Clinical Care Best Practices: Taking an Inclusive Sexual History

Adolescent HIV Prevention ECHO Forum

September 2, 2019
Objectives

• Identify strategies to effectively engage adolescents in discussions of sexual risk taking, sexual orientation, and gender identity

• Identify strategies to strengthen confidentiality protections for adolescent patients
Case: Erica

- Erica is a 16-year-old sexually active cisgender female who presents to the school-based health center.
  - She is attracted to females only.
  - She has had two male partners.

- How do you approach Erica?
Step #1: Create an inclusive environment

- American Academy of Pediatrics recommends that providers initiate and discuss issues of emerging sexuality and create affirming spaces for all adolescents.

- Sensitive and culturally appropriate signs welcoming all adolescents demonstrates interest in and respect for both heterosexual cisgender and non-heterosexual non cisgender identities.

Source: Coker, Austin, Schuster, 2010
Adolescents reported they would feel more comfortable disclosing their sexual orientation or gender identity to providers if the office space or the provider badge had a sign indicating support for LGBT patients, such as a safe-spaces sticker.

Providers expressed enthusiasm about using safe-spaces stickers:

- I was apprehensive to tell doctors because I don't know how they could react. *Unless it's clear, like they have a rainbow flag in their office or something like that.* - Gay, adolescent male

- “I think [a safe spaces indicator] would be amazing. Because I do feel like [adolescents] are scared to talk.” - Family medicine provider

Source: Raifman/Sanders, SAHM 2018
Step #2: Routinely assess history

- 2014 *JAMA Pediatrics* article reported 1/3 of adolescent annual visits included no discussion of sexuality issues
  - In those visits where it was discussed, average length of discussions was 36 seconds

Source: Alexander et al *JAMA Pediatrics*, 2014;
HEADSS Assessment

• HEADSS is an acronym for the topics that the provider should cover
• Has been expanded to HEEADSS home, education (ie, school), eating, activity/employment, drugs, suicidality, safety, and sexuality/sex
• Should also include routine assessment of gender identity

Source: Katzenellenbogen, 2005
HEADSS: Beyond the check boxes

- Adolescents need to be engaged to understand their psychosocial history
- Rapport building is key
  - School health clinicians may be one of few allies for sexual and gender minority and at-risk youth
- HEADSS assessment should be a conversation not a survey
  - With more in-depth probing as therapeutic relationships develop
No assumptions…

- Do not assume heterosexuality or gender identity
- Ask about (rather than assuming) the gender of romantic and sexual partners
- Forms/checklists can be used to avoid the assumption of heterosexuality, cis or binary gender
- Educational material should incorporate images and language that include SGM youth
UNDERSTAND THE BASICS

SEXUALITY AND GENDER 101
What is sexuality?

sex·u·al·i·ty (sekSHoʊˈələdē/)  
noun  
1. capacity for sexual feelings.  
"she began to understand the power of her sexuality"  
Synonyms:  
sensuality, sexiness, seductiveness, desirability, eroticism, physicality;  

2. a person's sexual orientation or preference.  
plural noun: sexualities  
"people with proscribed sexualities"  
Synonyms: sexual orientation, sexual preference, leaning, persuasion;  

3. sexual activity

https://en.oxforddictionaries.com/definition/sexuality
Sexuality

- **Sexuality**
  - Complex phenomenon involving biological, psychological, and social processes

- **Sexual self-concept**
  - Is a key developmental task of adolescence
  - This includes: identification and articulation of sexuality

- While sexual development may be very linear for some, for others, it takes a non-linear trajectory and is a continuum
Continuum

- Sexuality may be seen as existing on a continuum
- Often conflate sexuality with sexual orientation
Sexual Orientation

- Refers to an individual’s pattern of physical and emotional arousal toward other persons
- Composed of 3 dimensions:
  - **Attraction**: enduring pattern of sexual/romantic feelings
  - **Behavior**: enduring pattern of sexual or romantic activity
  - **Identity**: conception of self based on attraction and behavior and/or membership in social group based on shared sexual orientation

Source: IOM. 2011. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding,
Kinsey’s 7-point continuum

- Distinctions between homosexual and heterosexual are not as clear cut as many believe them to be
- Scale based on both feelings of attraction & sexual behavior
- Limitation: gives erroneous impression of fixed orientation

Fig. 9.2 Kinsey’s continuum of sexual orientation (adapted from Kinsey et al., 1948, p. 638).
Same-sex Attraction & Behavior More Complex

- 2017 Gallop poll estimated that 4.5% of the population identified as LGBT

- 19 million Americans (8.2%) report that they have engaged in same-sex sexual behavior and nearly 25.6 million Americans (11%) acknowledge at least some same-sex sexual attraction

http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics
Gender

- The **socially constructed** roles, behaviors, activities, and attributes a given society considers appropriate for the sex assigned at birth.

- Individuals may have a gender identity and expression that differs from their natal sex, the umbrella term for these individuals is called *transgender*.

Source: Physicians for Reproductive Health, 2014
3 Dimensions of Gender

- **Gender identity**: is a personal and culturally defined construct based on one’s basic sense of being a male, female or other gender

- **Sex assigned at birth or natal sex**: refers to gender assignment at birth

- **Gender expression**: masculine or feminine appearance, and behavior

Source: IOM. 2011. The Health of Lesbian, Gay, Bisexual, and Transgender People; DSM-V
Transgender

• **Transgender**: relates to experience of incongruence between assigned gender at birth (natal sex) and one’s gender identity
  – Male to Female (she/her pronouns)
  – Female to Male (he/his pronouns)
  – Non-binary or non-conforming (they/them pronouns)

• **Cisgender** refers to congruence between gender at birth and identity

• Gender identity ≠ Sexual orientation
Practical approaches

- Intake forms can be used to routinely assess sexual orientation (SO), gender identity (GI) and sexual behavior
- Ask about SOGI separately from behavior
- Evidence-based approaches are based on adult data
Sexual Orientation

• Sexual orientation can be assessed using one-step method.
  – Do you think of yourself as:
    • Lesbian, gay or homosexual
    • Straight or heterosexual
    • Bisexual
    • Something else
    • Don’t know

Gender Identity

• Should be assessed using the two-step method.
  • What is your current gender identity? (Check all that apply)
    – Male
    – Female
    – Female-to-Male (FTM)/Transgender Male/Trans Man
    – Male-to-Female (MTF)/Transgender Female/Trans Woman
    – Genderqueer, neither exclusively male nor female
    – Additional Gender Category/(or Other), please specify
    – Decline to Answer
  • What sex were you assigned at birth on your original birth certificate? (Check one)
    – Male
    – Female
    – Decline to answer

Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity: The EQUALITY Study.


Abstract

IMPORTANCE: The Institute of Medicine and The Joint Commission recommend routine documentation of patients' sexual orientation in health care settings. Currently, very few health care systems collect these data since patient preferences and health care professionals' support regarding collection of data about patient sexual orientation are unknown.

OBJECTIVE: To identify the optimal patient-centered approach to collect sexual orientation data in the emergency department (ED) in the Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity study.

DESIGN, SETTING, AND PARTICIPANTS: An exploratory, sequential, mixed-methods design was used first to evaluate qualitative interviews conducted in the Baltimore, Maryland, and Washington, DC, areas. Fifty-three patients and 26 health care professionals participated in the qualitative interviews. Interviews were followed by a national online survey, in which 1516 (potential) patients (244 lesbian, 289 gay, 179
Sexual Behavior, how do I ask?

• Centers for Disease Control and Prevention Recommend the use of the 5 P’s:
  – Partners
  – Practices
  – Protection from STIs
  – Past history of STIs
  – Prevention of pregnancy
  – And, add “P”: PLEASURE, PERFORMANCE
Practical approaches

- Intake forms can be used to routinely assess sexual orientation, gender identity and sexual behavior
  - Are you in a relationship?
  - Are you attracted males, females, both, neither, non-binary persons?
  - Have you ever been intimate with someone? (give examples: kiss, held hands, etc.)
  - What types of sex have you had? (Tell me about the types of sex you have had.)
Taking an Inclusive Adolescent Sexual History

• Check your body language and facial expressions
• Be aware that there are a wide range of sexual behaviors, activities, and expressions. Try to remain open and neutral
• Provide comprehensive and non-stigmatizing information about sexual and reproductive health
• Promote healthy sexuality even if teen is not sexually active

Slide Source: Dr. Errol Fields
Step #3: Assure Confidentiality

- Youth less likely to access sexual and reproductive health if its unclear that confidentiality will be maintained
- Most jurisdictions ensure confidentiality for youth who can legally consent but…
  - Potential breaches occur for AYA who are dependents on a parent’s (private) insurance
- Be aware of local laws

Cheng TL et al., JAMA, 1993
Minor Consent: will my parents find out?

- Requirement of parental consent is a barrier to receipt of confidential services
- Confidential concerns have been found to be a barrier to PrEP

https://www.cdc.gov/hiv/policies/law/states/minors.html
Confidential Protections

• AYAs who file as dependents on their parent’s insurance also require confidential protections
• Providers will need to explain explanation of benefits (EOBs) and ways to avoid disclosure
• 13 states have confidentiality protections for EOBs
  – 5 states allow for confidential communications with insurer and dependent (CA, CO, IL, MD, OR, WA)
  – 2 states have confidential protections of EOBs (NY, WI)
  – 6 states explicitly protect confidentiality of minors insured as dependents (CT, DE, FL, ME, HI, WA)

Step #4: Aware of social context

- Schools encounter >55 million students/year
- Students spend ¾ each year in school & 13 years of their life
- School is a critical opportunity to teach developmentally-appropriate sexual health education and foster relationships with youth
Missing School due to Feeling Unsafe

- GLSEN 2017 Climate Survey

- 34.9% were missing $\geq 1$ day of school in past month because felt unsafe or uncomfortable
Feeling Unsafe due to...

Figure 1.1 LGBTQ Students who Felt Unsafe at School Because of Actual or Perceived Personal Characteristics

“Do you feel unsafe at school because of...”

- Sexual Orientation: 59.5%
- Gender Expression: 44.6%
- Body Size or Weight: 39.2%
- Gender: 35.0%
- Academic Ability: 23.3%
- Family Income: 16.3%
- Religion: 11.9%
- Disability: 11.8%
- Race or Ethnicity: 9.0%
- How Well Speak English: 1.8%
- Citizenship Status: 1.7%
- Other Reasons: 8.1%
Sexual Orientation and School Climate

Figure 3.2 Experiences of Discrimination by Sexual Orientation
(Percentage of LGBTQ Students who Experienced Anti-LGBTQ Discriminatory Policies and Practices)
Bullying and Harassment

Nearly 9 in 10 LGBTQ students (87.3%) were victimized at school, most often due to sexual orientation or gender expression.
Reporting Victimization to School Staff

The majority (55.3%) of students **never** reported incidents of harassment or assault to school staff.
Reasons for NOT reporting

• The most common reason for not reporting to school staff was:
  – Doubting that effective intervention would occur.

• Over 6 in 10 (68.0%) did not think school staff would do anything.

• Over 6 in 10 (61.4%) did not think school staff would be effective in handling the situation.
Stigma

Labeling, stereotyping, separation, status loss, and discrimination of individuals based on social status and characteristics, such as sexual orientation, gender identity, race, ethnicity, disability, HIV status, body size, etc.

- Erving Goffman. ... In Goffman's theory of social stigma, a stigma is an attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.

Goffman, 2009; Frost & Meyer, 2012; Hatzenbuehler et al., 2013; Reisner et al., 2015
Minority Stress

The process through which stigma directed toward sexual and gender minorities in the form of violence, discrimination, and harassment, causes psychological stress and subsequently impacts mental and physical health.

Frost & Meyer, 2012; Hatzenbuehler et al., 2013; Reisner et al., 2015
Racism-related stress

• Compounded pervasive historical discrimination and stigma around multiple parts of identity

• Burden of education and microaggressions in both racial/ethnic community and in LGBTQ community

• Representation importance in many places that lack sense of community and understanding
Racism-related stress

4 in 5 LGBTQ youth of color have personally experienced racism\textsuperscript{33}

- 94% say racism affects the lives of people of their same racial/ethnic group\textsuperscript{34}
- 86% say racism has impacted the life experiences of people close to them\textsuperscript{35}
- 1 in 5 thinks about racism every day\textsuperscript{36}

Only 11% of LGBTQ youth of color believe their racial/ethnic group is regarded positively in the United States\textsuperscript{37}
Microaggressions

- 3 out of 4 youth of color have experienced varied microaggressions -- ranging from having to educate white LGBTQ people about race issues to being misunderstood by people within their own racial or ethnic community.
Intersectionality Framework

Fields, Morgan Sanders, Pedtric Clin N America, 2016

Fig. 1. Key intersecting identities of young black gay and bisexual men. HIV, human immunodeficiency virus; STI, sexually transmitted infection.
What can I do in my school setting?
#1: Resources

- Be aware of resources available to you that can be used in the school:
  - GLSEN has a safe space kit that can provides concrete strategies that will help you support students
    - Step-by-step manual around support, education, advocacy in schools
  - Advocates for Youth
    - Fact sheets, health, and advocacy information

https://advocatesforyouth.org/resources-tools/
#2: Empower Youth

- Work with youth in your school to empower them to make change
- Gay Straight Alliances (GSAs) are effective in making change
  - GSAs are student-run organizations that unite LGBTQ+ and allied youth to make change
- Advocates for Youth has a youth activist tool kit – step-by-step resource to help youth organize

https://www.glsen.org/participate/student-action/gsa
https://gsanetwork.org/resources/10-steps-for-starting-a-gsa/
https://advocatesforyouth.org/resources-tools/
80% of Americans support teaching comprehensive sex education in high schools and in middle or junior high schools.
LGBT youth

• LGBT youth are less likely to receive appropriate education

• YRBS Data (13 states)
  – Young men who reported sex with other men were less likely to report school-based HIV education than heterosexual peers

Raifman, Beyrer, Sanders, LGBT Health 2018
Policies

• Enact & implement anti-bullying/harassment policies
  – If barriers toward promoting inclusive environment for LGBT and non-conforming students, try to approach it from a safety perspective
Evidence

Student Clubs (GSAs)
Inclusive Curricular Resources
Supportive Educators
Inclusive Policies

Missing School
Educational Aspirations
Academic Achievement
Staff Intervention in Biased Language

Feeling Unsafe
Homophobic Remarks
Anti-LGBTQ Victimization
Academic Achievement
Missing School
Educational Aspirations
Academic Achievement
Staff Intervention in Biased Language
Changes over time

Availability of LGBTQ-Related School Resources Over Time
(Percentage of LGBTQ Students Reporting Resource in School, Accounting for Covariates)

- Many Supportive Teachers/Staff (6 or more)
- GSA
- Positive Inclusion of LGBTQ Issues in Curriculum
- Comprehensive Anti-Bullying Policy
Summary

• Schools are a critical environment where safe spaces are needed and youth are vulnerable

• Providers can create a welcoming environment for youth through evidence based best practices:
  – Welcoming environment
  – Inclusive, non-judgmental language
  – Promoting confidentiality
  – Embracing the vulnerabilities of adolescents
  – Changing the school environment
  – Empowering youth
Special Thanks

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  - GLSEN
  - Johns Hopkins University School of Medicine, Division of General Pediatrics & Adolescent Medicine (Errol Fields)
  - Physician for Reproductive Choice & Health