

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

The overall goal in caring for youth who are or think they may be gay, lesbian, bisexual, or transgender is to reduce the associated risks and promote normal adolescent development, social and emotional well-being, and physical health (Bontempo & D'Augelli, 2002). Many Gay, Lesbian, Bisexual, Transgender, and Questioning (GLBTQ) youth are exposed to prejudice, resulting in stigma, hostility, and hatred (Bontempo & D'Augelli), which may hinder the ability of GLBTQ youth to achieve

developmental tasks (Harrison, 2003). GLBTQ youth have a higher level of isolation, runaway behavior, homelessness, domestic violence, depression, anxiety, suicide, violent victimization, substance abuse, and school or job failure than do heterosexual and gender-conforming youth (Nelson, 2003; Russell & Joyner, 2002). Many youth first become aware of their sexual orientation and gain a clearer understanding of their gender identity, especially if transgender preferences are present, during

childhood. As a result, the adolescent may experience confusion or isolation if his or her identity is not heterosexual or gender conforming. Most nonheterosexual youths will not disclose their sexual orientation to their primary care provider without being asked. Therefore, providers should raise issues of sexual orientation and sexual behavior with all adolescent patients in a sensitive clinical environment, allowing the adolescent the opportunity to discuss issues, including sexual orientation (American Academy of Pediatrics, 2004; Rose et al, 2005).

In order to advocate for GLBTQ youth, NAPNAP asserts the following:

1. NAPNAP opposes all public and private discrimination against individuals based on sexual orientation, gender conformity, and gender identity and encourages members to speak against discrimination or victimization of GLBTQ youth.
2. Pediatric health care providers should provide comprehensive health care and supportive guidance to all adolescents in a nonbiased environment.
3. In order 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 GLBT inclusive questions and gender-neutral language and should promote a supportive, GLBTQ-safe health care space for all adolescents (AAP, 2004; Nelson, 2003).
4. Pediatric health care providers should incorporate approaches of health promotion and risk reduction with individuals who identify themselves as GLBTQ or those struggling with or questioning their sexual orientation or gender identity.

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5. Any youth struggling with sexual orientation or gender identity issues should be offered appropriate referrals to providers and programs that can assist the adolescent to deal with sexual identity issues (AAP, 2004).
6. Pediatric health care providers should maintain confidentiality regarding sexual orientation and gender identity in accordance with state regulations pertaining to confidentiality with minors.
7. Pediatric health care providers should refer parents and other family members of self-disclosing GLBTQ adolescents to support organizations from which

they may gain an understanding of the issues their child is facing in addition to support for themselves (AAP, 2004).

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