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15-minute consultation in the normal child: Challenges relating to sexuality and gender identity in children and young people

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ABSTRACT

Lesbian, gay, bisexual and transgender (LGBT+) young people face several challenges in their daily lives, including specific healthcare inequalities. Negative societal attitudes towards sexual and gender minorities, and the effects of regular experiences of bullying and homophobia/transphobia exacerbate the normal trials and tribulations of childhood and adolescence. Barriers to accessing healthy activities, such as sport, are created by perceived stigma and real-life experiences. Healthcare environments are by default heteronormative and contribute to the isolation and exclusion of LGBT+ young people. Paediatricians are well placed to act on these healthcare inequalities and to advocate for LGBT+ youth, through simple changes to individual practice as well as system wide improvements.

Case 1

Alex is a 13-year-old boy who has been diagnosed with Acute Lymphoblastic Leukaemia. His paediatrician needs to discuss treatment options with him, including the fertility side effects of chemotherapy. Alex identifies as gay, although has not disclosed this to anyone except his close friends.

"When you're older and want to have a baby with your wife or girlfriend, there will be several options available…"

How could the paediatrician's approach be changed to be more inclusive? What are some of the issues such an approach might create?

Case 2

Rachel is a 14-year-old who is usually medically well. She came out as transgender a year ago and is under the care of the Gender Identity Development Service. Her mother is supportive although her father is not.

Rachel is admitted with pneumonia requiring IV antibiotics. The junior doctor asks invasive questions about Rachel's gender history, and a senior doctor only refers to her as 'Daniel' (the name on her notes) and uses he/him pronouns.

What could be done differently in this case? When is it appropriate to ask about gender history?

INTRODUCTION

Lesbian, Gay, Bisexual and Transgender (LGBT+) youth face inequalities in both their access to and experiences of healthcare.[1] As an organization delivering a public service, the NHS is bound under the Equality Act of 2010 to "consider the needs of different groups" and "commit to tackling inequality".[2]

Yet surveys of frontline NHS staff show that 3 in 5 staff do not believe sexual orientation is relevant to healthcare, and three quarters of staff have not received any training in the health needs of LGBT+ patients[3]. Up to 20% of frontline NHS staff have heard colleagues express belief that being gay can be 'cured'[3]. This is not just an issue confined to the UK, and LGBT+ people face healthcare inequalities worldwide[4].

Being LGBT+ does not in itself cause mental health problems[5], or create healthcare inequalities. Rather the challenges are a result of the often-negative environments in which our LGBT+ youth are growing up. Understanding developmental features of sexual identity

is important for clinical practice (box 1). It is also important to remember that sexual identity is different to sexual behavior. There is a glossary of terms at the end of this article.

Box 1

Developmental features of sexuality and the importance for clinical practice

A developmental approach to working with young people is vital in understanding and communicating effectively regarding issues of sexuality.

Sexual orientation can be considered to encompass three different domains of an individual's identity and behaviour.

1. Romantic and sexual attraction: The gender to which individuals are romantically and physically attracted.

2. Sexual Behaviour: The gender of person with whom an individual has sexual relationships.

3. Sexual orientation identity: A term with which an individual chooses to define their overall sexual orientation.

One might expect consistency across the domains for adults. However, research supports the idea that these three domains progress at different rates during development.

A young person may well report consistent and strong romantic and sexual attraction to the same-sex long before embarking in same-sex sexual behaviour or being ready to adopt one of the labels used to describe sexual orientation, if they wish to adopt a label at all.

Assessments

For clinicians conducting assessments with adolescents, asking questions related to romantic attraction and sexual behaviour, rather than just identity is important for several reasons.

1. Providing a more developmentally appropriate understanding of a young person's identity.

2. Demonstrating an understanding of the complex sense of self-identity that a young person may have.

3. Enabling potential helpful conversations surrounding any associated mental or physical health risks.

HEALTHCARE ACCESS & EXPERIENCES

Inequalities in access to healthcare are driven by negative experiences and affect how patients present to healthcare services. LGBT+ people are more likely to present to Emergency Departments for health issues than they are to their GP[6]. Only half of young LGBT+ people feel safe and supported in the NHS when it comes to their sexual and/or gender identity[7], and more than half have experienced NHS staff making incorrect assumptions about their identity[6]. Barriers to accessing healthcare for LGBT+ youth include presumed heterosexuality and judgmental attitudes from healthcare staff[6].

For transgender people, healthcare services can be particularly challenging. A government report found that the needs of transgender patients are not being met, with an approach described as discriminatory and in breach of the Equality Act[8].

PUBLIC HEALTH & PREVENTION

Drugs & Alcohol

LGBT+ youth are more likely to use drugs and alcohol than their heterosexual peers[1 9]. Areas with LGBT+ affirming schools seem to have fewer heavy episodic drinking episodes for all youth, regardless of sexual identity, compared to areas where LGBT+ is not addressed in schools, or is addressed negatively[10] – although further study is required to understand this association.

Sport & Exercise

Sports clubs and exercise facilities such as gyms and leisure centres, create significant barriers in access for LGBT+ youth[11]. Homophobic experiences and gender-specific rules (including changing rooms and sports kits) are among the barriers cited by many LGBT+ youth as reasons for not participating in sports and exercise[11]. These barriers often continue into further education and adult life[11].

Diet & Eating Disorders

There is an increase in prevalence of disordered eating in lesbian, gay and bisexual teenagers, including; fasting, use of diet pills or laxatives, and purging[1 12]. Lesbians are more likely to be overweight than heterosexual teenage girls, with binge eating being a significant risk factor[13]. Transgender teenagers are four times more likely than cisgender (non-trans) peers to have an eating disorder[14], and management is complicated as diet can be related to attempts to control development of unwanted secondary sex characteristics (e.g. fat deposition patterns and menstruation).

Teenage Pregnancy

Teenage lesbian and bisexual girls have higher rates of pregnancy than heterosexual girls[15 16]. Compared to heterosexual teenagers, young lesbian and bisexual girls are less likely to think safe sex advice is applicable to them, are more likely to have risky sex with male peers,

and are more likely to have consumed alcohol at time of first sexual encounter[9 15]. This surprising statistic highlights the importance of designing health education and public health programmes to be inclusive.

Violence & Personal Safety

Being open about sexuality and gender identity can also put young people's safety at risk. LGBT+ teenagers are significantly more likely than heterosexual peers to be raped, physically attacked, and threatened or injured with a weapon[9].

SCHOOL

School is a source of significant stress and abuse for many young LGBT+ pupils[7 17-19]. Homophobic comments such as "that's so gay" are heard daily at school by 99% of LGBT+ pupils. Direct homophobic bullying is experienced by over half of all LGBT+ pupils regularly[17].

In schools where LGBT+ issues are addressed, information is often inaccurate, misleading, or issues are addressed in a negative manner. Over half of LGBT+ pupils do not feel they have an adult they can confide in at school, and many schools block access to LGBT+ resources[17]. A fifth of LGBT+ pupils report not feeling safe in school and truancy is common[17]. Experiences and expectations of homophobia dissuades many young LGBT+ pupils from pursuing higher education[7 17].

HOME

Despite recent steps forward in societal attitudes, home life can still be a significant threat to the health of young gay people. Over half of LGBT+ youth hide their sexual and/or gender identity at home, which most find distressing[18]. Young people who keep their identity secret have higher rates of self-harm and are significantly more likely to plan or attempt suicide[18]. Young people who 'come out' to their parents may be forced to leave home. LGBT+ young people making up at least a quarter of all homeless youth[20]. There are extremely limited services for homeless LGBT+ youth.

MENTAL HEALTH, SELF-HARM & SUICIDE

Depression & Anxiety

Mental health problems are disproportionately present in LGBT+ young people compared to heterosexual/cisgender peers[1 17-19]. Almost half of all LGBT+ pupils who experience homophobic bullying have symptoms consistent with depression and anxiety. Even when not bullied, 35% still have symptoms[17]. This is far higher than the rates for young people in general, which are estimated by NICE (National Institute for Health and Clinical Excellence) to be around 5%[17]. Persistent perceived and actual discrimination contributes to on-going stress (box 2).

Self-Harm & Suicide

The NSPCC estimate between 1 in 15 and 1 in 10 young people in general self-harm, however over half of all LGBT+ youth self-harm[17-19]. Up to three quarters of young LGBT+ people have had thoughts of suicide[17], and around a quarter have attempted suicide[1 17 18]. Due to the poor acceptance of differences between biological sex and gender identity in society, transgender young people often face extreme social isolation, discrimination, and victimization[1]. Thus, at least a third of transgender youth attempt suicide[1 18 21]. Suicide and self-harm is even more prevalent in LGBT+ black and minority ethnic youth[17 18]. Help-seeking behaviours and specific risk factors are also different for LGBT+ youth (box 3).

Compounding Stressors

Like all young people, LGBT+ youth experience the usual stressors associated with adolescence, such as academic and social pressures, illness and disability. For LGBT+ youth, these stressors may have a compounding influence on self-harm and suicidal feelings[18], compared to youth in general.

Box 2

Minority Stress Model & Perceived Stigmatization

The minority stress model describes persistently elevated levels of stress experienced by people in stigmatized groups.[22] There are a number of contributing factors which for LGBT+ youth include social stigma, isolation, concealment of identity and the internalization of negative societal attitudes.

LGBT+ youth report high levels of perceived stigma, as well as real-life experienced discrimination, which acts as a compounding factor for mental health symptoms[23].

On a physiological level, minority stress and perceived stigma appear to modulate endocrine function. LGBT+ young adults have been shown to have blunted cortisol responses to stress events, similar to traumatic life events.[24]

Box 3

Help-seeking & Risk Factors

The Queer Futures report[18] explored LGBT+ adolescents' suicidal feelings, self-harm and help-seeking. Most young LGBT+ people only look for help when at crisis point. The most common reason for not seeking help is not wanting to be viewed as 'attention seeking'. Not wanting to reveal sexual orientation/gender identity is also a significant factor for young people not seeking help.

Help is most often sought from friends and the internet, with only a third of young LGBT+

people accessing their GP, and a fifth NHS mental health services. Seeking help from GP or NHS services was usually motivated by someone else. Only half of LGBT+ young people seeking help from their GP found the experience helpful.

LGBT+ Youth Groups were significantly protective in self-harm and suicide risk, and are the preferred choice of young LGBT+ when seeking help. Online communication was preferred for receiving professional mental health support.

Transgender and gender-variant young people also criticised the long waiting times for Gender Identity Clinics, and the challenging clinical process associated with these.

PAEDIATRICIAN APPROACH & INCLUSIVE HEALTHCARE

Most LGBT+ youth are not 'out' to their doctors[7], although the majority would be open to discussing gender and sexual identity with doctors[25]. The use of inclusive language for all patient and parent interactions is simple and effective (see Box 4). Not making assumptions about patients' identities, and adapting the way we listen and speak, will reduce both experienced and perceived stigma and discrimination in healthcare.

Healthcare environments should be inclusive and visibly welcoming for LGBT+ patients and families. The use of posters from LGBT+ organisations such as Stonewall, and including images of same-sex parent families in standard health promotion material are quick and easy ways to signify inclusive environments (box 5).

Adapting approach to communication, given preferences for communicating feelings of self-harm and suicide for example, is also important. Telemedicine could be explored to improve communication with LGBT+ youth in crisis.

Inter-professional communication requires attention to ensure issues are not inadvertently created. For example, not listing 'transgender' in the problems list of a clinic letter, but instead referencing this positively in the letter's text. Better ways of recording sexuality and gender identity in healthcare records are also required.

Box 4

Inclusive Language

Inclusive language is a way of communicating that is free of words and phrases that reflect stereotype, prejudice or discrimination, and avoids assumption and exclusion of minority groups.

Examples:

"Do you have a girlfriend/boyfriend?" vs "Are you seeing anyone romantically?" or "Do you have a partner?"

(to a parent) “How do you think your boy is doing?” vs “How do you think your child is doing?”

Inclusive language also requires respect for chosen names and pronouns, particularly for transgender people. Pronouns (e.g. she/her, he/him, they/them) are a crucial part of identity and asking trans and non-binary youth what pronouns they would like you to use is important.

Box 5

REDUCING HEALTH INEQUALITIES

Inclusive healthcare environments

Assure confidentiality for patients

Display posters and other resources that show support for LGBT+ youth and families

Visibly signpost to local and national support organisations (e.g. Stonewall and Gendered Intelligence) and external resources (e.g. MindEd website)

Holistic Healthcare

Understand developmental features of sexuality and their relevance to clinical practice

Include discussions around emerging identities with all adolescents

Affirm any disclosed identity and offer acceptance and support wherever possible

Provide information and resources to any interested young people

Use inclusive language in all patient and family communications

Ensure positive communication in referrals/clinic letters (e.g. not including 'transgender' in a problem list)

Community

Encourage schools to be LGBT+ inclusive and affirmative, through anti-bullying campaigns, strict anti-homophobia/transphobia policies and library resources

Promote inclusive sexual health education

Education

Seek continuing education opportunities for healthcare professionals around sexuality and gender in young people

Advocate for LGBT+ inclusion in new development of healthcare programmes/campaigns

Seek relevant LGBT+-related research opportunities in paediatric specialties

Encourage inclusion of LGBT+ youth issues in undergraduate and postgraduate curricula

Research

Further research is required to better understand the healthcare inequalities faced by LGBT+ young people. It is a challenging area to conduct good quality research, and there are several ethical considerations. Parental consent can sometimes be waived when including competent LGBT+ youth in research, as parental involvement could place young people at risk as well as introducing bias[26].

CONCLUSION

LGBT+ youth face several healthcare challenges relating to both physical and mental wellbeing. Paediatricians are well-placed to play a vital role in advocating for young LGBT+ people and reducing the stigma and discrimination that create healthcare inequalities. All areas of child health can make improvements. Core education and simple practice changes are good first steps to addressing these inequalities.

Recommended Reading & Resources

Research

Stonewall's School Report – a detailed look at school experiences of LGBT youth
http://www.stonewall.org.uk/sites/default/files/ The_School_Report__2012_.pdf

Stonewall's Unhealthy Attitudes Report – explores attitudes of NHS staff towards LGBT patients
www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

Queer Futures Report – a detailed government-commissioned study on self-harm, suicide & help-seeking behaviour of queer youth in the UK
www.queerfutures.co.uk

Trans Mental Health Study – an excellent comprehensive report detailing the lived experiences of trans people.
www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

Trans Guidance for Schools – guidance from Cornwall for schools to help trans pupils
http://www.lgbtqyouthcornwall.co.uk/images/TransGuidance/Transgender_Guidance_booklet.pdf

Resources

Stonewall – the UK's largest LGBT rights organisation. The website has several excellent resources
www.stonewall.org.uk

Gendered Intelligence – site for trans youth, including range of resources for young people,

professionals and schools
www.genderedintelligence.co.uk

GIRES (Gender Identity Research and Education Society) – site includes range of useful resources to improve lives of trans, non-binary and gender variant people
www.gires.org.uk

Mermaids UK – organisation supporting gender identity in young people
www.mermaidsuk.org.uk

Albert Kennedy Trust – supports young LGBT people who are made homeless or living in a hostile environment
www.akt.org.uk

Rural GP Scotland – range of resources for improving healthcare for LGBTQ+ people in remote and rural areas
www.ruralgp.scot/lgbtq-plus

Books

Queer: A Graphic History, by Meg-John Barker/Julia Scheele – beautifully illustrated book introducing queer identity and history

This Book Is Gay, by Juno Dawson – invaluable book written for young people (but applicable to all) covering many aspects of life as a LGBT young person

Case Answers

Case 1

The paediatrician is unaware of Alex's sexuality, and has assumed that he is heterosexual. By using gender-specific words and phrases, the doctor risks alienating Alex and affecting the patient-doctor relationship. Assumptions and non-inclusive language add to the stigma and discrimination experienced by young LGBT+ patients. This case highlights the importance of using inclusive language for all patient communication. Inclusive sexual health advice would also be important in this case. Biological parenthood is still a concern for young LGBT+ patients although their responses may differ from heterosexual peers[27]. A proper adolescent history with developmental assessment including sexual identity and behavior might help Alex discuss his identity and build a better relationship with his paediatrician. LGBT+ youth also have higher rates of cancer-related behaviours[28], which could also be uncovered with an appropriate history.

Case 2

Rachel is transgender and lives her life as a girl. Her medical records are still filed under the name given to her at birth, which the senior doctor continues to use. Misgendering causes significant distress to young trans people, and is likely to seriously affect the patient-doctor relationship also.

It is inappropriate in this case for the junior doctor to ask invasive questions about Rachel's gender, as it is unrelated to her presentation. It would be appropriate to ask Rachel what name she would like to be called, and which pronouns she uses. If a young person asks to be referred to as she/her, for example, then it is unacceptable to continue to use he/him (or anything else).

There are many times when it is not necessary to ask about a patient's gender history. Someone presenting to A&E with a broken arm does not need to be questioned about their gender identity or aspects of their transition. A transgender person presenting with abdominal pain, however, likely would require a gender history to be explored.

Glossary & Guide

Bisexual: a spectrum of sexual identity where someone is attracted to more than one gender, although this does not necessarily mean a 50:50 split of attraction to each gender.

Cisgender: describes a person whose gender identity is aligned with the sex they were assigned at birth (also referred to as non-trans).

Coming Out: when someone tells another person/other people about their sexual and/or

gender identity for the first time

Heteronormative: describes a non-inclusive situation where everyone is assumed to be heterosexual. Can apply to environments, approaches, communication styles etc.

LGBT+: Lesbian, Gay, Bisexual, Transgender. The '+' signifies it is an inclusive phrase that encompasses a number of other identities. When summarising research, it is useful to use LGBT+ to incorporate the spectrum of sexual/gender minority identities included across the literature.

Pronoun: used to refer to a person you are talking about (e.g. he/him or she/her). People can choose the pronouns they feel most comfortable with using, and these should be respected at all times. Gender-neutral pronouns are pronouns which do not associate a gender with the person being talked about (e.g. they/them or xe/xim).

Queer: an umbrella term which includes anyone who feels their sexual/gender identity fall somewhere outside the societal norm. It is used differently by different people, and sometimes can be used as an accompanying identity (for example, somebody can identity as both 'gay' and 'queer').

Transgender: a person who identifies with a gender that differs from the sex assigned to them at birth. Trans identity does not necessarily indicate medical or surgical transition. Whether a trans person has transitioned or not does not alter their gender identity.

Transition: the steps taken by transgender people to live their lives in accordance to their gender identity. Transition will differ between individuals, and does not always involve medical or surgical intervention. It can refer to telling other people, or dressing differently.

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