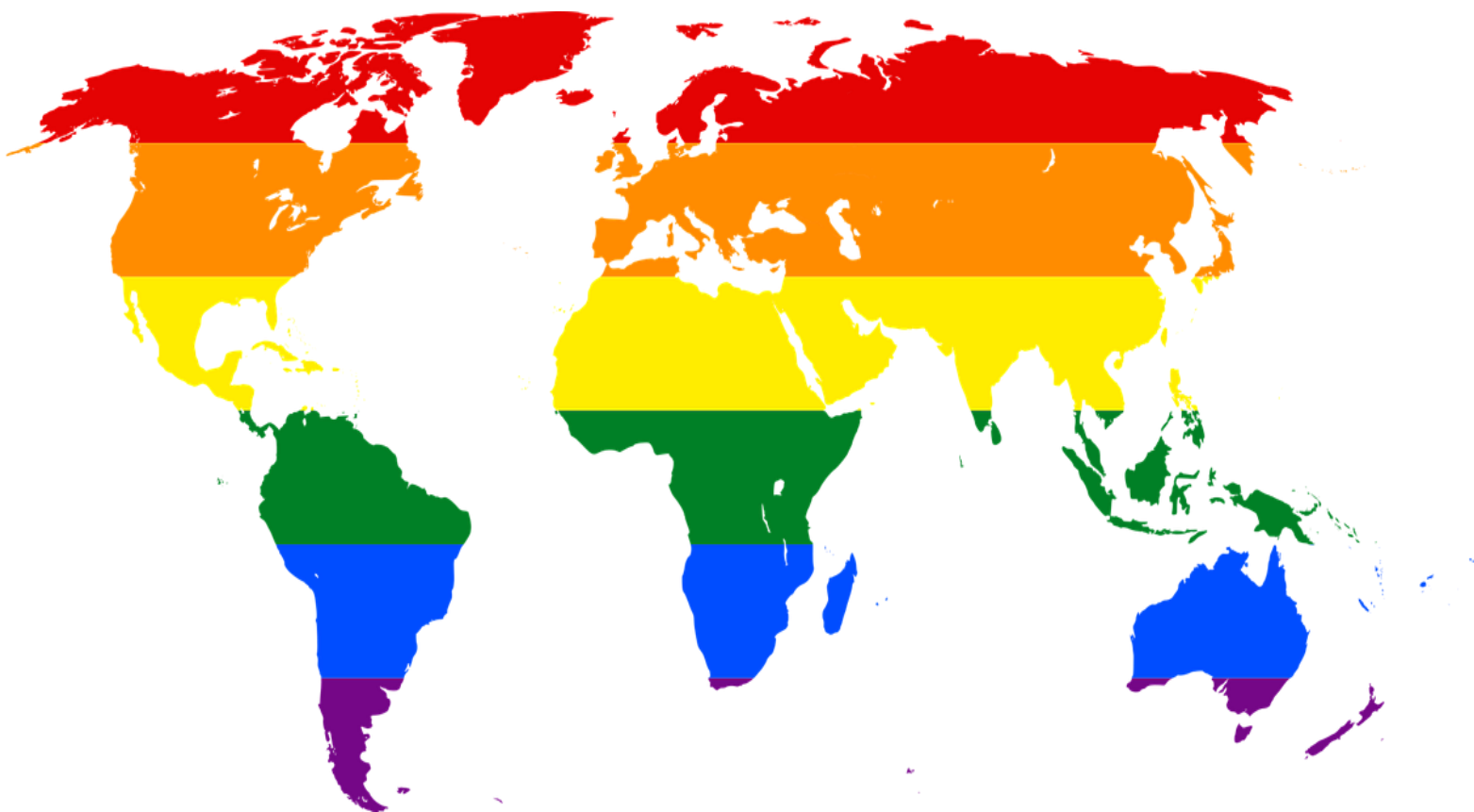


# LGBT Health Issues



## Helpful Terms for Prevention Specialists and Healthcare Providers

As with many other populations, there are terms and definitions that are specific to LGBT populations. Creating awareness and understanding of these terms is essential to promoting cultural competence among prevention specialists and healthcare providers, as well as ensuring sensitivity toward LGBT individuals. While not exhaustive, the following is an overview of terms and related definitions related to gender identity, gender expression, and sexual orientation that people use to self-identify. When addressing LGBT individuals, prevention specialists and healthcare providers should always ask clients how they identify and/or wish to be addressed.

*Note: Prevention specialists and healthcare providers should be aware that language is dynamic and evolves over time. Therefore, terms, definitions, and how LGBT individuals identify varies based upon a number of factors, including geographic region, race/ethnicity, and socioeconomic status, among others.*

### TERMS AND DEFINITIONS SPECIFIC TO GENDER IDENTITY

| Term                         | Definition   |
|------------------------------|--|
| <b>Bigender</b>              | A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.  |
| <b>FTM</b>                   | A person who transitions from female-to-male, meaning a person who was assigned the female sex at birth but identifies and lives as a male.<br><i>Note: Also known as a transgender man.</i>   |
| <b>Gender identity</b>       | A person's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.   |
| <b>Gender non-conforming</b> | A person whose gender expression is different from societal expectations related to their perceived gender.  |
| <b>Genderqueer</b>           | A term used by persons who may not entirely identify as either male or female.   |
| <b>MTF</b>                   | A person who transitions from male-to-female, meaning a person who was assigned the male sex at birth but identifies and lives as a female.<br><i>Note: Also known as a transgender woman.</i>   |
| <b>Transgender</b>           | A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.<br><i>Note: The term transgender has been used to describe a number of gender minorities including, but not limited to, transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people. "Trans" is shorthand for "transgender."</i> |

| Term                     | Definition   |
|--------------------------|--|
| <b>Transgender man</b>   | A transgender person who currently identifies as a male (see also “FTM”).  |
| <b>Transgender woman</b> | A transgender person who currently identifies as a female (see also “MTF”).  |
| <b>Transsexual</b>       | A person whose gender identity differs from their assigned sex at birth.   |
| <b>Two-Spirit</b>        | A contemporary term that references historical multiple-gender traditions in many First Nations cultures. Many Native/First Nations people who are lesbian, gay, bisexual, transgender, or gender non-conforming identify as Two-Spirit. In many Nations, Two-Spirit status carries great respect and leads to additional commitments and responsibilities to one’s community. |

## TERMS AND DEFINITIONS SPECIFIC TO GENDER EXPRESSION

| Term                     | Definition  |
|--------------------------|---|
| <b>Cross-dresser</b>     | A person who dresses in clothing typically worn by people of the opposite gender, but who generally has no intent to live full-time as the other gender.  |
| <b>Drag king</b>         | A woman who dresses as a man for the purpose of entertaining others at bars, clubs, or other events.  |
| <b>Drag queen</b>        | A man who dresses as a woman (often celebrity women) for the purpose of entertaining others at bars, clubs, or other events.<br><i>Note: The term drag queen is also used as slang, sometimes in a derogatory manner, to refer to all transgender women.</i>  |
| <b>Gender expression</b> | The manner in which a person represents or expresses their gender identity to others.<br><i>Note: Gender expression may be conveyed through behavior, clothing, hairstyles, voice, and/or body characteristics.</i>   |
| <b>Passing</b>           | A term used by transgender people to mean that they are seen as the gender with which they self-identify. For example, a transgender man (assigned the female sex at birth) who most people see as a man might say that he is passing as a man.   |
| <b>Transition</b>        | A term used to describe the period during which a transgender person begins to express their gender identity.<br><i>Note: During transition, a person may change their name, take hormones, have surgery, and/or change legal documents (e.g., driver’s license, Social Security record, birth certificate) to reflect their gender identity.</i> |

## TERMS AND DEFINITIONS SPECIFIC TO SEXUAL IDENTITY AND SEXUAL ORIENTATION

| Term                      | Definition   |
|---------------------------|--|
| <b>Bisexual</b>           | A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.  |
| <b>Coming out</b>         | The process through which a person identifies, acknowledges, and decides to share information about their sexual orientation and/or gender identity with others.   |
| <b>Gay</b>                | A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men.<br><i>Note: The term gay may be used by some women who prefer it over the term lesbian.</i>   |
| <b>Lesbian</b>            | A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.   |
| <b>MSM</b>                | An acronym used to identify men who have sex with men. MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.  |
| <b>Outing</b>             | The act of exposing information about a person's sexual orientation and/or gender identity without their consent.  |
| <b>Queer</b>              | A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual).<br><i>Note: Some individuals use queer as an alternative to gay in an effort to be more inclusive, since the term queer does not convey a sense of gender. However, depending on the user, the term can have either a derogatory or an affirming connotation.</i> |
| <b>Sexual orientation</b> | A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual (i.e., lesbian and gay).  |
| <b>WSW</b>                | An acronym used to identify women who have sex with women. WSW is a term used to identify and describe a behavior among females and is not the same as a sexual identity or sexual orientation.  |



# *A Discussion about Gender Identity*

For many, the acronym LGBT reflects a community of individuals who, in some way, are attracted to members of the same sex. However, many people fail to realize that the “T” in the acronym does not relate to sexual attraction at all; rather, it refers to a person’s sense of gender (referred to as gender identity).

There are several schools of thought or theories about how a person develops, accepts, and expresses their gender identity. These include, but are not limited to, psychoanalytic theories, gender essentialism, cognitive development theories, and gender schema theories, among many others. While not exhaustive, the following is a brief overview of some of these perspectives.<sup>1,2,3,4</sup>

## **GENDER VS. SEX: A FUNDAMENTAL SHIFT FROM AN EXCLUSIVE BINARY PARADIGM**

Before the 19<sup>th</sup> century, the terms *gender* and *sex* were synonymous, as these were based on an exclusive binary paradigm (i.e., male/female). Until then, the only determinant of gender was a person’s assigned sex at birth. However, in the mid-1920s, German sexologist Magnus Hirschfeld published an article making the first differentiation between the desire for same-sex acts and the desire to live and/or dress as the opposite sex.<sup>5,6,7</sup>

It wasn’t until the 1950s that the concepts and theories about gender, gender roles, and gender identity were introduced and defined in the literature. Psychologists, such as Jerome Kagan and John Money, initially believed that gender identity was the extent to which a person felt masculine or feminine. This fundamental feeling, coupled with the ability to meet cultural standards for specific gender roles (referred to as sex typing), was thought to be necessary for possessing a secure sense of self and overall well-being.<sup>8,9,10,11,12</sup>

During the mid-1960s to early 1980s, researchers such as Richard Green, Robert Stoller, Harry Benjamin, and Sandra Bem furthered the understanding of gender and gender identity. For example, Bem’s research focused on the effects of normative behaviors and argued that adhering to gender-related standards could, in fact, promote negative rather than positive adjustment. Benjamin, Stoller, and Green believed that incongruence between a person’s assigned sex at birth and their gender identity was of a biological, rather than psychological nature and went on to pioneer the establishment of gender identity clinics, as well as gender-related medical and surgical treatments.<sup>13,14,15,16</sup>

The ongoing work of these and other pioneer researchers in the field of gender identity development raised awareness that gender is not exclusively determined by an assigned sex at birth, but determined by a person’s sense, belief, and ultimate expression of self.

# GENDER IDENTITY DEVELOPMENT: NATURE OR NURTURE?

## DEVELOPMENTAL PERSPECTIVE: NATURE

In the 1990s, psychologist and researcher Diane Ruble suggested that gender identity is developed in three stages: construction (ages 0–5), consolidation (ages 5–7), and integration (ages 7 and up).<sup>17</sup>

During construction, children seek information about gender and do not necessarily react strongly to norm violations (e.g., a boy may play with a Barbie doll). In the consolidation phase, children have well-developed gender stereotypes and show rigidity about their gender beliefs (e.g., a boy may avoid or refuse to touch a Barbie doll). Lastly, in the integration phase, children may show more flexibility and individual differences in how they think about gender (e.g., a boy may choose to play with certain types of dolls).

## ENVIRONMENTAL PERSPECTIVE: NURTURE

Contemporary perspectives on human development challenge the notion that the process of identity development is intrinsic to an individual or that one construct can explain such a dynamic process. Many researchers believe that identities develop as a result of complex interactions between an individual and their environment.<sup>18,19,20,21</sup>

For example, some research suggests that three external factors may influence how a person develops and ultimately expresses their gender identity: centrality, evaluation, and felt pressure. Centrality refers to how important gender is to a person's overall identity; evaluation refers to how a person views his or her gender in terms of cultural standards, beliefs, and norms; and felt pressure refers to a person's feelings about the need to conform to these cultural standards, beliefs, and norms.

# GENDER IDENTITY DISORDER: A MEDICAL PERSPECTIVE

Though many people, including clinicians, do not consider transgender people to have a disorder, the medical community developed a specific diagnosis now known as Gender Identity Disorder (GID), for children and adults whose gender identity and gender expression are not aligned with their assigned sex at birth.

Diagnoses related to gender identity *first* appeared in the third version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) published in 1980 and included Gender Identity Disorder for Children, Transsexualism (for adolescents and adults), and gender identity disorder of adolescence and adulthood, nontranssexual type (added in the DSM III-R in 1987).

With the release of the DSM IV in 1994, the three gender identity-related diagnoses were collapsed into one, known as Gender Identity Disorder, with different criteria for children and adults that included a persistent discomfort with the assigned sex at birth; a persistent discomfort with the role typically associated with their assigned sex at birth; and significant discomfort or impairment at work, social situations, or other major life areas.

There are no comprehensive studies of the prevalence of GID among children, adolescents, or adults. Nonetheless, there is stark contrast in the literature about the estimated prevalence of GID. According to researchers who use estimates from a government-subsidized gender identity clinic in the Netherlands as a benchmark, the prevalence rate of GID among men is approximately 1 in 11,900 and among women is approximately 1 in 30,400. However, it is important to note that this and other prior estimates are based solely on the transsexual minority of transgender people (i.e., those who present for a diagnosis of GID and referral for treatment for medical transition to the opposite gender). It is likely that many more transgender people do not present for such treatment and have not been included in these estimates.

## TRANSGENDER

Nowadays, the term *transgender* is an umbrella term for people whose gender identity, expression and/or behavior is different from those typically associated with their assigned sex at birth. Since the 1990s, the term has often been used to describe groups of gender minorities including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people.

To clarify gender differences among transgender individuals, transgender men had or have female body parts; however, they may identify and/or express themselves as male. Conversely, transgender women had or have male body parts; however, they may identify and/or express themselves as female.

### RELATIONSHIP TO SEXUAL ORIENTATION

Research shows that gender identity, in many cases, is independent of sexual orientation. For example, transgender men may be attracted to men, women or both, and transgender women may be attracted to men, women or both. Transgender men may also partner with other transgender men and transgender women, and transgender women may also partner with other transgender women and transgender men.

Prevention specialists and healthcare providers should be aware that beliefs around gender can, and often do, touch upon many aspects of life. These beliefs can manifest in a number of areas ranging from reactions toward clothing individuals wear to the pronouns used during clinical assessments. It is important for providers to demonstrate sensitivity to all clients, regardless of perceived gender, when communicating to and/or about clients.

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# *Top Health Issues for Lesbians*

## PHYSICAL HEALTH

### HEART DISEASE

The more risk factors a woman has, the greater the chance that she will develop heart disease. Factors that raise women's risk for heart disease include physical inactivity, obesity, and smoking—all of which have been found to be more prevalent among lesbians than other women.<sup>1</sup>

### CANCERS

Lesbians are at significantly higher risk for developing breast cancer than heterosexual women. Risk factors for breast cancer among lesbians include fewer full-term pregnancies, fewer mammograms and/or clinical breast exams, and being overweight.

Traditionally, lesbians and bisexual women have been less likely to bear children and, as a result, may not fully benefit from hormones released during pregnancy and breastfeeding. These hormones are believed to protect women against different types of cancers.<sup>2,3</sup>

Lesbians have also been less likely to visit a doctor or nurse for routine screenings than heterosexual women. Routine screenings, such as Pap tests and mammograms, are critical to the prevention or early detection of breast, cervical, and other cancers among all women.<sup>4,5,6</sup>

### FITNESS

Some research has indicated that adult lesbians are not sufficiently physically active. In a recent study, lesbian participants identified barriers to participating in exercise, such as being too tired, not having a physical activity partner, finding a lack of lesbian-focused physical activity groups, and lacking same-sex family memberships to fitness facilities. Interventions developed for the general population of women are likely to be less effective in assisting lesbians to include exercise as part of their daily or weekly routine.<sup>7,8</sup>

Providers should be aware of an additional important factor: lesbians tend to possess somewhat different attitudes about beauty than do heterosexual women.<sup>9</sup> As a result, lesbians' current weight, and perceptions of being overweight, may not necessarily contribute to their likelihood of engaging in frequent exercise.<sup>10</sup>

### OBESITY

Some groups of lesbian women are more likely to be overweight and obese than females of other sexual orientations. Specifically, higher prevalence rates of obesity have been found among lesbians who are: African-American; live in rural or urban areas; have lower levels of education; and are from a low socioeconomic status. Providers should encourage all women to seek routine health assessments to determine their weight status.<sup>11,12,13,14</sup>

## **INJURY/VIOLENCE**

Studies have shown that lesbian women and gay men report experiencing harassment or physical violence from family members due to their sexual orientation.<sup>15</sup> In addition, when compared with straight adults (17.5 percent), a significantly higher percentage of lesbian or gay adults (56.4 percent) and bisexual adults (47.4 percent) report experiencing intimate partner violence. Providers should routinely assess women for a history of domestic violence and/or victimization.

# **BEHAVIORAL HEALTH**

## **MENTAL HEALTH**

Many factors affect the mental and emotional health of lesbian women. For example, a research study found that adverse, punitive, and traumatic reactions from parents and caregivers in response to their children's sexual orientation were closely correlated with poor mental health and an increase in substance use.

Among adults, a study that examined the risk of psychiatric disorders among individuals with same-sex partners found that, during the previous 12 months, women with same-sex partners experienced more mental health disorders—such as major depression, phobia, and post-traumatic stress disorder—than did women with opposite-sex partners.

Studies have found that lesbian and bisexual women consult general practitioners for emotional reasons more often than heterosexuals if their primary care physician is aware of their sexual orientation. However, not all lesbian and bisexual women want to disclose their sexual orientation. Building positive rapport with clients and creating a safe environment for the sharing of sensitive information, such as sexual orientation and/or sexual behaviors, could lead to more opportunities for the screening and monitoring of critical behavioral health indicators such as smoking status, alcohol use, and mental health.

## **SUICIDE**

Results from an anonymous survey administered in 33 healthcare sites across the United States showed that sexual orientation was associated with higher levels of emotional stress and other types of mental health disorders.

Specifically, the study found that lesbian and bisexual women who were “out” experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women. Meanwhile, lesbian and bisexual women who were not “out” were more likely to have attempted suicide than heterosexual women.

It is critical for providers to discuss with clients their coming out experience and/or plans to come out to friends and family. Many times, clients will need resources and support for this critical milestone.

## SUBSTANCE ABUSE

Studies have found that lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women. Among lesbians, younger women are more likely to smoke than older women, while “butch” lesbians are much more likely to smoke and use marijuana than young “femme” lesbians. Experiences of gay-related stressful events, internalized homophobia, and emotional distress were found to account for most of the butch/femme differences in tobacco and marijuana use. The difference between the two age groups may be explained, in part, by younger women being more likely to socialize in bar settings.

A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women. Specifically, exclusively heterosexual women tend to have lower drinking rates than all other women, while bisexual women report more hazardous drinking than heterosexual or lesbian women. These findings suggest that prevention and treatment programs aimed at addressing substance use among lesbian and bisexual women must also address experiences of gay-related stress and emotional distress.

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# *Top Health Issues for Gay Men*

## PHYSICAL HEALTH

### HEART DISEASE

Heart disease remains a significant concern for men of all sexual orientations. Major risk factors for heart disease among men include tobacco use and alcohol use—behaviors prevalent among gay men.<sup>1,2,3,4,5,6,7,8,9,10,11</sup>

### CANCER

In some cases, gay men are at *increased* risk for several types of cancer—including prostate, testicular, and colon cancers. In addition, gay men, as well as anyone who has receptive anal sex, are at higher risk for anal cancer due to an increased risk of becoming infected with human papillomavirus (HPV), the virus that causes genital and anal warts. However, access to screening services may be severely limited due to issues and challenges in receiving culturally sensitive care.<sup>12,13,14,15,16,17</sup>

### INJURY AND VIOLENCE

Data show that gay men generally experience two types of violent victimization: criminal violence based on their sexual minority status, and violence from an intimate male partner. As a result, providers should routinely assess their male clients for a history of domestic violence and/or victimization.<sup>18,19,20</sup>

### FITNESS

Problems with body image are more common among gay men than among their straight counterparts. In addition, gay men are much more likely to experience an eating disorder such as bulimia or anorexia nervosa.<sup>21,22</sup> Therefore, providers should be able to recognize the signs and symptoms of eating disorders and supply their male clients with the necessary referrals for behavioral health services.

## BEHAVIORAL HEALTH

### MENTAL HEALTH

Multiple studies have shown that depression and anxiety affect gay men at a higher rate than the general population, and are often more severe for men who remain “in the closet.” Culturally sensitive mental health services that specifically target gay men have been shown to be more effective in the prevention, early detection, and treatment of these conditions.

### SUICIDE

Factors such as verbal and physical harassment, negative experiences related to “coming out” (including level of family acceptance), substance use, and isolation all contribute to higher rates of suicidal attempts and completions among gay men and youth than among other populations.



## **SUBSTANCE ABUSE**

Recent studies have improved our understanding of substance use in the gay community. Specifically, some studies show that gay men use substances, including alcohol and illicit drugs, at a higher rate than the general population—not just in larger communities such as New York, San Francisco, and Los Angeles.

Many studies also indicate that gay men use tobacco at much higher rates than straight men—reaching nearly a 50 percent difference in some cases.

It is important for providers to understand that alcohol and illicit drug use among gay men is significantly affected by factors such as age, affiliation with gay culture, level of stress, and how “out” an individual is, among others. Therefore, culturally sensitive and accessible prevention and treatment programs are critical for addressing substance use among gay men.

## **SEXUAL HEALTH**

### **SEXUALLY TRANSMITTED DISEASES: HIV/AIDS**

The fact that men who have sex with men (MSM) are at an increased risk of HIV infection has been well documented. In 2006, MSM accounted for 48 percent of the more than 1 million people living with HIV in the United States and accounted for 53 percent of all newly diagnosed HIV infections in the United States.

While the Centers for Disease Control and Prevention (CDC) estimates that MSM account for just 4 percent of the U.S. male population ages 13 and older, the rate of new HIV diagnoses among MSM in the United States is more than 44 times that of other men (range: 522–989 per 100,000 MSM vs. 12 per 100,000 other men).

Of young MSM, African-American MSM bear the greatest HIV/AIDS burden. More than twice as many African-American MSM ages 13–24 were diagnosed with HIV infection or AIDS in 2006 as their White or Hispanic counterparts. In addition, African-American and Hispanic MSM were more likely to become infected with HIV at a younger age (13–29 years), whereas White MSM were more likely to become infected when they were older (30–39 years).

The effectiveness of safer sex practices for reducing the rate of HIV infection is one of the gay community's great success stories. Safer sex has been shown to be effective in reducing the risk of receiving and transmitting HIV. However, studies over the last few years have demonstrated the return of many unsafe sex practices. Providers should be aware of how to counsel their patients to support the maintenance of safer sex practices.

### **SEXUALLY TRANSMITTED DISEASES: OTHER INFECTIONS**

Sexually transmitted diseases (STDs) occur at a high rate among sexually active gay men. This includes STD infections for which effective treatment is available (e.g., syphilis, gonorrhea, chlamydia, pubic lice, anal papilloma) and for which no cure is currently available (e.g., HIV; hepatitis A, B, or C virus; human papillomavirus).

## **SYPHILIS**

Over the past several years, an increase in syphilis among MSM has been reported in various cities and areas—including outbreaks in Chicago, Seattle, San Francisco, Southern California, Miami, and New York City. These areas have experienced high rates of syphilis and HIV co-infection, ranging from 20 to 70 percent.

The health problems caused by syphilis can be serious. Additionally, it is now known that contracting syphilis also makes one more likely to transmit or acquire HIV infection sexually.

## **HPV**

The human papillomavirus (HPV), which causes anal and genital warts, is often downplayed as an unsightly inconvenience. However, HPV infections may play a role in the increased rates of anal cancers among gay men. Gay and bisexual men are estimated to be 17 times more likely to develop anal cancer than heterosexual men. While treatments for HPV do exist, recurrences of the warts and the rate at which the infection can be spread between partners are very high. Certain populations (including gay and bisexual men, people with weak immune systems, and people with HIV/AIDS) are also at higher risk for some HPV-related health problems. There is no doubt that safer sex reduces the risk of STDs; prevention of these infections through safer sex is key.

## **HEPATITIS**

MSM are at increased risk of acquiring sexually transmitted infections carrying viruses that cause the serious liver condition known as *hepatitis*. In the United States, cases of hepatitis among MSM are primarily caused by one or more of the following viruses:

Hepatitis A virus (HAV) is primarily transmitted by the fecal-oral route, through either person-to-person contact or consumption of contaminated food or water.

Hepatitis B virus (HBV) is transmitted through percutaneous (puncture through the skin) or mucosal contact with infectious blood or body fluids. HBV can cause acute illness and/or lead to chronic or lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Hepatitis C virus (HCV) is spread by sexual contact and/or contact with the blood of an infected person, and can cause a liver disease that sometimes results in an acute illness, but more often becomes a silent, chronic infection that can lead to cirrhosis (scarring), liver failure, liver cancer, and death.

While some infections can be fatal, especially among MSM with other chronic conditions (e.g., HIV), immunizations are available to prevent two of the three hepatitis viruses. Universal immunization for HAV and HBV is recommended for all MSM. Data furthermore show that safer sex is effective at reducing the risk of viral hepatitis and is currently the only means of prevention for HCV.<sup>1</sup>

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# *Top Health Issues for Bisexual Men and Women*

## PHYSICAL HEALTH

### HEART DISEASE

Some studies have shown that bisexual women are more likely to self-report higher rates of heart disease than heterosexual women, but lower rates than lesbians. Among the risk factors for heart disease, bisexual women are more likely to report higher smoking rates than heterosexual women, higher blood pressure levels than heterosexual and lesbian women, a higher body mass index (BMI) than heterosexual women, higher cholesterol levels than heterosexual and lesbian women, and higher alcohol use than heterosexual women.<sup>1,2</sup>

Similarly, heart disease remains a significant concern for men of all sexual orientations. Major risk factors for heart disease among men include tobacco use and alcohol use—behaviors prevalent among bisexual men and women.<sup>3,4,5</sup>

### CANCER

A U.S. study of women ages 50–79 has indicated that bisexual women are more likely to self-report higher rates of cancers—specifically, breast cancer. Similarly to lesbian women and in contrast with heterosexual women, bisexual women face risk factors for breast cancer such as not having given birth and consumption of alcohol. Some studies have found that not giving birth and/or giving birth at an early age may increase the risk for adverse health outcomes—including ovarian and endometrial cancers—among bisexual women.<sup>6,7</sup>

Bisexual men who are sexually active with men, as well as anyone who has receptive anal sex, are at higher risk for anal cancer due to an increased risk of becoming infected with human papillomavirus (HPV), the virus that causes genital and anal warts. Smoking is also among the risk factors for anal cancer. However, it may be more relevant for bisexual women than men.<sup>8</sup>

### FITNESS

Some research has shown that bisexual adults are significantly more likely to report engaging in sufficient amounts of physical activity (71.1 percent) than heterosexual adults (54.1 percent). When compared by gender, the difference is most significant between bisexual women (70.4 percent) and heterosexual women (51.6 percent).<sup>9</sup>

### OBESITY

Research has shown mixed results as to whether bisexual women are more likely to be overweight than heterosexual women. Some studies suggest that lesbian and bisexual women are more likely to be overweight and obese than heterosexual women (lesbians are most likely). However, data show that more bisexual women are underweight than heterosexual and lesbian women.<sup>10,11</sup> Providers should encourage all clients to seek routine health assessments.

## **INJURY/VIOLENCE**

Data show that bisexual adults (47.4 percent) are significantly more likely to report experiencing intimate partner violence than heterosexual adults (17.2 percent).<sup>12</sup> Providers should routinely assess all clients for any history of domestic violence and/or victimization.

## **TESTING BEHAVIORS**

Studies have also yielded mixed results relative to testing and screening behaviors among bisexual women. One study found that among women ages 40 to 64 years old, bisexual women (89.5 percent) are more likely to report having had a mammogram in the past 2 years than heterosexual women (70.1 percent).<sup>13</sup>

However, another study found that among heterosexual, lesbian, and bisexual women, bisexual women have the highest rate of never having received a Pap test—a key step in the prevention and early detection of HPV.<sup>14</sup> Providers should therefore encourage all clients to seek routine health assessments.

# **SEXUAL HEALTH**

Research shows that bisexual women are more likely to report higher risk sexual behaviors than heterosexual women. For example, bisexual women are more likely to report engaging in sex with a man who is known to have sex with men, engaging in sex with an HIV positive man, having multiple male sexual partners, engaging in sex with injecting drug users, and having a sex partner who has had sex with a prostitute.<sup>15</sup>

Recent research has also found that lesbian women, as well bisexual women with larger numbers of female partners, are more likely to experience vaginal infections including bacterial vaginosis, trichomonas vaginalis, and herpes.<sup>16</sup> Lastly, when compared with heterosexual women and lesbians, bisexual women exhibit the highest rates of combining substance and/or alcohol use with sex.<sup>17</sup>

Data have shown that some groups of bisexual men report less risky sexual behavior with males (e.g., less anal sex, less anal receptive sex), but are more likely than heterosexual men to have sex with female prostitutes and to have anal sex with women.

However, other groups of bisexual men, such as HIV-positive injecting drug users (IDU), have been more likely to engage in unprotected sex, report less education, less income, more anxiety, more hostility, more childhood sex abuse, and greater unemployment than gay and bisexual men who have not used drugs.<sup>18</sup>

Studies have generally found that bisexual and gay men are more likely to report having a sexually transmitted infection than are people of other sexual orientations. Building a safe environment for individuals to share sensitive information, such as sexual behaviors, could lead to more opportunities for the screening and monitoring of critical sexual health indicators.<sup>19</sup>

# BEHAVIORAL HEALTH

## MENTAL HEALTH

Many factors, similar to those that affect lesbian women and gay men, affect the mental health of bisexuals. However, some studies have suggested that the quality of life and available support for bisexual adults is similar to or *lower than* that of lesbian women or gay men. Researchers have suggested that bisexual adults have the lowest level of emotional well-being among people of other sexual orientations.<sup>20</sup>

Recent studies have also shown that bisexual men and women report consistently higher levels of depression and anxiety than heterosexuals. In some studies, bisexual adults were twice as likely (37.2 percent) to report depression-related symptoms than heterosexual adults (17.2 percent).<sup>21,22</sup>

It is important for providers to note that lesbian and bisexual women consult general practitioners for emotional reasons more often than heterosexuals, if their primary care physician is aware of their sexual orientation. However, not all lesbian and bisexual women want to disclose their sexual orientation. Building a safe environment for individuals to share sensitive information, such as sexual orientation and/or sexual behaviors, could lead to more opportunities for the screening and monitoring of critical behavioral health indicators such as smoking status, alcohol use, and mental health.<sup>23</sup>

## SUICIDE

Results of an anonymous survey administered in 33 healthcare sites across the United States showed that sexual orientation was associated with an increased likelihood of emotional stress and other types of mental health disorders.

The study found that lesbian and bisexual women who are “out” had experienced more emotional stress as teenagers and were also 2 to 2.5 times more likely to have experienced suicidal ideation in the past 12 months than heterosexual women. Meanwhile, lesbian and bisexual women who are not “out” were more likely to have attempted suicide than heterosexual women.<sup>24</sup>

Other studies have suggested that bisexuals are much more likely to report higher levels of self-harm, thoughts of suicide, and suicidal attempts than heterosexuals, gay men, and lesbians.<sup>25</sup> A recent study also found that a significantly higher percentage of bisexual adults (13.3 percent) reported being dissatisfied or very dissatisfied with their lives as compared to straight adults (5.2 percent).<sup>26</sup>

It is critical for providers to discuss their clients’ coming out experiences or their plans to come out to friends and family. Many clients will need resources and support for this critical milestone.

## SUBSTANCE ABUSE

Bisexual men and women seem to have the highest smoking rates of any subgroup for which data are readily available. States that have collected data on bisexuals via surveys found smoking rates within the population to be between 30 and 40 percent.<sup>27</sup> Further studies have shown that differences in smoking rates are most significant between bisexual women (39.1 percent) and heterosexual women (19.4 percent).<sup>28</sup>

Data have also shown that bisexual adults exhibit significantly higher rates of binge drinking (22.6 percent) than their heterosexual counterparts (14.3 percent). This significant difference in rates was evident only among bisexual women (23.7 percent). When compared by gender, bisexual women were significantly more likely to binge drink than straight women (8.3 percent). However, the difference between bisexual men (19.8 percent) and heterosexual men (20.3 percent) was not significant.<sup>29</sup>

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# *Top Health Issues for Transgender People*

## PHYSICAL HEALTH

Available research related to physical health issues among transgender people is extremely limited and mainly conducted abroad. Furthermore, studies of how medical interventions, such as hormone therapy and/or sexual reassignment surgeries, affect overall physical health and well-being remain extremely limited.

There is limited evidence to suggest an association between feminizing hormone therapies, such as estrogen-progestin combinations, and an elevated risk for venous thromboembolic disease and increased levels of prolactin. Some research also suggests an association between masculinizing hormone therapies, such as testosterone, and elevated liver enzymes, loss of bone mineral density, and increased risk for ovarian cancer. However, no clinical trials have been conducted to examine, longitudinally, the long-term effects of hormone therapies on overall physical health.<sup>1,2,3,4</sup>

### INJURY AND VIOLENCE

Violence against transgender people, especially transgender women of color, continues to occur in the United States. Numerous studies have suggested that between 16 to 60 percent of transgender people are victims of physical assault or abuse, and between 13 to 66 percent are victims of sexual assault. Intimate partner violence has also been found to be a prominent issue for transgender people. Social stigmatization and other factors may additionally lead to an under-reporting of acts of violence committed against transgender people.<sup>5,6,7,8,9,10,11,</sup>

## BEHAVIORAL HEALTH

### SUICIDE

Studies have shown that suicidal ideation is widely reported among transgender people and can range from 38 to 65 percent. More alarmingly, studies have also found that suicide attempts among transgender people can range from 16 to 32 percent. Access to culturally-sensitive suicide prevention resources and supportive services for transgender people remains a critical priority.

### MENTAL HEALTH

Data about the prevalence of mental health disorders such as depression, anxiety, and other clinical conditions among transgender people are extremely limited. To date, most studies focusing on mental health disorders among transgender people use nonprobability samples, and few compare the mental health of transgender to non-transgender people.

The few recent studies that have compared the mental health status of transgender people to non-transgender people have yielded mixed results. On one hand, a recent study found that transgender women were more likely than non-transgender men and heterosexual women to report suicidal ideation and attempts, take psychotropic medications, and have a problem with alcohol; but no such differences were found between transgender women

and lesbians. On the other hand, another study found that, when compared to men who have sex with men and bisexually active women, transgender women were most likely to report depressive symptoms and suicidal ideation.

## **SUBSTANCE ABUSE**

Alcohol and substance abuse has been identified as a major concern among transgender people in the United States. Some studies have shown that marijuana, crack cocaine, and alcohol are the most commonly used drugs by transgender people. Other studies have also found alarming rates of methamphetamine use (4 to 46 percent; with the highest rates found in Los Angeles and San Francisco), as well as injection drug use (2 to 40 percent).

High rates of tobacco use, specifically cigarette smoking, have also been found among transgender people. Some studies suggest that tobacco use rates can range from 45 to 74 percent. It is critical for prevention specialists and healthcare providers to note that, in transgender women who take estrogen, smoking greatly increases the chances for blood clots. These risks are similar to those faced by non-transgender women who smoke and take oral contraception or undergo hormone replacement therapy (HRT). In addition, transgender men who take testosterone increase their risk of heart disease, and smoking further increases that risk.

Access to substance abuse treatment services can be very difficult for transgender people and therefore remains a critical priority. Studies have suggested that barriers to treatment services often include discrimination, provider hostility and insensitivity, strict binary gender (male/female) segregation within programs, and lack of acceptance in gender-appropriate recovery groups. Enhancing access to culturally-competent prevention and treatment providers for transgender people is essential in addressing the current behavioral health disparities within this population.

## **SEXUAL HEALTH**

### **SEXUALLY TRANSMITTED DISEASES: HIV/AIDS**

The HIV/AIDS epidemic has had a significant effect on transgender people. However, due to a lack of systematic surveillance and reporting of HIV prevalence rates among transgender people, the exact prevalence of HIV among this population remains unknown.

In a recent 12-city study, HIV prevalence rates among transgender women were found to vary from 5 to 68 percent. Studies continue to suggest that HIV infection is highest among transgender women of color, with HIV prevalence rates ranging from 41 to 63 percent among African-American transgender women; 14 to 50 percent among Latina transgender women; and 4 to 13 percent among Asian-Pacific Islander transgender women.

Although under-examined, HIV prevalence in transgender men (FTMs) is estimated to range from 2 to 3 percent. In the first studies of HIV among MTF transgender youth, HIV prevalence varied from 19 to 22 percent, showing them to be at high risk for infection.

Despite high HIV prevalence rates among transgender women, some studies suggest a disparity in the availability of HIV treatment services. For example, a recent four-city study found that transgender women were less likely to receive highly active anti-retroviral therapy than a control group of men who have sex with men (MSM), heterosexual women and men, and male intravenous drug users (IDUs).

## SEXUALLY TRANSMITTED DISEASES: OTHER INFECTIONS

As with HIV/AIDS, there is a lack of systematic surveillance of sexually transmitted diseases (STDs) among transgender people. However, some research has found varying prevalence rates of syphilis (3 to 79 percent); gonorrhea (4 to 14 percent); chlamydia (2 to 8 percent); herpes (2 to 6 percent); and human papillomavirus (HPV) (3 to 7 percent) within the population.

Prevalence rates of other infectious diseases among transgender people are not well known. Limited studies have found hepatitis C prevalence rates between 11 to 24 percent and hepatitis B rates from 4 to 76 percent among specific samples of transgender women. Other studies on non-sexually transmitted diseases, such as tuberculosis (TB), found a prevalence rate of up to 13 percent among transgender women in San Francisco.

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## *Selected Web-based Resources*

The following resources are provided to assist prevention specialists and healthcare providers in understanding the health issues of LGBT populations. Resources are organized into three categories: Substance Abuse-Related Resources; Other LGBT Health-Related Resources; and LGBT Advocacy, Education, Research, and Services Resources. Within these three categories, the resources are separated into Federal Resources, State/National Resources, and Other Research-Based Resources. This list of resources is not intended to be exhaustive. Rather, it is meant to provide additional sources of information on health-related issues for LGBT populations to supplement the information provided in this information and resource kit.

### SUBSTANCE ABUSE-RELATED RESOURCES

#### FEDERAL RESOURCES

##### **National Institute on Alcohol Abuse & Alcoholism (NIAAA): Social Work Curriculum on Alcohol Use Disorders: Module 10G: Sexual Orientation and Alcohol Disorders**

The goal of this module is to increase social workers' understanding of, and responsiveness to, the unique characteristics and concerns of LGBT individuals in relation to alcohol use, prevention, and treatment. Some of the contents of this module have been adapted for this article.

<http://pubs.niaaa.nih.gov/publications/social/Module10GSexualOrientation/Module10G.html>

##### **SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ) (formerly Office of Applied Studies [OAS]) OAS Data Spotlight, June 2010**

This brief report on data from the National Survey of Substance Abuse Treatment Services (N-SSATS) shows that only 777 of 13,688 (6 percent) substance abuse treatment facilities across the Nation offers special programs for gay and lesbian clients.

<http://oas.samhsa.gov/spotlight/Spotlight004GayLesbians.pdf>

##### **SAMHSA/CSAT: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals Training Curriculum, First Edition**

Based on the 2001 SAMHSA/CSAT publication, the curriculum was released in 2007 and offers skill-building knowledge to enhance sensitive, affirmative, culturally relevant, and effective treatment to LGBT individuals in substance use disorders treatment.

<http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=12&content=STCUSTOM3>

## **SAMHSA/CSAT Una Introducción para el Proveedor de Tratamiento de Abuso de Sustancias para Lesbianas, Gays, Bisexuales e Individuos Transgénero**

In March 2010, the CSAT-supported Caribbean Basin & Hispanic Addiction Technologies Transfer Center released its Spanish-language curriculum based on the 2001 CSAT *A Provider's Introduction* publication.

<http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=553&rcID=1>

### **STATE/NATIONAL RESOURCES**

## **Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies (NALGAP)**

NALGAP is a membership organization founded in 1979 and dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in LGBT communities. In 1994, the group issued a three-page Prevention Policy Statement & Guidelines document accessible in PDF format in the LGBT Resources section of its site.

<http://www.nalgap.org>

## **LGBT TRISTAR**

This is a San Francisco-based technical assistance contractor funded by the California Department of Alcohol and Drug Programs to improve access to appropriate substance abuse prevention, treatment, and recovery services for California's LGBT population. TRISTAR has issued a series of "Best Practices" papers, archived on its site, that include information likely to help in designing effective prevention for this population.

<http://www.lgbt-tristar.com/>

Some documents are archived at <http://gilgerald.com>.

## **Los Angeles Gay & Lesbian Center: Alcohol, Tobacco, & Other Drug Prevention**

This calendar of substance-free events is offered through the Center's Alcohol, Tobacco, & Other Drug Prevention program. Some events were developed as environmental prevention strategies to counter alcohol and tobacco promotions at LGBT festivities.

[http://laglc.convio.net/site/PageServer?pagename=YH\\_PH\\_Alcohol\\_Tobacco\\_Other\\_Drug\\_Prevention](http://laglc.convio.net/site/PageServer?pagename=YH_PH_Alcohol_Tobacco_Other_Drug_Prevention)

## **National LGBT Tobacco Control Network**

Housed at The Fenway Institute (see separate listing), the network works to support the many local tobacco control advocates in helping to eliminate tobacco health disparities for all LGBTs. Within the Guidelines and Best Practices area of its Resources pages are community assessments and other documents useful in developing substance abuse prevention for LGBTs.

<http://www.lgbttobacco.org/>

## **National Network to Eliminate Disparities (NNED) in Behavioral Health**

NNED is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health/National Center on Minority Health and Health Disparities, and the Annie E. Casey Foundation. The NNED Web site archives files of documents and presentations relating to events and news about health disparities. For example, a description of the June 2010 SAMHSA LGBT Pride Month program and recommended resource links are at [http://nned.net/index-nned.php/news\\_announcement/P30/](http://nned.net/index-nned.php/news_announcement/P30/). However, the site does not have a search feature at this time, making it necessary to scroll through chronological postings of past news to locate items of interest.

<http://nned.net/>

## **OTHER RESEARCH-BASED RESOURCES**

### **American Lung Association (ALA): Smoking Out: A Deadly Threat: Tobacco Use in the LGBT Community**

Published in 2010 as part of ALA's Disparities in Lung Health series, this report summarizes recent data on smoking prevalence among lesbian, gay, bisexual, and transgender (LGBT) individuals and reviews contributing factors and potential strategies to reduce smoking in this population.

<http://www.lungusa.org/assets/documents/publications/other-reports/lgbt-report.pdf>

### **American Legacy Foundation: Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities and Smoking Factsheet**

This January 2011 two-page summary contains key facts from published sources about LGBT tobacco use, with footnoted reference citations.

<http://www.legacyforhealth.org/PDFPublications/LGBTfactsheet.pdf>

### **Arizona Division of Behavioral Health Services LGBTQ Advisory Committee Training Webinar Series**

Beginning in August 2010, the advisory group hosted a series of training Webinars on a broad range of LGBTQ behavioral health topics. Fifteen of these training programs were recorded and archived; several relate directly to substance abuse.

<http://www.azdhs.gov/bhs/pdf/LGBTQSeriesRecordings.pdf>

### **WHO Guidelines for the Prevention and Treatment of HIV among men who have sex with men and transgender people**

The Guidelines focus on the prevention and treatment of HIV and other sexually transmitted infections (STIs) among men who have sex with men (MSM) and transgender people. They include evidence-based recommendations, the summary and grading of evidence, implementation issues and key research gaps.

[http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/index.html](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html)



"This course was developed from the public domain document: Top Health Issues for LGBT Populations Information & Resource Kit – U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)."