WHAT are LGBTQ+ Youth-Friendly Services?

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) individuals are more likely to have had negative experiences with health care systems, which can affect their likelihood of seeking services. There are several practices that can help us deliver the most respectful care and improve patient experience.


HEALTH CENTER ENVIRONMENT AND FORMS

Post LGBTQ+ affirming visual cues (posters, stickers, buttons, rainbow lanyards, gender inclusive bathroom signage, etc.).

- A first, simple step to creating a welcoming environment for LGBTQ+ youth is posting visual cues.
- Check out some resources available for purchase here, here, and here.

Stock and display health education materials (posters, handouts, brochures, etc.) that reflect LGBTQ+ youth and attend to their needs.

- Education materials that address the health needs of LGBTQ+ youth are both useful in their educational value and because their representation indicates that the health of LGBTQ+ youth matters.
- Check out some resources available here, here, and here.

Post/share information about local and national resources that support LGBTQ+ youth.

- Be knowledgeable about referrals and resources (i.e., mental health care) to support LGBTQ+ youth.

Have an inclusive intake form to collect each patient’s name listed on their insurance, chosen name, sex assigned at birth, gender identity, pronouns, and sexual orientation.

- Forms should allow fields for recording gender or sex assigned at birth, pronouns, and gender identity (the gender that the individual identifies with). Gender identity options should include more than the binary options of man or woman. The National LGBT Health Education Center’s guide, Ready, Set, Go! Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity, is a thorough and easy-to-use guide.

Provide easily accessible, all-gender restrooms with clearly-marked signage.

- Convert one stall restrooms that have gender-binary (men/women) signage to all-gender signage.
- Make sure that all-gender restrooms are convenient and accessible.
- Be sure to facilitate a conversation with staff about the need for inclusives restroom to better support the needs of the LGBTQ+ and other communities (families with young children, caregivers, etc.)
Post and distribute information about the health center’s confidentiality policy, including which services minors can consent to without parental involvement.

- Reassure LGBTQ+ youth which aspects of their health information, including their gender identity and/or sexual orientation, are confidential. If you offer services that are legally protected for adolescents, develop and post a confidentiality policy that is aligned with state laws.

AFFIRMING BEHAVIORS

Convey a nonjudgmental tone through your body language and words.

- As much as possible, be aware of any bias you may have about LGBTQ+ youth. Unconscious bias can be displayed through both nonverbal and verbal communication.
- Familiarize yourself with defamatory terms related to sexual orientation and gender identity and avoid using them.

Do not make assumptions about a patient’s gender identity, sexual orientation, or health behaviors.

- A person’s gender identity, gender expression, or sexual orientation does not mean they engage in any particular behaviors. Similarly, someone’s behaviors do not indicate their gender identity or sexual orientation.
- Also, don’t assume the gender of a person’s partner(s).
- The only time it is appropriate to ask about someone’s anatomy or sexual behaviors is when it is medically relevant.

Avoid gendered language (sir/ma’am, young man/young lady).

- Use neutral terms when needed, drop the gender reference when possible, or use a person’s name when uncertain.
- Much of the vocabulary we use is gendered, but acknowledging and changing these gendered terms to more neutral terms can avoid hurting feelings. Using the wrong gender to address someone is called “misgendering,” which can be cause embarrassment or pain for the patient, or confusion among staff members. This can be challenging for people who have learned that using terms like “sir” and “ma’am” are signs of respect, but it can go a long way in helping a transgender individual feel affirmed.

Use each patient’s pronouns and chosen name at all times.

- Use each patient’s chosen name. Sometimes transgender people cannot afford a legal name change or are not yet old enough to change their name legally.
- Ask patients which pronoun they would like you to use. A person who identifies as a certain gender, regardless of their appearance, should be referred to using the pronouns they specify.
- Use the patient’s pronouns and chosen name even when they are not present (e.g., when talking to a coworker).
- Note: It is never appropriate to put quotation marks around either a transgender person’s chosen name or the pronoun that reflects their gender identity.
If you make a mistake, offer a sincere and brief apology.

- If you make a mistake, offer a sincere and brief apology. For example: “I apologize for using the wrong pronoun. I did not mean to disrespect you. What are your correct pronouns?” Dwelling on the mistake or over-apologizing may make a patient feel uncomfortable. If someone corrects you for using an incorrect name or pronoun, simply apologize and ask for their pronoun or chosen name. Making these changes can be challenging and mistakes will be made. However, handling mistakes in a respectful way can exemplify that an adult can apologize, learn, and grow.

Commit to ongoing learning.

- Hold regular professional development opportunities and discussion for staff and providers of all roles.
- Partner with a local LGBTQ+ center and invite youth to provide a panel presentation to talk about what they want from their health care experiences.
- Providers can strengthen their provider/patient interactions through training specific to LGBTQ+ adolescent care.

Include sexual orientation and gender identity in your non-discrimination policy.

- For sample policies and statements, see HRC’s collection.
- Establish a well-defined protocol for reporting and addressing any form of discrimination.

RESOURCES FOR HEALTH CARE PROFESSIONALS

- National LGBT Health Education Center / LGBT Youth Training Materials
- Gender Nation Glossary
- World Professional Association for Transgender Health
- Health Professionals Advancing LGBT Equality
- The Q Card Project
- The Safe Zone Project
- Human Rights Campaign
- The Center of Excellence for Transgender Health
- The Teaching Transgender Toolkit
- GLSEN

RESOURCES FOR LGBTQ+ YOUTH

- Amplify: A Project of Advocates for Youth
- The Trevor Project: National 24-hour, toll-free confidential suicide hotline for queer and questioning youth
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**GSA Network:** GSA Network is a next-generation LGBTQ racial and gender justice organization that empowers and trains queer, trans and allied youth leaders to advocate, organize, and mobilize an intersectional movement for safer schools and healthier communities.

*"Can My Doctor Out Me to My Parents?"* US News and World Report article with tips and hyperlinks

**It Gets Better Project:** Nonprofit organization aimed to uplift, empower, and connect LGBTQ youth around the globe. Contains information of over 1,100 organizations around the world that support LGBTQ crisis.

**The Point Foundation:** The nation’s largest scholarship foundation for LGBTQ students of merit. Empowers LGBTQ youth through academic and scholastic efforts.

**The Fenway Institute:** A health resource guide for LGBTQ youth that discusses barriers/access to healthcare, health concerns for LGBTQ youth, and strategies for health prevention.

**GLSEN:** The Gay Lesbian Straight Education Network is a national education organization with the objective to create a safe space for LGBTQ youth from grades K-12.

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**RESOURCES FOR PARENTS OF LGBTQ+ YOUTH**

**GenderDiversity.org:** Resources for parents, teachers, health professionals, and youth; hosts summer camp for gender diverse youth.

**COLAGE:** Children of Lesbian and Gays Everywhere connects parents/guardians of LGBTQ youth through a network of support groups, community dialogue, additional printed resources, and an online blog.

**CDC Guide: Parents Influence on the Health of LBGTQ Teens:** Center for Disease Control and Prevention’s information brochure on how parents can promote positive health outcomes for their LGBTQ teen.

**PFLAG (Parents, Families and Friends of Lesbians and Gays):** Organization that unites families, friends, and allies of LGBTQ youth that aims to transform the values and raising practices for LGBTQ youth.

**Johns Hopkins: Articles and Answers:** John’s Hopkins Medicine article with tips for parents of LGBTQ Youth and links to resources.

**Planned Parenthood- Guide to Parenting LGBT Kids:** Planned Parenthood’s webpage that provides important information to parents about addressing sexual orientation and gender identity with their children.

**Centerlink:** Member-based coalition developed to strengthen and sustain LGBTQ community centers across the country. Serves to provide direct services, education, and support to engage LGBTQ youth.

**Human Rights Campaign-Gay Parenting:** The parenting page provides information and resources regarding adoption, child safety, foster parenting, etc.

**National Center for Transgender Equality-Families:** Provides a list of many media resources for parents and families including articles, publications, news updates, and blogs.
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TERMS AND CONCEPTS

There are many terms and identities not on this list; language around identity evolves rapidly, and the most important point to note is that when in doubt, ask the person in question (or if it is not relevant to the discussion, simply ask about chosen name and pronouns.) A much more expansive glossary curated by the LGBTQ+ community can be found here.

Agender: Some agender people feel they have no gender identity, while others use agender itself as a non-binary gender identity.

Asexual: Refers to a person who experiences a lack of, or no sexual attraction to others. This is a spectrum that includes many different varieties of asexuality. More information can be found here.

Attractionality: The many ways a person can be attracted to someone, including emotional, physical, social, intellectual, and spiritual attraction.

Bisexual: Refers to a person who is attracted to more than one gender.

Cisgender: Refers to a person whose gender identity matches the gender or sex that they were assigned at birth. A person who is not transgender or non-binary is cisgender.

Gay: Refers to a person who is attracted to members of the same gender and often refers to a man who is attracted to other men.

Gender binary: the classification of sex and gender into two distinct, opposite, and disconnected forms of male and female/masculine and feminine.

Gender Expression: Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, hairstyle, or voice. Gender expression is not an indication of sexual orientation.

Gender Fluid: People who do not identify with a fixed gender; a person having or expressing an unfixed gender identity.

Gender Identity: One’s internal sense of “being” a man or “being” a woman. Everyone has a gender identity, whether it be woman, man, trans woman, trans man, or another identity altogether.

Intersex: Describing a person with a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth.

Lesbian: Refers to a woman who is primarily attracted to other women.

Non-binary: This term refers to someone who does not identify or express their gender within the gender binary (see above). They may instead identify both as man and woman, as neither man nor woman, or as falling in between or outside these categories. They may also simply feel restricted by gender labels.

Queer: This term is used by some people who identify as belonging to the LGBTQ+ community. This word is still sometimes used as a hateful slur, so although it has been reclaimed by many, be careful with its use.

Sex Assigned at Birth: The assignment and classification of people as male, female, or intersex. It is often based on physical anatomy at birth and/or chromosomes.

Straight or heterosexual: This term refers to someone who is primarily attracted to people who are not their same gender.

Transgender: This term is frequently used as an umbrella term to refer to all people who don't identify with the...
gender or sex assigned to them at birth or with the binary gender system.

**Transition**: To change physically over time (sometimes through use of hormones and/or surgery) from one sex to another. Not all transgender people seek medical transition. Transition includes some or all of the following cultural, legal, and medical adjustments: telling one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; and possibly (though not always) may include hormone therapy and/or some form of chest and/or genital alteration.

**Two-Spirit**: A Native American person who embodies both masculine and feminine genders; Native Americans (and some others) who are queer or transgender may self-identify as two-spirit.