

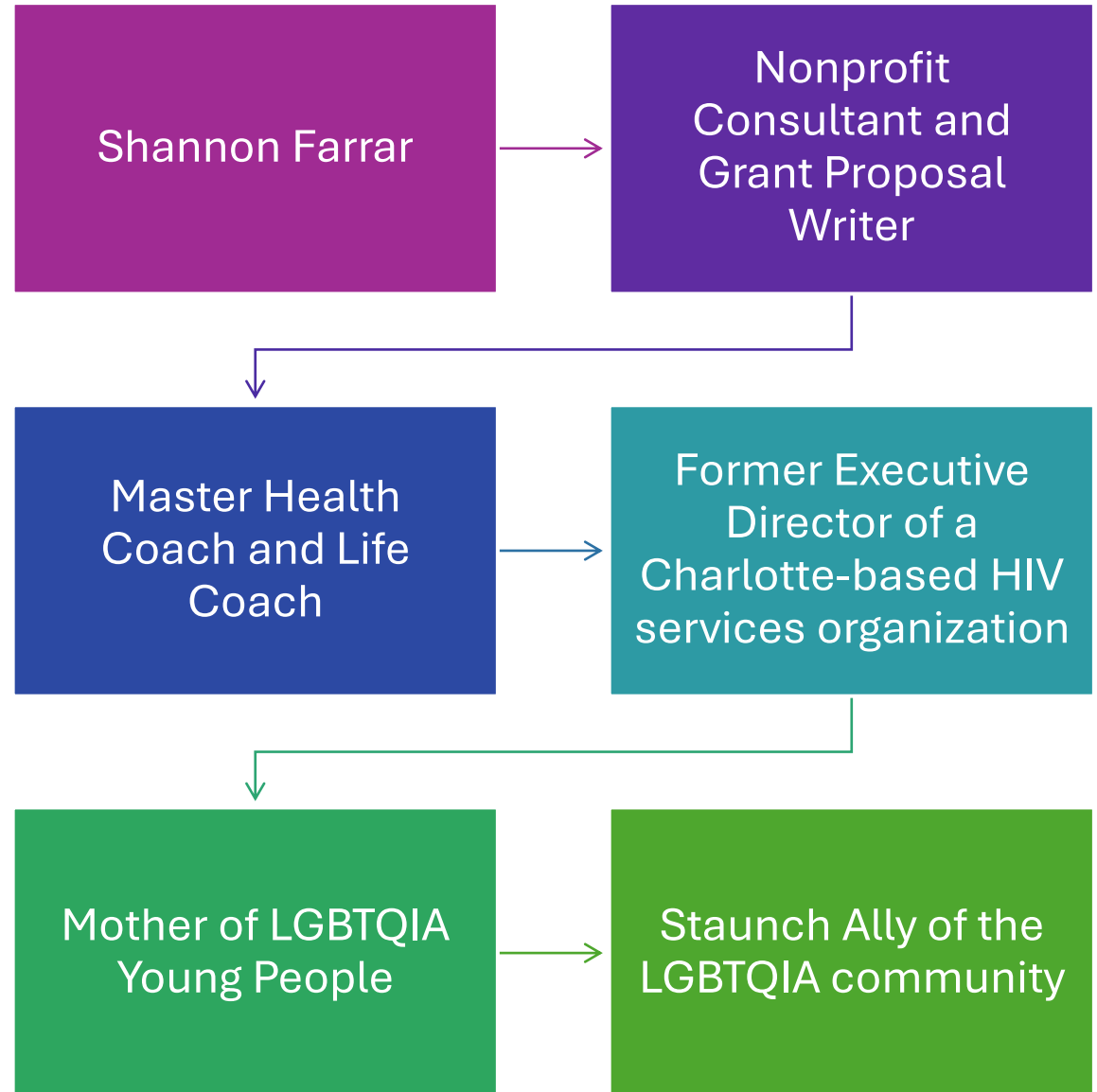


Patient Voices: Caring for LGBTQ+ Teens in Primary Care and Emergency Settings

Presented by Shannon Farrar

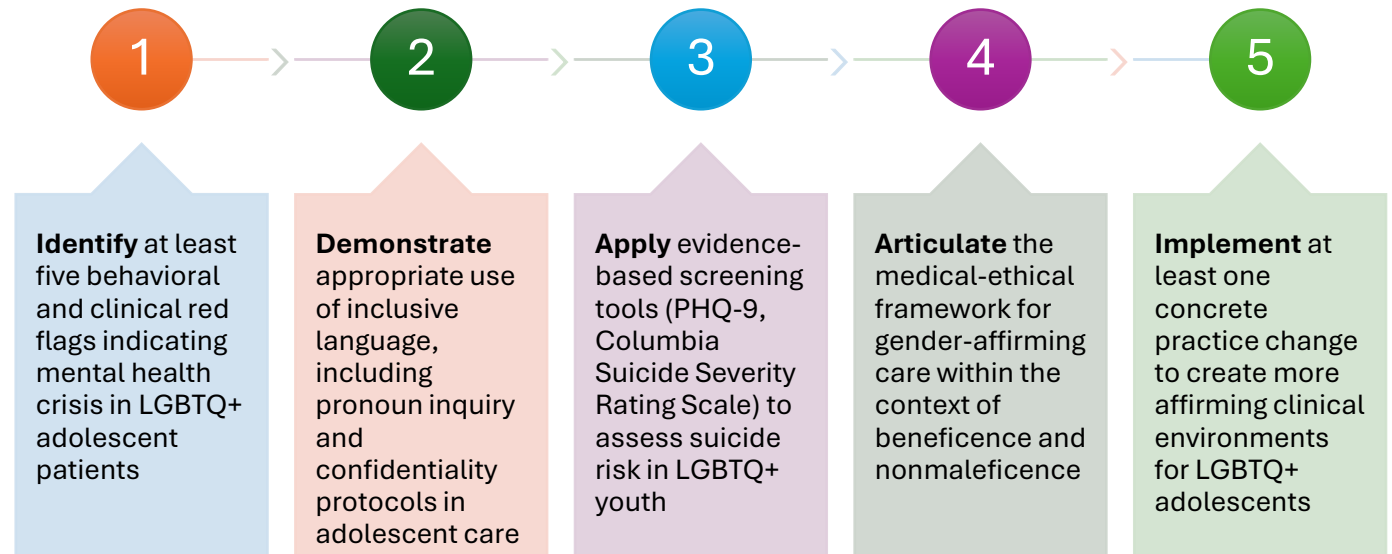
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Introduction



Learning Objectives

By the end of this workshop, participants will be able to:



Why Today's Conversation Matters

LGBTQ+ youth are at disproportionate risk for suicide. Trevor Project 2024 survey:

- 39% seriously considered suicide; 12% attempted. Numbers are even higher among trans/nonbinary youth.

Family rejection doubles the risk. Family support cuts the risk in half. *Family support is one of the most effective protective factors for LGBTQIA young people.*

Over half of LGBTQ+ teens who wanted mental health care last year couldn't get it, mostly citing fear, cost, or worries about being outed.

Key Vocabulary

Gender Identity: A person's internal sense of their own gender, which may or may not correspond with sex assigned at birth

Gender Dysphoria: Clinically significant distress related to incongruence between one's experienced gender and assigned sex

Pronouns: Words used to refer to someone (e.g., he/him, she/her, they/them); asking rather than assuming is best practice

Misgendering: Referring to someone using pronouns or gendered language that does not align with their gender identity

Assigned Female/Male at Birth (AFAB/AMAB): Medical designation based on external anatomy at birth

Nonbinary: Gender identity that exists outside the male/female binary; may include identities such as genderqueer, agender, or genderfluid

Gender-Affirming Care: Medical, psychological, and social interventions that support an individual's gender identity (may include social transition, puberty blockers, hormone therapy, or surgical interventions)

Puberty Blockers: Medications (GnRH agonists) that temporarily pause puberty, allowing time for decision-making without irreversible changes

PrEP (Pre-Exposure Prophylaxis): Medication taken to prevent HIV infection in high-risk individuals

Safety Planning: Collaborative intervention to reduce suicide risk by identifying warning signs, coping strategies, and support systems

How to ask about Names and Pronouns

Asking about names:

"What name would you like me to use for you?"

"Is the name on your chart the name you go by?"

"Do you have a name you prefer?"

Asking about pronouns:

"What pronouns do you use?" (Simple, direct, normalizing)

"My pronouns are she/her. What about you?"

Include on intake forms and use the answer:
"Pronouns: _____ (e.g., he/him, she/her, they/them)"

When parents are present:


"I'm going to ask you to step out for this part of the exam—it's something we do with all our teen patients."

Then, privately: "Is there anything you want me to know that's easier to talk about without your parent in the room?"



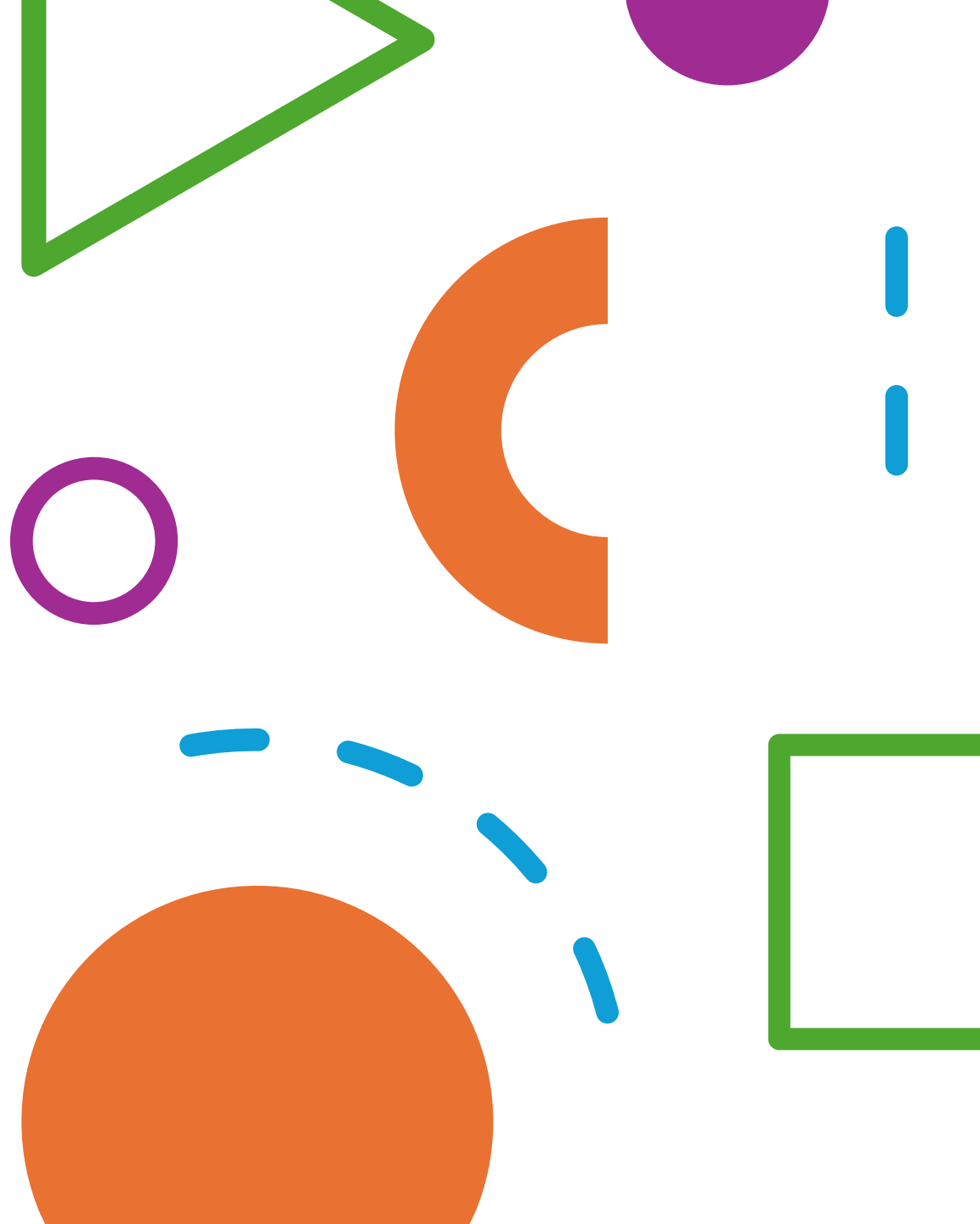
Key Principle

Make it routine. When you ask every patient—not just the ones you think might be LGBTQ+—you remove stigma and create safety. This should be as standard as asking about allergies, seatbelts, and smoking.



Practice Moment

Turn to your neighbor. Practice asking: 'What name would you like me to use?' and 'What pronouns do you use?'





Let's chat

Turn to the person next to you. In one minute each, share:

What's the largest barrier you think an LGBTQ+ teen faces in seeking care in their local clinic or ER?



Case Discussion 1

You're doing a sports physical for a 15-year-old. They seem withdrawn, answer in one-word sentences, complain of headaches. Mom is in the room, talking a lot. When you ask about friends or hobbies, the teen shrugs. Later, alone, they tell you they don't feel comfortable in their own body but quickly change the subject when Mom returns.

- **Small-group activity (3–4 people):**
- What red flags are here?
- What questions would you ask directly?
- What might this teen not be telling you?



Things to consider:

Mood changes

Somatic complaints

Family dynamic

Possible gender dysphoria

All teens may hide depression, substance use, unsafe sex, identity stress, regardless of gender or sexual identity!

Clinical Red Flags

Behavioral changes: sleep disturbance, eating changes, withdrawal, declining grades

Self-injury: cutting, burning, hiding arms/legs

Mood: irritability, hopelessness, tearfulness

Risky behaviors: substance use, unsafe sex, not using seatbelts, not taking medications

Acute red flags: suicidal thoughts, plans, access to means

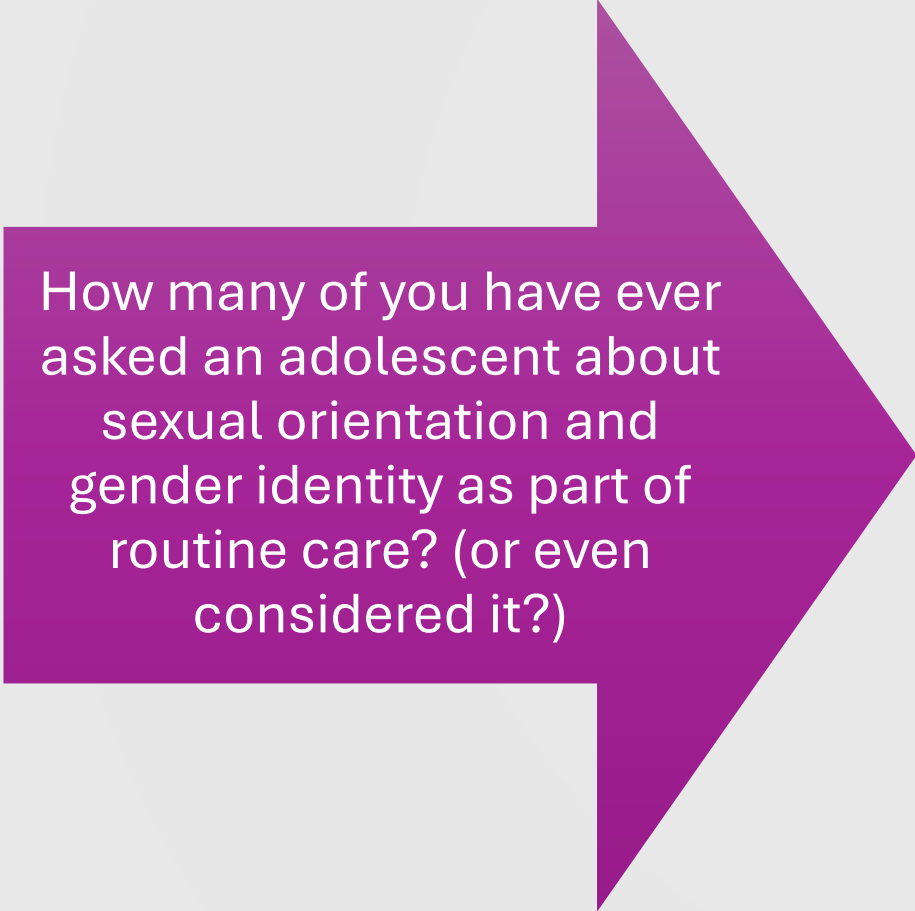
Screening Tools for Consideration

PHQ-9
Adolescent
Version


Columbia
Suicide
Severity
Scale

If these
tools are
out of your
scope –
what do
you do?

Interactive quick poll



How many of you have ever asked an adolescent about sexual orientation and gender identity as part of routine care? (or even considered it?)



Anyone want to share why or why not?

What Teens Don't Tell You

In my years as a parent, a volunteer manager, a boss, and a stand-in parent for teens, I've learned that adolescents—especially LGBTQ+ adolescents—carry enormous burdens silently:

- Fear of being outed
- Shame around sexuality or identity
- That they're self-harming
- That they are being bullied, often mercilessly, about their looks, their clothes, their mannerisms, and their perceived identity
- That disturbances in sleep and eating are ways to control their exposure to the world
- That falling grades and loss of interest in school, friends, sports, or activities are almost always a symptom of something bigger
- That they've considered or attempted suicide
- That bullying or rejection at home is the biggest driver of distress

"Silence is not safety. Silence is often a scream you can't hear unless you ask."

What You Can Provide Medically

Affirming Environment

Basic Gender-Affirming Interventions
(where legal and within scope)

Specific Sexual Health Education and
Care

Mental Health Screening and Referrals

Safety Planning

Case 2: Crisis in the ER

A 14-year-old trans girl presents to ER with severe right lower quadrant pain, fever, and vomiting. Symptoms consistent with appendicitis—she needs surgery. Her chart says 'Michael' but she quietly tells the nurse her name is Maya. Dad is in the room, using male pronouns and her deadname. When you ask about medical history, he interrupts: 'He's been on some kind of hormones he got online. I don't know what.' Maya looks terrified and says nothing. You need informed consent for emergency surgery.

As the ER Physician:

How do you address the name/pronoun discrepancy with the family present?

What questions do you need to ask about hormone use before surgery?

How do you ensure Maya feels safe enough to disclose important medical information?

What's your approach to informed consent when there's clear family conflict about gender identity?

Ethics: The Hippocratic Oath

Some medical providers may wonder - What if I don't agree with gender-affirming care? What if it conflicts with my beliefs?

This is a legitimate question, and the medical ethics are clear:

- **The Hippocratic Oath doesn't mention LGBTQ+ issues, but modern ethics does:** beneficence, nonmaleficence, justice, and autonomy all apply here.
- **Harm comes not just from what we do but also from what we fail to do.** Ignoring or invalidating identity is harmful.
- **Providers with objections may step back from direct provision, but ethically they must not abandon—**referral is the minimum standard.





Let's Dive Deeper

The Four Principles Applied to Gender-Affirming Care

1. Beneficence (Do Good)

The principle: Act in the patient's best interest to promote their wellbeing

Applied to gender-affirming care:

- Evidence shows gender-affirming care reduces depression, anxiety, and suicidality in transgender youth
- Using correct names and pronouns improves mental health outcomes
- Providing access to appropriate medical interventions (puberty blockers, hormones) when indicated prevents the harm of unwanted pubertal changes
- Supporting identity exploration benefits the patient's psychological development

2. Nonmaleficence (Do No Harm)

The principle: Avoid causing harm to the patient

Applied to gender-affirming care:

- Denying or delaying care causes documented psychological harm—increased rates of depression, self-harm, and suicide
- Misgendering and using incorrect names causes distress and damages the therapeutic relationship
- Forcing patients to undergo unwanted pubertal changes causes lasting physical and psychological harm
- Withholding information about gender-affirming options violates informed consent

The harm of inaction can be as significant as the harm of wrong action!



3. Justice (Fairness)

The principle: Treat patients equitably;
distribute healthcare resources fairly

Applied to gender-affirming care:

- LGBTQ+ youth deserve the same standard of evidence-based care as all patients
- Denying care based on identity rather than medical indication is discriminatory
- Rural and marginalized patients already face barriers—providers should not add to them
- All patients deserve access to care that aligns with established medical guidelines (AAP, Endocrine Society, WPATH)



4. Autonomy

The principle: Respect the patient's right to make informed decisions about their own care

Applied to gender-affirming care:

- Adolescents, with appropriate developmental capacity, have the right to participate in decisions about their identity and care
- Patients deserve full information about options, risks, and benefits to make informed choices
- Gender identity is self-determined; the patient is the expert on their own experience
- Supporting autonomy means providing information and support, not making decisions *for* the patient




The Bottom Line

All four principles converge on the same conclusion:

affirming care is ethical care.

The evidence shows it promotes wellbeing, prevents harm, provides equitable treatment, and respects patient autonomy.





Question to Ponder

Does “DO NO HARM” include affirming
an identity you may not understand?
Why or why not?

Final Takeaways

Ask. Don't assume.

Affirm. It saves lives.

Act. Early, decisively, with compassion.

Every LGBTQ+ teen you see deserves not just survival—but the chance to thrive. And you may be the one person who opens that door.

What One
Thing...

Did you learn today?

Do you want to learn more
about?

Are you going to change in
your practice after today?

Special Thanks

- My kids
- The individuals who agreed to be interviewed for this presentation
- The LGBTQIA friends, colleagues, and chosen family who have selflessly educated me along the way



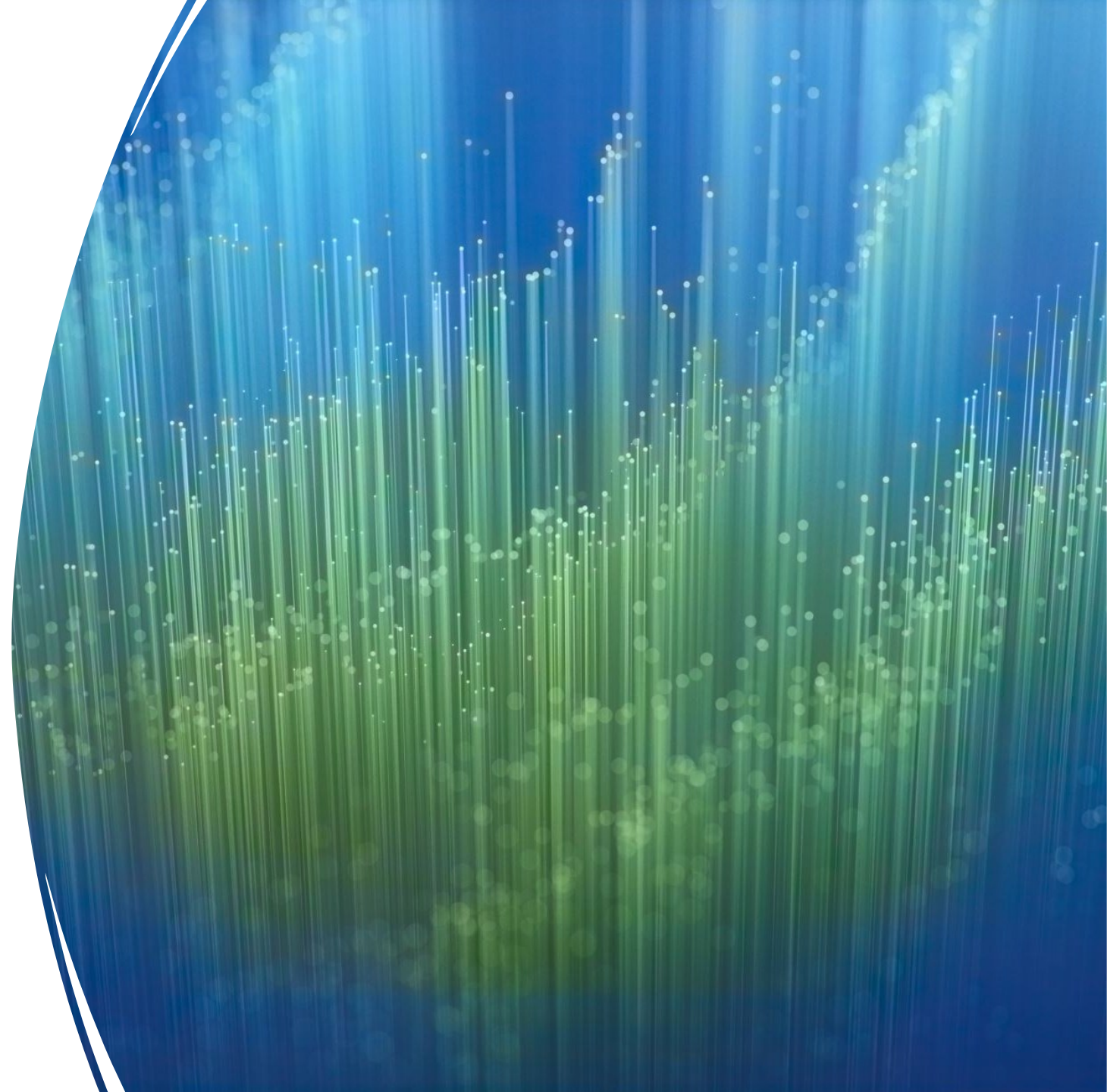
Essential Resources

Trevor Project crisis line (24/7
text/chat/phone): 1-866-488-7386
or text START to 678-678

**Local LGBTQ+ centers, mental
health providers**

Screening tools: PHQ-9,
Columbia Suicide Severity Rating
Scale

Intake forms with gender
identity/pronouns



A decorative graphic on the left side of the slide features several overlapping, colorful sticky notes (yellow, light blue, purple, and pink) on a dark wooden surface. Each sticky note has a simple black outline of a person's head and shoulders. The notes are arranged in a circular pattern, with some partially visible at the edges.

Additional Resources

- **WPATH Standards of Care** (World Professional Association for Transgender Health)
- **AAP Policy Statement on Transgender Children and Adolescents**
- **The Trevor Project Research Brief 2024**
- **GLMA (Health Professionals Advancing LGBTQ+ Equality) Provider Directory**

Reach Out

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