

CARING FOR LESBIAN, BISEXUAL, AND QUEER (LBQ) WOMXN

Kerin R. Berger, MHS, PA-C
She/Her/Hers
Kerin.berger@gmail.com

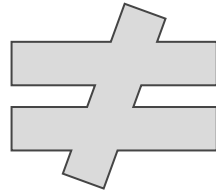


DISCLOSURES

- No relevant commercial relationships to disclose.
- Generic and brand names will be used as appropriate.
- *Off label content identified on slides.



ALSO...



All LBQ womxn



OBJECTIVES

At the end of this session, participants should be able to:

- Distinguish barriers to care affecting LBQ womxn
- Describe best practices in caring for LBQ womxn
- Discuss mental health and substance abuse trends among LBQ womxn



LET'S ACKNOWLEDGE A FEW THINGS...

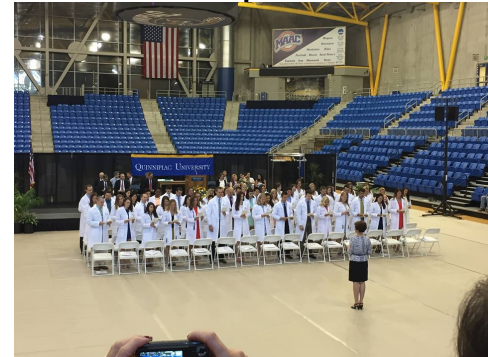
- Advantages/Privileges: White girl living in a white world, from middle class family, living upper middle-class life, born in the US, parents born in US, English first language, cisgender, access to higher education, housing, employment, health insurance, handi-capable, neurotypical, etc.
- Challenges: queer womxn living in a heteronormative world, gender expression ≠ gender identity, Jewish



STATEMENT OF VALUES

- PAs hold as their **primary** responsibility the **health, safety, welfare, and dignity** of **all human beings**.
- PAs treat **equally all persons** who seek their care.
- PAs **share and expand knowledge** within the profession.

[Guidelines for Ethical Conduct for the PA Profession](#)



WHO ARE WE TALKING ABOUT?

Included:

- Someone who currently identifies, sometimes identifies, or in the past identified as a woman/female/lady/queen



WHO ARE WE TALKING ABOUT?

Anatomy

- Breasts
- Vagina
- Neovagina
- Cervix
- Uterus
- Prostate
- ...

Surgical

- Chest surgery
- Chest augmentation
- Neovagina
- Facial Feminization
- ...

Gender

Identity/Expression

- Woman
- Man
- Female
- Male
- Nonbinary
- Genderfluid
- Queer
- Transgender Woman
- Transgender Man
- Endosex female
- AFAB
- AMAB
- Two-spirit
- ...

Sexual Orientation

- Lesbian
- Bisexual
- Queer
- Pansexual
- Poly
- ...

*Not included:
Cisgender/endosex male/
man/dude/bro/brah



QUESTION 1

- Gender identity always correlates with one's assigned sex at birth.
 - A. True
 - B. False



LET'S DEFINE SEX AND GENDER

- Sex and gender are core determinants of health
- Sex - biological differences
- Gender - social and cultural distinctions mapped onto biology
- Sexuality - attraction, orientation, behaviors
- Sexual orientation \neq gender identity



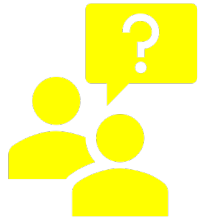
SEXUAL ORIENTATION

≠

GENDER IDENTITY



SOGI DATA



Lesbian

Bisexual

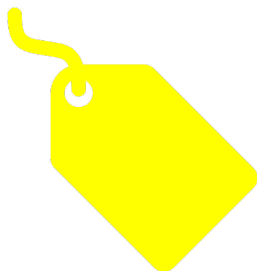
Queer

Transgender



THE LABEL MAY NOT EQUAL THE PRACTICE

- Sexual practice: who one is intimate with
- Do not assume parameters of sexual behaviors based on knowledge of relationship status and identity



TRANSLATION OF SGM LANGUAGE & TERMINOLOGY

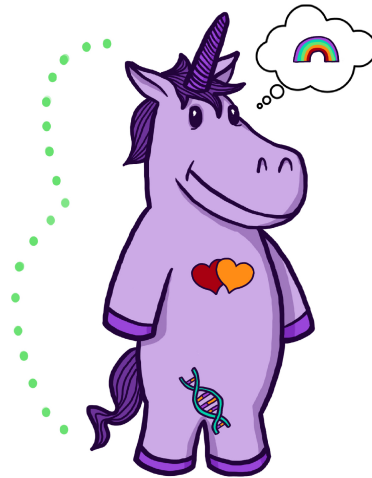
- Differ between languages
- Languages may not include terms



THE GENDER UNICORN

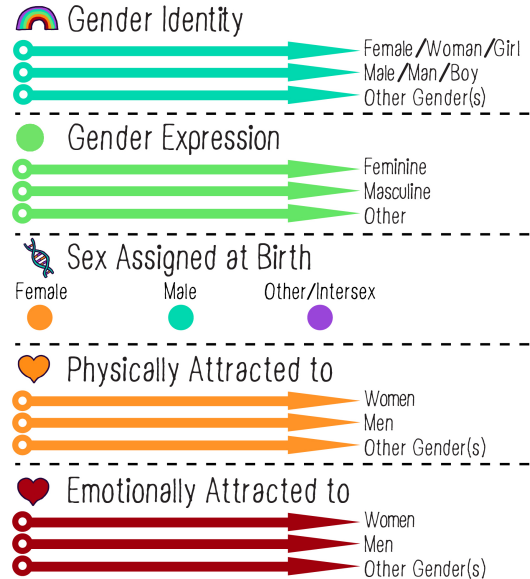
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



EPIDEMIOLOGY*

5.1% LGBT individuals are female

40% raising children

Majority White, 20% Latinx, 13% Black

Bisexual

0.6-5.5%

Same-sex sexual encounter with woman

17.4%

Self identified “lesbian, gay, or homosexual”

1.3-1.6%

*Cisgender/endosex/AF/B



EPIDEMIOLOGY

- TGNB 0.39-2.7% of U.S. population
 - Includes TGNB and gender affirming surgery
- Trends
 - Increase in TGNB
 - Highest in younger folks <24 years
 - Little data on NB, however, increased prevalence
 - Transgender woman (AMAB) > transgender men (AFAB)
 - ??? Really

****Bottom line → We need to do better****



LET'S START WITH A CASE

A 40-year-old man presents to urgent care with a low-grade fever and abdominal pain. Last sexual encounter was one week ago. No lesions or skin changes. No dysuria, back pain, or changes to defecation.

What is our preliminary differential diagnosis?



A CASE OF DYSURIA

- PMH: none
- Medications: testosterone, multivitamin
- Surgical history: chest surgery 2009
- Social: non-smoker, denies substance use, lives with dog, works as a teacher in local school district



A CASE OF DYSURIA

- Medical provider asks: “Any recent procedures?”
- Patient responds: “I had an IUD placed 1 week ago.”
- Medical provider: “...”



CHAOS

I do not recall
learning this
in PA
school...



CASE 1



CASE 1: MA'AM? SIR? BUELLER?

- Leticia is a 32-year-old self identified cisgender, lesbian woman (she/her) presenting as a new patient for a GYN exam.
- Leticia's been putting off this visit for years. She doesn't want biological children so she didn't think she needed a Pap.
- Leticia is feeling fabulous today. She's wearing a killer rainbow bowtie and a transgender flag mask for pride season. She got a fresh pixie cut yesterday.



CASE 1: MA'AM? SIR? BUELLER?

- As she approaches the front desk, the individual that greets her states, “Good afternoon, sir. I believe you are in the wrong office. This is a women’s health clinic.”
- Feeling unsafe, Leticia quietly leaves the office never to return.



QUESTION 2

- Federal law prohibits housing discrimination based on sexual orientation or gender identity.
 - A. True
 - B. False



DISCRIMINATION: THE GIFT THAT KEEPS ON GIVING

No federal laws protecting LGBTQ+ individuals:

Housing

Education

Child Welfare Services

Conversion Therapy

Hate Crimes

June 14th, 2020: Current administration reversed Obama-era protections that prohibit discrimination of health care based on gender identity.

June 15th, 2020: SCOTUS ruled workplace discrimination based on SOGI is unconstitutional

June 18th, 2020: SCOTUS reversed Trump's refusal to honor Obama-era DACA



MEDICINE IS NOT DESIGNED FOR SGMS

- “When was your last period?” “Never.” “...”
- “I don’t treat vaginal atrophy secondary to HT for transmen on testosterone.”
- “She (AFAB) does not need PEP. Her risk for HIV is low because she is a woman.”
- “Why would I order a GCCT rectal swab? My patient is married and heterosexual.”



Minority
Stress

Intersectionality

Research
Agenda

Social Ecology

Life Course



WHAT ARE THE IMPACTS?

LBQ folks are less likely to:

- Establish primary care provider
- Retrieve affirmative mental health services
- Be open with providers about sexual orientation
- Access emergency services



UNIQUE STRESSORS OF LBQ POC

- Invisibility within LGBTQ+ settings
- Loss of family and POC community
- Decreased spiritual connection



PREVENTATIVE CARE

- Lower rates of breast cancer and colorectal screening
- Increased rates of ovarian and breast cancer
- Decreased cardiovascular health
- Lower rates of STI screening
- Higher rates of larger bodied individuals

*Cisgender/endosex/AFAAB

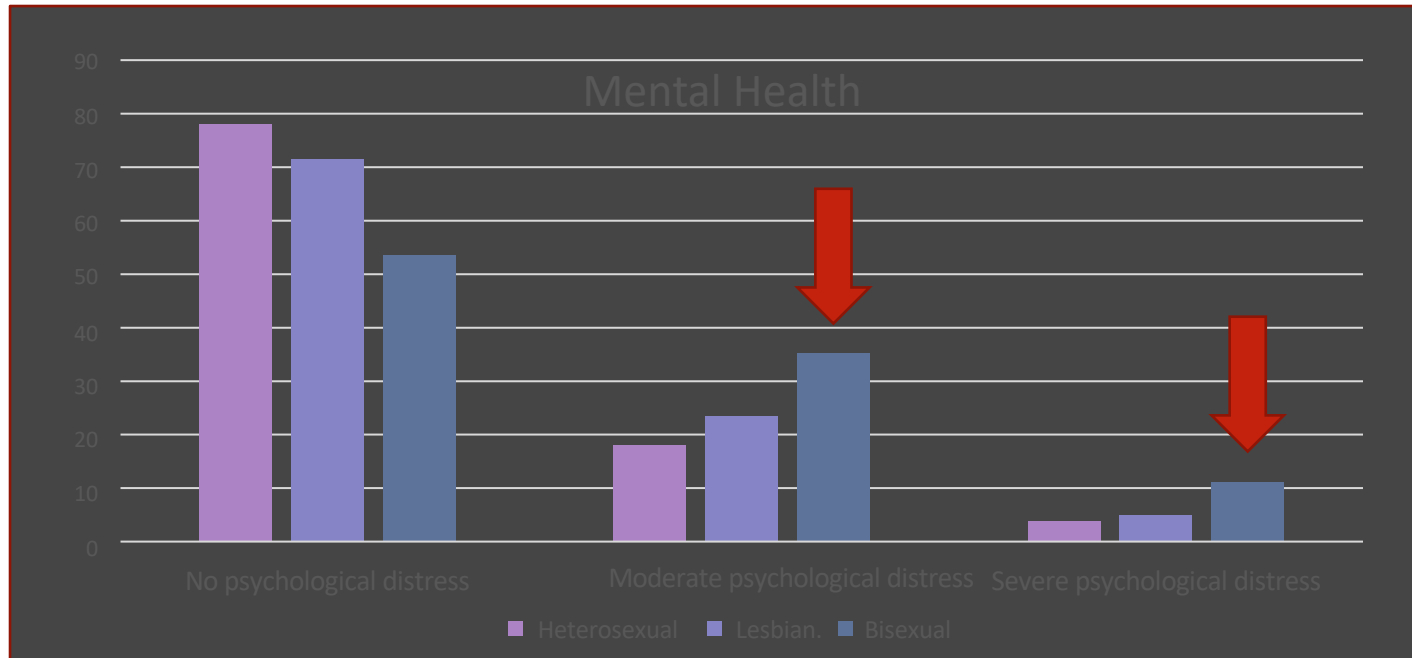


MENTAL HEALTH

- LBQ womxn have unique mental health needs due to:
 - Internalized homophobia/transphobia
 - External stressors
 - Threats of violence and safety
 - Isolation
 - Lack of trained mental health professionals

*Cisgender/endosex/AFAB 

BISEXUAL WOMEN HAVE THE HIGHEST LEVELS OF PSYCHOLOGICAL DISTRESS*



Adapted from LBQWHC (2019). Source: Gonzalez, et. al (2016)

*Cisgender/endosex/AFAB



DOMESTIC VIOLENCE AND IPV*

- Bisexual women have significantly higher rates:
 - Rape
 - Sexual violence
 - Stalking
 - Physical Violence
- Lesbians have equal or higher rates of IPV/DV



DOMESTIC VIOLENCE AND IPV

- Transgender individuals (NTS, 2015)
 - More than half reported IPV in their lifetime
 - 47% sexual assault
 - Disproportionally higher in sex workers, those who have experience homelessness, and people with disabilities
 - Transgender men/nonbinary AFAB > Transgender women/nonbinary AMAB
- Transgender women HIV affected (NACVP, 2016)
 - Higher rates of stalking, financial violence, online harassment
 - Both transgender + gender non-conforming survivors Latinx survivors were 3 times more likely to experience violence by an ex-partner.



SUBSTANCE USE AND ABUSE

- Compared to heterosexuals*:
 - Higher rates of tobacco use
 - Higher rates of alcohol at younger ages; low in all women as time goes on
- Transgender folks
 - Higher rates of alcohol, marijuana, tobaccos, and non-prescription drug compared to general population



CREATE A COMFORTABLE ENVIRONMENT

- Greetings at the front desk
- Intake forms can be a game changer
- Waiting rooms
- Bathrooms
- Sticker or sign indicating inclusivity training



TRAIN EVERYBODY

- ALL staff should be trained
 - Front Desk
 - Call center
 - Food service
 - Medical staff
 - Providers/clinicians
 - Referring providers
 - ...



COMMUNICATION IS KEY

- Use identifying terms preferred by individual
- Preferred name, pronouns, labels
- EHR markers
- No assumptions



PRONOUNS

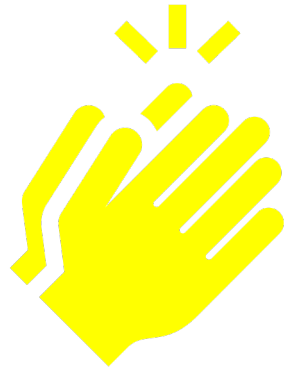
	Subject	Object	Pronoun	Pronunciation
Gender Binary	she	her	hers	as it looks
	he	him	his	as it looks
	they	them	theirs	as it looks
Gender Neutral	ze	zir	zirs	zhee, zhere, zheres
	ze	hir	hirs	zhee, here, heres
	xe	xem	xyrs	zhee, zhem, zheres



And if you don't know, don't use any pronouns.

Use the person's preferred name.

You'll never go wrong.



SCREENING TOOLS

Guidelines

- [USPTF](#)
- ACOG
- ACC/AHA
- AAP
- ADA
- ACP
- ACS
- WHO
- CDC
- SAMHSA

Guidelines

- [UCSF/CETC](#)
- [Fenway](#)
- [ES](#)
- [AAP](#)
- [APA](#)
- [WPATH](#)
- ...



MEDICAL AND MENTAL HEALTH CONCERNS FOR TGNB

- High mortality rates
- Disproportionate HIV diagnoses
- Depression and suicide
- Trauma and abuse
- Homelessness, unemployment



TGNB HISTORY

- Age
- Past medical history
- Family history
- Medical affirming care
- Surgical affirming care
- Sexual history
- Social history: demographics, intersectionality, safety
- Mental health: trauma, substance use, comorbidities



QUESTION 3

- Gender affirming care always includes:
 - A. Hormone use
 - B. Legal name change
 - C. Surgical intervention
 - D. All of the above
 - E. None of the above



AFFIRMING RELATED CARE

- Social
- Medical
- Surgical
- Legal

Affirming care is per the individual

*Hormones are off lab



TRANSGENDER WOMEN/AMAB/NB

- Cancer screening
- Bone mineral density
- Cardiovascular risk
- Mental health
- Substance use and abuse
- Housing, employment, safety
- Reproductive care/sexual health



TRANSGENDER MAN/AFAB/NB

- Cancer screening
- Bone mineral density
- Cardiovascular risk
- Mental health
- Substance use and abuse
- Housing, employment, safety
- Reproductive care/sexual health



PREVENTATIVE CARE TGNB

Specific issues in screening for transwomen and transmen with past or current hormone use

	Transwomen (MTF)	Transmen (FTM)
Breast cancer	Discuss screening in patients >50 years with additional risk factors for breast cancer*	Intact breasts: Routine screening as for natal females Postmastectomy: Yearly chest wall and axillary exams†
Cervical cancer	Vaginoplasty: No screening	Cervix intact: Routine screening as for natal females No cervix: No screening
Prostate cancer	Routine screening as for natal males	N/A
Cardiovascular disease	Screen for risk factors	Screen for risk factors
Diabetes mellitus	On estrogen: Increased risk	Routine screening‡
Hyperlipidemia	On estrogen: Annual lipid screening	On testosterone: Annual lipid screening
Osteoporosis	Testes intact: Routine screening as for natal males Postorchiectomy: Screen all patients >65 years Screen patients age 50 to 65 years if off hormones for >5 years	Screen all patients >65 years Screen patients age 50 to 65 if off hormones for >5 years

* Estrogen/progestin therapy for >5 years, family history, body mass index (BMI) >35.

† While there is no evidence to support clinical breast examinations in this population, we perform yearly chest wall and axillary exams and use this as an opportunity to examine scar tissue, examine any changes, and educate the patient about the small but possible risk of breast cancer.

‡ Transmen with polycystic ovary syndrome (PCOS) should be screened for diabetes as for natal females with PCOS. Refer to the UpToDate material on further evaluation after diagnosis of PCOS in adults.



CASE 2:
“NO, I DON'T USE
CONDOMS AND I AM
NOT TRYING TO GET
PREGNANT.”



CASE 2

- Matilda (she/her) is a 34-year-old self identified cisgender lesbian woman. She has a new HMO and was randomly assigned to a new clinician.
 - PMH:
 - Hypothyroid
 - Medications: levothyroxine 112 mcg QD, multivitamin, calcium, vitamin D
 - NKDA
 - Surgical history: none
 - Pertinent family history
 - Mother: hypothyroid
 - Social history: non-smoker, no recreational drugs or substance, stable housing, school counselor



CASE 2

- Sexual history goes as follows...
 - NP: “Are you monogamous?”
 - M: “No.”
 - NP: “What is your form of contraception?”
 - M: “Umm. Nothing.”
 - NP: “Well, the pullout method is extremely ineffective...”
 - M: “Gross. I only have sex with cis-women...”
 - NP: “...”



HISTORY

- Past Medical History
- Sexual History
- Mental Health Assessment
- Social History
- Surgical History
- Family History

The bottom line: NO ASSUMPTIONS



LET'S TALK ABOUT MATILDA

- Assuming we have a full medical history and Matilda is comfortable and consents to a full medical exam:
 - What exams are recommended?
 - What diagnostic testing do you recommend?
 - Any additional counseling or education?



PREVENTATIVE CARE FOR NON-TRANSGENDER QUEER WOMXN

- Cancer screening
- Cardiovascular risk
- Bone mineral density
- Mental health
- Substance use and abuse
- Housing, employment, safety
- Reproductive care/sexual health



SEXUAL HEALTH TIPS

- STI, Hepatitis, and HIV screening
- Prevention: dental dams, “female condoms,” condoms, PrEP, PEP, U=U
- Education: toy cleaning, recommended lubrications, kink, douching, BDSM, app safety, COVID
- Vaccinations: Influenza, HPV, Hepatitis A, Hepatitis B, Meningitis



HIV AND WOMXN

- 20% individuals with HIV AFAB/endosex
 - Highest black womxn
 - Attributed to receptive vaginal sexs
 - Lower rates of HIV testing
- Highest rates in transgender womxn
- Rates are lowest in transgender men and NB folks



CASE 3:
“HOW NON-HETEROS
HAVE BABIES”



CASE 3

- Greta, Mariah, and Zeke present to your psychiatry practice for a consultation. Zeke is a current patient and decided to bring their partners this time.
- They are looking to start a family. They failed IUI and IVF multiple times and are now looking into foster to adopt.



LBQ FAMILIES

- Medical
- Foster to Adopt
- Adopt



LB FAMILIES*

- ~70% same sex couples (WSW) have biological child
- ~20% adopted
- One third gave birth
- ~60% bisexual womxn are parents
- ~30% of lesbians are parents
- LGBT foster and adopt more than non-LGBT people

*Cisgender/endosex/AmB 

TGNB FAMILIES

- Trans women
 - ~30-70%
- Trans men
 - 0-47%
- Gender Nonbinary
 - 20-74%
- **Studies vary; more research is needed



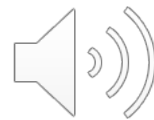
TAKE HOME POINTS AND PEARLS

- Understand you may not get all the answers in the first visit.
- But recognize the space you create on the first visit has a direct impact on the health, safety, and well-being of an individual and population as a whole.
- So, work hard to create a safe environment.
- Work really, really hard.



RESOURCES

- Movies/Documentaries
 - Disclosure (2020)
 - A Secret Love (2020)
 - Moonlight (2018)
 - Boy Erased (2018)
 - Love Simon (2018)
 - Carol (2015)
 - Portrait of A Lady On Fire (2019)
 - Princess Cyd (2017)
 - The Danish Girl (2015)
 - The Life and Death of Marsh B. Johnson (2017)
 - Suited (2016)
 - This is Me (2016)
 - The T Word (2016)
 - I Am Jazz (2015)
 - Orange Is the New Black (2013)
 - Blue Is the Warmest Color (2013)
 - Trinidad (2008)
 - SOOOOO MANY



RESOURCES

- Books
 - Counseling Transgender and Non-Binary Youth: Irwin Krieger
 - Trans Bodies, Trans Selves: A resource for the transgender community (2014)
- Conferences
 - Fenway Transgender Health Conference
 - Mazzoni Center
 - UCSF



RESOURCES

- Support hotlines
 - The Trevor Project (24/7)
 - The National Suicide Prevention Lifeline (24/7)
 - Trans Lifeline (24/7)
- Publications and Guidelines
 - AAMC Publications: Preparing Future Physicians to Care for LGBT Patients: A Medical School Curriculum: <https://www.mededportal.org/collections/lgbt/>
 - Fenway Clinic: National LGBT Health Education Center
 - UCSF: Center for Excellence for Transgender Health
 - World Professional Association for Transgender Health
 - The Endocrine Society
 - American Academy of Pediatrics
 - TransLine



RESOURCES

- Legal Rights
 - [Transequality.org](https://transequality.org)
 - [Lambdalegal.org](https://lambdalegal.org)
 - GLAAD



QUESTIONS??



WORKS CITED

<https://www.aapa.org/wp-content/uploads/2017/02/16-EthicalConduct.pdf>

Reisner S. Gender Affirming Healthcare: Terminology, Demographics, and Epidemiology. National LGBT Health Education Center: A Program of the Fenway Institute, 2017.
<http://fenwayhealth.org/wp-content/uploads/Gender-Affirmative-Health-Care.pdf>

Transgender Student Educational Resources. *The Gender Unicorn*. Designed by Landyn Pan and Anna Moore. (2020). Retrieved from:
<http://www.transstudent.org/gender>

LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.

Meyer IH. Prejudice, Social Stress, and Mental Health in LGB Populations: Conceptual Issues and Research Evidence. *Psychol Bull.* September 2003; 129(5): 674-697

Copen CE, Chandra A, Febo-Vazquez I. 2016. Sexual Behavior, Sexual Attraction, and Sexual Orientation Among Adults Aged 18–44 in the United States: Data From the 2011–2013 National Survey of Family Growth. US Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics.

National Health Statistics Reports. Sexual orientation and health among US adults: National health interview survey, 2013. Retrieved from:
<http://www.cdc.gov/nchs/data/nhsr/nhsr077.pdf>

Nolan IT, Kuhner CJ, Dy GW. Demographic and temporal trends in transgender identities and gender confirming surgery. *Transl Androl Urol* 2019;8(3):184- 190. doi: 10.21037/tau.2019.04.09

Violence Against the Transgender Community in 2016. Washington, DC: Human Rights Campaign, 19 October 2016. Available from:
<http://www.hrc.org/resources/violence-against-the-transgender-community-in-2016>

Los Angeles County Lesbian, Bisexual, & Queer Women's Health Collaborative. *Caring for the Health of Lesbian, Bisexual, and Sexual Queer Women*. (2019). Retrieved from: <https://www.womenshealth.ucla.edu>



WORKS CITED

Human Rights Campaign. *State Maps of Laws & Policies*. Updated 2019-2020. Retrieved from: <https://www.hrc.org/state-maps>

Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US); 2011. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK64806/doi:10.17226/13128>

Giwa, S. & Greensmith, C. (2012) Race Relations and Racism in the LGBTQ Community of Toronto: Perceptions of Gay and Queer Social Service Providers of Color, *Journal of Homosexuality*, 59, 149-185. Loiacano, D. K. (1989).

Gay identity issues among Black Americans: Racism, homophobia, and the need for validation. *Journal of Counseling and Development*, 68, 21-25.

Greene, B. (1996). Lesbian women of color: Triple Jeopardy. *Journal of Lesbian Studies*, 1, 109-147.

Boehmer U, Bowen DJ, Bauer GR. Overweight and Obesity in Sexual-Minority Women: Evidence from Population-Based Data. 2007. *American Journal of Public Health*.

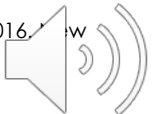
Eliason MJ, Ingraham N, Fogel SC, McElroy JA, Lorvick J, Mauery DR, Haynes S. A Systematic Review of the Literature on Weight in Sexual Minority Women. 2014. *Women's Health Issues*.

Gonzales G, Przedworski J, Henning-Smith C. Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results From the National Health Interview Survey. *JAMA Intern Med*. 2016;176(9):1344-1351. doi:10.1001/jamainternmed.2016.3432.

Walters, M.L., Chen J., & Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

National Coalition of Anti-Violence Programs (NCAVP). (2017). *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV- Affected Intimate Partner Violence in 2016*. New York, NY: Emily Waters.

Grant JM, Mottet LA, Tanis J. *Injustice At Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and the National Gay and Lesbian Task Force, 2011.



WORKS CITED

Brown TNT, Herman JL. 2015. Intimate Partner Violence and Sexual Abuse Among LGBT People. The Williams Institute.

Asscheman H, Giltay EJ, Megens JA, et. Al. A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones. *European Journal of Endocrinology*; 2011.

Feldman J, Deutsch M. *Primary Care of Transgender Individuals*. Last updated October 18, 2019. Retrieved from: <https://www.uptodate.com>

The Medical Care of Transgender People. Fenway Health. June 2015

Center of Excellence for Transgender Care. *Guidelines for the Primary Care and Gender-Affirming Care of Transgender and Gender Nonbinary People*. University of San Francisco, 2nd Ed 17 June 2016. Retrieved from: <https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf>

United States Preventative Task Force 2020. Retrieved from: https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

Jeffrey S. Becasen, Christa L. Denard, Mary M. Mullins, Darrel H. Higa, and Theresa Ann Sipe, 2019: **Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017**. American Journal of Public Health **109**, e1_e8, <https://doi.org/10.2105/AJPH.2018.304727>

Miller, S. J. (2011). African-American lesbian identity management and identity development in the context of family and community. *Journal of Homosexuality*, 58, 547-563.

Human Rights Campaign. *Violence Against the Transgender and Gender Non-conforming Community in 2020*. Updated 2020. Retrieved from: <https://www.hrc.org/resources/violence-against-the-trans-and-gender-non-conforming-community-in-2020>

Goldberg SK, Conron KJ. Williams Institute. "How many same-sex couples in the U.S. are raising children?" 2018.

Stolzer RL, Herman JL, Hasenbush A. *Transgender Parenting: A review of existing research*. Williams Institute 2014. Retrieved from: <https://williamsinstitute.law.ucla.edu/wp-content/uploads/transgender-parenting-oct-2014.pdf>

Pew Research Institute. "A Survey of LGBT Americans: Marriage and Parenting". 2013.

National Center for Health Statistics. National Survey of Family Growth. 2002.



CARING FOR LESBIAN, BISEXUAL, AND QUEER (LBQ) WOMXN

Kerin R. Berger, MHS, PA-C
She/Her/Hers
Kerin.berger@gmail.com

