**Abstract:**
Adolescent patients comprise up to 16% of all emergency department (ED) visits in the United States. Although an exact prevalence is difficult to determine, an estimated 4-17% of youth identify as lesbian, gay, bisexual, transgender, and questioning. Health care providers need to understand gender identity and sexual orientation to provide competent medical care within a clinical setting that is safe for minority youth. Despite the ED presence of lesbian, gay, bisexual, transgender, and questioning teens, many ED providers report a lack of comfort with understanding the health care needs of this patient population. In this article, we aim to review the topics of gender identity, gender presentation, sexual orientation, and pronoun use, and provide practical guidelines for eliciting important information in the care of sexual and gender minority youth.

**Keywords:**
LGBTQ; emergency department; gender identity; transgender; sexual orientation; pronouns; adolescence

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1522-8401


# Sexual and Gender Minority Adolescents: Meeting the Needs of Our LGBTQ Patients and Their Families

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Adolescent patients account for approximately 16% of all emergency department (ED) visits in the United States.[1] As such, we encounter adolescent patients and their families daily. Although youth present to the ED for a variety of complaints, ED practitioners must consider the unique physical, emotional, and social developmental stage of the adolescent patient. One aspect of teen identity is gender and sexuality, often in a state of exploration, which can impact a youth's health and well-being.[2] Given the fluidity of identity development, it is difficult to determine how many of our teen patients identify within the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community. A conservative estimate of the prevalence of sexual minority in adolescents is between 4 and

17%.[3] Sexual and gender minority youth have increased risks of negative mental health outcomes due to harassment and discrimination, and other illness related to failure of access to medical care.[4,5] Understanding the experience of gender identity and sexuality is essential for us to provide appropriate care for our patients.

## IDENTITY DEFINITION

It is important to define gender identity, gender presentation, and biologic sex, as well as how these terms differ from sexuality. In the United States, there is an assumed "norm" of heterosexuality and gender presentation, either masculine or feminine, as defined by biologic sex.[6] *Gender identity* refers to how patients choose to define themselves, an identity that may fall on a spectrum from male to female, not a dichotomous variable. An individual's gender identity may align with the sex they were assigned at birth, which is referred to as *cisgender*. The individual whose gender identity does not align with the sex they were assigned at birth is referred to as *transgender*.

Gender presentation is the outward expression of gender identity and is influenced by societal norms of male and female. Sexuality or sexual attraction indicates the romantic as well as physical relationships that individuals want to have, or choose not to have, with others. The concept of sexuality also encompasses a spectrum of individuals and identity options. A visual of these terms as a continuum is provided in Figure 1.

Each of our patients has a personal experience of their gender identity and sexuality. Emergency department providers must develop a means to communicate and understand this information to provide care that addresses internal and external factors impacting health.

### Pronouns

Many providers struggle with the changing terminology used by teens to establish identity. With constantly shifting definitions and terms, this can feel to providers like learning a new language. One crucial piece of our education in supporting a patient's identity is the accurate use of pronouns. Providers can no longer visually inspect and assume a patient's gender identity but should ask what pronouns a patient uses. Doing so provides an opportunity for transgender and gender-nonconforming individuals to feel safe and respected in health care settings. She/her and he/him pronouns have previously been the societal standard given that the English language exists in a gendered hierarchy.[7] Additionally, the singular pronouns they/them/their can be used by individuals who do not align with either male or female, or who identify as gender nonbinary. There is an ever-changing landscape of other pronouns, and understand them, caregivers are encouraged to simply

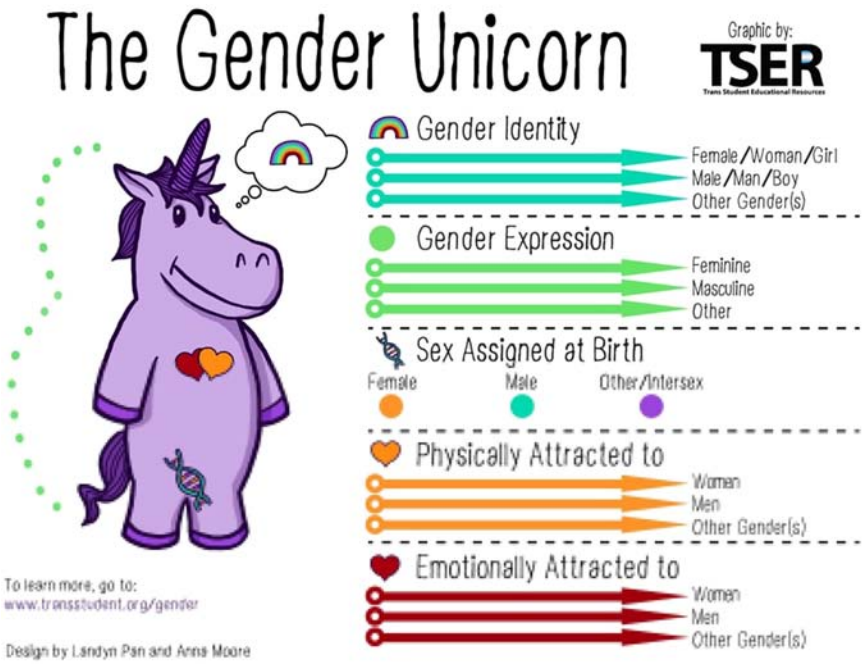


**Figure 1.** The gender unicorn.

ask. Although it has become common practice for health care providers (HCPs) to ask for a "preferred pronoun," this language may sound pejorative. A better approach is to ask the patient directly, "What pronoun can I use as part of your care today?"

## THE ED VISIT

The ED team, providing life-saving care for patients in crisis, is large and multidisciplinary. There are many interactions during the patient's time in the ED across these disciplines during which HCPs can potentially miscommunicate verbally and nonverbally when addressing sexual and gender minority in teens. This also means that there are numerous opportunities to get it right. Increasing staff sensitivity regarding gender and sexual identity can prevent HCPs from increasing distress in the patient and family in an already stressful time. Learning to acknowledge mistakes, as well as apologize, will aid the HCP in maintaining a therapeutic relationship.

### Check-In and Triage

On arrival, registration and nursing staff confirm the patient's name and date of birth during the registration and triage processes. Many transgender patients and/or gender nonbinary patients use a name that is different than their birth name to support their identity. When patients arrive to the ED, it is best to inquire what name they use, asking simply, "what name can I use as part of your care today?" This form of inquiry can be used whether speaking with the patient or a parent or other caretaker. The HCP should add a phrase into their typical introduction script that also identifies a patient's pronoun. The direct question is best: "What pronoun can I use as part of your care today?"

If an ideal name and pronouns are revealed during this initial questioning, ask the patient with whom they have shared this information. Some teens are not open with their family members and appreciate discretion and support in using birth names and preferred names in different scenarios and with different family members or caretakers. Additionally, ask the patient's permission to share information with the care team to maintain a sense of trust between the HCP and the patient.

HCPs should be aware of the system capabilities within their institution. This includes the method of placing preferred names into the electronic medical record, as well as which documents display the preferred name, mindful of maintaining the patient's desired level of privacy. Recognize that the use of a preferred name and patient pronoun is imperative for creating a safe space within the health care setting.[8]

Mistakes will occur, and it is important to acknowledge them with the patient. "Misgendering" may happen when a member of the team makes an erroneous assumption about a patient's gender identity and/or uses the incorrect pronoun. When the mistake is identified, apologize quickly and clearly. If the family is aware of the patient's identity, apologize both to the patient and to the family. Acknowledging and correcting error are essential steps in rebuilding trust with a patient and establishing a successful care relationship.[9]

### Nursing and Physician History

After arrival to the ED treatment area and initial assessment, communication among team members regarding appropriate patient name and pronoun use is important to the treatment plan. In many cases, initial ED interviews are the first opportunities an adolescent patient has to speak with an HCP independent of parent or guardian. Physicians and nurses should use this opportunity to query the patient privately regarding their preference of name and pronouns. Because transfer of care can occur within the ED and/or with transition to inpatient care, it is important that this crucial information is communicated during "handoffs."

Some patients present to the ED with a gender presentation that aligns with their biologic sex, despite feeling that this is not how they truly identify. There may be many reasons for this, including fear of being turned away from care or treated poorly.[10] An ED visit may be the first time an HCP asks about gender identity or the first provider with which the patient is comfortable sharing this information. Furthermore, patients who may not present themselves according to a gender binary (male vs female) classification will notice if the line of questioning about gender identity or pronoun use singles them out. Visual determination of transgender or gender nonbinary youth is not recommended and may result in care that is perceived as discriminatory. It is best to initiate a policy of asking all patients for this information, making it a routine part of the interview. An introduction "script" that includes gender identity and pronouns should be incorporated into every visit. When a patient reveals new information, acknowledge it and thank them for trusting you. Do not assume to know how gender presentation and identity affect a patient. Instead, ask what gender identity means to them and how the ED team can incorporate this valuable information into their medical care.

As the visit progresses, most HCPs have a series of important questions related to an adolescent's social and sexual health. The HEADSS Assessment script is one such tool.[11] Sexuality and sexual health are highly personal topics, requiring patient trust in the privacy of the interview and, ultimately, patient disclosure that is essential for the provision of care. Introduce the subject to the adolescent and specify that these questions are important to evaluate all aspects of their health. Initiate the interview with gender-neutral and nonjudgmental language. It is important to set the context for the questions such as the following introduction: "Knowing more about your romantic or sexual relationships will help me provide the best medical care for you today, so I'm going to ask a few questions in that area." Do not ascribe a gender preference to the patient's romantic or sexual partner. The question "do you have sex with men, women, or both?" is no longer useful or appropriate. Instead, ask the teen, "are you currently in a relationship?" Another option is "are there any crushes, or romantic or sexual relationships in your life right now?" HCPs can ask about sexual activity ("have you had sex?"), and if the response is yes, it is important to follow up with what sex means for them ("what body parts do you use for sex?").[12] Teens have different definitions of sex and sexual activity, which may impact evaluation and treatment of the patient.

## Physical Examination

Patients who identify with a gender different than their assigned sex at birth may use physical equipment to support their gender identity. For example, a patient assigned female sex at birth who identifies as male may wear a chest binder to help breast tissue appear with a male chest contour and/or a "packer," which is a prosthetic phallus to provide a more gender-affirming pelvic contour. During the physical assessment, patients may need to remove these devices to facilitate a full examination. Providers should understand that gender-supportive materials are a part of the patient's identity and removal in the presence of an HCP may be uncomfortable for them. To offset this discomfort, remain respectful and ask the patient if they wear anything to support their gender, and if so, ask them to identify what it is. If the physical examination can be completed without removing the support material, proceed without removal. In some cases, both the physical examination and testing require removal of the materials. Share with the patient why the tests or examinations are needed for their care and why the equipment must be removed. Try to complete the examination and testing that require removal of support items in a timely fashion so that the teen is without this support for as brief a period as possible. When patients are presenting with a behavioral health complaint such as suicidal ideation, HCPs must examine the equipment to determine that it does not pose a safety risk. If the materials have been cleared, allow the patient to resume wearing them. HCPs can demonstrate a welcoming space within the health care setting by respecting the use of their gender support materials.

Examination of youth patients often requires the presence of a chaperone. The goal of the chaperone is to provide safety for patients and HCPs during examination of private areas of the body. Do not assume that the chaperone (parent or staff member) should be of the same biologic sex. Instead, ask the patient whom they feel comfortable having present during an examination, showing respect for patient preference and needs.

The HCP should be aware of risk factors related to patient sexuality and sex practices when performing the physical assessment. Risks for sexually transmitted infections (STIs) vary based on the patient's definition of sex and history of sexual activity. For example, patients assigned female sex who are in same-sex relationship are at risk for STIs but may not be aware of how to prevent them.[13] Additionally, if we assume that a youth who identifies as lesbian is only having sex with other females, the risk of pregnancy may be missed. Provider comfort with sexual practices enhances the safe space and evaluation of sexual minority adolescents.[14] Letting go of assumptions and bias in the care of teens promotes more thorough evaluations and accurate diagnoses.

## Counseling and Discharge

Patient care in the ED does not end at identifying the issue that brought the patient to the hospital. The final step is education, with patient counseling on disease processes, home care, and prevention strategies. For example, after identifying STI risk and presence, providers must have comfort in advising patients regarding safe sex practices.[15] Many adolescents do not know their risk for acquiring STIs or the barrier methods that reduce those risks. Consider creating a safer-sex "toolkit" for the ED to provide the patient materials and counseling. Ensure that providers understand the uses of the safer-sex devices and feel empowered to provide this necessary education.

Sometimes, a youth reveals new information about their gender identity or sexuality in the ED,

**TABLE 1. National resources for LGBTQ youth and families.**

| Organization | Web Site |
|---|---|
| The Trevor Project | https://www.thetrevorproject.org/resources |
| Gay, Lesbian and Straight Education Network (GLSEN) | http://www.glsen.org |
| PFLAG: For Parents, Families and Friends of people who are Transgender and Gender-expansive | https://www.pflag.org/needsupport |
| GLAAD Transgender Resources | http://www.glaad.org/transgender/resources |
| Gender Spectrum | http://www.genderspectrum.org |
| Planned Parenthood Sexual Orientation and Gender | https://www.plannedparenthood.org/learn/sexual-orientation-gender |

information that seems unrelated to their visit. Addressing this information is still important in maintaining the youth's overall health and well-being. It is possible that the patient is sharing this information with family members for the first time. HCPs should be able to offer resources for these

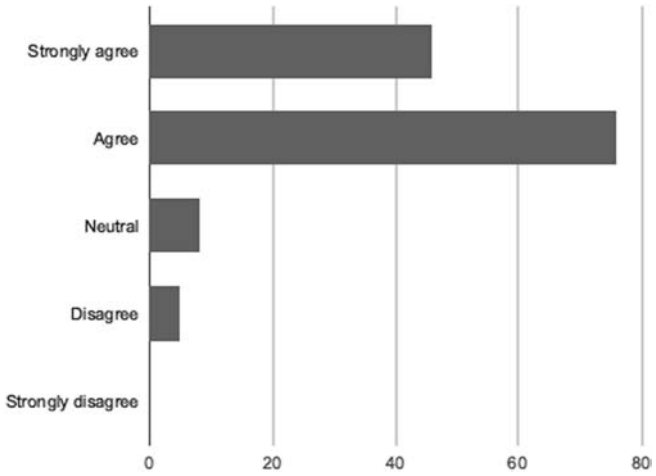


**Figure 2.** Staff response to "I understand the umbrella of terms associated with Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) identification."[14]

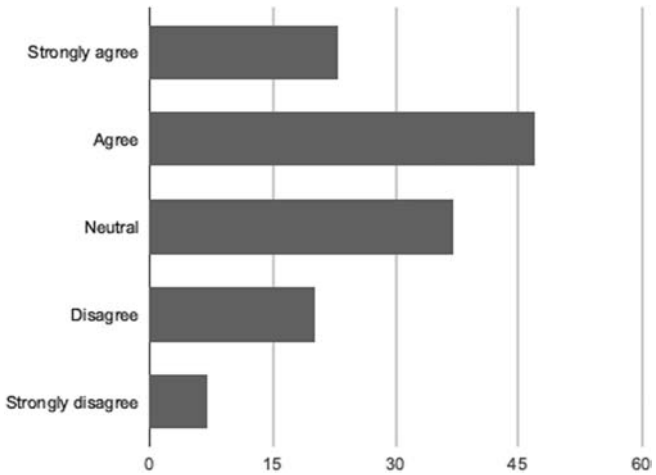


**Figure 3.** Staff response to "I would feel comfortable talking to pediatric patients about sexual orientation."[14]

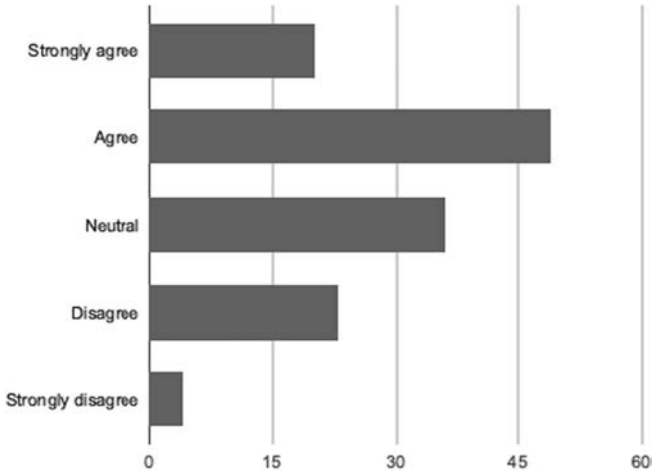


**Figure 4.** Staff response to "I would feel comfortable talking to pediatric patients about gender identity."[14]

patients for outpatient care in their own neighborhoods. Some national organizations have information to assist patients and families available on their Web site (Table 1). A resource list, with local clinics or support centers, and national organizations, should be easily accessible for all staff to provide to patients and families.

## STAFF EDUCATION

The burden of educating ourselves on the sexual and gender health needs of our adolescent patients is the responsibility of all HCPs. It is useful to evaluate staff education needs with a needs assessment tool to identify and target areas of learning. This is especially true for the clinical care of LGBTQ patients, as many professional schools are deficient in this training. One tertiary care pediatric center performed a needs assessment of ED staff, including physicians, advanced practice providers, nurses, technicians, clerks, and registration staff. Staff members used a Likert scale to report their comfort with terminology and their ability to discuss the needs of adolescent gender and sexual minority populations. Although most staff offered "agree" when rating understanding of LGBTQ terminology, fewer staff stated that they were comfortable discussing gender identity and sexuality with their patients (Figures 2-4).[14] Of the 135 staff that responded to the survey, the majority reported "neutral" to "disagree" responses with regard to open discussion of LGBTQ adolescent needs (Figure 5). Finally, staff indicated that they were not familiar with health issues that impact sexual and gender minority youth (Figures 6 and 7).[14]

To meet these gaps in knowledge and skills, a team was convened to identify best practices and ideal care strategies. Dissemination of this

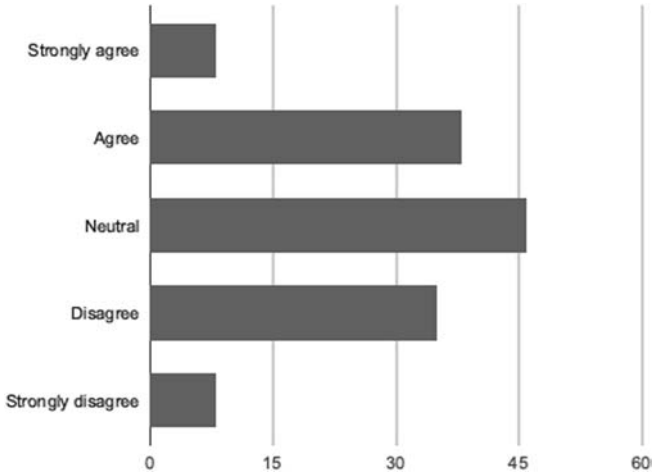


**Figure 5.** Staff response to "My coworkers, colleagues and I openly discuss the needs of our LGBTQ patient population."[14]

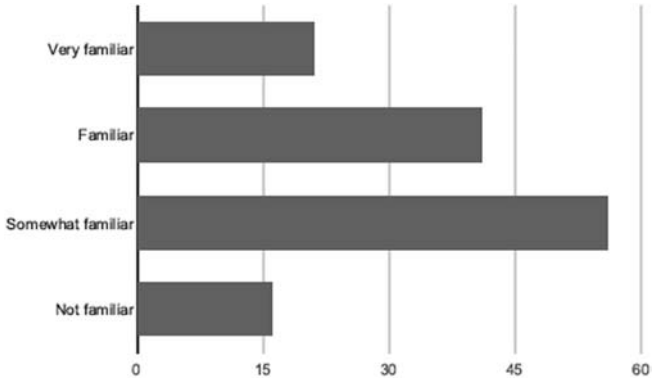


**Figure 6.** Staff response to "In general, how familiar are you with health issues that impact Lesbian, Gay and Bisexual youth?"[14]

information to staff in the ED at Children's Hospital of Philadelphia requires asynchronous learning modules due to the variety of shift schedules and the large staff volume. One interactive method developed was the use of online modules with specific scenarios identified by staff as the most challenging with LGBTQ patients and their parents. HCPs of multiple disciplines within the ED, as well as patients from the hospital's Gender and Sexuality Development Clinic, filmed videos addressing topics related to gender identity and care discrepancies for sexual minority youth. The videos portray a "less ideal" scenario with providers making errors during patient interactions, followed by a second scenario showing methods of improvement. The online modules provide definitions, information, key points, and opportunities for self-reflection. These videos, convenient for individual learning, were also effective when presented to a large-group forum with facilitated group discussion. The content developed challenges providers to improve the use of language, provide competent care, and apologize when mistakes in communication are made with patients and families.

## SUMMARY

We have reviewed an important facet of adolescent life and development and the opportunity for key intervention during an LGBTQ teen's visit to the ED. Continued learning by HCPs is necessary to care for this vulnerable population at higher risk for mental health distress and disorders; diseases related to sexual practices; and a variety of illnesses impacted by the stress of discrimination, harassment, and bullying. This morbidity, compounded by the lack of appropriate care for an underserved population, provides the emergency medicine community a clear imperative: the delivery of competent, compassionate, and respectful care to LGBTQ youth in a safe health care environment.[4,5] Emergency HCPs should develop an open-ended line of questioning with all adolescent patients, incorporating nonjudgmental interview techniques to

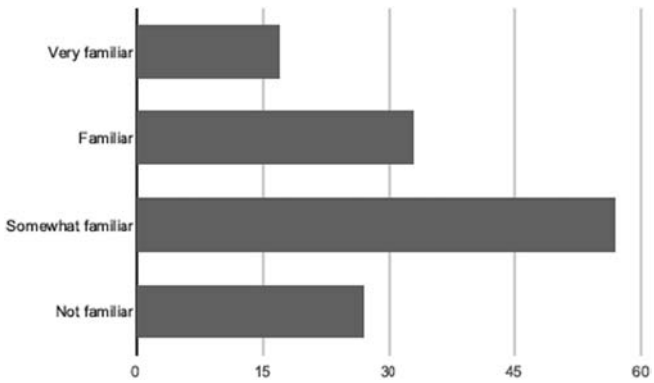


**Figure 7.** Staff response to "In general, how familiar are you with health issues that impact transgender and gender non-nonconforming youth?"[14]

identify gender identity and pronoun use, as well as sexual orientation and sex practices.[16] Continually evolving language will mean that HCPs will need to clarify terms with their patients now and in the future. This communication is the first step in building trust, creating a safe space, and improving the health and lives of sexual and gender minority youth.

## FINANCIAL DISCLOSURE

None of the authors have any financial relationships to disclose

## CONFLICTS OF INTEREST

None of the authors have any conflicts of interest to report ✚

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