Unit 6: Sexual Orientation and Gender Identity and Expression
Adolescence is a time of exploration of your place in society, including your gender, gender expression, sexuality, and sexual desire. For some adolescents who may not have a sexual orientation, gender identity, or gender expression that conforms to their society’s expected “normal,” this can mean extra social pressure and even harassment, discrimination, or violence from all corners. Moreover, LGBTQI adolescents with disabilities, and especially those with intellectual and developmental disabilities, often face additional barriers in expressing their sexuality or gender identity. This may affect their ability to form social and intimate relationships, and to connect with mainstream LGBTQI and disability support groups and communities.
CONCERNS OF LGBTQI ADOLESCENTS

From a health provider’s perspective, the health concerns of LGBTQI adolescents may be largely the same as those of their peers, but they are amplified by the additional stigma they experience related to their sexual orientation or gender identity:

• They have questions about the changes in their bodies and emotions during adolescence.
• They face social stigmatization of their sexual desire and sexual behavior.
• They risk unintended pregnancy and infection with STIs, including HIV.
• They may be subject to sexual or gender-based violence, sexual coercion, or intimate partner or domestic violence in the household. This risk affects both their physical and mental health.
SPECIFIC HEALTH RISKS OF LGBTQI ADOLESCENTS

When it comes to unintended pregnancy and STI risk, including risk for HIV, there are some assumptions about lesbian, gay, bisexual, transgender, queer, and intersex youth that need clarification:

• Young men who have sex with men have higher risk for HIV and other STI transmission.
• Young women who have sex with women have lower HIV risk, but are at risk for other STIs, especially those that are transmitted skin to skin or orally.
• Young lesbian women and young gay men may have opposite-sex partners because of social pressure or experimentation.
• Young lesbian, bisexual, and transgender women are frequent targets for sexual violence, such as “corrective rape” and need access to emergency contraception and post-exposure prophylaxis. Corrective rape occurs when a person is raped because of their perceived sexual orientation or gender identity. The common intended “consequence,” as seen by the perpetrator, is to turn the person heterosexual or to enforce conformity with gender stereotypes.
HARASSMENT AND DISCRIMINATION

In addition to the amplified concerns of these adolescents related to sexual and reproductive health, LGBTQI adolescents also face additional harassment and discrimination. This is particularly true for persons with disabilities who identify as LGBTQI.
HARASSMENT AND DISCRIMINATION

• Homophobic bullying in schools, in the home, and in communities can inflict psychological, emotional, and physical harm on young people who are targeted based on their real or perceived sexual orientation or gender identity.

• In Bangladesh, a 2007 study showed that boys who behave in more stereotypically “feminine” ways are more likely to drop out of school due to harassment and bullying. (Source: Amnesty International)

• Young people who “come out” to their families as lesbian, gay, bisexual, transgender, or queer may face rejection or abuse from their parents, caretakers, or other family members, increasing their risk for depression, suicide, and self-abuse.
HARASSMENT AND DISCRIMINATION

• Young people who face rejection from their families during adolescence are 3.5 times more likely to experiment with drug use or have unprotected sex, 6 times more likely to suffer from depression, and 8.5 times more likely to report having attempted suicide. (Source: SAHM 2013)

• Adolescents who identify as LGTBQ may be forced into emotionally abusive or damaging “reparative” therapies or may be subject to “corrective” rape or sexual violence.

• One 2011 study in South Africa reported as many as 500 cases of “corrective” rape of lesbian-identified women in the previous year. (Source: Open Society Initiative for Southern Africa)
HARASSMENT AND DISCRIMINATION

- People who identify as transgender or have gender identities or expressions which are not considered “normal” by their communities are particularly targeted for violence.
- Between January 2008 and October 2014, there were 1,612 reported killings of transgender people in 62 countries.
- Persons with disabilities who identify as LGBTQI are more likely to report having experienced harassment or violence than those without disabilities.
HARASSMENT AND DISCRIMINATION

• One study published in Australia in 2018 reported that 46% of LGBT people with a disability versus 33% without reported having experienced at least one form of harassment or violence in the last 12 months prior to completing the survey. LGBT respondents with a disability were more likely to have been subject to verbal abuse than respondents without disability (32% versus 24%); more likely to have ‘received written threats of abuse including emails and graffiti’ (11% versus 5%); more likely to have been subject to harassment (21% vs 14%); and more likely to have been subject to threats of physical violence or physical assault such as being punched, kicked, or beaten (13% vs 8%). (Source: W. Leonard & R. Mann, 2018)
ADVICE FOR HEALTH PROVIDERS — (SOURCE: SAHM 2013)

• Health care providers who care for adolescents should be trained in competent and nonjudgmental care for all LGBTQI youth. This includes an understanding of adolescent sexuality development, the ability to identify mental health concerns related to harassment, discrimination, and violence, and familiarity with physical and sexual health issues related to sexual orientation or gender identity and their intersections with disability, ethnicity, race and other discrimination factors.

• Providers should understand that most LGBTQI young people are healthy adolescents and young adults. The high-risk behaviors exhibited by some LGBTQI adolescents are often reactions to social stigma and non-acceptance by peers and society, not as a result of moral failure or disease related to their sexual orientation or gender identity.

• LGBTQI youth face harassment, discrimination, and violence in most societies, which is associated with increased risk of depression and suicide.
ADVICE FOR HEALTH PROVIDERS – *(SOURCE: SAHM 2013)*

- LGBTQI adolescents with disabilities can also experience discrimination from within the LGBTQI and disability communities, compounding their sense of social marginalization and isolation and contributing to their increased risk of developing mental health problems.
- LGBTQI people with disabilities’ experiences of systemic discrimination and exclusion are associated with reduced health and wellbeing and reduced access to services.
- LGBTQI people with disability present even higher rates of anxiety and psychological distress than LGBTQI people without disabilities and are at increased risk of self-harm.
- Health care providers should be comfortable screening for and discussing these issues with their LGTBQI patients with and without disabilities and members of the community.
SCREENING FOR HARASSMENT, DISCRIMINATION & VIOLENCE

Young people may be subject to harassment, discrimination, and violence due to their sexual orientation or gender identity or expression. For many young people, this harassment can manifest in health service settings if providers are not fully informed or have incorrect information about or stereotypical attitudes towards sexuality and gender. In the case of LGBTQI adolescents with disabilities, discrimination factors that are related to sexual orientation, gender identity, and disability intersect, increasing the risk of harassment when accessing health services.
SCREENING FOR HARASSMENT, DISCRIMINATION & VIOLENCE

Some things to remember:

• LGBTQI young people are at more risk for depression and suicide, but the solution is not to change or hide their identity.

• LGBTQI adolescents with disabilities face multiple challenges in finding support at the community level as, in most of the cases, health services, local LGBTQI organizations and networks are not disability inclusive.

• No therapy or treatment has ever been proven to successfully “change” someone’s sexual identity or orientation. Such therapies and treatments are harmful to young people.

• Gender expression is not a symptom of sexual orientation: young men who are “feminine” or young women who are “masculine” are not necessarily lesbian, gay, or bisexual.
COMMUNICATING WITH LGBTQI ADOLESCENT CLIENTS

Sexual orientation and gender identity are dynamic concepts, and adolescent sexuality can be fluid and change rapidly. Health providers should be cautious in assigning labels to adolescent’s gender and sexuality.

• Providers should ask adolescents how they self-identify and be guided by their language and self-concept.
• Providers should be careful not to make assumptions about the gender identity of their clients’ sexual partners.
• Providers should be careful to control their reaction and react in a neutral or positive manner to statements about the gender identity or sexual orientation of their adolescent clients.
Defining Gender and Sex
GENDER IDENTITY AND EXPRESSION

A person’s deeply felt individual experience of gender, may or may not correspond with the sex assigned at birth, or with the way they are expected to express their gender. It includes a personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means) and other expressions including dress, speech, and mannerisms.

Identity is how you understand and feel your gender. Expression is how you communicate your gender identity to the world around you in terms of dress, appearance, and actions.
INTERSEX AND TRANSGENDER

• Intersex: Individuals who have genital, chromosomal, or hormonal characteristics which do not correspond to the given standard for “male” or “female” categories of sexual or reproductive anatomy. It may take many forms and covers a wide range of bodily characteristics.

• Transgender: Individuals whose gender identity and/or gender expression is different from the biological sex they were assigned at birth. Some people may choose to modify their biological sex to match their gender identity, either through surgery or hormonal treatments, and some may not. The term can include a wide range of other identities, such as members of third genders, as well as individuals who identify as more than one gender or no gender at all.
SOCIAL PRESSURES ON INTERSEX AND TRANSGENDER ADOLESCENTS

Intersex and transgender adolescents may face different challenges. Intersex adolescents may or may not be aware of their identity, or it may only begin to become apparent when they reach puberty and experience changes in their hormones. Intersex identity is often invisible and intersexed adolescents may fear being discovered as intersex. They may struggle to understand why and how their development differs from their peers.

Transgender adolescents frequently have a strong sense of gender identity and of being “different” from their peers. They may have been subject to violence or abuse in an attempt to “correct” their behaviors or identity and may have internalized social stigma against their gender expression. Transgender adolescents are often bullied or face violence from family, peers, and communities and are often at greater risk of suicide, self-harm, and depression.
HEALTH PROVIDERS AND PARENTS

Because violence and discrimination are common within the family, health providers may need to act as a mediator between a client and their parents or caretakers. Even when an adolescent client has a supportive family environment, the health provider may be a trusted source for information about gender and sexual identity. Even when LGBTQI adolescents are accompanied by their parents, providers should refer to the adolescent as their main client and respect their opinion when it comes to decisions related to their sexual and reproductive health. Young persons with disabilities do not represent an exception.
HEALTH PROVIDERS AND PARENTS

Providers can help parents and caretakers by:

• Reinforcing that intersex identities are common and physically safe for children, adolescents, and adults.

• Reinforcing that transgender identity is no longer considered a physical or mental disorder and cannot be “fixed” through counseling, discipline, or social pressure.

• Helping identify online or community resources for accurate scientific information and support for parents and adolescents (some are listed at the front of this unit).
SPECIFIC CARE STRATEGIES: INTERSEX ADOLESCENTS

- Children born with physical sex differences may or may not need surgery to alter the appearance or function of their external genitalia. Health providers should consider the social and cultural context and acknowledge that surgery will not always protect against discrimination for those adolescents who differ from the “norm.”
- If and when possible, providers should avoid surgery until the patient is old enough to determine their own gender identity and make their own choice for surgery.
- Hormonal or chromosomal differences may need additional treatment with hormone therapy in adolescence or later in life in to accelerate pubertal development or increase fertility.
- Parents and families should be supported to help their intersex children understand, accept, and embrace their bodies and physical differences.

(Source: Frader et al, 2004)
PREVENTATIVE AND BASIC SERVICES

• Transgender adolescents should, whenever possible, be treated within the primary care structure, no differently from other adolescents.

• Adolescents presenting with non-normative gender identity or transgender identity should be supported with positive counseling and mental health support for the duration of any treatment.

• Many online resources and communities exist for transgender adolescents who do not have in-person or community support.

• Drugs to suppress hormones can be prescribed to delay the onset of puberty or block the maturation of secondary sex characteristics while the adolescent continues to develop their gender identity and role.
PREVENTATIVE AND BASIC SERVICES

• Hormone therapies can be used to promote feminization or masculinization for transgender adolescents who are planning to transition to their experienced gender identity.
• Providers should discuss storage of eggs or sperm to ensure opportunities to reproduce in the future.
• Providers should also discuss potential interactions of hormone therapy with HIV drugs and other medical treatments or procedures before starting any hormone regimen.
• Gender confirming surgeries, though not currently available in most countries, may be beneficial to adolescents with gender dysphoria, which can improve psychological outcomes.

(Source: Wylie et al, 2016)