Improving Health and Sexual Wellness in the LGBTQ Adolescent Community

Veenod L. Chulani, MD, MSED, FSAHM
Section of Adolescent Medicine
Phoenix Children’s Hospital
Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

- The use or indication of various commercial products such as hormone therapies used in the transgender population is not currently approved by the FDA for labeling or advertising.
Minority Stress Theory

[Diagram showing the relationships between various factors such as Causal Factors (Structural Prejudice, Prejudice Events, Informal Prejudice, Stigma), Intervening Factors (Financial Status, Concealment or Suppression, Internalized Homophobia, Self-Devaluation), and Health Outcomes (Anxiety/Panic Disorder, Depression, Suicide Ideation, Risky Sexual Behaviors, HIV and other STDs).]
Objectives

- Discuss the approach to adolescent sexuality
- 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
Objectives

- List three elements of LGBTQ-competent services
- Discuss clinical standards and guidelines care of LGBTQ youth, including preventive counseling and screening
Homophobia as a Barrier to Care

- Perceived lack of confidentiality
- Provider’s assumption of heterosexuality
- Fear of provider reaction upon disclosure
- Lack of sense of empowerment and agency
This office is a safe space for all people.

lesbian, gay, bisexual, pansexual, asexual, straight, two-spirit, transgender, cisgender, queer, questioning, ally
The Approach to Adolescent Sexuality
Over past three decades, two approaches have predominated in U.S. sexual health policy and practice:

- Abstinence-only
- Sex as risk taking
The Abstinence (No Sex) Paradigm

“You don’t need to know - unless in a committed carpooling relationship”

• Provides a code, not empowerment
• Gives no tools for navigating relationships
• Makes sex hard to discuss when it does happen
The “Sex as Risk-Taking” Paradigm

- How many times have you driven in the past 3 months? 6 months?
- How many passengers have you carried?
- Did you wear a seat belt during your last drive?
- Front-passenger airbags?
- Have you ever driven while under the influence of alcohol or drugs?
The “Sex-as-Risk-Taking” Paradigm

- Sexual expression vs. sexual risk
- Instills fear and not sense of mastery/control
- Leaves out the relational contexts of sexuality
Sexual History-taking and Counseling Template

- Sexual coercion and abuse
- Sexual orientation
- Sexual activity
  - Number of partners
  - Frequency
  - Sex practices

- STI history and risk assessment
- Pregnancy history and risk assessment
- Contraceptive behaviors
- Substance use
“Sex as Risk”

- Risk-assessment/prevention, screening, and treatment approach

- Results in discussions that are based on:
  - Narrow definitions of sexual health
  - Focus on specific sexual behaviors as part of risk-assessment strategy instead of personal development and interpersonal relationships
What is Healthy Sexuality?
Sexual Health is More Than the Mitigation of Risk and the Absence of Disease
A New Paradigm

- Adolescent sexuality development is a normal process with interrelated biological and psychosocial aspects.
- Sexuality development lies on a continuum through which youth progress in the context of relationships.
- Youth need the knowledge, skills, and access to care to make good sexual health decisions and stay healthy.
- Adults play vital roles in providing resources and supporting the development of skills.
FOAM

RUBBERS

WEIGHT

SEAMEN

IT'S NOT SO HARD TO TALK ABOUT

PERIOD
“A body goes through changes during the teen years. When you started dating, my hair turned gray. When you started driving, I got heart palpitations...”
It Takes a Village

- Families
- Schools
- Media
- Faith communities
- Policy
The Approach to LGBT Youth

- Establish rapport
- Provide confidentiality assurance and establish limits of confidentiality
- Ask permission
- Normalize
- Avoid assumptions
- Note non-verbal cues
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
The Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It’s okay if you’re hungry for more.

**Gender Identity**
- Nongendered
  - Woman-ness
  - Man-ness

**Gender Expression**
- Agender
  - Masculine
  - Feminine

**Biological Sex**
- Asex
  - Female-ness
  - Male-ness

**Attracted to**
- Nobody
  - (Men/Males/Masculinity)
  - (Women/Females/Femininity)
Transgender Children and Youth
Gender Dysphoria

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

**Body dysphoria**
- discomfort someone feels with their physical body and the way it functions

1 2 3 4 5
6 7 8 9 10

**Social dysphoria**
- discomfort someone feels by how they are seen socially

1 2 3 4 5
6 7 8 9 10

**Mind dysphoria**
- discomfort someone feels when their thoughts and emotions are at odds with their sense of identity

1 2 3 4 5
6 7 8 9 10
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
Phases of Transitioning

Reversible
- Clothes, hair, shoes, toys,
- Puberty blockers

Partially reversible
- Masculizing and feminizing hormone therapy

Irreversible
- Gender reassignment surgery (GRS)
Approaching Transgender Youth

- Preferred name and pronoun
- Review history of gender experience
- Assess emotional health
- Discuss 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
Supporting Transgender Youth

- Connect with skilled behavioral health service providers
- Connect with skilled medical services
- Educational Advocacy
- Workplace Advocacy
- Legal Advocacy
Diversity of transgender persons regarding surgical affirming procedures, hormone use, and their patterns of sexual behavior

Assess STI- and HIV-related risks and screen for asymptomatic STIs based on current anatomy and sexual behaviors
Gay, Lesbian, and Bisexual Youth
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?
“Coming Out”

- 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
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 your partner ever been tested for STIs/HIV? Had an STI?
- Substance use: have you ever had sex under the influence of drugs or alcohol?
Ever pregnant, gotten anyone pregnant, or current pregnancy concerns?

Pregnancy outcomes?

Any concerns about fertility?

Childbearing plans and timing?
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
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 WSW

- Routine age appropriate screening guidelines
  - Cervical cancer
  - Chlamydia

- WSW sex practices
  - Trichomonas
  - Bacterial Vaginosis
  - Herpes Simplex Virus
  - HPV
  - HIV
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
- Hepatitis B and Hepatitis C screening if HIV +
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.

HIV Preexposure Prophylaxis (PrEP)

- Tenofovir/Emtricitabine (Truvada) FDA approved for PrEP on 16 July 2012
- CDC guidelines for PrEP 14 May 2014
- CDC recommended as one prevention option for individuals with substantial risk of acquiring HIV infection
PrEP: Candidates

Men who have sex with men (MSM)

- HIV-positive sexual partner
- Recent bacterial STI
- High number of sex partners
- History of inconsistent/no condom use
- Commercial sex work

PrEP: Candidates

- Heterosexual women and men
  - HIV-positive sexual partner
  - Recent bacterial STI
  - High number of sex partners
  - History of inconsistent/no condom use
  - Commercial sex work
  - High-prevalence area or network

PrEP: Candidates

- Injection drug users (IDU)
  - HIV-positive injecting partner
  - Sharing injection equipment
  - Recent drug treatment but currently injecting

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
LAUNCH?
I SAID LUNCH
Provider Resources and Organizational Partners

- www.advocatesforyouth.org  Advocates for Youth
- www.aap.org  American Academy of Pediatricians
- www.aclu.org/reproductive-freedom  American Civil Liberties Union Reproductive Freedom Project
- www.acog.org  American College of Obstetricians and Gynecologists
- www.arhp.org  Association of Reproductive Health Professionals
- www.cahl.org  Center for Adolescent Health and the Law
- 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  Guttmacher Institute
- janefondacenter.emory.edu  Jane Fonda Center at Emory University
- www.msm.edu  Morehouse School of Medicine
- www.naspag.org  North American Society of Pediatric and Adolescent Gynecology
- www.prh.org  Physicians for Reproductive Health
Provider Resources and Organizational Partners

- www.siecus.org  
  Sexuality Information and Education Council of the United States

- www.adolescenthealth.org 
  Society for Adolescent Health and Medicine

- www.plannedparenthood.org 
  Planned Parenthood Federation of America

- www.reproductiveaccess.org 
  Reproductive Health Access Project

- www.spence-chapin.org 
  Spence-Chapin Adoption Services
Please Complete Evaluations Now

Adolescent Reproductive & Sexual Health Education Program
A New Paradigm

Autonomy of Sexual Self

Own and control sexual decision-making process
Recognize and articulate wishes and boundaries
Knowledge, Skills, Attitudes
Autonomy: Pearls for Practice

- Acknowledge the pleasurable aspects of sexual contact

- Normalize desires and arousals while emphasizing agency and ownership of sexual decision making
  - Examine their readiness for sex
  - Define and articulate boundaries
  - Promote preparation for sexual activity
A New Paradigm

Build Good Romantic Relationships

Validate adolescents’ need for intimacy

Assist in building egalitarian relationships suited to their life stage

Teach about healthy relationships, not just the avoidance of unhealthy relationships
Acknowledging the value of relationship-building and the virtues of intimate relationships.

Encourage youth to discuss:
- Healthy relationship
- Communication
- Sex-related communication
- Conflict resolution
A New Paradigm

C

Foster Connectedness Between Adolescents and their Parents and Other Caregivers
Connectedness: The Parent Role

- Parents usually not primary source of information
- Many parents feel unsure about how best to approach the topic
- “The Big Talk”
- Communication about sex not very extensive
- Parent-teen conversations about sex often one-way
Fostering Connectedness

Parental Involvement vs. “Parentectomy”:

- Encourage honest and open communication if possible between caregiver and teen
  - Perspectives of relationships
  - Barriers

- Encourage parents to communicate their values and beliefs but recognize that their children may have different perspectives and experiences
Talking to adolescents:

- Examine patient’s perspective of relationship with caregiver

- Examine barriers for conversation with caregiver about romantic/sexual relationships

- Offer to be a resource to both parents and teens
Talking to caregivers:

- Acknowledge to caregiver talking about relationships is difficult, but healthy
- Help caregiver understand the importance of modeling healthy relationships
“A body goes through changes during the teen years. When you started dating, my hair turned gray. When you started driving, I got heart palpitations...”
A New Paradigm

D²

Recognize Diversity and Disparities
Diversity and Disparities

Poverty and lack of access to socioeconomic and health resources negatively affect many aspects of adolescent sexual health, including

- STD/HIV rates
- Pregnancy rates
- Contraceptive use
- Teens’ feelings of self-efficacy
Diversity and Disparities in Practice

- Recognize interactions between A-B-C & D^2
- How do cultural, religious beliefs play into patient values around sexuality?
- How do social determinants shape patients experiences with clinicians?
- How do we create best practices for diverse populations?