Medical & Mental Health Competencies When Serving Bisexual Clients

ALGBTICAL WORKSHOP
April 7th 2017
Welcome and Overview

Introduction of presenter: Stephanie Perry, M.A.

- Birmingham, Alabama
- UAB Psychiatry, 8 years
- Administrative Manager of Psychiatric Clinics
- Masters in Counseling
- LGBTQ Mental Health & Wellness Clinic
- Birmingham PFLAG board
- Adult Advisor for LGBTQ youth (11-23 y/o)
Objectives

- Understand key terminology
- Learn why sexual and gender minorities are a population at risk
- Framework for providing optimal sexual healthcare and mental healthcare to LGBTQ people.
- Lesbian & Bisexual Women’s Health
- Intimate Partner Violence and Hate Crimes: Recognition, Care, and Prevention for Bisexual and Gender Non-Conforming people
- Gain an introduction to Family Acceptance
- Learn about helpful resources (local and national)
Key Terms and Vocabulary
Key Terms and Vocabulary

Lesbian
Gay
Bisexual
Transgender
Queer
Key Terms and Vocabulary

- Sex
- Sexual Orientation
- Gender Identity
- Gender Expression
Vocabulary

Girl
Boy
Vocabulary

Girl

Girl
AN ALLY’S GUIDE TO
TERMINOLOGY

language /ˈlæŋɡwɪdʒ/
1 ▶ ENGLISH/FRENCH
of communication by which
used by the people of a
Japanese language

Talking About LGBT People & Equality
Barriers to connecting with your patient

**Vignette:** Your female patient mentions that she identifies as “pansexual” during a routine assessment. You have no idea (or very little) what this means. How do you respond?
Sexual and Gender Minorities: Population At Risk
SGM: Population At Risk

- Mental health (GAD; Depression; SA)
- Employment
- Suicide
Sexual Health of LGBTQ people

» The sexual lives of LGBTQ individuals are diverse.

» A central goal of the provision of care to LGBTQ patients is to support the patient’s healthy self-concept of both their sexuality and sexual behaviors.
Benefits of the Sexual History

» Caring for the whole patient, regardless of gender, gender identity, sexual orientation, or gender expression, includes having a frank and open discussion about sexual activity, desire, function, and satisfaction.
Why Sexual History?

» Sexual history can help medical provider assess risky behaviors and find opportunities for prevention, identify physical and mental health issues.

» Assist with family planning

» Improve provider-patient communication

» Gives patient an opportunity to get information and answers to questions from a reliable source.
Despite these benefits, medical providers and patients often avoid conversations about sexuality for a multitude of reasons.
Clinician barriers

» Time constraints
» Inadequate training
» Fear of offending patients
» Personal discomfort with sexual topics
» Specific discomfort discussing sexuality with younger or older patients.
Patient barriers

» Lack of opportunity

» Societal taboos

» Embarrassment or shame

» Fear of judgment

» Fear around data confidentiality

» Uncertainty about whether sexual concerns are part of health care.
Distinguishing Orientation, Identity, and Behavior

» Sexual orientation, identity, and behavior describe 3 separate but related concepts.

» Sexual Orientation does NOT equal Sexual Behavior
Sexual Orientation

» SO refers to the inclination to develop emotionally and sexually intimate relationships with people of the same and/or a different gender (e.g. homosexual, heterosexual, bisexual).
Sexual identity is how individuals describe their sexuality (e.g., gay, bisexual, lesbian, straight)
Behavior refers to what one does and with whom (e.g., men who have sex with men [MSM], women who have sex with women [WSW], anal sex, oral sex).
Sex, however or with whomever it is performed, should be a joyous part of life.

» LGBTQ sex should not focus solely on pathology, HIV, or STIs; rather, it is about satisfaction and good health.

» Not asking about sex implies a judgment that sex is not healthy or part of health care.
Lesbian and Bisexual Women's Health: Prevention, Wellness, and Empowerment
Growing Acceptance
People Left Behind
Diversity of Lesbian and Bisexual Women

» All races, ethnicities, ages, religions, geographic regions

» Single, partnered, with or without children

» Range of gender expression: very masculine to very feminine

» May identify their gender and sexuality in different ways
Why Focus on Lesbian and Bisexual Women’s Health?

» Same health issues as all women...but also disparities

» Same care as for all women...but also unique risks, counseling, and supports

» Some avoid/delay care due to fear of discrimination, negative reactions

» Many remain invisible: our patients will not always tell us their sexual orientation
“Please, please don’t assume that I’m straight. If you ask me a question like “Do you have a boyfriend?” It makes me feel invisible and I don’t want to talk to you anymore.”

“I can’t tell you how many times the only question I’ve been asked about sex is, ‘what are you using for contraception?’ I’m a lesbian and I don’t need birth control.”
“People identify themselves in lots of different ways—male, female; straight, gay, bisexual, transgender, etc. How do you identify yourself?”

“How would you like to be addressed?”

“Tell me about yourself?”
▪ **Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff**

▪ **How to Gather Data On Sexual Orientation and Gender Identity In Clinical Settings**
Case 1: Coming Out
Celina, 18 years old

Celina (18) is a new client who tells you she has been attracted to other girls since age 14. She has experimented sexually with both same and opposite sex partners, and has slowly come to the conclusion that she is queer. However, she remains closeted at school and at home, and continues to date guys in order to maintain secrecy. She feels very guilty about this, but is afraid her friends will tease her and her parents won’t love her anymore if she comes out.
Questions

» What are your concerns?

» How can you provide support?

» What community resources are available to help her, her friends, and family members?
Challenges Facing Bi Youth *

Only 1 in 10 bi youth report feeling like they “definitely fit in” in their community.

Bi youth are less likely to be out to their families, friends, peers, and communities.

Bi youth are less likely to be aware of safe spaces for LGBT youth in their community.

1 in 4 bi youth report often being excluded by their peers because they are different.

#spiritday
Take a stand against bullying. Go purple!

* Data taken from the "Supporting and Caring For Our Bisexual Youth" report, published in September 2014 by the Human Rights Campaign

<table>
<thead>
<tr>
<th>Behavior</th>
<th>LGB</th>
<th>Not LGB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipped school because felt unsafe</td>
<td>16.9%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Threatened or injured with a weapon</td>
<td>17.0%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Dating violence</td>
<td>25.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>26.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Sexual contact against their will</td>
<td>23.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Lifetime sexual intercourse</td>
<td>68.0%</td>
<td>44.1%</td>
</tr>
</tbody>
</table>

Data from: Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9–12, Youth Risk Behavior Surveillance, Selected Sites, United States, 2001–2009, [http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf](http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf)
What to Address
LGB Youth (Ages 12-24)

- Self-esteem
- Isolation
- Safety
- Homelessness
- Sexual risk-taking
- Substance use
  - Tobacco, alcohol, drugs
- Depression, suicide

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
Showing and Offering Support

- Communicate that having attractions to women is a normal expression of sexuality
- Remain positive and affirming
- Assess connection to or isolation from LGBTQ resources and communities
- Have available:
  - Referrals to affirmative support groups, community organizations, health and mental health consultants
  - Resources on LGBTQ health issues and support
  - Resources for friends and family members
Case 2: Prevention & Screening
Sherri, 23 years old

Sherri, who self-identifies as a lesbian, presents for primary care. She is monogamous with her partner for 2 years. She has never had a Pap test. She has no complaints.
Questions

Does she need:
- The HPV vaccine?
- A cervical Pap test?
- Other STI testing?
- Discussion on contraception options?
- How would you discuss safer sex?
Sexual Behaviors and Risk

- Most (75-90%) self-identified lesbians have had at least one prior sexual experience with a man (O’Hanlan, 1997; Diamant, 1999)

- Self-identified bisexual/lesbian youth (12-19) were as likely as heterosexual peers to have ever had penile-vaginal intercourse (Minnesota Adolescent Health Survey, 1999, Saweyc)  
  - reported a 2-fold higher prevalence of pregnancy
Sexual Behaviors and Risk

- Women can acquire sexually transmitted infections (STIs) from other women

- STIs proven to be transmissible purely through same-sex female contact include: HPV, HSV, trichomonas, HIV (Kellock, 1996; O’Hanlan, 1996; Rich, 1993; Troncoso, 1995; Fethers, 2000)
Bacterial Vaginosis

- Prevalence of BV higher (27%) in lesbians vs. heterosexual women (5-23%)
- Having a female partner confers a 2-fold risk (meta-analysis, 43 studies)
- Studies of monogamous female couples show a high concordance for BV (73-95%)
- Etiologic factors:
  - Exchange of vaginal secretions
  - BV infectious for longer in women
  - Frequent sharing of sex toys- often without a condom
## Stratified Risk of Sexual Practices for Lesbian and Women

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Risk</td>
<td>• Clothed genital stimulation</td>
</tr>
<tr>
<td></td>
<td>• Nipple stimulation</td>
</tr>
<tr>
<td></td>
<td>• Sex toy use with condoms</td>
</tr>
<tr>
<td>Risky</td>
<td>• Cunnilingus without a barrier</td>
</tr>
<tr>
<td></td>
<td>• Vaginal or anal-digital insertion without a condom</td>
</tr>
<tr>
<td></td>
<td>• Vaginal or anal fisting without gloves</td>
</tr>
<tr>
<td>High-Risk</td>
<td>• Cunnilingus during menses without a barrier</td>
</tr>
<tr>
<td></td>
<td>• Unprotected anal rimming</td>
</tr>
<tr>
<td></td>
<td>• Shared sex toys without changing condoms</td>
</tr>
</tbody>
</table>

---

Daskalakis et al. Sexual Health.
In: Fenway Guide to LGBT Health
Cervical Cancer Risk

- Lesbian/bi women have multiple risk factors:
  - Higher smoking rates
  - Higher obesity rates
  - Much lower screening rates (e.g., Charlton, 2011: lesbian; 75% lower odds; Bi: 30% lower odds)

- Higher lifetime prevalence of cervical CA in bisexual compared to heterosexual women (2.2% vs. 1.3%) (Valanis, Arch Fam Med 2000: US Cohort Study, N=93,311 post-menopausal women)
Reasons for Reduced Adherence to Screening

- 36% of lesbians in a 2001 Seattle, WA study had not had a Pap smear in the previous 2 years.

- Reasons cited:
  - 42%: No medical insurance
  - 26%: Previous adverse experiences with screening
  - 22%: Believed not necessary if not sexually active with men
  - 10%: Told not necessary if not sexually active with men
  - 11%: Didn’t know where to get one

(Marrazzo, et al AJPH, 2001)
Questions about Sexual Behavior

- “Are you having sex?”
  - In the past six months, year?

- “Who are you having sex with?”
  - “Anyone else?”

- “What kinds of sexual contact do you have?”
  - Manual stimulation (hand on vulva/anus/penis)
  - Oral stimulation (mouth on vulva/anus/penis)
  - Vaginal penetration (with hands, sex toys, penis)
  - Anal penetration (with hands, sex toys, penis)
Questions about Safer Sex

- “How do you protect yourself against STIs?”

- “Do you use protection every time you have sex?”

- “Would you tell me if you hadn’t?”

- “How often do you use condoms/dental dams for oral sex?” “Vaginal sex?” “Anal sex?”
TAKING ROUTINE SEXUAL HISTORIES:
A System-Wide Approach for Health Centers
February 2013

Sexual Risk Assessment

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P’s:

- Partners
- Practices
- Past History of STDs
- Protection from STDs
- Pregnancy Plans

The following risk assessment questions are organized according to these categories.

**PARTNERS**
These questions should already have been covered during the First Three Questions of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (If both, ask the next question twice—once for male partners, and once for female partners)
- How many sexual partners have you had in the past six months?

Additional risk questions about partners:

- Have you ever had sex with someone you didn’t know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?

**PRACTICES AND PROTECTION FROM STDS**
Some patients respond better to open-ended questions about their sexual practices, and some prefer yes or no questions. For transgender patients, younger patients, and women who have sex with women, for example, you may find that open-ended questions are preferred and may bring you more

---

1. This risk assessment has been adapted from Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: http://www.cdc.gov/STD/health/
3. TAKING ROUTINE HISTORIES OF SEXUAL HEALTH
Safer Sex Supplies

Saran

Latex Gloves

EII
NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
Those damn dams...
Asking about Contraception

- Ask (“Do you have a need for...”, not “What do you use for”)

- Provide information (“If you have a need for contraception in the future...”)

- Be sure WSW are aware of the availability and how to use emergency contraception
Tobacco Use Risk

- Smoking rates nearly twice those of heterosexual women (29.8% vs. 17%) (Tang et al, 2004; Burgard et al, 2005)
- Use is associated with multiple morbidities
Alcohol & Drug Use Risk

- Compared to heterosexual women, lesbian and bisexual women have been shown to:
  - Consume more alcohol, more frequently (Burgard, et al 2005; Case et al 2004)
  - Have higher lifetime use of marijuana, cocaine, and other drugs (Cochran, Ackerman, Mays, 2004)
Overweight and Obesity Risk

- Lesbians have higher prevalence of overweight and obesity compared to all other women (Bowen 2008; Boehmer 2007)
- Body image and perceptions of physical attractiveness may differ
- Exercise behavior not tied to thinness as is true for bisexual and heterosexual women
- Potential consequences: HTN, dyslipidemia, DM, CVD, GB disease, OA, OSA, endometrial/breast/colon CAs

Valanis et al, 2000; Boehmer et al, 2007; Bowen & Balsam, 2008
Cardiovascular Disease Risk

- Lesbians may be at increased risk due to:
  - More risk factors (stress, smoking, overweight)
  - Less attention to cardiac risk factors

- Screen, support behavioral change, treat as per general population recommendations

Mental Health Risk

- Compared to heterosexual women, lesbians have been shown to have:
  - A higher prevalence of Generalized Anxiety Disorder (14.7% vs. 3.8%)
  - A higher rate of utilizing mental health services in the past 12 months (66% vs. 36%)
  - An increased lifetime prevalence of suicidal ideation (Cochran et al, 2003; Hughes et al, 2006)
Violence Victimization Risk

- Domestic violence occurs in same-sex relationships at same rate as heterosexual relationships
- Physical and verbal harassment and violence based on sexual orientation are common
  - e.g. sexual assault against lesbians to “fix” them or prove something
Intimate Partner Violence and Hate Crimes: Recognition, Care, and Prevention for LGBTQ People
Violence and Trauma are all too common occurrences in the lives of many LGBTQ persons.

» Take many forms:

» Rejection by one’s family of origin

» Bullying

» Hate crimes

» Sexual assault

» Intimate partner violence
61% of bisexual women had experienced intimate partner violence in their lifetimes, compared with 44% of lesbians and 35% of heterosexual women.

Corresponding rates for gay, bisexual, and heterosexual men were 26%, 37%, and 29% respectively.

The perpetrators of the violence were predominantly male with the exception of violence reported by lesbians, in which case 67% of the perpetrators were female.
Distinctive Features of LGBT Intimate Partner Violence

Forced outing = a form of psychological violence.

Abusers may threaten victims with unwanted outing to exert power.

Concerns about coming out can also serve as a barrier to seeking help.

Overall, LGBT individuals appear more likely to experience violence than non-LGBT persons.
Juanita is a 35-year-old transgender woman who presents to your clinic with insomnia. Her insomnia began after she was attacked by a group of men upon leaving a bar approximately 1 month ago; the men hit and kicked her and told her that she deserved the beating because she was a “filthy cross-dresser.” Now, Juanita has difficulty falling asleep. When she does sleep, she often experiences nightmares about the attack. She has avoided the bar, even though it was formerly one of her favorite places to meet friends, and has nearly stopped going out all together. She feels emotionally numb and isolated. Her alcohol use has increased; she used to drink 1 to 2 alcoholic beverages per day and now has 3 to 5. She did not seek legal assistance after the attack because she doubted that the police would be sympathetic. How would you respond to Juanita’s situation?
Hate Crimes

» Hate crimes vary in severity from threats, to vandalism, to physical or sexual assault, to homicide.

» Hate crimes based on sexual orientation and gender identity are often considered more violent than those affecting other groups.

» They traumatize not only the victims but also others who belong to a targeted group but are not personally affected by the crime.
Transgender Disparities

Snapshots of transgender life

- 41% can't change their gender on their IDs
- 57% were rejected by families
- 19% have experienced homelessness
- 19% were refused medical care
- 47% have attempted suicide

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.
Health Care Disparities

- 28% postponed necessary medical treatment when sick or injured
- 33% delayed or did not try to get preventative healthcare
- 50% reported having to teach their doctor about transgender care
- Lack of health coverage due to not being hired or family rejection
Leelah Alcorn’s Story

Leelah Alcorn was a transgender teen who committed suicide in 2014.

"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights... My death needs to mean something... My death needs to be counted in the number of transgender people who commit suicide this year. Fix society. Please."
Standards Of Care

- WPATH: Standards of Care  
  - www.wpath.org
- Center of Excellence for Transgender Health at UCSF  
  - transhealth.ucsf.edu
- The Endocrine Society  
  - www.endocrine.org
Resilience

» Despite stigmatization, discrimination, and health disparities, many transgender people lead happy, healthy lives

» Transgender people and their families demonstrate remarkable resilience

https://www.glaad.org/tags/jazz-jennings
Introduction to Family Acceptance
Family Acceptance Matters

**Lifetime Suicide Attempts**

(1 or more times)

- **Low Rejection**
- **Moderate Rejection**
  \[ p < .10 \]
- **High Rejection**
  \[ p < .001 \]

(n = 245)

LEVEL OF FAMILY REJECTION

© Caitlin Ryan, PhD, 2012

Family Acceptance Project™
Family Acceptance Matters

Risk for HIV Infection

Low Rejection

Moderate Rejection

High Rejection

(n = 245)

LEVEL OF FAMILY REJECTION

p < .001

© Caitlin Ryan, PhD, 2012

Family Acceptance Project™
Family Acceptance Matters

See a Future as Happy LGBT Adult

(n = 245)

LEVEL OF FAMILY ACCEPTANCE

Extremely Accepting

Very Accepting

A Little Accepting

Not at All Accepting

92%

77%

59%

35%

© Caitlin Ryan, PhD, 2012

Family Acceptance Project™
Intro to Family Acceptance

» Reparative therapy: denounced by ACA, AMA, NASW, APA...

» Fundamental message: moving families toward acceptance has protective impact on youth.

» Magic City Acceptance Project is a resource for Family Acceptance.
Resources

» ALGBTICAL
» Fenway Health
» GLMA
» MCAP
» PFLAG Birmingham
» UAB Psych: Stephanie Perry
Contact Information:

- Stephanie Perry, MA
- sgperry@uab.edu
- (205) 975-8191
References


Guidelines for psychotherapy with lesbian, gay, and bisexual clients. American Psychologist, 67,10-42.


Counseling Psychologist, first published on June27, 2011.


ANY QUESTIONS?