



# **Awareness, Inclusion, and Prevention: How to Resonate with Lesbian, Gay, Bisexual and Questioning (LGBQ) Youth about Sexual Health Issues**

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**answer**  
sex ed, honestly

# Remember Us?



- **We're the folks who do the “*Sex, Etc.*” Web site ([www.sexetc.org](http://www.sexetc.org)) and magazine**
- **We offer trainings, conference workshops and keynotes, and online programs (<http://answer.rutgers.edu/page/training>)**
- **We offer technical assistance to CBOs, schools and schools districts, and others**

# When Last We Met...



- **Term clarification**
- **“Yellow flag” language list**
- **Kinsey scale and complexities of sexual orientation and identity**
- **Some ways of reviewing materials for inclusion of all sexual orientations**

# Your Feedback was...



- **Super helpful!**
- **Wonderfully spirited: different experience levels, yet all found ways to use (even to forward)**
- **Integrated into today as much as possible**

# What's In Store?



- **Follow-up questions**
- **Inclusive intake/screening forms**
- **Challenging Situations**



**“Can you talk a little bit more about a young person's response to the trauma of sexual abuse? On the last webinar, you mentioned that rape doesn't "turn someone gay" which I agree with, but I also think that there is more to be said here about victims of sexual abuse and how this level of trauma might influence sexual orientation.”**

# Sexual trauma and sexual orientation



- **Trauma may result in fear of the attacker's gender**
- **Trauma may also result in increased sexual behaviors w/attacker's gender**
- **May result in turning away from – but not necessarily turning *toward* another gender**
- **Romantic vs. sexual relationships**



**“How do you present the  
abstinence perspective to this  
population?”**

# Well... ya don't... kinda...



- **If a mixed audience (predominantly heterosexual), use inclusive language and examples**
- **If a LGB-only audience, need to consider separating: (gay) cultural differences**



- **“Abstinence” does not nec. resonate w/gay male audiences – depending on various factors -- should emphasize safer sex**
- **“Abstinence” does not nec. resonate w/lesbian audiences because of intercourse focus – should emphasize safer sex**



**“Are you aware of any model teen pregnancy prevention efforts that are inclusive of lgb youth?”**

**Unh-unh**



**“Are there any current efforts in youth sexual health that might help bridge the gap between HIV prevention and pregnancy prevention in the world of youth sexual health?”**

# YES



- **Comprehensive sexuality education (school-based)**
- **Multi-session educational programs (community- /faith-based)**
- **Specific curricula: “Our Whole Lives” (but not evaluated); Kirby data**



**“Suggestions please for how to integrate LGBTQ into evidence-based curricula that did not initially frame ARSH issues related to LGBTQ adolescents.”**

# Important Question!



**It depends...**

- **If funded/evaluated program:**
  - Red light, yellow light, green light changes
- **Must be advised on by funding agency (e.g. CDC)**
- **If NOT formal evaluation have some lee-way (genders of partners in examples, etc.)**

# Reaching Transient LGBTQ Youth



- **Need to be honest: attraction of casual hook-ups, barebacking, etc. (MSM)**
  - **Pleasure**
  - **Financial**
  - **Self-esteem**
- **Need to focus on risk/harm reduction**
  - **Fewer partners**
  - **Latex barriers**

# Reaching Transient LGBTQ Youth



- **Need to get them in the room...**
  - Incentives (financial, food, shelter)
  - “Sexy” program – non-preachy, non-judgmental
  - Use orgs/resources already established within MSM communities
- **...OR go to where they are**
  - Mobile programs
  - Collaborations

# How to Reach MSM of Color?



## **Some of the issues:**

- **“Only white people are gay/lesbian”**
- **Homophobia often higher in communities of color**
- **Double standard re: MSM behaviors, esp. w/adjudicated folks**

# How to Reach MSM of Color?



## Some of the issues:

- **Can't talk about *anything* sexuality – let alone LGBTQ issues**
- **Limited/non-existent social, familial, faith-based support (esp. if out)**
- **If CBO, tough to get them to come to a program for MSMs – advertising challenging**

# Some Strategies...



- **Programs (curricula) targeting MSM of color limited... not necessarily *evaluated*, but ok. Partner w/LGBQ orgs.**
- **Session One: Focus on behaviors vs. orientations or identities**
- **Present info unflappably – e.g., anal sex**

# Some Strategies...



- **If educational intervention, let them talk about “the other”**
- **If individual intervention, respect the defense(s)**
- **Let them determine the course: still their choice(s)**

# Inclusive Intake Forms



- **Certain requirements – but can be phrased inclusively**
- **Review – how would you adapt?**
- **Please keep in mind transgender individuals for this exercise**

# Sample Intake Form



## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: Male      Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:    Single    Married    Separated    Divorced    Widowed

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer (School, if student): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

## SPOUSE'S INFORMATION

Spouse's Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

# Sample Intake Form



## **Suggested Changes:**

- **Partner/spouse**
- **Sex: Have a blank line to fill in**
- **Relationship vs. Marital status**
- **Add in “partnered” or domestic partner**
- **Make any changes to form away from client’s view (e.g., “single”)**
- **Add in a disclaimer: for example...**

# Trans-Inclusive Disclaimer



**“While this clinic recognizes a number of sexes/genders, many insurance companies and legal entities do not. Please understand that the legal name and sex listed on your insurance must be used on documents pertaining to insurance and billing. If your preferred name and pronouns are different from these, please let us know.”**

# Inclusive Intake Form



**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Sex/Gender:** M F Intersex Transgender

**Race (eg, African-American, Latino, Asian)** \_\_\_\_\_

**Ethnicity (eg, Mexican, Hawaiian, Irish, etc)**

**Home Tel (\_\_\_\_) \_\_\_\_ - \_\_\_\_** OK to leave message? Y N

**Work Tel (\_\_\_\_) \_\_\_\_ - \_\_\_\_** OK to leave message? Y N

**Insurance Type:** \_\_\_\_\_

**Relationship/Marital Status: (eg, single, married, partnered, living together, divorced)**

# Inclusive Intake Form: Screening for Risk Behaviors



**<http://www.wwc.org/PDF/WWCMedIntakeForm.pdf>**

# Challenging Situations



- **Staff member is an HIV-prevention outreach worker**
- **Is not comfortable with non-heterosexual clients**
- **Uses dismissive language like “sexual preference” and “lifestyle”**
- **When given feedback, says religious beliefs “disagree with homosexuality”**

# Challenging Situations



- **Organization/clinic serves clients with HIV.**
- **Community believes too much focus is being placed on gay adults/youth – wants outreach materials to focus more on heterosexual women and children.**
- **Director/Board wants to appeal to more “mainstream” funders, and wants to tone down focus on LGBTQ clients.**

# Challenging Situations



- **Your agency/organization has been asked to do HIV 101 for a school.**
- **Community is very conservative – you are only allowed to refer to “homosexuality” if you refer to gay males and AIDS.**
- **You can only talk about condoms in terms of their failure rates.**

# Other Questions/Challenging Situations?



# Helpful Resources re: Inclusive Environments, Language, etc.



- **Callen-Lorde: [www.callen-lorde.org](http://www.callen-lorde.org)**
- **Gay Men's Health Crisis: [www.gmhc.org](http://www.gmhc.org)**
- **Whitman-Walker: <http://www.wwc.org>**
- **Howard Brown Health Center: <http://www.howardbrown.org>**