



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Answers to Your Questions

FOR A BETTER UNDERSTANDING OF SEXUAL ORIENTATION & HOMOSEXUALITY

Since 1975, the American Psychological Association has called on psychologists to take the lead in removing the stigma of mental illness that has long been associated with lesbian, gay, and bisexual orientations. The discipline of psychology is concerned with the well-being of people and groups and therefore with threats to that well-being. The prejudice and discrimination that people who identify as lesbian, gay, or bisexual regularly experience have been shown to have negative psychological effects. This pamphlet is designed to provide accurate information for those who want to better understand sexual orientation and the impact of prejudice and discrimination on those who identify as lesbian, gay, or bisexual.

What is sexual orientation?

Sexual orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions. Research over several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex. However, sexual orientation is usually discussed in terms of three categories: heterosexual (having emotional, romantic, or sexual attractions to members of the other sex), gay/lesbian (having emotional, romantic, or sexual attractions to members of one's own sex), and bisexual (having emotional, romantic, or sexual attractions to both men and women). This range of behaviors and attractions has been described in various cultures and nations throughout the world. Many cultures use identity labels to describe people who express these attractions. In the United States the most frequent labels are *lesbians* (women attracted to women), *gay men* (men attracted to men), and *bisexual people* (men or women attracted to both sexes). However, some people may use different labels or none at all.

Sexual orientation is distinct from other components of sex and gender, including biological sex (the anatomical, physiological,

and genetic characteristics associated with being male or female), gender identity (the psychological sense of being male or female),* and social gender role (the cultural norms that define feminine and masculine behavior).

Sexual orientation is commonly discussed as if it were solely a characteristic of an individual, like biological sex, gender identity, or age. This perspective is incomplete because sexual orientation is defined in terms of relationships with others. People express their sexual orientation through behaviors with others, including such simple actions as holding hands or kissing. Thus, sexual orientation is closely tied to the intimate personal relationships that meet deeply felt needs for love, attachment, and intimacy. In addition to sexual behaviors, these bonds include nonsexual physical affection between partners, shared goals and values, mutual support, and ongoing commitment. Therefore, sexual orientation is not merely a personal characteristic within an individual. Rather, one's sexual orientation defines the group of people in which one is likely to find the satisfying and fulfilling romantic relationships that are an essential component of personal identity for many people.

How do people know if they are lesbian, gay, or bisexual?

According to current scientific and professional understanding, the core attractions that form the basis for adult sexual orientation typically emerge between middle childhood and early adolescence. These patterns of emotional, romantic, and sexual attraction may arise without any prior sexual experience. People can be celibate and still know their sexual orientation—be it lesbian, gay, bisexual, or heterosexual.

Different lesbian, gay, and bisexual people have very different experiences regarding their sexual orientation. Some people know that they are lesbian, gay, or bisexual for a long

* This brochure focuses on sexual orientation. Another APA brochure, *Answers to Your Questions About Transgender Individuals and Gender Identity*, addresses gender identity.

time before they actually pursue relationships with other people. Some people engage in sexual activity (with same-sex and/or other-sex partners) before assigning a clear label to their sexual orientation. Prejudice and discrimination make it difficult for many people to come to terms with their sexual orientation identities, so claiming a lesbian, gay, or bisexual identity may be a slow process.

What causes a person to have a particular sexual orientation?

There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.

What role do prejudice and discrimination play in the lives of lesbian, gay, and bisexual people?

Lesbian, gay, and bisexual people in the United States encounter extensive prejudice, discrimination, and violence because of their sexual orientation. Intense prejudice against lesbians, gay men, and bisexual people was widespread throughout much of the 20th century. Public opinion studies over the 1970s, 1980s, and 1990s routinely showed that, among large segments of the public, lesbian, gay, and bisexual people were the target of strongly held negative attitudes. More recently, public opinion has increasingly opposed sexual orientation discrimination, but expressions of hostility toward lesbians and gay men remain common in contemporary American society. Prejudice against bisexuals appears to exist at comparable levels. In fact, bisexual individuals may face discrimination from some lesbian and gay people as well as from heterosexual people.

Sexual orientation discrimination takes many forms. Severe antigay prejudice is reflected in the high rate of harassment and violence directed toward lesbian, gay, and bisexual individuals in American society. Numerous surveys indicate that verbal harassment and abuse are nearly universal experiences

among lesbian, gay, and bisexual people. Also, discrimination against lesbian, gay, and bisexual people in employment and housing appears to remain widespread.

The HIV/AIDS pandemic is another area in which prejudice and discrimination against lesbian, gay, and bisexual people have had negative effects. Early in the pandemic, the assumption that HIV/AIDS was a “gay disease” contributed to the delay in addressing the massive social upheaval that AIDS would generate. Gay and bisexual men have been disproportionately affected by this disease. The association of HIV/AIDS with gay and bisexual men and the inaccurate belief that some people held that all gay and bisexual men were infected served to further stigmatize lesbian, gay, and bisexual people.

What is the psychological impact of prejudice and discrimination?

Prejudice and discrimination have social and personal impact. On the social level, prejudice and discrimination against lesbian, gay, and bisexual people are reflected in the everyday stereotypes of members of these groups. These stereotypes persist even though they are not supported by evidence, and they are often used to excuse unequal treatment of lesbian, gay, and bisexual people. For example, limitations on job opportunities, parenting, and relationship recognition are often justified by stereotypic assumptions about lesbian, gay, and bisexual people.

On an individual level, such prejudice and discrimination may also have negative consequences, especially if lesbian, gay, and bisexual people attempt to conceal or deny their sexual orientation. Although many lesbians and gay men learn to cope with the social stigma against homosexuality, this pattern of prejudice can have serious negative effects on health and well-being. Individuals and groups may have the impact of stigma reduced or worsened by other characteristics, such as race, ethnicity, religion, or disability. Some lesbian, gay, and bisexual people may face less of a stigma. For others, race, sex, religion, disability, or other characteristics may exacerbate the negative impact of prejudice and discrimination.

The widespread prejudice, discrimination, and violence to which lesbians and gay men are often subjected are significant mental health concerns. Sexual prejudice, sexual orientation discrimination, and antigay violence are major

sources of stress for lesbian, gay, and bisexual people. Although social support is crucial in coping with stress, antigay attitudes and discrimination may make it difficult for lesbian, gay, and bisexual people to find such support.

Is homosexuality a mental disorder?

No, lesbian, gay, and bisexual orientations are not disorders. Research has found no inherent association between any of these sexual orientations and psychopathology. Both heterosexual behavior and homosexual behavior are normal aspects of human sexuality. Both have been documented in many different cultures and historical eras. Despite the persistence of stereotypes that portray lesbian, gay, and bisexual people as disturbed, several decades of research and clinical experience have led all mainstream medical and mental health organizations in this country to conclude that these orientations represent normal forms of human experience. Lesbian, gay, and bisexual relationships are normal forms of human bonding. Therefore, these mainstream organizations long ago abandoned classifications of homosexuality as a mental disorder.

What about therapy intended to change sexual orientation from gay to straight?

All major national mental health organizations have officially expressed concerns about therapies promoted to modify sexual orientation. To date, there has been no scientifically adequate research to show that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective. Furthermore, it seems likely that the promotion of change therapies reinforces stereotypes and contributes to a negative climate for lesbian, gay, and bisexual persons. This appears to be especially likely for lesbian, gay, and bisexual individuals who grow up in more conservative religious settings.

Helpful responses of a therapist treating an individual who is troubled about her or his same-sex attractions include helping that person actively cope with social prejudices against homosexuality, successfully resolve issues associated with and resulting from internal conflicts, and actively lead a happy and satisfying life. Mental health professional organizations call on their members to respect a person's (client's) right to self-determination; be sensitive to the client's race, culture, ethnicity, age, gender, gender identity, sexual orientation, religion, socioeconomic status, language, and disability status when working with that client; and eliminate biases based on these factors.

What is "coming out" and why is it important?

The phrase "coming out" is used to refer to several aspects of lesbian, gay, and bisexual persons' experiences: self-awareness of same-sex attractions; the telling of one or a few people about these attractions; widespread disclosure of same-sex attractions; and identification with the lesbian, gay, and bisexual community. Many people hesitate to come out because of the risks of meeting prejudice and discrimination. Some choose to keep their identity a secret; some choose to come out in limited circumstances; some decide to come out in very public ways.

Coming out is often an important psychological step for lesbian, gay, and bisexual people. Research has shown that feeling positively about one's sexual orientation and integrating it into one's life fosters greater well-being and mental health. This integration often involves disclosing one's identity to others; it may also entail participating in the gay community. Being able to discuss one's sexual orientation with others also increases the availability of social support, which is crucial to mental health and psychological well-being. Like heterosexuals, lesbians, gay men, and bisexual people benefit from being able to share their lives with and receive support from family, friends, and acquaintances. Thus, it is not surprising that lesbians and gay men who feel they must conceal their sexual orientation report more frequent mental health concerns than do lesbians and gay men who are more open; they may even have more physical health problems.

What about sexual orientation and coming out during adolescence?

Adolescence is a period when people separate from their parents and families and begin to develop autonomy. Adolescence can be a period of experimentation, and many youths may question their sexual feelings. Becoming aware of sexual feelings is a normal developmental task of adolescence. Sometimes adolescents have same-sex feelings or experiences that cause confusion about their sexual orientation. This confusion appears to decline over time, with different outcomes for different individuals.

Some adolescents desire and engage in same-sex behavior but do not identify as lesbian, gay, or bisexual, sometimes because of the stigma associated with a nonheterosexual orientation. Some adolescents experience continuing feelings of same-sex attraction but do not engage in any sexual activity or may engage in heterosexual behavior for varying lengths of time. Because of the

stigma associated with same-sex attractions, many youths experience same-sex attraction for many years before becoming sexually active with partners of the same sex or disclosing their attractions to others.

For some young people, this process of exploring same-sex attractions leads to a lesbian, gay, or bisexual identity. For some, acknowledging this identity can bring an end to confusion. When these young people receive the support of parents and others, they are often able to live satisfying and healthy lives and move through the usual process of adolescent development. The younger a person is when she or he acknowledges a nonheterosexual identity, the fewer internal and external resources she or he is likely to have. Therefore, youths who come out early are particularly in need of support from parents and others.

Young people who identify as lesbian, gay, or bisexual may be more likely to face certain problems, including being bullied and having negative experiences in school. These experiences are associated with negative outcomes, such as suicidal thoughts, and high-risk activities, such as unprotected sex and alcohol and drug use. On the other hand, many lesbian, gay, and bisexual youths appear to experience no greater level of health or mental health risks. Where problems occur, they are closely associated with experiences of bias and discrimination in their environments. Support from important people in the teen's life can provide a very helpful counterpart to bias and discrimination.

Support in the family, at school, and in the broader society helps to reduce risk and encourage healthy development. Youth need caring and support, appropriately high expectations, and the encouragement to participate actively with peers. Lesbian, gay, and bisexual youth who do well despite stress—like all adolescents who do well despite stress—tend to be those who are socially competent, who have good problem-solving skills, who have a sense of autonomy and purpose, and who look forward to the future.

In a related vein, some young people are presumed to be lesbian, gay, or bisexual because they don't abide by traditional gender roles (i.e., the cultural beliefs about what is appropriate "masculine" and "feminine" appearance and behavior). Whether these youths identify as heterosexual or as lesbian,

gay, or bisexual, they encounter prejudice and discrimination based on the presumption that they are lesbian, gay, or bisexual. The best support for these young people is school and social climates that do not tolerate discriminatory language and behavior.

At what age should lesbian, gay, or bisexual youths come out?

There is no simple or absolute answer to this question. The risks and benefits of coming out are different for youths in different circumstances. Some young people live in families where support for their sexual orientation is clear and stable; these youths may encounter less risk in coming out, even at a young age. Young people who live in less supportive families may face more risks in coming out. All young people who come out may experience bias, discrimination, or even violence in their schools, social groups, work places, and faith communities. Supportive families, friends, and schools are important buffers against the negative impacts of these experiences.

What is the nature of same-sex relationships?

Research indicates that many lesbians and gay men want and have committed relationships. For example, survey data indicate that between 40% and 60% of gay men and between 45% and 80% of lesbians are currently involved in a romantic relationship. Further, data from the 2000 U.S. Census indicate that of the 5.5 million couples who were living together but not married, about 1 in 9 (594,391) had partners of the same sex. Although the census data are almost certainly an underestimate of the actual number of cohabiting same-sex couples, they indicate that there are 301,026 male same-sex households and 293,365 female same-sex households in the United States.

Stereotypes about lesbian, gay, and bisexual people have persisted, even though studies have found them to be misleading. For instance, one stereotype is that the relationships of lesbians and gay men are dysfunctional and unhappy. However, studies have found same-sex and heterosexual couples to be equivalent to each other on measures of relationship satisfaction and commitment.

A second stereotype is that the relationships of lesbians, gay men and bisexual people are unstable. However, despite social hostility toward same-sex relationships, research shows

that many lesbians and gay men form durable relationships. For example, survey data indicate that between 18% and 28% of gay couples and between 8% and 21% of lesbian couples have lived together 10 or more years. It is also reasonable to suggest that the stability of same-sex couples might be enhanced if partners from same-sex couples enjoyed the same levels of support and recognition for their relationships as heterosexual couples do, i.e., legal rights and responsibilities associated with marriage.

A third common misconception is that the goals and values of lesbian and gay couples are different from those of heterosexual couples. In fact, research has found that the factors that influence relationship satisfaction, commitment, and stability are remarkably similar for both same-sex cohabiting couples and heterosexual married couples.

Far less research is available on the relationship experiences of people who identify as bisexual. If these individuals are in a same-sex relationship, they are likely to face the same prejudice and discrimination that members of lesbian and gay couples face. If they are in a heterosexual relationship, their experiences may be quite similar to those of people who identify as heterosexual unless they choose to come out as bisexual; in that case, they will likely face some of the same prejudice and discrimination that lesbian and gay individuals encounter.

Can lesbians and gay men be good parents?

Many lesbians and gay men are parents; others wish to be parents. In the 2000 U.S. Census, 33% of female same-sex couple households and 22% of male same-sex couple households reported at least one child under the age of 18 living in the home. Although comparable data are not available, many single lesbians and gay men are also parents, and many same-sex couples are part-time parents to children whose primary residence is elsewhere.

As the social visibility and legal status of lesbian and gay parents have increased, some people have raised concerns about the well-being of children in these families. Most of these questions are based on negative stereotypes about lesbians and gay men. The majority of research on this topic asks whether children raised by lesbian and gay parents are at a disadvantage when compared to children raised by heterosexual parents. The most common questions and answers to them are these:

1 Do children of lesbian and gay parents have more problems with sexual identity than do children of heterosexual parents?

For instance, do these children develop problems in gender identity and/or in gender role behavior? The answer from research is clear: sexual and gender identities (including gender identity, gender-role behavior, and sexual orientation) develop in much the same way among children of lesbian mothers as they do among children of heterosexual parents. Few studies are available regarding children of gay fathers.

2 Do children raised by lesbian or gay parents have problems in personal development in areas other than sexual identity?

For example, are the children of lesbian or gay parents more vulnerable to mental breakdown, do they have more behavior problems, or are they less psychologically healthy than other children? Again, studies of personality, self-concept, and behavior problems show few differences between children of lesbian mothers and children of heterosexual parents. Few studies are available regarding children of gay fathers.

3 Are children of lesbian and gay parents likely to have problems with social relationships?

For example, will they be teased or otherwise mistreated by their peers? Once more, evidence indicates that children of lesbian and gay parents have normal social relationships with their peers and adults. The picture that emerges from this research shows that children of gay and lesbian parents enjoy a social life that is typical of their age group in terms of involvement with peers, parents, family members, and friends.

4 Are these children more likely to be sexually abused by a parent or by a parent's friends or acquaintances?

There is no scientific support for fears about children of lesbian or gay parents being sexually abused by their parents or their parents' gay, lesbian, or bisexual friends or acquaintances.

In summary, social science has shown that the concerns often raised about children of lesbian and gay parents—concerns that are generally grounded in prejudice against and stereotypes about gay people—are unfounded. Overall, the research indicates that the children of lesbian and gay parents do not differ markedly from the children of heterosexual parents in their development, adjustment, or overall well-being.

What can people do to diminish prejudice and discrimination against lesbian, gay, and bisexual people?

Lesbian, gay, and bisexual people who want to help reduce prejudice and discrimination can be open about their sexual orientation, even as they take necessary precautions to be as safe as possible. They can examine their own belief systems for the presence of antigay stereotypes. They can make use of the lesbian, gay, and bisexual community—as well as supportive heterosexual people—for support.

Heterosexual people who wish to help reduce prejudice and discrimination can examine their own response to antigay stereotypes and prejudice. They can make a point of coming to know lesbian, gay, and bisexual people, and they can work with lesbian, gay, and bisexual individuals and communities to combat prejudice and discrimination. Heterosexual individuals are often in a good position to ask other heterosexual people to consider the prejudicial or discriminatory nature of their beliefs and actions. Heterosexual allies can encourage nondiscrimination policies that include sexual orientation. They can work to make coming out safe. When lesbians, gay men, and bisexual people feel free to make public their sexual orientation, heterosexuals are given an opportunity to have personal contact with openly gay people and to perceive them as individuals.

Studies of prejudice, including prejudice against gay people, consistently show that prejudice declines when members of the majority group interact with members of a minority group. In keeping with this general pattern, one of the most powerful influences on heterosexuals' acceptance of gay people is having personal contact with an openly gay person. Antigay attitudes are far less common among members of the population who have a close friend or family member who is lesbian or gay, especially if the gay person has directly come out to the heterosexual person.

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The American Psychological Association
750 First Street, NE
Washington, DC 20002

WHERE CAN I FIND MORE INFORMATION ABOUT HOMOSEXUALITY?

○ ○ **American Psychological Association**

Lesbian, Gay, Bisexual, and Transgender Concerns Office
750 First Street, NE, Washington, DC 20002
E-mail: lgbc@apa.org
<http://www.apa.org/pi/igbc/>

○ ○ **Mental Health America** (formerly the National Mental Health Association)

2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
Main Switchboard: (703) 684-7722
Toll-free: (800) 969-6MHA (6642)
TTY: (800) 433-5959
Fax: (703) 684-5968
<http://www.nmha.org/go/home>

What Does Gay Mean? How to Talk With Kids About Sexual Orientation and Prejudice

An anti-bullying program designed to improve understanding and respect for youth who are gay/lesbian/bisexual/transgender (GLBT). Centered on an educational booklet called *What Does Gay Mean? How to Talk with Kids About Sexual Orientation and Prejudice*, the program encourages parents and others to communicate and share values of respect with their children.

○ ○ **American Academy of Pediatrics (AAP)**

Division of Child and Adolescent Health
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Office: (847) 228-5005
Fax: (847) 228-5097
<http://www.aap.org>

Gay, Lesbian, and Bisexual Teens: Facts for Teens and Their Parents



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Answers to Your Questions About Individuals With Intersex Conditions

What does intersex mean?

A variety of conditions that lead to atypical development of physical sex characteristics are collectively referred to as *intersex conditions*. These conditions can involve abnormalities of the external genitals, internal reproductive organs, sex chromosomes, or sex-related hormones. Some examples include:

- External genitals that cannot be easily classified as male or female
- Incomplete or unusual development of the internal reproductive organs
- Inconsistency between the external genitals and the internal reproductive organs
- Abnormalities of the sex chromosomes
- Abnormal development of the testes or ovaries
- Over- or underproduction of sex-related hormones
- Inability of the body to respond normally to sex-related hormones

Intersex was originally a medical term that was later embraced by some intersex persons. Many experts and persons with intersex conditions have recently recommended adopting the term *disorders of sex development* (DSD). They feel that this term is more accurate and less stigmatizing than the term *intersex*.

How common are intersex conditions?

There is no simple answer to this question. Intersex conditions are not always accurately diagnosed, experts sometimes disagree on exactly what qualifies as an intersex condition, and government agencies do not collect statistics about intersex individuals. Some experts estimate that as many as 1 in every 1,500 babies is born with genitals that cannot be easily classified as male or female.

What are some examples of intersex conditions?

- Congenital adrenal hyperplasia, in which overproduction of hormones in the adrenal gland causes masculinization of the genitals in female infants
- 5-alpha-reductase deficiency, in which low levels of an enzyme, 5-alpha-reductase, cause incomplete masculinization of the genitals in male infants
- Partial androgen insensitivity, in which cells do not respond normally to testosterone and related hor-

mones, causing incomplete masculinization of the genitals in male infants

- Penile agenesis, in which male infants are born without a penis
- Complete androgen insensitivity, in which cells do not respond at all to testosterone and related hormones, causing female-appearing genitals in infants with male chromosomes
- Klinefelter syndrome, in which male infants are born with an extra X (female) chromosome, which typically causes incomplete masculinization and other anomalies
- Turner syndrome, in which female infants are born with one, rather than two, X (female) chromosomes, causing developmental anomalies
- Vaginal agenesis, in which female infants are born without a vagina

Are intersex conditions always apparent at birth?

Not always. Some intersex conditions cause babies to be born with genitals that cannot easily be classified as male or female (called ambiguous genitals). These intersex conditions are usually recognized at birth. The first four conditions listed above—congenital adrenal hyperplasia, 5-alpha-reductase deficiency, partial androgen insensitivity syndrome, and penile agenesis—are in this category. Other intersex conditions, including the last four conditions listed above—complete androgen insensitivity, Klinefelter syndrome, Turner syndrome, and vaginal agenesis—usually do not result in ambiguous genitals and may not be recognized at birth. Babies born with these conditions are assigned to the sex consistent with their genitals, just like other babies. Their intersex conditions may only become apparent later in life, often around the time of puberty.

What happens when a baby's genitals cannot be easily classified as male or female?

When a baby is born with ambiguous genitals, doctors perform examinations and laboratory tests to determine exactly what condition the baby has. Determining the type of intersex condition is important, because some intersex conditions that cause ambiguous genitals (for example, certain types of congenital adrenal hyperplasia)

can be associated with medical problems that may require urgent medical or surgical treatment. Because we expect everyone to be identifiably male or female, the parents and family members of babies born with ambiguous genitals are usually eager to learn what condition the child has, so that sex assignment can occur without delay.

How do doctors and parents decide sex assignment in babies born with ambiguous genitals?

A variety of factors go into this decision. Important goals in deciding sex assignment include preserving fertility where possible, ensuring good bowel and bladder function, preserving genital sensation, and maximizing the likelihood that the baby will be satisfied with his or her assigned sex later in life. Research has shown that individuals with some conditions are more likely to be satisfied in later life when assigned as males, while individuals with other conditions are more likely to be satisfied when assigned as females. For still other conditions, individuals may be equally satisfied with assignment to either sex, or there may not be enough information to make confident recommendations. Doctors share this information with babies' parents as part of the process of deciding the most appropriate sex to assign.

Do babies born with ambiguous genitals always need surgery immediately?

Not usually. Sometimes surgery is necessary to correct conditions that may be harmful to the baby's health, but usually it is not medically necessary to perform surgery immediately to make the baby's genitals appear more recognizably male or female. Parents, physicians, and intersex persons may have differing opinions about whether, how, and at what age surgery should be performed to change the appearance of ambiguous genitals. At this time, there is very little research evidence to guide such decisions.

Are persons born with ambiguous genitals usually happy with their assigned sex?

Most persons born with intersex conditions are happy with their assigned sex, just as most persons born without intersex conditions are. Rarely, persons with intersex conditions find that their assigned sex does not feel appropriate; these individuals sometimes decide to live as members of the other sex. The same thing can occur, of course, in persons without intersex conditions. There is very little information about which intersex conditions, if any, are associated with an increased likelihood of dissatisfaction with one's assigned sex.

What happens when an intersex condition is discovered later in life?

Intersex conditions discovered later in life often become apparent in early adolescence. Delayed or absent signs of puberty may be the first indication that an intersex condition exists. For example, complete androgen insensitivity may first become apparent when

a girl does not menstruate. Medical treatment is sometimes necessary to help development proceed as normally as possible; for some conditions, surgical treatment may be recommended. Many intersex conditions discovered late in life are associated with infertility or with reduced fertility. Discovery of an intersex condition in adolescence can be extremely distressing for the adolescent and his or her parents and can result in feelings of shame, anger, or depression. Experienced mental health professionals can be very helpful in dealing with these challenging issues and feelings.

Are persons with intersex conditions likely to display behaviors or interests that are atypical for persons of their assigned sex?

This appears to be true for some intersex conditions. For example, girls with congenital adrenal hyperplasia are somewhat more likely to be tomboys than girls without an intersex condition. Persons with many other intersex conditions appear to be no more likely to have gender-atypical behaviors or interests than anyone else.

Sometimes parents or care providers worry that gender-atypical behavior in a child or adult with an intersex condition indicates that sex assignment was incorrect. However, the vast majority of persons with intersex conditions, including most intersex persons who display gender-atypical behaviors or interests, report that they are happy with their assigned sex.

Do intersex conditions affect sexual orientation?

Most people with intersex conditions grow up to be heterosexual, but persons with some specific intersex conditions seem to have an increased likelihood of growing up to be gay, lesbian, or bisexual adults. Even so, most individuals with these specific conditions also grow up to be heterosexual.

What challenges do people with intersex conditions and their families face?

Intersex conditions, whether discovered at birth or later in life, can be very challenging for affected persons and their families. Medical information about intersex conditions and their implications are not always easy to understand. Persons with intersex conditions and their families may also experience feelings of shame, isolation, anger, or depression.

Parents of children with intersex conditions sometimes wonder how much they should tell their children about their condition and at what age. Experts recommend that parents and care providers tell children with intersex conditions about their condition throughout their lives in an age-appropriate manner. Experienced mental health professionals can help parents decide what information is age-appropriate and how best to share it. People with intersex conditions and their families can also benefit from peer support.

How can I be supportive of intersex family members, friends, or significant others?

- Educate yourself about the specific intersex condition the person has.
- Be aware of your own attitudes about issues of sex, gender, and disability.
- Learn how to talk about issues of sex and sexuality in an age-appropriate manner.
- Remember that most persons with intersex conditions are happy with the sex to which they have been assigned. Do not assume that gender-atypical behavior by an intersex person reflects an incorrect sex assignment.
- Work to ensure that people with intersex conditions are not teased, harassed, or subjected to discrimination.
- Get support, if necessary, to help deal with your feelings. Intersex persons and their families, friends, and partners often benefit from talking with mental health professionals about their feelings concerning intersex conditions and their implications.
- Consider attending support groups, which are available in many areas for intersex persons and their families, friends, and partners.

Where can I find more information about intersex conditions?

American Psychological Association

750 First Street, NE
Washington DC, 20002
202-336-5500
lgbc@apa.org (e-mail)
www.apa.org/pi/lgbc/transgender

AIS Support Group

(International support group for people with androgen insensitivity syndrome and related conditions)
AISSG USA
PO Box 2148
Duncan, OK 73534-2148
aissgusa@hotmail.com (e-mail)
www.medhelp.org/ais

American Association for Klinefelter Syndrome Information and Support (AAKSIS)

c/o Roberta Rappaport
2945 W. Farwell Ave.
Chicago, IL 60645-2925
888-466-KSIS (888-466-5747)(for Klinefelter syndrome information and support)
KSinfo@aaksis.org (e-mail)
www.aaksis.org

Bodies Like Ours

(Advocacy group for people with intersex conditions)
P.O. Box 732
Flemington, NJ 08822
www.bodieslikeours.org

CARES Foundation, Inc.

(Congenital adrenal hyperplasia research education and support)
2414 Morris Ave.
Suite 110
Union, NJ 07083
973-912-3895
www.caresfoundation.org

Intersex Society of North America

(Advocacy group for people with intersex conditions)
979 Golf Course Drive #282
Rohnert Park CA 94928
www.isna.org

MAGIC Foundation

(Information about a wide variety of conditions that affect children's growth, including some intersex conditions)
The MAGIC Foundation—Corporate Office
6645 W. North Avenue
Oak Park, IL 60302
708-383-0808
708-383-0899 (fax)
800-3MAGIC3 (800-362-4423) (Toll-free parent help line)
www.magicfoundation.org

Turner Syndrome Society

(Information and support for Turner's syndrome)
14450 TC Jester
Suite 260
Houston, TX 77014
832-249-9988
832-249-9987 (fax)
800-365-9944 (toll-free phone)
tssus@turner-syndrome-us.org (e-mail)
www.turner-syndrome-us.org

xyTurners

(Information and support for people with XY/XO mosaicism)
Box 5166
Laurel, MD 20726
info@xyxo.org (e-mail)
www.xyxo.org



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750 First Street, NE
Washington, DC 20002-4242

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This brochure was written by the APA Task Force on Gender Identity, Gender Variance, and Intersex Conditions: Margaret Schneider, PhD, University of Toronto; Walter O. Bockting, PhD, University of Minnesota; Randall D. Ehrbar, PsyD, New Leaf Services for Our Community, San Francisco, CA; Anne A. Lawrence, MD, PhD, Private Practice, Seattle, WA; Katherine Louise Rachlin, PhD, Private Practice, New York, NY; Kenneth J. Zucker, PhD, Centre for Addiction and Mental Health, Toronto, Ontario, Canada. Produced by the APA Office of Public and Member Communications.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Answers to Your Questions

ABOUT TRANSGENDER PEOPLE, GENDER IDENTITY, AND GENDER EXPRESSION

What does transgender mean?

Transgender is an umbrella term for persons whose *gender identity*, *gender expression*, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. *Gender identity* refers to a person's internal sense of being male, female, or something else; *gender expression* refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics. "Trans" is sometimes used as shorthand for "transgender." While transgender is generally a good term to use, not everyone whose appearance or behavior is gender-nonconforming will identify as a transgender person. The ways that transgender people are talked about in popular culture, academia, and science are constantly changing, particularly as individuals' awareness, knowledge, and openness about transgender people and their experiences grow.

What is the difference between sex and gender?

Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy. *Gender* refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for boys and men or girls and women. These influence the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ.

Various conditions that lead to atypical development of physical sex characteristics are collectively referred to as *intersex conditions*. For information about people with intersex conditions (also known as disorders of sex development), see APA's brochure *Answers to Your Questions About Individuals With Intersex Conditions*.

Have transgender people always existed?

Transgender persons have been documented in many indigenous, Western, and Eastern cultures and societies from antiquity until the present day. However, the meaning of gender nonconformity may vary from culture to culture.

What are some categories or types of transgender people?

Many identities fall under the transgender umbrella. The term *transsexual* refers to people whose gender identity is different from their assigned sex. Often, transsexual people alter or wish to alter their bodies through hormones, surgery, and other means to make their bodies as congruent as possible with their gender identities. This process of transition through medical intervention is often referred to as sex or gender reassignment, but more recently is also referred to as gender affirmation. People who were assigned female, but identify and live as male and alter or wish to alter their bodies through medical intervention to more closely resemble their gender identity are known as transsexual men or transmen (also known as female-to-male or FTM). Conversely, people who were assigned male, but identify and live as female and alter or wish to alter their bodies through medical intervention to more closely resemble their gender identity are known as transsexual women or transwomen (also known as male-to-female or MTF). Some individuals who transition from one gender to another prefer to be referred to as a man or a woman, rather than as transgender.

People who *cross-dress* wear clothing that is traditionally or stereotypically worn by another gender in their culture. They vary in how completely they cross-dress, from one article of clothing to fully cross-dressing. Those who cross-dress are usually comfortable with their assigned sex and do not wish to change it. Cross-dressing is a form of gender expression and is not necessarily tied to erotic activity. Cross-dressing is not indicative of sexual orientation (See *Answers to Your Questions: For a Better Understanding of Sexual Orientation and Homosexuality* for more information on sexual orientation.). The degree of societal acceptance

for cross-dressing varies for males and females. In some cultures, one gender may be given more latitude than another for wearing clothing associated with a different gender.

The term *drag queens* generally refers to men who dress as women for the purpose of entertaining others at bars, clubs, or other events. The term *drag kings* refers to women who dress as men for the purpose of entertaining others at bars, clubs, or other events.

Genderqueer is a term that some people use who identify their gender as falling outside the binary constructs of “male” and “female.” They may define their gender as falling somewhere on a continuum between male and female, or they may define it as wholly different from these terms. They may also request that pronouns be used to refer to them that are neither masculine nor feminine, such as “zie” instead of “he” or “she,” or “hir” instead of “his” or “her.” Some genderqueer people do not identify as transgender.

Other categories of transgender people include androgynous, multigendered, gender nonconforming, third gender, and two-spirit people. Exact definitions of these terms vary from person to person and may change over time, but often include a sense of blending or alternating genders. Some people who use these terms to describe themselves see traditional, binary concepts of gender as restrictive.

Why are some people transgender?

There is no single explanation for why some people are transgender. The diversity of transgender expression and experiences argues against any simple or unitary explanation. Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.

How prevalent are transgender people?

It is difficult to accurately estimate the number of transgender people, mostly because there are no population studies that accurately and completely account for the range of gender identity and gender expression.

What is the relationship between gender identity and sexual orientation?

Gender identity and *sexual orientation* are not the same. *Sexual orientation* refers to an individual’s enduring physical, romantic, and/or emotional attraction to another person, whereas *gender identity* refers to one’s internal sense of being male, female, or something else. Transgender people may be straight, lesbian, gay, bisexual, or asexual, just as nontransgender people can be. Some recent research has shown that a change or a new exploration period in partner attraction may occur during the process of transition. However, transgender people usually remain as attached to loved ones after transition as they were before transition. Transgender people usually label their sexual orientation using their gender as a reference. For example, a transgender woman, or a person who is assigned male at birth and transitions to female, who is attracted to other women would be identified as a lesbian or gay woman. Likewise, a transgender man, or a person who is assigned female at birth and transitions to male, who is attracted to other men would be identified as a gay man.

How does someone know that they are transgender?

Transgender people experience their transgender identity in a variety of ways and may become aware of their transgender identity at any age. Some can trace their transgender identities and feelings back to their earliest memories. They may have vague feelings of “not fitting in” with people of their assigned sex or specific wishes to be something other than their assigned sex. Others become aware of their transgender identities or begin to explore and experience gender-nonconforming attitudes and behaviors during adolescence or much later in life. Some embrace their transgender feelings, while others struggle with feelings of shame or confusion. Those who transition later in life may have struggled to fit in adequately as their assigned sex only to later face dissatisfaction with their lives. Some transgender people, transsexuals in particular, experience intense dissatisfaction with their sex assigned at birth, physical sex characteristics, or the gender role associated with that sex. These individuals often seek gender-affirming treatments.



What should parents do if their child appears to be transgender or gender nonconforming?

Parents may be concerned about a child who appears to be gender-nonconforming for a variety of reasons. Some children express a great deal of distress about their assigned sex at birth or the gender roles they are expected to follow. Some children experience difficult social interactions with peers and adults because of their gender expression. Parents may become concerned when what they believed to be a “phase” does not pass. Parents of gender-nonconforming children may need to work with schools and other institutions to address their children’s particular needs and ensure their children’s safety. It is helpful to consult with mental health and medical professionals familiar with gender issues in children to decide how to best address these concerns. It is not helpful to force the child to act in a more gender-conforming way. Peer support from other parents of gender-nonconforming children may also be helpful.

How do transsexuals make a gender transition?

Transitioning from one gender to another is a complex process and may involve transition to a gender that is neither traditionally male nor female. People who transition often start by expressing their preferred gender in situations where they feel safe. They typically work up to living full time as members of their preferred gender by making many changes a little at a time. While there is no “right” way to transition genders, there are some common social changes transgender people experience that may involve one or more of the following: adopting the appearance of the desired sex through changes in clothing and grooming, adopting a new name, changing sex designation on identity documents (if possible), using hormone therapy treatment, and/or undergoing medical procedures that modify their body to conform with their gender identity.

Every transgender person’s process or transition differs. Because of this, many factors may determine how the individual wishes to live and express their gender identity. Finding a qualified mental health professional who is experienced in providing affirmative care for transgender people is an important first step. A qualified professional can provide guidance and referrals to other helping professionals. Connecting with other transgender people through peer support groups and transgender community organizations is also helpful.

The World Professional Association for Transgender Health (WPATH), a professional organization devoted to the treatment of transgender people, publishes *The Standards of Care for Gender Identity Disorders*, which offers recommendations for the provision of gender affirmation procedures and services.

Is being transgender a mental disorder?

A psychological state is considered a mental disorder only if it causes significant distress or disability. Many transgender people do not experience their gender as distressing or disabling, which implies that identifying as transgender does not constitute a mental disorder. For these individuals, the significant problem is finding affordable resources, such as counseling, hormone therapy, medical procedures, and the social support necessary to freely express their gender identity and minimize discrimination. Many other obstacles may lead to distress, including a lack of acceptance within society, direct or indirect experiences with discrimination, or assault. These experiences may lead many transgender people to suffer with anxiety, depression, or related disorders at higher rates than nontransgender persons.

In the United States, payment for health care treatment by insurance companies, Medicare, and Medicaid must be for a specific “disorder,” defined as a condition within the *International Classification of Diseases (ICD)* or the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. According to *DSM-IV*, people who experience intense, persistent gender incongruence can be given the diagnosis of *gender identity disorder*. This diagnosis is highly controversial among some mental health professionals and transgender communities. Some contend that the diagnosis inappropriately pathologizes gender noncongruence and should be eliminated. Others argue that it is essential to retain the diagnosis to ensure access to care.

What kinds of discrimination do transgender people face?

Anti-discrimination laws in most U.S. cities and states do not protect transgender people from discrimination based on gender identity or gender expression. Consequently, transgender people in most cities and states face discrimination in nearly every aspect of their lives. The National Center for Transgender Equality and the National Gay and Lesbian Task Force released a report in 2011 entitled *Injustice at Every Turn*, which confirmed the pervasive and severe discrimination faced by transgender people. Out of a sample of nearly 6,500 transgender people, the report found that



transgender people experience high levels of discrimination in employment, housing, health care, education, legal systems, and even in their families. The report can be found at <http://endtransdiscrimination.org>.

Transgender people may also have additional identities that may affect the types of discrimination they experience. Groups with such additional identities include transgender people of racial, ethnic, or religious minority backgrounds; transgender people of lower socioeconomic statuses; transgender people with disabilities; transgender youth; transgender elderly; and others. Experiencing discrimination may cause significant amounts of psychological stress, often leaving transgender individuals to wonder whether they were discriminated against because of their gender identity or gender expression, another sociocultural identity, or some combination of all of these.

According to the study, while discrimination is pervasive for the majority of transgender people, the intersection of anti-transgender bias and persistent, structural racism is especially severe. People of color in general fare worse than White transgender people, with African American transgender individuals faring far worse than all other transgender populations examined.

Many transgender people are the targets of hate crimes. They are also the victims of subtle discrimination—which includes everything from glances or glares of disapproval or discomfort to invasive questions about their body parts.

How can I be supportive of transgender family members, friends, or significant others?

- Educate yourself about transgender issues by reading books, attending conferences, and consulting with transgender experts.
- Be aware of your attitudes concerning people with gender-nonconforming appearance or behavior.
- Know that transgender people have membership in various sociocultural identity groups (e.g., race, social class, religion, age, disability, etc.) and there is not one universal way to look or be transgender.
- Use names and pronouns that are appropriate to the person's gender presentation and identity; if in doubt, ask.
- Don't make assumptions about transgender people's sexual orientation, desire for hormonal or medical treatment, or other aspects of their identity or transition plans. If you have a reason to know (e.g., you are a physician conducting a necessary physical exam or you are a person who is interested in dating someone that you've learned is transgender), ask.
- Don't confuse gender nonconformity with being transgender. Not all people who appear androgynous or gender nonconforming identify as transgender or desire gender affirmation treatment.
- Keep the lines of communication open with the transgender person in your life.
- Get support in processing your own reactions. It can take some time to adjust to seeing someone you know well transitioning. Having someone close to you transition will be an adjustment and can be challenging, especially for partners, parents, and children.
- Seek support in dealing with your feelings. You are not alone. Mental health professionals and support groups for family, friends, and significant others of transgender people can be useful resources.
- Advocate for transgender rights, including social and economic justice and appropriate psychological care.
- Familiarize yourself with the local and state or provincial laws that protect transgender people from discrimination.



WHERE CAN I FIND MORE INFORMATION ABOUT TRANSGENDER HEALTH, ADVOCACY, AND HUMAN RIGHTS?

○ ○ **American Psychological Association**

750 First Street, NE
Washington, DC 20002
lgbc@apa.org
www.apa.org/pi/lgbt/index.aspx
www.apa.org/pi/lgbt/programs/transgender/index.asp

○ ○ **Children's National Medical Center**

Gender and Sexuality Advocacy and Education
111 Michigan Avenue, NW
Washington, DC 20010
202-884-2504
www.childrensnational.org/gendervariance

○ ○ **Family Acceptance Project**

San Francisco State University
3004 16th Street, #301
San Francisco, CA 94103
fap@sfsu.edu
http://familyproject.sfsu.edu/

○ ○ **FTMInternational** (FTM means Female-to-Male)

601 Van Ness Ave., Suite E327
San Francisco, CA 94102
877-267-1440
info@ftmi.org
www.ftmi.org

○ ○ **Gender Education & Advocacy**

http://gender.org

○ ○ **Gender Spectrum**

539 Glen Drive
San Leandro, CA 94577
520-567-3977
info@genderspectrum.org
www.genderspectrum.org

○ ○ **National Center for Transgender Equality**

1325 Massachusetts Ave., Suite 700
Washington, DC 20005
202-903-0112
202-393-2241 (fax)
NCTE@NCTEquality.org
http://transequality.org

○ ○ **Parents, Families, and Friends of Lesbians and Gays (PFLAG) Transgender Network (TNET)**

PFLAG National Office
1828 L Street, NW, Suite 660
Washington, DC 20036
202-467-8180
info@pflag.org
http://community.pflag.org/page.aspx?pid=380

○ ○ **Sylvia Rivera Law Project**

147 W. 24th Street, 5th Floor
New York, NY 10011
212-337-8550
212-337-1972 (fax)
info@srp.org
www.srp.org

○ ○ **Transgender Law Center**

870 Market Street Room 400
San Francisco, CA 94102
415-865-0176
info@transgenderlawcenter.org
www.transgenderlawcenter.org/cms

○ ○ **TransYouth Family Allies**

P.O. Box 1471
Holland, MI 49422-1471
888-462-8932
http://imatyfa.org/aboutus/index.html

○ ○ **World Professional Association for Transgender Health**

1300 South Second Street, Suite 180
Minneapolis, MN 55454
612-624-9397
612-624-9541 (fax)
wpath@wpath.org
www.wpath.org



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The American Psychological Association
750 First Street, NE
Washington, DC 20002

Public and Member Communications
202.336.5700

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Appendix B

Sample New Patient Intake Form

Date: _____

Patient Intake Form

We'd like to welcome you as a new patient. Please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs.

The confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPAA).

You will notice that we ask questions about race and ethnic background. We do this so we can review the treatment that all patients receive and make sure everyone gets the highest quality of care.

While this clinic recognizes a number of sexes/genders, many insurance companies and legal entities do not. Please understand that the legal name and sex listed on your insurance must be used on documents pertaining to insurance and billing. If your preferred name and pronouns are different from these, please let us know.

Please print all responses.

Name: _____

Date of Birth: _____

Address: _____

Sex/Gender: M F Intersex Transgendered

Race (eg, African-American, Latino, Asian, etc)

Home Tel (____) ____ - ____

Ethnicity (eg, Mexican, Hawaiian, Irish, etc)

OK to leave a message? Y N

Work Tel (____) ____ - ____

Education Level: _____

OK to leave a message? Y N

Cell Tel (____) ____ - ____

Occupation: (Do you work outside the home?)

OK to leave a message? Y N

Please be specific in describing your work)

Email Address: _____ Number of Hours Worked per Week: _____

OK to contact by email: Y N Religious/Spiritual Beliefs: _____

Insurance Type: _____ Relationship/Marital Status: (eg, single, married, partnered, living together, divorced)

ID#: _____

Subscriber: _____ Name of Your Partner or Spouse: (if applicable)

Secondary Insurance: _____

ID#: _____ Do You Live with Anyone? Y N

Subscriber: _____

Language Spoken Most Often: _____ Number of Children: _____ Ages _____

At Home: _____

At Work: _____ Do You Feel Safe at Home?: Y N Sometimes

Do You Need an Interpreter? Have you felt threatened, controlled by, or afraid of a partner, family member, or caregiver?
Y N Y N

Medical History

Please check all that apply

- Emphysema
- Tuberculosis
- Pneumonia
- Bronchitis
- Asthma
- Allergies
- Heart Disease
- Stroke
- High Blood Pressure
- Elevated Cholesterol
- Diabetes
- Venous Thrombosis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Cirrhosis
- Anemia
- Thyroid Trouble
- Gallbladder Disease
- Ulcers
- Frequent Urinary Tract Infections
- Sexually Transmitted Infections
- Prostate Trouble
- Cancer
- Arthritis
- Osteoporosis
- Fractures
- Migraines
- Depression
- Anxiety or Panic Disorder
- Posttraumatic Stress Disorder
- Alcohol or Substance Use Problem

Other: _____

Systems Review

Please check any of the following symptoms that you have recently experienced or are a concern to you.

General:

recent weight loss recent weight gain fatigue
 fever changes in appetite night sweats

Skin:

rashes lumps itching
 dryness color change hair or nail change

Head:

headaches head injuries dizziness

Eyes: Date of last exam: ___/___/___

glasses contacts
 pain double vision redness
 glaucoma cataracts

Nose:

frequent colds nasal stuffiness hay fever
 nosebleeds sinus trouble dust/animal allergies

Ears:

hearing loss

Mouth & Throat: Date of last dental exam: ___/___/___

bleeding gums frequent sore throats hoarseness

Neck:

goiter lumps/swollen glands pain

Breasts: Date of last mammogram: ___/___/___

lumps pain nipple discharge

Respiratory:

cough wheezing shortness of breath
 coughing up blood

Cardiac:

heart murmur chest pain palpitations
 swelling of feet shortness of breath

Gastrointestinal:

trouble swallowing heartburn or gas nausea
 vomiting rectal bleeding constipation
 diarrhea abdominal pain hemorrhoids
 jaundice (skin or whites of eyes turning yellow)

Urinary:

frequent urination painful urination blood in urine
 stones difficulty urinating or difficulty holding urination
 waking up to go to the bathroom several times at night

Musculoskeletal:

joint stiffness arthritis gout
 backache muscle pains muscle cramps

Peripheral Vascular:

leg cramps while walking varicose veins
 thrombophlebitis

Neurological:

fainting blackouts seizures
 weakness numbness tremors
 tingling hands or feet change in memory

Psychiatric/Psychological:

anxiety depression phobias
 family problems eating disorder

Have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?

___Yes, in the past year ___Yes, prior to this past year ___No

Has anyone ever forced you into having any type of sexual activity?

___Yes ___No

Hematologic:

___anemia ___easy bruising or bleeding

___blood transfusions: Year(s) _____

Endocrine:

___heat or cold intolerance ___excessive sweating

___excessive hunger ___excessive urinating

Do you experience chronic pain? Yes No

If YES, how is your pain managed (ie, physical therapy, medication, etc)?

On a scale of zero to ten, with ten being the worst and zero being no pain, how would you rate your current pain? _____

Operations and/or Hospitalizations: (Please list surgeries and/or hospitalization reasons and dates)

Current Medications: (Please include any non-prescription drugs as well, eg, vitamins, aspirin, etc.)

Medication Name	Dose	Frequency of Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you need more room, please list additional medications on back of last page.

Allergies: (Please list any allergies you may have to medications and food)

Family Medical History

Please check all that apply.

- Stroke
 Heart Disease
 High Blood Pressure
 Thyroid Disease
 Kidney Disease
 Diabetes
 Arthritis
 Osteoporosis
 Migraine Headaches
 Alcoholism
 Asthma
 Depression
 Anxiety
 Cancer/Type(s): _____

Vaccinations/Prevention

Date of Last Tetanus Vaccination: ___/___/_____

Have you received any of the following vaccines:

Hepatitis A? Yes No Not Sure

Hepatitis B? Yes No Not Sure

Pneumo vax? Yes No Not Sure

Have you had a blood test for Rubella (German Measles)?

Yes No Not Sure

Date of Last Colonoscopy: ___/___/___ ___ Check here if not applicable

How often do you wear seatbelts? _____

Are there any firearms kept in your home? Yes No

Does someone have power of attorney or healthcare proxy giving them the power to make decisions about your care in life-threatening situations?

No Yes: (*name of person and their relationship to you*)

Do you have an advanced health directive, such as do not resuscitate?

Yes No

Gender Identity

Please list any questions, concerns, or comments you have, if any, about your gender or gender identity (sense of your femaleness/maleness).

Sexual Orientation & Sexual History

How do you identify in terms of sexual orientation?

Are you attracted to (*check all that apply*):

Men Women Transgendered Men Transgendered Women

Have you had sex with (*check all that apply*):

Men Women Transgendered Men Transgendered Women

When you have sex, do you have (*check all that apply*):

Oral Sex Vaginal Sex Anal Sex

How often do you use condoms when having:

Oral Sex: _____

Vaginal Sex: _____

Anal Sex: _____

When is the last time you had sex without using a condom?

Do you have a primary (main) sexual partner? Yes No

Do you have any casual sexual partners? Yes No

When was the last time you were tested for HIV?

What were the results? _____

Please check any of the following infections that you have had:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Trichomonas | <input type="checkbox"/> Genital Warts |
| <input type="checkbox"/> Yeast Infections | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Crabs |
| <input type="checkbox"/> Bacterial Vaginosis | | |

For each of the above that you checked, please note: 1) when the infection was, 2) if you completed treatment, 3) if your partner(s) were informed, and 4) if you need help telling your partners.

- | | | | |
|----------|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |

Do you know or believe that any of your partners have had HIV or another sexually transmitted infection?

Yes No I'm not sure

Have your current partners been tested for HIV and other sexually transmitted infections?

Yes No I'm not sure

What were the results? _____

Are you satisfied with your sexual life? Yes No I'm not sure

Please describe any sexual concerns you may have:

Gynecologic History

If not applicable due to sex and/or gender please check here ___ and skip to Hormones section

Age of First Period: ___

Date of Last Pap: ___/___/___ Results: ___Normal ___Abnormal

Have you *ever* had:

An abnormal Pap? Yes No Ovarian Cysts? Yes No

Fibroids? Yes No DES Exposure? Yes No

Have you had a hysterectomy? Yes No

If YES: Why was it performed?

Were your ovaries removed? Yes, both Yes, one No

If menopausal/postmenopausal, please check here ___ and skip to below the dotted line

Date of Last Period: ___/___/___

Frequency of Periods: (eg, every 28 days) _____

Average Length of Period: ___days

Bleeding: ___Light ___Moderate ___Heavy

Other Bleeding: ___No ___Yes, between periods ___Yes, after penetrative sexual activity

Do you experience any of the following symptoms with your period?
Check all that apply.

___Headaches ___Weight Gain ___Swelling ___Cramps ___Anxiety

___Depression Other: _____

Are you currently using birth control? Yes No

If YES: Which type are you using:

___Pills ___IUD ___Condoms ___Foam ___Foam & Condoms

___Patch ___Diaphragm ___Ring ___Depo ___Tubal Ligation

___Vasectomy Other: _____

Have you *ever* taken birth control pills?

Yes, for _____(how long?) No

Are you currently pregnant or planning to become pregnant?

Yes No

If you have not begun menopause, please check here ___ and continue to the next section

Age at menopause: ____

Have you *ever* taken estrogen replacement? Yes No

If YES: What was the name of the estrogen replacement?

Age when estrogen replacement was started: ____

How long was estrogen replacement used? ____

What was your estrogen dose? _____

Have you *ever* taken progesterone? Yes No

If YES: How many days per month? ____

How long was progesterone replacement used? ____

What was your progesterone dose? _____

Please check any of the following symptoms of menopause you are having:

___ Hot Flashes

___ Fatigue

___ Anxiety

___ Depression

___ Insomnia

___ Irregular Bleeding

___ Vaginal Burning/Itching

___ Vaginal Dryness

___ Pain during Vaginal Penetration

Other: _____

Obstetric History

How many times have you been pregnant? _____

How many miscarriages have you had? _____

How many pregnancy terminations have you had? _____

How many vaginal deliveries have you had? _____

How many caesarean sections have you had? _____

Have you had any ectopic pregnancies? Yes No

Have you had gestational diabetes? Yes No

Do you have a history of infertility? Yes No

Hormones for Gender/Sex Transitioning

If not applicable, please check here ___ and skip to the next section.

Are you currently taking hormones for gender or sex transitioning purposes? Yes No

If YES: How long have you been taking them? _____

What hormones are you taking?

Have you ever used transitioning hormones in the past? Yes No

If YES to past or current hormone use, what types of complications, if any, have you experienced?

What types, if any, of sex reassignment surgery have you had?

What types, if any, of other feminizing or masculinizing procedures have you had?

What types of complications, if any, have you experienced following such surgeries and/or procedures?

What concerns or questions, if any, do you have regarding gender/sex transitioning?

Lifestyle & Health Habits

Do you follow a special diet? Yes No

If YES, please check appropriately:

Vegetarian Vegan Low Fat
 Low Carb High Fiber Calorie Restriction

Other: _____

Have you ever binged, purged, or restricted your food intake?

No Yes, I have _____
(please describe)

What concerns, if any, do you have about your eating practices?

How often do you exercise at a moderate or vigorous level for 30 minutes or more? _____

What type of exercise(s) and/or sports do you engage in?

On a typical day, how many cups of caffeine containing beverages (coffee, tea, soda, energy drinks, etc) do you have? _____

On a typical day, how many portions of calcium enriched food do you eat? _____

Portion = one cup of milk = one slice of cheese = one cup yogurt = 1/2 cup of ice cream

On a daily basis, how much calcium do you consume through tablets or chews?

<500 mg 600-1200 mg Not Sure

Substance Use History

How many drinks containing alcohol do you have, on average, per week?

Have you ever been concerned about your drinking? Yes No Not Sure

Has anyone, including a family member, friend, or healthcare worker been concerned about your drinking or suggest you cut down?

Yes No I'm not sure

How many cigarettes do you smoke per day? _____

How old were you when you first started smoking? _____

Have you ever tried to quit smoking? Yes No NA

Are you interested in quitting smoking? Yes No NA

If you are a former smoker, how long ago did you quit?

Please check any of the substances listed below that you have used, even if it was only once:

___ Marijuana

When was the last time you used it? _____

How frequently do you/did you use it? _____

___ Cocaine

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, smoke, inject, sniff)? _____

___ Crystal Meth

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, smoke, inject, etc)? _____

___ Heroin

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, smoke, inject, etc)? _____

___ Other Opiates (oxycontin, vicodin, percodan, etc)

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, orally, smoke, inject, etc)? _____

___ Ecstasy/Mushrooms/LSD

When was the last time you used it? _____

How frequently do you/did you use it? _____

Other Substance(s):

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie smoke, inject, etc)? _____

Have you *ever* injected any type of substance? Yes No

Did you ever share your needle, cooker, cotton, rinse water, or any other part of your set?

Yes No I'm not sure

What types of problems has drug use caused for you (ie, relationships with others, problems at work, depression, anxiety, physical health, etc)?

What concerns, if any, do you have about either your past or current drug use?

Thank you for answering this comprehensive health history form. Your answers are confidential and will help us provide more complete and knowledgeable care of you.



GLMA
GAY & LESBIAN MEDICAL ASSOCIATION

**GUIDELINES
FOR CARE OF
LESBIAN, GAY,
BISEXUAL, AND
TRANSGENDER
PATIENTS**





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CREATING
A WELCOMING
CLINICAL
ENVIRONMENT

1



CREATING A WELCOMING CLINICAL ENVIRONMENT FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) PATIENTS


► **Background**

Studies show that lesbian, gay, bisexual, transgender and (LGBT) populations, in addition to having the same basic health needs as the general population, experience health disparities and barriers related to sexual orientation* and/or gender identity or expression. Many avoid or delay care or receive inappropriate or inferior care because of perceived or real homophobia, biphobia, transphobia, and discrimination by health care providers and institutions.

Homophobia in medical practice is a reality. A 1998 survey of nursing students showed that 8–12% “despised” lesbian, gay, and bisexual (LGB) people, 5–12% found them “disgusting,” and 40–43% thought LGB people should keep their sexuality private.¹

Health care providers can take positive steps to promote the health of their LGBT patients by examining their practices, offices, policies and staff training for ways to improve access to quality health care for LGBT people.

**the term sexual orientation is used in this document to mean sexual orientation identities, behaviors, and/or attractions, all of which are important in the health care context.*



There are some simple ways to make your practice environment more welcoming and safe for your LGBT patients. Here are a few ideas to update your physical environment, add or change intake and health history form questions, improve provider-patient discussions, and increase staff's knowledge about and sensitivity to your LGBT patients. We hope you find this tool useful.

Create a Welcoming Environment

Lesbian, gay, bisexual, and transgender (LGBT) patients often “scan” an office for clues to help them determine what information they feel comfortable sharing with their health care provider.

Participating in provider referral programs through LGBT organizations (e.g., www.glma.org, www.gayhealth.com, or local LGBT organizations) or advertising your practice in LGBT media can create a welcoming environment even before a patient enters the door.

If your office develops brochures or other educational materials, or conducts trainings, make sure that these include relevant information for LGBT patients.

Open dialogue with a patient about their gender identity/expression, sexual orientation, and/or sexual practices means more relevant and effective care.

You may want to implement some of the following suggestions as appropriate for the type and location of your office:

- ◆ Post rainbow flag, pink triangle, unisex bathroom signs, or other LGBT-friendly symbols or stickers.
 - ◆ Exhibit posters showing racially and ethnically diverse same-sex couples or transgender people. Or posters from non-profit LGBT or HIV/AIDS organizations.
 - ◆ Display brochures (multilingual when possible and appropriate) about LGBT health concerns, such as breast cancer, safe sex, hormone therapy, mental health, substance use, and sexually transmitted diseases (STDs—also called sexually transmitted infections or STIs such as HIV/AIDS, syphilis, and Hepatitis A and B).
- See Resources section for where to find brochures and other materials.**
- ◆ Disseminate or visibly post a non-discrimination statement stating that equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity/expression.
 - ◆ Acknowledge relevant days of observance in your practice such as World AIDS Day, LGBT Pride Day, and National Transgender Day of Remembrance.
 - ◆ Display LGBT-specific media, including local or national magazines or newsletters about and for LGBT and HIV-positive individuals.

See Resources section



▶ **General Guidelines for Forms and Patient-Provider Discussions**

Filling out the intake form gives patients one of their first and most important impressions of your office. The experience sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression.

On page xx are recommendations for questions you may want to consider adding to your standard intake and health history forms, or—ideally—discuss with the patient while taking an oral history. Examples include more inclusive choices for answers to questions, open-ended questions, and adding “partner” wherever the word “spouse” is used. The following are additional topics for possible inclusion in health history forms or to help a provider with in-person discussions with LGBT patients:

- ◆ Intake forms should use the term “relationship status” instead of “marital status,” including options like “partnered.” When asking—on the form or verbally—about a patient’s significant other, use terms such as “partner,” in addition to “spouse” and/or “husband/wife.”
- ◆ Adding a “transgender” option to the male/female check boxes on your intake form can help capture better information about transgender patients, and will be an immediate sign of acceptance to that person.
- ◆ As with all patient contacts, approach the interview showing empathy, open-mindedness, and without rendering judgment.

- ◆ Prepare now to treat a transgender patient someday. Health care providers’ ignorance, surprise, or discomfort as they treat transgender people may alienate patients and result in lower quality or inappropriate care, as well as deter them from seeking future medical care.
- ◆ Transgender individuals may have had traumatic past experiences with doctors causing fear or mistrust. Therefore, developing rapport and trust with transgender patients may take longer and require added sensitivity from the provider.
- ◆ When talking with transgender people, ask questions necessary to assess the issue, but avoid unrelated probing. Explaining why you need information can help avoid the perception of intrusion, for example: “To help assess your health risks, can you tell me about any history you have had with hormone use?”
- ◆ Be aware of additional barriers caused by differences in socioeconomic status, cultural norms, racial/ethnic discrimination, age, physical ability, and geography. Do not make assumptions about literacy, language capacity, and comfort with direct communication.
- ◆ When talking about sexual or relationship partners, use gender-neutral language such as “partner(s)” or “significant other(s).” Ask open-ended questions, and avoid making assumptions about the gender of a patient’s partner(s) or about sexual behavior(s). Use the same language that a patient does to describe self, sexual partners, relationships, and identity.



- ◆ When discussing sexual history, it is very important to reflect patients' language and terminology about their partners and behaviors. Many people do not define themselves through a sexual orientation label, yet may have sex with persons of their same sex or gender, or with more than one sex. For example: some men who have sex with men (MSM), especially African American and Latino men, may identify as heterosexual and have both female and male partners.
- ◆ When assessing the sexual history of transgender people, there are several special considerations:
 - 1 do not make assumptions about their behavior or bodies based on their presentation;
 - 2 ask if they have had any gender confirmation surgeries to understand what risk behaviors might be possible; and
 - 3 understand that discussion of genitals or sex acts may be complicated by a disassociation with their body, and this can make the conversation particularly sensitive or stressful to the patient.
- ◆ Ask the patient to clarify any terms or behaviors with which you are unfamiliar, or repeat a patient's term with your own understanding of its meaning, to make sure you have no miscommunication.
- ◆ It is important to discuss sexual health issues openly with your patients. Non-judgmental questions about sexual practices and behaviors

are more important than asking about sexual orientation or gender identity/expression.

For additional information on sexual risk assessment for LGBT populations, see Resources section.

- ◆ Be aware that sexual behavior of a bisexual person may not differ significantly from that of heterosexual or lesbian/gay people. They may be monogamous for long periods of time and still identify as bisexual; they may be in multiple relationships with the full knowledge and consent of their partners. However, they may have been treated as confused, promiscuous, or even dangerous. They may be on guard against health care providers who assume that they are "sick" simply because they have sexual relationships with more than one sex. Yet they may also, in fact, lack comprehensive safer-sex information that reflects their sexual practices and attitudes, and may benefit from thorough discussions about sexual safety.
- ◆ When discussing sexual practices and safer sex avoid language that may presume heterosexuality or discriminate.

There are so few trained experts in transgender health that you will often have to become that expert. Likewise, providers who treat transgender patients often have to build the base of specialty-care referrals by pre-screening other providers for sensitivity or guiding them to educational resources. Do not be afraid to tell your patient of your inexperience. Your willingness to become educated will often stand out from their previous healthcare experiences.



► Confidentiality

Encourage openness by explaining that the patient-provider discussion is confidential and that you need complete and accurate information to have an understanding of the patient's life in order to provide appropriate care. Ensure that the conversation will remain confidential and specify what, if any, information will be retained in the individual's medical records.

Developing and distributing a written confidentiality statement will encourage LGBT and other patients to disclose information pertinent to their health knowing that it is protected. Key elements of such a policy include:

- 1 The information covered
- 2 Who has access to the medical record
- 3 How test results remain confidential
- 4 Policy on sharing information with insurance companies
- 5 Instances when maintaining confidentiality is not possible²

Display the confidentiality statement prominently and provide it in writing to every patient. Consider having staff agree to the statement in writing.

► Some Specific Issues to Discuss with LGBT Patients

Homophobia, biphobia, transphobia, discrimination, harassment, stigma and isolation related to sexual orientation and/or gender identity/expression can contribute to depression, stress and anxiety in LGBT people. Conduct depression and mental health screening as appropriate, and do not discount these sources of stress for your LGBT patients.

- ◆ Explore the degree to which LGBT patients are “out” to their employers, family, and friends, and/or the extent of social support or participation in community. One's level of identification with community in many cases strongly correlates with decreased risk for STDs (including HIV) and improved mental health.
- ◆ Understand that LGBT people are particularly vulnerable to social stresses that lead to increased tobacco and substance use. A recent large study showed GBT men smoked 50% more than other men, and LBT women smoked almost 200% more than other women. Emphasis on other health issues may leave many people unaware of the disproportionate impact of tobacco in this population. Be prepared to intervene and provide treatment options. Likewise, explore whether LGBT patients are dealing with social stress through alcohol or drug use and be prepared to present treatment options. Social stress may also contribute to body image, exercise, and eating habits.
- ◆ Discuss safer sex techniques and be prepared to answer questions about STDs and HIV transmission risk for various sexual activities relevant to LGBT people.



- ◆ If a female patient identifies as lesbian, or indicates a female sexual partner, do not assume that she has never had a male sexual partner, has no children, has never been pregnant, or has little or no risk of STDs. If a male patient identifies as gay or bisexual, or identifies a male sexual partner, do not assume that the patient has never had a female sexual partner or has no children. Do not make assumptions about past, current, and future sexual behavior.
- ◆ Rates of syphilis are rising among MSM in some areas. Other STDs among MSM continue to be of concern to public health officials. The CDC now recommends annual screening of MSM for syphilis, gonorrhea, chlamydia, HIV, and immunization against hepatitis A and B for those MSM who are not already immune. If patients do not have coverage for vaccination, refer them to a community clinic or STD clinic offering free or low-cost vaccination.
- ◆ Transgender people are sometimes subject to the most extreme levels of social exclusion. This can destabilize individuals and create a host of adverse health outcomes. Risks and response behaviors to watch out for include: cycling in and out of employment (and therefore health insurance); having a history of interrupted medical care; avoiding medical care; pursuing alternate gender confirmation therapies (like injecting silicone or taking black market hormones); engaging in survival sex; interrupted education; social isolation; trauma; and extreme poverty. Health interventions will need to consider the aggregate impact of health risks resulting from this stigma.


- ◆ Conduct violence screening: LGBT people are often targets of harassment and violence, and LGBT people are not exempt from intimate partner/domestic violence. Individuals being battered may fear being “outed,” i.e., that if they report the violence to providers or authorities, their batterer could retaliate by telling employers, family, or others that they are gay. Assure the patient of confidentiality to the extent possible depending on your state laws regarding mandatory reporting.

Ask all patients—men and women—violence screening questions in a gender neutral way:

- ◆ Have you ever been hurt (physically or sexually) by someone you are close to or involved with, or by a stranger?
- ◆ Are you currently being hurt by someone you are close to or involved with?
- ◆ Have you ever experienced violence or abuse?
- ◆ Have you ever been sexually assaulted/raped?

Transgender people who are visibly gender variant may be exposed to a very high routine level of violence. For this population, the assessment of risk should be much more in-depth. If a person reports frequent violence, be sure to explore health issues related to long-term and post-traumatic stress.

Regardless of whether a transgender person is visibly gender variant, they may experience trauma, increased stress, and direct grief as a result of violence against other community



members. Asking about possible associative trauma can help identify health risks.

▶ **Language**

- ◆ Listen to your patients and how they describe their own sexual orientation, partner(s) and relationship(s), and reflect their choice of language. Be aware that although many LGBT people may use words such as “queer,” “dyke,” and “fag” to describe themselves, these and other words have been derogatory terms used against LGBT individuals. Although individuals may have reclaimed the terms for themselves, they are not appropriate for use by health care providers who have not yet established a trusting and respectful rapport with LGBT patients. If you are in doubt as to how to refer to a patient, ask what word or phrase they prefer.
- ◆ Avoid using the term “gay” with patients even if they have indicated a same-sex or same-gender sexual partner. If patients themselves have not indicated a particular identity or have indicated a sexual orientation other than “gay,” using this term may cause alienation and mistrust that will interfere with information-gathering and appropriate care. The key is to follow the patient’s lead about their self-description (which builds respect and trust) while exploring how this relates to their current and potential medical needs.
- ◆ Young people as well as adults may be unlikely to self-identify using traditional sexual orientation labels such as gay, lesbian, or

bisexual. While some may identify as “queer,” others may not choose any label at all.

- ◆ Respect transgender patients by making sure all office staff is trained to use their preferred pronoun and name. Clearly indicate this information on their medical record in a manner that allows you to easily reference it for future visits.

The Resources section includes [web sites and documents that provide definitions and background information related to sexual orientation and gender identity/expression](#).

▶ **Staff Sensitivity and Training**

- ◆ When possible, it is helpful to have openly lesbian, gay, bisexual, and transgender people as staff. They can provide valuable knowledge and perspectives about serving LGBT patients, as well as help patients feel represented and comfortable.
- ◆ It is especially important to train all front-line staff in office standards of respect towards transgender people, including: using their chosen name, and referring to them by their chosen pronoun.
- ◆ Circulate these Guidelines to all administrative, nursing, and clinical staff. Training for all staff is critical to creating and maintaining practice environments deemed safe for LGBT patients. Training should be periodic to address staff changes and keep all staff up-to-date. Designate an on-site LGBT resource person to answer any questions that arise in the interim.

Topics to include in a staff training program should include:

- 1 Use of appropriate language when addressing or referring to patients and/or their significant others
- 2 Learning how to identify and challenge any internalized discriminatory beliefs about LGBT people
- 3 Basic familiarity with important LGBT health issues (e.g., impacts of homophobia, discrimination, harassment, and violence; mental health and depression; substance abuse; safe sex; partner violence; HIV/STDs)
- 4 Indications and mechanisms for referral to LGBT-identified or LGBT-friendly providers

Developing resource lists and guidelines for patient interactions can reduce possible staff anxiety in dealing with LGBT patients.

- ◆ All employees need to understand that discrimination against LGBT patients, whether overt or subtle, is as unethical and unacceptable—and in many states as illegal—as any other kind of discrimination. Employers should make it clear to employees that discrimination against LGBT patients “will not be tolerated.” It is also important to monitor compliance and provide a mechanism for patients to report any disrespectful behavior.
- ◆ Some of your employees may have long-standing prejudices or negative feelings about LGBT patients due to ignorance or lack of familiarity with LGBT issues. Some may also feel that their religious beliefs require them to condemn LGBT people.

- ◆ Some employees may need individual training and counseling.

See Resources section.

▶ Other Suggestions

- ◆ A universal gender-inclusive “Restroom” is recommended. Many transgender and other people not conforming to physical gender stereotypes have been harassed for entering the “wrong” bathroom, so at least one restroom without Men or Women labels would help create a safer and more comfortable atmosphere.
- ◆ Be aware of other resources for LGBT individuals in your local community, as well as national/internet resources, and build collaborative relationships between your office and local lesbian, gay, bisexual, and transgender organizations and support groups.

See Resources section.

▶ Sample Recommended Questions for LGBT-Sensitive Intake Forms

These are sample questions to include as part of your intake form or ideally when taking a patient’s oral history as part of a comprehensive intake; please do NOT use this list as an intake form.

Legal name

Name I prefer to be called (if different)

Preferred pronoun?

- She
- He

Gender: Check as many as are appropriate (An alternative is to leave a blank line next to Gender, to be completed by the patient as desired)

- Female
- Male
- Transgender
 - Female to Male
 - Male to Female
 - Other
- Other (*leave space for patient to fill in*)

Are your current sexual partners men, women, or both?

In the past, have your sexual partners been men, women, or both?

Current relationship status (An alternative is to leave a blank line next to current relationship status)

- Single
- Married
- Domestic Partnership/Civil Union
- Partnered
- Involved with multiple partners
- Separated from spouse/partner
- Divorced/permanently separated from spouse/partner
- Other (*leave space for patient to fill in*)

Living situation

- Live alone
- Live with spouse or partner
- Live with roommate(s)
- Live with parents or other family members
- Other (*leave space for patient to fill in*)

Children in home

- No children in home
- My own children live with me/us
- My spouse or partner's children live with me/us
- Shared custody with ex-spouse or partner

Sexual Orientation Identity

- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Queer
- Other (state "please feel free to explain" and leave space for patient to fill in)
- Not Sure
- Don't Know

What safer sex methods do you use, if any?

Do you need any information about safer-sex techniques? If yes, with:

- Men
- Women
- Both

Are you currently experiencing any sexual problems?

Do you want to start a family?

Are there any questions you have or information you would like with respect to starting a family?

Do you have any concerns related to your gender identity/expression or your sex of assignment?

Do you currently use or have you used hormones (e.g., testosterone, estrogen, etc.)?

Do you need any information about hormone therapy?

Have you been tested for HIV?

- Yes
most recent test (space for date)
- No

Are you HIV-positive?

- Yes
when did you test positive? (space for date)
- No
- Unknown

I have been diagnosed with and/or treated for:

- Bacterial Vaginosis
- Chlamydia
- Gonorrhea
- Herpes
- HPV/human papilloma virus (causes genital warts & abnormal pap smear)
- Syphilis
- None

Have you ever been diagnosed with or treated for hepatitis A, B, and/or C?

- Hepatitis A
- Hepatitis B
- Hepatitis C

Have you ever been told that you have chronic hepatitis B or C, or are a “hepatitis B or C carrier?”

- If yes, which and when?

Have you ever been vaccinated against hepatitis A or B?

- Vaccinated against hepatitis A
- Vaccinated against hepatitis B

Below is a list of risk factors for hepatitis A, B, and C.

Check any that apply to you.

- Sexual activity that draws blood or fluid
- Multiple sex partners
- Oral-fecal contact
- Sexual activity during menstrual period
- Travel extensively
- Dine out extensively
- Tattooing, piercing
- Use intravenous or snorted drugs
- Ever been diagnosed with or treated for an STD
- Close contact with someone who has chronic hepatitis B or C
- None apply
- Not sure if any apply

▶ Reference and Resource Documents

Chapter 1 Endnotes

- 1 Kaiser Permanente National Diversity Council and Kaiser Permanente National Diversity Department. A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual, and Transgender Population, 2nd ed. 2004.
- 2 Gay Men's Health. Small Effort, Big Change. www.gmhp.demon.co.uk/guides/gp

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See also Resources section, pages 53–59.

CARING FOR
LESBIANS
AND BISEXUAL
WOMEN:
ADDITIONAL
CONSIDERATIONS
FOR CLINICIANS

2




CARING FOR LESBIANS AND BISEXUAL, WOMEN: ADDITIONAL CONSIDERATIONS FOR CLINICIANS

▶ Introduction

Lesbians and bisexual women are an infinitely diverse group and comprise the full spectrum of women. Lesbians and bisexual women are part of every age group, ethnicity, race, geographic area, income stratum, and cultural and linguistic group, and can be of any size, education level, profession, and gender expression, from very traditionally feminine to androgynous to very masculine or “butch”. The health care needs of lesbians and bisexual women are similar to those of all women. However, many experience additional risk factors and barriers to care that can impact their health status. This section is to help you understand how common physical and mental health issues and risk factors may be particularly relevant in the context of the lives of lesbian and bisexual women.

Coming out safely to a health care provider may be the single most important thing lesbians and bisexual women can do in order to maximize the quality of their health care and reduce the associated risk factors for health problems. Therefore, the most important thing for health care providers to do is make it safe, comfortable and easy for all women to make honest disclosures



about their health-related behaviors, including sexual histories and practices. As many as 45% of lesbian and bisexual women are not out to their providers.¹ Establishing a lesbian and bisexual-friendly practice will ensure that your patients can be honest with you about all health-related matters.

The risk factors discussed below are meant to convey the general context of health for lesbians and bisexual women. It should be noted that most lesbians and bisexual women are healthy and well-adjusted. Care should be taken to avoid further stigmatizing lesbians and bisexual women as inherently sicker or more “difficult” than heterosexual patients.

Risk Factors

The risk factors that lesbians and bisexual women disproportionately experience are primarily social and behavioral. Many result from marginalized social status and accompanying history of discrimination and harassment.

Homophobia and stigma based on sexual orientation and gender expression

Lifelong stigma, harassment, and/or discrimination—or fear of them—is a major cause of chronic stress, depression, anxiety, and other mental health problems for lesbians and bisexual women.² In addition to the direct health impacts of societal homophobia, perceived or real homophobia from health care providers may discourage lesbians and bisexual women from seeking care. Without evidence to the contrary, lesbian and bisexual

patients may expect discrimination in the health care environment. Therefore, it is important to take the steps suggested elsewhere in this pamphlet to make your practice environment visibly welcoming.

Avoidance or underutilization of medical care

Due to fear of discrimination, past negative experiences with health care providers, and/or false beliefs that pap smears and other health screenings are not necessary for lesbians, many do not seek needed medical care. This avoidance can result in failure to detect and treat health problems early, including cancer. It also limits lesbians’ access to health information and preventive care.

Lack of health insurance

Because legally sanctioned marriage is one of the primary routes to health insurance in the U.S. (along with employment), lesbians experience lower health insurance rates than heterosexual women. Studies have estimated that between 20% and 30% of lesbians do not have health insurance^{1,3} compared to 15% of the general population.⁴ If your insured patient is partnered with a woman, her partner is much less likely to also be insured as compared to the spouses of your married partners. This may limit the opportunity for lesbian partners to both be treated for a communicable disease, increasing the chance of re-infection. Lack of insurance among your lesbian and bisexual women patients may also mean that follow-up visits, and expensive prescriptions and treatments are not feasible, so be sure to talk with your patients about all options.



◆ **Overweight or obesity**

There is evidence that lesbians are more likely to be overweight than their heterosexual counterparts,⁵ possibly because of cultural norms within the lesbian community and because lesbians may relate differently to, not accept or not internalize mainstream notions of ideal beauty and thinness. While lesbians as a group tend to have better body image than heterosexual women⁶—a positive health characteristic—they may consequently be less motivated to avoid being overweight. The prevalence of overweight among lesbians raises the risk of heart disease, diabetes, hypertension, and other health problems.

◆ **Smoking and substance abuse**

Lesbians and bisexual women, especially young women, may drink alcohol and use other drugs, and smoke at higher rates than heterosexual women, again increasing the risk of heart disease, chronic obstructive pulmonary disease (COPD), and other health problems. Reasons for the increased prevalence of these risk factors among lesbians and bisexual women include the chronic stress and other mental health challenges of discrimination and homophobia, as well as the prominent role that bars and clubs have played in lesbian subcultures and as women-only spaces.

◆ **Lower rates of pregnancy**

Lesbians as a group have fewer pregnancies, and when they do bear children, it tends to be at older ages than heterosexual women. Because of this absence of or delayed childbearing, lesbians and bisexual women may be at greater risk for some cancers, such as breast cancer.

▶ **Screenings and Health Concerns**

Provide the age-appropriate screenings to lesbians and bisexual women that you would offer to any woman in your practice. Remember to focus on actual behaviors and practices more than your patient's lesbian or bisexual identity when discussing risk, especially regarding sexually transmitted diseases (STDs):

◆ **Colon Cancer**

Lesbians and bisexual women should receive colon cancer screenings on the same age-appropriate screening schedule as heterosexual women. Because there is often discomfort and lack of familiarity with these procedures among the general public, it is especially important to ensure that lesbian and bisexual patients feel comfortable with their providers so that they will be more likely to ask about and take advantage of all screenings available to them.

◆ **Depression**

Research has shown lesbians and bisexual women to have higher rates of depression than heterosexual women, often due to stigma-related stress.⁷ Depression can interfere with disease treatment and negatively affect all aspects of life and health. Be aware that being subject to the chronic stresses of discrimination, isolation, lack of acceptance by family, hiding aspects of one's life and identity, and other challenges faced by lesbians and bisexual women can cause severe depression. Depression screening should be taken seriously. Lesbians and bisexual women of color face a “double jeopardy” due to the added stress of racial or ethnic discrimination that may place them at even higher risk.



◆ **Diabetes**

The prevalence of overweight and other risk factors for diabetes among lesbians and bisexual women makes screening for diabetes another important step in improving health outcomes and reducing disparities in this population.

◆ **Fertility and Pregnancy**

Lesbians are increasingly choosing to become pregnant and have children, with or without partners. Do not assume that the lesbian in your office has no plans to bear children, or that she has never been pregnant. Be prepared to discuss options for conception and pregnancy with your lesbian patients. Include women's partners in those discussions regardless of gender.

◆ **Heart Health**

Heart disease is the top killer of women, and there is no evidence to suggest that this statistic is any different for lesbians and bisexual women. In fact, they may have additional risk factors for heart disease, such as higher rates of overweight, smoking, and elevated stress levels. Therefore, be careful to include heart health screenings when appropriate.

◆ **HIV/AIDS**

While documentation of female-to-female HIV transmission has been controversial and not definitive, lesbians can become infected through other risk behaviors, such as intravenous drug use, accidental needle sticks, and sex with men. Be able to talk openly with your lesbian and bisexual women patients about risk behaviors and offer HIV testing and

counseling when appropriate. Remember to focus on actual behaviors rather than sexual orientation identity when discussing STD and HIV risk.

◆ **Hypertension**

Many of the same factors that put women at risk for heart disease also contribute to high blood pressure, which increases the risk of heart disease, stroke, and congestive heart failure. This problem is even more prevalent among African Americans. Because lesbians and bisexual women as a group experience risk factors such as overweight, lack of exercise, and high stress they may be at greater risk; with African American lesbians likely being at greater risk than any other group.

◆ **Intimate Partner Violence/ Domestic Violence**

It is estimated that 50,000 to 100,000 women are battered by a same-sex partner each year in the U.S.⁸ However, they are offered fewer protections and services than heterosexual women who are battered. Seven states exclude same-sex violence from their definitions of domestic violence, which can prevent lesbian victims from getting help. Battered women's shelters, if uneducated about lesbians' and bisexual women's lives, may also discriminate. Be sure to extend domestic violence screening to your lesbian patients by using gender-neutral language that avoids assuming that the batterer is male. In addition, be aware of domestic violence services in your area that do not discriminate against women who have been abused by women.



◆ **Mammograms**

Lesbians and bisexual women should receive mammograms on the same age-appropriate screening schedule as heterosexual women. Gender variant or butch women may especially avoid mammograms. Because delayed detection and diagnosis are associated with poorer outcomes, it is important to ensure that all women in your practice are aware of the need, feel comfortable receiving mammograms, and do receive this screening.

◆ **Papanicolaou “Pap” Screening**

Pap smears are no less important for lesbians and bisexual women than they are for heterosexual women. Human papilloma virus (HPV) can be transmitted among women who exclusively have sex with women. Women who partner with women may also have (past or present) sexual contact with men. Unfortunately, many lesbians and some health care practitioners mistakenly assume that lesbians are not at risk for HPV or cervical cancer, and that Pap smears are unnecessary.

◆ **STD Screening**

Most sexually transmitted diseases and infections can be transmitted by lesbians’ sexual practices. In addition, women who identify as lesbian may have had male sexual partners (past or current), or have experienced sexual abuse. Additionally, do not assume that older lesbians and bisexual women are not sexually active or that they don’t need STD screening or safer sex information. Women can “come out” or begin sexual relationships with women at any age.

◆ **Substance Abuse**

Lesbians may drink alcohol and use other drugs at higher rates, especially young lesbians and bisexual women. Because of homophobia and heterosexism, lesbians may not be comfortable in or helped by mainstream cessation and treatment programs. In addition, factors that contribute to substance abuse among lesbians may differ from those for heterosexual women, and interventions that do not target these factors may not be effective.

There are often lesbian- and gay-specific Alcoholics Anonymous, Narcotics Anonymous,, and other treatment programs available locally. Find out if your area offers any. See Resources section.

◆ **Tobacco Use**

Not only is tobacco the number one cause of mortality for the full population, but lesbians and bisexual women rank among the top groups in the country who smoke at disproportionately high rates. Lesbians and bisexual women are more likely to smoke than heterosexual women,⁹ and are the only demographic group whose smoking actually increases with age.¹⁰ A recent large study showed LBT women smoked almost 200% more than other women.¹¹ Again, it is important that smoking cessation interventions are sensitive to the unique factors that contribute to these higher smoking rates among LBT women. If possible, refer patients to local LGBT-specific smoking cessation programs.



► **Other Recommendations**

In addition to general health screenings, be sure to talk with your patients about diet, exercise, and other general health behaviors that can improve health status. Find out what each patient considers to be barriers to a healthier lifestyle and help her problem-solve. For instance, if a gender-variant lesbian feels uncomfortable in gyms or walking/jogging/swimming alone for fear of harassment, suggest that she recruit a work-out buddy or group to make physical activity safer. Other ways lesbians can get more engaged in physical activity that may be safer and more fun are organized sports and activity clubs. The use of the Internet and online communities may help lesbians find each other and organize such groups, although be aware that not everyone has easy access to the Internet.

It is important to treat each patient appropriately for her own particular risk factors, health history, and needs. Knowledge about the common risk factors of lesbians, or any group, should inform your general concept of what may be important concerns of your lesbian and bisexual patients. However, it is important to not assume that just because a patient is lesbian or bisexual she has all or even any of the risk factors outlined above. Asking open-ended questions in a non-judgmental manner is the best way to ascertain the actual risks and health concerns of your patient. Seek to acquire information that you would gather about any female patient, doing so without assuming heterosexuality. Because of the fluidity of sexuality, it is critical to remain open to changes in patients' sexual orientation and behaviors over time. Keep questions open-ended, gender-neutral,

and non-judgmental throughout your relationship with a patient, knowing that people can come out at any time of life.

Remember that many mainstream women's health organizations and resources can be unaware about and insensitive to lesbians and bisexual women. Do not assume that the same referral you give out regularly to your heterosexual patients will be helpful to a lesbian or bisexual woman. It may be helpful to offer LGBT-specific resources along with traditional resources to all women in your practice in an integrated way. This integration will further establish you as lesbian- and bi-friendly; signal to closeted patients that it would be safe and beneficial to come out to you; and help you develop a fluency and comfort with the resources in your community. Many areas have local LGBT community centers. As part of your efforts to maintain a lesbian-friendly practice, contact your local community center and check the Resources section of this guide to gather information about lesbian and bisexual-specific health resources. These can range from a lesbian-only cancer support group to a battered women's shelter that is inclusive to women in same-sex relationships. Have these referrals on hand in your office to give to lesbian and bisexual women patients when appropriate.

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Chapter 2 Resource Documents

Mautner Project, the National Lesbian Health Organization. www.mautnerproject.org Coordinates Removing the Barriers project, training more than 3000 providers since 1997. Also has informational documents on a variety of lesbian health issues, appropriate for consumers or providers: <http://www.mautnerproject.org/health%5Finformation/Lesbian%5FHealth%5F101/>

- Barriers to Care for Women
- Facts about Lesbians and Smoking
- Health Factors for Lesbians
- Nutrition and Obesity
- The Heart Truth for Lesbians
- Why Lesbians Are Medically Underserved—White Paper

Solarz, A., Ed. *Lesbian Health: Current Assessment and Directions for the Future*. Institute of Medicine. National Academies Press, Washington, DC. 1999. www.nap.edu or 1-800-624-6242.

U.S. Department of Health and Human Services Office on Women’s Health, National Institutes of Health Office of Research on Women’s Health, Gay and Lesbian Medical Association, and the Lesbian Health Fund. *Scientific Workshop on Lesbian Health 2000: Steps for Implementing the IOM Report (2000)*. www.glma.org

See also Resources section, pages 53–59.

CARING FOR GAY
AND BISEXUAL
MEN: ADDITIONAL
CONSIDERATIONS
FOR CLINICIANS

3



CARING FOR GAY AND BISEXUAL MEN: ADDITIONAL CONSIDERATIONS FOR CLINICIANS

▶ Introduction

Gay and bisexual men's health care needs are similar to the needs of all men, however, they also may experience additional risk factors and barriers to care that can impact their health.

In a 1992 study, 44% of self-identified gay men had not told their primary care physician about their sexual orientation.¹ However, if health care providers know that a male patient is gay, bisexual, or has sex with men, they can properly screen for risk factors and provide more comprehensive care. Also, gay and bisexual men may sometimes consciously avoid medical care because of fear of discrimination.²

Therefore, it is vital that health care providers create a safe and welcoming environment for gay and bisexual men to self-identify and discuss their sexual histories and behaviors and other health-related issues. Establishing a gay and bisexual-friendly practice will encourage your patients to seek care and address all health-related matters openly.



▶ Risk Factors

The risk factors that gay and bisexual men experience disproportionately are sexual, social, and behavioral. Clinicians must consider social and cultural variables, mental health, and substance abuse, in addition to specific risk behaviors when discussing health issues or tailoring prevention messages to gay and bisexual men. These variables can create barriers to the effectiveness of prevention messages in helping patients to enact behavior changes.

◆ Stigma

Gay and bisexual men often face stigma in every aspect of their lives. This stigma creates a higher level of lifelong stress, which has been linked to an array of mental and physical health problems.³

African-American, Asian and Pacific Islander (A&PI), Latino, and other gay and bisexual men face additional stigma, and have to contend with racial discrimination from society at large. The twin effects of homophobia within their own racial/ethnic groups and racism within the mainstream gay community often combine to enhance their level of social exclusion. Fear of alienation and lack of community support often prevent these men of color from identifying with the gay community, which in turn serves to isolate them from the protective benefits of social support and limits their exposure to prevention messages.⁴

Fear of identifying as gay, bisexual, or as a man who has sex with men may keep some patients from addressing specific health issues.

Perception of a clinician's stigmatization can irrevocably harm the therapeutic relationship, preventing honest disclosure and delivery of appropriate prevention messages.

◆ Socioeconomic status

Lower socioeconomic status often results in poorer health outcomes. A 1998 analysis of data from the General Social Survey, the 1990 Census and the Yankelovich Monitor indicated that gay and lesbian people earn less than their heterosexual counterparts.⁵ African-American gay and bisexual men are disproportionately affected by homelessness, substance abuse, and sexually transmitted diseases, all correlated with a lower socioeconomic status.⁶ Native American/Alaskan gay and bisexual men are at both economic and geographical disadvantages when considering access to prevention messages.⁷ While A&PI communities are often stereotyped as highly educated and economically successful, one demographic profile of a major urban area found that by per capita income, APIs make 19% less than the general population and about 20% of A&PIs live in poverty.⁸

◆ Lack of health insurance

Generally, gay men lack access to health insurance through marriage, and many employers and jurisdictions do not recognize domestic partnership, further reducing their ability to secure coverage. Lack of insurance among gay and bisexual men patients limit their ability to access ongoing care and treatment for health conditions as well as prevention messages.



◆ **Homophobia and harassment based on sexual orientation**

Discrimination and harassment have been shown to be factors in causing stress, anxiety, depression, and mental illnesses for gay and bisexual men.⁹

◆ **Cultural norms.**

Cultural norms can affect the way gay and bisexual men disclose information and incorporate prevention messages into the health care setting. Some Latino gay and bisexual men may not be open about their sexuality in order to avoid potential shame or embarrassment.¹⁰ Homosexuality conflicts with machismo, or masculinity, which has a high value in many Latino cultures. A diverse range of cultures and languages prevents A&PIs from receiving appropriate prevention messages,¹¹ and discussions of sexual health, including homosexuality, are not part of their cultural norms.¹²

◆ **False assumptions**

HIV prevention messages targeting gay and bisexual men are seen as becoming less effective. In surveys, gay and bisexual men report difficulty in sustaining behavior change for a lifetime. In addition, false beliefs among gay and bisexual men create barriers to behavior change based on prevention messages. Studies have shown that newer HIV treatments lead some gay and bisexual men to be more optimistic about treatment options if they were to seroconvert, and to take more sexual risks. Similarly, the false assumption that HIV-positive men on antiretroviral therapy are unlikely to transmit

the virus contributes to risk-taking and unprotected anal sex among some gay and bisexual men.¹⁴

▶ **Incorporating Sexual Risk Assessment in Routine Visits for Gay and Bisexual Men**

Despite significant reductions in HIV incidence among gay and bisexual men, they are still disproportionately affected—with an estimated 42% of new HIV infections each year. A recent rise in sexually transmitted diseases and risk behaviors among gay and bisexual men, documented in several cities, is concerning, since it may herald a resurgence of HIV infections.¹⁵

With these trends there remains a great need for clinicians to address sexual health issues. One survey showed only 20% of patients had discussed risk factors for HIV with their provider in the last five years. Of those respondents only 21% reported that the provider had started the discussion.¹⁶ In another study, only 35% of providers reported often or always taking a sexual history.¹⁷ One study documented physician awkwardness around issues of sexual health and HIV, leading to incomplete discussion of these topics.¹⁸ Routine health maintenance visits are opportunities for clinicians to practice primary prevention for HIV and other sexually transmitted infection through sexual risk assessments.



◆ **What Can Be Done?**

Asking about sexual behavior should be part of every routine visit, regardless of the patient's identified sexual orientation or marital status. Sexual behavior exists on a continuum. Eliciting specific risk behaviors can direct the clinician in assessing the patient's knowledge, selecting appropriate prevention messages, and determining the need for testing for sexually transmitted disease or HIV. Knowing that there are significant barriers in place between clinician and patient in addressing sexual health and utilizing a sensitive approach is key to attaining pertinent information.

◆ **Tips For A Successful Patient Sexual Risk Assessment:**

Discussing information about sexual behavior can be difficult for the patient and the clinician. Tailoring prevention messages to the individual patient requires that they feel comfortable in discussing these topics and revealing sensitive information. During an initial visit with a clinician, gay and bisexual men may withhold important information. Becoming comfortable in raising and discussing such topics comes only with repeated experience.

When discussing sexual health during an initial visit, or if indicated, in subsequent visits:

Begin with a statement that taking a sexual history is routine for your practice.

Focus on sexual behavior rather than sexual orientation/identity.

Assess knowledge of the risk of sexually transmitted diseases in relation to sexual behavior early on. Some well-informed gay

and bisexual men may resent a discussion of HIV risk; for example, assuming a clinician is equating homosexuality with HIV.


Ask the patient to clarify terms or behavior with which you are unfamiliar.

Respect a patient's desire to withhold answers to sensitive questions. Offer to discuss the issue at a later time.

◆ **What Is The Best Approach?**

The Mountain-Plains Regional AIDS Education Training Center developed a useful model for approaching sexual risk assessment,¹⁹ modified below:

- 1 Assess risk at every new patient visit and when there is evidence that behavior is changing.
- 2 Sexual risk assessment should be part of a comprehensive health risk assessment, including use of seatbelts and firearms, domestic violence, and substance abuse.
- 3 Qualify the discussion of sexual health, emphasizing that it is a routine part of the interview and underscore the importance of understanding sexual behavior for providing quality care. Remind the patient that your discussion is confidential. You may need to negotiate what ultimately becomes part of the medical record.
 - a. "In order to take the best possible care of you, I need to understand in what ways you are sexually active."
 - b. "Anything we discuss stays in this room."

- 
- 4 Avoid use of labels like “straight,” “gay,” or “queer” that do not related to behaviors because they may lead to misinformation. For example, a significant percentage of both African-American and Latino men who have sex with men identify as heterosexual, even though they may engage in anal intercourse with other men.²⁰
 - 5 Be careful while taking a history to not make assumptions about behavior based on age, marital status, disability or other characteristics.
 - 6 Ask specific questions regarding behavior in a direct and non-judgmental way.
 - a “Are you sexually active?”
 - b “When was the last time you were sexually active?”
 - c “Do you have sex with men, women, or both?”
 - d Determine the number of partners, the frequency of condom use, and the type of sexual contact (e.g., oral, anal, genital).
 - 7 Honest responses may be more forthcoming if the question is worded in such a way as to “normalize” the behavior: “Some people (inject drugs, have anal intercourse, exchange sex for drugs, money, or other services). Have you ever done this?”
 - 8 Assess the patient’s history of STDs.
 - 9 If the patient’s responses indicate a high level of risk (e.g., unprotected sexual activity,

significant history of STDs), determine the context in which these behaviors occur, including concurrent substance use and mood state.

- a “I want to get an understanding of when you use alcohol or drugs in relation to sex.”
- b “How often are you high or drunk when you’re sexually active? How does what you do change in that case?”
- c “How often do you feel down or depressed when you’re sexually active? Do you act differently?”

- 10 Summarize the patient’s responses at the end of the interview.

▶ **Other Screening and Health Concerns**

Along with sexual risk assessments, gay and bisexual men should receive the same screenings that you would offer to any man in your practice. In addition, you should pay attention to health issues that disproportionately affect gay and bisexual men.

◆ **Anal Cancer**

Gay and bisexual men are at risk for human papilloma virus infection, which plays a role in the increased risk of anal cancers. Some health professionals now recommend routine screening with anal Pap smears, similar to the test done for women to detect early cancers.



◆ **Depression/Anxiety**

Depression and anxiety appear to affect gay men at a higher rate than in the general population, especially if they are not out and lack significant social support.²¹ Adolescents and young adults may be at particularly high risk of suicide because of these concerns. Being able to refer your gay and bisexual clients to culturally sensitive mental health services may be more effective in the prevention, early detection, and treatment of depression and anxiety.

◆ **Fitness (Diet and Exercise)**

Gay men are more likely to have body image problems and to experience eating disorders than heterosexual men.²² On the opposite end of the spectrum, overweight and obesity are problems that also affect a large segment of the gay community. Be able to discuss your patient's fitness and diet regimen and provide adequate and culturally sensitive counseling.

◆ **Heart Health**

Gay and bisexual men may have additional risk factors for heart disease, given higher rates of smoking, alcohol, and substance use. Heart screenings should be included when appropriate.

◆ **Hepatitis Immunization**

Gay and bisexual men are at an increased risk of contracting hepatitis A and B.²³ Universal immunization for hepatitis A and B viruses is recommended for all sexually active gay and bisexual men.

◆ **Intimate Partner Violence/Domestic Violence**

Gay and bisexual men can experience domestic violence, but are rarely screened.²⁴ Appropriate and sensitive screening for domestic violence should occur in the health care setting. Be prepared to refer to domestic violence services in your area that serve gay and bisexual men.

◆ **Prostate, Testicular, and Colon Cancer**

Gay and bisexual men may not receive adequate screening for these cancers because of challenges in receiving culturally sensitive care. All gay and bisexual men should undergo these screenings routinely as recommended for the general population.

◆ **Substance and Alcohol Use**

Studies show that gay men use substances and alcohol at higher rates than heterosexual men.²⁵ Gay and bisexual men might not be comfortable with mainstream treatment programs. Find out if there are any gay-specific or gay-friendly alcohol/substance abuse treatment programs in your area and be prepared to refer patients to culturally sensitive services.

◆ **Tobacco Use**

Not only is tobacco the number one cause of mortality for the full population, gay males rank among the top groups in the country disproportionately affected by this issue. A recent population-based study found that gay, bisexual and transgender males smoked at rates 50% higher than the general population.²⁶ Emphasis on other health issues has often eclipsed the impact of tobacco on this group, leaving individuals less educated about the need

to quit or resources to assist the process.

For all gay male patients, be prepared to assess tobacco use, advise quitting, discuss medication options, and refer the person to the local quitline or culturally competent cessation groups.

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Chapter 3 Resource Documents

AIDS Action. What Works in HIV Prevention for Gay Men, 2001. Available online at <http://www.aidsaction.org/>

CDC MSM Information Center: Addresses increased risk of MSM for multiple STDs including HIV/AIDS syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A. Many resources including CDC's Four Division 'Dear Colleague' letter highlighting the 2002 STD Treatment Guidelines recommendations for MSM—March 8, 2004. www.cdc.gov/ncidod/diseases/hepatitis/msm/

CDC National Prevention Information Network (NPIN): reference and referral service for information on HIV/AIDS, STDs, and TB. www.cdcnpin.org Helpline: 800-458-5231 (also Spanish)



Medline Plus Gay and Lesbian Health Webpage.
Accessible at
<http://www.nlm.nih.gov/medlineplus/gayandlesbianhealth.html>

Wolfe D, Gay Men's Health Crisis Inc. Men like us: the GMHC complete guide to gay men's sexual, physical, and emotional well-being. 1st ed. New York: Ballantine Books; 2000.

See also Resources section, pages 53–59.

APPENDICES



Resources

General Background: LGBT Health

Gay and Lesbian Medical Association

www.glma.org

Suggested sections:

- ◆ Hepatitis section
- ◆ Publications, such as:
 - LGBT Health: Findings and Concerns (includes transgender health section with definitions)
- ◆ Healthy People 2010 Companion Document for LGBT Health (see resources chapter for potential referrals)

The GLBT Health Access Project

www.glbthealth.org

Suggested sections:

- ◆ Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual and Transgendered Clients
- ◆ Educational posters

National Coalition for LGBT Health

www.lgbthealth.net

Seattle/King County GLBT Health Web Pages

www.metrokc.gov/health/lgbt

National Association of Gay and Lesbian Community Centers

www.lgbtcenters.org

Suggested sections:

- ◆ Directory (for centers throughout the U.S. which will have additional referrals for local LGBT-sensitive services—e.g. counseling services, support groups, health educations, and legal resources)

GLBT National Help Center

www.glnh.org

National non-profit organization offering toll-free peer counseling, information, and local resources, including local switchboard numbers and gay-related links
888-THE-GNLH (843-4564)

GLBT National Youth Talkline

Youth peer counseling, information, and local resources, through age 25
800-246-PRIDE (7743)

Substance Abuse Mental Health Services Administration/National Clearinghouse for Alcohol and Drug Information—LGBT site

www.health.org/features/lgbt

General Information: National LGBT Rights

Human Rights Campaign

www.hrc.org

(national organization working for LGBT equal rights on federal government level)

Lambda Legal

www.lambdalegal.org

(national LGBT legal and policy organization protecting civil rights of LGBT and people living with HIV)
legal helpdesk: 212-809-8585

National Center for Lesbian Rights

www.nclrights.org

(national legal resource center advancing the rights and safety of lesbians and their families, and representing gay men and bisexual and transgender individuals on legal issues that also advance lesbian rights.
or hotline: 415-392-6257

National Gay and Lesbian Task Force

www.nglft.org

(national grassroots organization supporting LGBT advocacy efforts at state and federal levels)

Media (for waiting room)

BROCHURES

American Cancer Society

- ◆ Cancer Facts for Gay and Bisexual Men
- ◆ Cancer Facts for Lesbians and Bisexual Women
- ◆ Tobacco and the LGBT Community

Place order for free brochures by phone:
800-ACS-2345

American College Health Association

http://www.acha.org/info_resources/his_brochures.cfm

Numerous brochures, such as:

- ◆ Man to Man: Three Steps to Health for Gay, Bisexual, or Any Men Who Have Sex With Men
- ◆ Woman to Woman: Three Steps to Health for Lesbian, Bisexual, or Any Women Who Have Sex With Women

Mautner Project, the National Lesbian Health Organization

<http://www.mautnerproject.org/health%5Finformation/Lesbian%5FHealth%5F101/>

Informational documents on various lesbian health issues, appropriate for consumers or providers, for example:

- ◆ Facts about Lesbians and Smoking
- ◆ Nutrition and Obesity
- ◆ The Heart Truth for Lesbians

PERIODICALS

- ◆ Advocate
- ◆ Curve
- ◆ Girlfriends
- ◆ Instinct
- ◆ Out
- ◆ Out Traveler
- ◆ Renaissance News (formerly Transgender Community News)
- ◆ Your local LGBT newspapers or other publication(s)

General Lesbian Health

The Lesbian Health Research Center at UCSF

www.lesbianhealthinfo.org

Mautner Project, the National Lesbian Health Organization

www.mautnerproject.org

Planned Parenthood Lesbian Health section

<http://www.plannedparenthood.org/pp2/portal/files/portal/medicalinfo/femalesexualhealth/pub-lesbian-health.xml>

Verbena Health

www.verbenahealth.org

U.S. Department of Health and Human Services

[womenshealth.org](http://www.womenshealth.org)

Screening Schedule for Women:

www.4woman.gov/screeningcharts

General Gay Men's Health

GayHealth.com

www.gayhealth.com

The Institute for Gay Men's Health

A project of Gay Men's Health Crisis and AIDS Project Los Angeles

<http://www.gmhc.org/programs/institute.html>

Gay City—Seattle, WA

www.gaycity.org

General Bisexual Health

Bisexual Resource Center Health Resources

www.biresource.org/health

Bi Health Program, Fenway Community Health

www.biresource.org/health/bihealth.html

"Safer Sex For Bisexuals and Their Partners" pamphlet

contact: bihealth@fenwayhealth.org

Transgender Health

FTM International
www.ftmi.org

International Foundation for Gender Education
www.ifge.org

TransGenderCare
www.transgendercare.com

Transgender Forum's Community Center
www.transgender.org

Transgender Law Center
Recommendations for Transgender Health Care
www.transgenderlaw.org/resources/tlchealth.htm

Transgender Resource and Neighborhood Space (TRANS)
www.caps.ucsf.edu/TRANS

Transgender Health Care Conference (2000)
<http://hivinsite.ucsf.edu/InSite.jsp?doc=2098.473a>

Trans-Health.com (online magazine)
www.trans-health.com

Transsexual Road Map
www.tsroadmap.com

Transsexual Women's Resources
www.annelawrence.com/twrl

Intersex Health

Intersex Society of North America
www.isna.org

Sexually Transmitted Diseases (STDs) STDs AND LESBIANS AND BISEXUAL WOMEN

LesbianSTD
www.lesbianstd.com

Planned Parenthood
www.plannedparenthood.org/stillesbian.html

STDs AND MEN WHO HAVE SEX WITH MEN (MSM)

CDC MSM Information Center
This includes various resources for MSM about HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A, such as fact sheets, posters, booklet, and pocket card.
www.cdc.gov/ncidod/diseases/hepatitis/msm/

Gay City
www.gaycity.org

HEPATITIS

Gay and Lesbian Medical Association
They have a campaign on Hepatitis A and B and MSM addressing the importance of vaccination, including poster and brochures. For more information or to order copies, email: info@glma.org

Free and low-cost hepatitis clinics:
www.hepclinics.com

Centers for Disease Control and Prevention Division of Viral Hepatitis
www.cdc.gov/ncidod/diseases/hepatitis/msm/

Model programs for MSM and hepatitis A, B, and C prevention:
www.hepprograms.org/msm/

HIV/AIDS:

HIV/AIDS—GENERAL RESOURCES

National HIV and AIDS Hotline
800-342-AIDS; 800-344-SIDA (7432) (Spanish); TDD: 800-243-7889

AEGIS
(largest keyword-searchable online database for HIV/AIDS)
www.aegis.com

American Foundation for AIDS Research (amfar)
www.amfar.org

The Body: an AIDS and HIV information resource
www.thebody.com

Center for AIDS Prevention Studies
www.caps.ucsf.edu

Centers for Disease Control and Prevention
www.cdc.gov/hiv/dhap.htm

HIVandHepatitis.com
www.hivandhepatitis.com

National AIDS Treatment Advocacy Project
www.natap.org

New Mexico AIDSNet
(online fact sheets in English and Spanish regarding various aspects of HIV/AIDS)
www.aidsinonet.org

Project Inform
(HIV/AIDS health information and treatment options) Hotline: 800-822-7422
www.projectinform.org

Youth HIV: a project of Advocates for Youth
www.youthhiv.org

National Association on HIV over 50 (NAHOF)
www.hivoverfifty.org

HIV AND PEOPLE OF COLOR

Asian and Pacific Islander Wellness Center
www.apiwellness.org

Black AIDS Institute
www.blackaids.org

Latino Coalition on AIDS
www.latinoaids.com

National Minority AIDS Coalition
www.nmac.org

National Native American AIDS Prevention Center
www.nnaapc.org

HIV AND LESBIANS

TheBody.com
www.thebody.com/whatis/lesbians.html

Lesbian AIDS Project, Gay Men's Health Crisis
www.gmhc.org/programs/wfs.html#lap

HIV AND TRANSGENDER POPULATIONS

AEGIS
www.aegis.com

HIV InSite
<http://hivinsite.ucsf.edu/InSite.jsp?page+kbr-07-04-16>

HIV RESOURCES FOR PROVIDERS

HIV InSite: University of California San Francisco
<http://hivinsite.ucsf.edu>

Medscape: resource for clinicians and CME credit
www.medscape.com

U.S. DHHS HIV/AIDS Education and Resource Center
www.aidsinfo.nih.gov
Helpline: 800-448-0440 (also Spanish); 888-480-3739 (TTY)

AEGIS: HIV news from around the world
www.aegis.com

Infectious Diseases Society of America
www.idsociety.org

Intimate Partner Violence

Community United Against Violence
www.cuav.org

Family Violence Prevention Fund Health Care Program
www.endabuse.org/programs/healthcare/

National Domestic Violence Hotline
(local referrals, including LGBT-sensitive) 800-799-SAFE (7233) (24 hours in English and Spanish); TDD: 800-787-3224

Network for Battered Lesbians and Bisexual Women Hotline
info@thenetworklared.org
617-423-SAFE

New York City Gay and Lesbian Anti-Violence Project
212-714-1141 (local referrals; Spanish-speaking services)

Stop Partner Abuse/Domestic Violence Program, Los Angeles Gay and Lesbian Center
www.laglc.org/domesticviolence/

See also [References and Other Resource Documents](#).

Substance Abuse

Sober Dykes
www.soberdykes.org

Stonewall Project
www.tweaker.org

Substance Abuse Mental Health Services Administration/National Clearinghouse for Alcohol and Drug Information—LGBT site
www.health.org/features/lgbt

Youth

National Gay, Lesbian, Bisexual Youth Hotline
800-347-TEEN

Youth Guardian Services: on-line support
www.youth-guard.org

Youth Resource: a project of Advocates for Youth
www.youthresource.com

National Youth Advocacy Coalition
www.nyacyouth.org

Seattle and King County Public Health
www.metrokc.gov/health/glbtyouth.htm

See also [HIV/AIDS and General Bisexual Health sections](#)

Elders

SAGE: Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders
www.sageusa.org

National Gay and Lesbian Task Force
www.thetaskforce.org/theissues
Outing Age: Public Policy Issues Affecting GLBT Elders, November 9, 2000
www.thetaskforce.org/theissues/library.cfm?issueID=24&pubTypeID=2

See also [HIV/AIDS section](#)



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Ryan Clary

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Suzanne Dibble, D.NSc., R.N.

Lesbian Health Research Center at University of California San Francisco (UCSF)

Tri Do, M.D., M.P.H.

UCSF Department of Medicine
Center for AIDS Prevention Studies
SFGH Positive Health Program
Board Member, Gay and Lesbian Medical Association

Patricia Dunn, J.D., M.S.W.

Amphora Consulting
Lead Author and Editor

Jessica Halem

Lesbian Community Cancer Project (LCCP)

Lynn Hunt, M.D.

Lesbian Health Fund
Board Member, Gay and Lesbian Medical Association
Department of Pediatrics, University of California, Irvine

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

California Breast Cancer Research Program
University of California, Office of the President
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Anne Lawrence, M.D., Ph.D.

Private practice, clinical sexology

Harold S. Levine

Levine & Partners, Inc.

Ana Maldonado PA-C/MPH

Fenway Community Health

Amari Sokoya Pearson-Fields, M.P.H.

Doctoral Candidate
Mautner Project, the National Lesbian Health Organization

Leigh Roberts, M.D.

Howard Brown Health Center

Laurie Safford, M.S.W.

Survey and Evaluation Research Laboratory
Virginia Commonwealth University

Jason Schneider, M.D.

Division of General Medicine
Department of Medicine
Emory University School of Medicine
Policy Chair, Gay and Lesbian Medical Association
Lead Author, *Caring for Gay and Bisexual Men: Additional Considerations for Clinicians*

Scout, Ph.D.

Health Consultant
Associate Author and Editor

Shane Snowdon

University of California San Francisco
Edgework Consulting

Jodi Sperber, M.S.W., M.P.H.

Health Dialog

Jennifer S. Taylor, M.P.P., M.P.H.

Associate Author and Editor

Bianca Wilson, Ph.D.

Lesbian Health Research Center at University of California San Francisco (UCSF)

The Gay and Lesbian Medical Association is a national organization committed to ensuring equality in health care for lesbian, gay, bisexual, and transgender (LGBT) individuals and health care professionals. GLMA achieves its goals by using medical expertise in professional education, public policy work, patient education and referrals, and the promotion of research. To join GLMA or for more information, please visit www.glma.org.

Gay and Lesbian
Medical Association (GLMA)
459 Fulton Street, Suite 107
San Francisco, CA 94102
Phone: 415-255-4547
Fax: 415-255-4784
Info@glma.org



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