



# Top Health Issues for LGBT Populations Information & Resource Kit



# Top Health Issues for LGBT Populations Information & Resource Kit

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention

## **ACKNOWLEDGEMENTS**

The *Top Health Issues for LGBT Populations Information & Resource Kit* was prepared by Alexander Camacho, Ph.D., CHES, CADC, CPP of the Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Nancy Kennedy, Dr.P.H., and Emily Novick, M.P.P., at CSAP, and George Marcelle provided guidance and comments during the development and review of this publication.

Editing and graphic designing was prepared by Abt Associates Inc. under contract number HHSS2832007000081/HHSS28342001T for SAMHSA, HHS. David Wilson at SAMHSA served as Government Project Officer for this task.

## **DISCLAIMER**

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.

## **PUBLIC DOMAIN NOTICE**

All materials appearing in this publication are in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. The publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA.

## **ELECTRONIC ACCESS**

This publication may be downloaded or ordered at <http://store.samhsa.gov/>. Or call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

## **RECOMMENDED CITATION**

Substance Abuse and Mental Health Services Administration, *Top Health Issues for LGBT Populations Information & Resource Kit*. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

## **ORIGINATING OFFICE**

Division of Systems Development, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857. HHS Publication No. (SMA) 12-4684. Printed in 2012.

# *Table of Contents*

<b>Preface</b>	<b>ii</b>
<b>Helpful Terms for Prevention Specialists and Healthcare Providers</b>	<b>A-1</b>
<b>A Discussion about Gender Identity</b>	<b>B-1</b>
<b>Top Health Issues for Lesbians</b>	<b>C-1</b>
<b>Top Health Issues for Gay Men</b>	<b>D-1</b>
<b>Top Health Issues for Bisexual Men and Women</b>	<b>E-1</b>
<b>Top Health Issues for Transgender People</b>	<b>F-1</b>
<b>Selected Web-based Resources</b>	<b>G-1</b>
<b>PowerPoint Slides: Top Health Issues for LGBT Populations</b>	<b>H-1</b>

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover





# Preface

*“Lesbian, gay, bisexual, and transgender individuals have unique health experiences and needs, but as a nation, we do not know exactly what these experiences and needs are (IOM, 2011).”<sup>1</sup>*

This *Top Health Issues for LGBT Populations Information & Resource Kit*, provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), presents an overview of current health issues among lesbian, gay, bisexual, and transgender (LGBT) populations. While many challenges exist with regards to the availability of data, this kit aims to create awareness among prevention specialists and healthcare providers of the needs, experiences, and health status of LGBT Americans.

SAMHSA is committed to addressing behavioral health disparities among vulnerable populations, such as LGBT Americans, and will continue to work toward improving the access, quality, and outcomes of behavioral health services nationwide. This resource kit represents an important part of this commitment and directly supports SAMHSA's Strategic Initiatives, as well as the vision and mission of SAMHSA's Office of Behavioral Health Equity. SAMHSA has identified a number of goals and action steps relevant to LGBT populations that include: increasing social inclusion and reducing discrimination; preventing suicides and suicide attempts among LGBT youth; developing culturally relevant materials related to trauma and military service; and reducing disparities in access to—and quality of—behavioral healthcare services, among others.<sup>2</sup>

This product is designed for a wide-range of organizations and individuals that serve LGBT populations across the country. These include prevention specialists working in State, Territorial, and Tribal community-based organizations; behavioral healthcare providers; medical and other allied health professionals; health educators; technical assistance providers; and LGBT individuals. The tools in this information and resource kit (i.e., fact sheets and PowerPoint slides) may be used individually or together to raise awareness of the physical and behavioral health status and needs of LGBT populations.

1 Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: The National Academies Press.

2 The SAMHSA report, *Leading Change: A Plan for SAMHSA's Roles and Actions*, contains further information about SAMHSA's 8 Strategic Initiatives and can be accessed at: <http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf>.





# 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

<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.  <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.  <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.  <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>

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover





<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

<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.  <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.  <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.  <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

<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>	<p>A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men.</p> <p><i>Note: The term gay may be used by some women who prefer it over the term lesbian.</i></p>
<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>	<p>A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual).</p> <p><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></p>
<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*

**F**or 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.

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



# 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.<sup>22</sup>

# 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.<sup>23</sup>

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).<sup>24,25</sup>

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.<sup>26</sup>

There are no comprehensive studies of the prevalence of GID among children, adolescents, or adults.<sup>27</sup> 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.<sup>28</sup>

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.<sup>29</sup> 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.<sup>30</sup>

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.

This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its operating divisions.

## REFERENCES

- <sup>1</sup>Freud, S. (1905). *Three essays on the theory of sexuality*. Standard Edition. London: Hogarth.
- <sup>2</sup>Cosmides, L., Tooby, J. (1994). Origins of domain specificity: The evolution of functional organization. In: Hirschfeld LA, Gelman SA, editors. *Mapping the Mind: Domain Specificity in Cognition and Culture*. New York: Cambridge University, 85-116.
- <sup>3</sup>Liben, L.S. (2008). Cognitive approaches to gender development. In: Blakemore JEO, Berenbaum SA, Liben LS, editors. *Gender Development*. New York: Taylor & Francis, 197-226.
- <sup>4</sup>Martin, C.L., Halverson, C.F. (1981). A schematic processing model of sex typing and stereotyping in children. *Child Development*, 52, 1119-1134.
- <sup>5</sup>Di Ceglie, D. (2010). Gender identity and sexuality: What's in a name? *Diversity in Health and Care*, 7, 83–86.
- <sup>6</sup>Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39, 427–460.
- <sup>7</sup>Hirschfeld, M. *Die Transvestiten; ein Untersuchung uber den erotischen Verkleidungstrieb: mit umfangreichem casuistischen und historischen Material*. Berlin: Pulvermacher, vi, 562 pp1910. English translation by Michael A Lombardi-Nash. *Tranvestites: The Erotic Urge to Cross-dress*. Buffalo: Prometheus Books. 424 pp 1991.
- <sup>8</sup>Kagan, J. (1964) A cognitive-developmental analysis of children's sex-role concepts and attitudes. In M. L. Hoffman & L. W. Hoffman (Eds.), *Review of Child Development Research* (Vol. 1, 137–167). New York: Russell Sage Foundation.
- <sup>9</sup>Money, J., Hampson, J.G., & Hampson, J.L. (1955a). Hermaphroditism: Recommendations concerning assignment of sex, change of sex, and psychological management. *Bulletin of Johns Hopkins Hospital*, 97, 284–300.
- <sup>10</sup>Money, J., Hampson, J.G., & Hampson, J.L. (1955b). Examination of some basic sexual concepts: Evidence of human hermaphroditism. *Bulletin of Johns Hopkins Hospital*, 97, 301–319.
- <sup>11</sup>Di Ceglie, D. (2010). Gender identity and sexuality: What's in a name? *Diversity in Health and Care*, 7, 83–86.
- <sup>12</sup>Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- <sup>13</sup>Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39, 427–460.
- <sup>14</sup>Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- <sup>15</sup>Bem, S.L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, 88, 354–364.
- <sup>16</sup>Bem, S.L., & Lenney, E. (1976). Sex typing and the avoidance of cross-sex behavior. *Journal of Personality and Social Psychology*, 33, 48–54.
- <sup>17</sup>Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- <sup>18</sup>Ashmore, R.D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: Articulation and significance of multidimensionality. *Psychological Bulletin*, 130, 80–114.
- <sup>19</sup>Egan, S.K., & Perry, D.G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology*, 37, 451–463.

- <sup>20</sup> Bandura, A. (1991b). Social cognitive theory of moral thought and action. In W. M. Kurtines & J. L. Gewirtz (Eds.), *Handbook of Moral Behavior and Development* (Vol. 1, pp. 45–103). Hillsdale, NJ: Erlbaum.
- <sup>21</sup> Martin, C.L., Ruble, D.N., & Szkrybalo, J. (2002). Cognitive theories of early gender development. *Psychological Bulletin*, *128*, 903–933.
- <sup>22</sup> Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, *120*, 31–46.
- <sup>23</sup> American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: Author.
- <sup>24</sup> Shechner, T. (2010). Gender identity disorder: A literature review from a developmental perspective. *Israel Journal of Psychiatry & Related Sciences*, *47*, 42–47.
- <sup>25</sup> Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, *39*, 427–460.
- <sup>26</sup> American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: Author.
- <sup>27</sup> Shechner, T. (2010). Gender identity disorder: A literature review from a developmental perspective. *Israel Journal of Psychiatry & Related Sciences*, *47*, 42–47.
- <sup>28</sup> National Center for Transgender Equality. (2009). *Terminology*. From <http://transequality.org> (accessed May 31, 2011).
- <sup>29</sup> Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, *39*, 427–460.
- <sup>30</sup> Xavier J, Honnold J, Bradford J. The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health: 2007. Available from: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf>.





# 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>

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



## **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.<sup>16</sup> 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.<sup>17</sup>

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.<sup>18</sup>

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.<sup>19</sup>

## **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.<sup>20</sup>

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.<sup>21</sup>

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.<sup>22,23</sup> 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.<sup>24</sup>

*This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its operating divisions.*

## REFERENCES

<sup>1,2,3,4</sup> National Women’s Health Information Center. (n.d.) *Lesbian and bisexual health*. From <http://womenshealth.gov/faq/lesbian-health.cfm> (accessed May 31, 2011).

<sup>5</sup> Dibble, S.L., Roberts, S.A., & Nussey, B. (2004). Comparing breast cancer risk between lesbians and their heterosexual sisters. *Women’s Health Issues, 14*(2), 60–68.

<sup>6</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.

<sup>7</sup> Brittain, D.R., Baillargeon, T., McElroy, M., Aaron, D.J., & Gyurcsik, N.C. (2006). Barriers to moderate physical activity in adult lesbians. *Women Health, 43*(1), 75–92.

<sup>8</sup> Bowen, D.J., Balsam, K.F., Diergaarde, B., Russo, M., & Escamilla, G.M. (2006). Healthy eating, exercise, and weight: Impressions of sexual minority women. *Women’s Health, 44*(1), 79–93.

<sup>9</sup> Haines, M.E., Erchull, M.J., Liss, M., Turner, D.L., & Nelson, J.A. (2008). Predictors and effects of self-objectification in lesbians. *Psychology of Women Quarterly, 32*(2), 282–287.

<sup>10</sup> Yancey, A.K., Cochran, S.D., Corliss, H.L., & Mays, V.M. (2003). Correlates of overweight and obesity among lesbian and bisexual women. *Prevention Medicine, 36*, 676–683.

<sup>11</sup> Struble, C.B., Lindley, L.L., Montgomery, K., Hardin, J., & Burcin, M. (2010). Overweight and obesity in lesbian and bisexual college women. *Journal of the American College of Health, 59*(1), 51–56.

<sup>12</sup> Boehmer, U., Bowen, D.J., & Bauer, G.R. (2007). Overweight and obesity in sexual-minority women: evidence from population-based data. *American Journal of Public Health, 97*(6), 1134–1140.

<sup>13</sup> Cochran, S.D., Mays, V.M., Bowen, D., Gage, S., Bybee, D., Roberts, S.J., et al. (2001). Cancer-related risk indicators and preventative screening behaviors among lesbian and bisexual women. *American Journal of Public Health, 91*, 591–597.

<sup>14</sup> Smith, N., Markovic, N., Danielson, M. et al. (2010). Sexual abuse, sexual orientation, and obesity in women. *Journal of Women’s Health 19*(8), 1525-1532.

- <sup>15</sup> Gross, L., Aurand, S., & Adessa, R. (2000). *The 1999–2000 study of discrimination and violence against lesbian and gay men in Philadelphia and the commonwealth of Pennsylvania*. Philadelphia: Philadelphia Gay and Lesbian Task Force. From <http://www.plgtf.org/cr2kstudy.pdf> (accessed June 1, 2011).
- <sup>16</sup> VanKim, N.A., & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).
- <sup>17</sup> Ryan, C., Huebner, D., Diaz, R.M., Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 23(1), 346–352.
- <sup>18</sup> Gilman, S.E., Cochran, S.D., Mays, V.M., Hughes, M., Ostrow, D., & Kessler, R.C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the national comorbidity survey. *American Journal of Public Health*, 91, 933–939.
- <sup>19</sup> King, M., & Nazareth, I. (2006). The health of people classified as lesbian, gay, and bisexual attending family practitioners in London: A controlled study. *BMC Public Health*, 6, 127.
- <sup>20</sup> Koh, A.S., & Ross, L.K. (2006). Mental health issues: A comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality*, 51(1), 33–57.
- <sup>21</sup> Nyitray, A., Corran, R., Altman, K., Chikani, V., & Negrón, E.V. (2006). *Tobacco use and interventions among Arizona lesbian, gay, bisexual and transgender people*. Phoenix, AZ: Arizona Department of Health Services. From [http://www.lgbttobacco.org/files/Arizona\\_smoking\\_lgbt\\_report.pdf](http://www.lgbttobacco.org/files/Arizona_smoking_lgbt_report.pdf) (accessed May 31, 2011).
- <sup>22</sup> Diamant, A.L., Wold, C., Spritzer, K., & Gelberg, L. (2000). Health behaviors, health status, and access to and use of health care: A population-based study of lesbian, bisexual, and heterosexual women. *Archives of Family Medicine*, 9(10), 1043–1051.
- <sup>23</sup> Wilsnack, C.V., Hughes, T.J., Johnson, T.P., Bostick, W.B., Szalacha, L.A., Benson, P., et al. (2008). Drinking and drinking-related problems among heterosexual and sexual minority women. *Journal of Studies on Alcohol and Drugs*, 69(2), 129–130.
- <sup>24</sup> Rosario, M., Schrimshaw, E.W., & Hunter, J. (2008). Butch/femme differences in substance use and abuse among young lesbian and bisexual women: Examination and potential explanations. *Substance Use and Misuse*, 43(8–9), 1002–1015.

# 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>21,22,23</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.<sup>24,25,26,27,28</sup>

### 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.<sup>29,30,31,32,33</sup>

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



## **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.<sup>34,35</sup>

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.<sup>36,37,38,39,40,41,42,43</sup>

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.<sup>44</sup>

# **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).<sup>45</sup>

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.<sup>46,47</sup>

## **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.<sup>48</sup>

### **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.<sup>49,50,51,52,53</sup>

### **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:<sup>54</sup>

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),<sup>55</sup> 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>56,57</sup>



*This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its operating divisions.*

## REFERENCES

- <sup>1</sup> World Heart Federation. (2012). *Cardiovascular disease risk factors*. From <http://www.world-heart-federation.org/cardiovascular-health/cardiovascular-disease-risk-factors/>
- <sup>2</sup> Ostrow, D.G., & Stall, R. (2008). Alcohol, tobacco, and drug use among gay and bisexual men. In Wolitski, R. J., Stall, R., & Valdiserri, R. O., (Ed.) *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States*. New York: Oxford University Press.
- <sup>3</sup> Centers for Disease Control and Prevention. (2010). *CDC fact sheet, substance abuse among gay and bisexual men*. Atlanta: Author.
- <sup>4</sup> Irwin, T.W., Morgenstern, H., Parsons, J.T., et al. (2006). Alcohol and sexual HIV risk behavior among problem drinking men who have sex with men: An event level analysis of timeline follow-back data. *AIDS and Behavior*, 10(3), 299–307.
- <sup>5</sup> Wong, C.F., Kipke, M.D., Weiss, G. (2008). Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addictive Behaviors*, 33(8), 1012–1020.
- <sup>6</sup> Stall, R., Paul, J.P., et al. (2001). Alcohol use, drug use and alcohol-related problems among men who have sex with men: The Urban Men's Health Study. *Addiction*, 96(11), 589–601.
- <sup>7</sup> Padilla, Y., Crisp, C., & Rew, D.L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work*, 55(3), 265–275.
- <sup>8</sup> Halkitis, P.N., Mukherjee, P.P., & Palamar, J.J. (2009). Longitudinal modeling of methamphetamine use and sexual risk behaviors in gay and bisexual men. *AIDS and Behavior*, 13(4), 783–791.
- <sup>9</sup> Lee, J.G., Griffin, G.K., et al. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tobacco Control*, 18(4), 275–282. From <http://tobaccocontrol.bmj.com/content/18/4/275.long> (accessed June 1, 2011).
- <sup>10</sup> Gruskin, E.P., Greenwood, G.L., Matevia, M., Pollack, L.M., & Bye, L.L. (2007). Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *American Journal of Public Health*, 97(8), 1496–1502.
- <sup>11</sup> Greenwood, G.L., Paul, J.P., et al. (2005). Tobacco use and cessation among a household-based sample of U.S. urban men who have sex with men. *American Journal of Public Health*, 95(1), 145–151. From <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449276/pdf/0950929.pdf> (accessed June 1, 2011).
- <sup>12</sup> Asencio, M., Blank, T., & Descartes, L. (2009). The prospect of prostate cancer: A challenge for gay men's sexualities as they age. *Sexuality Research & Social Policy*, 6(4), 38–51.
- <sup>13</sup> Mayo Clinic. (2010). *Testicular cancer*. Retrieved from [www.mayoclinic.com](http://www.mayoclinic.com).
- <sup>14</sup> Bowen, D.J., & Boehmer, U. (2007). The lack of cancer surveillance data on sexual minorities and strategies for change. *Cancer Causes and Control*, 18(4), 343–349.
- <sup>15</sup> Heslin, K.C., Gore, J.L., King, W.D., & Fox, S. (2008). Sexual orientation and testing for prostate and colorectal cancers among men in California. *Med Care*, 46(12), 1240–1248.
- <sup>16</sup> Chin-Hong, P.V., Vittinghoff, E., Cranston, R.S., Browne, L., Buchbinder, S., Colfax, G. et al. (2005). Age-related prevalence of anal cancer precursors in homosexual men: The EXPLORE study. *Oxford Journals*, 97(12), 896–905.
- <sup>17</sup> McRee, A.L., Reiter, P.L., Chantala, K., et al. (2010). Does framing human papillomavirus vaccine as preventing cancer in men increase vaccine acceptability? *Cancer Epidemiology Biomarkers and Prevention*, 19(9), 1937.
- <sup>18</sup> Herek, G.M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence*, 24(1), 54–74.
- <sup>19</sup> Willis, D G. (2004). Hate crimes against gay males: An overview. *Issues in Mental Health Nursing*, 25(2), 115–132.

- <sup>20</sup> Houston, E., & McKirman, D.J. (2007). Intimate partner abuse among gay and bisexual men: Risk correlates and health outcomes. *Journal of Urban Health, 84*(5), 681–690.
- <sup>21</sup> Siconolfi, D., Halkitis, P.N., & Allomong, T.W. (2009). Body dissatisfaction and eating disorders in a sample of gay and bisexual men. *International Journal of Men's Health, 8*(3), 254–264.
- <sup>22</sup> Donald, R., McCreary, T.B., Hildebrandt, L.J., Heinberg, M.B., & and Thompson, J.K. (2007). A review of body image influences on men's fitness goals and supplement use. *American Journal of Men's Health, 1*(4), 307–316.
- <sup>23</sup> Deputy, N.P., & Boehmer, U. (2010). Determinants of body weight among men of different sexual orientation. *Preventive Medicine, 51*(2), 129–131.
- <sup>24</sup> Cochran, S.D., Mays, V.M., et al. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 75*(5), 785–794.
- <sup>25</sup> Gilman, S.E., Cochran, S.D., et al. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health, 91*(6), 933–939.
- <sup>26</sup> Berg, M.B., Mimiaga, M.J., & Safren, S.A. (2008). Mental health concerns of gay and bisexual men seeking mental health services. *Journal of Homosexuality, 54*(3), 293–306.
- <sup>27</sup> Burgess, D., Tran, A., Lee, R., & Van Ryn, M. (2008). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research, 4*(1), 43.
- <sup>28</sup> Bostwick, W.B., Boyd, C.J., et al. (2009). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health, 100*(3), 468–475. From <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820045/?tool=pubmed> (accessed June 1, 2011).
- <sup>29</sup> Cochran, S.D., Mays, V.M., et al. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 75*(5), 785–794.
- <sup>30</sup> Gilman, S.E., Cochran, S.D., et al. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health, 91*(6), 933–939.
- <sup>31</sup> Berg, M.B., Mimiaga, M.J., & Safren, S.A. (2008). Mental health concerns of gay and bisexual men seeking mental health services. *Journal of Homosexuality, 54*(3), 293–306.
- <sup>32</sup> Burgess, D., Tran, A., Lee, R., & Van Ryn, M. (2008). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research, 4*(1), 43.
- <sup>33</sup> Bostwick, W.B., Boyd, C.J., et al. (2009). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health, 100*(3), 468–475. From <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820045/?tool=pubmed> (accessed June 1, 2011).
- <sup>34</sup> Ostrow, D.G., & Stall, R. (2008). Alcohol, tobacco, and drug use among gay and bisexual men. In Wolitski, R. J., Stall, R., & Valdiserri, R. O., (Ed.) *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States*. New York: Oxford University Press.
- <sup>35</sup> Centers for Disease Control and Prevention. (2010). *CDC fact sheet, substance abuse among gay and bisexual men*. Atlanta: Author.
- <sup>36</sup> Irwin, T.W., Morgenstern, H., Parsons, J.T., et al. (2006). Alcohol and sexual HIV risk behavior among problem drinking men who have sex with men: An event level analysis of timeline follow-back data. *AIDS and Behavior, 10*(3), 299–307.
- <sup>37</sup> Wong, C.F., Kipke, M.D., Weiss, G. (2008). Risk factors for alcohol use, frequent use, and binge drinking among young men who have sex with men. *Addictive Behaviors, 33*(8), 1012–1020.
- <sup>38</sup> Stall, R., Paul, J.P., et al. (2001). Alcohol use, drug use and alcohol-related problems among men who have sex with men: The Urban Men's Health Study. *Addiction, 96*(11), 589–601.
- <sup>39</sup> Padilla, Y., Crisp, C., & Rew, D.L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work, 55*(3), 265–275.
- <sup>40</sup> Halkitis, P.N., Mukherjee, P.P., & Palamar, J.J. (2009). Longitudinal modeling of methamphetamine use and sexual risk behaviors in gay and bisexual men. *AIDS and Behavior, 13*(4), 783–791.

- <sup>41</sup> Lee, J.G., Griffin, G.K., et al. (2009). Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tobacco Control*, 18(4), 275–282. From <http://tobaccocontrol.bmj.com/content/18/4/275.long> (accessed June 1, 2011).
- <sup>42</sup> Gruskin, E.P., Greenwood, G.L., Matevia, M., Pollack, L.M., & Bye, L.L. (2007). Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *American Journal of Public Health*, 97(8), 1496–1502.
- <sup>43</sup> Greenwood, G.L., Paul, J.P., et al. (2005). Tobacco use and cessation among a household-based sample of U.S. urban men who have sex with men. *American Journal of Public Health*, 95(1), 145–151. From <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449276/pdf/0950929.pdf> (accessed June 1, 2011).
- <sup>44</sup> Green, K.E., & Feinstein, B.A. (2011, November 7). Substance Use in Lesbian, Gay, and Bisexual Populations: An Update on Empirical Research and Implications for Treatment. *Psychology of Addictive Behaviors*. Advance online publication. doi: 10.1037/a0025424
- <sup>45</sup> Centers for Disease Control and Prevention. (2010). *CDC fact sheet, substance abuse among gay and bisexual men*. Atlanta: Author.
- <sup>46</sup> Hall, H.I., Song, R., Rhodes, P., Prejean, J., An, Q., Lee, L.M., Karon, J., Brookmeyer, R., Kaplan, E.H., McKenna, M.T., & Janssen, R.S. for the HIV Incidence Surveillance Group. (August 6, 2008). Estimation of HIV incidence in the United States. *Journal of the American Medical Association*, 300(5), 520.
- <sup>47</sup> Centers for Disease Control and Prevention. (2010). *CDC fact sheet, substance abuse among gay and bisexual men*. Atlanta: Author.
- <sup>48</sup> Centers for Disease Control and Prevention. (December 2007). *CDC fact sheet, syphilis & MSM (Men who have sex with men)*. Atlanta: Author.
- <sup>49</sup> Palefsky, J., Holly, E., et al. (2000). *Anal cancer: In gay and bisexual men*. San Francisco: AIDS Research Institute at University of California at San Francisco. From <http://ari.ucsf.edu/science/s2c/anal.pdf> (accessed June 1, 2011).
- <sup>50</sup> Nagle, D. (2009). Anal squamous cell carcinoma in the HIV-positive patient. *Clinics in Colon and Rectal Surgery*, 22(2), 102–106.
- <sup>51</sup> Vajdic, C.M., van Leeuwen, M.T., Jin, F., et al. (2009). Anal human papillomavirus genotype diversity and co-infection in a community-based sample of homosexual men. *Sexually Transmitted Infections*, 85, 330–335.
- <sup>52</sup> Tider, D.S., Parsons, J.T., & Bimbi, D.S. (2005). Knowledge of human papillomavirus and effects on sexual behavior of gay/bisexual men: A brief report. *International Journal of STD & AIDS*, 16, 707–708.
- <sup>53</sup> Centers for Disease Control and Prevention. (December 2007). *CDC fact sheet, syphilis & MSM (Men who have sex with men)*. Atlanta: Author.
- <sup>54</sup> Centers for Disease Control and Prevention (2012). *Hepatitis*. Retrieved from <http://www.cdc.gov/hepatitis/>
- <sup>55</sup> Klenerman, P. & Kim, A. (2007). HCV-HIV coinfection: Simple messages from a complex disease. *PLoS Medicine Research in Translation*, Volume 4, Issue 10: 1608-1614.
- <sup>56</sup> Centers for Disease Control and Prevention. (2010). *Viral hepatitis: Information for gay and bisexual men*. CDC publication #21-1090. Atlanta: Author. From <http://www.cdc.gov/hepatitis/Populations/PDFs/HepGay-FactSheet.pdf> (accessed June 1, 2011).
- <sup>57</sup> Urbanus, A.T., van Houdt, R., van de Laar, T.J., & et al. (2009). Viral hepatitis among men who have sex with men, epidemiology and public health consequences. *Euro Surveillance*, 14(47), 11–16.

# 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.

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



## **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>

*This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its operating divisions.*

## REFERENCES

- <sup>1</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>2</sup> National Women's Health Information Center. (n.d.) *Lesbian and bisexual health*. From <http://womenshealth.gov/faq/lesbian-health.cfm> (accessed May 31, 2011).
- <sup>3</sup> World Heart Federation. (2012). *Cardiovascular disease risk factors*. Retrieved from <http://www.world-heart-federation.org/cardiovascular-health/cardiovascular-disease-risk-factors/>
- <sup>4</sup> American Lung Association. (2010). *Smoking out a deadly threat: Tobacco use in the LGBT community*. From <http://www.lungusa.org/about-us/our-impact/top-stories/smoking-out.html> (accessed May 31, 2011).
- <sup>5</sup> VanKim, N.A. & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).
- <sup>6</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>7</sup> Case, P., Austin, S.B., Hunter, D.J., Manson, J E., Malspeis, S., Willett, W.C. & Spiegelman, D. (2004). Sexual orientation, health risk factors, and physical functioning in the Nurses' Health Study II. *Journal of Women's Health*, 13, 1033-1047.
- <sup>8</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>9</sup> VanKim, N.A. & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).
- <sup>10</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>11</sup> Struble, C.B., Lindley, L.L., Montgomery, K., Hardin, J., & Burcin, M. (2010). Overweight and obesity in lesbian and bisexual college women. *Journal of American College of Health*, 59(1), 51–56.
- <sup>12</sup> VanKim, N.A. & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).

- <sup>13,14,15</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>16</sup> Bailey, J.V., Farquhar, C. & Owen, C. (2004). Bacterial vaginosis in lesbians and bisexual women. *Sexually Transmitted Diseases*, 31(11).
- <sup>17</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>18</sup> Ibanez, G.E., Purcell, D.W., Stall, R., Parsons, J.T. & Gomes, C.T. (2005). Sexual risk, substance use, and psychological distress in HIV-positive gay and bisexual men who also inject drugs. *AIDS*, 19(supplement 1).
- <sup>19,20,21</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>22</sup> VanKim, N.A. & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).
- <sup>23</sup> King, M., & Nazareth, I. (2006). The health of people classified as lesbian, gay, and bisexual attending family practitioners in London: A controlled study. *BMC Public Health*, 6, 127.
- <sup>24</sup> Koh A.S., & Ross, L.K. (2006). Mental health issues: a comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality*, 51(1), 33–57.
- <sup>25</sup> Dobinson, C. (2007) *Top ten bisexual health issues*. As cited in Miller, M., André, A., Ebin, J., and Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.
- <sup>26</sup> VanKim, N.A. & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).
- <sup>27</sup> American Lung Association. (2010). *Smoking out a deadly threat: Tobacco use in the LGBT community*. From <http://www.lungusa.org/about-us/our-impact/top-stories/smoking-out.html> (accessed May 31, 2011).
- <sup>28,29</sup> VanKim, N.A. & Padilla, J.L. (2010). *New Mexico's progress in collecting lesbian, gay, bisexual, and transgender health data and its implications for addressing health disparities*. Albuquerque, NM: New Mexico Department of Health, Chronic Disease Prevention and Control Bureau. From [http://nmhealth.org/erd/healthdata/pdf/2010\\_LGBT\\_Report.pdf](http://nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf) (accessed May 31, 2011).





# 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>5,6,7,8,9,10,11,12,13,14,15,16</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.<sup>17,18,19,20,21,22,23,24,25</sup>

### 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.<sup>26</sup>

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

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



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.<sup>27,28</sup>

## **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).<sup>29,30,31,32,33,34,35,36,37,38,389,40,41,42,43,44,45,46</sup>

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.<sup>47,48,49,50,51,52,53,54</sup>

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.<sup>55,56,57,58,59,60,61</sup>

# **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.<sup>62,63,64,65,66,67,68,69,70,71,72,73,74,75,76</sup>

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.<sup>77,78,79</sup>

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).<sup>80</sup>

### **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.<sup>81,82,83,84,85,86,87</sup>

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.<sup>88,89,90,91,92,93</sup>

*This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its operating divisions.*

## **REFERENCES**

- <sup>1</sup> Gooren, L.J., & Giltay, E.J. (2008). Review of studies of androgen treatment of female-to-male transsexuals: Effects and risks of administration of androgens to females. *Journal of Sexual Medicine*, 5(4), 765-776.
- <sup>2</sup> Moore, E., Wisniewski, A., & Dobs, A. (2003). Endocrine treatment of transsexual people: A review of treatment regimens, outcomes, and adverse effects. *Journal of Clinical Endocrinology & Metabolism*, 88(8), 3467-3473.
- <sup>3</sup> Hage, J.J., Dekker, J.J., Karim, R.B., et al. (2000). Ovarian cancer in female-to-male transsexuals: Report of two cases. *Gynecologic Oncology*, 76(3), 413-415.
- <sup>4</sup> Dizon, D.S., Tejada-Berges, T., Koelliker, S., et al. (2006). Ovarian cancer associated with testosterone supplementation in a female-to-male transsexual patient. *Gynecologic & Obstetric Investigation*, 62(4), 226-228.
- <sup>5</sup> Xavier, J., Honnold, J., & Bradford, J. (2007). *The health, health-related needs, and lifecourse experiences of transgender Virginians*. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health. From: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf> (accessed March 5, 2012).
- <sup>6</sup> Reback, C., Simon, P., Bemis, C., et al. (2001). *The Los Angeles transgender health study: Community report*. Los Angeles: University of California at Los Angeles.
- <sup>7</sup> Kenagy, G. (2005). The health and social service needs of transgender people in Philadelphia. *International Journal of Transgenderism*, 8(2/3), 49-56.
- <sup>8</sup> Kenagy, G. & Bostwick, W. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism*, 8(2/3), 57-66.
- <sup>9</sup> Xavier, J., Bobbin, M., Singer, B., et al. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2/3), 31-47.
- <sup>10</sup> McGowan, C.K. (1999). *Transgender needs assessment*. New York: New York City Department of Health, HIV Prevention Planning Unit.

- <sup>11</sup> Risser, J., Shelton, A., McCurdy, S., et al. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8(2/3), 67-74.
- <sup>12</sup> Cambridge Cares About AIDS. (2006). *Transgender Care and Education Needs Diversity (TransCEND) community needs assessment report*. Cambridge, MA: Cambridge Cares About AIDS.
- <sup>13</sup> Lombardi, E., Wilchins, R., Priesing, D., et al. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89-101.
- <sup>14</sup> Clements-Nolle, K., Guzman, R., & Harris, S. (2008). Sex trade in a male-to-female transgender population: Psychosocial correlates of inconsistent condom use. *Sexual Health*, 5(1), 49-54.
- <sup>15</sup> Clements, K., Katz, M., & Marx, R. (1999). *The transgender community health project: Descriptive results*. San Francisco: San Francisco Department of Public Health.
- <sup>16</sup> For Ourselves: Reworking Gender Expression (FORGE). (2005). *Transgender sexual violence project*. Milwaukee, WI: FORGE. From: [http://www.forge-forward.org/transviolence/docs/FINAL\\_Graphs.pdf](http://www.forge-forward.org/transviolence/docs/FINAL_Graphs.pdf) (accessed March 5, 2012).
- <sup>17</sup> Xavier, J., Honnold, J., & Bradford, J. (2007). *The health, health-related needs, and life course experiences of transgender Virginians*. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health. From: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf> (accessed March 5, 2012).
- <sup>18</sup> Kenagy, G. (2005). The health and social service needs of transgender people in Philadelphia. *International Journal of Transgenderism*, 8(2/3), 49-56.
- <sup>19</sup> Kenagy, G. & Bostwick, W. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism*, 8(2/3), 57-66.
- <sup>20</sup> Risser, J., Shelton, A., McCurdy, S., et al. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8(2/3), 67-74.
- <sup>21</sup> Cambridge Cares About AIDS. (2006). *Transgender Care and Education Needs Diversity (TransCEND) community needs assessment report*. Cambridge, MA: Cambridge Cares About AIDS.
- <sup>22</sup> Carson, L. (2009). *Physical and emotional health needs of transgender individuals living in Philadelphia: Summary of key findings*. Philadelphia: Public Health Management Corporation.
- <sup>23</sup> Zians, J. (2006). *The San Diego County transgender assessment report*. San Diego: Family Health Centers of San Diego, CA. From: [http://www.calendow.org/uploadedFiles/san\\_diego\\_transgender\\_assessment.pdf](http://www.calendow.org/uploadedFiles/san_diego_transgender_assessment.pdf) (accessed March 5, 2012).
- <sup>24</sup> Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53-69.
- <sup>25</sup> Nuttbrock, L., Hwahng, S., Bockting, W.O., et al. (2009). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, 47(1), 12-23.
- <sup>26</sup> Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- <sup>27</sup> Mathy, R.M. (2002). Transgender identity and suicidality in a nonclinical sample—Sexual orientation, psychiatric history, and compulsive behaviors. *Journal of Psychology & Human Sexuality*, 14(4), 47-65.
- <sup>28</sup> Rogers, T.L., Emanuel, K., & Bradford, J. (2003). Sexual minorities seeking services: A retrospective study of the mental health concerns of lesbian and bisexual women. *Journal of Lesbian Studies*, 7(1), 127.
- <sup>29</sup> Xavier, J., Honnold, J., & Bradford, J. (2007). *The health, health-related needs, and life course experiences of transgender Virginians*. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health. From: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf> (accessed March 5, 2012).
- <sup>30</sup> Reback, C., Simon, P., Bemis, C., et al. (2001). *The Los Angeles transgender health study: Community report*. Los Angeles: University of California at Los Angeles.
- <sup>31</sup> Kenagy, G. (2005). The health and social service needs of transgender people in Philadelphia. *International Journal of Transgenderism*, 8(2/3), 49-56.

- <sup>32</sup> Kenagy, G. & Bostwick, W. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism*, 8(2/3), 57-66.
- <sup>33</sup> Xavier, J., Bobbin, M., Singer, B., et al. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2/3), 31-47.
- <sup>34</sup> McGowan, C.K. (1999). *Transgender needs assessment*. New York: New York City Department of Health, HIV Prevention Planning Unit.
- <sup>35</sup> Risser, J., Shelton, A., McCurdy, S., et al. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8(2/3), 67-74.
- <sup>36</sup> Cambridge Cares About AIDS. (2006). *Transgender Care and Education Needs Diversity (TransCEND) community needs assessment report*. Cambridge, MA: Cambridge Cares About AIDS.
- <sup>37</sup> Clements, K., Katz, M., & Marx, R. (1999). *The transgender community health project: Descriptive results*. San Francisco: San Francisco Department of Public Health.
- <sup>38</sup> Carson, L. (2009). *Physical and emotional health needs of transgender individuals living in Philadelphia: Summary of key findings*. Philadelphia: Public Health Management Corporation.
- <sup>39</sup> Zians, J. (2006). *The San Diego County transgender assessment report*. San Diego: Family Health Centers of San Diego, CA. From: [http://www.calendow.org/uploadedFiles/san\\_diego\\_transgender\\_assessment.pdf](http://www.calendow.org/uploadedFiles/san_diego_transgender_assessment.pdf) (accessed March 5, 2012).
- <sup>40</sup> Garofalo, R., Deleon, J., Osmer, E., et al. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3), 230-236.
- <sup>41</sup> Clements-Nolle, K., Marx, R., Guzman, R., et al. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health*, 91(6), 915-921.
- <sup>42</sup> Rose, V., Scheer, S., Balls, J., et al. (2001). *Investigation of the high HIV prevalence in the transgender African American community in San Francisco*. San Francisco: University of California-San Francisco Center for AIDS Prevention Studies. From: <http://www.hawaii.edu/hivandaids/High%20HIV%20Prevalence%20in%20the%20Transgender%20African%20American%20Community.pdf> (accessed March 5, 2012).
- <sup>43</sup> Boles, J. & Elifson, K. (1994). The social organization of transvestite prostitution and AIDS. *Social Science & Medicine*, 39(1), 85-93.
- <sup>44</sup> Reback, C. & Lombardi, E. (1999). HIV risk behaviors of male-to-female transgender participants in a community-based harm reduction program. *International Journal of Transgenderism*, 3(1&2).
- <sup>45</sup> Brown, N.C. (2002). *Special concerns populations: Transgender needs assessment*. Chicago: Chicago Department of Public Health, Office of Gay and Lesbian Health.
- <sup>46</sup> Nemoto, T., Sausa, L., Operario, D., et al. (2006). Need for HIV/AIDS education and intervention for MTF transgenders: Responding to the challenge. *Journal of Homosexuality*, 51(1), 183-202.
- <sup>47</sup> Xavier, J., Honnold, J., & Bradford, J. (2007). *The health, health-related needs, and life course experiences of transgender Virginians*. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health. From: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf> (accessed March 5, 2012).
- <sup>48</sup> Cambridge Cares About AIDS. (2006). *Transgender Care and Education Needs Diversity (TransCEND) community needs assessment report*. Cambridge, MA: Cambridge Cares About AIDS.
- <sup>49</sup> Carson, L. (2009). *Physical and emotional health needs of transgender individuals living in Philadelphia: Summary of key findings*. Philadelphia: Public Health Management Corporation.
- <sup>50</sup> Zians, J. (2006). *The San Diego County transgender assessment report*. San Diego: Family Health Centers of San Diego, CA. From: [http://www.calendow.org/uploadedFiles/san\\_diego\\_transgender\\_assessment.pdf](http://www.calendow.org/uploadedFiles/san_diego_transgender_assessment.pdf) (accessed March 5, 2012).
- <sup>51</sup> Garofalo, R., Deleon, J., Osmer, E., et al. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3), 230-236.
- <sup>52</sup> Sanchez, N., Sanchez, J., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *American Journal of Public Health*, 99(4), 713-719.

- <sup>53</sup> National Association of Lesbian Gay, Bisexual, and Transgender Community Centers. (2003). *The National Association Of Lesbian, Gay, Bisexual, and Transgender Community Centers tobacco control program: Final report*. Garden Grove, CA: The National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers. From: <http://www.lgbttobacco.org/files/tobaccofinalreport.pdf> (accessed March 5, 2012).
- <sup>54</sup> Gay, Lesbian, Bisexual and Transgender Community Center of Colorado, OMNI Research and Training. (2002). *Tobacco control needs of the lesbian, gay, bisexual and transgender (LGBT) community in Colorado: A priority population statewide needs assessment conducted for Colorado STEPP (State Tobacco Education and Prevention Partnership)*. Denver: OMNI Research and Training. From: <http://www.lgbttobacco.org/files/CoNeedsAssesment.pdf> (accessed March 5, 2012).
- <sup>55</sup> Kammerer, N., Mason, T., Connors, M., et al. (1999). Transgender health and social service needs in the context of HIV risk. *International Journal of Transgenderism*, 3(1+2). From: <http://www.wpath.org/journal/www.iiv.nl/eazines/web/IJT/97-03/numbers/symposion/kammerer.htm> (accessed March 5, 2012).
- <sup>56</sup> Clements, K., Wilkinson, W., Kitano, K., et al. (1999). HIV prevention and health service needs of the transgender community in San Francisco. *International Journal of Transgenderism*, 3(1&2).
- <sup>57</sup> Sperber, J., Landers, S., & Lawrence, S. (2005). Access to health care for transgendered persons: Results of a needs assessment in Boston. *International Journal of Transgenderism*, 8(2/3), 74-91.
- <sup>58</sup> Nemoto, T., Operario, D., & Keatley, J. (2005). Health and social services for male-to-female transgender persons of color in San Francisco. *International Journal of Transgenderism*, 8(2/3), 5-19.
- <sup>59</sup> Lurie, S. (2004). Identifying training needs of health-care providers related to treatment and care of transgendered patients: A qualitative needs assessment conducted in New England. *International Journal of Transgenderism*, 8(2/3), 93-111.
- <sup>60</sup> Lombardi, E.L. & van Servellen, G. (2002). Building culturally sensitive substance use prevention and treatment programs for transgendered populations. *Journal of Substance Abuse Treatment*, 19, 291-296.
- <sup>61</sup> Center for Substance Abuse Treatment. (2001). *A provider's introduction to substance abuse treatment for lesbian, gay, bisexual and transgender individuals*, 91-98. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, DHHS Pub. No. (SMA) 01-3498. From: <http://www.kap.samhsa.gov/products/manuals/pdfs/lgbt.pdf> (accessed March 5, 2012).
- <sup>62</sup> Kenagy, G. & Bostwick, W. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism*, 8(2/3), 57-66.
- <sup>63</sup> Xavier, J., Bobbin, M., Singer, B., et al. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2/3), 31-47.
- <sup>64</sup> McGowan, C.K. (1999). Transgender needs assessment. New York: New York City Department of Health, HIV Prevention Planning Unit.
- <sup>65</sup> Risser, J., Shelton, A., McCurdy, S., et al. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8(2/3), 67-74.
- <sup>66</sup> Carson, L. (2009). *Physical and emotional health needs of transgender individuals living in Philadelphia: Summary of key findings*. Philadelphia: Public Health Management Corporation.
- <sup>67</sup> Clements-Nolle, K., Marx, R., Guzman, R., et al. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health*, 91(6), 915-921.
- <sup>68</sup> Rose, V., Scheer, S., Balls, J., et al. (2001). *Investigation of the high HIV prevalence in the transgender African American community in San Francisco*. San Francisco: University of California-San Francisco Center for AIDS Prevention Studies. From: <http://www.hawaii.edu/hivandaids/High%20HIV%20Prevalence%20in%20the%20Transgender%20African%20American%20Community.pdf> (accessed March 5, 2012).
- <sup>69</sup> Odo, C. & Hawelu, A. (2001). Eo na Mahu o Hawai'i: The extraordinary health needs of Hawai'i's Mahu. *Pacific Health Dialogue*, 8(2), 237-334.
- <sup>70</sup> Rodríguez-Madera, S. & Toro-Alfonso, J. (2005). Gender as an obstacle in HIV/AIDS prevention: Considerations for the development of HIV/AIDS prevention efforts for male-to-female transgenders. *International Journal of Transgenderism*, 8(2/3), 113-122.

- <sup>71</sup> Elifson, K., Boles, J., Posey, E., et al. (1993). Male transvestite prostitutes and HIV risk. *American Journal of Public Health*, 83(2), 260-262.
- <sup>72</sup> Simon, P., Reback, C., & Bemis, C. (2000). HIV prevalence and incidence among male-to-female transsexuals receiving HIV prevention services in Los Angeles County. *AIDS*, 14(18), 2953-2955.
- <sup>73</sup> Kenagy, G. (2002). HIV among transgender people. *AIDS Care*, 14(1), 127-134.
- <sup>74</sup> Thornhill, L. & Klein, P. (2010). Creating environments of care with transgender communities. *Journal of the Association of Nurses in AIDS Care*, 21(3), 230-239.
- <sup>75</sup> Nemoto, T., Operario, D., Keatley, J., et al. (2004). HIV risk behaviors among male-to-female transgender persons of color in San Francisco. *American Journal of Public Health*, 94(7), 1193-1199.
- <sup>76</sup> Nuttbrock, L., Hwahng, S., Bockting, W., et al. (2009). Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes*, 52(3), 417-421.
- <sup>77</sup> Garofalo, R., Deleon, J., Osmer, E., et al. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3), 230-236.
- <sup>78</sup> Kenagy, G. & Hsieh, C.M. (2005). The risk less known: Female-to-male transgender persons' vulnerability to HIV infection. *AIDS Care*, 17(2), 195-207.
- <sup>79</sup> Wilson, E., Garofalo, R., Harris, R., et al. (2009). Transgender female youth and sex work: HIV risk and a comparison of life factors related to engagement in sex work. *AIDS and Behavior*, 13(5), 902-913.
- <sup>80</sup> Melendez, R., Exner, T., Ehrhardt, A., et al. (2005). Health and health care among male-to-female transgender persons who are HIV positive. *American Journal of Public Health*, 95(10), 5-7.
- <sup>81</sup> Reback, C., Simon, P., Bemis, C., et al. (2001). *The Los Angeles transgender health study: Community report*. Los Angeles: University of California at Los Angeles.
- <sup>82</sup> Kenagy, G. & Bostwick, W. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism*, 8(2/3), 57-66.
- <sup>83</sup> Risser, J., Shelton, A., McCurdy, S., et al. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8(2/3), 67-74.
- <sup>84</sup> Cambridge Cares About AIDS. (2006). *Transgender Care and Education Needs Diversity (TransCEND) community needs assessment report*. Cambridge, MA: Cambridge Cares About AIDS.
- <sup>85,86</sup> Elifson, K., Boles, J., Posey, E., et al. (1993). Male transvestite prostitutes and HIV risk. *American Journal of Public Health*, 83(2), 260-262.
- <sup>87</sup> Nuttbrock, L., Hwahng, S., Bockting, W., et al. (2009). Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes*, 52(3), 417-421.
- <sup>88</sup> Cambridge Cares About AIDS. (2006). *Transgender Care and Education Needs Diversity (TransCEND) community needs assessment report*. Cambridge, MA: Cambridge Cares About AIDS.
- <sup>89</sup> Zians, J. (2006). *The San Diego County transgender assessment report*. San Diego: Family Health Centers of San Diego, CA. From: [http://www.calendow.org/uploadedFiles/san\\_diego\\_transgender\\_assessment.pdf](http://www.calendow.org/uploadedFiles/san_diego_transgender_assessment.pdf) (accessed March 5, 2012).
- <sup>90</sup> Elifson, K., Boles, J., Posey, E., et al. (1993). Male transvestite prostitutes and HIV risk. *American Journal of Public Health*, 83(2), 260-262.
- <sup>91</sup> Nuttbrock, L., Hwahng, S., Bockting, W., et al. (2009). Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes*, 52(3), 417-421.
- <sup>92</sup> Nemoto, T., Keatley, J., Eleneke, M., et al. (2001). *Critical health needs for MTF transgenders of color—Preliminary findings*. San Francisco: University of California at San Francisco, Center for AIDS Prevention Studies.
- <sup>93</sup> Centers for Disease Control and Prevention. (2000). HIV-related tuberculosis in a transgender network—Baltimore, Maryland, and New York City area, 1998-2000. *Morbidity and Mortality Weekly Report*, 49(15), 317-320. From: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4915a1.htm> (accessed March 5, 2012).





## *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>

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



## **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)

## OTHER LGBT HEALTH-RELATED RESOURCES

### FEDERAL RESOURCES

#### Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS)

Documents archived in the AHRQ Web site's Innovations Exchange pages include a snapshot of a statewide LGBT tobacco cessation program in Minnesota, *New Communication Protocols, Inclusive Policies, and Ongoing Training Lead to Culturally Competent Care for Lesbian, Gay, Bisexual, and Transgender Patients*, issued at the end of 2010, and a quit guide for LGBT communities.

[http://www.innovations.ahrq.gov/innovations\\_qualitytools.aspx?search=LGBT](http://www.innovations.ahrq.gov/innovations_qualitytools.aspx?search=LGBT)

#### CDC Compendium of HIV Prevention Interventions with Evidence of Effectiveness

Interventions identified by CDC's HIV/AIDS Prevention Research Synthesis Project were found to be effective in reducing sex- and drug-related risk behaviors or improving health outcomes. Some target LGBTs; others target groups likely to include LGBTs.

[http://www.cdc.gov/hiv/resources/reports/hiv\\_compendium/](http://www.cdc.gov/hiv/resources/reports/hiv_compendium/)

#### CDC Health Risks Among Sexual Minority Youth

This section of the CDC Web site summarizes the findings of a June 6, 2011, report published in *Morbidity and Mortality Weekly Report*, Vol. 60. LGBT youth were found to be more likely than their non-LGBT peers to engage in a list of unhealthy behaviors in an analysis of data from Youth Risk Behavior Surveys that was conducted during 2001–2009 in seven States—Connecticut, Delaware, Maine, Massachusetts, Rhode Island, Vermont, and Wisconsin—and six large urban school districts—Boston, Chicago, Milwaukee, New York City, San Diego, and San Francisco. Report sections provide specific estimates for alcohol, tobacco, and drug use among this population.

<http://www.cdc.gov/healthyouth/disparities/smy.htm>

#### CDC Lesbian, Gay, Bisexual and Transgender Health

This CDC site provides information and resources on health issues and inequities affecting LGBT communities for both professional and general public audiences, including links to other sources.

<http://www.cdc.gov/lgbthealth/>

#### HHS Healthy People 2020

HHS's *Healthy People 2020* provides science-based, 10-year national objectives for improving the health of all Americans. The document integrates input from public health and prevention experts, a wide range of Federal, State, and local government officials, a consortium of more than 2,000 organizations, and the public. More than 8,000 comments were considered in drafting a comprehensive set of *Healthy People 2020* objectives. Based on this input, a number of new topic areas are included in the new initiative, including LGBT health. (Note: As of December 2010, specific objectives for LGBT health were in development.)

<http://www.healthypeople.gov/2020/default.aspx>

## **SAMHSA Homeless Resource Center (HRC)**

The Homeless Populations: LGBTQI2-S pages of the HRC site contains links to numerous articles, publications, archived listening tours and teleconferences, and other resources on various aspects of homelessness as it relates to this population.

<http://www.homeless.samhsa.gov/Channel/LGBTQ-153.aspx>

## **SAMHSA/Office of Behavioral Health Equity (OBHE)**

Announced in February 2011, the SAMHSA/OBHE mission is to improve access to quality behavioral health services for populations that experience disparities in health care, including sexual minorities.

<http://www.samhsa.gov/about/obhe.aspx>

## **STATE/NATIONAL RESOURCES**

### **Advocates for Youth**

Advocates for Youth is dedicated to creating programs and policies that help young people make informed and responsible decisions about their sexual and reproductive health.

[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

### **Ambientejoven (Spanish)**

Advocates for Youth (see above) provides a separate Web site for Spanish-language information.

<http://ambientejoven.org/>

### **American Psychological Association (APA)**

APA is a scientific and professional organization established to advance the creation, communication, and application of psychological knowledge. Approximate membership is 154,000.

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

### **LGBT Concerns Office (LGBTCO)**

LGBTCO works to improve the health and well-being of LGBT people; increase understanding of gender identity and sexual orientation; and reduce stigma, prejudice, discrimination, and violence toward LGBT people. The LGBTCO Web site describes programs and activities (such as the Healthy LGBT Students Project, below) and provides links to many resources.

<http://www.apa.org/pi/lgbt/index.aspx>

### **Healthy LGBT Students Project**

A project supported by the Centers for Disease Control and Prevention (CDC) "...to provide capacity-building assistance to schools and other organizations that serve gay and bisexual young men at risk for HIV infection, especially African-American and Latino youth."

<http://www.apa.org/pi/lgbt/programs/hlgbps/index.aspx>

## **Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling (ALGBTIC)**

The Resources section of the ALGBTIC site has links to the contents of bibliographies on counseling LGBT clients. The Competencies area includes links to translations in French, Turkish, Chinese, Japanese, and Romanian. English-language competencies for working with transgender clients are available as well.

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

## **Association of Gay and Lesbian Psychiatrists (AGLP)**

The association's newsletters published since 2002 are archived on the AGLP Web site. The Referrals tab opens a searchable membership directory.

[www.AGLP.org](http://www.AGLP.org)

## **Campus Pride**

This nonprofit organization works to create a safer college environment for LGBT students. The group has published a first-ever national research report, the *2010 State of Higher Education for LGBT People*, that documents the experience of more than 5,000 students who identified as LGBT and offers free access to the report on its Web site.

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

## **Day of Silence Project: A Project of the Gay, Lesbian, and Straight Education Network (see separate listing)**

Day of Silence raises awareness of the effects of anti-LGBT bullying and harassment in schools.

<http://www.dayofsilence.org/index.cfm>

## **The Family Acceptance Project**

The Family Acceptance Project™ is a community research, intervention, and education initiative that studies the effects of family acceptance and rejection on the health and well-being of LGBT youth. Results will be used to help families provide support for LGBT youth; develop appropriate interventions, programs, and policies; and implement train-the-trainer models.

<http://familyproject.sfsu.edu/>

## **Fenway Health**

Fenway Health offers comprehensive LGBT health care and seeks to improve the overall health of the larger community, locally and nationally, through education and training, policy and advocacy, and research and evaluation. It includes the HIV/AIDS-focused Fenway Institute. The Fenway Institute also hosts the National LGBT Tobacco Control Network (see separate listing) and the Center for Population Research in LGBT Health.

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

## **Fenway Health: Trans Health**

Fenway Health provides primary medical and mental health care that is sensitive to the needs of people in the transgender spectrum. The Trans Health Program at Fenway helps to ensure quality informed care for trans-women, trans-men, genderqueer, affirmed men and women, and others who have health care needs unique to gender expressions.

[http://www.fenwayhealth.org/site/PageServer?pagename=FCHC\\_srv\\_services\\_trans](http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans)

## **Gay and Lesbian Medical Association (GLMA)**

Founded in 1981 as the American Association of Physicians for Human Rights, the group now includes other LGBT health care professionals. GLMA offers tools to LGBT patients and their health care providers.

<http://www.glma.org>

## **GLBT National Help Center**

The Center provides a robust Web portal with links to hundreds of LGBT-related public and private resources and enterprises, with an online locator to produce by-topic lists by ZIP code from a 15,000-item database. A nonprofit, tax-exempt organization, the Center has toll-free telephone services and online peer-support chat utilities. Alcohol, tobacco, drugs, and substance abuse are not topic headings in resources the Center database produces, but its Health category is likely to include professionals and programs in a given area that provide substance abuse-related services.

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

## **GLBT National Youth Talk Line**

Teenage and young adult volunteers provide free telephone and e-mail peer counseling and referrals to resources in the National Help Center database.

<http://gbltnationalhelpcenter.org/talkline/index.html>

## **It Gets Better Project**

The It Gets Better Project began in September 2010, and offers brief videotaped messages of hope for LGBTQ youth who may have been bullied or harassed and may be contemplating suicide. Messages are produced and posted online by individual and group volunteers and may be accessed via the project's Web site or at [www.youtube.com](http://www.youtube.com). In March 2011, the project published a book, *It Gets Better: Coming Out, Overcoming Bullying, and Creating a Life Worth Living*.

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

## **National Coalition for LGBT Health**

The coalition evolved during the writing of the *Healthy People 2010* companion document for LGBT health. Potential local or State partners in LGBT prevention might be identified through the Coalition's list of member organization links in its About Us Web area and categorical lists of links in its Resources & Research area.

<http://www.lgbthealth.net/>

## **National Resource Center for Permanency and Family Connections at the Hunter College School of Social Work**

The Resources on LGBTQ Children and Youth pages of the Center's Web site has numerous articles, reports, information packets, and other publications; videos; archived online trainings; PowerPoint presentations; and links to additional resources pertaining to the welfare of children who are LGBTQ.

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



## The Trevor Project

Established in 1998, the Trevor Helpline is a nationwide, around-the-clock crisis and suicide prevention helpline for LGBT and questioning youth.

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

## World Professional Association for Transgender Health, Inc. (WPATH)

WPATH is a professional organization focused on the understanding and treatment of gender identity disorders. The group publishes a professional journal and Standards of Care (available in English, Spanish, and Croatian). These and links to other resources on transgender and intersex health are accessible on the WPATH Web site.

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

## YES Institute

The Institute's aim is to prevent suicide through communication and education about gender and orientation.

<http://yesinstitute.org/>

## OTHER RESEARCH-BASED RESOURCES

### Best Practices for Asking Questions About Sexual Orientation on Surveys (See also [GayData.org](http://www.gaydata.org/))

This November 2009 report contains the recommendations of the Sexual Minority Assessment Research Team (SMART), a multidisciplinary and multi-institutional collaboration published by The Williams Institute, UCLA School of Law.

[http://www.law.ucla.edu/williamsinstitute/pdf/SMART\\_FINAL\\_Nov09.pdf](http://www.law.ucla.edu/williamsinstitute/pdf/SMART_FINAL_Nov09.pdf)

### Casey Family Programs: Gay, Lesbian, Bisexual, Transsexual, and Questioning Guidebook Learning Plan

Developed to meet the needs for specific life skills related to LGBT issues among social workers, teachers, youth, and parents, the plan is designed to help develop life skills teaching curriculum and individual learning plans. It is based on and a companion to the Casey Life Skills GLBTQ Assessment Supplement.

<http://www.caseylifeskills.org/pages/lp/GLBTQ%20Guidebook%206%2028%2007.pdf>

### Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender Health (See also the listing for HHS Healthy People 2020.)

Developed under GLMA's leadership in 2001, the *Healthy People 2010 Companion* document for LGBT Health provides a context for educating readers about LGBT health disparities and for addressing systemic challenges to overcome them. Separate chapters discuss HIV/AIDS, mental health, sexually transmitted diseases, substance abuse, tobacco use, and violence prevention.

[http://glma.org/\\_data/n\\_0001/resources/live/HealthyCompanionDoc3.pdf](http://glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf)

## **Institute of Medicine (IOM) The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding**

An IOM Consensus report of findings of an assessment requested by the National Institutes of Health (NIH) into the health status of LGBT populations. The report identifies research gaps and opportunities and a research agenda.

<http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

## **Suicide Prevention Resource Center (SPRC): Preventing Suicide among LGBT Youth Kit**

The SAMHSA-supported SPRC developed this kit for schools, youth-serving organizations, and suicide prevention programs and makes it available for free downloading.

<http://www.sprc.org/LGBTYouthWorkshopKit.asp>

## **University of San Francisco Center for AIDS Prevention Studies (CAPS)**

Since 1995, the Center has been publishing fact sheets on AIDS-related topics, many of them in both English- and in Spanish-language editions. As of March 2010, more than 60 of these fact sheets were available from the CAPS Web site. Several recent fact sheets provide data about segments of the LGBT population and HIV/AIDS. “Drug use” is a topic of several of the CAPS fact sheets with information about the association of substance abuse and HIV/AIDS in this population.

<http://caps.ucsf.edu/resources/fact-sheets/>

# **LGBT ADVOCACY, EDUCATION, RESEARCH, AND SERVICES RESOURCES**

## **STATE/NATIONAL RESOURCES**

### **Center for American Progress**

In the Media & Progressive Issues section of this nonprofit’s Web site, a number of documents relating to LGBT social justice topics are archived under the heading, Gay & Transgender Issues.

<http://www.americanprogress.org/issues/culture/lgbt/>

### **Center of Excellence for Transgender Health**

The Center of Excellence for Transgender Health (CoE) combines the unique strengths and resources of a nationally renowned training and capacity-building institution, the Pacific AIDS Education and Training Center (PAETC), and an internationally recognized leader in HIV prevention research, the Center for AIDS Prevention Studies (CAPS), both of which are housed at the University of California San Francisco. The ultimate CoE goal is to improve the overall health and well-being of transgender individuals by developing and implementing programs in response to community-identified needs. <http://www.transhealth.ucsf.edu/>

## **Children of Lesbians and Gays Everywhere (COLAGE)**

COLAGE is an association by and for people of all ages who have one or more parents who are LGBTQ. The Web site has resources for children and their LGBTQ parents, a bookstore, and online activities.

<http://colage.org/>

## **Consortium of Higher Education LGBT Resource Professionals: Directory**

This directory offers full contact information for almost 200 higher education institution LGBT studies programs. A criterion for inclusion is that listings must be for programs with at least one paid staff member. Some of these gay studies centers may have information and expertise relating to substance abuse and may be valuable partners in prevention activities. (See also, University LGBT/Queer Programs.)

<http://www.lgbtcampus.org/directory/index.php?pageno=2>

## **GayData.org**

Web-based GayData.org is maintained by the Program for Lesbian, Gay, Bisexual and Transgender Health at Drexel University, School of Public Health and serves as a no-cost, open-access clearinghouse for the collection of sexual orientation and gender identity data and measures. The site provides links to key LGBT-related data sources, abstracts of significant journal articles reporting data analysis results for LGBT mental health and substance abuse, and has guidelines for incorporating LGBT questions into data instruments.

<http://www.gaydata.org>

## **Gay, Lesbian, and Straight Education Network (GLSEN)**

In 2008, GLSEN became a client of the Ad Council as sponsor of *Think Before You Speak*, the “first national multimedia public service advertising (PSA) campaign designed to address the use of anti-gay language among teens.” GLSEN seeks to develop school climates where differences are valued for the positive contribution they make to creating a more vibrant and diverse community. GLSEN supports community-based chapters and Gay-Straight Alliances in many schools. The group sponsors the biennial National School Climate Survey.

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

## **Gay-Straight Alliance (GSA) Network**

GSA Network is a youth leadership organization to help GSAs in schools connect with each other and with other community resources. Several national reports on LGBT bullying and harassment in schools are available within the Web site’s Resources section.

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

## **Gender Education & Advocacy**

This nonprofit organization provides education and advocacy on transsexual and transgender issues, primarily through its Web site.

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

## **Hetrick-Martin Institute/Harvey Milk High School**

The New York City nonprofit organization provides supportive services for LGBT youth, including after-school programs in arts and culture, health and wellness, job readiness/career exploration, and academic enrichment. It also offers paid internships to program graduates and hosts the Harvey Milk High School operated by the New York City Department of Education.

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

## **Human Rights Campaign (HRC)**

Claiming more than one million members, HRC advocates for social justice for LGBT people. The Issues tab on the HRC homepage leads to posted resources on a variety of topics (e.g., aging, health, military, and workplace).

[www.hrc.org](http://www.hrc.org)

## **International Lesbian, Gay, Bisexual, Transgender and Queer Youth and Student Organisation**

This is a worldwide network of LGBTQ student groups. The organization advocates for LGBTQ rights and publishes reports, newsletters, and campaigns, and it hosts a blog.

<http://www.iglyo.com/>

## **Los Angeles Gay & Lesbian Center: Model Program for LGBT Youth in Foster Care**

On October 1, 2010, HHS announced that the L.A. Gay & Lesbian Center was awarded a \$13.3 million, 5-year grant from the Administration on Children, Youth and Families to create a model program for LGBTQ youth in the foster care system. Visit the Center's Web site for information about the project.

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

## **National Association of Lesbian, Gay, Bisexual and Transgender Community Centers**

This association provides local-level support, activities, and meeting space for the LGBT community. Many centers offer programs specifically designed for LGBT youth, and some offer substance abuse prevention and/or treatment.

<http://www.lgbtcenters.org>

## **National Center for Transgender Equality (NCTE)**

This national nonprofit organization works for the advancement of transgender rights. The Building Community tab in the NCTE Resources area of the Web site includes documents that may help community-based organization efforts to better serve transgender clients.

<http://transequality.org/>

## **Parents, Families, and Friends of Lesbians and Gays (PFLAG)**

PFLAG is devoted to promoting the health and well-being of gay, lesbian, and bisexual persons and their families and friends through support, education, and advocacy.

[www.pflag.org](http://www.pflag.org)

## **Red Circle Project**

Hosted by AIDS Project Los Angeles (APLA), the Red Circle Project targets American Indian gay men (also known as Two-Spirit individuals). The Web site includes links to other Two-Spirit organizations, research relating to this audience, and training documents for working with women and men who are American Indian and are Two-Spirit- or LGBT-identified.

[http://www.apla.org/native\\_american/RCP/](http://www.apla.org/native_american/RCP/)

## **Safe Schools Coalition**

The Safe Schools Coalition is an international partnership supporting LGBT youth and promoting safer school environments. The group's homepage has links to various resources, such as the Harvey Milk Day curricula for using during the observance to promote the health and safety of LGBT students.

<http://safeschoolscoalition.org/safe.html>

## **Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE)**

SAGE is the world's oldest and largest nonprofit agency dedicated to serving and advocating for lesbian, gay, bisexual, and transgender seniors. Since its inception, SAGE has pioneered programs and services for seniors in the LGBT community, provided technical assistance and training to expand opportunities for LGBT older people across the country, and provided a national voice on LGBT aging issues.

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

## **SAGE National Resource Center on LGBT Aging**

Established in 2010 through a Federal grant from HHS, the National Resource Center on LGBT Aging provides training, technical assistance, and educational resources to aging providers, LGBT organizations, and LGBT older adults.

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

## **Trans Youth Family Allies (TYFA)**

According to its Web site, "TYFA empowers children and families by partnering with educators, service providers, and communities to develop supportive environments in which gender may be expressed and respected." Much of the site's contents and links focus on preventing violence directed at LGBTQ youth and suicide.

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

## **True Colors**

True Colors works "to ensure that the needs of sexual and gender minority youth are both recognized and competently met." The group's Web site has descriptions of trainings it conducts and an application form, information about the annual LGBT youth conference True Colors sponsors, and details about its mentoring program for LGBT youth in Connecticut.

<http://ourtruecolors.org/>

## **OTHER RESEARCH-BASED RESOURCES**

### **On the Streets: The Federal Response to Gay and Transgender Homeless Youth (June 2010)**

Based on available data sources, the report offers a blueprint for considering and addressing this problem.

<http://www.americanprogress.org/issues/2010/06/pdf/lgbtyouthhomelessness.pdf>

*This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). The resources listed are not an endorsement of HHS or its operating divisions.*



# *PowerPoint Slides: Top Health Issues for LGBT Populations*

Note: The PowerPoint slides are available online at <http://store.samhsa.gov>.

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover









HHS Publication No. (SMA) 12-4684  
2012

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration  
Center for Substance Abuse Prevention

# Top Health Issues for LGBT Populations



# Some LGBT Terminology

- **Bigender:** A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
- **FTM:** 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.
- **Gender Expression:** The manner in which a person represents or expresses their gender identity to others.
- **Gender Identity:** 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.
- **MSM:** An acronym used to identify men who have sex with men.

# Some LGBT Terminology (cont'd)

- **MTF:** 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.
- **Sexual Orientation:** 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).
- **Transgender:** A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.
- **Transsexual:** A person whose gender identity differs from their assigned sex at birth.
- **WSW:** An acronym used to identify women who have sex with women.

# Understanding 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).

# Gender Identity: Gender vs. Sex

- Before the 19<sup>th</sup> century, the terms *gender* and *sex* were synonymous.
- Ongoing work since the 1950s in the field of gender identity development has 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

Gender identity is developed in three stages:

- Construction (ages 0–5 years);
- Consolidation (ages 5–7 years); and
- Integration (ages 7 years and up).



# Gender Identity Development: Nurture

Some research suggests that three external factors may influence how a person develops and ultimately expresses their gender identity:

- Centrality;
- Evaluation; and
- Felt pressure.

# Gender Identity Disorder (GID): A Medical Perspective

- Multiple 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. These diagnoses were collapsed into one diagnosis, Gender Identity Disorder, with the release of the DSM IV in 1994.
- Diagnostic criteria, which are different for children and adults, include 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.

# 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.

# Lesbians and 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.

# Lesbians and Cancer

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.

# Lesbians and Fitness

- Some research has indicated that adult lesbians are not sufficiently physically active.
- Some barriers to participating in exercise identified by one study included 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.

# Lesbians and 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.

# Lesbians, Injury, and Violence

- Studies have shown that lesbian women and gay men report experiencing harassment or physical violence from family members due to their sexual orientation.
- 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.



# Lesbians and Mental Health

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.

# Lesbians and Suicide

Results from an anonymous survey administered in 33 healthcare sites across the United States 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; and
- Lesbian and bisexual women who were not “out” were more likely to have attempted suicide than heterosexual women.

# Lesbians and Substance Abuse

- Studies have found that lesbians are between 1.5 and 2 times more likely to smoke than heterosexual women.
- A number of studies have also suggested that lesbians are significantly more likely to drink heavily than heterosexual women.
- Bisexual women report more hazardous drinking than heterosexual or lesbian women.

# Gay Men and 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.

# Gay Men and Cancer

In some cases, gay men are at an *increased* risk for several types of cancer—including prostate, testicular, and colon cancers. In addition, gay men 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.

# Gay Men, 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.

# Gay Men, Fitness, and Body Image

- 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.

# Gay Men and 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.”



# Gay Men and 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.

# Gay Men and Substance Abuse

- Some studies show that gay men use substances, including alcohol and illicit drugs, at a higher rate than the general population.
- 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.

# Gay Men and STDs: HIV/AIDS

- 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.
- 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.
- 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).

# Gay Men and STDs: 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.

# Gay Men and STDs: Human Papillomavirus (HPV)

- HPV causes anal and genital warts, and HPV infections may play a role in the increased rates of anal cancers in gay men.
- Gay and bisexual men are estimated to be 17 times more likely to develop anal cancer than heterosexual men.

# Gay Men and Hepatitis

- 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.
- Hepatitis C virus (HCV) is spread by sexual contact and/or contact with the blood of an infected person.

# Bisexuals and 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.

# Bisexual Women and Cancer

A U.S. study of women ages 50–79 years has indicated that bisexual women are more likely to self-report higher rates of cancers—specifically, breast cancer.



# Bisexual Men and Cancer

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 HPV, the virus that causes genital and anal warts.

# Bisexuals and 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.
- However, data show that more bisexual women are underweight than heterosexual and lesbian women.

# Bisexuals, Injury, and 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).

# Bisexuals and Testing Behaviors

Studies have 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).
- Another study found that among heterosexual, lesbian, and bisexual women, bisexual women have the highest rate of never having received a Pap test.

# Bisexual Women and Sexual Health

Research shows that:

- 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 (IDU), and having a sex partner who has had sex with a prostitute.
- Lesbian women, as well as bisexual women with larger numbers of female partners, are more likely to experience vaginal infections including bacterial vaginosis, trichomonas vaginalis, and herpes.
- When compared with heterosexual women and lesbians, bisexual women exhibit the highest rates of combining substance and/or alcohol use with sex.

# Bisexual Men and Sexual Health

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

# Bisexuals and Mental Health

- Researchers have suggested that bisexual adults have the lowest level of emotional well-being among people of other sexual orientations.
- 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).

# Bisexuals and Suicide

- 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.
- One 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).



# Bisexuals and Alcohol Abuse

- Data have 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).

# Bisexuals and Smoking

- States that have collected data on bisexuals via surveys found smoking rates within the population to be between 30 percent and 40 percent.
- Further studies have shown that differences in smoking rates are most significant between bisexual women (39.1 percent) and heterosexual women (19.4 percent).

# Transgender People, Injury, and Violence

Numerous studies have suggested that:

- Between 16 to 60 percent of transgender people are victims of physical assault or abuse.
- Between 13 to 66 percent are victims of sexual assault.

# Transgender People and Suicide

Studies have shown that suicidal ideation is widely reported among transgender people and can range from 38 to 65 percent. Studies have also found that suicide attempts among this population can range from 16 to 32 percent.

# Transgender People and Mental Health

Data about the prevalence of mental health disorders such as depression, anxiety, and other clinical conditions among transgender people are extremely limited. In addition, few studies compare the mental health of transgender to non-transgender people.

# Transgender People and Substance Abuse

- 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) and injection drug use (2 to 40 percent).
- Some studies suggest that tobacco use rates among transgender people can range from 45 to 74 percent.
- Studies have also suggested that barriers to substance abuse treatment services for this population often include discrimination, provider hostility and insensitivity, strict binary gender (male/female) segregation within programs, and lack of acceptance in gender-appropriate recovery groups.

# Transgender People and HIV/AIDS

- In one study, HIV prevalence rates among transgender women (MTF) were found to vary from 5 to 68 percent. HIV prevalence in transgender men (FTM) is estimated to be lower (2 to 3 percent).
- Research continues to suggest that HIV infection is highest among transgender women of color.
- Studies also suggest that MTF transgender youth are a population at high risk for HIV infection.

# Transgender People and STDs

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 transgender population.



# Prevention in *Your* Community

To learn more and to get involved, contact:

<local resource information>