The Clinical Approach to Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

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- I do not intend to discuss any unapproved or investigative use of a commercial product or device in my presentation.
# Objectives

- Differentiate natal sex, gender identity, gender expression, sexual orientation, and sexual behavior

- Identify health and behavioral risks disproportionately affecting LGBTQ youth and their contributory factors

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# Objectives

- Describe the approach to LGBTQ youth in the clinical setting

- List three elements of LGBTQ-competent health services
Minority Stress Theory

Homophobia as a Barrier to Healthcare

- 1 out of 2 LGBT adults withheld their sexual orientation from a provider
- 1 of 4 withheld information about sexual practices (5 times more than heterosexual peers)

Percent of adults delaying or postponing medical care (18,19)

- Transgender: 48%
- LGB: 29%
- Heterosexual: 17%

### Homophobia as a Barrier to Healthcare

<table>
<thead>
<tr>
<th>Barriers to Healthcare</th>
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</thead>
<tbody>
<tr>
<td>Perceived lack of confidentiality</td>
</tr>
<tr>
<td>Provider’s assumption of heterosexuality</td>
</tr>
<tr>
<td>Fear of healthcare provider reaction upon disclosure</td>
</tr>
<tr>
<td>Lack of sense of empowerment and agency</td>
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This office is a safe space for all people.

lesbian, gay, bisexual, pansexual, asexual, straight, two-spirit, transgender, cisgender, queer, questioning, ally
Self-Evaluation
During a Clinical Encounter

How do you react when confronted with a patient situation that does not fit your expectations?

Does the situation provoke feelings of anxiety and discomfort?

Are you able to assess what is going on within yourself as well as within the patient?

HEADDSSS

- Home
- Education
- Activities
- Diet
- Drugs
- Sexuality
- Suicide
- Safety
- Spirituality
### Communication Tips

- Avoid assumptions
- Avoid the surrogate parent and adolescent roles
- It’s a conversation…not an interrogation!
- What purpose does the information serve?
- Healthy respect and regard for privileged information

### Communication Tips

- Establish rapport
- Provide confidentiality assurance and establish limits of confidentiality
- Ask permission
- Normalize
- Note non-verbal cues
Communication Tips

- Minimize note-taking, particularly during sensitive questioning
- Developmentally appropriate language and questions
- Ask open-ended questions
- Practice listening skills
- Manage transference and countertransference

The Genderbread Person v2.0

Gender is one of those things everyone think they understand, but most people don’t. Like language, gender is a tool. Each new word is like a new tool. This handy little guide is meant to be an expension for understanding. It’s only if you’re hungry for more.
Gender Dysphoria

On a scale of 1 to 10, how would you rate your pain?

<table>
<thead>
<tr>
<th>Body dysphoria</th>
<th>Social dysphoria</th>
<th>Mind dysphoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>discomfort someone feels with their physical body and the way it functions</td>
<td>discomfort someone feels by how they are seen socially</td>
<td>discomfort someone feels when their thoughts and emotions are at odds with their sense of identity</td>
</tr>
</tbody>
</table>

Key Terminology

- Transgender
  - Transmen/Transwomen
- Genderqueer
- Bigender
- Genderfluid
- Agender
- Cisgender
Guidelines for Current Practice

- **World Professional Association for Transgender Health**
  - Standards of Care, version 7, 2011

- **Endocrine Society**
  - Clinical Practice Guideline: Endocrine Treatment of Transsexual Persons, 2009

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### Phases of Transitioning

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reversible</td>
<td>Clothes, hair, shoes, toys, GnRH analogues</td>
</tr>
<tr>
<td>Partially reversible</td>
<td>Masculizing and feminizing hormone therapy</td>
</tr>
<tr>
<td>Irreversible</td>
<td>Gender reassignment surgery (GRS)</td>
</tr>
</tbody>
</table>
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

Social Transitioning and Prepubertal Children

- Endocrine Society 2009 Guidelines

  “Given the high rate of remission of Gender Identity Disorder after the onset of puberty, we recommend against a complete social role change in prepubertal children with GID…this recommendation, however, does not imply that children should be entirely denied to show cross-gender behaviors or should be punished for exhibiting such behaviors”
Social Transitioning for Prepubertal Children

- World Professional Association for Transgender Health Standards of Care, 2011
  - Acknowledges divergent views and does not make a recommendation
  - “Mental health professionals can help families to make decisions regarding the timing and process of any gender role changes for their young children”
  - “Parents may want to present this role change as an exploration of living in another gender role, rather than an irreversible situation”

Social Transition Outcomes

- Did not differ from control groups on depression symptoms and only marginally higher anxiety symptoms
- No elevations in depression and slightly elevated anxiety relative to population averages
- Notably lower rates of internalizing psychopathology than previously reported among children with GID living as their natal sex

(Olson, 2016)
Course of Gender Dysphoria

- In small minority, gender dysphoria “persists”
  - 27% persisters
  - 43% desisters
  - 30% lost to follow up

- Factors predicting persistence vs desistence:
  - Desire versus Conviction: “I wish I were a boy” vs. “I am a boy”
  - Greater degree of gender dysphoria earlier in childhood
  - Social transition


Puberty Suppression: Endocrine Society and WPATH

Adolescents are eligible and ready for GnRH treatment if they:

- Fulfill criteria for Gender Dysphoria
- Have early pubertal changes that resulted in an increase in their gender dysphoria
- At least Tanner stage 2
- Do not suffer from psychiatric comorbidity that interferes with work-up or treatment
- Have adequate psychological and social support
- Demonstrate knowledge and understanding of expected outcomes of treatment
GnRH Analogues

Outcomes of Puberty Suppression

- Behavioral and emotional problems and depressive symptoms decreased significantly
- General functioning improved significantly
- Feelings of anxiety and anger did not change between T0 and T1
- Gender dysphoria and body satisfaction did not change between T0 and T1
- No adolescent withdrew from puberty suppression, and all started cross-sex hormone treatment

de Vries AL, et al, 2010
Coming Out As Transgender

<table>
<thead>
<tr>
<th>Patients</th>
<th>Mean, (Age Range)</th>
<th>Biological Female</th>
<th>Biological Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Presentation</td>
<td>14.8 (4-20)</td>
<td>15.2 (6-20)</td>
<td>14.3 (4-20)</td>
</tr>
<tr>
<td>Tanner Stage</td>
<td>3.9 (1-5)</td>
<td>4.1 (1-5)</td>
<td>3.6 (1-5)</td>
</tr>
<tr>
<td>Total n, (%)</td>
<td>97 (100)</td>
<td>54 (55.7)</td>
<td>43 (44.3)</td>
</tr>
</tbody>
</table>

Spack N, GeMS Clinic, Boston Children’s Hospital. Pediatrics, 2012

Criteria for Cross Gender Hormonal Therapy

- Endocrine Society
  - Fulfill the criteria for GnRH treatment
  - ≥ 16 years

- Real Life Experience (WPATH)
  - Act of fully adopting a new or evolving gender role or gender presentation in everyday life
  - Tests resolve, capacity to function in the preferred gender, and the adequacy of social, economic, and psychological supports
Criteria for Cross Gender Hormonal Therapy: WPATH

- No recommendation on timing of initiation

“Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that might provoke abuse and stigmatisation”
Approaching Gender Expansive Youth

- Preferred name and pronoun
- Review history of gender experience
- Discuss patient goals
- Assess social support and resources
- Review prior efforts to adopt desired gender
- Engage parent(s) to support their child
- Establish expectations for all stakeholders

Treatment Outcomes

- Psychological functioning improve steadily over time, resulting in rates of clinical problems indistinguishable from general population samples
- Quality of life, satisfaction with life, and subjective happiness comparable to same-age peers
- GD and body image difficulties persisted through puberty suppression but remitted after CSH and GRS

Sexual Orientation Defined

- Heterosexual
- Homosexual—gay and lesbian
- Bisexual
- Pansexual
- Queer

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

Assessing Sexual Orientation

- Are you romantically interested in men, women, or both?
- When you imagine yourself in a relationship in the future is it with a man, a woman, either or neither?
Patient “Coming Out” - What Next?

- Assess comfort with feelings
- Identify support systems and 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

The Role of Families

- Family Acceptance Project

  Family acceptance in adolescence associated with young adult positive health outcomes (self esteem, social support, and general health) and protective for negative health outcomes (depression, substance abuse, and suicidal ideation and attempts)

- [http://familyproject.sfsu.edu](http://familyproject.sfsu.edu)
The Role of Families

- Youth from highly rejecting families
  - More than 3 times as likely to use illegal drugs
  - Nearly 6 times as likely to report high levels of depression
  - More than 8 times more likely to have attempted suicide

http://familyproject.sfsu.edu

Assessing Sexual Behavior

- How old were you when you first had sex?
- How many sexual partners have you had?
- Gender of partners?
- Do you have a current partner?
- How long have you been with your partner/Level of commitment?
Assessing Sexual Behavior

- Specific sexual practices?
  - Oral, Vaginal, Anal

- Methods of prevention of pregnancy and STI acquisition?
  - Dental Dams? Condoms? Hormonal contraception?

Assessing Sexual Behavior

- Non-consensual sex and sexual abuse?
- Have you or you partner ever been tested for STIs/HIV? had an STI?
- Substance use: have you ever had sex under the influence of drugs or alcohol?
Pregnancy Risk and Intent

- Ever pregnant, gotten anyone pregnant, or current pregnancy concerns?
- Pregnancy outcomes?
- Any concerns about fertility?
- Childbearing plans and timing?

Pregnancy Risk

When compared to heterosexual youth, lesbians and bisexuals:

- Are about as likely to have had intercourse
- Experience twice the rate of pregnancy (12% vs. 6%)
- Are more likely to have had two or more pregnancies (23.5% vs. 9.8%)
Young women who identified themselves as “unsure” of their sexual orientation almost twice as likely to report no contraceptive use at last sex.

STI Risk in WSW

Nationwide study of 6,935 self-identified lesbians:
- 17.2% reported a past history of an STI

- Trichomonas
- HPV
- Bacterial vaginosis
CDC 2015 Guidelines for WSW

- Routine age appropriate screening guidelines
  - Cervical cancer
  - Chlamydia

- WSW sex practices
  - Trichomonas
  - Bacterial Vaginosis
  - HSV
  - HPV
  - HIV

STI Prevention Counseling

- Sex toys
  - Do not share insertive sex toys without a condom
  - Wash sex toys after each use
- Dental dam use with oral sex
- Condom use +/- when having sex with a male
### CDC 2015 Guidelines for MSM

- Urethral infection with *N. gonorrhoeae* and *C. trachomatis* if insertive intercourse during the preceding year
- Pharyngeal infection with *N. gonorrhoeae* if receptive oral intercourse during the preceding year
- Rectal infection with *N. gonorrhoeae* and *C. trachomatis* if receptive anal intercourse during the preceding year
- HIV serology, if status is unknown or negative
- Syphilis serology
- HBSAg/HCV if HIV +
MSM: Rectal and Pharyngeal Infections

▶ 6 gay-focused community-based organizations in five U.S. cities
▶ ~ 30,000 tests were performed and positives included:
  ▶ 5.4% of rectal gonorrhea
  ▶ 8.9% of rectal chlamydia
  ▶ 5.3% of pharyngeal gonorrhea
  ▶ 1.6% of pharyngeal chlamydia
▶ If the clinic had tested only urethral or urine specimens, 33% of total gonorrhea cases would have been missed


Conclusion

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

Recognize diversity of biology, identity, orientation and expression

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

Offer LGBTQ teens access to comprehensive, developmental appropriate counseling and care
## Provider Resources and Organizational Partners

- [www.advocatesforyouth.org](http://www.advocatesforyouth.org) — Advocates for Youth
- [www.aap.org](http://www.aap.org) — American Academy of Pediatricians
- [www.aclu.org/reproductive-freedom](http://www.aclu.org/reproductive-freedom) — American Civil Liberties Union Reproductive Freedom Project
- [www.acog.org](http://www.acog.org) — American College of Obstetricians and Gynecologists
- [www.arhp.org](http://www.arhp.org) — Association of Reproductive Health Professionals
- [www.cahl.org](http://www.cahl.org) — Center for Adolescent Health and the Law
- [www.glma.org](http://www.glma.org) — Gay and Lesbian Medical Association

## Family Support Resources

- [www.pflag.org](http://www.pflag.org) — Parents and Friends of Lesbians and Gays
- [familyproject.sfsu.edu](http://familyproject.sfsu.edu) — Family Acceptance Project
Provider Resources and Organizational Partners

- [www.guttmacher.org](http://www.guttmacher.org) Guttmacher Institute
- [janefondacenter.emory.edu](http://janefondacenter.emory.edu) Jane Fonda Center at Emory University
- [www msm.edu](http://www msm.edu) Morehouse School of Medicine
- [www.naspag.org](http://www.naspag.org) North American Society of Pediatric and Adolescent Gynecology
- [www.prh.org](http://www.prh.org) Physicians for Reproductive Health

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Provider Resources and Organizational Partners

- [www.siecus.org](http://www.siecus.org) Sexuality Information and Education Council of the United States
- [www.adolescenthealth.org](http://www.adolescenthealth.org) Society for Adolescent Health and Medicine
- [www.plannedparenthood.org](http://www.plannedparenthood.org) Planned Parenthood Federation of America
- [www.reproductiveaccess.org](http://www.reproductiveaccess.org) Reproductive Health Access Project
- [www.spence-chapin.org](http://www.spence-chapin.org) Spence-Chapin Adoption Services
Please Complete Evaluations Now

Adolescent Reproductive & Sexual Health Education Program