

“I stopped going to the doctor for years because I was so uncomfortable. No matter what issue I went for, they would ask me about my sex life once they found out I was gay. They made me feel like I had these crazy STD’s and was dirty. I felt too ashamed and embarrassed to even mention that I might be sick.”



Caring for LGBTQ Youth: What Providers Need to Know



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OBJECTIVES

Upon completion of this training, participants will be able to:

- 1) Identify strategies to guide LGBTQ competent care in your practice.
- 2) List differences between sexual orientation and gender identity/expression.
- 3) Identify clinical health disparities that exist for LGBTQ children, youth, and young adults.

Case #1: Dante, age 3

During an office visit, Mom laments to you that Dante likes to wear dresses at preschool and asks “does this mean he is gay?”

BB2



Slide 4

BB2

You may want to change the question to be more inclusive of gender variation/transgender, but I don't know how to phrase it. Just depends on how you want to lead into gender development and identity vs. expression.

Brooke Bokor, 5/23/2015

Gender Development

Between ages 1 and 2

- *Conscious of physical differences between sexes*

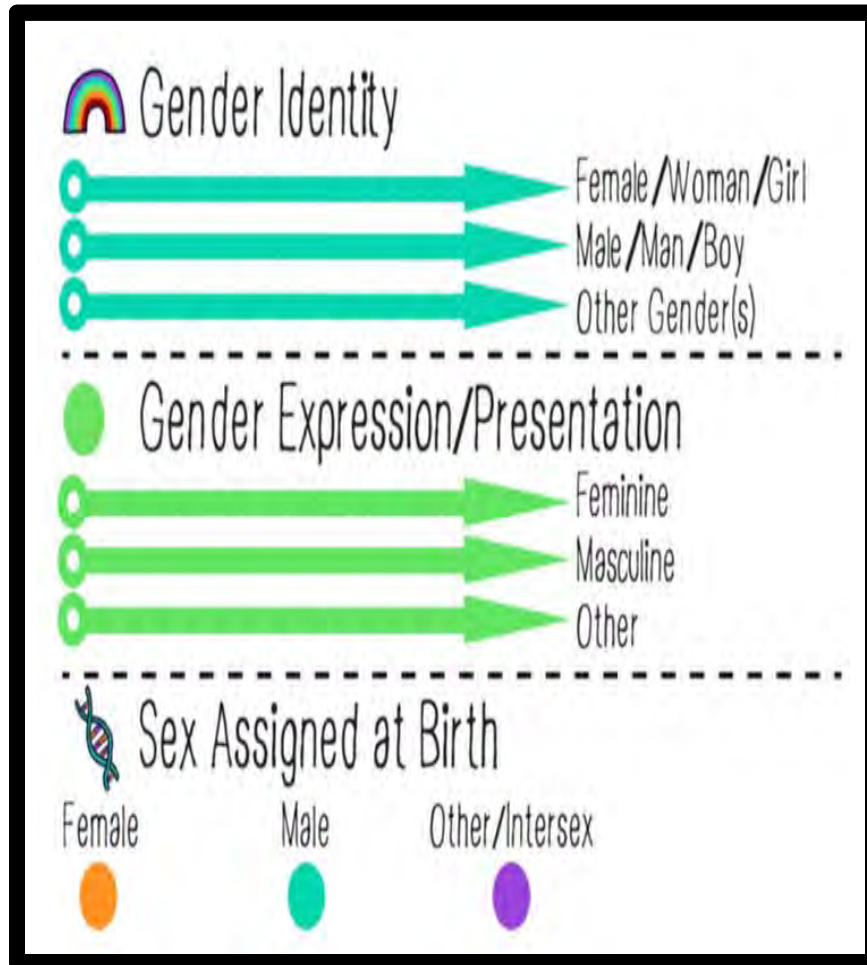
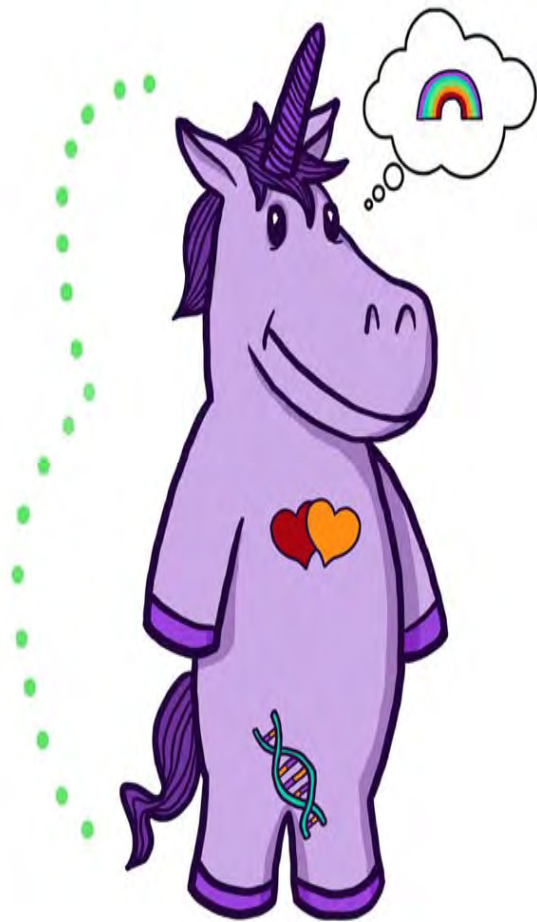
At 3 years old

- *Can label themselves as girl or boy*

By age 4

- *Gender identity is stable*
- *Recognize that gender is constant*





Reduced Judgement in DSM-V Diagnosis

- The term *homosexuality* was removed as a mental disorder in the DSM in 1973
- *Gender Identity Disorder* is shifted in the DSM-V to ***gender dysphoria***
 - Emphasizes personal *distress*
- Provider *values* are mutually exclusive from health diagnosis



Case #2 – Rebecca, age 14



- Presents for Well Child Checkup with grandmother
- 4th year medical student completes psychosocial assessment
- Rebecca is in tears and refuses to speak
- Grandma furiously exclaims "that student had some nerve asking this baby 'why she chose to be gay like her grandmother?'"

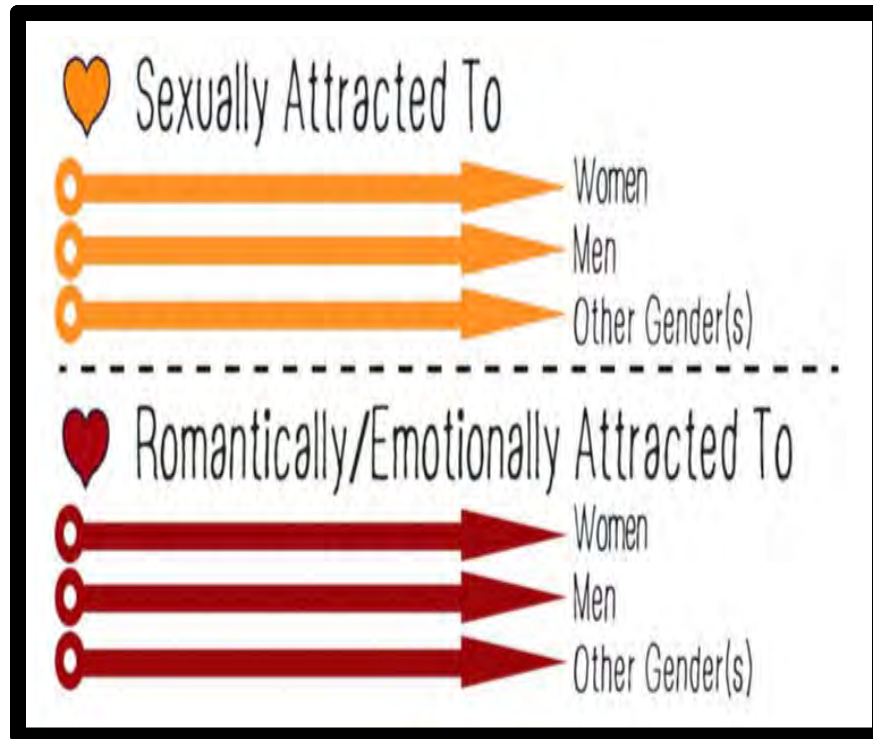
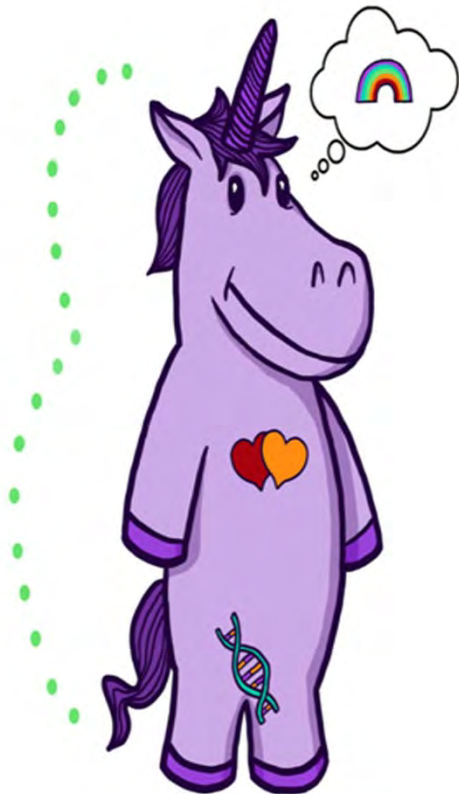
Awareness of Sexual Orientation

Determinants

- Sexual orientation is not a “choice”
- Most likely determined by combination of influences:
Genetic, hormonal, environmental

Awareness

- 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



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 behaviors needs to be developmental appropriate and sensitive



Make Sexuality Questions Inclusive

Common Questions Asked by Providers for Sexual History

- “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?”

More important to focus on...

Open ended, affirming questions to capture more accurate information

- ✓ “Tell me more about the type(s) of people you are attracted to?”

Sexuality, relationships, and intimacy are expected during LGBTQ development

- ✓ “How comfortable are you in your identity? What makes you feel that way?”
- ✓ “Do you see positive examples of LGBTQ people/relationships around you?”
- ✓ “How does your family/community talk about LGBTQ people?”

Case #3 – Charles, age 19

“I stopped going to the doctor for years because I was so uncomfortable. No matter what issue I went for, they would ask me about my sex life once they found out I was gay. They made me feel like I had these crazy STD’s and was dirty. I felt too ashamed and embarrassed to even mention that I might be sick.”



“Coming Out”



Coming out is:

- Process oriented
- Across all systems
- Related to development and the reception received during the coming out experience

Slide 14

BB42

I don't understand the use of "development" in the title. How about "coming out process"

Brooke Bokor, 5/23/2015

Disclosure:

BB8

A challenge for both patient & provider



- **Ethical Dilemma**
 - Ongoing debate of whether or not we have a right or obligation to disclose our patients' identities to others

Slide 15

BB8

since this is not an interactive setting, we can't ask these questions. Let's bring up the issues though, even if just as part of the self-awareness in pediatricians development.

Based on the latter question, I assume you discuss this issue related to transgender as well as gay. But the case you pick may lead this to one or the other, so we should mention its broad applicability, and maybe give examples of mishaps (or reuse from prior quotes).

Brooke Bokor, 5/23/2015

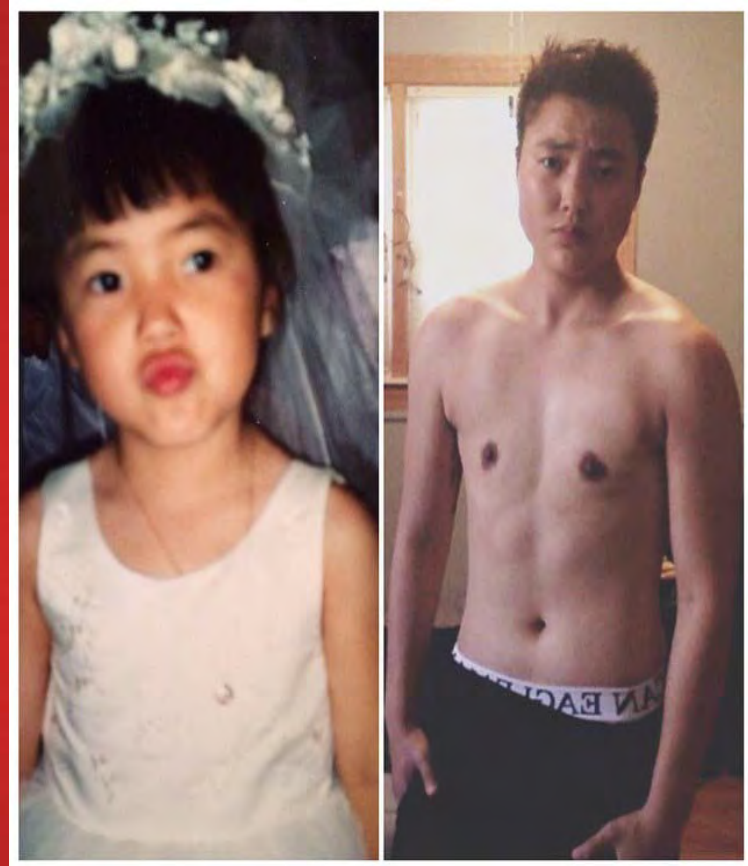
What hinders youth resiliency?

- **Heterosexism**
- **Lack of System Level Protective Factors**
 - individual, parent/guardians, extended family, friends, church, school, community, broader institutions
- **Stigma**



Case #4 – Xander, age 19

- Seen in your practice since age 2.
- “Why do they keep calling me Julia at the front desk?
Do I look like a Julia to you?!”



"They made me feel like I was the clown in the circus."

"I came in for issues with my ankle and was forced to show my genitals to the doctor."

"The nurse demanded that I pray for forgiveness before she would treat me."

It's Not Just What You Say...

Be aware of **WHAT YOU DON'T ASK** and **HOW** you ask

- Honor Identity
- Avoid Heterosexist Language
- Monitor for common LGBTQ health disparities

Common Areas Of Concern For Trans* Care



- **Evolving Identity Development**
- **Puberty**
 - Impacts of Puberty
 - “Second Puberty”
- **Access to Affirming Care**
 - Negligent Treatment
 - “Black Market”



PRACTICE IMPLICATIONS

Identify Your Office as a SAFE SPACE

"This is an open and affirming practice that respects the rights and values of patients and families, regardless of gender identity and sexual orientation."

Relevance:

15.3% of D.C. high school youth identify as lesbian, gay, bisexual or questioning.

- 2.5% identify as lesbian
- 1.0% identify as gay
- 8.8% identify as bisexual
- 3.0% identify as questioning/not sure
- ?% identify as transgender (not polled)

Privacy

- Minors may consent to care (without parents)* for...
 - Contraceptive services
 - Pregnancy related services
 - Drug or alcohol use treatment
 - Mental health services
 - STI/HIV services
- Discuss with teen their willingness to have you answer family questions
- Privacy extends to the medical record, but may not be kept by EOBs



*Guttmacher Institute, www.guttmacher.org- check for nuances in MD & VA

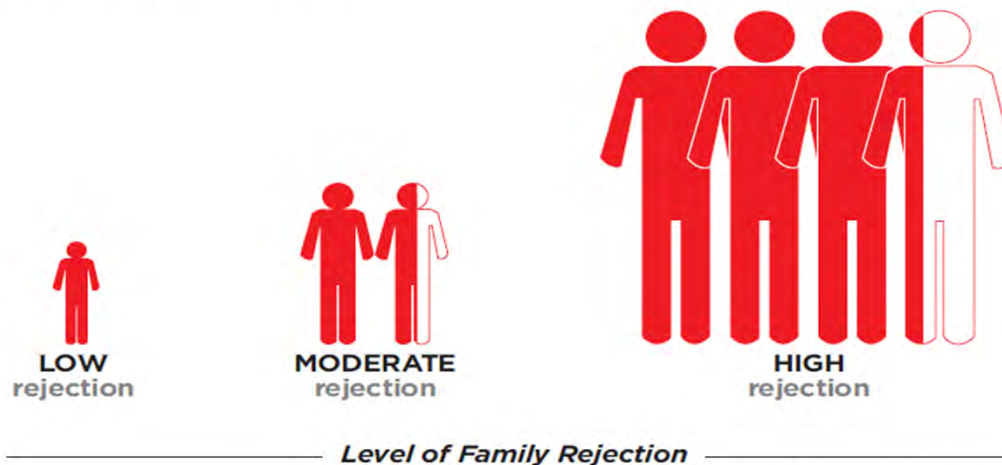
Reducing LGBTQ Health Disparities through HEADDSS Screening

- Home:
 - “Where are you currently living? Who else lives there? Where do you sleep when you are there? How often are you there?”
 - Don’t miss: Homelessness
 - Protective Factors - individual, parent/guardians, extended family, friends
- Education, employment:
 - “How do others treat you at school? Do you feel comfortable there?”
 - Don’t miss: Bullying
- Activities:
 - “Tell me about things that you do for fun.”

Reducing LGBTQ Health Disparities through HEADDSS Screening

- Diet: “Are you satisfied with your body?”
 - Disordered eating
- Drugs:

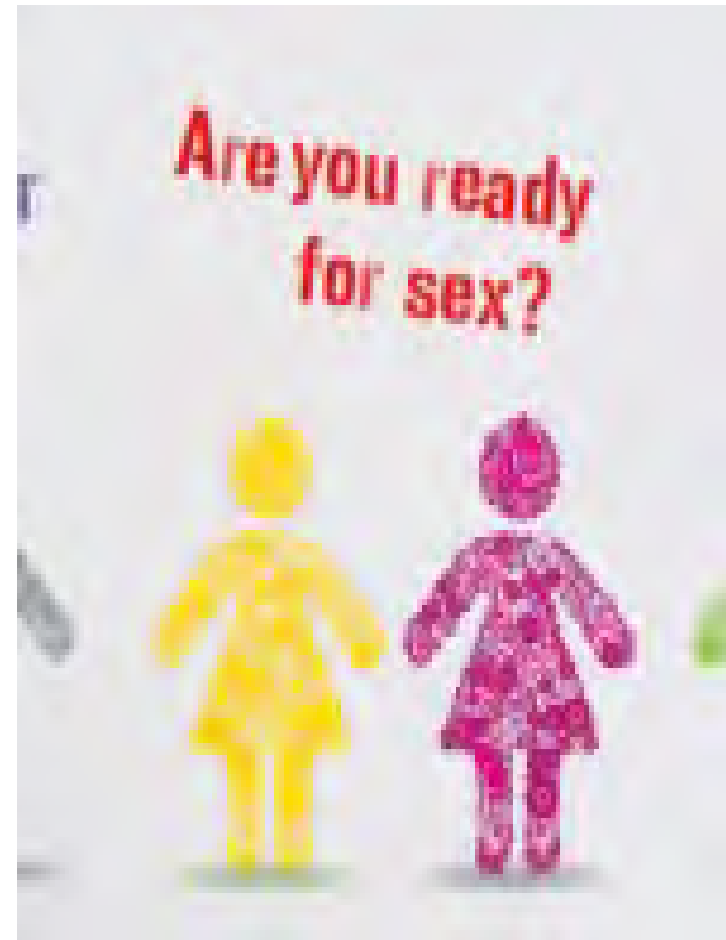
Illegal Drug Use



- Sexuality:

Bisexual And Lesbian Reproductive Health

- Myth
 - Many non-straight girls and providers feel that they are at low risk for getting STI's because they aren't having sex with men.
- Pap tests, physicals, and STI testing for sexually active adolescent teens
 - essential *regardless of the gender of their sexual partner*



Bisexual And Gay Male Sexual Health



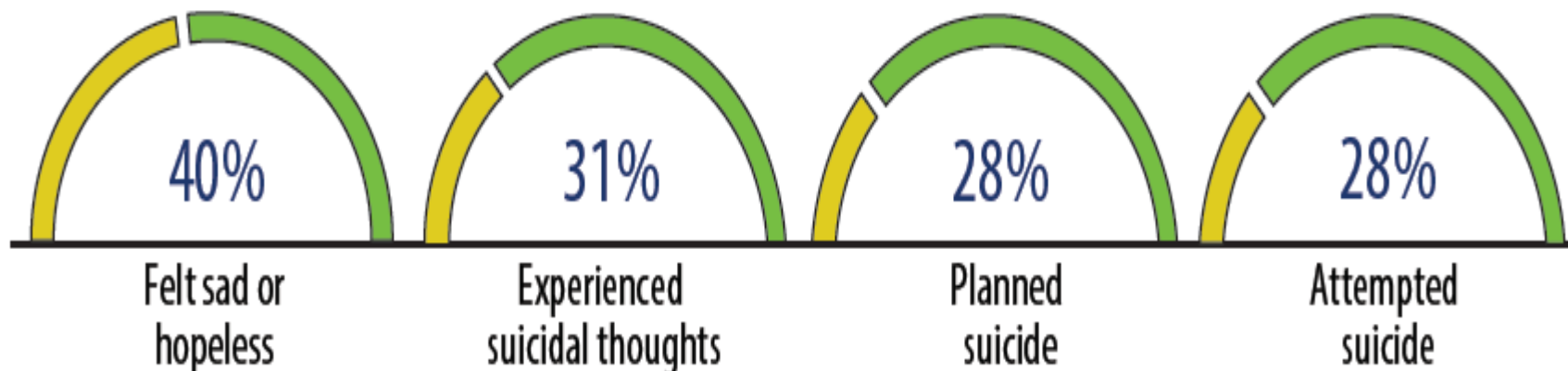
- HIV Disparities
 - Incidence among young black gay men is almost 3x likely than of young white men ages 12-24 (CDC)
- *Not everything is HIV-related*

Reducing LGBTQ Health Disparities through HEADDSS Screening

- Safety: “Has anyone touched or treated you in a way that you didn’t feel comfortable with?”
 - Don’t miss: Harassment, victimization, and violence
 - Don’t miss: Childhood abuse (screen boys, too!)
- Suicidality: “Are you thinking of killing yourself?”

Depression And Suicide

Suicidal thoughts and behaviors during the past 12 months among lesbian, gay and bisexual high school youth



Suicide is the third leading cause of death among 15-24 year olds. LGB youth are 4-5 times more likely to attempt. 50% of transgender youth have attempted suicide.

Trevor Project: LGBTQ Suicide Hotline

www.thetrevorproject.org/section/get-help

NEED HELP? WE ARE HERE FOR YOU 24/7: 866-488-7386 | TEXT | CHAT | SEARCH



GET HELP

ABOUT

GET INVOLVED

BLOG & EVENTS

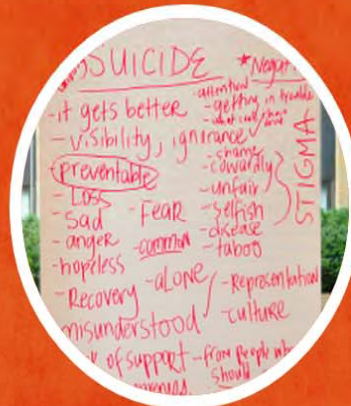
RESOURCES

DONATE



Get Help Now

Call the Trevor Lifeline (866-488-7386) 24 hours a day, 7 days a week. Or connect with us through TrevorChat or TrevorText.



The Warning Signs

Learning the warning signs of suicide is a huge part of preventing a crisis.



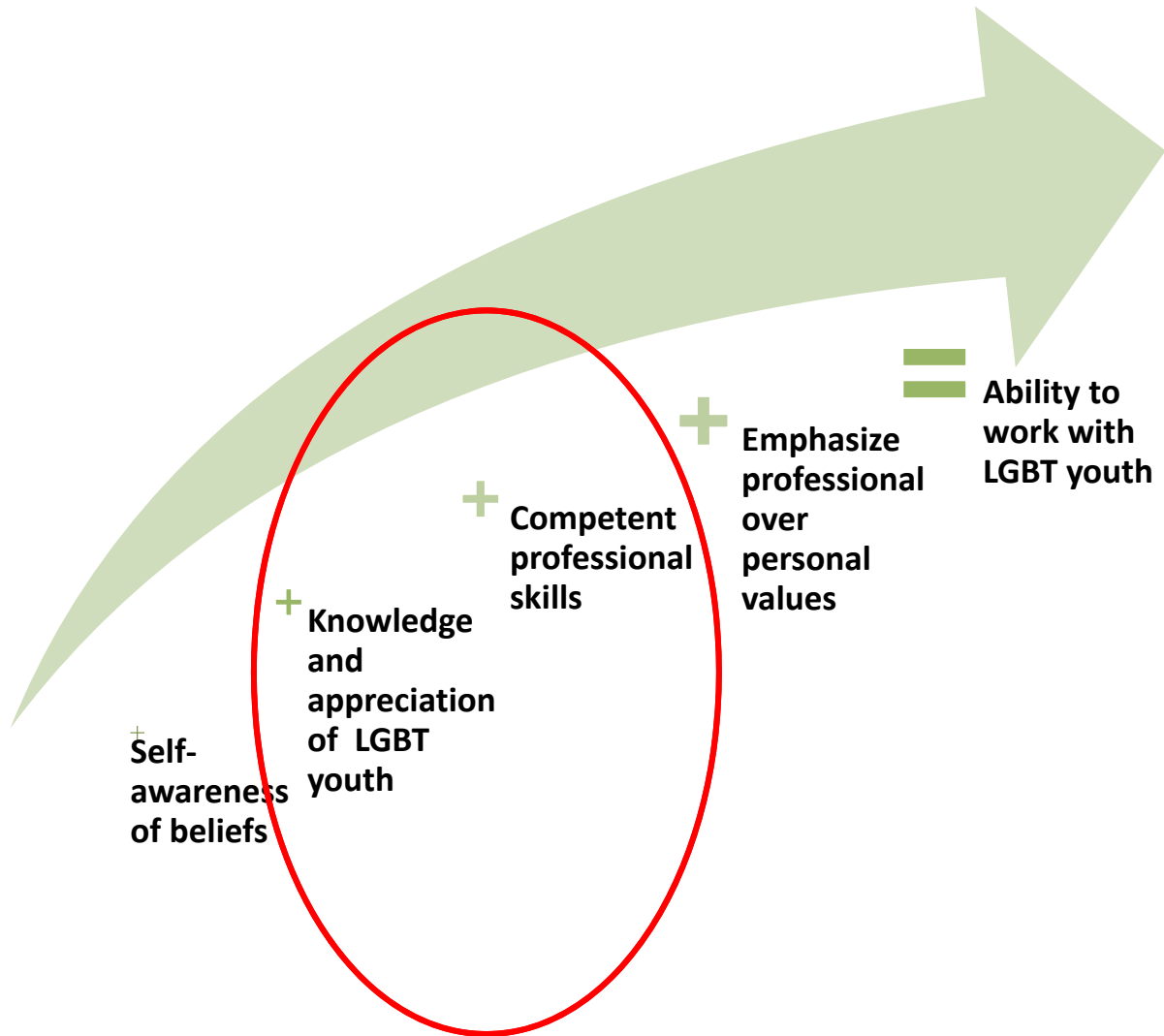
TrevorSpace

TrevorSpace is a social networking site for LGBTQ youth ages 13 through 24 and their friends and allies

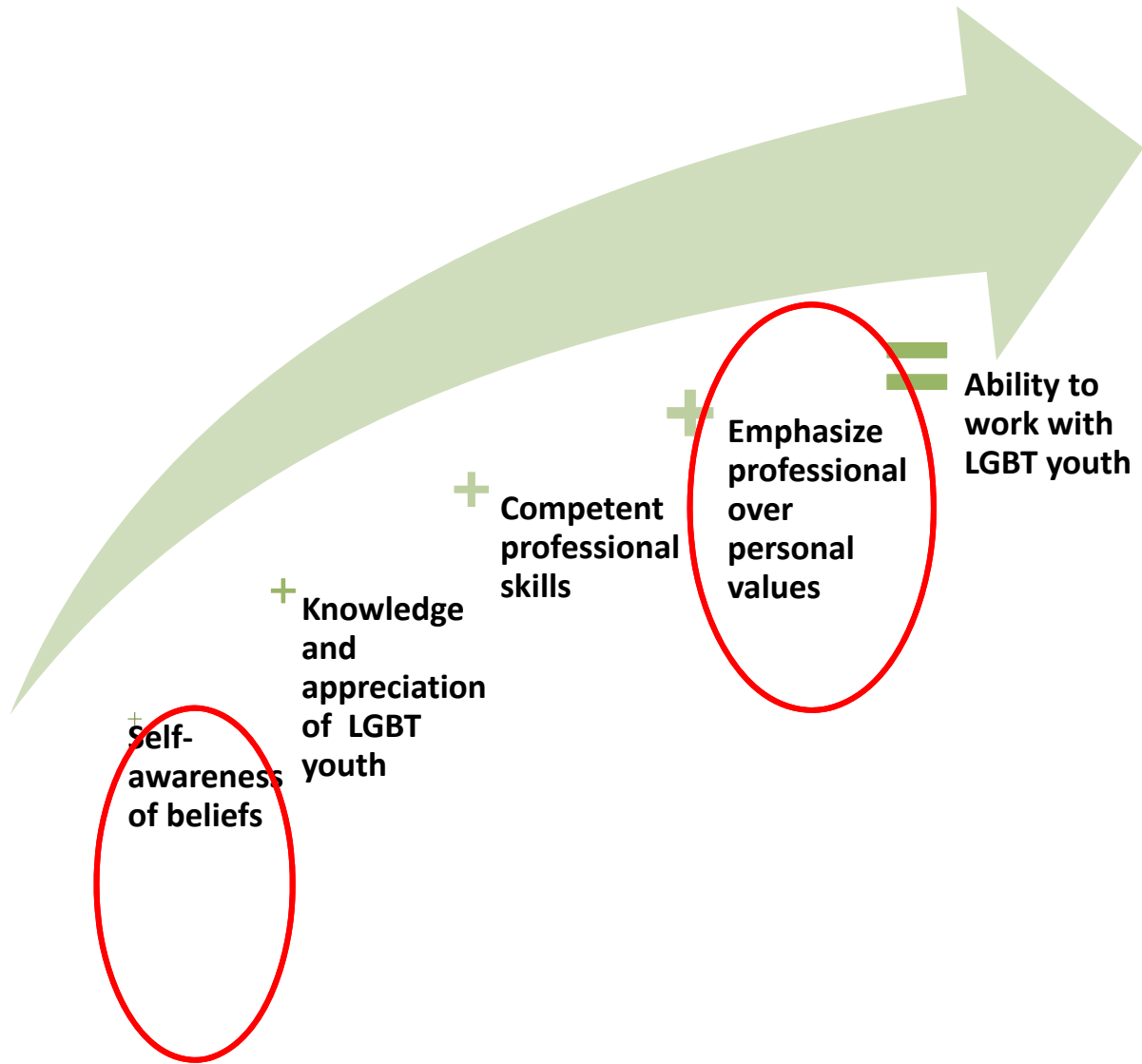


Children's National™

Professional Development



Professional Development



Children's National Referrals:

- **LGBTQ Youth Pride Clinic**, Wed evenings, Adolescent Health Center, 202-476-5464
- **LGBTQ Health Education & Ally Safe Space Training**, Aaron Burgess, 202-476-4101
- **Gender and Sexuality Development Program**, 202-476-4530



Community Referrals:

- **SMYAL**, local LGBTQ youth support and empowerment program, www.smyal.org

- **Rainbow Youth Alliance**,

www.RainbowYouthAllianceMd.org, resources for VA, MD, and DC youth, family support, and providers

- **The Trevor Project**, national suicide prevention hotline for LGBTQ youth, www.thetrevorproject.org



RESOURCES

- American Psychiatric Association. **Diagnostic and statistical manual of mental disorders** (5th ed.). 2013; Washington, DC.
- **Best Practices in Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Service Agencies**. New York: National LGBT Cancer Network .
- Gates G, Newport F. **Special Report: 3.4% of U.S. Adults Identify as LGBT**. Available at: <http://www.gallup.com/poll/158066/special-report-adults-identify-lgbt.aspx>. Accessed January 5, 2015.
- Hollenback A, Eckstrand K, Dreger A. **Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD**. Washington DC: Association of American Medical Colleges; 2014.



RESOURCES

- Institute of Medicine of the National Academies. **The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.** Washington DC: The National Academies Press; . Available from: www.nap.edu.
- **Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth.** online: American Academy of Pediatrics; 2013. Available from: <http://pediatrics.aappublications.org/content/132/1/198.full.html>.
- Ryan C. **Supportive Families, Healthy Children: Helping Families with LGBT Children.** Family Acceptance Project; 2009.
- Trans Student Equality Resources. **The Gender Unicorn.** Available from: <http://www.transstudent.org/gender>.
- The Trevor Project. 1-866-488-7386. Available from: <http://www.TheTrevorProject.org>
- **Voices of Adolescents in Healthcare.** The University of Michigan Health System's Adolescent Health Initiative . Available from: <https://www.youtube.com/watch?v=CHN3YhMi-5A&feature=youtu.be>