Addressing the Health, Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

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During adolescence, teens are developing a sense of who they are as a sexual being. Teens may not be ready to identify their own feelings or be able to understand or interpret what their feelings are with the complexity of societal pressures to be heterosexual. Recently, the Healthy People 2020 goals and objectives for the nation were published and included a goal to “Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.” LGBT health requires specific attention from health care and public health professionals to address a number of disparities, including:

- LGBT youth are 2 to 3 times more likely to attempt suicide; ¹
- LGBT youth are more likely to be homeless; ², ³ ⁴
- Lesbians are less likely to get preventive services for cancer; ⁵ ⁶
- Gay men are at higher risk of contracting HIV and other STDs, especially among communities of color; ⁷
- LGBT populations have the highest rates of tobacco, ⁸ ⁹ alcohol, ⁹ ¹⁰ and other drug use. ⁹ ¹¹ ¹²

LGBTQ youth may have internal homophobia due to societal pressures which can lead to a sense of self-worthlessness, risk taking behaviors, shame and isolation. Provider homophobia may result in teens’ lack of confidentiality, fear of reaction upon disclosure, and more internalized shame and guilt.

Creating a safe space for LGBTQ youth is paramount for schools, youth serving agencies and health care facilities. This starts with awareness and cultural competency training of all staff. Of course, just as with heterosexual teens, confidentiality must be assured. It is helpful to display LGBTQ affirming materials and support services and there should be zero tolerance for insensitivity or discrimination.

Health and youth serving personnel must assess their own comfort level with homosexuality and consider a referral to another professional in the interest of providing the best care to the teen. The approach to LGBTQ youth should be respectful, inclusive and not treated as though homosexuality is a disease. Providers need to know additional resources for LGBTQ youth. Many LGBTQ youth run “under the radar” to avoid conflict but respond openly when a trusted provider invites conversation in a non-threatening manner. It is helpful to know if the teen has disclosed their feelings to anyone else and how that interaction occurred. Discuss ways to facilitate communication with parents or guardians and offer to have these communications occur in a health care setting for safety and support.

Health and youth serving personnel must not assume that sexual orientation and gender identity define sexual behaviors. Many gay and lesbian teens have sex with the opposite sex for exploration, to mask their true feelings or to display behaviors that are “expected” by societal norms. Contraception is an important topic for health care providers but must be covered with sensitivity and should never be an assumption that all girls who report sexual activity need contraception on a regular basis. Emergency contraception may be an option for some. It is also vital to counsel about condom use and other safer sex practices. Reports of decreased condom use among the young MSM population are very concerning.

The Healthy People 2020 goal to “Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals” provides the basis for being inclusive when working with youth. Health and youth serving personnel must provide holistic, inclusive care and support to these youth.

Many terms are used when describing sexuality. Although this can be very complicated and is beyond the scope of this newsletter the following offers common definitions of frequently heard terms:

- Biological Sex: Usually male or female
- Gender Identity: Personal feelings of being male or female
- Sexual Orientation: Sexual orientation refers to an individual’s pattern of physical and emotional attractions to others and generally is described as homosexual, heterosexual or bisexual
- Sexual Behavior: Sexual behavior may not always coincide with sexual orientation or identity, e.g. someone may identify as a gay male but have sex with a woman


Additional Resources

Health Care Provider Resources
CDC 2010 STD Treatment Guidelines. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm
The Gay and Lesbian Medical Association http://www.glma.org

Other Supportive Resources for Youth, Parents, Schools, and Youth-Serving Professionals

CDC Lesbian, Gay, Bi-sexual and Transgender (LGBT) Youth Resources for youth, professionals, schools, and parents www.cdc.gov/lgbthealth/youth.htm

Advocates for Youth various resources including general facts, Creating Safe Space for GLBTQ Youth toolkit, and other resources for professionals, schools, and youth www.advocatesforyouth.com

Parents and Friends of Lesbians and Gays (PFLAG) http://www.pflag.org
The Trevor Project - National organization that provides crisis intervention and suicide prevention services to LGBTQ youth www.thetrevorproject.org
The Trevor Lifeline: 866-488-7386

GLSEN (Gay, Lesbian & Straight Education Network) - www.glsen.org
Includes "Safe Space Campaign" - https://safespace.glsen.org/campaign.cfm ; www.safespacekit.com
Gay Straight Alliance www.gsanetwork.org
The GLSEN jump-start guide for gay-straight alliances - http://www.glsen.org/cgi-bin/iowa/all/library/record/2226.html?state=tools&type=student