



## **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, physical health, and reduce any associated physical and mental health risks (Dowshen & Garofalo, 2009). While 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 will 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 kinds of information about sexuality from their providers as their heterosexual peers, and yet will not disclose 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 & 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, allowing the adolescent frequent opportunities to discuss issues, including sexual orientation (American Academy of Pediatrics, 2004; Coker et al., 2010; Dowshen & Garofalo, 2009), as a part of routine care.

In order to advocate for LGBTQ youth, NAPNP supports the following:

1. NAPNP opposes all public and private discrimination against individuals based on sexual orientation, gender conformity, and gender identity, while encouraging 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 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., 2009).

3. Pediatric health care providers should provide comprehensive, adolescent-friendly health care and supportive guidance to all adolescents in a safe, nonbiased environment (US Department of Health and Human Services, 2011).
4. Pediatric health care providers should assure and maintain confidentiality regarding sexual orientation and gender identity in accordance with state regulations pertaining to confidentiality with minors.
5. 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 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 the 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 assist the adolescent to 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 which 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 healthcare providers should be supportive of LGBTQ youth and provide an open and safe healthcare 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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### **Acknowledgements**

The National Association of Pediatric Nurse Practitioners would like to acknowledge the following members for their contribution to this statement:

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Adopted by the National Association of Pediatric Nurse Practitioners' Executive Board on June 25, 2011.

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