Published in final edited form as:

Pediatr Clin North Am. 2016 December ; 63(6): xvii–xxi. doi:10.1016/j.pcl.2016.09.002.

Introduction to Lesbian, Gay, Bisexual, and Transgender Youth Health

Stewart L. Adelson, MD,

Department of Psychiatry, Columbia University College of Physicians and Surgeons, Department of Psychiatry, Weill Cornell Medical College, New York, NY 10032, USA

Nadia L. Dowshen, MD,

Gender and Sexuality Development Clinic, Craig-Dalsimer Division of Adolescent Medicine, PolicyLabChildren's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania, 34th Street & Civic Center Boulevard, Philadelphia, PA 19104, USA

Harvey J. Makadon, MD, FACP, and

The Fenway Institute, Harvard Medical School, Ansin Building, 1340 Boylston Street, Boston, MA 02215, USA

Robert Garofalo, MD, MPH

Adolescent Medicine, Center for Gender, Sexuality, and HIV Prevention, Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern University Feinberg School of Medicine, 303 East Chicago Avenue, Chicago, IL 60611, USA

In recent years, the pediatric literature and leading organizations including the American Academy of Pediatrics, the Institute of Medicine, the American Academy of Child and Adolescent Psychiatry, and the World Professional Association of Transgender Health have drawn attention to the pressing physical and mental health needs of lesbian, gay, bisexual, and transgender (LGBT) youth.^{1–4} This issue is intended to help clinical practitioners of pediatrics and allied professions to understand and respond to these needs. In doing so, it addresses health care not only of youth who already identify themselves or are perceived by others as LGBT but also of those who might be on developmental paths that include these.

Nonheterosexual orientations and nonconformity in gender expression are not uncommon in youth, and part of normal development. However, in addition to the normal health and mental health needs they share with all youth, certain aspects of LGBT youths' development are unique. As LGBT youth are becoming increasingly visible in society, competence in caring for them and families is a core skill that is necessary for all pediatric practitioners.

This issue is framed around key concepts. These include the *biopsychosocial model*, in which mental and physical health are interconnected and related to social factors, sexuality, and gender during development. There is *epidemiologic evidence* of special health needs among the pediatric LGBT population, including increased *risk* for certain illnesses associated with significant morbidity and mortality. In part, this is because LGBT youth are exposed to certain *epidemics* affecting them, including HIV, and certain substances of abuse. A substantial body of evidence indicates that risk is mediated by others' reactions to LGBT youth, including *stigma* that may adversely affect their physical and mental health in a

variety of ways. This includes both interpersonal stigma, such as family, peer bullying, violence, or other forms of interpersonal discrimination, and also structural stigma, which may affect equity in health care resources, training, and competence. The concept that stigma mediates adverse health outcomes is known as the *minority stress model*.⁵ The framework of *intersectionality* described in this issue refers to the way in which sociocultural factors in addition to LGBT-specific ones, including race/ethnicity, related stigma, and economic factors, can interact to influence health.

Although they are exposed to unique risks, LGBT youth also display patterns of strength and *resilience* that mitigate the likelihood of adverse outcomes. In each youth, a personal profile of vulnerability and strength influences how the individual copes with stressors and other risk exposure. Good clinical practice includes not only addressing risk but also enhancing strength to promote adaptive coping, good physical and mental health, and optimal fulfillment of each youth's developmental potential.

Clinical practitioners of pediatrics and allied professions have opportunities to promote health and well-being in LGBT youth through a variety of recognized medical interventions ranging from anticipatory guidance to specialized care. These include supporting healthy emotional development and providing comprehensive, inclusive sexual health education, addressing special needs like HIV prevention and treatment and, for transgender youth, appropriately providing gender-affirming care. This issue discusses clinical competence in these and other areas of physical and mental health for LGBT youth.

An increasing evidence base guides best pediatric practice with LGBT youth. This issue refers to that evidence and expert guidelines wherever available. Several articles also point to gaps in the literature where more research is needed. In light of these gaps, clinicians must sometimes generalize limited evidence derived from research settings and existing practice guidelines to novel contexts in primary care and other community settings. Therefore, in addition to using best practice guidelines whenever possible, this issue discusses using informed consent principles when it is not. Where there are controversies about best practice, this issue discusses them transparently. As this series is geared toward those caring for children and adolescents in clinical practice, there is a pragmatic focus on the clinical application of knowledge in the context of community, family, and development, with illustrative case vignettes.

At present, significant barriers exist to addressing the physical and mental health needs of LGBT youth and contribute to significant health inequities in this population. This issue is intended as a tool to help practitioners of pediatrics and allied professions to provide improved care, research, and education to meet these needs.

DEFINITIONS

As knowledge about caring for LGBT youth grows, concepts and terminology evolve. This issue explicitly defines key current terms for clarity, recognizing that their semantics are to a certain degree arbitrary and that other definitions are in use or may emerge in the future. The

following terms are reprinted from the American Academy of Child and Adolescent Psychiatry's Practice Parameter on LGBT youth and are referred to throughout the issue.

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH PRACTICE PARAMETER DEFINITIONS

- *Sex*, in the sense of being male or female, refers to a person's anatomical sex. (Although usually considered dichotomously male or female, disorders of sex development can lead to intersex conditions, which are beyond the scope of this practice parameter.)
- *Gender* refers to the perception of a person's sex on the part of society as male or female.
- *Gender role behavior* refers to activities, interests, use of symbols, styles, or other personal and social attributes that are recognized as masculine or feminine.
- *Gender identity* refers to an individual's personal sense of self as male or female. It usually develops by age 3, is concordant with a person's sex and gender, and remains stable over the lifetime. For a small number of individuals, it can change later in life. For some individuals, gender identity differs from sex assigned at birth. In others it may be non-binary – that is, not able to be categorized as just male or female; it may be both, neither, or another gender.
- *Identity* refers to one's abstract sense of self within a cultural and social matrix. This broader meaning (equivalent to ego identity) is distinct from gender identity and is usually consolidated in adolescence.
- *Sexual orientation* refers to the sex of the person to whom an individual is erotically attracted. It comprises several components, including sexual fantasy, patterns of physiologic arousal, sexual behavior, sexual identity, and social role.
 - *Homosexual* people are attracted erotically to people of the same sex and are commonly referred to as gay in the case of males, and gay or lesbian in the case of females.
 - *Heterosexual* people are attracted erotically to people of the other sex.
 - *Bisexual* people are attracted erotically to people of both sexes.
- *Sexual minority* refers to homosexual and bisexual youth and adults.
- *Sexual prejudice* (or more archaically, **homophobia**) refers to bias against homosexual people. "Homophobia" is technically not a phobia; like other prejudices, it is characterized by hostility and is thus a misnomer, but the term is used colloquially.⁶
- *Internalized Sexual Prejudice* (or colloquially, **"Internalized Homophobia"**) is a syndrome of self-loathing based upon the adoption of anti-homosexual attitudes by homosexual people themselves.

- *Heterosexism* refers to individual and societal assumptions—sometimes not explicitly recognized—promoting heterosexuality to the disadvantage of other sexual orientations.
- *Childhood gender nonconformity* refers to variation from norms in gender role behavior such as toy preferences, rough-and-tumble play, aggression, or playmate gender. The terms *gender variance* and *gender atypicality* have been used equivalently in the literature.
- *Gender discordance* refers to a discrepancy between anatomical sex and gender identity. The term *gender identity variance* has been used to denote a spectrum of gender discordant phenomena in the literature.
 - *Transgender* people have a gender identity that is discordant from their anatomical sex.
 - *Transsexuals* are transgender people who make their perceived gender and/or anatomical sex conform with their gender identity through strategies, such as dress, grooming, hormone use, and/or surgery (known as *sex reassignment*).
- *Gender minority* refers to gender nonconforming and gender discordant children, adolescents, and adults.³

Biographies

Stewart L. Adelson, MD

Nadia L. Dowshen, MD

Harvey J Makadon, MD, FACP

Robert Garofalo, MD, MPH

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