Key Concepts in Treating Patients with Sexual Differences

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Topics

- Definitions
- Statistics
- Gender Identity Disorder
- Eating Disorders
- Homelessness
- Bullying
- Assessment
- Treatment
Definitions

- **GLBT:**
  - Gay, lesbian, bisexual and transgender
  - used to refer to these individuals collectively
    (Sometimes called LGBT)

- **Sexual Orientation:**
  - Enduring emotional, romantic, or sexual feelings to other people
  - Heterosexual (straight) individuals experience these feelings primarily for people of the opposite sex
  - Gay or lesbian individuals experience these feelings primarily for people of the same sex
  - Bisexual (bi) individuals experience these feelings for people of both sexes
**Gender Identity:**
- A person’s sense of being male or female; resulting from a combination of genetic and environmental influences
- Awareness of gender identity is usually experienced in infancy and reinforced in adolescence

**Gender expression:**
- A person’s way of communicating gender identity to others
Queer

An umbrella term

Includes anyone who

a) wants to identify as queer
b) who feels somehow outside of the societal norms in regards to gender, sexuality or/and even politics

Would rather not identify with any particular label

- Gender fluid bisexual
- Gender fluid heterosexual
- Questioning GLBT person
- Person who does not fit in to societal norms and wants to bond with community over that.
Transgender (GI D):

- A broad term describing the state of a person’s gender identity
- Doesn’t necessarily match his/her assigned gender at birth
- Female to male
- Male to female
- Crossdresser
- Drag queen or king
- Gender queer
- Gender blender
- Two-spirit
- Androgyny
Disorders of Sex Development (Intersex):

- Called hermaphroditism/intersex in the past
- Now called by Disorders of Sex Development or DSD
- Sometimes confused with people who are transgender
- No more likely to be gay, lesbian, bisexual, or transgender than people in the general population
- **Genderqueer/Gender Noncomforming**
  - A person who does not identify as a man or a woman
  - Intergender
  - Androgyne
  - Both man and woman
  - Neither man nor woman
  - Falling completely outside gender binary
  - Combination of masculine and feminine, one or the other, or neither
  - A 3rd gender to complement the other 2
  - Genderless or agender
Subtypes of Gay Men

- **Bears**
  - large, hairy, facial hair, older

- **Twinks**
  - thin, smooth, blonde highlights, younger

- **Gay-listers**
  - A-list, PR, advertising, entertainment, have personal trainers

- **Show Queens**
  - theater, different body types
Subtypes of Lesbians

- **Butch/Dyke**
  - Dresses and behaves in a masculine way

- **Lipstick/Femme/Girlie Girl**
  - Dresses and behaves in a feminine fashion

- **Chapstick Lesbian**
  - Androgynous, does not wear makeup
Statistics about GLBT Population

- GLBT youth have 7x higher suicide rate than other youth.

- Suicide attempts in lesbian, gay and bisexual people 2.47 times higher than general population

- Risk for depression and anxiety disorders $\geq 1.5$ times higher in GLB population. (over 12 mos or a lifetime) on meta-analyses

- Alcohol and other substance dependence over
GLBT Statistics

- Lifetime prevalence of suicide attempt especially high in gay and bisexual men
  - $RR = 4.28, CI = 2.32, 7.88$

- Lesbian and bisexual women particularly at risk of substance dependence
  - Alcohol 12 months: $RR = 4.00, CI = 2.85, 5.61$
  - Drug dependence: $RR = 3.50, CI = 1.87, 6.53$
  - Any substance use disorder $RR = 3.42, CI = 1.97–5.92$
GLBT Statistics

- Sexual orientation is an independent risk factor for suicide attempts in male youth.

- For females, the association of sexual orientation with suicidality is mediated by drug use and violence/victimization behaviors.
GLBT youth who attempt suicide

- disproportionately subject to anti-gay attitudes
- weaker skills for coping with discrimination, isolation, and loneliness
- more likely to experience family rejection
  - 8 times higher rate of suicide
- more feminine gender roles (for males)
- adopted an GLBT identity at a young age
- more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct
Measured self reported suicide attempt in last year

129 students (3.8%) identified as GLB or unsure of sexuality

GLBN youth 3.41 times more likely to report a SA in the last year

Independent Risk Factors for SA:
- female gender
- GLBT orientation
- Hispanic ethnicity
- higher levels of victimization/violence
- drug use
Evidence on GLBT mental health is inconclusive because:

- variation in the definition of sexual orientation
- difficulty achieving random samples
- reliance on participants' recall
- unwillingness of people to be open about their sexual orientation
- lack of information on sexuality in suicide victims
- complexity of choosing appropriate comparison groups
- poor adjustment for substance use and personality factors
Gender Identity Disorder (DSM)

- A. A strong, persistent cross-gender identification. (not merely desire for cultural advantages). In children, 4 or more:
  - Insistence or desire to be opposite sex
  - Cross-dressing
  - Cross-sex roles in make-believe play or persistent fantasies of being other sex
  - Participates in stereotypical games/pastimes of other sex
  - Playmates of opposite sex
Gender Identity Disorder (DSM)

- In adolescents or adults:
  - Stated desire to be other sex
  - Frequent passing as other sex
  - Desire to live or be treated as other sex
  - Conviction that he or she has typical feelings and reactions of other sex
- B. Persistent discomfort with his or her sex or gender
- C. Not intersex
- D. Causes clinically significant distress
Gender Identity Disorder Statistics

- 80% to 95% of prepubescent children with GID will resolve their GID prior to reaching adolescence.
- By late adolescence 75% of boys with GID report gay or bisexual orientation without GID.
- Most of remainder report heterosexual w/o GID.
- Children who continue to experience GID into adolescence will pursue sex reassignment treatment and/or surgery.
- Onset of behavior between ages 2 and 4.
- Most often referred to treatment at school age.
Gender Identity Disorder Statistics

- Males with GID can be diagnosed as either sexually attracted to males, females, both, neither
- Females with GID are almost always sexually attracted to females
- Subgroup of males with GID who present as adults
  - Fluctuating degree of cross gender identification
  - Ambivalent about reassignment surgery
  - More likely to be attracted to women
  - Less likely to be satisfied after surgery
Gender Identity Disorder Problems

- Associated disorders
  - Bullying
  - High school drop out
  - Prostitution
  - Suicide attempts
  - Substance related disorders
  - Separation anxiety
  - Generalized anxiety disorder
  - Depression
Gender Identity Disorder

GLBT and Eating Disorders

- Compared to other populations, gay men are disproportionately found to have body image disturbances and eating disorder behavior (STATS).
- Gay men are thought to only represent 5% of the total male population but among men who have eating disorders, 42% identify as gay.
Lesbians and Eating Disorders

- Less research focused on sexual orientation and eating disorders in women and girls - findings are conflicting.
- Lesbian/bisexual girls reported being happier with their bodies and less concerned with trying to look like media images compared to heterosexual girls.
- Higher proportion of lesbian and bisexual girls compared with heterosexual girls reported a positive body image (44% and 36% vs. 21%) (Statewide Study of Minnesota Schoolchildren).
- Recent research shows higher prevalence of ED behaviors (binge eating, purging, laxative abuse).
Gay Males and Eating Disorders

- Gay and bisexual male youth significantly more likely to have fasted (21% vs. 6%), vomited or taken laxatives to control their weight (22% vs. 4%) and taken diet pills (19% vs. 4%) in the previous 30 days.

- Gay youth more likely than heterosexual youth to report frequent dieting in the past year (9% vs. 6%), ever binge eating (25% vs. 11%), and poor body image (28% vs. 12%).

- Gay/bisexual youth reported making a greater effort to look like men in the media and binge eat in the past year compared to heterosexual boys.
Barriers to Treatment for GLBT Eating Disorders

- EDs are overlooked as a problem for men
- Treatment literature is geared towards straight women
- Isolation and feeling like “I’m the only one”
- Myth that lesbian women do not have eating disorders
- Stigma and shame of having a “woman’s issue” for men
- Fear that treatment will force the youth out of the closet, or out of denial about sexuality
- Lack of providers with GLBT cultural competency
- Behavior is normalized in the gay community, e.g., exercise obsession; methamphetamine use as a diet drug; compulsive overeating and binging as seen in the Bear community
Homelessness
LGBT and Homelessness

According to the National Gay and Lesbian Task Force (with National Coalition for the Homeless):

- 20-40% of all homeless youth identify as GLBT
- 3-5% of overall population identifies as GLBT
- 50% of gay teens experienced negative reaction when they came out to parents
- 26% of gay teens who came out to parents or guardians were told they must leave home
LGBT and Homelessness

- 33% of youth who are homeless or in the care of social services experienced violent assault when they came out.
- 10-20% of all homeless youth self-identify as chemically dependent.
- For homeless GLBT youth, personal drug use, family drug use, and likelihood of enrolling in treatment program are all higher than in their heterosexual homeless peers.
A Study of homeless youth in Canada found that GLBT homeless youth were 3x more likely to participate in survival sex than heterosexual peers.

50% of homeless GLBT youth consider it likely or very likely that they will someday test positive for HIV.
GLBT teen bullying

- 3 million U.S. teenagers have serious problems in school because they’re taunted with anti-gay slurs
- 80% gay and lesbian students don’t know one supportive adult at school
- They report that teachers ignore harassment 97% of the time
- 31% of gay youth had been threatened or injured at school in the last year alone
Bullying

- 22% of gay respondents skipped school in the past month because they felt unsafe.
- 28% of gay students will drop out of school. This is > 3x the national average for heterosexual students.
Bullying

- Mentor High School – 5 suicides from July 05 - Oct 08
- 2 families are suing the school for not addressing the bullying of their children.
- Tyler Clementi (Rutgers freshman) suicide after roommate videotaped him
It Gets Better Project

- Started in Sept 2010 by openly gay columnist Dan Savage
- In response to suicide of Billy Lucas 15 y/o Indiana student who was harassed for being gay
- Video messages of hope for gay teens
- Participants include many celebrities:
  - President Obama, Ellen Degeneres, Michael Kors, Neil Patrick Harris, Anne Hathaway
Factors to Include in Assessment of GLB patients

<table>
<thead>
<tr>
<th>Psychological</th>
<th>Sociological</th>
<th>Biopsychosocial</th>
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<tbody>
<tr>
<td>Negative Life Stress</td>
<td>Lack of Social Supports or Events</td>
<td>Exercise and other physical activity</td>
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<tr>
<td>Coping Techniques</td>
<td>Stigmatization</td>
<td>HIV Status</td>
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<td>Loneliness</td>
<td>Community Alienation</td>
<td>Hx of Suicide Attempt</td>
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<tr>
<td>Personal Identification as GLB</td>
<td>Barriers to Social Supports</td>
<td>Medical Illness</td>
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<td>Hx of Abuse, Neglect, Abandonment, or Rejection</td>
<td>Presence of a Significant Other or the Ability to find one if desired</td>
<td>Drug/Alcohol use or abuse</td>
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<tr>
<td>History of Suicidal Ideation</td>
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<td>“Out” Status</td>
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Homosexuality was removed from DSM in 1973 DSM II revision and is no longer considered a psychiatric illness.

No evidence for “conversion therapy” being helpful

Do not assume pt is in treatment because they are unhappy with sexual orientation

Some have stress “coming out” or dealing with prejudice
Treatment

- Some GLBT patients prefer a GLBT therapist.
- Most want a therapist who is willing to understand the specific challenges faced by the GLBT population.
Bonnie Benson
Resources

- PFLAG: Parents, Families, & Friends of Lesbians and Gays
  - www.pflag.org
- GSA: Gay Straight Alliance Network
  - http://gsanetwork.org
- GLAAD: Gay and Lesbian Alliance Against Defamation
  - http://www.glaad.org
Resources

- HRC: Human Rights Campaign
  - www.hrc.org

- National Gay and Lesbian Task Force
  - http://www.thetaskforce.org
Traditional Gender Model

Davis (2010), adapted from Samuel Lurie

- **Sex**
  
  Organic markers: hormones, genitalia, secondary sex characteristics, genes, unchanging

- **Gender role/expression**
  
  Dress, posture, actions, stereotypical

- **Gender identity**
  
  Self conception: “I am ...”
  *(Not really a part of the “traditional model”)*

- **Sexual orientation**
  
  Attracted to, unchanging
Authentic Gender Model
Davis (2010), adapted from Samuel Lurie

- **Sex**
  Organic markers: hormones, genitalia, secondary sex characteristics, genes, might vary over time.

- **Gender roles**
  Dress, posture, actions
  Will change over time

- **Gender identity**
  Self conception: “I am ...”

- **Sexual orientation**
  Attracted to, might vary over time

![Diagram showing the relationships between sex, gender roles, gender identity, and sexual orientation.](image-url)
Therapeutic Approaches to Working with LGBT Patients

- Presenting Concerns
  - Unrelated to concerns about sexual orientation or gender identity
  - Consider concerns in context of LGBT identity
    - Discrimination in the social environment
    - Rural vs. urban living
    - Supportiveness of family
Therapeutic Approaches to Working with LGBT Patients

- Presenting Concerns
  - View psychological symptoms as coping mechanisms
  - Be prepared for the unexpected
    - Man who has ovaries
    - Woman who has a prostate
    - Safer sex practices beyond the traditional male-female intercourse model
Therapeutic Approaches to Working with LGBT Patients

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Interventions

Use of language

- Partner, partnered
- Trans - “What pronoun do you prefer?”
- LGBT – “How do you identify your sexual orientation?”

Intake forms

- Avoid referring to transgender people as gay
- Avoid the term *homosexuality* - gay identity, lesbian identity, bisexual identity
Therapeutic Approaches to Working with LGBT Patients

Interventions
- Awareness of our own biases
- Patient’s multiple identities
- Opportunity to positively represent the profession
References


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