Health Risks and Needs of Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescents

Position Statement

The overall goal in caring for all youth, including those who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ), is to promote normal adolescent development, social and emotional well-being, and physical health and reduce any associated physical and mental health risks (Dowshen & Garofalo, 2009). Although many LGBTQ youth navigate adolescence as well as their heterosexual peers, others are exposed to prejudice and verbal and/or physical attacks (Berlan, Corliss, Field, Goodman, & Austin, 2010; Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). Research shows that LGBTQ adolescents experience higher levels of isolation, runaway behavior, homelessness, domestic violence, depression, anxiety, suicide, violent victimization, substance abuse, pregnancy, and school or job failure than do heterosexual and gender-conforming youth (Coker, Austin, & Schuster, 2010). However, these negative outcomes may be considerably ameliorated by family support (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), the support of other caring adults, and safety at school (Eisenberg & Resnick, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010).

Gender awareness is a normal part of early childhood development, and a significant number of young children express discomfort with their biological sex and/or engage in cross-gender behavior (Moller, Schreier, Li, & Romer, 2009). Some of these children may have continuing concerns about gender identity or identify as transgender in adolescence. Most LGBTQ youths seek the same type of information about sexual identity from their providers as do their heterosexual peers, and yet they will not disclose their sexual orientation or gender identity to their primary care provider without being asked about attractions and sexual activity in a direct and open manner (Coker et al., 2010; Grossman & D’Augelli, 2006; Kitts, 2010). Therefore providers should raise issues of gender identity, sexual orientation, and sexual behavior with all adolescent patients in a sensitive clinical environment and provide the adolescent with frequent opportunities to discuss issues, including sexual orientation (American Academy of Pediatrics [AAP], 2004; Dowshen & Garofalo, 2009), as a part of routine care.

To advocate for LGBTQ youth, NAPNAP supports the following positions and actions:

1. NAPNAP opposes all public and private discrimination against individuals based on sexual orientation, gender conformity, and gender identity and encourages members to speak out against discrimination or victimization of LGBTQ youth.

2. Pediatric health care providers should recognize the protective effect of supportive families and engage
parents of self-disclosing LGBTQ adolescents in a discussion of the protective effects of family support AND the potential negative health effects of punitive and rejecting behaviors. Parents and other family members should be referred to community organizations such as Parents, Families and Friends of Lesbians and Gays (PFLAG) or to counseling services so they may gain a better understanding of the issues their child is facing and find support for themselves (AAP, 2004; Ryan et al., 2010).

3. Pediatric health care providers should provide comprehensive, adolescent-friendly health care and supportive guidance to all adolescents in a safe, non-biased environment (U.S. Department of Health & Human Services, 2011).

4. Pediatric health care providers should ensure and maintain confidentiality regarding sexual orientation and gender identity in accordance with state regulations pertaining to confidentiality with minors.

5. To fully address the needs of all youth, pediatric health care providers should explore each adolescent’s perception of his or her gender and sexual orientation using LGBTQ-inclusive questions and gender-neutral language, beginning in early adolescence, and should promote a supportive, LGBTQ-safe health care space for all children and adolescents (AAP, 2004; Coker et al., 2010).

6. Pediatric health care is best delivered to adolescents when their individual strengths are recognized and supported, health promotion is central, and health challenges are addressed. This care should be tailored to particular issues faced by the individual LGBTQ adolescent, and it is especially vital when youths are questioning or struggling with sexual orientation or gender identity (Birkett, Espelage, & Koenig, 2009; Coker et al., 2010).

7. Any youth struggling with sexual orientation or gender identity issues should be offered appropriate referrals to providers and programs that can help the adolescent address sexual identity issues (AAP, 2004).

8. NAPNAP supports nurse practitioner participation in community/school education efforts to promote tolerance and understanding of LGBTQ issues and to support changing environments to decrease health risks faced by youth.

NAPNAP, an organization that promotes optimal health for all children through leadership, practice, advocacy, education, and research, believes that in order to fully address the needs of all youth, pediatric health care providers should be supportive of LGBTQ youth and provide an open and safe health care environment. NAPNAP also supports exploring each adolescent’s perception of his or her gender and sexual orientation through the use of inclusive questions and gender-neutral language beginning in early adolescence. Pediatric nurse practitioners should work with adolescents and their families to promote open communication, understanding, and acceptance of their adolescent child, regardless of sexual orientation and gender expression, and should advocate for local, state, and national policies that promote safe environments for all developing children.

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REFERENCES


