EXAMINING THE MEDICAL APPROACH TO ADDRESSING LGBT ADOLESCENT EXPERIENCES IN PHYSICAL AND SEXUAL ABUSE
OBJECTIVES

- Understanding the differences between LGBTQ youth in their experiences with abuse
- Understanding in specific the unique experiences of transgender youth within this realm
- Feeling comfortable approaching transgender individuals who report abuse within the PCPs office
- Understanding the comorbidities that may accompany abuse in this particular population
According to Youth Risk Behavioral Study from 2001-2009 and studies on adolescent suicidal behavior and suicide risk:

- 19% to 29% of gay and lesbian students and 18% to 28% of bisexual students experienced dating violence in the prior year.
- 14% to 31% of gay and lesbian students and 17% to 32% of bisexual students had been forced to have sexual intercourse at some point in their lives.
- Adolescents in grades 7–12 that identify as lesbian, gay, and bisexual were more than twice as likely to have attempted suicide as their heterosexual peers.
- These numbers can be staggeringly higher in transgender populations.
- A 2011 survey of high school students found that 11.8% of girls and 4.5% of boys from grades 9-12 reported that they were forced to have sexual intercourse at some time in their lives.

Source: CDC
Who is this?
What pronoun should we use to describe this person?
Cisgender: Someone whose gender identity matches the gender they were assigned at birth, someone who is not trans

Gender: A complex combination of roles, expressions, identities, performances, and more that are assigned gendered meaning by a society. Gender is both self-defined and society-defined. How gender is embodied and defined varies from culture to culture and from person to person. Gender is a spectrum rather than a binary.

Gender identity: An individual’s internal sense of what gender they are. One’s gender identity may or may not align with their assigned gender, and one’s gender identity is not visible to others.

Gender nonconforming (GNC): Not fully conforming to gendered social expectations, whether that be in terms of expression, roles, or performance.

Gender neutral pronouns: Pronouns other than the usually gendered he or she. Some examples are ze/hir/hirs, and they/them/their, but there are many others.
Trans: This term has a similar meaning to transgender but the asterisk is meant to show a more inclusive attitude towards the multitude of people under the transgender umbrella.

- Trans man: A man who was assigned female at birth.
- Trans woman: A woman who was assigned male at birth.
- Two spirit: A term specific to Native/First Nations cultures and people which some lesbian, gay, queer, pansexual, bisexual, transgender, intersex, and gender non-conforming people identify as.
BOTTOM LINE ON PRONOUNS

- ASK! NEVER Assume!

![Pronouns 101 Table]

**RESPECT TRANS PEOPLE**

ALWAYS USE A TRANSGENDER PERSON'S CHOSEN NAME.

WHEN IN DOUBT, ASK WHAT PRONOUNS A PERSON PREFERENCES.

For more information, go to www.transstudent.org/graphics

Source: LGBT resource center at UCSF
TRANS ANATOMY/SURGERY

- MTF surgery is much more common
- Typically the prostate is retained
- Other surgeries may be performed to enhance/augment breast tissue

- FTM surgery is less common secondary to the difficulty of creating a phallus
- Typically the ovaries/uterus are removed
- Other surgeries may be performed to decrease breast size

HOWEVER, our population is likely in transition ...

ITS OK TO ASK!

Source: WPATH
50% of the sample reported having to teach their medical providers about transgender care.

“I have several health issues and have been refused care by one doctor who ‘suggested’ that I go someplace else because she could not treat me since she ‘did not know anything about transgender people.’”

“I have been living with excruciating pain in my ovaries because I can’t find a doctor who will examine my reproductive organs.” (from a transgender man)

Source: National Center for Trans Equality Task Force
• ACOP recently came out with a position paper on LGBT health disparities and policy statements.
LGBTQ youth are also at increased risk for suicidal thoughts and behaviors, suicide attempts, and suicide.

A CDC study of middle and high school students shows that LGBT students (61.1%) were more likely than their non-LGBT peers to feel unsafe or uncomfortable as a result of their sexual orientation.

According to data from CDC, the percentage of gay, lesbian, and bisexual students who did not go to school at least one day during the 30 days before the survey because of safety concerns ranged from 11% to 30% of gay and lesbian students and 12% to 25% of bisexual students.

The stresses experienced by LGBT youth also put them at greater risk for depression, substance use, and sexual behaviors that place them at risk for HIV and other sexually transmitted diseases.
Twenty-six percent (26%) of respondents had been physically assaulted in interactions with police and with family members, at homeless shelters, accessing public accommodations, and in jails and prisons because they were transgender or gender non-conforming.

64% of trans individuals will experience sexual assault in their lives

Having been sexually or physically assaulted as trans put these individuals at higher risk for performing sex work (36%), had higher HIV rates secondary to being involved in sex work and 61% of those who were physically assaulted indicated a suicide attempt while 64% of those who were sexually assaulted reported an attempt on their lives.

“As a child because I acted “girly,” I was a victim of severe child abuse, and was sexually assaulted. I avoided transitioning until I came to the point of suicide.”

Source: National Center for Trans Equality Task Force
Studies of LGBT college students demonstrate increased rates of victimization and abuse regardless of disclosure of sexuality to families.

Sexual and physical abuse are some of the most potent predictors of youth risk behaviors such as substance use and abuse.

These behaviors may stem in part from desire to cope with trauma.

Patient’s may have a feeling of being “spoiled” or “damaged” that is not unique to their population but there may also be a perception that secondary to their sexuality they were more deserving of this type of treatment.

Source: National Center for Trans Equality Task Force
Prevalence of girls greater than boys
Heterosexual women 10-25% of them will have a sexual abuse encounter in their lifetime.
Prevalence within lesbian community is closer to 25%
Heterosexual men approximately 10% will have a sexual abuse encounter in their lifetime
Gay men 25-33% will have a sexual abuse encounter in their lifetime
Peak prevalence for this abuse-adolescence
Higher prevalence within this population put these individuals at increased risk for being among runaway, homeless, juvenile justice, and foster care populations.

Source: CDC
**DOES ABUSE AFFECT SEXUALITY?**

- Categorically you should reaffirm that previous abuse DOES NOT and CAN NOT make the child identify at LGBT.
- Allowing for parents to think this can lead to increased incidences of abuse within the home as well as enrollment in controversial “conversion” therapy.
- Although perpetrators are more likely than others to have experienced sexual abuse during their own childhood, most victims of sexual abuse do not go on to commit sexual abuse later in life.
- Juvenile offenders account for over 1 in 3 known perpetrators of child sexual abuse. The majority of under-age youth who commit sexual offenses against other youth are male, and are more likely to act in groups against more vulnerable males (especially against pre-pubescent male children).

Source: CDC, Russell et al 2001
CONVERSION THERAPY

Obama calls for end of gay conversion therapy following Leelah Alcorn death

Christian Today staff writer  Published 09 April 2015

A senior White House advisor announced Wednesday that the Obama administration supports an end to controversial "conversion" therapies for LGBT people.

Valerie Jarrett’s statement was in response to a White House petition regarding the suicide of transgender teen Leelah Alcorn, whose parents took her to Christian therapists.

The AAP, AMA, ACP, APA, AACAP all oppose reparative/conversion therapy
Compared with non-transgender youth, transgender youth had an elevated probability of being diagnosed with depression (50.6% vs. 20.6%); suffering from anxiety (26.7% vs. 10%); attempting suicide (17.2% vs. 6.1%); and engaging in self-harming activities without lethal intent (16.7% vs. 4.4%).

Within the trans population studies indicate up to 2.6% incidence of new HIV infection according to the CDC.

95% of these individuals are Trans women.

These patients are more likely to be in their teens than their heterosexual counterparts.

73% of trans women who tested positive for HIV were unaware of their status.

Source: National Center for Trans Equality Task Force
<table>
<thead>
<tr>
<th>Location</th>
<th>Estimated percentage of homeless population</th>
<th>Age range of study</th>
<th>Study author (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles, CA</td>
<td>25 percent gay and/or transgender</td>
<td>12 to 20</td>
<td>Solorio (2006)</td>
</tr>
<tr>
<td>New York, NY</td>
<td>28 percent gay and 5 percent transgender</td>
<td>13 to 24</td>
<td>Freeman (2008)</td>
</tr>
<tr>
<td>IL statewide</td>
<td>15 percent gay</td>
<td>12 to 21</td>
<td>Johnson (2005)</td>
</tr>
<tr>
<td>Chicago</td>
<td>23 percent gay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook County</td>
<td>22 percent gay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seattle, WA</td>
<td>7 percent gay and/or transgender</td>
<td>13 to 21</td>
<td>Cauce (2000)</td>
</tr>
<tr>
<td>Seattle, WA</td>
<td>39 percent gay and/or transgender</td>
<td>13 to 23</td>
<td>Wagner (2001)</td>
</tr>
<tr>
<td>Seattle, WA</td>
<td>22 percent gay</td>
<td>13 to 21</td>
<td>Cochran and others. (2002)</td>
</tr>
<tr>
<td>St. Paul, MN</td>
<td>9 to 14 percent gay and/or transgender</td>
<td>Under 21</td>
<td>Owen (2006)</td>
</tr>
<tr>
<td>TX</td>
<td>36 percent gay</td>
<td>15 to 22</td>
<td>Rew (2001)</td>
</tr>
<tr>
<td>IA, MO, and KS</td>
<td>15 percent gay</td>
<td>16 to 19</td>
<td>Whitbeck (2004)</td>
</tr>
<tr>
<td>CO, IL, MN, MO, and UT</td>
<td>22 percent gay</td>
<td>Under 25</td>
<td>Van Leeuwen (2006)</td>
</tr>
</tbody>
</table>

Source: The National Alliance to End Homelessness
Joe, 17 yo M, is seeing you at the homeless youth clinic. He grew up in rural Ohio. He was sexually abused by his stepbrother but did not disclose to anyone. He was harassed throughout the years growing up being called names like “fag”. Joe dropped out of school in 10th grade after being jumped by boys and them putting his head into the toilet. He ran away and now lives here in a squat with other people he met at the homeless shelter. For money Joe stands outside gay bars and gives oral sex for money at closing time.

- What are the previous traumas in Joe’s life?
- How would you make Joe feel comfortable to disclose any other trauma or health issues?
- What are some social determinants of negative healthcare outcomes in Joe’s life?
- What sort of labs might you want to get for Joe?
Joni is a 15 yo F coming to you in the ER. The patient appears to you to be male but is dressed traditionally in female-appearing clothing. Joni indicates a history of sexual assault last night by her foster father. The patient was brought in to the ER by a friend. The patient discloses the sexual abuse to you when you walk into the room.

- What kind of questions do you want to ask the patient?
- How would you establish a therapeutic alliance with this patient?
- What would you do if you referred to this patient as he or she and the patient indicated that was the wrong pronoun?
- Who would you call?
You’re at clinic and you’re seeing a new patient for the first time for a well-child visit. The patient is 8 and had recently indicated to his parents that he wants to start living as a female. The patient has always liked to hang out with females and preferred dressing in clothing that would typically be described as feminine. The father of the patient has a lesbian sister that was sexually assaulted by an uncle that the patient spends a lot of time with. The father asks you if you think this new behavior could indicate that the patient has been sexually assaulted by his sister?

- What concerns do you have about this situation?
- What other questions might you have for the patient?
- What sort of special things would you want to address during the physical exam of this child?
- What resources would you have for this patient’s family?
Dream is a 15 yo transfemale that is coming to see you at adolescent clinic. The patient has recently moved here from Detroit with her aunt who has custody of the patient. The patient states that she is sexually active but has no other health concerns. When you are performing your heads assessment the patient discloses to you that she is being sexually assaulted by her cousin who is her age but fears telling her aunt because then she will be homeless.

- What concerns do you have about this patient?
- Who do you call?
- What medical questions do you have for this patient?
- What pronoun do you use to address this patient?
RESOURCES FOR REFERRAL

- Louisiana Trans Advocates
  - http://www.latransadvocates.org/resources.html
- Youth BreakOUT
  - http://www.youthbreakout.org/
- LGBT Community Center of New Orleans
  - http://lgbtccneworleans.org/
- HRC Louisiana
- ACLU Louisiana
- NO/AIDS Task Force
  - www.noaidstaskforce.org
- PFLAG
  - www.pflagno.org
CONCLUSIONS

- LGBT patients should be treated as you would any other patient but with increased care to some of the issues previously addressed.
- Remember always ask if you don’t know.
- Trans patients may have differing anatomy or be in transition, be upfront and non-judgmental when talking about anatomy.
- LGBT individuals should always be screened for substance abuse, depression, suicidality, and STDs. This population is at higher risk.
- Remember to let the patient know you are sorry that this happened to them and you are someone they can trust.
- Always remember to reiterate to parents that the best outcomes come from a loving and accepting home, and that conversion therapies should NEVER be considered.


http://www ohio.edu/lgbt/resources/trans101.cfm
https://lgbt.ucsf.edu/glossary-terms
http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20%20V7%20Full%20Book.pdf
QUESTIONS?