ELSEVIER

Journal of Adolescent Health 45 (2009) 213–215

JOURNAL OF ADOLESCENT HEALTH

Editorial

Health and Healthcare for Lesbian, Gay, Bisexual, and Transgender Youth: Reducing Disparities through Research, Education, and Practice

April 17, 2009 was the 13th annual National Day of Silence, aimed at directing attention to the problem of bullying and harassment of lesbian, gay, bisexual, and transgender (LGBT) students in school [1]. That was also the day that Carl Walker-Hoover would have turned 12 years old. Just over a week before, this sixth grader from Springfield, Massachusetts, committed suicide after enduring repeated antigay bullying at school. About a year earlier, Lawrence King, an eighth grader, was shot and killed in his classroom for his presumed sexual orientation and gender expression. Such deaths characterize the most severe consequences of the societal stigma that youth who are LGBT or who are perceived to be LGBT typically endure during the already complex period of adolescence. The national reaction to these tragic deaths reflects our society's growing concern about the consequences of stigma for LGBT youth.

Evidence suggests that the harassment and rejection that LGB adolescents face may lead to greater health risks and worse health outcomes [2–5]. LGB adolescents are more likely to report suicidal ideation and suicide attempts, substance use, risky sexual behaviors, disordered eating behaviors, and victimization when compared with heterosexual adolescents [6–12]. Far fewer data have been collected on transgender adolescents, yet available studies suggest that the enormous social stigma attached to their gender expression results in a variety of health risks [13–16].

The article by Hoffman, Freeman, and Swann in this month's issue of the *Journal of Adolescent Health* advances LGBT adolescent health research by examining the healthcare preferences of a Web-based, nonrandom sample of 733 LGBT and questioning (''questioning'' refers to those who are unsure of their sexual orientation or gender identity) youth in the United States and Canada [17]. Their findings suggest that LGBT youth want the same basic, high-quality, comprehensive care that all adolescents should receive. Their study adds to the limited literature on the healthcare utilization and healthcare needs of LGBT youth.

As the authors suggest, their findings can support clinicians' efforts to provide LGBT youth with high-quality care. National organizations recommend that preventive healthcare services include regular, private, and confidential discussions of sex and sexuality for all adolescents [18–20]. However, many adolescents do not appear to be having such discussions with their clinicians. An analysis of data from the 2001 to 2004 Medical Expenditure Panel Survey found that only 40% of adolescents had time alone with their provider during their last preventive health visit [21]. In a study of pediatricians and adolescent medicine specialists in Washington, DC, 68% reported that they did not usually discuss sexual orientation in their sexual history-taking, and 90% reported having reservations about discussing sexual orientation during visits [22]. These studies suggest that clinicians may not be consistently discussing sexuality with their adolescent patients. Further, surveys of medical students and physicians conducted from 1982 to 2004 suggest that a number of clinicians may not be comfortable providing care to LGBT individuals [23–25]; fortunately, the proportion of clinicians with these attitudes has declined over this period [26–28].

Adolescents do not usually broach the topic of their sexual orientation with their clinicians; 65% of LGB high school students at a Southern California youth empowerment conference reported that they had not disclosed their sexual orientation to their physician, although the majority of students reported that most people in their lives knew their sexual orientation [29]. Most thought that it was important for their physician to know their sexual orientation in order to provide the best care, and that the best way for the physician to find out was to just ask them. In another study, 78% of LGB 18- to 23-year-olds reported that they had not disclosed their sexual orientation to their clinician, but 67% reported that they would have liked to [30].

Clinicians need to be aware of patients' sexual orientation and gender identity (or uncertainty about either) to provide high-quality, comprehensive care. LGBT youth may have specific health needs related to the negative effects of societal stigma as well as to behaviors and concerns associated with their orientation or identity (e.g., increased risk for

See Related Article p. 222

1054-139X/09/$ – see front matter
doi:10.1016/j.jadohealth.2009.06.020

victimization, anal screening for sexually transmitted infections in males); transgender youth in particular may have very specific medical needs. However, it should not be forgotten, as Hoffman et al.'s article indicates, that LGBT youth also generally have the same health issues and concerns that all youth have; clinicians should not neglect to provide the usual care that is recommended for adolescents (e.g., immunizations, guidance on seat belt use).

LGBT issues are becoming increasingly visible in popular culture, politics, and religion. The field of adolescent health can be at the forefront of efforts to support LGBT youth. We must address these health needs in research, medical and nursing education, and clinical practice. Here, we offer three recommendations:

1. *Research.* Sexual orientation and gender identity measures should be standardized and routinely included in national, state, and local health surveillance surveys and research studies that cover adolescents; this will allow researchers to make comparisons across studies, perform meta-analyses, and examine specific populations of LGBT youth (e.g., LGBT youth by race/ethnicity).
2. *Education.* All clinicians should receive training through didactic teaching and simulated patient experiences (and real-patient experiences when possible) to help them provide comprehensive and sensitive care to LGBT youth.
3. *Practice.* Clinicians who, for whatever reason, feel that they cannot discuss these important topics with their patients can turn to several resources (e.g., books, Websites, professional guidelines, organizations) for help in improving the quality of care they provide to LGBT youth [20,31–35]. Such resources, for example, provide routine sexual orientation questions to include in preventive visits. Additionally, some clinicians may have negative attitudes toward LGBT individuals that permeate clinician–patient interactions and adversely affect the quality of care that LGBT patients receive. The quality of care received by LGBT youth should be assessed, monitored, and improved through research, quality improvement efforts, and healthcare organization protocols and policies.

Clinicians and researchers can be a prominent and leading group in the effort to improve health and well-being for LGBT youth. We can start by eliminating the silence on adolescent sexual orientation and gender identity that is too often present in medical and nursing education, large health studies, and adolescent patient encounters [36–38].

Tumaini R. Coker, M.D., M.B.A.
Division of General Pediatrics
Department of Pediatrics, Mattel Children's Hospital UCLA
David Geffen School of Medicine at UCLA
Los Angeles, California
RAND
Santa Monica, California

S. Bryn Austin, Sc.D.
Division of Adolescent and Young Adult Medicine
Department of Medicine, Children's Hospital Boston
Department of Pediatrics, Harvard Medical School
Department of Society, Human Development, and Health
Harvard School of Public Health
Boston, Massachusetts

Mark A. Schuster, M.D., Ph.D.
Division of General Pediatrics
Department of Medicine, Children's Hospital Boston
Department of Pediatrics, Harvard Medical School
Boston, Massachusetts
RAND
Santa Monica, California

References

[1] Gay Lesbian and Straight Education Network. Day of silence. www.dayofsilence.org. Accessed June 16, 2009.
[2] Savin-Williams RC. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, substance abuse, prostitution, and suicide. J Consult Clin Psychol 1994;62(2):261–9.
[3] Rosario M, Rotheram-Borus MJ, Reid H. Gay-related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background. J Community Psychol 1996;24(2):136–59.
[4] Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics 2009;123(1):346–52.
[5] Bontempo DE, D'Augelli AR. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. J Adolesc Health 2002;30(5):364–74.
[6] Russell ST. Sexual minority youth and suicide risk. Am Behav Sci 2003;46:1241–57.
[7] Marshal MP, Friedman MS, Stall R, et al. Sexual orientation and adolescent substance use: a meta-analysis and methodological review. Addiction 2008;103(4):546–56.
[8] Austin SB, Ziyadeh NJ, Corliss HL, et al. Sexual orientation disparities in purging and binge eating from early to late adolescence. J Adolesc Health 2009;45:238–45.
[9] Garofalo R, Wolf RC, Kessel S, Palfrey SJ, DuRant RH. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. Pediatrics 1998;101(5):895–902.
[10] Robin L, Brener ND, Donahue SF, et al. Associations between health risk behaviors and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. Arch Pediatr Adolesc Med 2002;156(4):349–55.
[11] Udry JR, Chantala K. Risk assessment of adolescents with same-sex relationships. J Adolesc Health 2002;31(1):84–92.
[12] Saewyc EM, Pettingell SL, Skay CL. Hazards of stigma: the sexual and physical abuse of gay, lesbian, and bisexual adolescents in the U.S. and Canada. J Adolesc Health 2004;34(2):115.
[13] Garofalo R, Deleon J, Osmer E, et al. Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. J Adolesc Health 2006;38(3):230–6.
[14] Clements-Nolle K, Marx R, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender

persons: implications for public health intervention. Am J Public Health 2001;91(6):915–21.

[15] Lombardi EL, Wilchins RA, Priesing D, Malouf D. Gender violence: transgender experiences with violence and discrimination. J Homosex 2001;42(1):89–101.

[16] Grossman AH, D'Augelli AR. Transgender youth and life-threatening behaviors. Suicide Life Threat Behav 2007;37(5):527–37.

[17] Hoffman ND, Freeman K, Swann S. Healthcare preferences of lesbian, gay, bisexual, transgender, and questioning youth. J Adolesc Health 2009;45:222–9.

[18] American Academy of Family Practice. Adolescent health care, sexuality, and contraception. AAFP Policies. http://www.aafp.org/online/en/home/policy/policies/a/adol3.html. Published 2006. Accessed May 14, 2009.

[19] Society of Adolescent Medicine. Position paper on reproductive heath care for adolescents. J Adolesc Health 1991;12:649–61.

[20] Frankowski BL. and the American Academy of Pediatrics Committee on Adolescence. Sexual orientation and adolescents. Pediatrics 2004; 113(6):1827–32.

[21] Irwin CE, Adams SH, Park MJ, Newacheck PW. Preventive care for adolescents: few get visits and fewer get services. Pediatrics 2009; 123:e565–72.

[22] East JA, El Rayess F. Pediatricians' approach to the health care of lesbian, gay, and bisexual youth. J Adolesc Health 1998;23(4):191–3.

[23] Téllez C, Ramos M, Umland B, et al. Attitudes of physicians in New Mexico toward gay men and lesbians. J Gay Lesbian Med Assoc 1999;3(3):83.

[24] Matthews WC, Booth M, Turner J, Kessler L. Physicians' attitudes toward homosexuality—survey of a California medical society. West J Med 1986;144:106–10.

[25] Klamen DL, Grossman LS, Kopacz DR. Medical student homophobia. J Homosex 1999;37(1):53–63.

[26] Sanchez NF, Rabatin J, Sanchez JP, et al. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. Fam Med 2006;38:21–7.

[27] Kaiser Family Foundation. National survey of physicians part I: doctors on disparities in medical care. www.kff.org. Published 2002. Accessed May 12, 2007.

[28] Smith DM, Matthews WC. Physicians' attitudes toward homosexuality and HIV: survey of a California Medical society—revisited. J Homosex 2007;52:2–8.

[29] Meckler GD, Elliott MN, Kanouse DE, et al. Nondisclosure of sexual orientation to a physician among a sample of gay, lesbian, and bisexual youth. Arch Pediatr Adolesc Med 2006;160(12):1248–54.

[30] Allen LB, Glicken AD, Beach RK, Naylor KE. Adolescent health care experience of gay, lesbian, and bisexual young adults. J Adolesc Health 1998;23(4):212–20.

[31] Gay and Lesbian Medical Association. Guidelines for care of lesbian, gay, bisexual, and transgender patients. www.glma.org. Accessed May 19, 2009.

[32] Perrin E. Sexual Orientation in Child and Adolescent Health Care. New York: Kluwer Academic/Plenum, 2002.

[33] The National Coalition for LGBT Health. www.lgbthealth.net. Accessed June 19, 2009.

[34] Transgender Law Center. Ten tips for working with transgender individuals. www.transgenderlawcenter.org. Accessed May 19, 2009.

[35] Meyer W, Bockting W, Cohen-Kettenis P, et al. The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, 6th version. Available at: www.wpath.org. Published 2001.

[36] Sell RL, Becker JB. Sexual orientation data collection and progress toward Healthy People 2010. Am J Public Health 2001;91(6):876–82.

[37] Mayer KH, Bradford JB, Makadon HJ, et al. Sexual and gender minority health: what we know and what needs to be done. Am J Public Health 2008;98(6):989–95.

[38] Gay and Lesbian Medical Association and LGBT health experts. Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association, 2001.