



JOHNS HOPKINS
M E D I C I N E

Presented by: Renata Arrington Sanders, MD, MPH, ScM
Associate Professor of Pediatrics & Internal Medicine

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



Visual Ques

Name
School Based Health
Center
Provider



- 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

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

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

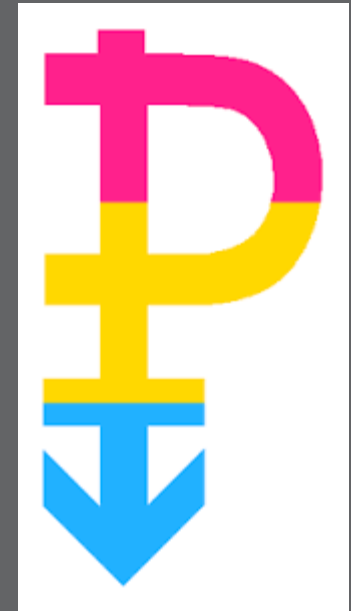
HEADSS: Beyond the check boxes

- 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 (sekSHoō' alədē/)

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**

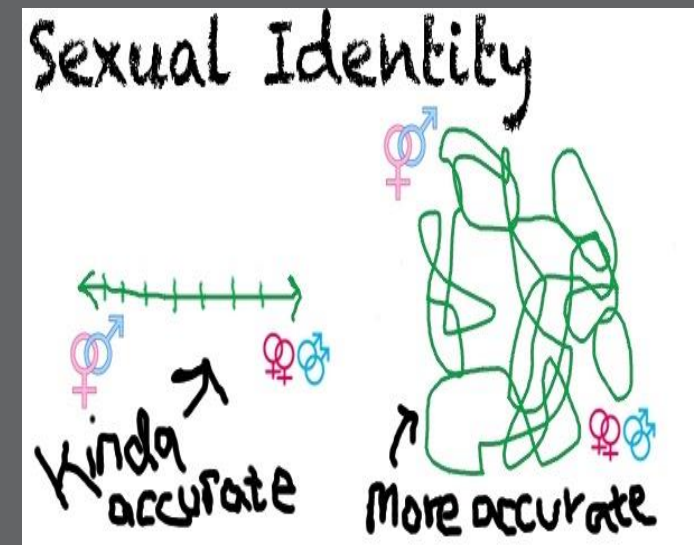
"people with proscribed sexualities"

Synonyms: sexual orientation, sexual preference, leaning, persuasion;

3. sexual activity

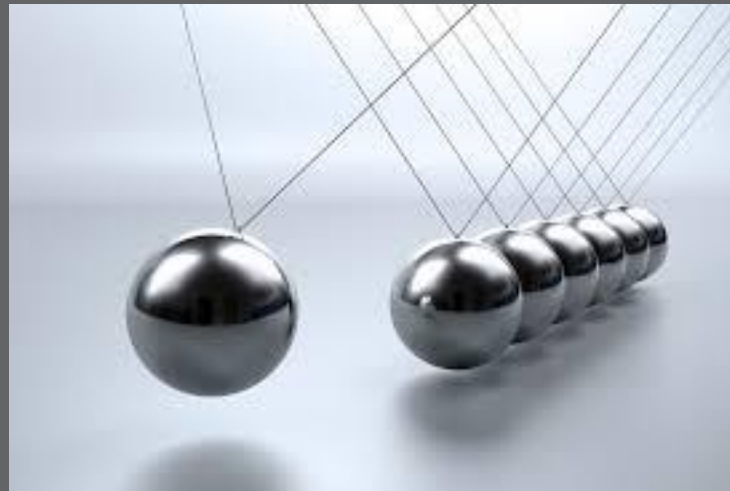
Sexuality

- **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



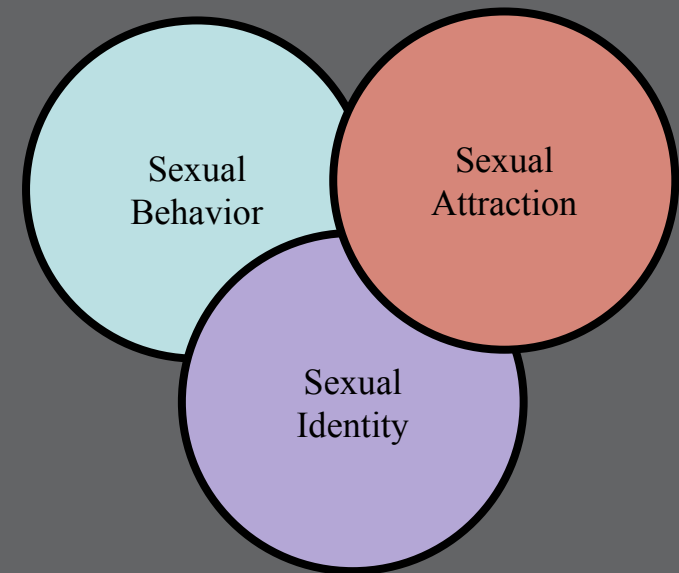
Continuum

- 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



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

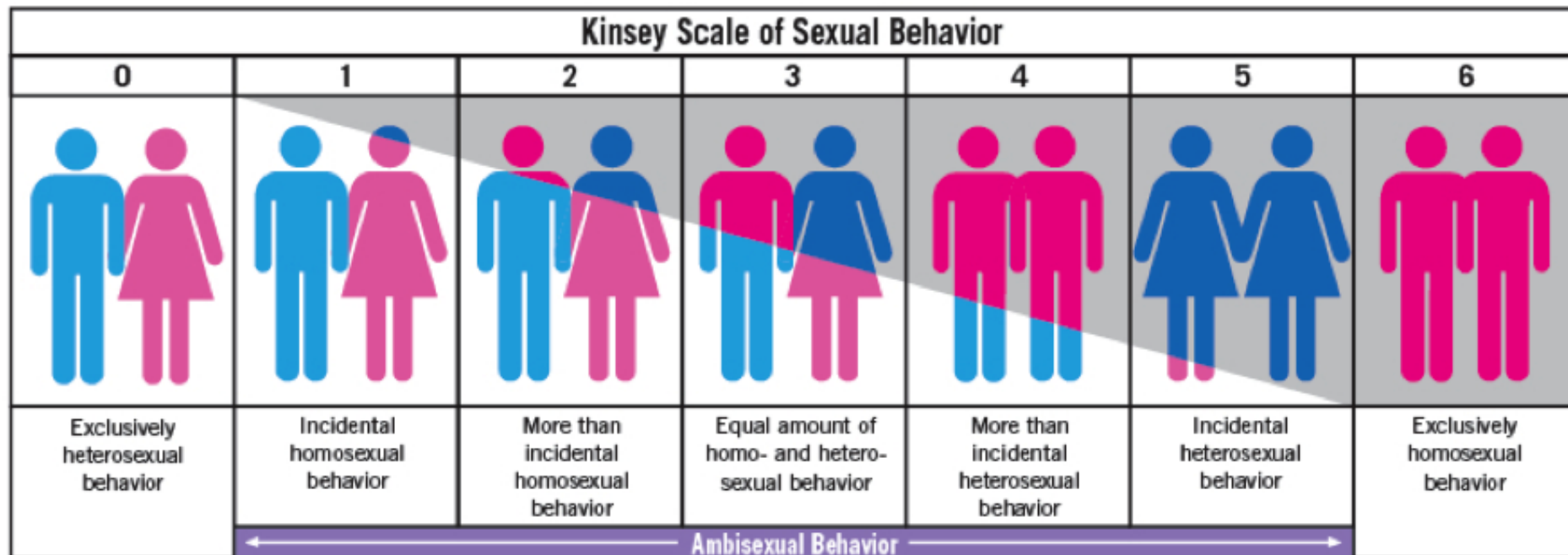


Fig. 9.2 Kinsey's continuum of sexual orientation (adapted from Kinsey et al., 1948, p. 638).

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

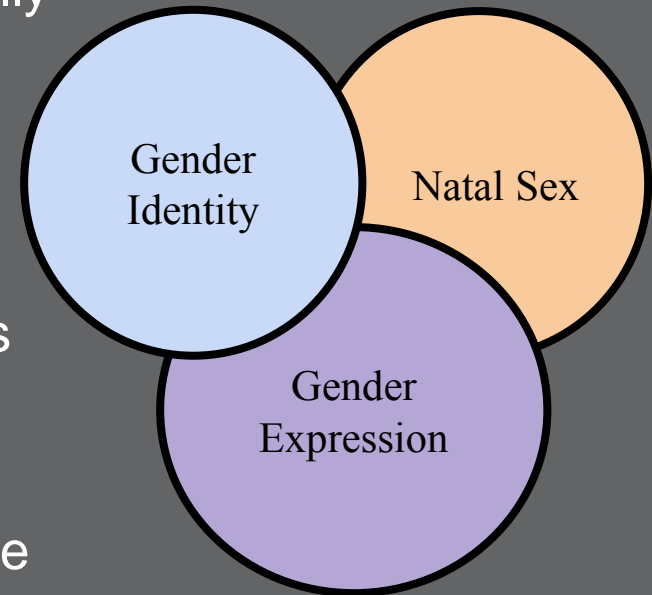


Gender

- 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**.

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



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 \neq 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

If you ask, they will tell: The EQUALITY STUDY



Format:
Abstract ▾

Send to ▾

[JAMA Intern Med.](#) 2017 Jun 1;177(6):819-828. doi: 10.1001/jamainternmed.2017.0906.

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

[Haider AH](#)¹, [Schneider EB](#)¹, [Kodadek LM](#)², [Adler RR](#)¹, [Ranjit A](#)¹, [Torain M](#)³, [Shields RY](#)⁴, [Snyder C](#)⁵, [Schuur JD](#)⁶, [Vail L](#)⁷, [German D](#)⁸, [Peterson S](#)⁹, [Lau BD](#)¹⁰.

[+ Author information](#)

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

Full text links

FULL TEXT
[JAMA Internal Medicine](#)

Save items

★ Add to Favorites ▾

Similar articles

[Screening for sexual orientation in ps](#) [West J Emerg Med. 2015]

[Is It Okay To Ask: Transgender Patient](#) [Acad Emerg Med. 2017]

[A lesbian, gay, bisexual and transgender c](#) [J Clin Nurs. 2016]

[Review](#) [Patient perspectives on answering qu](#) [J Clin Nurs. 2017]

[Review](#) [\[Homosexual parenthood ar](#) [Encephale. 2012]

[See reviews...](#)

[See all...](#)

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

Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers. November 2015

Step #3: Assure Confidentiality

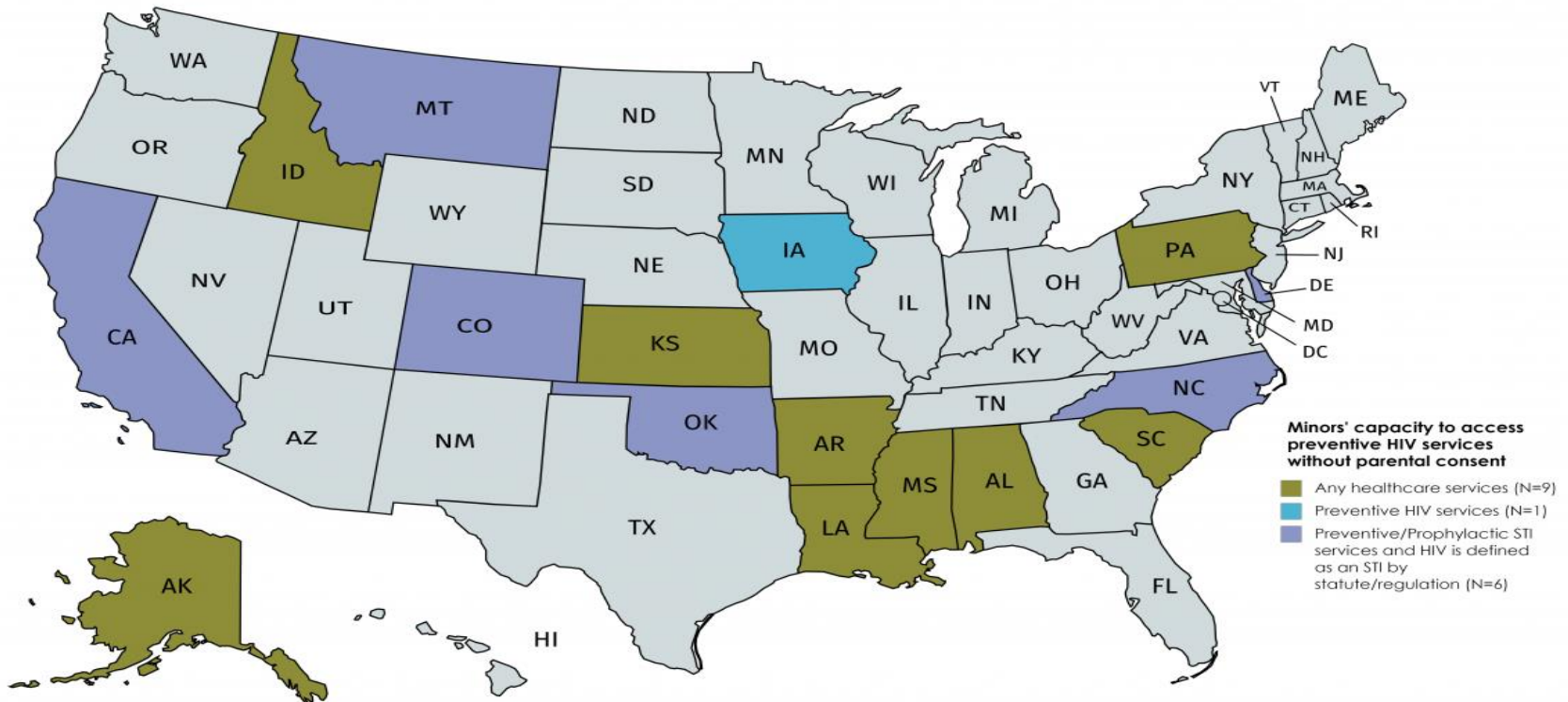
- Youth less likely to access sexual and reproductive health if its unclear that confidentiality will be maintained
- Most jurisdictions ensure confidentiality for youth who can legally consent but...
 - Potential breaches occur for AYA who are dependents on a parent's (private) insurance
- Be aware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



Cheng TL et al., JAMA, 1993

Pasternak RH, et al. Arch of Pediatr Adol Med, 2006

Minor Consent: will my parents find out?



Created with mapchart.net ©

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

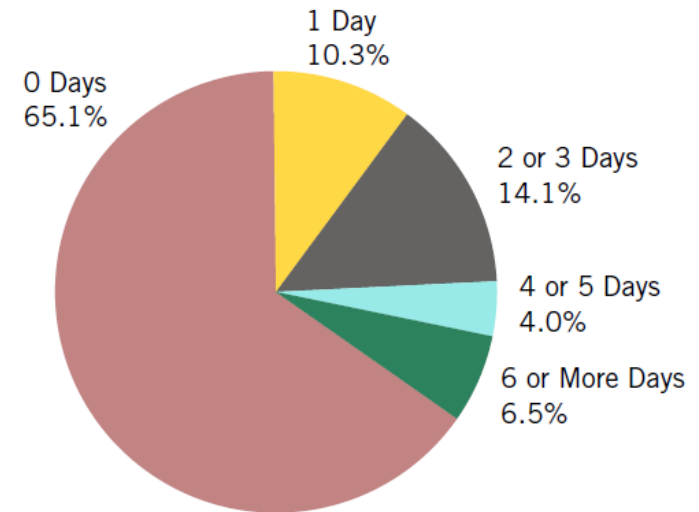


- Schools encounter >55 million students/year
- Students spend $\frac{3}{4}$ each year in school & 13 years of their life
- School is a critical opportunity to teach developmentally-appropriate sexual health education and foster relationships with youth

Missing School due to Feeling Unsafe

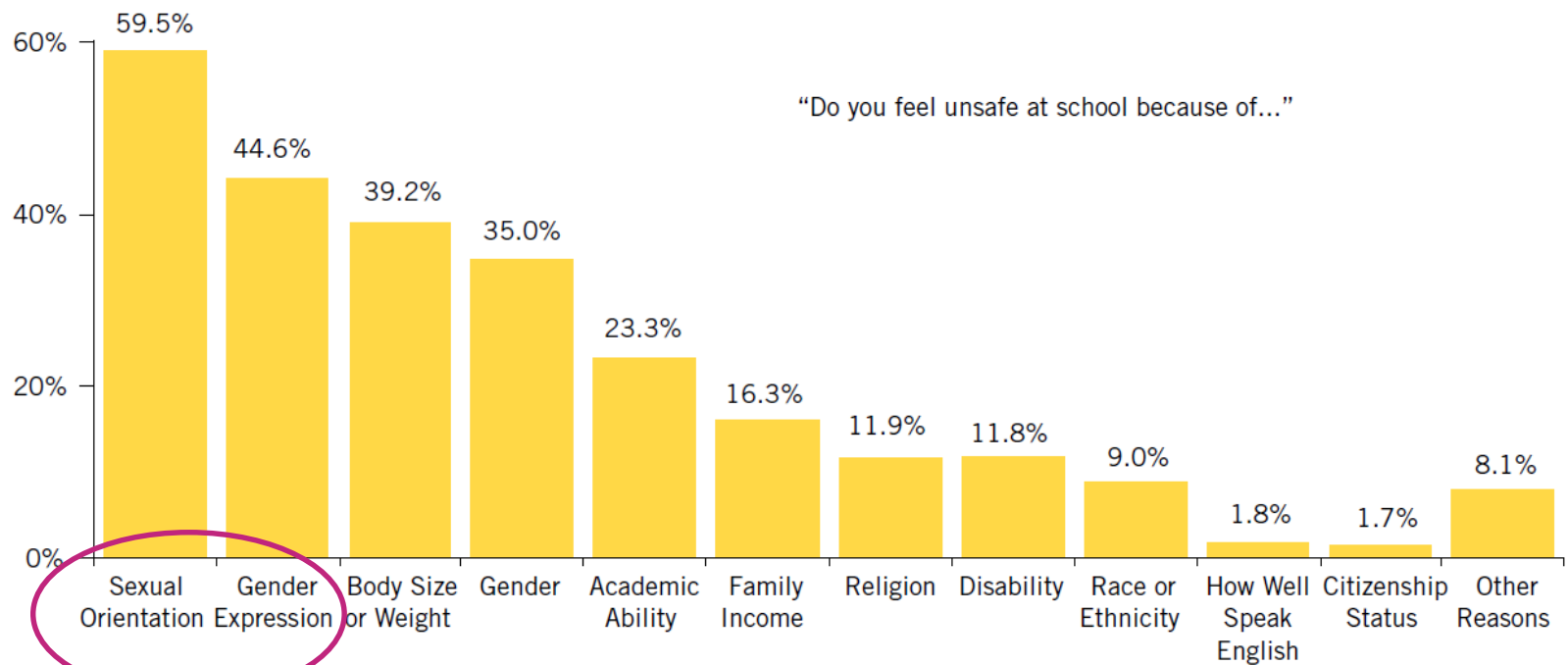
- GLSEN 2017 Climate Survey
- 34.9% were missing ≥ 1 day of school in past month because felt unsafe or uncomfortable

Figure 1.4 Frequency of Missing Days of School in the Past Month Because of Feeling Unsafe or Uncomfortable



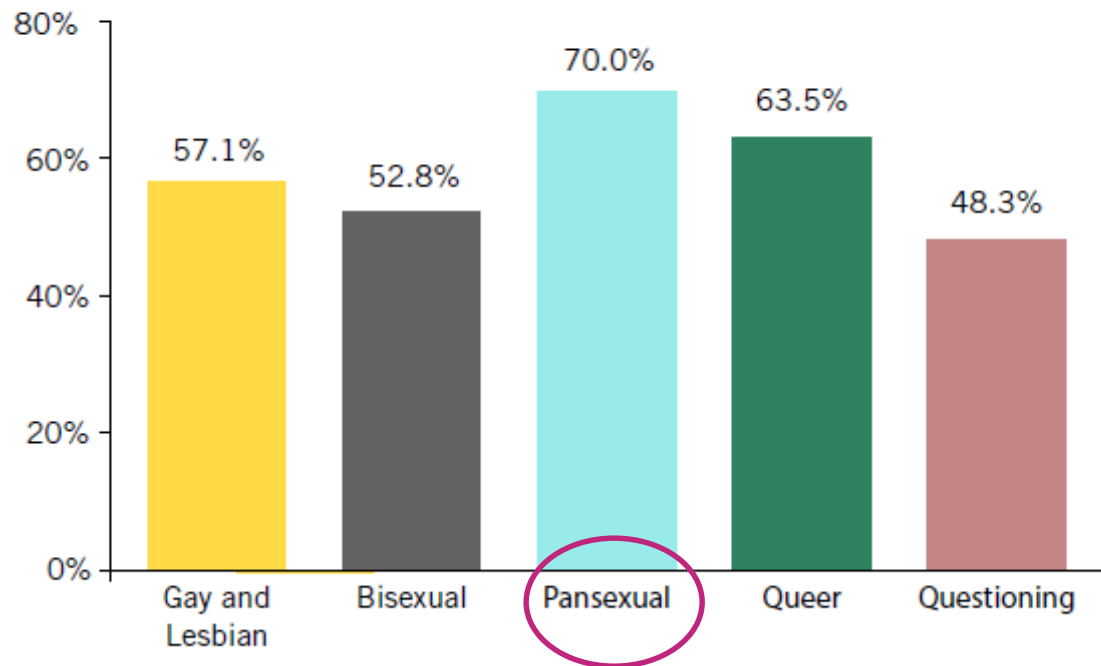
Feeling Unsafe due to...

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



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.

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 RACISM³³

94%

say racism affects the lives
of people of their same
racial/ethnic group³⁴

86%

say racism has impacted
the life experiences of
people close to them³⁵

1 IN 5

thinks about racism
every day³⁶

ONLY

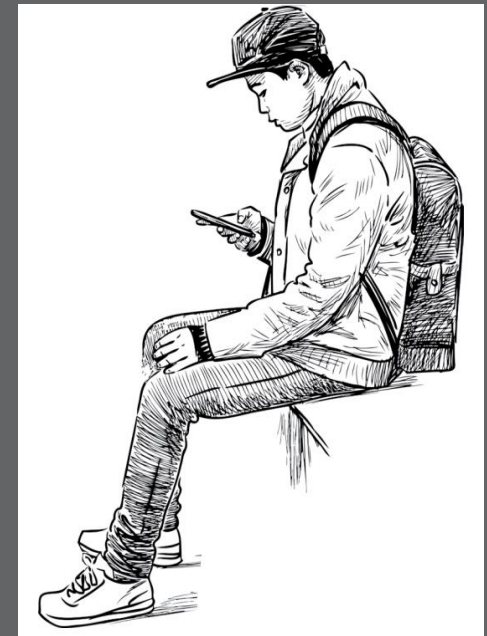
11%

OF LGBTQ YOUTH OF
COLOR BELIEVE THEIR
**RACIAL/ETHNIC GROUP IS
REGARDED POSITIVELY IN
THE UNITED STATES³⁷**



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

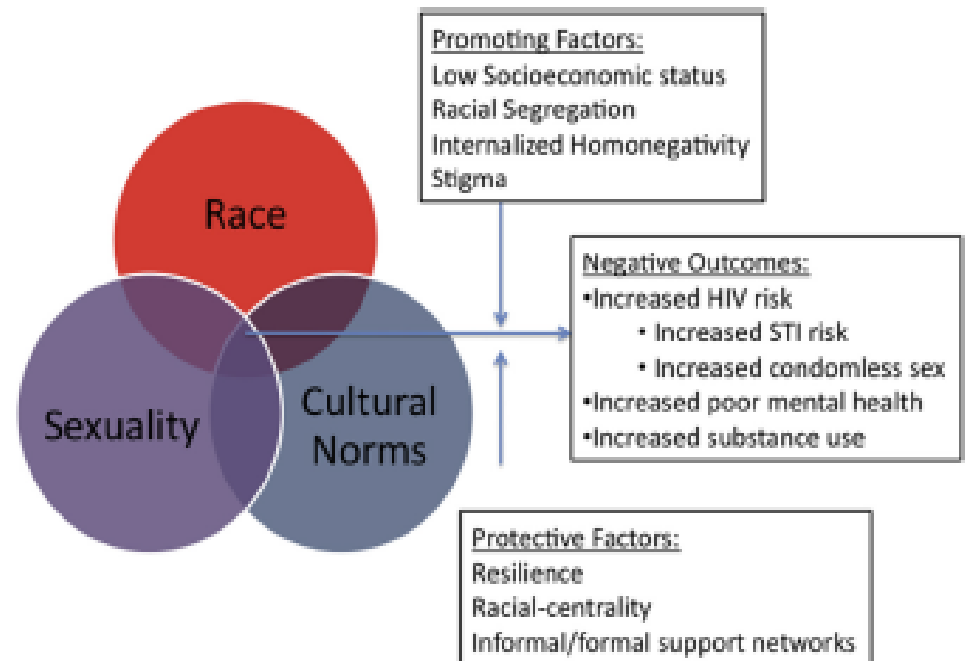
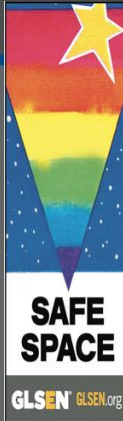


Fig. 1. Key intersecting identities of young black gay and bisexual men. HIV, human immunodeficiency virus; STI, sexually transmitted infection.

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



#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



GLSEN 10 STEPS TO START YOUR GSA

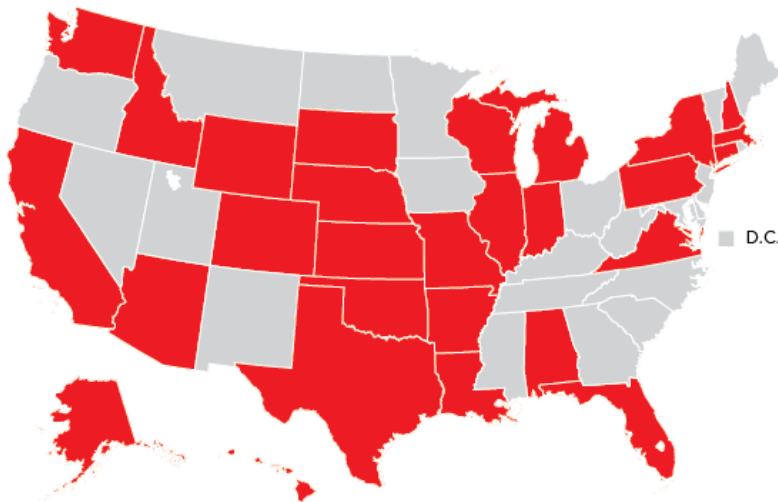
Across the country, millions of students participate in GSAs (Gender & Sexuality Alliances or Gay-Straight Alliances) dedicated to making schools safer and more inclusive for all. The 10 easy-to-understand steps below are commonly used in public secondary schools where other extra-curricular clubs are legally allowed. Keep in mind that these are starting points, because situations and schools vary, no single process is applicable to every school.

- 1. FOLLOW GUIDELINES**
Establish a GSA the same way you would start any other extra-curricular student-led club. Look in your Student Handbook for your school's rules regarding clubs.
- 2. FIND A FACULTY/TEACHER ADVISOR**
Find teachers or staff who would be supportive or who have already shown themselves to be allies on LGBTQ issues.
- 3. FIND OTHER STUDENTS**
Find people who are interested in building an affirming LGBTQ space. Check with existing clubs for students who might have an interest.
- 4. INFORM ADMINISTRATION**
Let administrators know right away what you are doing. It can be very helpful to have them on your side. They can work as liaisons to teachers, parents, community members, and the school board. If an administrator opposes the GSA, provide them information about www.glsen.org/gsa.
- 5. PICK A MEETING PLACE**
You may want to find a meeting place within the school that offers some level of privacy, yet is still easily accessible. Or you may decide that you want to meet in a visible space to witness the presence of your club at your school.
- 6. ADVERTISE**
There are many ways to advertise; think about other outreach strategies. Use a combination of your school bulletin, announcements, flyers or word-of-mouth. Get creative through visuals that register with LGBTQ people like rainbows and trans flags.
- 7. PLAN YOUR MEETING**
Organize the structure of your meeting from start to finish to stay on track and get the most out of your time together. There are lots of things you can do, from discussions to inviting speakers, holding workshops, playing games, and offering food or snacks. Dozens of possible activities are described within the GLSEN Jump-Start Guide and on our website.
- 8. HOLD YOUR MEETING**
You may want to start with a discussion about why people feel the group is needed or important. You can also brainstorm projects that your club could do they see and topics you want to discuss at the meetings.
- 9. ESTABLISH COMMUNITY AGREEMENTS**
Creating ground rules helps to ensure that group discussions are safe, confidential, and respectful. Community agreements, such as "What's said here, stays here," help maintain confidentiality. For suggestions, check out our Community Agreements for Clubs resource.
- 10. PLAN FOR THE FUTURE**
Develop an action plan. Brainstorm projects. Set goals for what you want to work toward. (All of these steps are covered in The GLSEN Jump-Start Guide.) If you haven't already done so, contact GLSEN's Education & Youth Programs Department so that you may share ideas, resources, and information. You can also look into local GSA networks in your town or city.

<https://www.glsen.org/participate/student-action/gsa>
<https://gsanetwork.org/resources/10-steps-for-starting-a-gsa/>
<https://advocatesforyouth.org/resources-tools/>

#3: Comprehensive Sexual Education

States That Don't Require Sex Education

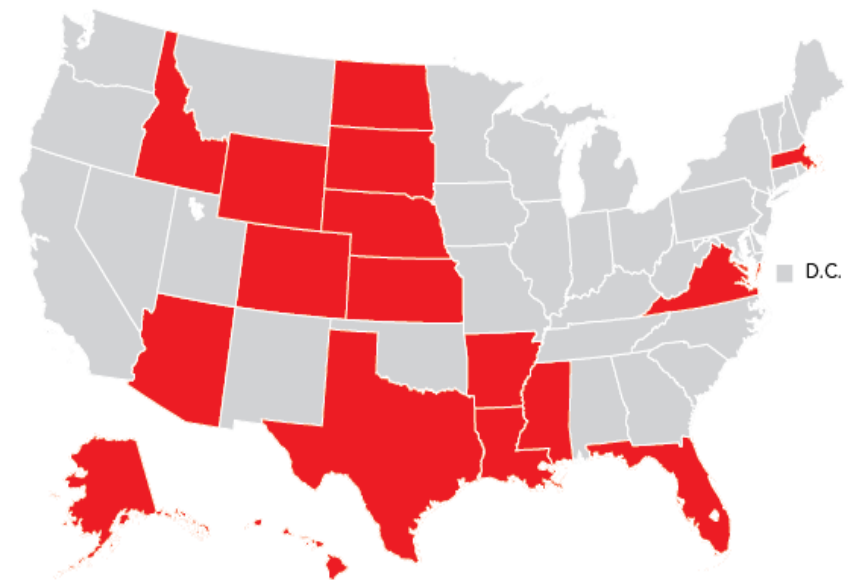


Note: Sex education typically includes discussion of STIs. In Illinois, sex education is not mandatory, but health education is required, and it includes medically accurate information on abstinence. In Mississippi, localities may include topics such as contraception or STIs only with permission from the State Department of Education. In Tennessee, sex education is required if the pregnancy rate is at least 19.5 or higher per 1,000 teen women ages 15-17.

Sources: Guttmacher

THE HUFFINGTON POST

States That Don't Require HIV Education



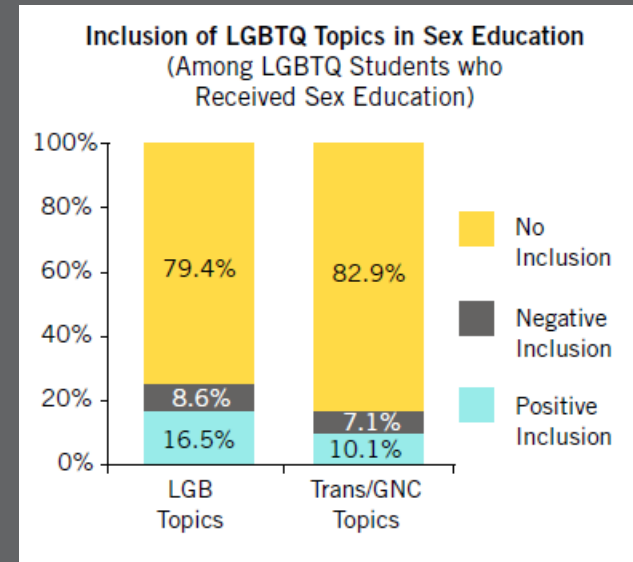
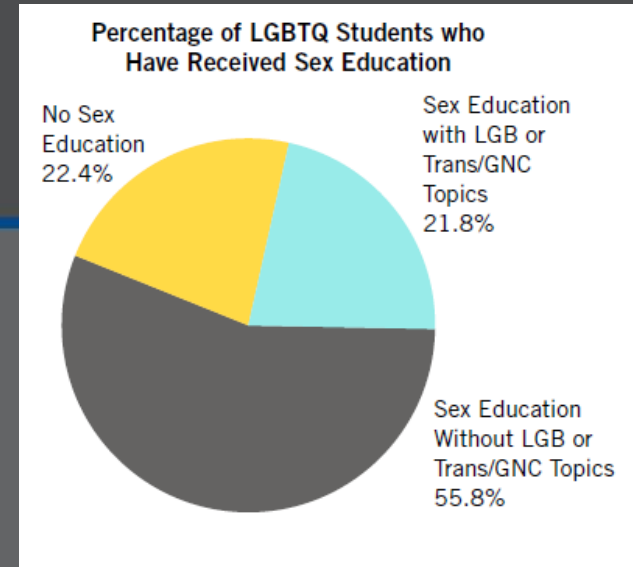
Sources: Guttmacher

THE HUFFINGTON POST

80 % of Americans support teaching comprehensive sex education in high schools and in middle or junior high schools

LGBT youth

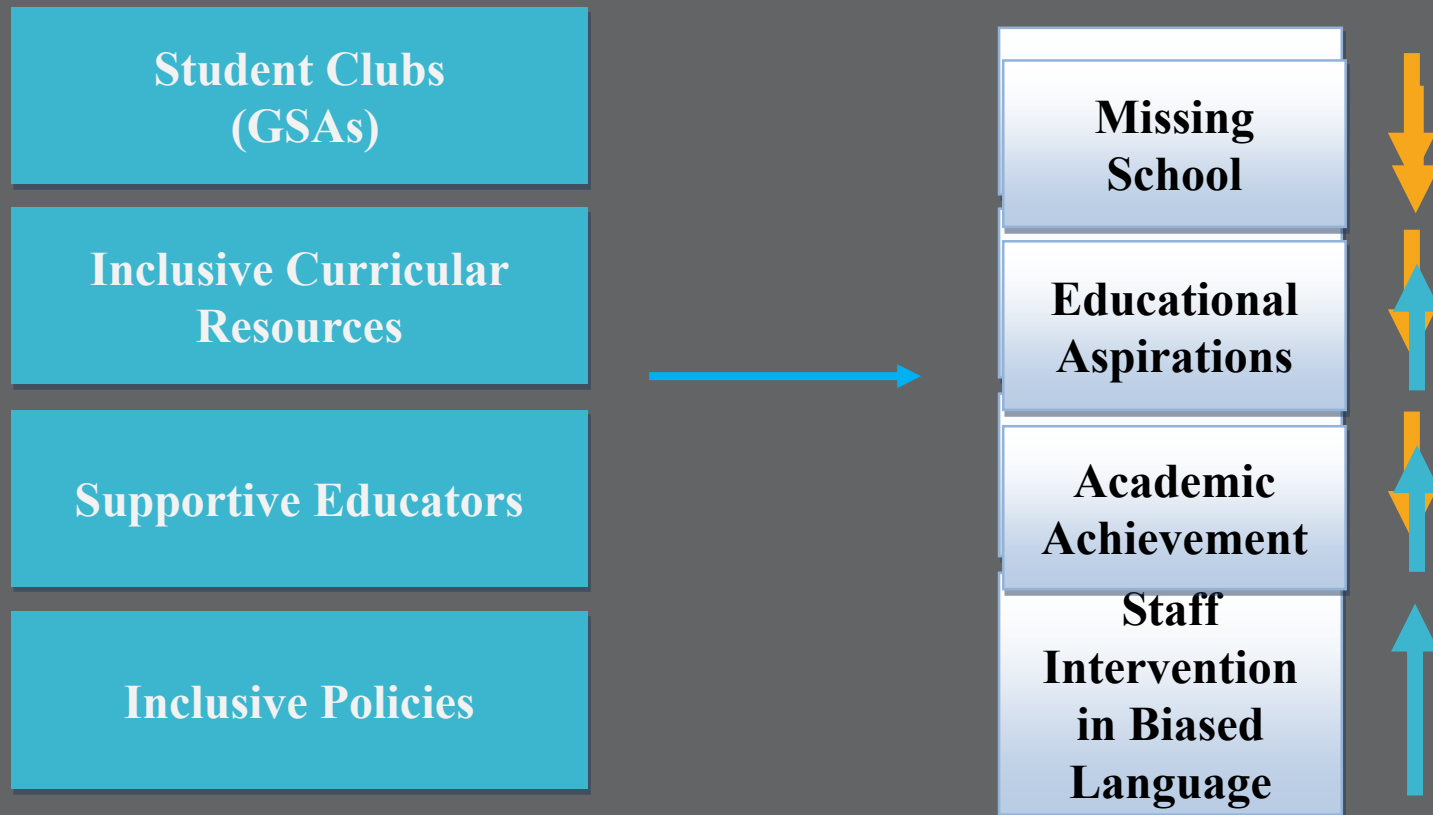
- LGBT youth are less likely to receive appropriate education
- YRBS Data (13 states)
 - Young men who reported sex with other men were less likely to report school-based HIV education than heterosexual peers



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

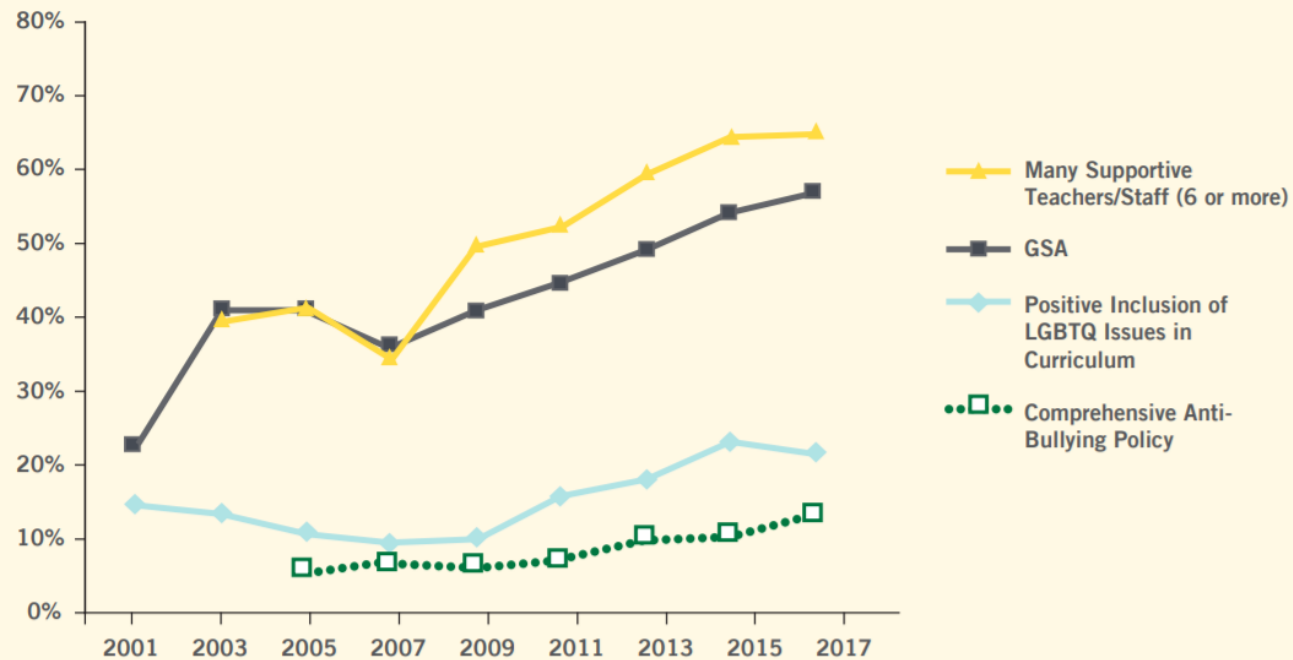
Evidence



Changes over time

Availability of LGBTQ-Related School Resources Over Time

(Percentage of LGBTQ Students Reporting Resource in School, Accounting for Covariates)



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



- Collaborating partners:
 - Human Rights Coalition
 - GLSEN
 - Johns Hopkins University School of Medicine, Division of General Pediatrics & Adolescent Medicine (Errol Fields)
 - Physician for Reproductive Choice & Health