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SEXUAL MINORITY (LGBTQ) YOUTH AND ROLE OF HEALTH CARE PROVIDER

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Adolescence is a time period of physical, psychological and cognitive changes. It is an important phase for an individual to discover who they really are (self-identity), how they are perceived (social identity) and how they fit into the environment they live in.¹ One of the major tasks of adolescence is sexual maturation and sexual and /or gender identity development.² Adolescents who are developing as gay, lesbian, bisexual or transgender face a tremendous challenge of establishing their identity which is often complex.³ They cope with the feelings of being different and are in constant dilemmas about revealing their identity (“coming out”) which is different from family and social expectations.^{3,4} While acceptance in certain segments of society is growing, sexual minority youth continue to be at risk for family rejection and face harassment, prejudice, discrimination and social isolation in schools as well as communities.

According to a national school climate survey⁵ conducted on students between the ages of 13 and 21 years in grades 6th-12th found that majority of schools had unsupportive environment for sexual minority youth. The survey examined the experiences of LGBT students with regards to hearing biased, homophobic remarks, feeling unsafe because of sexual orientation or gender expression, school absenteeism, harassment and assault in school. In the survey, 70- 90% of students heard “gay” being often used in a negative way and other homophobic remarks (e.g. “dyke” or “faggot”) frequently at schools. Majority of students reported verbal harassment because of their sexual orientation and gender expression, 53% also experienced harassment via electronic mediums such as text messages, emails, instant messages, or postings on social media like Facebook. Approximately 20-40% students were subjected to physical harassment (e.g. shoved, punched, kicked, injured with weapon) at school. The LGBT students reported feeling unsafe because of the hostile school environment and were 3-4 times likely to miss classes and school leading to poor grades as compared to their peers. In addition, students who were victimized reported lack of interest in pursuing higher education and suffered low self- esteem. Further, sexual minority youth reported sexual victimization including dating violence and forced sexual intercourse. It is estimated that 19% to 29% of gay and lesbian students and 18% to 28% of bisexual students experienced dating violence. Approximately 14% to 31% of gay and lesbian students and 17% to 32% of bisexual students have been forced to have sexual intercourse at some point in their lives.⁶

RISK TAKING BEHAVIOR AND HEALTH IMPLICATIONS IN SEXUAL MINORITY YOUTH

In- school experiences and lack of family and community support⁷ affects the overall psychological and physical well- being of sexual minority youth. They often engage in high

risk behaviors such as substance abuse, multiple sexual partners, unprotected sexual intercourse leading to increased risk for sexual transmitted infection and mental health issues.⁹ According to youth risk behavior surveillance among high school students, gay, lesbian and bisexual students had higher prevalence rates than heterosexual students for seven of the 10 risk behavior categories including interpersonal violence, attempted suicide, tobacco, alcohol and other drug use, sexual behaviors, and weight management.⁶ LGB teens are more likely to be sexually active before 13 years of age and have multiple sexual partners. They are about half as likely as heterosexual youth to have used hormonal or barriers methods at the last intercourse. Lesbian and bisexual females in particular, are at risk for teen pregnancy and sexually transmitted infections.⁹ The prevalence of being drunk or using drugs before last sexual encounter is also higher among gay, lesbian and bisexual teens across various state surveys.⁶ There has been an increase in HIV infections particularly among 13-24 year old males who have sex with males. Recent data from CDC shows that young gay and bisexual men accounted for an estimated 19% of all new HIV infections and 72% of new HIV infections among youth. While limited data exists on transgender youth, recent studies have shown higher rates of new HIV infection among male to female transgender people. Rise in HIV rates have been attributed to multiple factors including low perception of risk, less condom use and overall lower rates of testing for STI. In addition, teens may have older partners, engage in substance abuse such as intravenous drug use, be homeless and involve in survival sex which increase their risk for acquiring HIV.⁹

Suicidality is much higher among gay, lesbian and bisexual youth and is four times more likely to attempt suicide as their heterosexual peer.^{10, 11} In addition, youth who face family rejection are at much higher risk to attempt suicide than LGB peers with supportive family. Every episode of LGBT victimization, such as physical, verbal harassment or abuse increases the likelihood of self-harming behaviors.^{12, 13}

Other risk behaviors among LGB teens are use of both legal and illegal substances including cigarettes, alcohol, marijuana and other club drugs. A recent meta-analysis found 3 times the odds of substance use for LGB youth when compared with non- LGB youth.¹⁴ According to national and state surveys⁶, higher percentage of gay and lesbian students reported current tobacco and alcohol use and engaged in binge drinking. Use of other drugs such as marijuana, cocaine, heroin and inhalants was noted to be higher than heterosexual peers. Substance use among LGB and bisexual youth is often associated with unprotected sexual intercourse and increase risk of suicide.¹²

Body image concerns and eating disorders are also prevalent among lesbian, gay, and bisexual females as well as males. In a study, lesbian and bisexual females had higher rates of purging throughout adolescence compared with their heterosexual peers. Gay males were more likely to report both bingeing and purging than heterosexual males.¹⁵

ROLE OF HEALTH CARE PROVIDER

Adolescents and young adults often seek care with their health care providers for acute care, health maintenance visits, or sports physicals. These clinical encounters can be utilized as an opportunity to teach adolescents about healthy sexuality and encouraging them to talk about their sexual or gender identity with emphasis on confidentiality.¹⁶ LGBTQ youth often have fear of rejection or stigmatization. Providers and their staff can play an important role to help make adolescents comfortable at each of their clinic visits. Using gender neutral terms encourages teenagers to talk about sexuality, gender identity and sexual behaviors.^{17, 19} Obtaining psycho- social histories during the visit can often help to identify risk taking

behaviors. Particularly, providers may also focus on the presence of supportive family members or friends, mental health concerns and overall well-being.¹⁸ Similar to their heterosexual counterparts, LGBTQ teens should be assured confidential care but also be informed of the conditions under which their confidentiality may be broken. If any serious situation arises, it is important to help the teen discuss the issue with their parent or guardian as deemed appropriate. Additional services with mental health professionals can be obtained to provide ongoing support.¹⁶

It is important to have a frank discussion with adolescents about their sexual practices and provide appropriate counseling. Teens that are abstinent should be encouraged to delay sexual initiation.¹⁹ Safe sex education should be provided to all sexually active teens with emphasis on consistent and correct use of barriers methods such as condoms or dental dams for prevention of sexually transmitted diseases. Sexually active females, regardless of their sexual orientation, should be counseled on various hormonal contraception options including emergency contraception for pregnancy prevention^{16, 17}. LGBTQ youth should be screened for eating disorders, depression, suicidality and substance use and appropriate referrals made as necessary¹⁹.

Routine screening for gonorrhea and chlamydia is recommended for sexually active female adolescents at least once a year. Screening for HIV should be offered and discussed. Adolescents with high risk behaviors such as multiple partners, unprotected sexual intercourse and substance use may need to be screened frequently.²⁰ Annual screening for HIV and syphilis is recommended for young males who have sex with males. In addition, screening for gonorrhea and chlamydia using appropriate specimen based on sexual practices is recommended on a yearly basis.²⁰ Primary prevention through HPV vaccine is recommended for all male and female between 11-26yrs of age.²¹ Routine cervical cancer screening should be offered to all females >21yrs of age regardless of sexual orientation or sexual practices.^{22, 23, 24}

Transgender youth face similar challenges and health implication as other gay, lesbian and bisexual youth. In addition to screening them for high risk behaviors, transgender youth should be counseled about transition process and avoidance of using hormones prescribed by non-licensed physician or obtained via internet.¹⁷

Health care providers can play another important role in assisting parents and families of LGBTQ youth in educating and providing information about adolescent sexuality. Various community based organizations and programs provide supportive and empowering experiences for sexual minority youth and families.⁸ Providers can help teens and their families identify useful resources in communities and encourage utilizing programs through organizations such as Parents, Friends, and Families of Lesbians and Gays (PFLAG, www.pflag.org) and the Gay, Lesbian and Straight Education Network (GLSEN).¹⁹ Proper support, guidance and care during adolescence helps majority of LGBTQ youth to emerge as resilient adults who lead happy and productive lives.^{17, 19}

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