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Delivering Culturally Sensitive Care to LGBTQI Patients

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ABSTRACT

Many health care providers are uncomfortable having conversations with patients about their sexual identity or sexual behaviors. Avoiding this discomfort is causing a serious threat to the mental and physical health of Americans, particularly those in the lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) community. The health-related disparities among LGBTQI patients range from bullying and physical assault to refusal of health care and housing. Many individuals choose not to seek health care due of fear of being judged, marginalized, or abused. This article focuses on the many disparities faced by the LGBTQI community and describes how simple changes in the practices of health care providers can potentially improve their health outcomes.

Keywords: care of LGBTQI patient, cultural sensitivity, gender fluidity, gender identity, LGBTQI health disparities

THE STAGGERING STATISTICS

Health care professionals strive to provide culturally sensitive and high-quality mental and physical health care to children and adult patients, regardless of their age, race, religion, sexual practices, or personal belief system. Conveying a sense of understanding of a patient's culture and a nonjudgmental attitude toward their behaviors may be a means to "meet patients where they are," and lay a foundation for a trusting relationship that can lead to improved health outcomes. According to the Gay Lesbian Straight Educational Network, 74.1% of lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) students are harassed or threatened in American schools.[1] Of the 7,898 LGBTQI students involved in the study, 5,852 were subjected to derogatory remarks referencing their sexuality. Ninety percent of these students indicated feelings of distress during their time on campus, and 30.3% missed at least 1 day of school due to harassment or bullying.[1]

Grant and colleagues[2] studied 6,400 transgender and gender nonconforming people in kindergarten through grade 12 and found that 78% experienced harassment, 35% suffered physical assault, 12% were victimized by sexual violence, and 15% discerned a sense of threat severe enough to quit school completely. The discrimination of transgender persons continued into the workplace, with 90% of those surveyed reporting incidents of harassment and mistreatment. Nineteen percent of the economically disadvantaged and less educated individuals in this group reported being refused home rental or apartment leasing contracts, found themselves homeless at some point during their life, or experienced outright refusal of health care due to their sexual orientation.[2] Of this disadvantaged population, 55% of those who sought asylum in homeless shelters reported being harassed by shelter employees, 29% were outright refused entry, and 22% were sexually assaulted by either shelter residents or staff.

The United States Centers for Disease Control and Prevention (CDC) named suicide as the second leading cause of death among people between age 10-24 years in the United States between 1994 and 2012, with 5,178 of these deaths in 2012 alone.[3] The CDC also reported that, among students attending American schools and enrolled in grades 9-12, 14.8% of heterosexual students attempted suicide compared

VIGNETTE

A family nurse practitioner (FNP) in a busy emergency department read the triage note of a 12-year-old boy that stated he had "tried to tie a belt around his neck to hang himself." The medical history exhibited no significant findings, as he had no physical or mental illnesses. The FNP introduced herself and began small talk for a few minutes, but noted only silence from the young patient. She began asking him questions about why he had tried to hurt himself, and he refused to answer. She asked him questions about his school, grades, did he have "girl trouble," was his teacher unkind or unfair? He just shook his head "no," with his eyes turned down. She continued gently questioning him to determine if he was experiencing physical, sexual abuse, verbal abuse, parental neglect, or bullying from others. Again, he just shook his head and avoided eye contact with her consistently.

She proceeded to the examination portion of the visit and the only abnormal finding was redness around his neck from the belt. She ordered a soft tissue X-ray of his neck and left the room to question his parents. They reported that he had many friends, achieved honor roll several times, and his teacher had positive reports of behavior and academic performance; yet, in spite of all the positive aspects of his life, he had begun to express more sadness over the last year and this concerned them.

The FNP decided she would approach him once more, this time without his parents, nurse, or social worker present. She sat on the side of his bed and touched his arm, she asked him to please make eye contact with her. He appeared defeated and worn, much too young to wear such an expression. She asked him directly again, "Why did you try to hurt yourself? You have much goodness in your life; you are handsome, smart, and your friends, teacher, and parents love you and are concerned about you. I want to understand why you want to die." He looked the FNP squarely and stated, "Because I am a girl and no one understands that." When she tried to respond she realized she was afraid she would use the wrong words and possibly make him feel worse. She had been preparing to have him committed to a psychiatric facility, and she was concerned he would assume he was being committed for his gender identity and not his suicide attempt. The FNP attempted to explain this, she felt she was unclear. He was discharged to a psychiatric facility from which he was shortly discharged. Four months later he attempted suicide again, this time he was successful.

with 42.8% of gay, lesbian, or bisexual students within the 12-month period prior to being surveyed.[4] The survey further reported that, compared with heterosexual students, nearly twice as many gay, lesbian, and bisexual students were threatened or injured with a weapon, such as a gun, knife, or club, on school grounds at least once.

HEALTH DISPARITIES IN THE LGBTQI COMMUNITY

The CDC reported that gay, lesbian, bisexual, and students are 30.5% more likely to feel sad or hopeless, 13.6% are more likely to be victims of sexual violence, 23% are more likely to attempt suicide, 15.4% are more likely to use marijuana, and twice as likely to experiment with hallucinogenic drugs as their heterosexual peers at the same age.[5] The survey also revealed that students who questioned their sexual identity were 14.9% more likely to suffer from physical violence during dating and 9.5% more likely to use or abuse cocaine than their heterosexual peers.

The responsibility for the health of sexual minority students has largely been placed on schools, which often play very limited role in educating students on sexual and mental health. The School Health Policies and Practice Study showed that about half of American high schools discuss sexual identity or orientation as part of the curriculum at any grade level.[5] The study further noted that only 34.6% of these high schools provide health care specifically to LGBTQI students. Many psychological textbooks and current literature still refer to those questioning their gender or displaying gender-nonconforming traits as have a gender-identity disorder (*International Classification for Disease-10th revision*, F-64.9), which causes more confusion for teachers, nurses, and physicians who are trying to advocate in the best interests of their students or patients.

Often, health care providers lack the education, terminology, and basic understanding of LGBTQI culture, and this does not go unnoticed by pediatric or adult patients. The National LGBT Health Education Center: Fenway Institute researched why many people in this group do not seek basic health care. Overwhelmingly, the collective answer was that they felt "invisible" to their provider.[6] The "Don't ask/don't tell" model that has been unintentionally applied in general practice is ineffective and is contributing to the staggering number of health disparities seen in this population. The National LBGT Cancer Network