Caring for LGBTQ Youth

The Fenway Guide to LGBT Health
Module 4
Learning Objectives

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

- Describe the developmental challenges for lesbian, gay, bisexual, transgender and queer (LGBTQ) youth (12-24 years)
- Describe barriers to accessing healthcare by LGBTQ youth
- List methods for interviewing LGBTQ youth
- Identify the unique health concerns of LGBTQ youth
- List strategies for screening and educating LGBTQ youth on these health concerns
The Goals of Adolescent Healthcare

Goals for treating LGBTQ adolescents =
Same as for all adolescents:

1. To promote healthy development
2. To promote social and emotional well-being
3. To promote and ensure physical health
Developmental Challenges For LGBTQ Youth

- Same developmental challenges as other adolescents
- Added challenges for many:
  - Establishing a comfortable sense of their sexual orientation or gender identity
  - Dealing with internal & external homo/bi/transphobia
  - Receiving limited support from family, peers, and other adults, such as coaches, teachers, religious leaders
  - Having limited contact with other LGBTQ youth or role models
- Many LGBTQ adolescents show remarkable resilience to life challenges
Reflection Questions

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

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

- 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?

- 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?
The Clinician’s Role

- Assist patients in healthy discovery, autonomy, and self-acceptance
- Make the clinical environment safe, accessible, and welcoming to LGBTQ youth
- Create an open and honest dialogue
- Ask non-judgmental questions about sexuality, sexual identity, and gender identity of all adolescent patients
- Respect confidentiality while working with patients to find sources of support at home or in the community
- Be prepared with referrals and resources – you may be their only adult confidant on LGBTQ identity or concerns
Access to Health Care

- Insurance concerns
  - Youth may lack insurance, especially if over 18
  - LGBTQ youth may fear disclosure by insurance companies to family or guardians
  - For these reasons, some patronize public health clinics or other places that facilitate anonymity by not requiring insurance; these facilities may see a disproportionately large LGBTQ youth population
Access to Health Care, cont’d

- LGBTQ youth may be unsure where to find LGBTQ-welcoming care that speaks to their needs.

- A provider’s real or perceived lack of understanding re: sexual orientation, gender identity, race, language, and/or ethnic customs may hamper access to health services.

- Disproportionate barriers to care for LGBTQ youth:
  - Unemployment
  - Homelessness
  - Lack of transportation

- Social and financial supports can help:
  - Case management
  - Bus tokens
  - Support groups
The Clinical Visit
Ways to Create a Welcoming Office Environment

- Display posters or flyers that include LGBT people
- Train support staff on LGBTQ issues
- Display LGBT safe zone or rainbow stickers to highlight staff who have been specially trained to work with LGBTQ patients
- Address confidentiality concerns proactively
Preventive Service Guidelines

- AMA Guidelines for Adolescent Preventive Services (GAPS) during annual visits
  - Comprehensive physical exam
  - Comprehensive medical, social, behavioral history
  - Screening as appropriate for STIs, substance abuse, mental health concerns, nutrition, other health concerns
  - Health guidance, as appropriate
The Patient Interview

- The **HEADS** model may be a useful mnemonic for taking a history, with a focus on key social and behavioral areas:
  - **H** – Home
  - **E** – Education
  - **A** – Activities
  - **D** – Depression/drugs/diet
  - **S** – Safety/Sexuality

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

- Take history as a dialogue, not a check list

- Address sensitive topics carefully, yet treat as routine
The Patient Interview, cont’d

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

- Challenges:
  - Patient may struggle with what language to use and/or with medical language
  - Youth may find it hard to initiate discussions about sex or other potentially embarrassing topics, therefore ask direct questions routinely using a non-judgmental tone
  - Exams may be uncomfortable or unfamiliar to them
  - Address challenges by creating an open and safe atmosphere
The Patient Interview, cont’d

- Chief complaint may not be the main reason for the visit

- Do you have any other problems, have any questions, or want anything else checked out while you’re here?
Interviewing LGBTQ Youth

- LGBTQ may or may not disclose identity to clinician (that’s okay)

- Let patients use their own terminology for their identity, even if it does not match their sexual behaviors
  - Youth today frequently reject labels, more fully embrace bisexuality and sexual fluidity (Savin-Williams & Cohen, 2007)

- Transgender youth especially may adopt a sexual identity based on their partner’s gender rather than on their own and partner’s gender (e.g. “woman-centered;” “men-loving”) (Savin-Williams & Cohen, 2007)
Developmental Stages and Concerns

- Early adolescence – Ages 10-14
  - May feel something is different about themselves but not yet understand what
  - Being gender variant may result in teasing, bullying, marginalization
  - Development of secondary sexual characteristics and menstruation may cause anguish for transgender youth, athletic girls

- Middle adolescence – Ages 14-17
  - Potential for heightened HIV/STI risk with sexual experimentation, youth may not understand consequences of actions
  - Coming out concerns, identity self-labeling
  - Dating may be difficult or delayed if same-sex relationships are unavailable or limited

- Late adolescence – Ages 17+
  - A previous delay in dating may lead to sex–focused relationships
  - Independent living, potentially increased freedom to come out
  - First independent medical appointment
Confidentiality Concerns

- Many adolescents fear disclosure of health concerns to parents
- LGBTQ fear purposeful or accidental disclosure of their sexual orientation or gender identity to unknowing family members
- It is not the provider’s role to disclose LGBTQ identity or behaviors to family or guardians or make recommendations about disclosure
- Avoid assumptions about who the adolescent is “out” to or how comfortable they are with others knowing, including other providers you refer them to
- If a bill or Explanation of Benefits will breach confidentiality, consider alternate coding (see Handout 4-A)
- Train all staff to respect confidentiality regarding LGBTQ identity
Confidentiality Policies

- Develop office policy regarding confidentiality of unemancipated minors
- Post guidelines about confidentiality in waiting area
- Educate parents and guardians on the parameters and importance of confidential care, including your office policy
- At the patient visit, lay out a roadmap
  - *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.*
  - Remind the parent and youth of your office’s confidentiality policy
  - Frame the information in the context of adolescent self-responsibility and self-reliance
  - Be sure to explain that the policy applies to all youth, not just this patient
  - Ask about any parental questions or concerns concerning this policy
Confidentiality, cont’d

- Once the parent has left the room remind the youth of your policies and clarify if needed
- Ask the patient for their perspective on parent’s stated concerns, if any
- Accommodate patient preference for having parent or another staff member present during physical exam
- Clarify which information is ok to share before bringing the parent back into the room
Confidentiality and the Law

- Laws vary from state to state regarding adolescent health care and consent, parental notification. See: http://www.gutmacher.org/sections/adolescents.php for resources

- Each state allows minors to consent to services for STIs or HIV, emergency care, and most allow them to consent to family planning services

- Learn the laws for your state and any exceptions
Selected Health Issues: Screening and Patient Education
Risk Behaviors, Health Disparities, and Related Issues for LGBTQ Youth

(Garofalo & Harper, 2003; Savin-Williams, 1994; Rosario et al, 2001; Corliss et al, 2008)

- Smoking
- Alcohol & substance abuse
- Anxiety, depression, suicide attempts
- HIV & STIs

- Emotional and physical abuse
- Eating disorders and obesity
- Limited access to care
- Homelessness
Tobacco Use

- Up to 50% of LGB youth smoke cigarettes (Ryan et al, 2001)

- Tobacco advertising targets LGB communities (youth are most susceptible)

- Screen and offer culturally-appropriate resources to quit
Alcohol & Drug Use

- LGBTQ youth lack social outlets – may frequent LGBTQ-supportive bars, clubs, or other social spaces that normalize substance use
- Alcohol/Drugs may be used to self-medicate against loneliness, depression
- Substance use is linked to high-risk sex, HIV/STI transmission; suicide attempts; car accidents
Alcohol & Drug Use: Screening and Education

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

- LGB youth 3-4 times more likely to self-report suicide attempt in past 12 months (Garofalo et al, 1999; Massachusetts Dept. of Ed, 2002)
  - Research based on self report; broad continuum of suicidal behaviors and feelings possible

- Suicide risk in all adolescents associated with isolation, substance use (> in LGBTQ)

- Patients often visit PCP shortly before successful suicide
  - You are a key figure in screening and support

- LGBT homeless youth at higher risk of suicidal ideation and attempts
  - 57-62% report suicide attempts vs. 29-33% of non-LGBTQ youth (Suicide Prevention Resource Center, 2008)
  - Youth in foster care, juvenile justice system also likely at higher risk
Mental Health: History & Screening

- Take history in person – not just via intake form
- Cover behavioral health, medications, hospitalizations, family history
- Identify youth in need of referrals (youth-focused LGBTQ support groups, mental health support)
  - Screen for depression
  - Ask about social supports
    - Who do you turn to when you feel sad or need someone to talk to?
  - Ask about school, home, and peers
Mental Health: Comfort with Sexuality and Gender

- Assess comfort level with attractions, sexual and gender identities

  - 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?
Safety, Violence & Victimization

- Many LGBTQ youth experience violence or victimization related to their sexual orientation or gender identity (Savin-Williams, 1994; Pilkington & D’Augelli, 1995; D’Augelli et al, 2006; Saewyc et al, 2006a)

- Victimization may be verbal, physical, and/or sexual, overt or subtle

- Transgender youth are especially at risk; identity is hard to keep hidden

- Psychological effects of victimization include anxiety, depression, low self-esteem, substance use

- 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
Safety, Violence & Victimization – Screening

- Ask generally how things are at home, school, and with peers, and also about “feeling safe” in these settings
  - 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?

- Before screening, it is important that adolescent know the legal parameters of confidentiality

- Do not give advice about when to come out but instead offer supports for decision-making process
Special Concerns: Homelessness

- Estimated 20-50% of homeless street youth are LGBTQ (Ray, 2006)
- Many leave home or are forced to leave over family’s homophobia
  - May be kicked out or run away to avoid violence, harassment, or pressure to undergo anti-gay therapy
  - Youth may come out to families or “beouted” accidentally
- 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
- Primary care may be through the ER; health care access limited by age, lack of official identification
Sexual History and Sexual Activity

- Important not to make assumptions about sexual activity or risks 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?
    - Avoid assumptions – not all LGBTQ adolescents have had sex, or want to
  - Age of sexual debut
  - Types of sexual activity
Sexual History and Sexual Activity, cont’d

- If sexually active, ask open-ended questions about consistency of safer sex practices
  - When you use condoms for anal or vaginal sex, do you use them 5%, 50%, 75%, or 100% of the time?
  - More likely to get an accurate answer than asking yes/no question
  - Chance for targeted prevention education if less than 100%

- Address pregnancy risks even if identify as lesbian
  - Teen pregnancy possibly more common in lesbian and bisexual teens compared to heterosexuals (Saewyc et al, 1999, 2008)
Sexual Abuse and Assault

- Ask about history of sexual abuse – adolescents rarely offer information in this area unless asked
- Childhood sexual abuse in LGBTQ people linked to a variety of future health challenges, including:
  - HIV/STI risk behavior
  - Substance use
  - Poor mental health
  - Sexual revictimization

(Heidt et al, 2005; Saewyc et al, 1999, 2006; Austin et al, 2008)
LGBTQ Youth, Sexual Education and Reproductive Health

- LGBTQ youth are often at a disadvantage when it comes to sex education because it is primarily or exclusively devoted to heterosexual intercourse and sometimes oral sex, and does not cover sex between women or anal sex.

- Transgender youth may be uncomfortable with their anatomy and may not feel comfortable talking about sex at all.

- You and your staff may be LGBTQ adolescents’ only accurate source of information.

- Education about STIs and vaginal, anal, and oral sex should be reviewed with all age-appropriate adolescents, regardless of gender.
Sexual Health: Preventive Care

- Screen for STIs and HIV based on sexual behavior, not identity.
- Lesbian and bisexual females should get Pap tests on the same schedule as other female youth.
  
  - Lesbian, bisexual female patients in particular should be educated about the need for these screenings as they may feel themselves to not be at risk.
- Transgender youth, especially FTMs (female-to-males) 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 someone else in the room?*
Sexual Health: Preventive Care, cont’d

- Vaccinate all adolescents against Hepatitis B (CDC, 2008); vaccinate gay and bisexual males against Hepatitis A (CDC, 2006)

- Vaccinate lesbian and bisexual females as you would other girls, even if only sexually active with other girls. CDC recommends starting the vaccine series at ages 11-12 before sexual debut (CDC, 2008). The Gardasil HPV vaccine is FDA approved for females ages 9-26.

- Merck, the maker of Gardasil, is applying for FDA approval for vaccinating males ages 16-26
Special Concerns – HIV

- 2003-2006: 78-81% of new HIV infections in males aged 13-24 were from male-to-male transmission; 4-5% were MSM/IDU (CDC, 2008)
- Young MSM of color and male-to-female (MTF) transgender youth particularly affected by HIV (CDC, 2008; Garofalo et al, 2006)
- Adolescent-appropriate care for disease management requires working with special needs:
  - Scheduling flexibility
  - Confidentiality concerns
  - Lack of insurance
  - Shame, stigma, secrecy
    - Medications may give away HIV+ status; patient may elect to not have medications around
  - Homeless patients may not have a reliable storage place for medications
  - Other issues may be of greater concern to the adolescent than HIV
Family Rejection and Health

- Parental rejection of children’s LGB sexual orientation has been linked to negative health outcomes (Ryan et al, 2009)
- Rejected youth more likely to have attempted suicide, report depression, use illegal drugs, and have unprotected sex
- Latino males report highest level of family rejection

Rejecting behaviors include:
- Forbidding interaction with LGBTQ peers
- Blaming child for being victim of bullies
- Hiding child’s sexual identity from other family members and friends
Family Acceptance Strategies

- Providers can help:
  - Ask LGBTQ youth patients how their families have reacted to their coming out
  - Explain to parents the negative impact of using rejecting words and behaviors, even if they mean well
  - Suggest that parents support their child’s sexual orientation as much as possible (okay to still be uncomfortable; a little support goes a long way)
  - For more on related research and strategies, see the Family Acceptance Project website: http://familyproject.sfsu.edu/
Help Us Grow Up Healthy and Safe
LGBTQ Adolescent Health Resources

- Go Ask Alice: STD information by and for teens www.goaskalice.columbia.edu
- The National Runaway Switchboard www.1800runaway.org or 1-800-RUNAWAY
- Parents and Friends of Lesbians and Gays (PFLAG) www.pflag.org
- Trevor Helpline Crisis Intervention for LGBTQ Youth (800) 850-8078; 24 hour; 7 days/week
- Youth Resource: A website by and for LGBTQ youth www.youthresource.com