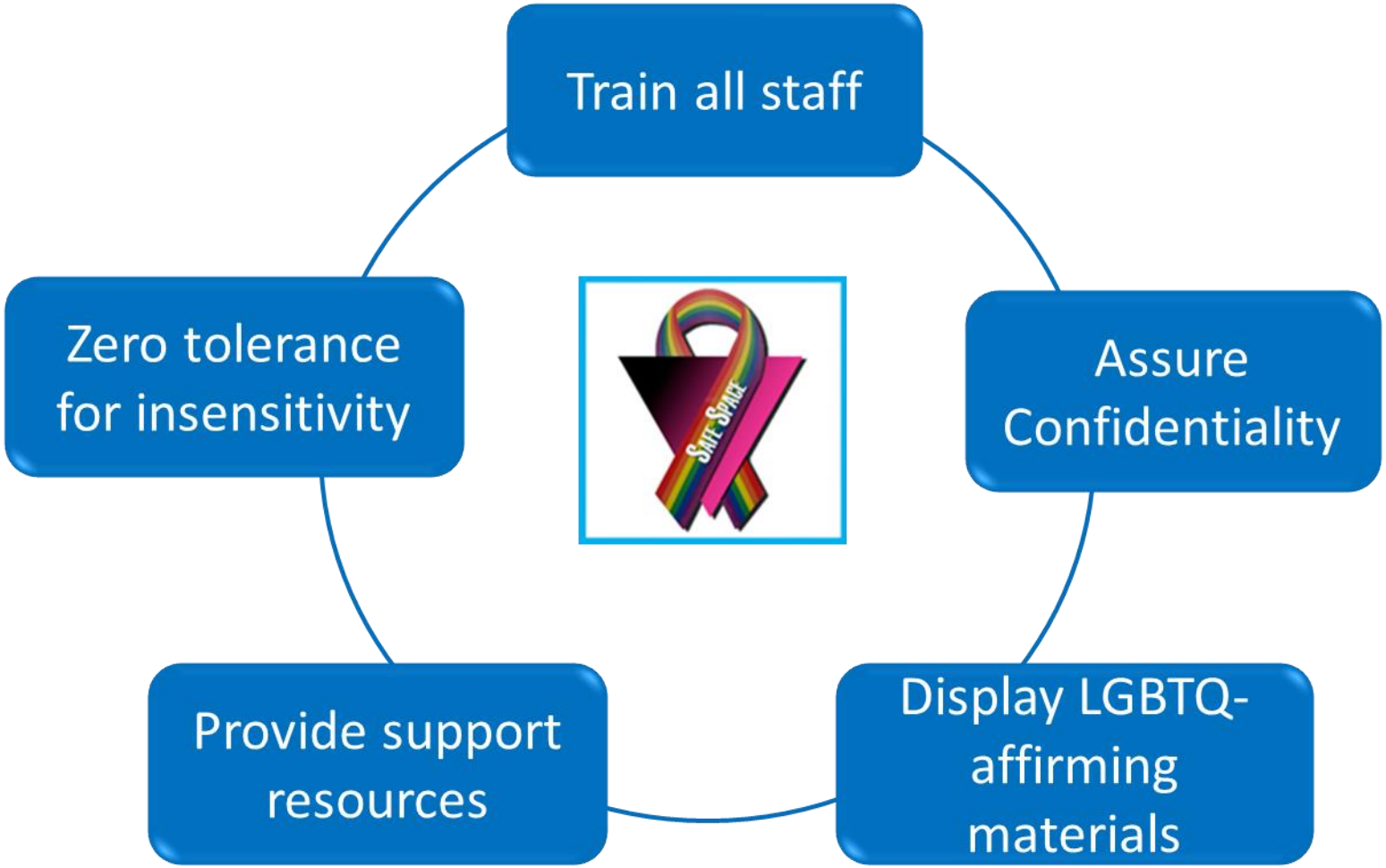
Case: Joseph

- Joseph is a 13-year-old male who comes to the clinic with his mother. She is concerned that:
  - Most of his friends are girls.
  - He is drawn to traditionally feminine activities.
  - She caught him wearing his sister's clothes.

Confronting Personal Biases



Creating a Safe Space



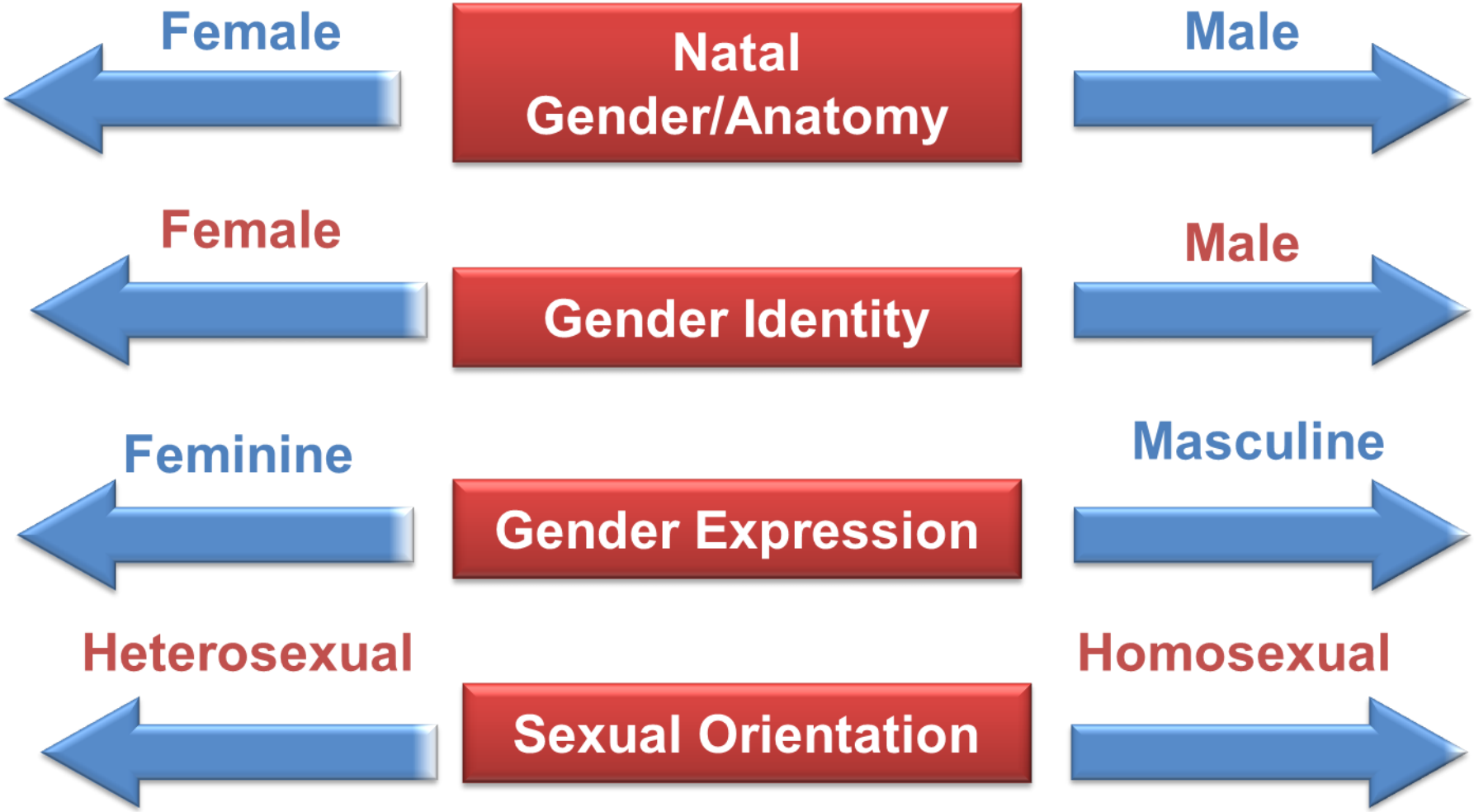
Office Culture

- Patient Centered
- Private and/or Confidential
- Cultural Appreciation and Diversity

What Do the Mother's Concerns Reveal?

- Very little
- Joseph may be questioning his sexuality and/or gender identity but dress and other outward appearances do not indicate sexual orientation or identity

Spectrum of Gender and Sex



Awareness of Gender Identity

Between ages 1 and 2

Conscious of physical differences between sexes

At 3 years old

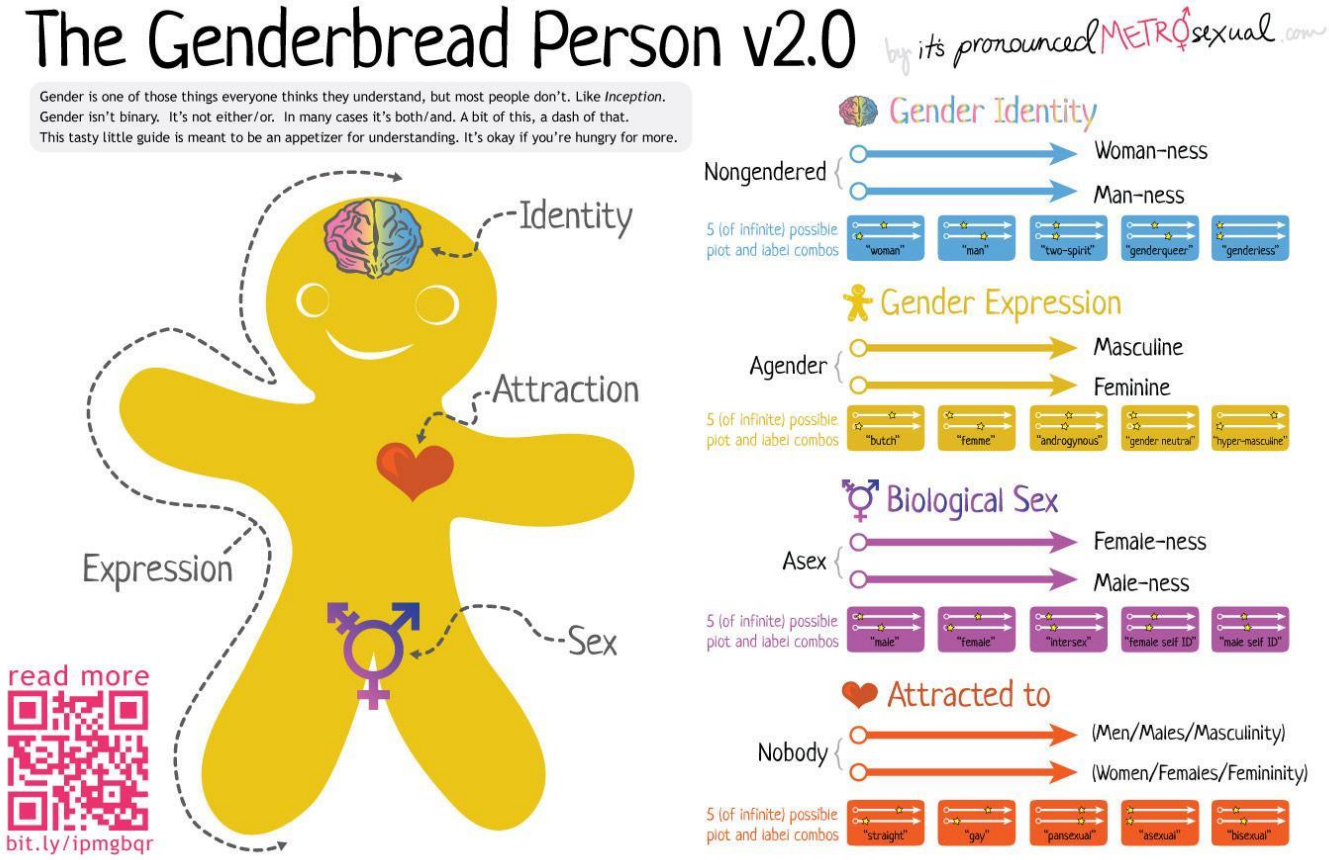
Can label themselves as girl or boy

By age 4

Gender identity is stable

Recognize that gender is constant

Gender and Sexual Identity



Approaching Gender Identity with Adolescent Patients

Ask: When you think of yourself as a person, do you think of yourself as male, female, somewhere in between, or another gender?

Terminology: What's in a Name?

Transgender = umbrella term for individuals & communities.
A person whose identity does not conform unambiguously to conventional notions of male or female gender roles, but blends or moves between them.

Gender nonconforming = individuals who do not follow other people's ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth.

Cisgender = a person whose gender identity conforms unambiguously to conventional notions of gender, and matches their natal/biologic gender

Transgender Umbrella

- Bi-gendered
- Gender bender
- Two-spirit (Navajo, nádleehé)
- Stud
- Gender queer
- Cross-dresser
- Pre/post-operative
- Intersex
- Femme queen
- Femme boi or Femme boy

Identities and Transition

Identities include but are not limited to:

MTF = male to female, transgender woman	FTM = female to male, transgender man

Transition →

Process <u>and</u> time when person goes from living as one gender to living as another gender

Case: Joseph

- Joseph tells you that he is not sure if he thinks of himself as a girl or a boy.
- He feels “okay” with this but it makes him sad that his mother is so upset with him.
- What can you do?

Gender Interview Skills

Ask Permission:	Ask Joseph if it is okay for you to speak with his mother
Validate:	Joseph's mother's concerns
Reassure:	Explain that many teens explore gender roles and norms
Identify Resources:	Offer yourself and other community organizations as resources

Key Points

- Prepubertal gender nonconformity may eventually evolve in a variety of gender and sexual expressions
- Peripubertal gender nonconformity is more predictable and less to change
- Gender dysphoria for DSM-5 coding (not gender identity disorder)
- Gender care may be better served using a developmental perspective

Case: Sophia

- Sophia is a 16-year-old female who comes to the clinic for a physical
- She indicates she is having sex but not using contraception on her intake form
- How do you discuss sensitive issues with young patients?

Comprehensive HEEADSSSS

- Is a tool to be used to stimulate dialogue rather than a checklist
- Ask sensitive questions later in the interview
  - This may be the time to ask parents to leave the room
  - “I ask all my patients the following questions”
  - Consider starting at 13 y/o

H: Home

E: Education/Employment

E: Eating

A: Activities

D: Drugs

S: Sexuality

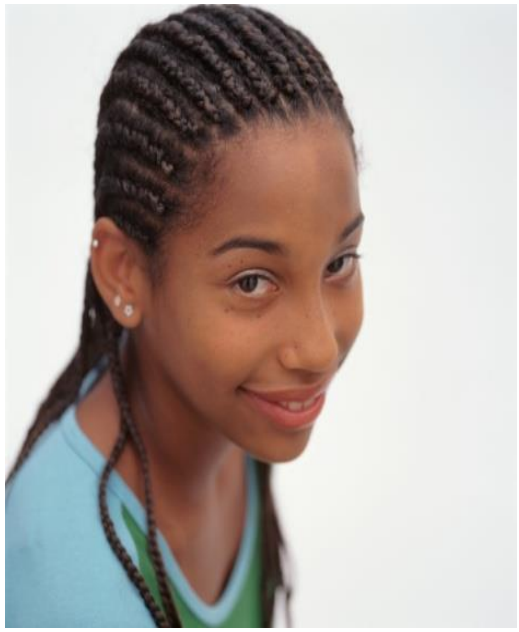
S: Suicide/depression

S: Safety

S: Spirituality/Strengths*

HEADS model allows patient to be validated as a person rather than focusing just on their risks

Case: Sophia



- As you begin the sexual interview, Sophia discloses that she self-identifies as a lesbian.

Definitions of Sexual Attraction

Females Bisexual/Pansexual Males

Sexual Attraction Questions

- Are you attracted to:
  - Different sex
  - Same sex
  - Both or all sexes
  - Neither
  - Not sure yet

- How comfortable do you feel with this/these attractions?

- Have you told your family or friends about this/these attractions?

Sexual Orientation Defined

Refers to an individual's pattern of physical and emotional arousal toward other people

Heterosexual—straight

Homosexual—gay, lesbian

Bisexual

Pansexual

Queer

Other

Determinants of Sexual Orientation

- Sexual orientation is not a “choice”
- Most likely determined by combination of influences:
  - Genetic, hormonal, environmental
- More important to focus on
  - Sexuality, relationships, intimacy is an expected part of development
  - How does patient feel about their sexuality?
  - How does family or community support this aspect of selfhood?

Awareness of Sexual Orientation

- First awareness of homosexual attraction occurred at:
  - ~9 for males
  - ~10 for females
- Studies indicate many LGB youth self-identify at age ~16
- For some, internal coming-out process does not occur until later in life

- **Starting in 2015, the national Youth Risk Behavior Survey (YRBS) questionnaire and the state/local standard survey will include questions about sexual identity and sex of sexual contacts.**

Case: Sophia

- Sophia self-disclosed her sexual orientation.
  - If she had not, would you approach this topic with your patient?

Discuss Sexuality in Clinical Encounters

- Due to discrimination and fear, many LGBTQ youth have difficulty accessing health care
- Most LGBTQ youth are “invisible” and often will not raise issue until asked
- Asking normalizes notion that there is a range of sexual orientations and gender identities

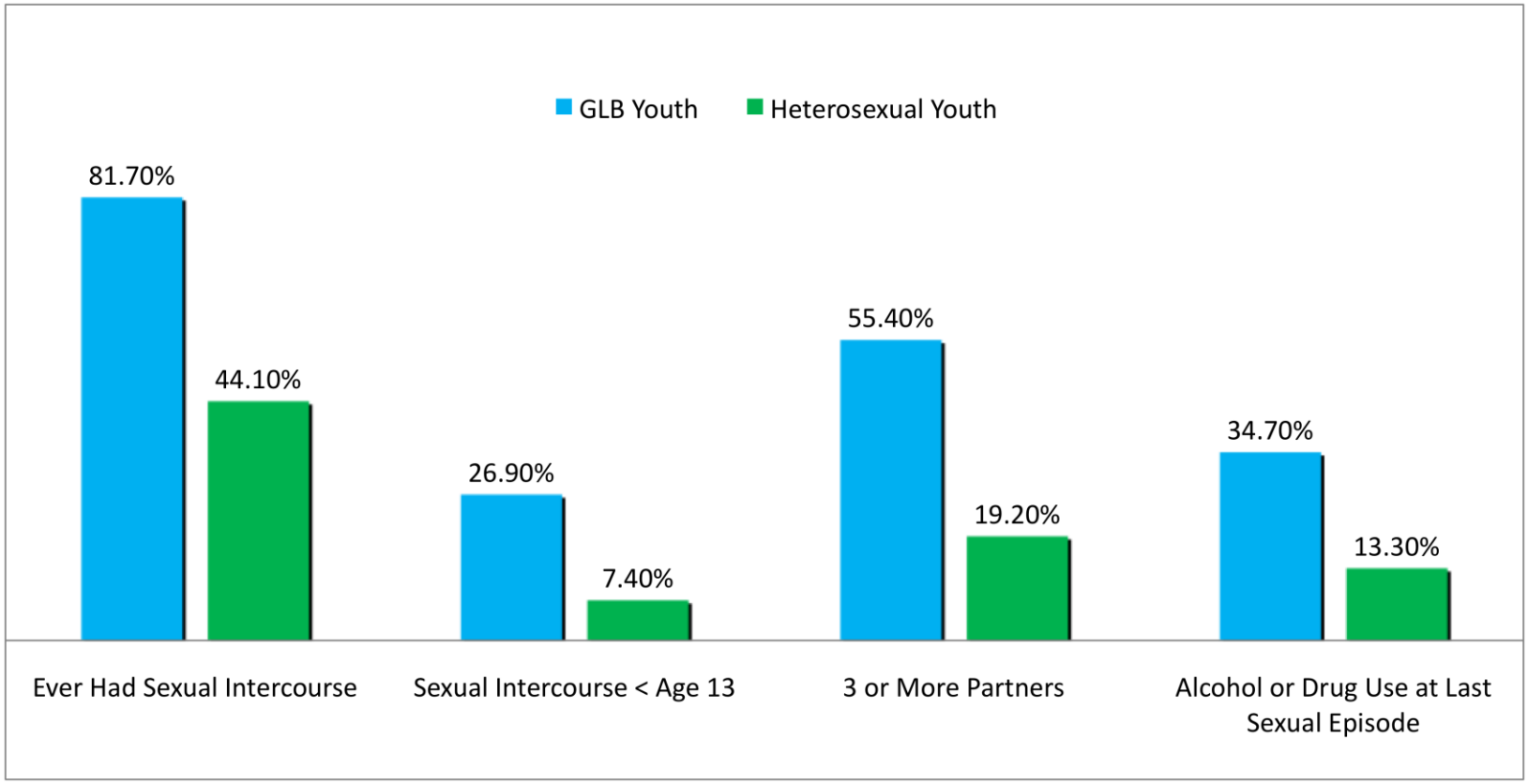
Asking about Sexual Attraction

- How can you respectfully ask about sexual orientation?
  - If you had a crush on someone, would it be a boy, girl, neither or both?
  - Are you sexually attracted to guys, girls, or both?
  - When you think of yourself in a relationship is it with a guy, a girl, or both?

Asking About Sexual Behaviors

- Need to be sensitive AND specific
  - Younger kids
    - Have you held hands or cuddled?
    - Have you kissed or touched each other's private parts?
    - ……
  - Older teens
    - Have you ever had: oral sex, vaginal sex, anal sex?
    - What parts went where?
    - Did you put your penis in his/her vagina, butt, or mouth?
    - Did you take his/her penis in your vagina, butt, or mouth?

LGB Youth Sexual Behaviors



Avoid Assumptions

- Don’t assume:
  - Patients are heterosexual
  - Bisexuality is a phase
  - Sexual orientation based on gender of partner
  - Sexual orientation or gender identity based on appearance
  - Sexual orientation or gender identity is the same as last visit
  - LGBTQ patients are engaging in risky behavior
  - LGBTQ patients have unsupportive families

Barriers to Care: Provider Attitude

- Findings from the National Transgender Discrimination Survey (2008)
  - 34% of AI/AN transgender people reported being refused medical care due to bias
  - 65% of AI/AN transgender people reported having postponed care when sick or injured due to fear of discrimination

Case: Sophia

- How do you respond to Sophia's disclosure?

Patient “Coming Out”—What Next?

Assess comfort with feelings

Identify to whom (if anyone) the patient has disclosed the information

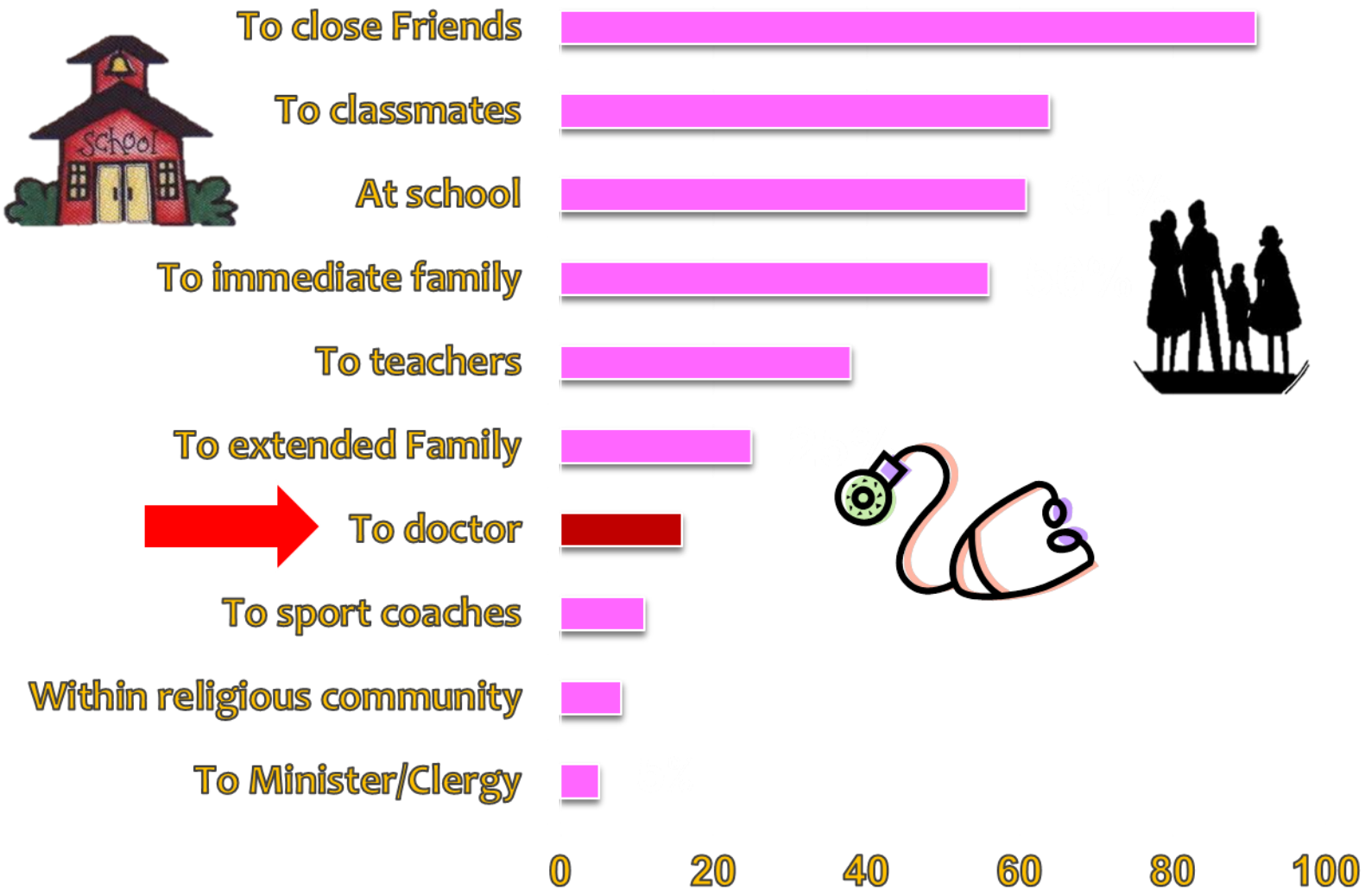
Counsel regarding consequences of disclosure to family, friends, etc.

Discuss ways to facilitate communication with parents

Coming Out—LGB Youth

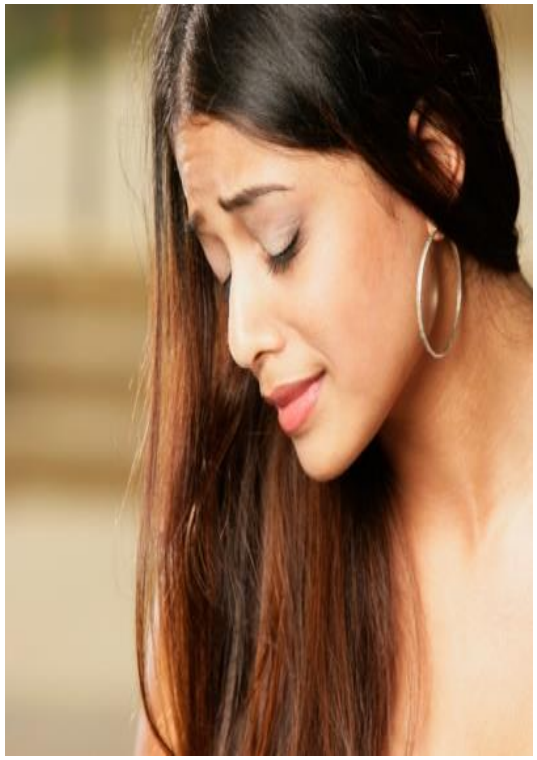
- Sexual minority youth are coming out at younger ages
  - Human Rights Campaign
    - 10,000 13- to 17-year-olds in 2012
- Awareness of same-sex attraction is age 9
- Disclosure is at age 16 years*
- Each youth has unique experience
- Time in development
  - Exploration
  - Risk taking
  - Added support

LGBT Teens Who Are “Out”



Possible Negative Outcomes of "Coming Out"

- HEADSSS Screen for…
- Family discord and rejection
  - Religious condemnation
  - Runaway, homelessness
- School, peer, work problems
- Social stigma
  - Isolation
  - Victimization & physical violence
- Risk-taking
  - Sex behaviors
  - Drug use
  - Depression, suicide



LGB Prevalence (YRBS 2001–2009)

Sexual Identity	Percentage	Median	Number in Pediatric Practice*
Heterosexual	**90.3–93.6**	93%	620-775
Gay/Lesbian	1.0–2.6	1.3%	**9–11**
Bisexual	2.9–5.2	3.7%	**25–31**
Unsure	1.3–4.7	2.5%	**17–21**

*Average pediatrician has a panel of 2,000 to 2,500 patients. Typically, 30% are age 12 or older

Coming Out—Transgender

Patients	Mean, (Age Range)	Biological Female	Biological Male
Age of Presentation	14.8 (**4–20**)	15.2 (**6–20**)	14.3 (**4–20**)
Tanner Stage	3.9 (1–5)	4.1 (1–5)	3.6 (1–5)
Total n, (%)	97 (100)	54 (55.7)	43 (44.3)

Social and Family Context

LGBTQ Youth

Barriers to LGBTQ-Sensitive Adolescent Health Care

- LGBTQ patients experience discrimination
- Many providers not comfortable treating LGBTQ youth
- Exacerbated by barriers to general adolescent care
  - Unable to use insurance, lack of insurance and/or fear of disclosure
  - Lack of access to appropriate SRH information
  - Adolescents think they are invincible

Bisexual and Lesbian Women: Greater Risk for Negative Health Outcomes

- Data source (2006-2010 NSFG): Self-identified bisexual, lesbian, and heterosexual women aged 15-20

- Results for bisexual/lesbian women:
  - Younger age at heterosexual debut
  - More male and female sexual partners
  - More likely to report forced sex by male partner

- Greatest use of emergency contraception and highest frequency of abortion among bisexual young women

Homophobia as a Barrier to Health Care

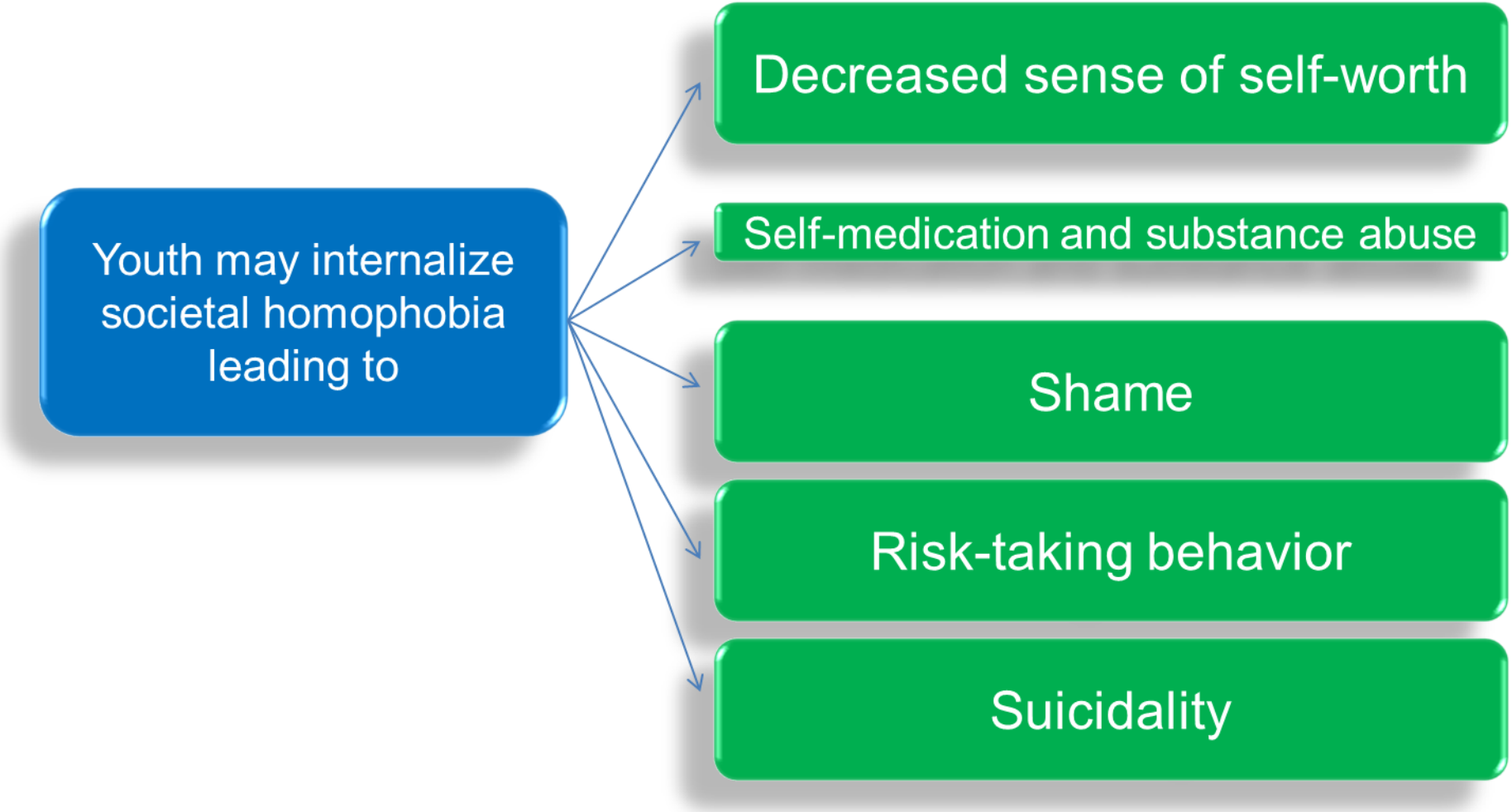
Perceived lack of confidentiality

Fear of health care provider reaction upon disclosure

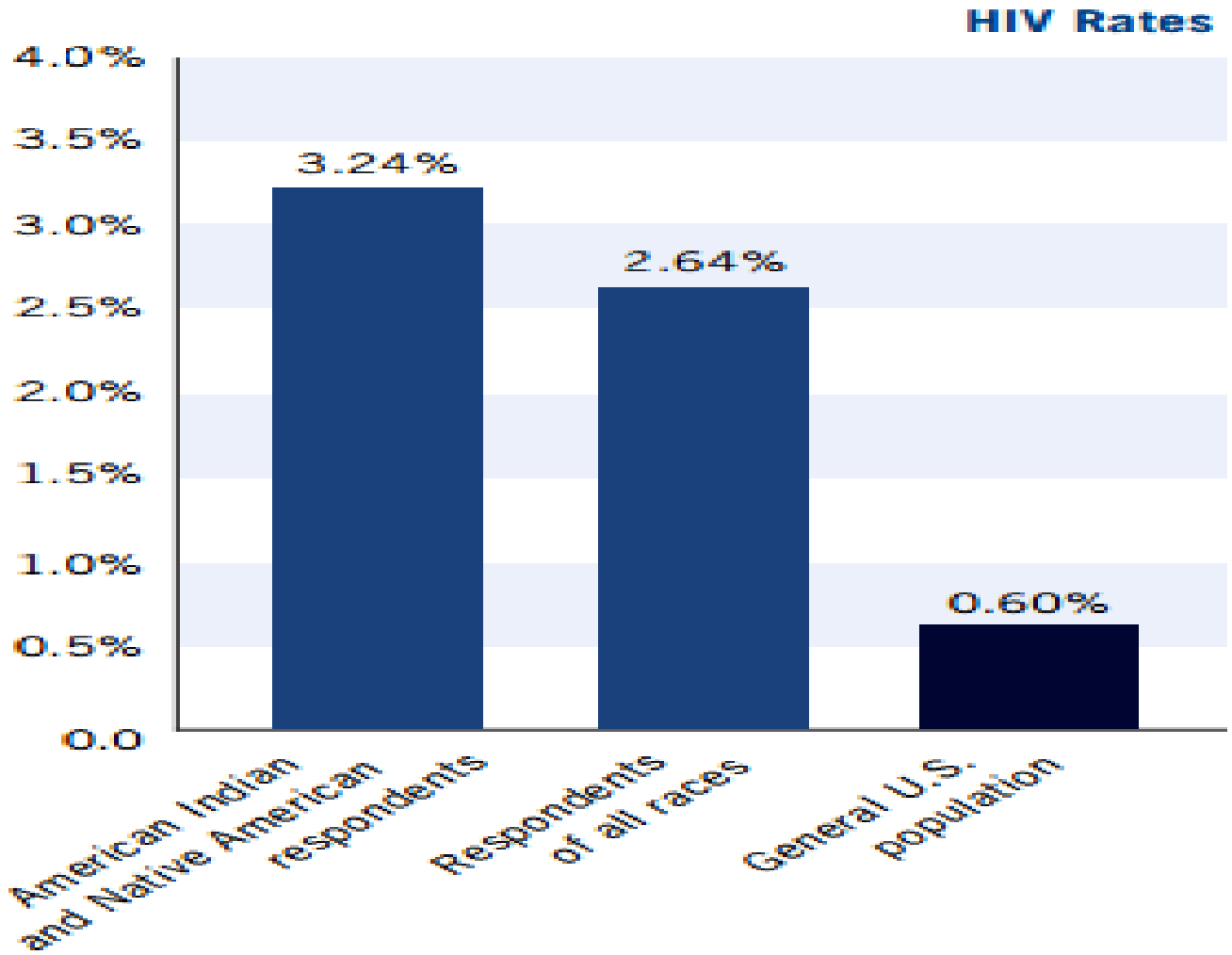
Provider's assumption of heterosexuality

Internalized shame and/or guilt

Effects of Homophobia



HIV Rates Higher Among AI/AN



Mental Health and Sexual Minority Youth

56% of AI/AN transgender persons report suicide attempts

41% of transgender people of all races attempted suicide compared to only 1.6% for general U.S. population

AN/PI had higher prevalence of suicide attempts compared with White youths

Housing and Homelessness: AI/AN Transgender and Gender Non-Conforming

39% of AI/AN report being refused housing

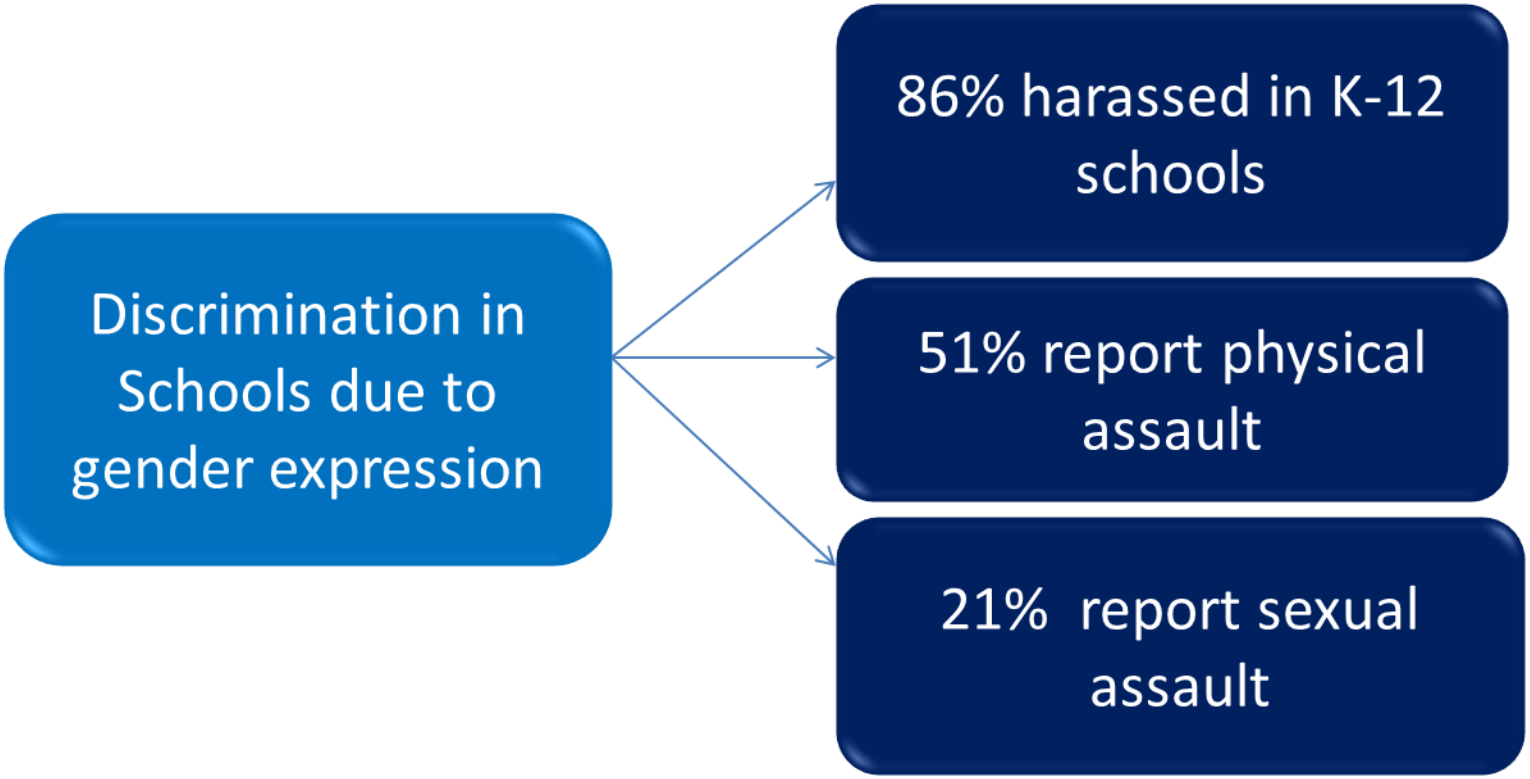
40% of AI/AN respondents experienced homelessness, six times that of U.S. population

Studies have reported that Sexual Minority Homeless Youth have

- ↑ Lifetime sexual partners
- ↑ Rates of HIV/STIs
- Younger Ages of Sexual Initiation

Safety and Victimization at School: AI/AN Youth

National Transgender Discrimination Survey Findings



Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011)

Negative Effects of a Hostile School Environment

Poorer Psychological Well-Being
(Depression and low self-esteem)

Lowered Educational Aspirations and Academic Achievement

Absenteeism
(Missing class/school days)

Mitigating Factors

- Effects of discrimination are mediated by available social support, development stage of youth, and other personal characteristics
  - Family/ friend support
    - Youth who experience severe family rejection are 8 times more likely to attempt suicide
  - Support in schools
    - Presence of Gay-Straight Alliances, curriculum inclusive of LGBT issues, and supportive staff in schools linked to healthier outcomes

Resilience of LGBTQ Youth

- Many LGBTQ teens lead healthy, productive lives
- Resilient adaptations to social biases and mistreatment
- Develop and possess remarkable strength and self-determination

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Cases: Wrap-Up

Ask all adolescent patients about gender identity, sexual orientation, specific sexual behaviors

Assess patients' feelings, safety, support when counseling about disclosures

Understand that biology, identity, and expression may be diverse

Offer LGBTQ teens the same private/confidential care for STI & pregnancy prevention, healthy relationship support