Healthy Youth Development of Sexual and Gender Minorities: Protective Factors that Mitigate Risk of Self-Harm and Facilitate Healthcare Service Use

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Population of Adolescents

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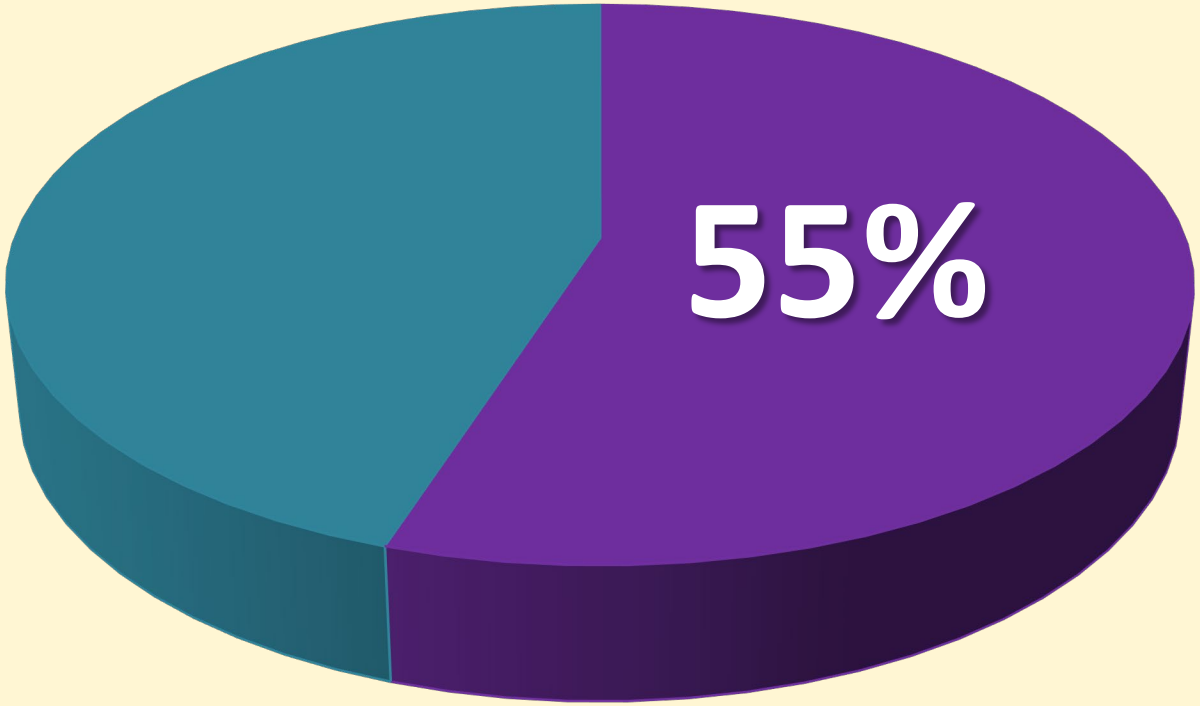
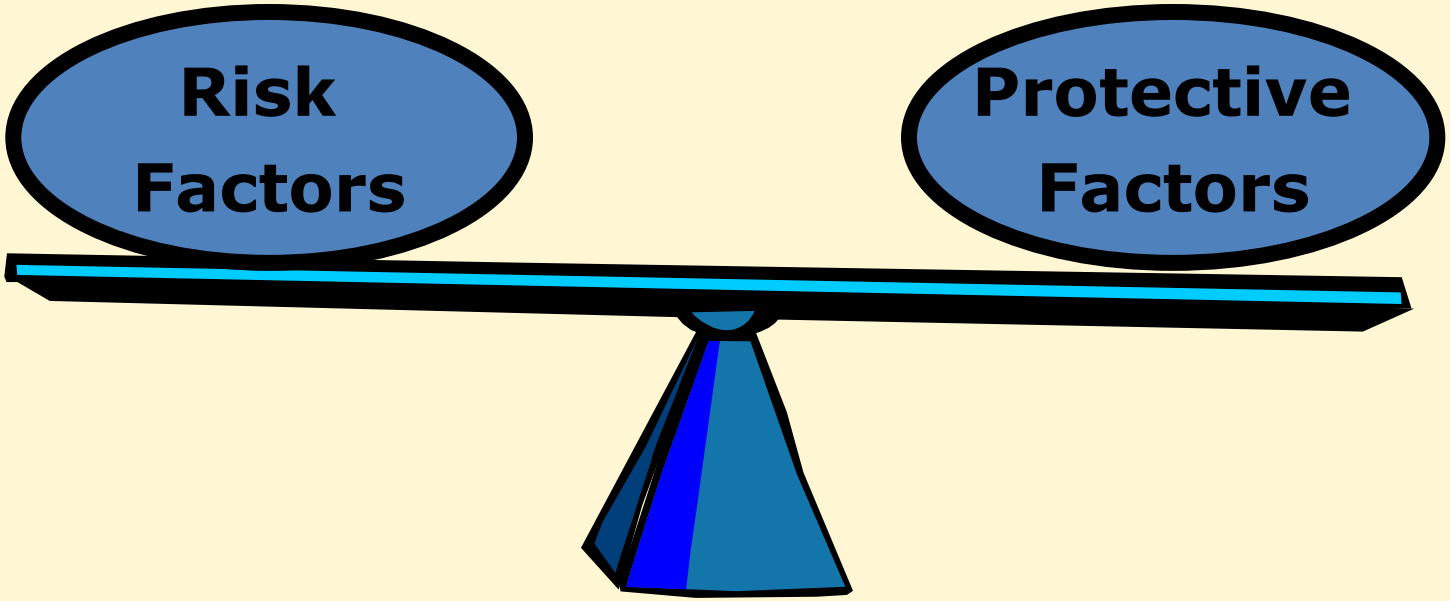


Non-Suicidal Self-Injury (NSSI): direct, deliberate destruction of one's body tissue without suicidal intent and that is not socially sanctioned

Healthy Youth Development

- Risk behaviors, problems, stressors, issues, concerns, etc.
- Connectedness, social support, strengths, skills, coping strategies, etc.



"Young people are resources to be developed, not problems to be solved."

-Dr. Karen Pittman

Research Agenda

Sexual Minorities:
-Gay
-Lesbian
-Bisexual
-Questioning
-Queer

Gender Minorities:
-Transgender
-Gender Non-Conforming

Protective Social Connectedness Factors

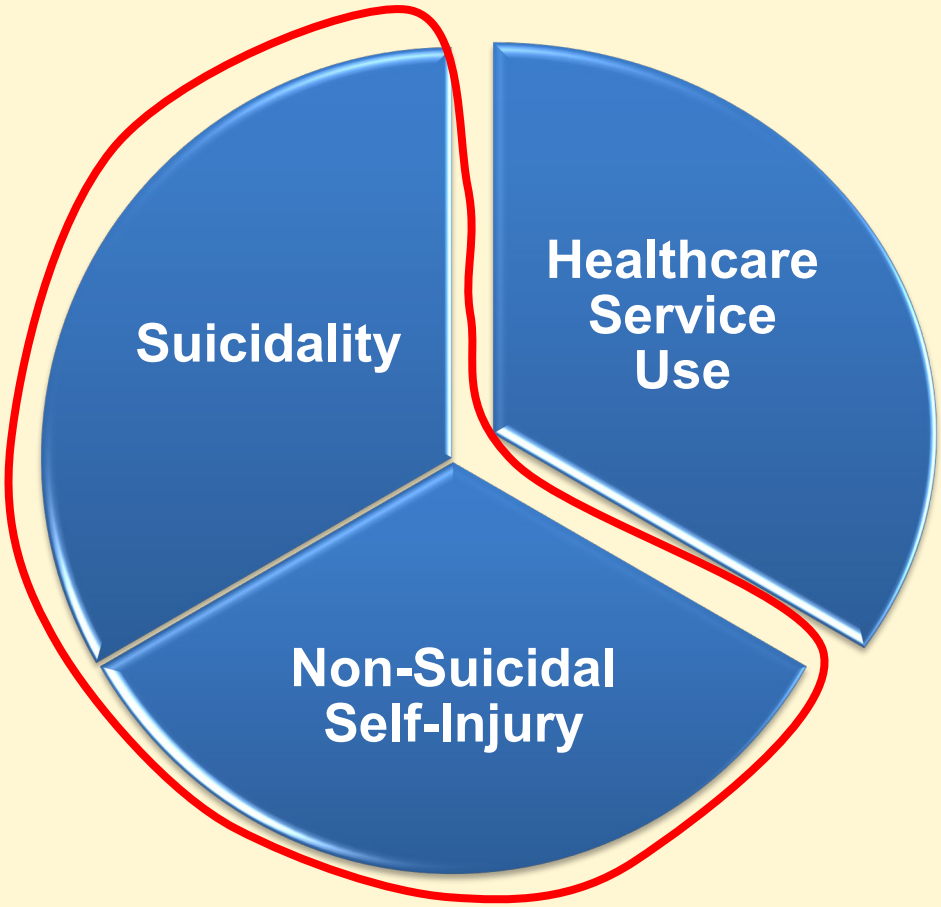
- Parent connectedness: can talk with mother/father about problems; how much believe parents care about them
- Teacher connections: how much agree adults at school treat students fairly, adults at school listen to students, school rules are fair, teachers at school care about students, most teachers are interested in me as a person; how much feel teachers/other adults at school care
- Other non-parental adult connections: how much feel other adult relatives and adults in your community care
- Friend caring: how much feel friends care
- School safety: how safe feel at school

Minnesota Study Survey

- Administered every 3 years
- Grades 5, 8, 9, and 11
- 85% participation rate for school districts

MN Departments of Education, Health, Human Services, & Public Safety

Research Agenda



Sexual Minorities:
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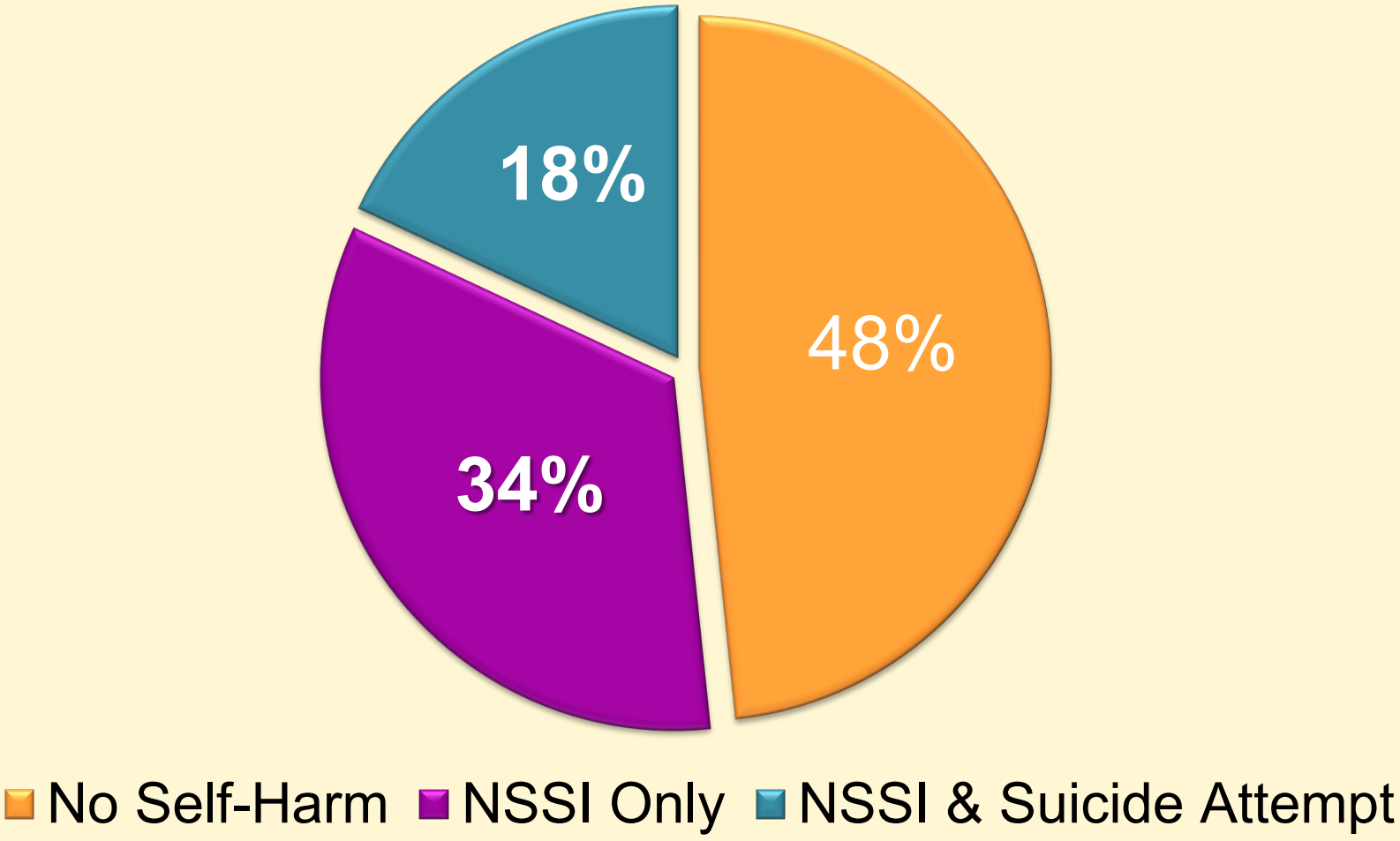
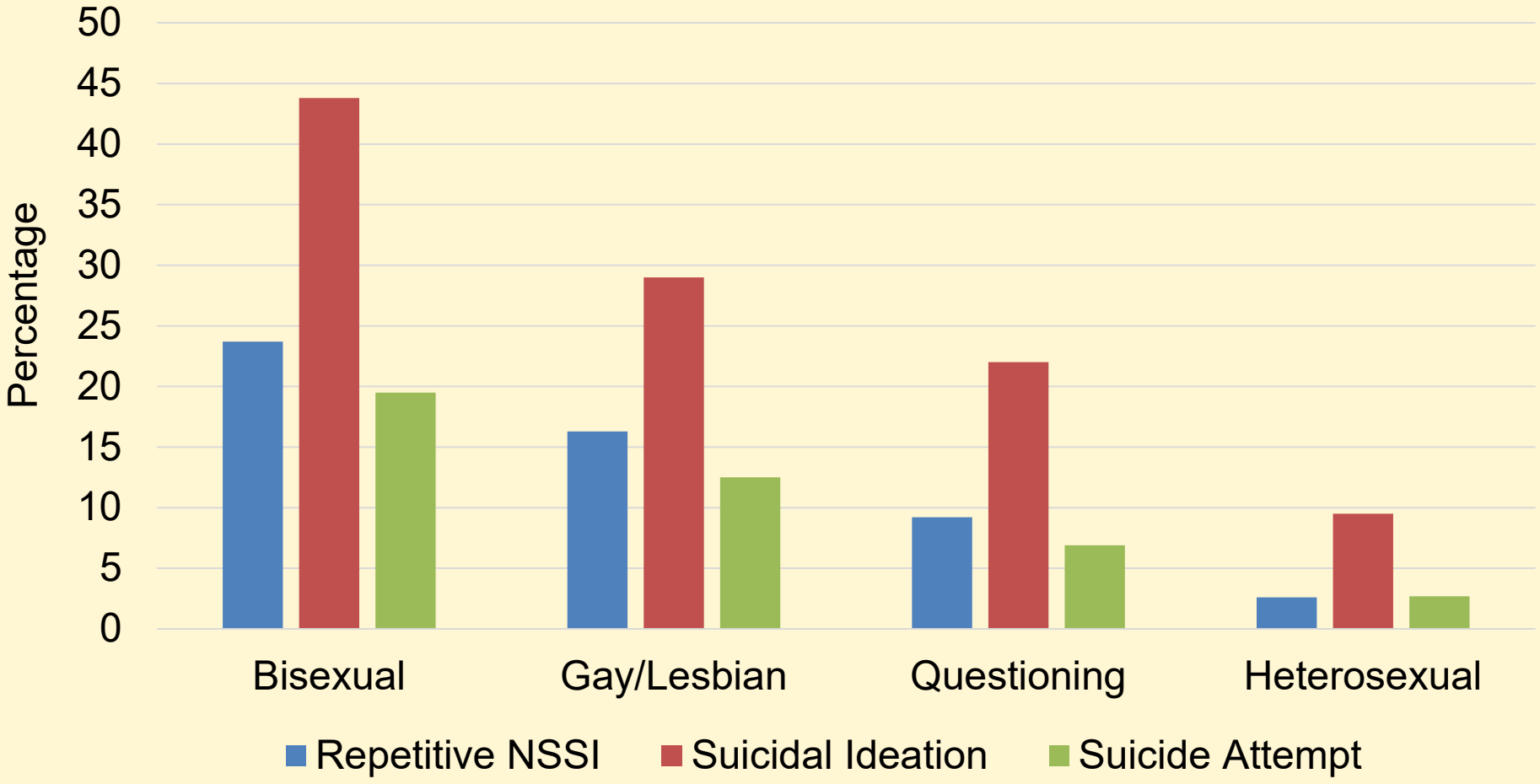
Current Self-Harm Among TGNC Youth



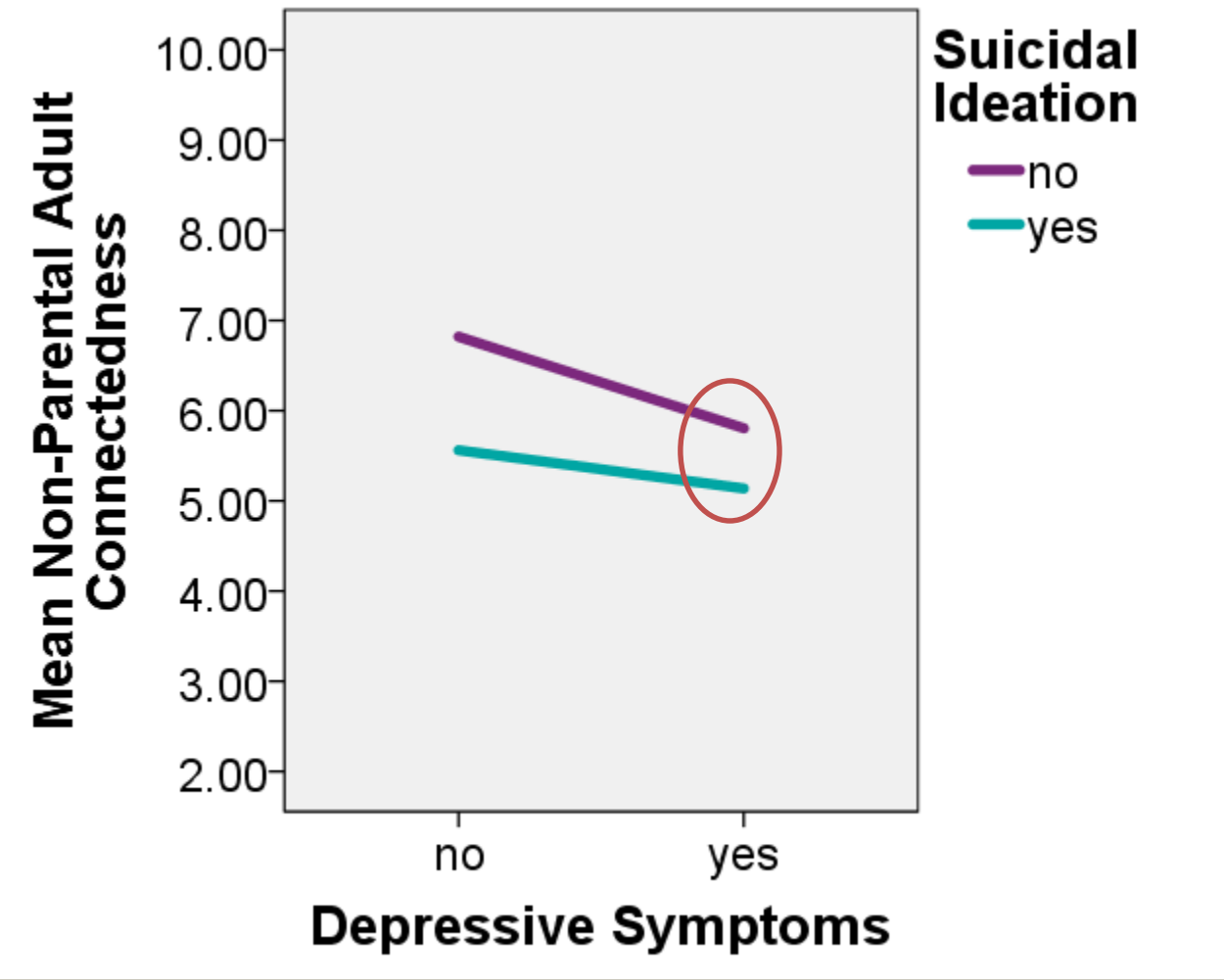
Repetitive NSSI and Suicidality Among LGBQ Youth



Perceived Connectedness Among LGBQ Youth

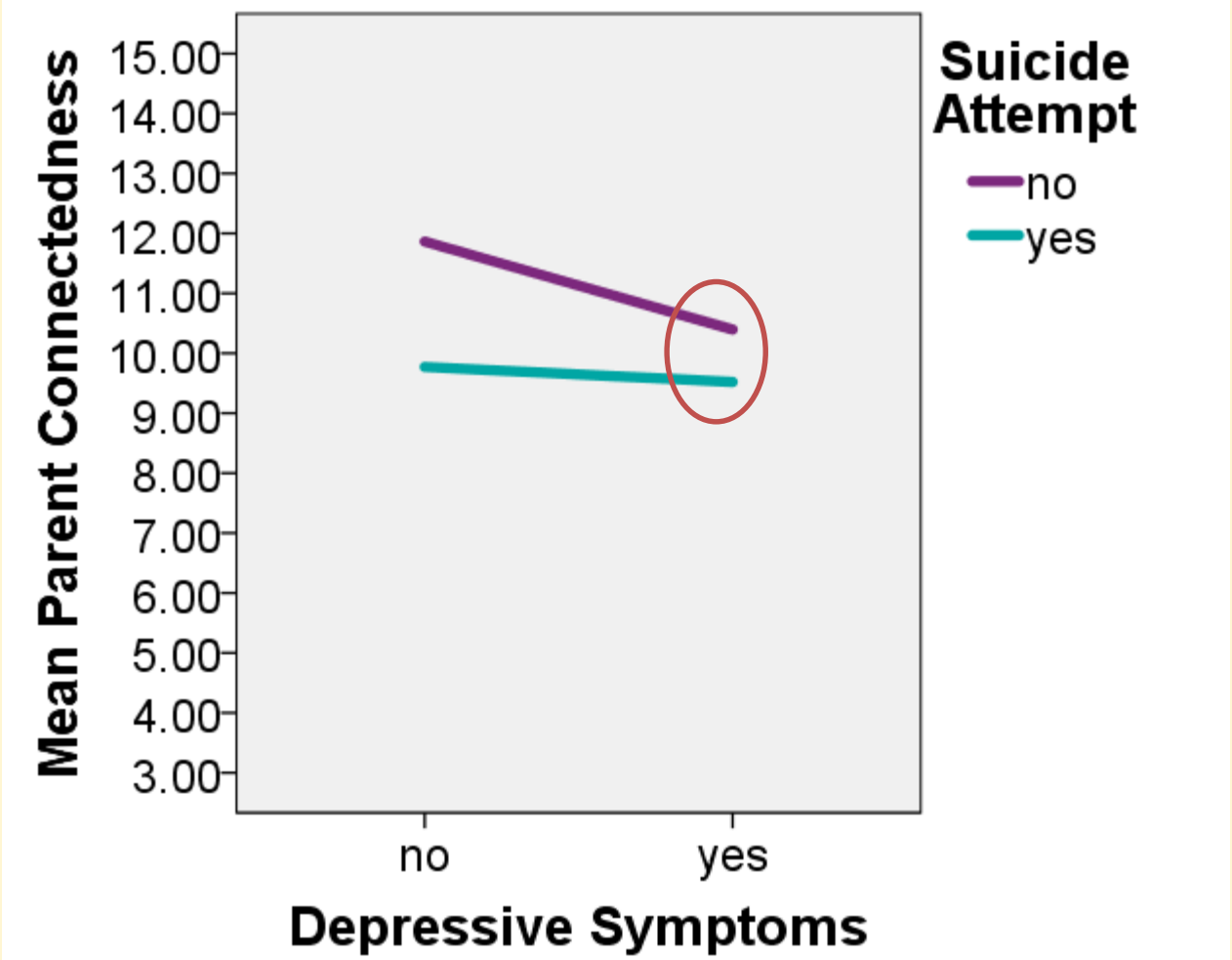
	Bisexual	Gay/ Lesbian	Questioning	Hetero-sexual
Variable	Mean			
Parent connections	10.6	10.8	11.6	12.8
Teacher connections	8.2	8.4	8.9	9.2
Other adult connections	5.8	6.1	6.5	7.3
Friend caring	3.8	3.7	3.7	4.1
School safety	3.1	3.0	3.2	3.4

Suicidal Ideation Among Bisexual Youth



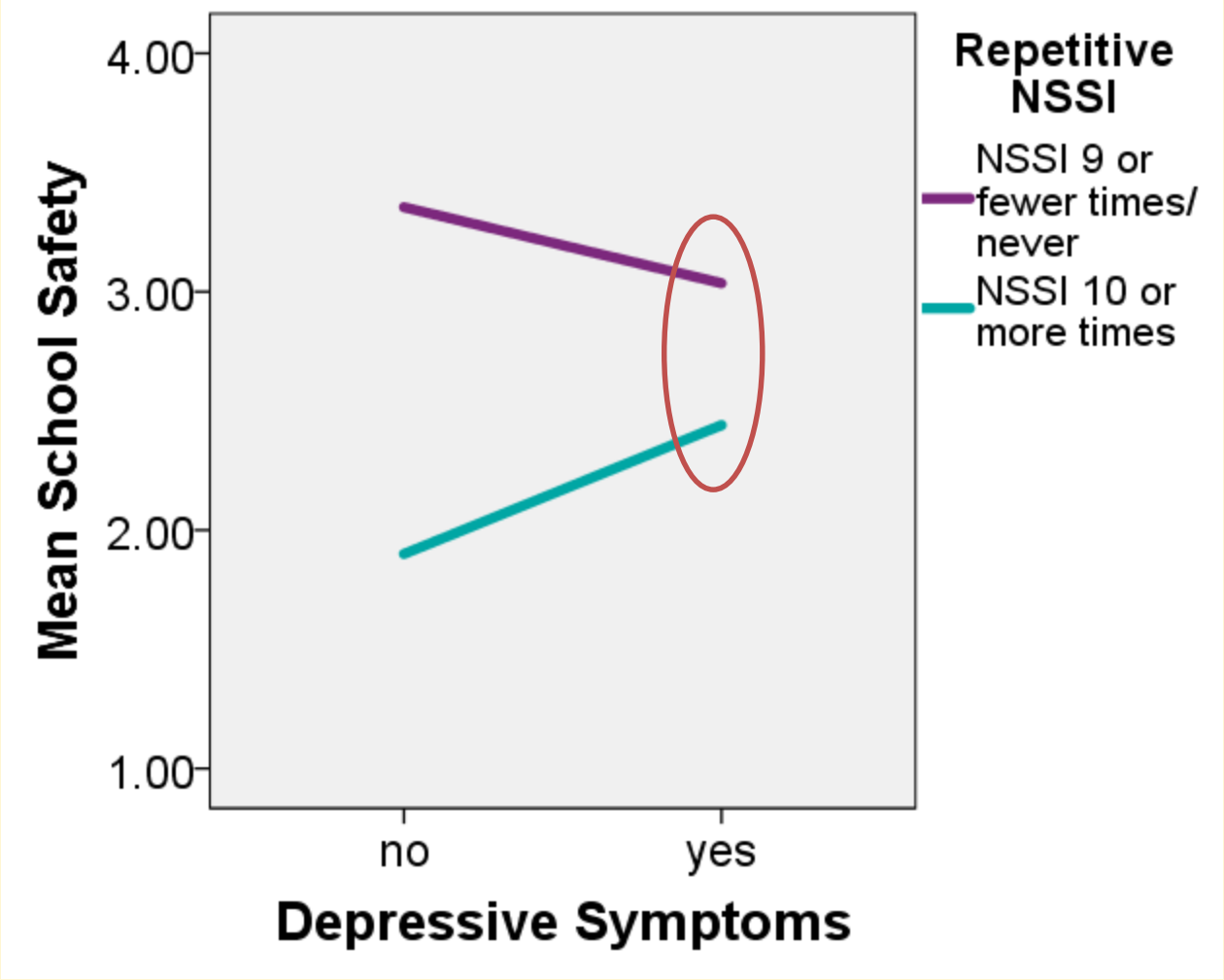
$p = 0.012$

Suicide Attempts Among Bisexual Youth



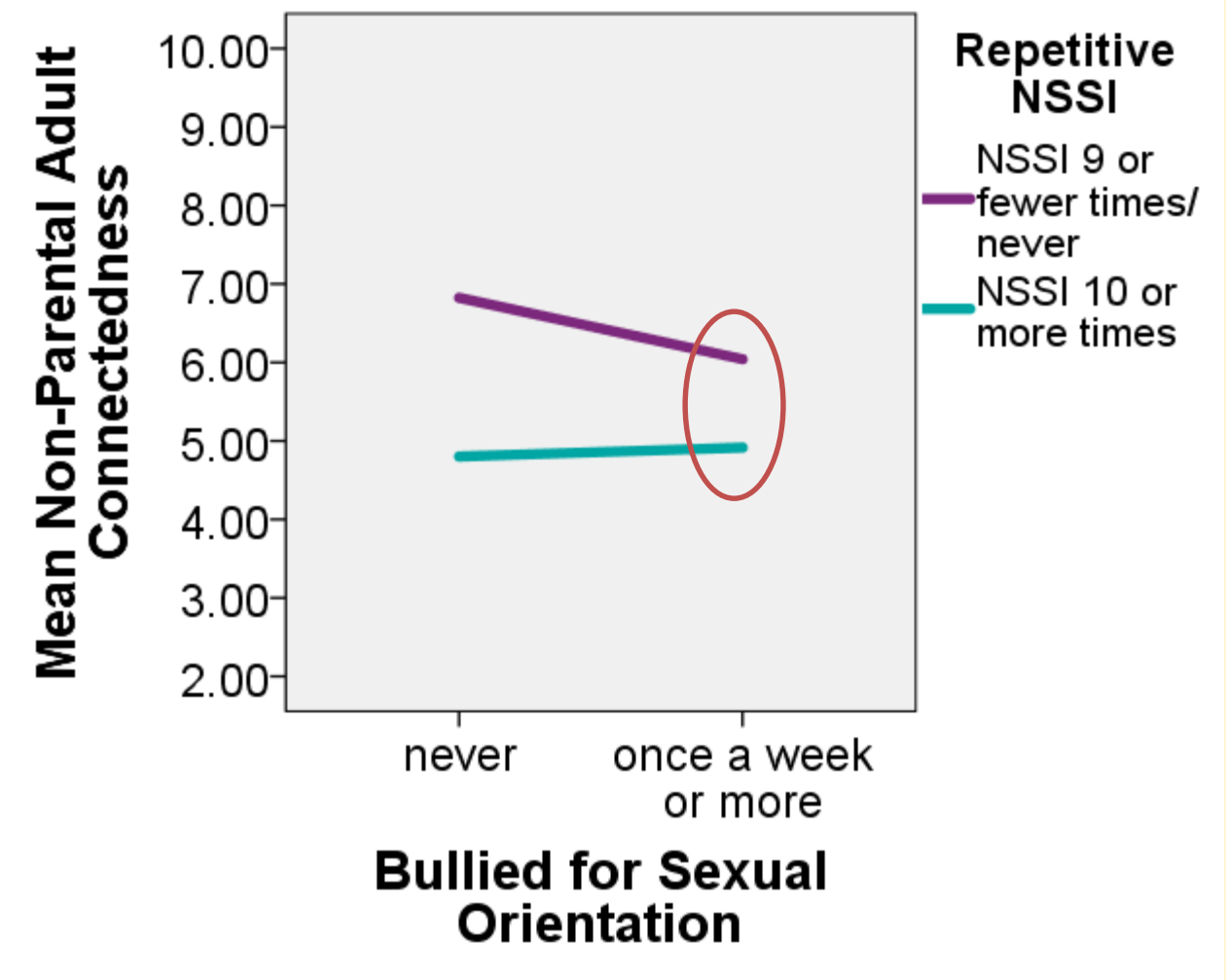
$p = 0.016$

Repetitive NSSI Among Gay/Lesbian Youth



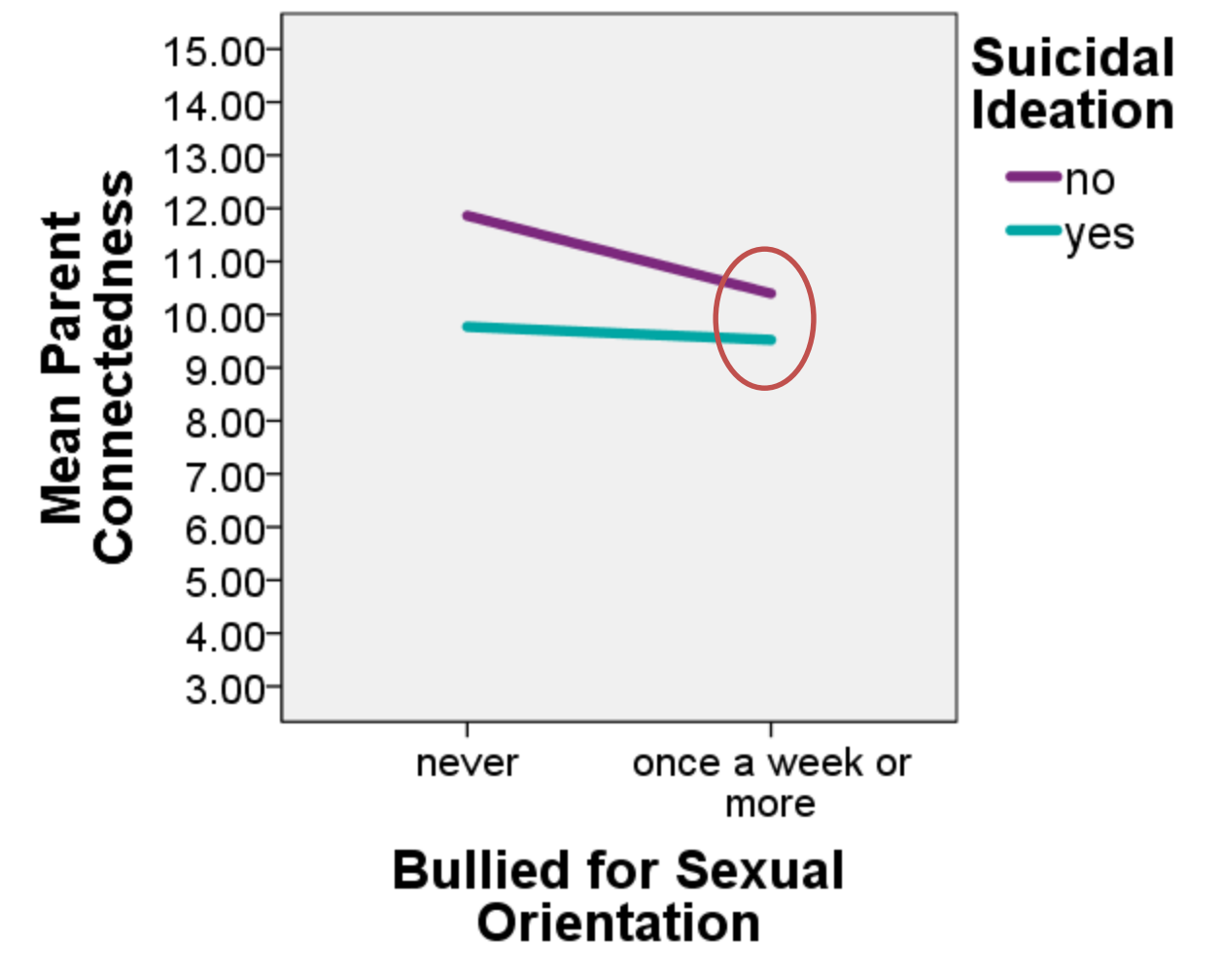
$p = 0.008$

Repetitive NSSI Among Questioning Youth



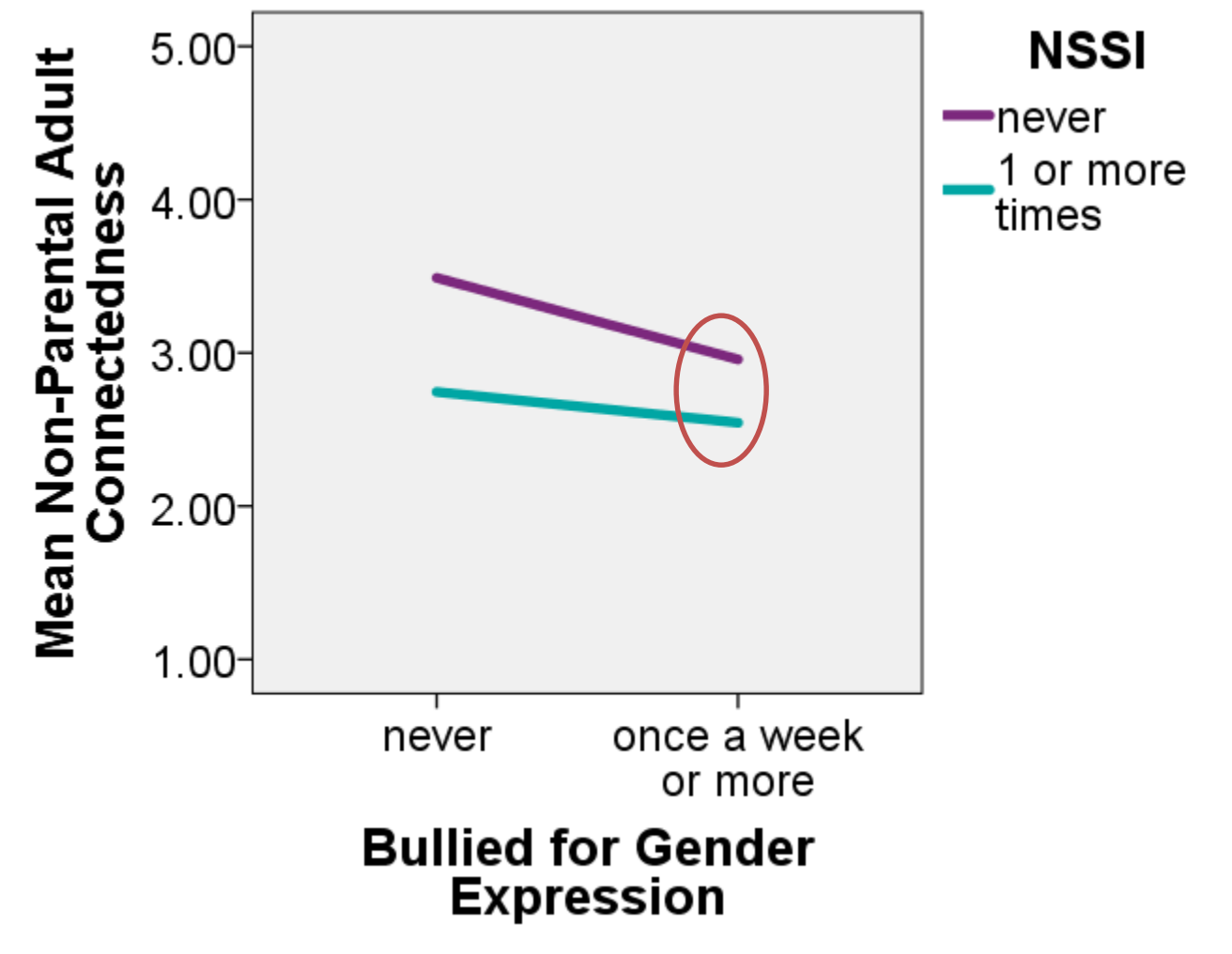
$p = 0.021$

Suicidal Ideation Among Questioning Youth



$p = 0.032$

NSSI Among TGNC Youth



$p = 0.019$

Protective Factors Associated with Self-Harm Among TGNC Youth

	NSSI Only vs. No Self-Harm	NSSI + SA vs. No Self-Harm	NSSI + SA vs. NSSI Only
Variable	OR (98% CI)		
Parent connections	.43 (.19, .96)	.10 (.03, .26)	.15 (.06, .44)
Other adult connections	.31 (.14, .67)	.16 (.06, .47)	--
School engagement	.23 (.08, .93)	--	--
Academic achievement	--	.49 (.30, .78)	.47 (.30, .73)
School safety	--	.23 (.08, .66)	.13 (.05, .37)

SA = suicide attempt; -- = non-significant

Protective Factors Associated with Mental Health and Substance Use Among TGNC Youth

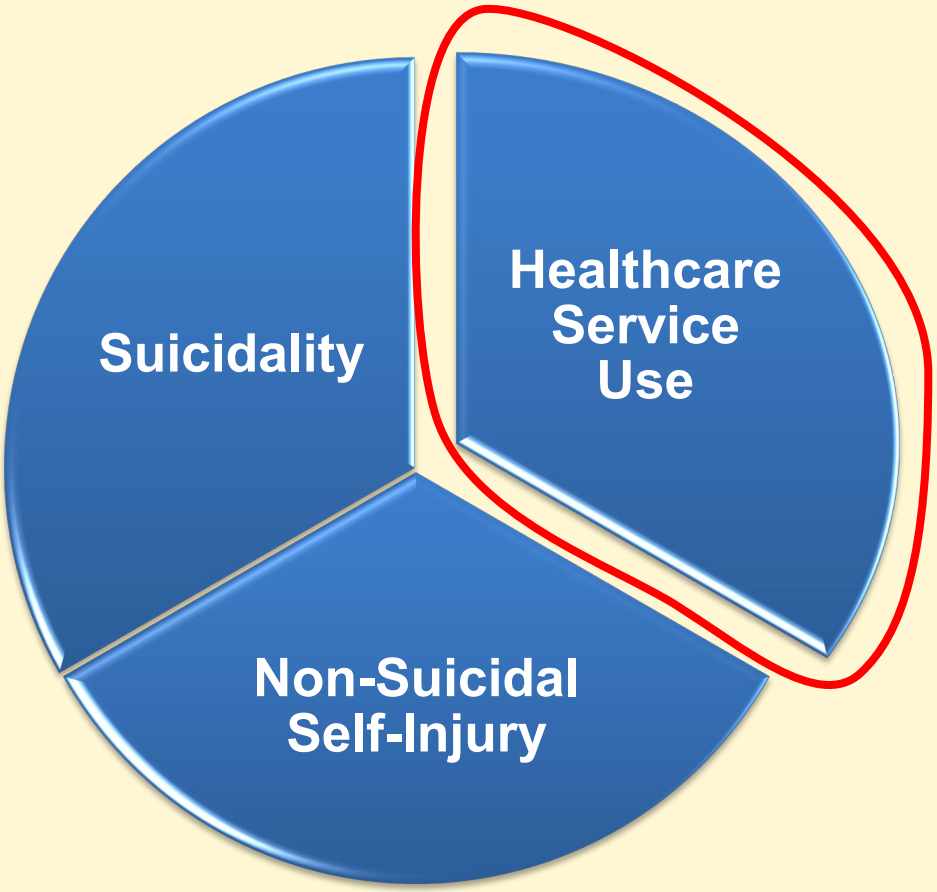
	Depress-ion	Suicidal Ideation	Suicide Attempt	Alcohol Use	Binge Drinking	Marijuana Use	Nicotine Use
Variable	OR (99% CI)						
Parent connections	.77 (.64, .92)	.60 (.49, .73)	.63 (.50, .80)	.78 (.64, .80)	.70 (.54, .93)	.69 (.85, .86)	.82 (.67, .99)
Adults in community connections	.80 (.70, .92)	.78 (.67, .91)	.81 (.66, .99)	--	--	--	--
Teacher connections	--	--	--	.61 (.45, .82)	.47 (.32, .69)	.65 (.47, .90)	.62 (.46, .82)
Friend caring	--	--	--	--	.79 (.64, .97)	--	.86 (.74, .99)
School safety	.76 (.59, .98)	.74 (.57, .95)	.60 (.44, .81)	--	--	--	--

-- = non-significant

Depression and Suicide Outcomes Across Classes for Bisexual Youth

Females	Overall	High Protective Behaviors	Low in All Behaviors	Many Health Risk Behaviors
Depression	68%	47%	68%	76%
Attempted suicide	35%	8%	30%	47%
Injurious suicide attempt	12%	.1%	7%	22%
Males	**Overall**	**High Protective Behaviors**	**Low in All Behaviors**	**Many Health Risk Behaviors**
Depression	47%	32%	46%	62%
Attempted suicide	23%	7%	22%	37%
Injurious suicide attempt	9%	0%	6%	21%

Research Agenda



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Gender Minorities:
-Transgender
-Gender Non-Conforming

Factors Associated with Seeing a Healthcare Provider Among TGNC and Cisgender Youth

TGNC			
Variable	Primary Care	Dental Care	Mental Health Care
Parent connections	2.26 (1.40, 3.66)	3.01 (1.78, 5.08)	--
Other adult connections	--	--	.55 (.33, .93)

Cisgender			
Variable	Primary Care	Dental Care	Mental Health Care
Parent connections	--	--	.20 (.10, .40)
Other adult connections	--	--	--

-- = non-significant

Meeting the Healthcare Needs of LGBQ Youth

- **Aim 1:** To glean in-depth insight from young people who identify as a sexual minority (LGBQ) regarding their perceptions, barriers, and needs related to receiving quality healthcare services

- **Aim 2:** To glean in-depth insight from physicians in-practice and residents regarding their knowledge, attitudes, behaviors, and training needs related to working with sexual minority youth

Study Design and Samples

- Semi-structured, in-depth individual interview

- Samples: (1) young adults aged 18-24 who identified as LGBQ; and (2) pediatric or family medicine residents, or practicing pediatricians or family medicine physicians

LGBQ Young Adults (N = 22)

	Frequency (%)
Assigned sex at birth	
Female	12 (55%)
Male	10 (45%)
Race/ethnicity	
White	8 (36%)
Hispanic/Latinx	7 (32%)
Black/African American	4 (18%)
Asian	3 (14%)
Sexual orientation	
Gay	9 (41%)
Lesbian	5 (23%)
Bisexual	7 (32%)
Queer	1 (4%)
	Mean (range)
Age, years	21.4 (18-24)

Residents/Practicing Physicians (N = 24)

	Frequency (%)
Assigned sex at birth	
Female	15 (62%)
Male	9 (38%)
Race/ethnicity	
White	9 (38%)
Asian	4 (17%)
Black/African American	2 (8%)
Sexual orientation	
Heterosexual	21 (88%)
Gay	1 (4%)
Lesbian	1 (4%)
Bisexual	1 (4%)
Physician type	
Resident	20 (83%)
In-Practice	4 (17%)
Specialty	
Pediatrics	17 (71%)
Family Medicine	7 (29%)

Disclosure of Patients' Sexual Orientation

- Important to know patients' sexual orientation so providers can address LGBQ-specific healthcare issues, and offer appropriate anticipatory guidance and health education

"Yes. (…) [T]here's probably things that are dangers to your health that tie into your sexual orientation that I'm not aware of. So it's probably good for them to have it in the back of their mind, just like they know everything else about you." –Gay male (YA17)

"Just because I think they'll have a better idea of how to treat you and give you health prevention tools and resources." –Bisexual male (YA2)

Disclosure of Patients' Sexual Orientation

- Many youth indicated a clinician never asked about their sexual identity, thus, they initiated the discussion or never disclosed this information.

"But I felt like she kind of assumed that I was with guys, and I should do this or this. But after I told her, 'Yeah, I'm sexually with a woman' – I just feel like maybe she could have been more informed with that. It's really hard to explain." –Lesbian female (YA5)

Disclosure of Patients' Sexual Orientation

- Providers offered mixed perspectives regarding discussing sexual orientation. Many believed they should inquire about sexual orientation.

"I now try and ask at every appointment, for every one of my adolescent patients (…). I think it's a topic that no one talks about. Or not no one, but we just aren't trained to talk about. But you can achieve a really healthy conversation when it's initiated. I don't think the patient should have to start it." –Family medicine resident (MD4)

Disclosure of Patients' Sexual Orientation

- Other providers were either ambivalent about who should bring-up sexual orientation or thought patients should initiate this disclosure.

"It depends on the rapport with the patient (…). But I definitely think if the patients are concerned enough about it, they should bring it up." –Pediatric resident (MD10)

"I guess I would say by the patient? (…) Because it could easily be seen as threatening or condescending if the provider even brings it up, right? –Family medicine physician (MD24)

Disclosure of Patients' Sexual Orientation

- A few providers did not believe knowing patients' sexual orientation was important in providing healthcare in general.

"Everybody's a male or a female. It doesn't matter what their sexual preference is (…) that's how physiology is oriented, male and female. But it doesn't matter comfort on treating somebody versus sexual orientation, because everybody gets treated with the same general guidelines of compassionate healthcare. (…). I feel that there is an overemphasis on the LGBT community. I don't feel that they are any different than the rest of the community." –Family medicine resident (MD3)

Barriers and Facilitators of Effective Communication

Verbal and non-verbal language

- Communicating LGBQ-specific knowledge indicated physicians were capable and experienced with the health of sexual minorities and represented a safe place to glean information and discuss concerns.

"I still am very much exploring it [my sexuality]. I think it would be really cool if I had access to a long-term care provider that I could really sit down and talk about my life with. Someone I can communicate with, and someone that is a good listener. And maybe even takes notes on those things. If I disclose that [I'm] queer, that maybe I'm struggling with a certain aspect of that, or I have questions about something, that's something that they would care enough to keep checking up on." –Queer female (YA16)

Barriers and Facilitators of Effective Communication

Verbal and non-verbal language

- LGBQ youth wanted providers to remain friendly, open-minded, non-judgmental, and comfortable in their verbal and non-verbal communications during discussions about LGBQ-specific issues.

"The ability to not look surprised when I mention the fact that I'm gay. If I say I'm gay, don't ask me if I'm sure." –Bisexual female (YA20)

"I just think their body language, their facial expressions, their tone of voice, the words that they use – all of those things are hints as to how they feel about it when they review that stuff with you." –Bisexual female (YA22)

Barriers and Facilitators of Effective Communication

Verbal and non-verbal language

- Providers recognized the importance of language, and many expressed concerns about knowing and using appropriate language with young LGBQ patients.

"Some of it really is almost like language. So when we have a deaf person or we have a Spanish speaker or someone else come in here, now, we are required to get a translator (…). So there are things that just allow communication to take place. I don't know that there's an analogy for sexual orientation, but that would be one thing – if there was a way to sort of speak the same language. It's easier to do for those different cultures than it is for something like this." –Family medicine physician (MD24)

Understanding the Healthcare Experiences of TGNC Youth

- **Aim:** To glean in-depth insight from young people who identify as a gender minority (TGNC) regarding their perceptions, barriers, and needs related to receiving quality healthcare services

Study Design and Sample

- Semi-structured, in-depth individual interviews

- TGNC young adults aged 18-24

TGNC Young Adults (N = 60)

	Frequency (%)
Gender identity	
Transgender man	26 (43%)
Transgender woman	11 (19%)
Gender non-conforming	23 (38%)
Race/ethnicity	
White	45 (75%)
Hispanic/Latinx	10 (17%)
Black/African American	1 (2%)
Asian	1 (2%)
Multiracial	3 (5%)
	Mean (range)
Age, years	20.8 (18-24)

Preferred Pronouns and Names

"I would just want them to have a basic knowledge of pronouns and asking people for pronouns and things like that. Because as long as they are willing to listen to you, I think a lot of the other stuff can come naturally over time. I think the most important base for me is not being misgendered right off the bat, because I think that really makes a difference between being comfortable and not comfortable in a situation. That's a very big initial feeling that really can determine how the rest of things are going to go." –Transgender man, 22 years (R5)

Preferred Pronouns and Names

"It would make me feel like that space is safe enough for me to come out at, even when I'm not presenting, and therefore feel more open to talk to my doctor about my life. Because if I can open up about that, then there's little that I can't open up about." –Transgender woman, 21 years (R3)

Non-Gendered Language

"She made me feel so comfortable. We would just talk about what it is. We would call it what it is. She would refer to them as anatomical body parts, but she wouldn't call them mine, and that to me was huge. So I was super comfortable with her saying, "the uterus" and "the whatever" because she said "the." And we just understood that we were talking about me. You didn't have to say "your uterus" or "your ovaries," so it made me feel much more comfortable, and it removed most of the dysphoria because we're just talking about this thing that exists and happens to affect you. [laugh] So the way she had conversations was really, really awesome. She was phenomenal." –Transgender man, 24 years (R17)

Safe Space to Talk

"I'd say an open and understanding environment is always I think the biggest thing for me. Being able to listen and then also having that knowledge and the additional knowledge they would need for sort of taking care of me, because I think they're going to have an easier time if we're all on the same page. That's kind of like the biggest thing is just having that open—just being able to talk and be in that space." –Gender non-binary, 19 years (R10)

Inclusive Environment

"If they have some inclusion of the queer community in the posters around the waiting room, that would really serve as a reminder to any LGBT folks sitting there to realize they're in a safe space, that they deserve to be in a safe space while seeking healthcare, and they can feel free to open up to their doctor or healthcare provider." –Transgender woman, 21 years (R3)

Future Research

- Intersectionality of TGNC-identity, race/ethnicity, and SES on health outcomes and healthcare experiences
- Training interventions related to working with SGM youth for healthcare providers whose patient populations include adolescents and young adults
- Protective effects of sexual minority-specific internal and interpersonal resilience factors on theoretical pathways of suicidality risk among young lesbians and bisexual females

Thank you!

For more information, please email Lindsay.Taliaferro@ucf.edu.