Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Inclusive and Affirmative Environments

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KEYWORDS

- Adolescents Sexuality Ambulatory care Primary health care
- Reproductive health services

KEY POINTS

- Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth may experience interpersonal and structural stigma within the health care environment.
- Inclusive and affirmative care for LGBTQ youth requires a careful understanding not only
 of the unique aspects of LGBTQ health care, but also of skills unique to caring for youth
 more generally.
- Although most LGBTQ youth are physically and mentally healthy, certain LGBTQ youth
 are at elevated risk of human immunodeficiency virus infection, sexually transmitted infection, pregnancy, obesity, substance use disorders, mood and anxiety disorders, eating
 disorders and other body image-related concerns, peer bullying, and family rejection.

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- Health care systems should be mindful of the availability, accessibility, acceptability, and equity of their services with regard to LGBTQ youth.
- Large-scale system changes to improve care for LGBTQ youth can be daunting to a health care organization, but some solutions can be adopted rapidly by individual providers and clinic staff and may be as simple as changing one's language and approach.

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth, a group including nonheterosexual, gender-nonconforming, and gender-dysphoric children, adolescents, and young adults on multiple developmental trajectories toward LGBT adulthood, are more likely than their peers to experience stigma in the health care environment. Providing care that is affirming and inclusive, that is, care that draws on knowledge and skills enabling a health care provider to work effectively with LGBTQ youth, is critical to improve health outcomes and quality. The broader clinical environment, clinic flow and other organization functions, and administrative systems also need to be considered so as to ensure that clinical services are welcoming. Increasingly, examining these components and the messages they send to LGBTQ youth is not simply good care, but should be the baseline standard that health care organizations apply. This is particularly important because prevalence estimates reveal that LGBTQ youth are inevitably a part of every general medical practice, whether providers realize it or not.

This article begins by reviewing special considerations for the care of LGBTQ youth, then turns to systems-level principles underlying inclusive and affirming care. It then examines specific strategies that individual providers can use to provide more patient-centered care, and concludes with a discussion of how clinics and health systems can tailor clinical services to the needs of LGBTQ youth.

SPECIAL CONSIDERATIONS IN LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING YOUTH CARE

Ensuring high-quality care for LGBTQ youth requires providers to understand principles of caring for LGBTQ individuals as well as those of caring for young people more generally. Although most LGBTQ youth are physically and mentally healthy, certain LGBTQ youth are at elevated risk of human immunodeficiency virus (HIV) infection, sexually transmitted infection (STI), pregnancy, obesity, substance use disorders, mood and anxiety disorders, eating disorders and other body image-related concerns, peer bullying (see Valerie A. Earnshaw and colleagues' article, "LGBT Youth and Bullying," in this issue), and family rejection (see Sabra L. Katz-Wbise and colleagues' article, "LGBT Youth and Family Acceptance," in this issue). 1,7 LGBTQ youth may avoid seeking health care due to fear of discrimination, and even once in care, may fear disclosure of their sexual orientation or gender identity and therefore withhold truthful responses from their health care providers. Transgender youth face the added burden of locating providers with sufficient knowledge, competence, and experience to affirm their gender identity. 8,9 LGBTQ youth are also disproportionately more likely to be homeless, 10 and in many cases, this may be due to parental rejection or other trauma. 11

Critical to understanding care of LGBTQ individuals and underlying many of these health disparities is stigma (see Mark L. Hatzenbeuhler's and John E. Pachankis' article, "Stigma and Minority Stress as Social Determinants of Health Among LGBT Youth: Research Evidence and Clinical Implications," in this issue). 12,13 Stigma is defined as

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