

Straight Facts About

LGBTQI Life

VUSN: Update for Classroom
and Clinical

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(they/them/theirs)

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Manager, Program for LGBTQ Health
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TODAY'S PLAN

- 1. Learn some (not all) foundational terminology and general cultural frames about the LGBTQIA+ community.**
- 2. Gain knowledge and develop tools that will help you be affirming resources for your students and an origin for better care for LGBTQIA+ patients.**
- 3. Learn how to create a more inclusive classroom.**
- 4. Understand the health issues, and their causes, prevalent in the LGBTQIA+ community- and how to include those issue in general curriculum.**

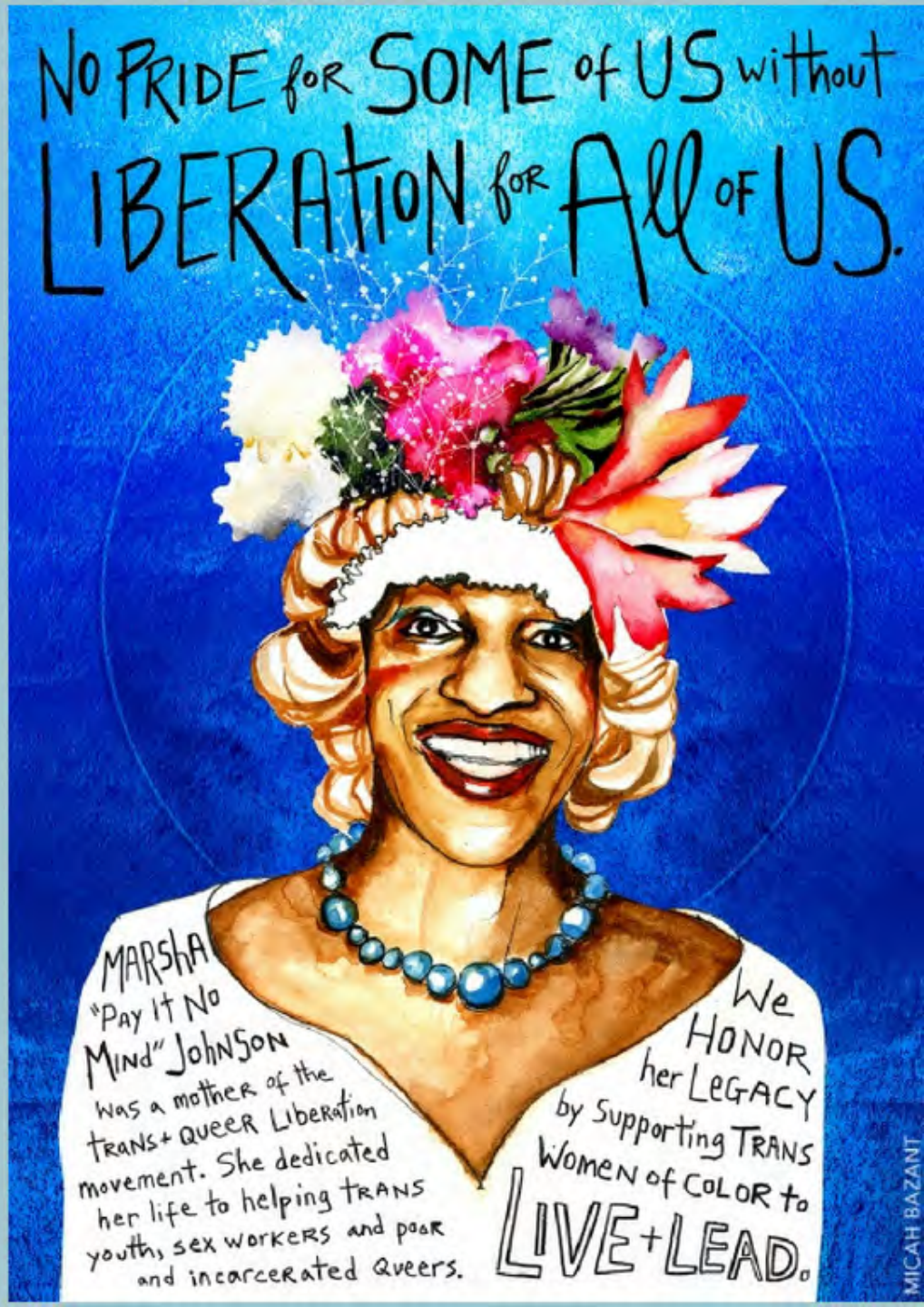


**USE
REFLECTIVE
LANGUAGE**

Mirror pronouns,
name, and
gender.

Do not be afraid
to ask for
clarification.

Move beyond
the binary.



STORM'S OASIS.

The attic of Xavier's School for Gifted Youngsters.
Home of the X-Men.



"LGBTQIA" LETTERS: THE COMMUNITY

The letters of the "LGBTQIA" acronym describes a variety of identities within a community. Identifying a community this way means we either have a long string of letters that can be confusing to those outside the community, or we use a shortened acronym which leaves out some identities.



GENDER
IDENTITY

Sex ≠ Gender



GENERAL CONCEPTS & TERMS

Bodies ≠ Gender

Gender: Identity

Expression

Attribution

Transgender: A person whose sense of personal identity or gender does not correspond to the sex they were assigned at birth, or does not conform to gender stereotypes.

Cisgender: A person whose sense of personal identity or gender does correspond to the sex they were assigned at birth.

Intersex: An umbrella term that describes people born with any of 30 different variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals.

Non-Binary: A person whose gender identity does not fall within the binary genders of male or female.

Genderfluid: A gender identity label often used by people who do not identify with the binary and move within genders and gender stereotypes.

Agender: a person with no (or very little) connection to gender, no personal alignment with the concepts of either man or woman, and/or someone who sees themselves as existing without gender.



GENDER ATTRIBUTION

HOW YOUR GENDER IS PERCEIVED BY OTHERS



GENDER IDENTITY

HOW YOU IDENTIFY (SEE YOURSELF)



SEX ASSIGNED AT BIRTH

WHAT THE MEDICAL COMMUNITY LABELS YOU

GENDER EXPRESSION

HOW YOU WANT TO DISPLAY YOUR GENDER

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



 Gender Identity

-  Female/Woman/Girl
-  Male/Man/Boy
-  Other Gender(s)

 Gender Expression/Presentation

-  Feminine
-  Masculine
-  Other

 Sex Assigned at Birth

Female Male Other/Intersex

- 
- 
- 

 Sexually Attracted To

-  Women
-  Men
-  Other Gender(s)

 Romantically/Emotionally Attracted To

-  Women
-  Men
-  Other Gender(s)

To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan



GENDER & SEXUALITY RECAP





HOW DO I TALK ABOUT TRANSGENDER PEOPLE?

- Incorrect: "Max is transgendered."
Correct: "Max is transgender."
- Incorrect: "Max is a *transgender*," Correct: "Max is a *transgender person*."
- When referring to a transgender person, you should always use the person's current pronoun, gender identity, and name, even when referring to the person's past.

What terminology is offensive (or outdated)?

- Transvestite
- She-male
- He-she
- It
- Transsexual (pathologizing)
- Tranny
- Hermaphrodite
- Pre-Op/Post-Op
- Sex Reassignment Surgery
- Transgenderism
- Biologically Male or Female
- What's your "real name"



GENDER AFFIRMATION

The process by which individuals are affirmed in their gender identity.

Transgender people may choose to make social, medical, and or legal changes to affirm their gender identity, including:

- Social: clothing, pronouns, name
- Medical: hormone therapy, surgery
- Legal: change name and sex on birth certificate, driver's license



WHEN MY PRONOUNS ARE:

USE THEM IN THIS WAY...

SHE • HER • HERS

She is an excellent student.
The team relies on her leadership.
Her group project was excellent.
I support her in the classroom by honoring her pronouns.

HE • HIM • HIS

He works well in groups.
We are proud of him.
I admire his school spirit.
I support him in the classroom by honoring his pronouns.

THEY • THEM • THEIR

They are an active member of the Vanderbilt community.
The other lab members rely on their expertise.
Their contributions are always on point.
I support them in the classroom by honoring their pronouns.

ZE • ZIR • ZIRS

Ze is a real leader on campus.
I have learned so much from zir.
The TA said that zir contributions were instrumental to the lab's success.
I support zir in the classroom by honoring zirs pronouns.

ZE • HIR • HIRS

Ze is a big Commodores fan.
Hir room is decked out in black and gold.
I loved hir paper.
I support hir in the classroom by honoring hirs pronouns.



INTERSECTING IDENTITIES WITHIN THE COMMUNITY

At the intersections of race, ethnicity, class, religion, and sexual and gender identities members of the LGBTQIA+ community experience multiple forms of marginalization.

QUEER & TRANS PEOPLE OF COLOR

Homophobia, transphobia, biphobia, and racism (among other -isms) continue to be pervasive issues in our society.

Often QPOC can face homophobia or transphobia within their ethnic or racial community and racism within the LGBTQI+ community.

Erasure in both communities of color and the LGBTQI+ community can leave QTPOC feeling isolated and further marginalized.



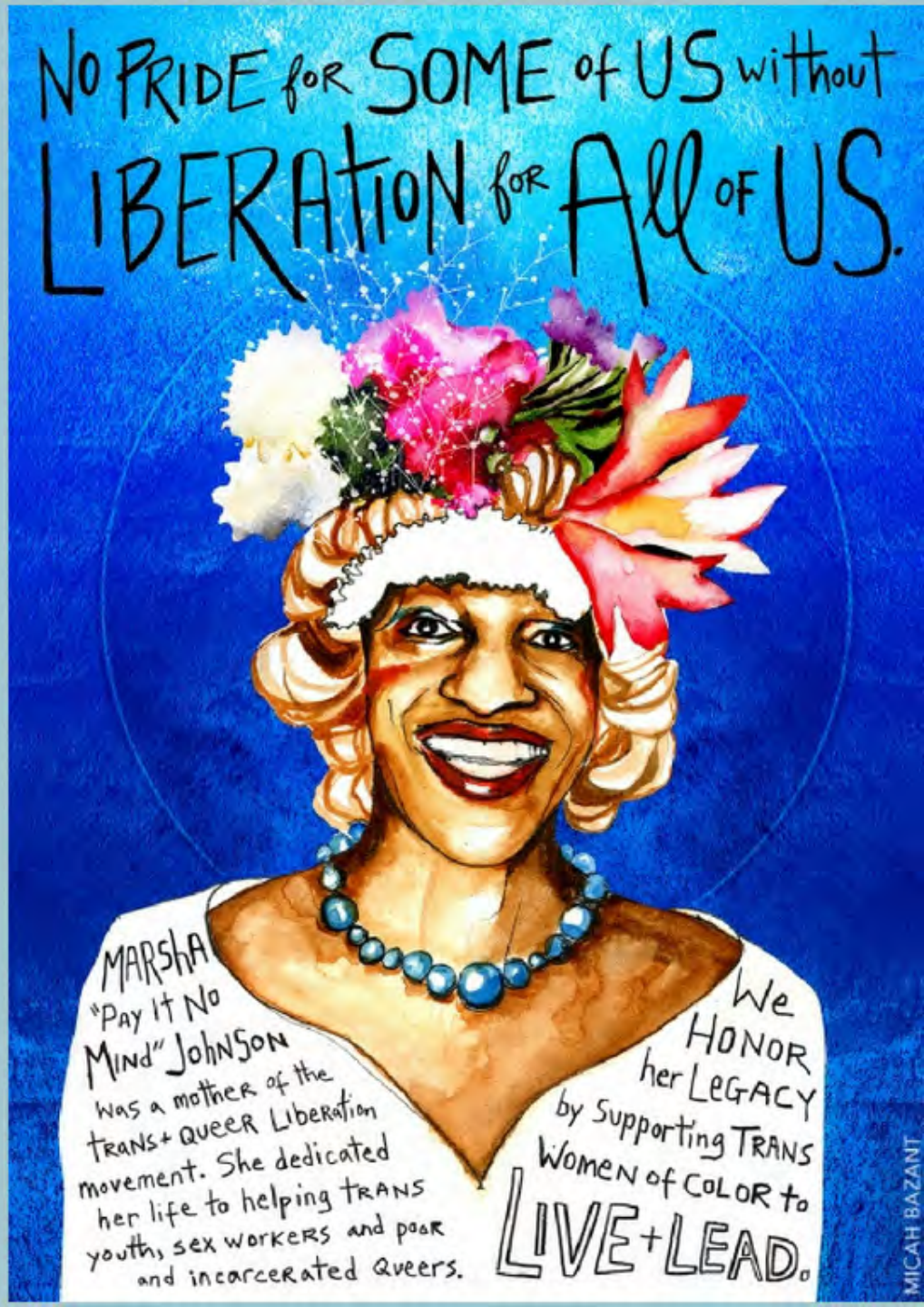


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POLICIES

National, State, and
Vanderbilt Policies
Impacting The LGBTQIA+
Community

***WHAT HAPPENED ON
JUNE 26TH, 2015??***



...But in July 2015...



52% OF LGBT PEOPLE ARE AT RISK OF BEING:

- FIRED FROM THEIR JOBS
- KICKED OUT OF THEIR HOMES
- DENIED ACCESS TO DOCTOR'S OFFICES AND RESTAURANTS



57% PERCENT OF LGBT PEOPLE LIVE IN STATES WHERE LGBT CHILDREN ARE NOT PROTECTED FROM DISCRIMINATION IN SCHOOL AND **86%** IN STATES WHERE THEIR CHILD IS NOT PROTECTED FROM DISCRIMINATION IN SCHOOL FOR HAVING LGBT PARENTS.



29% OF LGBT PEOPLE LIVE IN STATES WITHOUT PROTECTIONS FROM HATE CRIMES FOR LESBIAN, GAY, OR BISEXUAL PEOPLE.



72% OF LGBT PEOPLE LIVE IN STATES THAT CREATE BURDENSOME OBSTACLES FOR TRANSGENDER PEOPLE SEEKING TO CHANGE A GENDER MARKER ON A BIRTH CERTIFICATE.

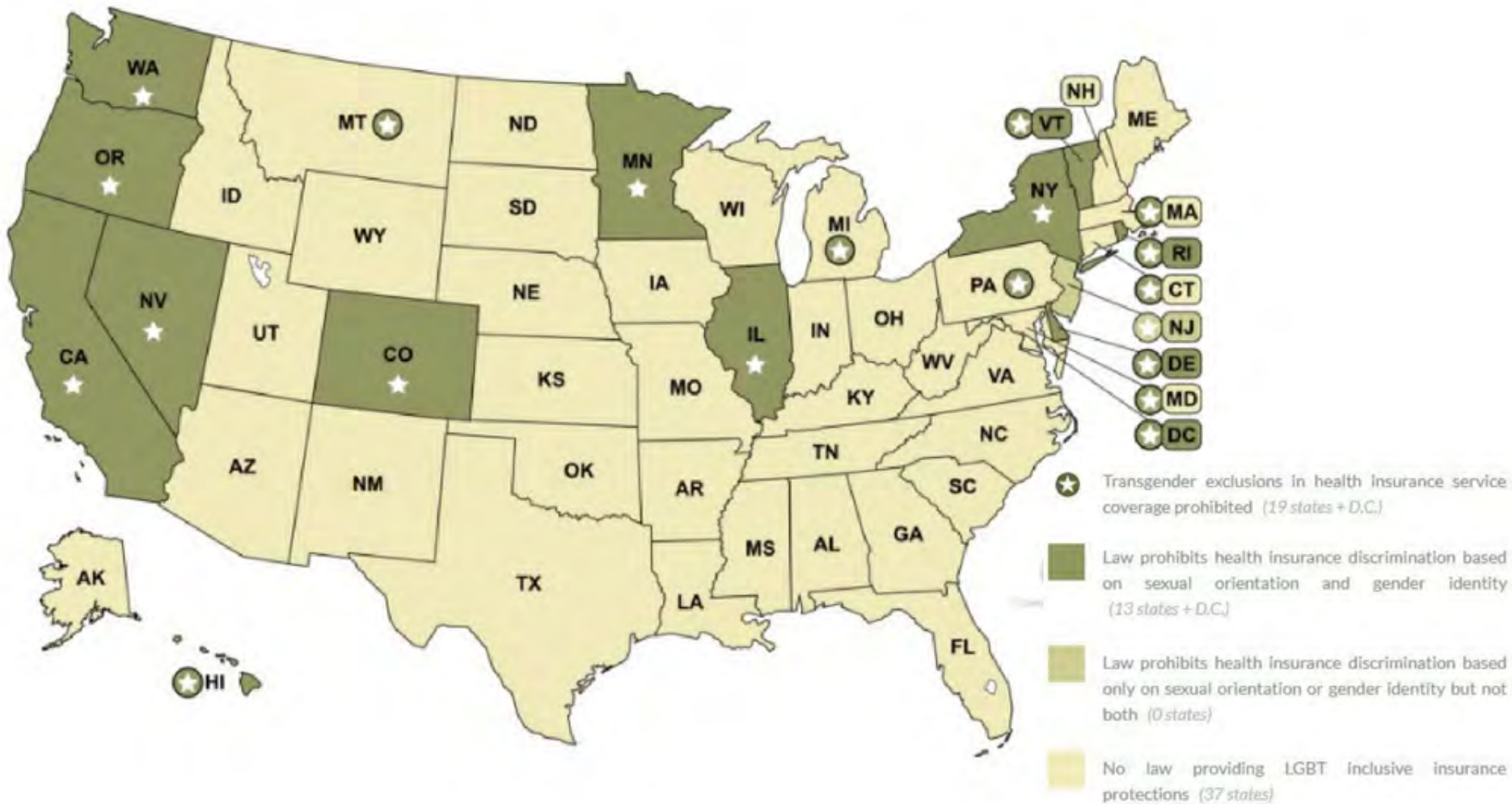


81% OF LGBT PEOPLE LIVE IN STATES THAT PERMIT HARMFUL "CONVERSION THERAPY" FOR LGBT YOUTH.



74% OF LGBT PEOPLE LIVE IN STATES THAT CRIMINALIZE EXPOSURE OR TRANSMISSION OF HIV.

19 STATES + DC PROHIBIT TRANS EXCLUSIONS IN HEALTH INSURANCE COVERAGE



WHAT WE DO AT VANDERBILT

Inclusive Healthcare

The Student Health Center at Vanderbilt is a leader in the area of LGBTI Health and provides comprehensive and quality healthcare to the LGBTI community. Services provided at the Student Health Center include:

1. Primary Care Services
2. Comprehensive GYN Services
3. STI Testing and treatment
4. Hormone management and gender affirmation surgery
5. Pre and Post-exposure prophylaxis for HIV.



TIPS FOR CARING FOR LGBTQIA+ PATIENTS

1. Expand your knowledge about sexual and gender identity.
2. Know key LGBTQ definitions
3. Expand your knowledge about the unique issues facing the LGBTQ community.
4. Keep questions open-ended.
5. Create a welcoming environment.
6. Use inclusive and neutral language.
7. Reflect the language the patient uses.
8. Believe patients when they tell you who they are.
9. Acknowledge fluidity and be supportive of it.

CREATING AN INCLUSIVE CLASSROOM

Show fluency with GNC vocabulary
& topics:

- SAB vs Gender Identity
- Gender Identity vs Expression
- Sexual Identity vs Gender Identity
- Learn About GNC Identities

Implement gender-inclusive
pedagogical practices:

- Allow students opportunities to self-identify
- Acknowledge when you make a mistake
- Use your pronouns often
- Practice “Brave Spaces”
- Incorporate GNC voices into curriculum





WHAT TO AVOID?

- Monolithic representations of Trans and GNC people
- Student exoticization of Trans and GNC people
- Tokenizing
- "Coming- Out" stories or tropes
- Featuring Trans or GNC "sections" or weeks
- Providing narrow representations



MOVING FORWARD

MOVE BEYOND BINARY FRAMEWORK

RECOGNIZE UNIQUE CONCERNS OF EACH INDIVIDUAL

REMEMBER LGBTQI+ ARE MORE THAN THEIR LETTER

ADMIT KNOWLEDGE GAPS

SAY WHAT YOU MEAN

REMEMBER THIS IS JUST AN INTRODUCTION!

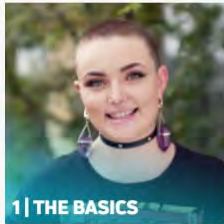
Educational Resources

TRANS 101

GENDER DIVERSITY CRASH COURSE

THE VIDEOS

WATCH, LISTEN, OR DOWNLOAD



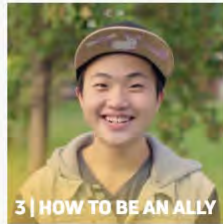
1 | THE BASICS

Being trans, gender identity, and what it's all about. An introduction to Trans 101.



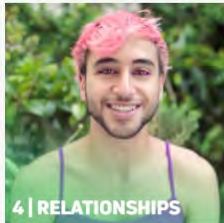
2 | FRIENDS & FAMILY

Has someone around you recently come out? There can be a lot to catch up on, so here's what you need to know.



3 | HOW TO BE AN ALLY

Now you've got the basics down, here's how to take it to the next level and be an amazing ally to your trans friends!



4 | RELATIONSHIPS

Sex, Love, and Relationships can be a pretty big part of our lives. Here's our guide to having a happy, healthy, and fun relationship with someone who's trans.



5 | NEURODIVERGENCE

Some people think differently, or have different ways of interacting with the world. That's called being Neurodivergent! And they can be trans too.



6 | PEOPLE OF COLOUR

Being trans and a person of colour can intersect in unique ways. Here's how better include trans people of all backgrounds!

BuzzFeed
presenting

what it's like to be intersex

What It's Like To Be Intersex
4,359,772 views



Center for Teaching

Teaching Beyond the Gender Binary in the University Classroom

by Brielle Harbin, CFT Senior Graduate Teaching Fellow 2015-2016.¹





DEAN OF Students

Areas

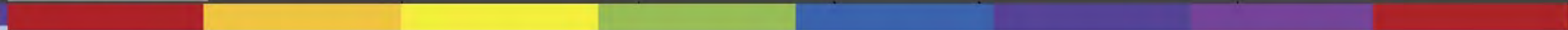
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Lesbian, Gay, Bisexual, Transgender, Queer, & Intersex Life

Home | About Us | Event Calendar | Get Involved | Workshops and Trainings | Resources | Trans@VU



SEARCH

Stay Informed

 Follow us on Instagram
» 12.12.16

LGBTQI Life Staff

Students, faculty, staff, and community members are free to contact whomever they would like in our office and ask to meet regarding issues of gender and sexuality, based on job responsibilities, background, or personal interests. If for whatever reason you are not comfortable meeting at the KC Potter Center, staff members are happy to meet in other campus locations. We look forward to meeting you!



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Questions?



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LGBTQI Life at Vanderbilt



LGBTQI Life

IS IT **UNETHICAL** TO REFUSE TO
CARE FOR LGBT PEOPLE?

In its ethics guidelines, the **American Medical Association** states, “Physicians who offer their services to the public may not decline to accept patients because sexual orientation, gender identity or any other basis that would constitute discrimination.” While it allows that some doctors may object to performing certain procedures “a physician’s freedom to act according to conscience is not unlimited,” said **Jesse Ehrenfeld**, a doctor who co-directs the LGBT health program at Vanderbilt and was the first openly gay member of the AMA’s board of trustees. “We have a professional obligation, and when we have a specific ethical policy that prohibits discrimination, we expect physicians will adhere to that.”

When Doctors Refuse to Treat LGBT Patients

A new law in Mississippi makes it legal for physicians and therapists to opt out of care on religious grounds. What does this mean for medicine?

April 19, 2016



The Atlantic

Nursing Perspective

- Provision 1 of the **American Nurses Association (ANA) Code of Ethics** “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems”
- **ANA Interpretive Statement 8.2** “In providing care, the nurse should avoid imposition of the nurse’s own cultural values upon others. The nurse should ... use approaches to care that reflect awareness and sensitivity [to cultural values]”
- *“Nurses have a professional duty to provide care for all patients regardless of race, ethnicity, religion, gender, disability, sexual orientation, or gender identity. As Christian nurses, we are called by our profession and faith to welcome and care for those who are stigmatized by others” – **Journal of Christian Nursing, Dec 2012***

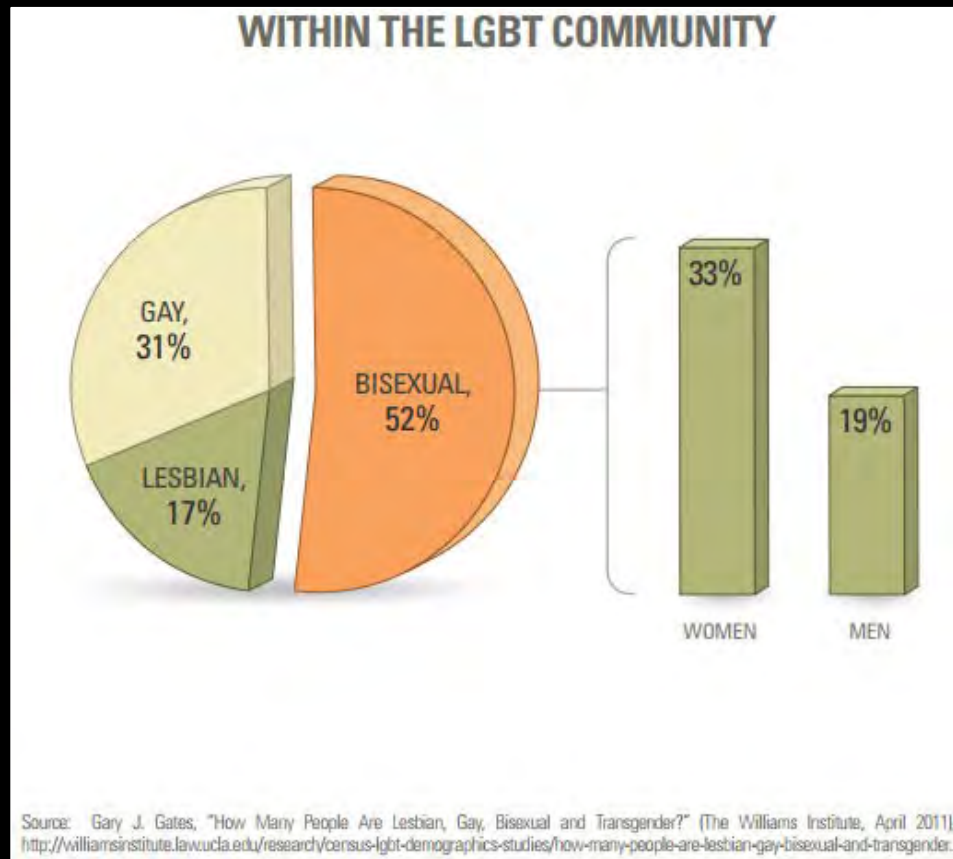


LGBT By the Numbers:

Sexual Identity>Sexual Behavior>Sexual Attraction

- **4.1%** of adults – 9 million Americans – identify as Lesbian, Gay, Bisexual, or Transgender
- **8.2%** of adults – 19 million Americans – report same-sex sexual behavior in their lifetimes
- **11%** of adults – 25.6 million Americans – report same-sex attraction

Sexual Identity by Sex and LGBT Sub-population



LGBT Identity by Age

Percentage of U.S. Adults Identifying as LGBT by Birth Cohort, 2012-2016

	2012	2013	2014	2015	2016
	%	%	%	%	%
Millennials (1980-1998)	5.8	6.0	6.3	6.7	7.3
Generation X (1965-1979)	3.2	3.3	3.4	3.3	3.2
Baby boomers (1946-1964)	2.7	2.7	2.7	2.6	2.4
Traditionalists (1913-1945)	1.8	1.8	1.9	1.5	1.4

GALLUP DAILY TRACKING

LGBT Identity by Gender & Race

Percentage of U.S. Adults Identifying as LGBT by Gender and Race/Ethnicity, 2012-2016

	2012	2013	2014	2015	2016
	%	%	%	%	%
Male	3.4	3.5	3.6	3.7	3.7
Female	3.5	3.6	3.9	4.1	4.4
White, non-Hispanic	3.2	3.3	3.4	3.5	3.6
Black, non-Hispanic	4.4	4.0	4.6	4.5	4.6
Hispanic	4.3	4.7	4.9	5.1	5.4
Asian, non-Hispanic	3.5	3.3	4.2	4.9	4.9
Other, non-Hispanic	6.0	5.6	6.0	5.6	6.3

GALLUP DAILY TRACKING

Number of Adults Who Identify as Transgender

~0.6% of adults – 1.4 million
Americans – identify as transgender

Why Discuss LGBTI Health?

There are significant LGBT Health Disparities:

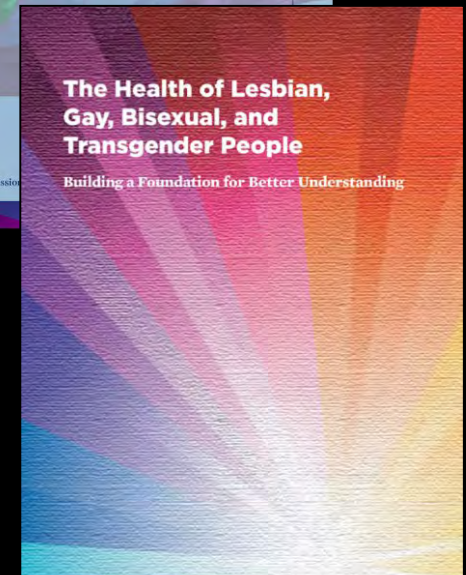
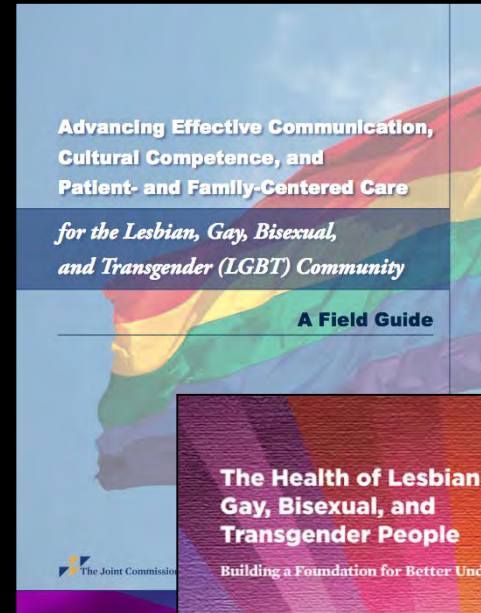
- Access to Care
- Health Outcomes and Treatment
- Cultural Barriers

Health Professionals Can Contributes to Disparities:

- Negative environment
- Bias and discrimination
- Lack of appropriate education
- Poor cultural sensitivity / communication
- Limited outreach and advocacy

This Topic is of National Concern:

- Presidential Executive Orders
- Joint Commission Standards
- Affordable Care Act
- Department of Health & Human Services
- NIH: Research on LGBTI Populations



What are some of the **factors that
contribute to **health disparities** in
LGBT People?**

Health Care Access: Sexual Minorities

Table 1. Characteristics of US Adults by Gender and Sexual Orientation^a

Variable	Men, %			P Value	Women, %			P Value
	Heterosexual (n = 29 965)	Gay (n = 624)	Bisexual (n = 162)		Heterosexual (n = 37 185)	Lesbian (n = 525)	Bisexual (n = 353)	
Weighted %	97.7	1.8	0.4	NA	97.6	1.4	1.0	NA
Health insurance status								
Private	54.4	63.0	54.4		51.6	57.0	54.4	
Public	28.6	19.9	25.2	.001	34.7	24.7	25.8	<.001
Uninsured	16.6	15.8	18.0		13.2	17.4	19.3	
Missing data	0.5	1.3	2.3		0.4	0.9	0.5	
No office visit for health care in the past year	25.2	17.9	21.7	.05	12.9	21.8	12.3	<.001
Missing data	0.2	0.5	0.0	NA	0.4	0.5	0.2	NA
Unmet medical care due to cost in the past year	6.4	8.3	14.4	.02	7.9	17.2	14.7	<.001
Missing data	0.0	0.0	0.0	NA	0.1	0.0	0.3	NA

Gonzales, G., Przedworski, J., & Henning-Smith, C. (2016). Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results From the National Health Interview Survey. *JAMA Intern Med*, 176(9), 1344-1351. doi:10.1001/jamainternmed.2016.3432

HEALTH CARE ACCESS: GENDER MINORITIES

KEY FINDINGS

- ▶ One in four (25%) respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.
 - One-quarter (25%) of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied.

- ▶ One-third (33%) of respondents reported having at least one negative experience with a health care provider in the past year related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.

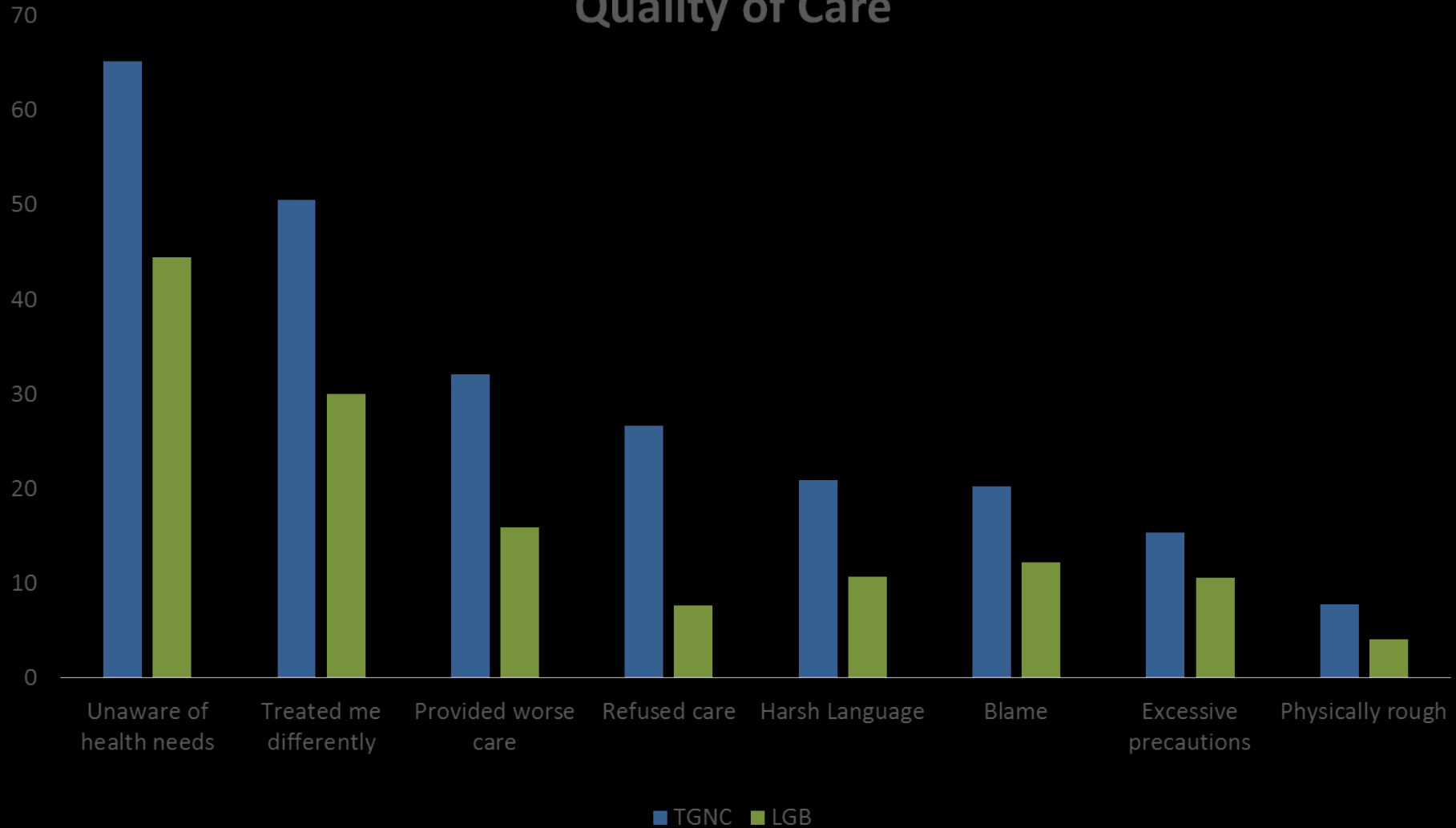
- ▶ In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor because of cost.

Low Uptake of Preventive Services

Delayed health screenings due to avoidance of care can lead to advanced staging of chronic conditions at first diagnosis, disability, and premature death



Health Care Access: Quality of Care



Source: Lambda Legal
"When Health Care Isn't Caring" study, 2010

Mental Health Disparities in LGBT People: Contributing Factors

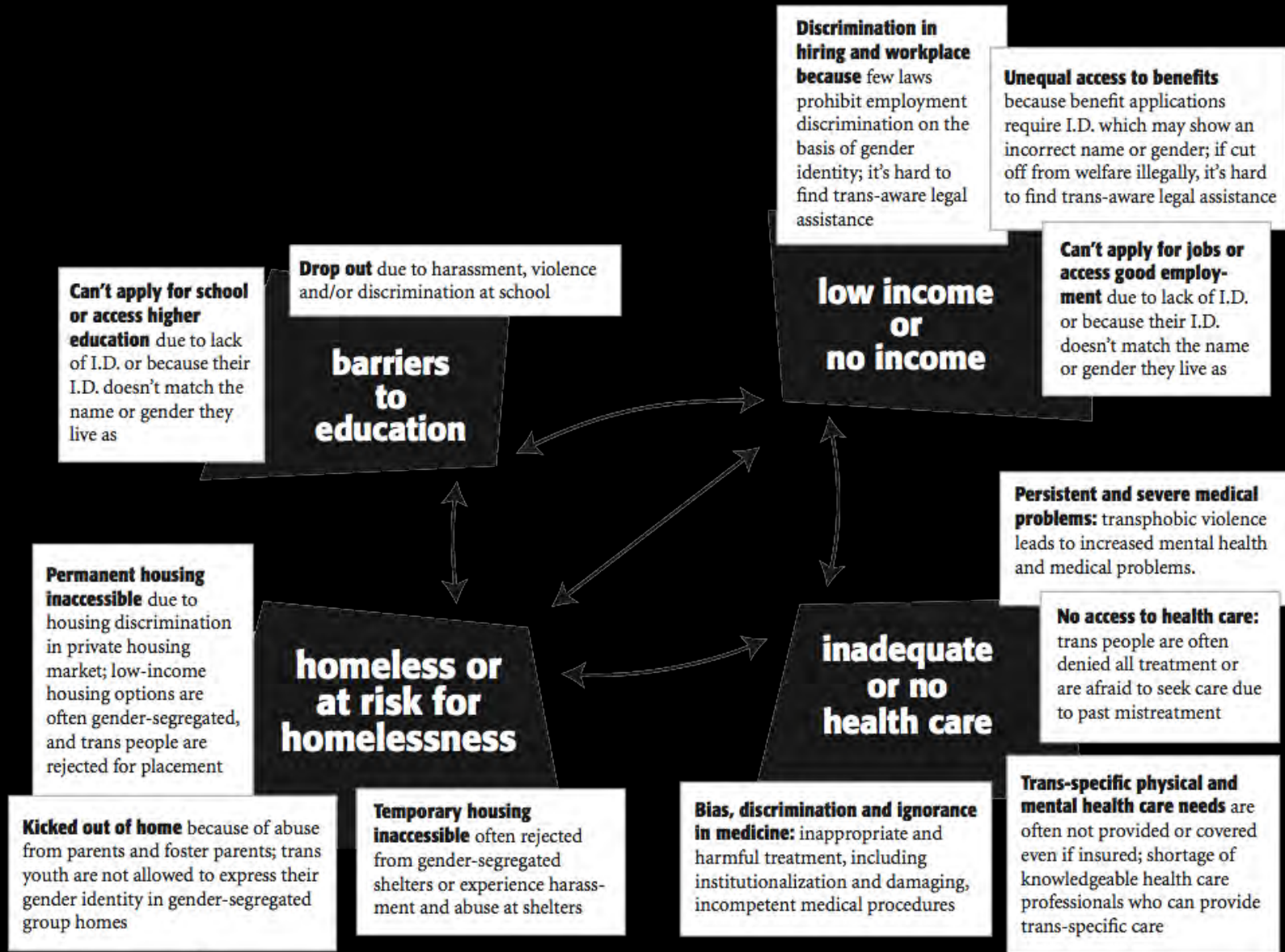
- Minority stress
 - theory developed to explain why minority individuals (including sexuality and gender minorities) often suffer physical & mental health experience disparities
 - LGBT people face difficult social situations that lead to poor health, including prejudice and discrimination, unequal socioeconomic status, and limited access to healthcare.
 - **Environmental factors** explain minority health disparities **better than do genetic factors**

Meyer I. Prejudice and discrimination as social stressors. In Meyer I, Northridge M. The Health of Sexual Minorities. Washington, DC: APA; 2007. p. 242-267.

Mental Health Disparities in LGBT People: Contributing Factors

- External stressors:
 - experiences with prejudice, rejection, and discrimination
 - can lead to internal stressors, including internalized homophobia, remaining in the closet, and vigilance and anxiety about prejudice.
- Internal and external stressors
 - chronically high levels of stress
 - poor health outcome

Inequality and Health



MENTAL HEALTH DISPARITIES

Gender and Sexuality from the Perspectives of Culture, History, and Mental Health

- The **perspective of psychiatrists** on people with minority sexual orientations and gender identities has **evolved over time**.
- Emerging consensus within the psychiatric community that **homosexuality is not a disease** – rather, it is a normal variation of human sexual experience.
- Every major mental health, public health, and medical professional organization has issued a position paper affirming that **homosexuality is a normal variation** of sexuality and opposing discrimination based upon it.

Gender and Sexuality from the Perspectives of Culture, History, and Mental Health

- APA perspective on gender more complex.
 - DSM 5 includes the diagnosis of “**gender dysphoria**,”
 - focuses on the distress and impaired functioning that some transgender and gender non-conforming people may experience due to their gender identity.
 - APA clarified that “gender nonconformity is not, in itself, a mental disorder” in response to concerns that this diagnosis is reminiscent of “ego-dystonic homosexuality” (removed from DSM in 1987) in that it pathologizes the effects of social prejudice
 - APA contends there is a need for a diagnosis related to gender variance so that insurers will cover medically necessary treatment

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: American Psychiatric Publishing; 2013.

Gender Dysphoria – **DSM V** Criteria

- A definite mismatch between the assigned gender and experienced/expressed gender for **at least 6 months** duration as characterized by ≥ 2 features:
 - Mismatch between experienced or expressed gender and gender manifested by primary and/or secondary sex characteristics at puberty
 - Persistent desire to rid oneself of the primary or secondary sexual characteristics of the biological sex at puberty.
 - Strong desire to possess the primary and/or secondary sex characteristics of the other gender
 - Desire to belong to the other gender
 - Desire to be treated as the other gender
 - Strong feeling or conviction that he or she is reacting or feeling in accordance with the identified gender.
- The gender dysphoria leads to **clinically significant distress** and/or social, occupational and other functioning impairment. There may be an increased risk of suffering distress or disability.

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: American Psychiatric Publishing; 2013.

Gender and Sexuality from the Perspectives of Culture, History, and Mental Health

- Psychiatrists were among the first clinicians to study sexual orientation and gender identity.
- Early investigators were not universally pathologizing
 - In *Three Essays on Sexuality*, Sigmund Freud contended that humans are born with pluripotent libido that can develop in many different ways based on societal taboos and relational events
 - Writing to an American mother in 1932, Freud reassured her that homosexuality was "*nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness, but a variation of sexual function.*" Freud opposed attempts to change a patient's sexual orientation on the grounds that it was unlikely to succeed and felt the role of therapy was to help the patient "*gain harmony, peace of mind, full efficiency, whether he remains a homosexual or gets changed.*"

Freud S. Three Essays on the Theory of Sexuality. 1962nd ed. New York: Basic Books; 1905.
Freud S. Letter to an American mother (1935). American Journal of Psychiatry. 1951; 107(10): p. 786-787.



SPECIFIC **MENTAL** HEALTH CONCERNS

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Suicide

- LGBT pts at increased risk of deliberate self-harm, attempted suicide, and completed suicide
- Rates of suicide attempts among gender and sexuality minorities ranging from **1.5-7x** rate of heterosexual, cis-gendered peers
- Large meta-analysis (214,344 heterosexual and 11,971 non heterosexual subjects) found **2x excess suicide attempts** in adult LGBT people

Haas A, al. e. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. Journal of Homosexuality. 2011; 58: p. 10-51.

King M, al. e. A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. BMC Psychiatry. 2008; 8(70): p. e1-17.

Mental Health Concerns

- Suicide
- **Mood Disorders**
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Mood Disorders

- LGBT people suffer a disproportionately high rate of mood disorders, especially major depression.
- Risk of a gay man developing depression is approximately 2-3x that of a heterosexual man
- Lesbian women face approx. 1.5 times risk of straight women
- For both men and women, rates are even higher among bisexual women.

Bostwick W, Boyd C, Hughes T, McCabe S. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. American Journal of Public Health. 2010 March; 100(3): p. 468-475.

Mood Disorders

- Elevated depression risk in transgender pts (44.1%)

Hoffmann B. An overview of depression among transgender women. Depression Research & Treatment. 2014; p. 1-9.

- Social stigma was positively associated with psychological distress, but is moderated by peer support from other transgender people

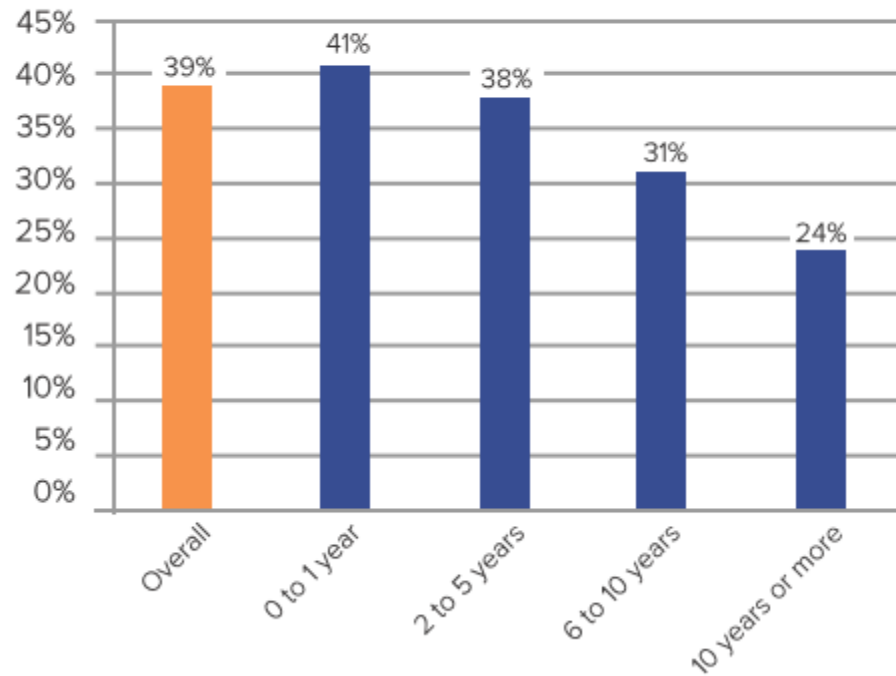
Bockting W, Miner M, Swinburne Romine R, Hamilton A, Coleman E. Stigma, mental health, and resilience in an online sample of the US transgender population. Am J. of Public Health. 2013 May; 103(5): p. 943-951.

- Strong evidence that **depression symptoms improve dramatically** with the initiation of **gender affirmation treatments**, including hormones

Gorin-Lazard A, et al. Hormonal therapy is associated with better self-esteem, mood, and quality of life in transsexuals. Journal of Nervous and Mental Disorders. 2013; 201: p. 996-1000.

Gender Affirmation Decreases Psychological Distress

Figure 7.24: Currently experiencing serious psychological distress
YEARS SINCE BEGAN TRANSITIONING (%)



Mental Health Concerns

- Suicide
- Mood Disorders
- **Anxiety Disorders**
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Anxiety Disorders

- LGB people suffer anxiety disorders 2-3x rate of same-gendered heterosexuals
- Similar elevated risk for each specific anxiety disorder (panic disorder, specific phobia, social phobia, generalized anxiety disorder).
Prevalence of anxiety disorders may decrease with age

Bolton SL, Sareen J. Sexual orientation and its relation to mental disorders and suicide attempts: Findings from a nationally representative sample. Canadian Journal of Psychiatry. 2011; 56(1): p. 35-43.

Bostwick W, Boyd C, Hughes T, McCabe S. Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. American Journal of Public Health. 2010 March; 100(3): p. 468-475.

Anxiety Disorders

- Generalized anxiety disorder related to general societal attitudes.
 - 34,000 subject study of LGB mental health in the 14 states that banned same sex marriage in 2004
 - LGB subjects in states that banned same sex marriage displayed a **248% increase** in generalized anxiety disorder, compared to no significant increase in the control group (states without marriage bans)

Hatzenbuehler ML MCKKHD. The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study. Am J Public Health. 2010; 100: p. 452-59.

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- **PTSD**
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders

Post-Traumatic Stress Disorder

- LGBT people experience high rates of discrimination and bias crimes, corresponding high rates of PTSD
- LGBT people are more likely than almost any other minority group to be victimized in a hate crime
 - 2010 FBI hate crime data: LGBT people account for more than 17% of all hate crimes victims
 - LGBT are victimized at 2.4x rate of Jewish Americans, 2.6x rate of African Americans, 4.4x rate of Muslim Americans, 13.8x rate of Latinos, 41.5x rate of non-gay whites
 - Incidence of hate crimes against transgender people even higher; crimes tend to be brutal, sexual, and lethal

Post-Traumatic Stress Disorder

- Very large, representative, national survey, found lesbian women, gay men, bisexual women, and heterosexuals who reported **any same-sex sexual partners** over their lifetime had approximately **2x risk** of developing **PTSD** compared to exclusively heterosexual people.
- Higher risk largely accounted for by exposure to violence, traumatic events, earlier age of trauma

Roberts A, Austin S, Corliss H, Vandermorris A, Koenen K. Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. American Journal of Public Health. 2010 December; 100(12): p. 2433–2441.

Post-Traumatic Stress Disorder

- Anti-gay prejudice often intertwined with prejudice against gender non-conformity.
- Transphobia is widespread and severe, even in progressive states and within the LGB community.
 - 2009 study in Massachusetts:
 - 58%** of transgender adults **verbally harassed** in public
 - 22%** transgender adults **denied equal treatment** by govt. agency/official
 - 24%** of transgender adults suffered **police harassment**
 - Multiple studies suggest rates of discrimination events approaching 60% and bias crimes approaching 25%.
- No conclusive data regarding risk of PTSD among gender identity minorities, although expect rates exceeding that LGBT

National Center for Transgender Equality and the National Gay and Lesbian Task Force. Findings of the National Transgender Discrimination Survey. 2009

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- **Body Image / Eating Disorders**
- Substance Use Disorders
- Personality Disorders

Body Image / Eating Disorders

- Sexual orientation robust risk factor for eating disorders in men, increasing risk that sexual orientation minority men will develop anorexia or bulimia
- Sexual minority men represent a disproportionate % (42%) -- of men seeking treatment for eating disorders.
- Reasons aren't clear, sociocultural explanation has been proposed which suggests that men may feel pressure to obtain a lean physique in order to attract a male partner
 - **Being in a stable relationship is protective factor**

Feldman M, Meyer I. Eating disorders in diverse lesbian, gay, and bisexual populations. International Journal of Eating Disorders. 2007; 40(3): p. 218–226.

Body Image / Eating Disorders

- Bisexual women were 2x as likely to have or have had an eating disorder compared with lesbian women
- No solid data regarding the prevalence of eating disorders among transgender and gender non-conforming adults

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- **Substance Use Disorders**
- Personality Disorders

Substance Use Disorders: **Tobacco**

- Tobacco use major health hazard for LGBT pts
 - Systematic review found gay men appear to have 1.1-2.4 odds of smoking compared to straight men
 - Lesbian women have 1.2-2.0 odds of smoking compared to straight women
 - Younger women smoke more than older women
 - Bisexual women have the very highest rate of tobacco use – approaching 40%

Lee JG , Griffin G, Melvin C. Tobacco use among sexual minorities in the USA, 1987 to May 2007. Tobacco Control. 2009; 18: p. 275-282.

Substance Use Disorders: **Alcohol**

- Multiple studies suggest lesbian women face a markedly inc risk of developing alcohol use disorder, with a lifetime prevalence that ranges from about 3-6x heterosexual women
- Minority sexual orientation conveys a smaller risk for men; the odds ratio of alcohol dependence for gay men (vs. heterosexual men) ranges from about 1.25 to 2.

Cochran S, Sullivan J, Mays V. Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. Journal of Consulting and Clinical Psychology. 2003; 71(1): p. 53-61.

Substance Use Disorders: **Illicits**

- LGB pts elevated risks of illicit substance use
- Meta-analysis relative risk of 2.41 for gay or bisexual men and 3.50 for lesbian or bisexual women compared with heterosexual peers
- Bisexuality is associated with a higher risk than same-sex orientation
- LGBT people much more likely to abuse **methamphetamine** and **cocaine** or **crack**

Cochran B, Cauce A. Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment. Journal of Substance Abuse Treatment. 2006; 30: p. 135–146.

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- **Personality Disorders**

Personality Disorders

- Most experts concur that personality disorders result from a mixture of genetic and environmental factors, including subtle differences in underlying neuroanatomy and brain function, inborn temperament, early attachment patterns, and life experiences.
- Very little data describing the frequency and nature of personality disorders among LGBT people

Personality Disorders

- 2008 study using McLean Study of Adult Development
- Subjects with **borderline personality disorder** were about twice as likely as comparison subjects to report either homosexual/bisexual orientation or intimate same-sex relationships
- Gender did not significantly affect sexual orientation
 - 29.8% of men and 26.6% of women with borderline personality disorder reported homosexuality/ bisexuality (non-significant difference)

Reich D, Zanarini M. Sexual orientation and relationship choice in borderline personality disorder over ten years of prospective follow-up. Journal of Personality Disorders. 2008; 22(6): p. 564-572.

PHYSICAL HEALTH DISPARITIES

Health Concerns for Lesbian and Bisexual Women

Women who have sex with women have higher rates of:

- Breast Cancer
- Ovarian and Cervical Cancer
- Colon Cancer
- Substance Use; including illicit substances, alcohol, and tobacco
- Heart Disease
- Depression and Anxiety

Women who have sex with women...

- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

Health Concerns for Gay and Bisexual Men

Men who have sex with men have higher rates of:

- HIV/AIDS
- Anal Papilloma
- Hepatitis A and B
- Substance and Alcohol Abuse/Dependence
- Tobacco Use
- Depression and Anxiety
- Prostate, Testicular, and Colon Cancer
- Intimate partner violence
- Eating Disorders

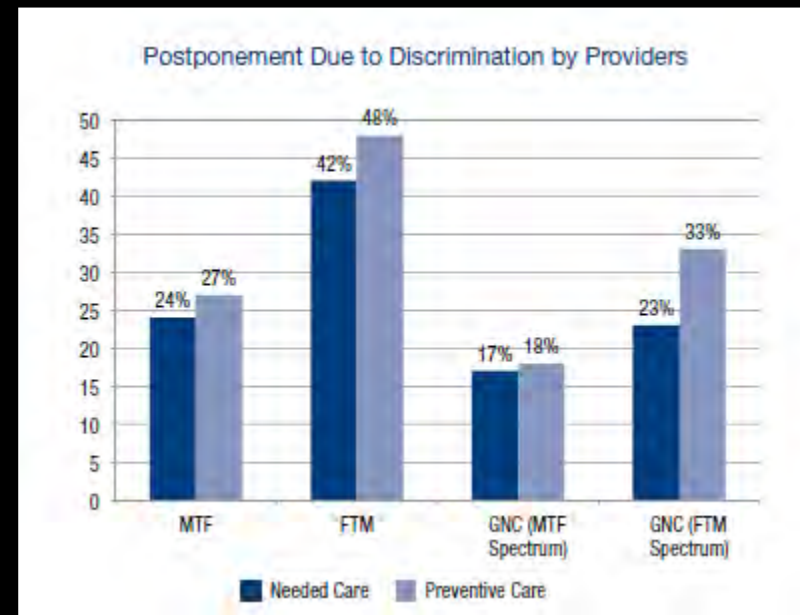
Men who have sex with men...

- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

Health Concerns for Transgender People

Transgender communities:

- are currently underserved
- are more likely to delay care due to fear of discrimination or past negative experiences
- face challenges in finding friendly and knowledgeable providers
- higher rates of depression, anxiety, and suicide
- higher incidence of HIV/AIDS



Physical Health Disparities: HIV

Lifetime Risk of HIV Diagnosis by Transmission Group



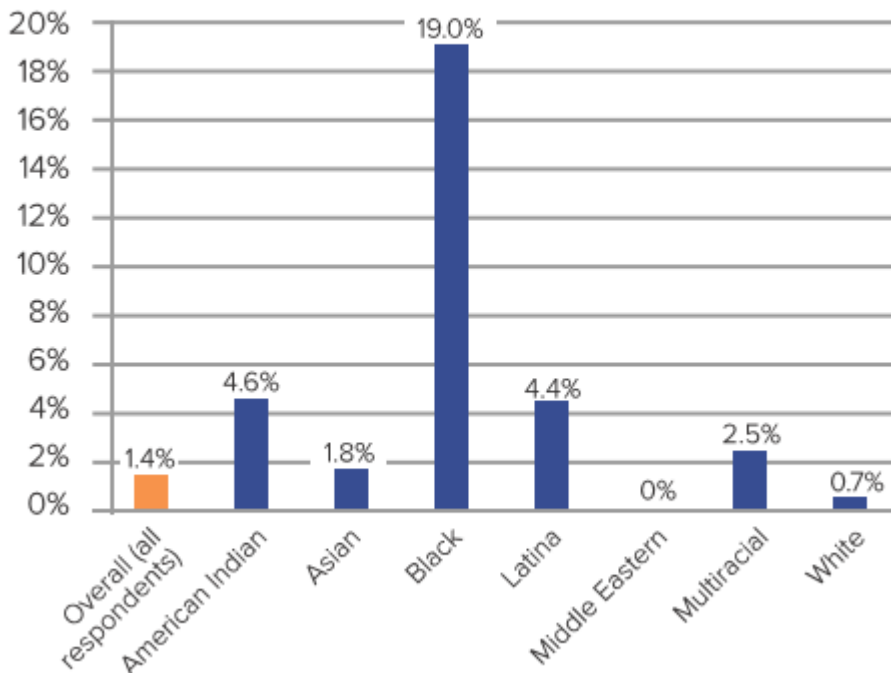
Source: Centers for Disease Control and Prevention

Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity



Source: Centers for Disease Control and Prevention

Figure 7.43: Living with HIV among transgender women RACE/ETHNICITY (%)



Source: The 2015 U.S. Transgender Survey

Patterns of Abuse Compared to Heterosexual Relationships

	Same-Sex Relationships		Opposite-Sex Relationships	
	Males	Females	Males	Females
Emotional	unk	unk	28%	29%
Physical	21.5%	35.4%	7.1%	25%
Sexual	5.1%	unk	unk	9.4%

NOTE: patterns of abuse and violence tend to be higher for bisexual/questioning individuals

Transgender People

- Between 16 to 60 percent of transgender people are victims of physical assault or abuse.
- Between 13 to 66 percent are victims of sexual assault.

Unique Aspects of LGBTI Intimate Partner Violence

Barriers to Reporting / Seeking Services

- Belief that IPV doesn't occur in LGBTI relationships, or fear that provider won't believe it exists
- Lack of appropriate training among IPV service providers
- Lack of resources available to help LGBT individuals leave relationships (61% of LGBT IPV survivors were **denied admission** to shelters)

Consequences of “Outing”

- Threat of disclosure of SO/GI to family, friends, school, work, etc.
- Forced to deal with internalized homophobia
- LGBT adolescents less likely to have a social support system
- Law enforcement are more likely to conclude fighting was “mutual”

Screening for LGBTI IPV

- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
- Do you feel safe in your current relationship?
- Is there anyone from a previous relationship who is making you feel unsafe now?
- Is anyone forcing you to do something sexual that you do not want to do?
- Is anyone following you or harassing you in the community?



ASSESSMENT & TREATMENT

Assessment and Treatment of the LGBT Population

- LGBT people suffer from the same types of illnesses as do the general population
 - often at higher rates
- Principles of medical and psychiatric care are therefore the same, regardless of a particular patient's identity
- An attitude of **gentle curiosity** balanced with **compassion** for a person's suffering and **respect** for their experience and strength underlies all effective interventions.

Assessment and Treatment of the LGBT Population

- Providers should **not** feel daunted by the specialized mental health needs of LGBT patients!
- Patients are our best teachers
 - We've all had the uncomfortable experience of feeling "caught" in our own ignorance about a situation
 - (lack of knowledge around nuances of an HIV regimen)
 - (which pronouns with a gender non-conforming spouse)

Assessment and Treatment of the LGBT Population

- We're all more comfortable feeling like an "expert"
- Given our **diverse communities** and the explosion of **specialized medical knowledge**, achieving "expertise" an ideal not reality
- What to do when feeling "caught?"

Assessment and Treatment of the LGBT Population

- We're all more comfortable feeling like an "expert"
- Given our **diverse communities** and the explosion of **specialized medical knowledge**, achieving "expertise" an ideal not reality
- What to do when feeling "caught?"
 - acknowledge the gap in our knowledge base
 - enlist the patient's experience
 - seek available medical resources in a transparent and timely manner
 - **patients don't expect us to be perfect**

Key Points for **Primary** Care

- You will have LGBT patients in your practice
- **Screening** and **preventive health** measures differ for LGBT patients
 - Patients will not recognize this
 - You cannot recognize who is LGBT without asking
- Screening for **breast, prostate, & cervical cancer** important & often neglected
 - Especially in trans patients who have remnants of gonadal and glandular tissue after GCS

Key Points for **Surgical** Care

- You will have LGBT patients in your practice
- The best **surgical recovery** occurs when a patient has an **adequate support network**
 - Critically important to understand *before surgery*, who makes up that network (friends, family, partners, spouses, etc.). Only possible if you ask.
- Know where to **refer pts** in your area for **GCS**
 - Consider whether you want to make these procedures a part of your practice

Key Points for **Specialist** Care

- You will have LGBT patients in your practice
- If you **create a welcoming inclusive practice**, your patients will be more open, honest, and better served
- Depending on your field, there will be **unique aspects of care** that differ for LGBT patients
 - Take time in residency to explore what these issues are, so you can learn how to best support / care for these patients

Assessment and Treatment of the LGBT Population

- The assessment & treatment of LGBT patients is not fundamentally different from that of non-LGBT patients.
- However, given the specific physical and mental health risks faced by LGBT people, it is useful to keep in mind some general principles and questions

Assessment and Treatment of the LGBT Population

1. Create a welcoming practice:

Consider the overall experience of LGBT patients seeking care. Creating a safe space will help patients feel comfortable and share critical information. Do you have pride symbols, “**safe space**” stickers, or LGBT-themed **magazines** in the waiting area? Are front office staff trained on how to maintain a safe and welcoming environment? Do you have a **gender neutral bathroom** for trans patients?

Assessment and Treatment of the LGBT Population

2. Practice forms: paperwork sets tone for encounter. Inclusive intake forms might ask:

- What is your gender? (male, female, transgender [male to female], transgender [female to male], gender non-conforming, other, declines to answer)
- What sex were you assigned at birth? (male, female, or something else)
- What is your sexual orientation? (include heterosexual, gay, lesbian, bisexual, queer, other, and declines to answer)
- What sex/gender are your sexual partners? (Check all that apply
– options include none, male, female, or transgender)

Assessment and Treatment of the LGBT Population

3. Language: follow the patient's example in using words to describe sexual orientation and gender identity.

- If uncertain, ask directly – for example, “what name would you like me to use when addressing you? What pronouns would you like me to use when speaking about you with other providers?”

Assessment and Treatment of the LGBT Population

4. Screening: LGBT people face elevated risks of most mental health conditions (internalized sexual prejudice and minority stress)

- Be sure to screen thoroughly for conditions that pose an inc. risk for members of this population

5. Trans-specific issues: World Professional Association for Transgender Health's Standards of Care document (free at www.wpath.org)

Your patient just told you they are transgender...

What should I ask?





Your patient just told you they are transgender...

What should I ask?

- Is there a name that you prefer that is different from what is on your chart?
- Is there a gender pronoun that you prefer different than what is on your chart?
- Make sure your questions are **clinically relevant** and for the benefit of the patient

What shouldn't I ask?



Your patient just told you they are transgender...

What should I ask?

- Is there a name that you prefer that is different from what is on your chart?
- Is there a gender pronoun that you prefer different than what is on your chart?
- Make sure your questions are **clinically relevant** and for the benefit of the patient

What shouldn't I ask?

- Any question that is more about personal curiosity than the patient's benefit
- Any question that is clinically irrelevant
- Build trust and rapport with your patient before asking them personal questions (just like anybody else)
- Be aware that transpeople are often asked intrusive questions by strangers and may be wary

Serving the needs of the
LGBT Community



Current and future healthcare providers from Massachusetts General, Brigham and Women's Hospitals, and Boston University School of Medicine march in the Boston Pride Parade and show their support for LGBT patients and their wellness. Credit: Kerstin Palm (left) and Marilyn Humphries (right).

Staying in the Closet, an LGBT Health Hazard

How and why to come out to your doctor

by Jesse Ehrenfeld

Most LGBT people know about the health risks of unprotected sex, heavy drinking, and using drugs. But many are unaware of the danger of not coming out to your physician. If your doctor does not know that you are LGBT, you really ought to have a discussion at your next visit in order to make sure that you are getting all the preventive health care you need and deserve to stay healthy. Coming out to your healthcare provider could be one of the most important things you ever do!

You Are Not Alone

Studies have consistently shown that many LGBT people are not open with their doctors about their sexual orientation or gender identity. Why is this? A lot of people are afraid of being discriminated against, judged, or even turned away. Additionally, some people may feel embarrassed or uncomfortable talking about their sexuality—especially if they happen to be sitting in a doctor's office in a paper gown! And it's quite natural to feel some reluctance in talking about something so deeply personal. After all, almost no one loves seeing the doctor.

Coming Out for Your Health

Why come out to your healthcare provider? Simply put: the recommendations for the routine preventive screenings and vaccinations that you need as an LGBT person are different from those who are not LGBT. But your doctor will not know to do these for things you, if you don't come out.

For example, *gay and bisexual men* should have regular tests for HIV, screenings for anal papilloma, and those under 27 should get the HPV (Human Papilloma Virus) vaccine in addition to the hepatitis vaccine which all gay men should get. *Lesbians and bisexual women* are at increased risk for certain types of gynecological cancers but many do not realize they should have a yearly gynecological exam, even if they are not having sex with men. These exams can help diagnose many forms of gynecologic cancers in their early stages and so all women who have sex with women should be screened for gynecological cancers every year.

Transgender people may have specialized medical needs, including management of cross-gender hormones. While hormone therapy is

often used to make a transgender person more masculine or feminine, the use of hormones does pose some risks. Testosterone can damage the liver, especially if taken in high doses or by mouth. Estrogen can increase blood pressure, blood glucose (sugar), and blood clotting. Anti-androgens, such as spironolactone, can lower blood pressure, disturb electrolytes, and dehydrate the body. Hormone use should always be supervised by a doctor.

This is My Partner

If you have a partner or spouse, it is important that your doctor not only knows about them, but also knows how to get in contact with them in case of an emergency, crisis, or another unanticipated health event. You want to make sure that your partner can be by your side when facing a health problem or new diagnosis, or having to make an important decision about undergoing surgery. But this is only possible if you are out to your doctor and they know who makes up your support system.

How Should I Come Out

Coming out to your doctor does not need to be a production. Just be honest, open, and matter of fact about who you are. Medical practices are increasingly asking sexual orientation and gender identity questions during new patient registration. But not all do, so be prepared to provide this key detail directly to the person taking care of you.

If your sexuality does not come up naturally in the course of care, take ownership of the conversation and start by saying, "Doctor, I need to tell you something."

I'm Out, Now What? Questions to Ask

Coming out is obviously just the start of having a productive doctor-patient relationship. You'll want to ask questions that are relevant to *your* health. Go into your next visit with a list of questions. Here are some to get you started:

1. What screening tests or other services do you recommend that I get as an LGBT person?
2. What sexually transmitted infections should I be concerned about?
3. Do I need to be screened for HPV?
4. Am I a candidate for PrEP (HIV Pre-exposure Prophylaxis)?
5. Have you had training on LGBT health issues and taking care of LGBT patients?
6. How can I fill out an advanced directive or healthcare power of attorney for my partner and me?
7. Should I be worried about my drinking or drug use?
8. Can you help me quit smoking?

Come Out, Come Out, Wherever You Are

Your doctor can only provide you with care that is *personalized* and *relevant* if you come out. This will ensure that you receive the right referrals to specialists and other providers with expertise in LGBT care. Remember, staying healthy isn't just about having your blood pressure checked or getting an HIV test. It's about taking care of the whole person. When you are open and honest with your doctor, you enable that person to give you comprehensive and compassionate health care that will support your entire mind and body. ●



Jesse M. Ehrenfeld, MD, MPH is a physician at Vanderbilt University Medical Center in Nashville, Tennessee, where he directs the Vanderbilt Program for LGBTI Health. A US Navy combat veteran, Dr. Ehrenfeld has extensive experience taking care of LGBT patients in both the armed forces and civilian community. A former chair of the Massachusetts Medical Society Committee on LGBT Matters, Dr. Ehrenfeld now serves on the Board of Trustees of the American Medical Association.

Say What? If your doctor doesn't know about your sexual orientation or gender identity, here are a few suggestions to start a conversation:

- "I have some questions for you about being gay/lesbian/bisexual/transgender and my health."
- "This is my partner."
- "There is a conversation I need to have with you."
- "I am interested in getting tested for HIV."
- "I have been taking these hormones to transition my gender."
- "Would you mind referring to me as 'he'/'she'/'they'?"

Tips on Coming Out to Your Doctor

- BRING A FRIEND along if you're uncomfortable being open with your doctor.
- ASK FOR A REFERRAL to an LGBT-affirming doctor. If you're new in town, you can also look online at the Gay and Lesbian Medical Association's Health Care Provider Directory.
- ASK ON THE PHONE when making an initial appointment if your doctor takes care of LGBT patients.
- PICK A TIME THAT WORKS FOR YOU to bring up the subject. Ask your doctor for a couple of minutes to talk before you undress.
- TAKE ALONG A LIST OF QUESTIONS that are relevant to your health as an LGBT person.

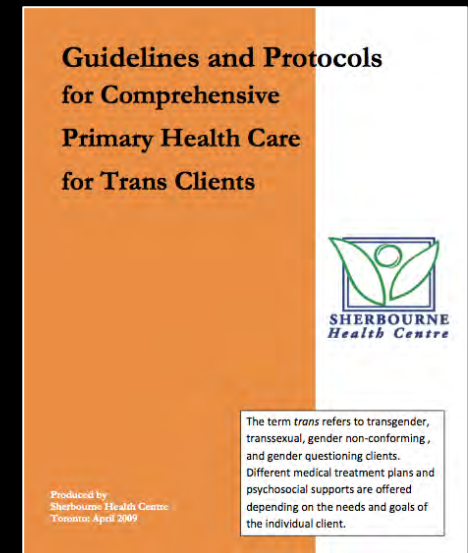
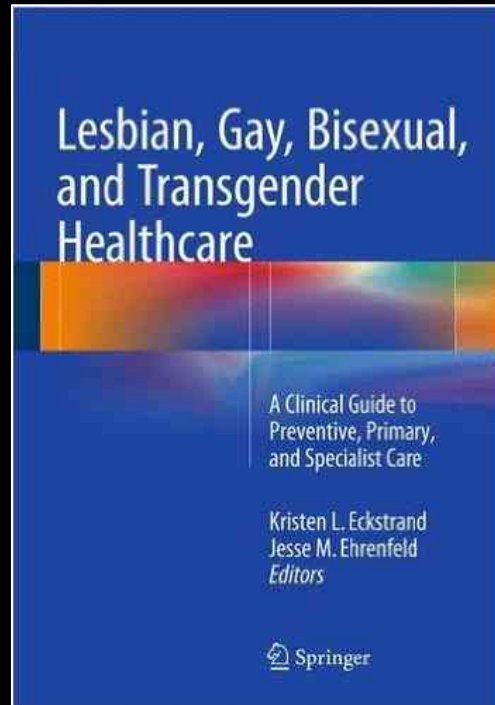
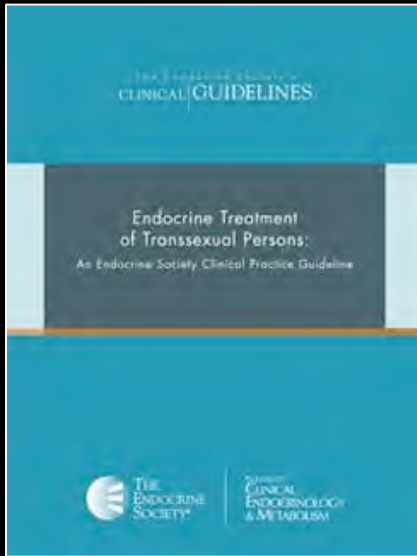
Vanderbilt's Trans Buddy Program

The Trans Buddy Program's goal is to increase access to care and improve healthcare outcomes for transgender people by providing emotional support to transgender patients during healthcare visits. We emphasize a patient-centered approach, with the goal of empowering the patient to make informed healthcare decisions. Trans Buddy recognizes the importance of intersectionality to our direct care practice, and we therefore aim to work with people of all identities with compassion and respect.

CONTACT US: (615) 875 - BUDD

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Resources for LGBTQI People

Organization	Use
Gay and Lesbian Medical Association (GLMA)	Finding a provider
Parents and Friends of Lesbians and Gays (PFLAG)	Support for friends and family
Gay, Lesbian, and Straight Education Network (GLSEN)	Support in schools
Children of Lesbian and Gays Everywhere (COLAGE)	Children in LGBT families
Lambda Legal	Legal support
American Civil Liberties Union (ACLU)	Legal support
The Trevor Project	LGBT-focused suicide hotline

Vanderbilt Program for *LGBTQ* Health

Our Team Members:

Jesse Ehrenfeld, MD, MPH – Director
André Churchwell, MD – Executive Sponsor
Del Ray Zimmerman – Program Coordinator
Keanan Gottlieb – Research Analyst
Shawn Reilly – Trans Buddy Coordinator

Program History:

- Office formed in 2012,
- Encompasses health professionals education, clinical care, and research

Trans-Buddy Program

- Launched in 2015, 24/7 support for patients via trained volunteers
- Program featured in *USA Today*



Scholarship

- NIH funding, 1 clinical textbook, 22 national presentations, 100+ local presentations and trainings, 8 active IRB-approved studies



We want comprehensive and compassionate care.

Vanderbilt is committed to providing care that addresses the unique needs of our lesbian, gay, bisexual, transgender and intersex (LGBTI) patients.

The Vanderbilt Program for LGBTI Health is an innovative effort to connect patients with caring, compassionate providers and cutting-edge medical resources regardless of sexual orientation, gender identity or gender expression.

VANDERBILT HEALTH

National Leadership

- Board of Directors, GLMA
- Member, AMA Board of Trustees
- AAMC LGBT Advisory Committee

Awards Received

- HRC Healthcare Equality Index Leadership Award
- Massachusetts Medical Society LGBT Health Award
- Nashville LGBT Chamber of Commerce Award

Peer Reviewed Papers (*Jan 2015 to Present*)

- Important Considerations for Addressing LGBT Health Care Competency. *Am J Public Health*. 2015 Nov;105(11)
- The Opportunity for Medical Systems to Reduce Health Disparities Among Lesbian, Gay, Bisexual, Transgender and Intersex Patients. *J Med Syst*. 2015 Nov;39(11):178.
- Transforming a Curriculum to Progress the Associate Degree Nurse to Advanced Practice. *Nurse Educ*. 2015 Sep-Oct;40(5):241-3.
- A systematic review of the literature on weight in sexual minority women. *Womens Health Issues*. 2015 Mar-Apr;25(2):162-75.
- An ecological framework for sexual minority women's health: factors associated with greater body mass. *J Homosex*. 2015;62(7):845-82.

LGBTI HEALTH

@ VANDERBILT



promoting national leadership in providing excellent patient care, research, and advocacy for the lesbian, gay, bisexual, transgender and intersex community

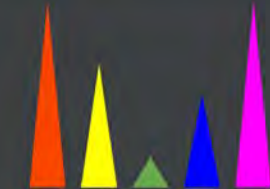
2014-2015

TRANS BUDDY PROGRAM

Volunteer

8,760

Hours



VPH VUH VCH Outpatient ED

24/7 Hotline: (615) 326-5185



New Patient Referrals

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VANDERBILT HEALTH

Growing Reach

locally, nationally & globally



Extramural Grants
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Manuscripts
Original Research

Lesbian, Gay, Bisexual, and Transgender Healthcare

A Clinical Guide to
Preventive, Primary,
and Specialist Care

Kristen L. Eckstrand
Jesse M. Ehrenfeld
Editors

Springer



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