

# What doctors say to LGBT teens matters

September 19 2014, by Amy Patterson Neubert

---

When doctors speak to teens about sex and LGBT issues, only about 3 percent of them are doing so in a way that encourages LGBT teens to discuss their sexuality, and Purdue University researchers say other doctors can learn from these conversations.

"Physicians are making their best efforts, but they are missing opportunities to create safe environments for teenagers to discuss sexuality and their health," said lead investigator Stewart C. Alexander, an associate professor of consumer science who focuses on health communication. What the doctor asks or brings up about sexuality sets the tone, and gay and lesbian youth are very good about reading adults to determine who is safe to confide in. They ask themselves, 'Can I disclose this information to this adult?'"

Physicians are encouraged to discuss teenage sexuality during wellness visits per the American Academy of Pediatrics recommendations. But the researchers said these conversations are more than a simple phrase and they need to consider the whole [conversation](#) - thus physicians can undo any good they do if they don't remain inclusive.

"Open, inclusive conversations can help youths realize there is no threat, and this can be a great start for building trust with the physician who is someone they are likely to see year after year," said Cleveland Shields, an associate professor of human development and family studies and co-investigator. "These adolescents, especially the younger ones, may not have established a sexual identity, their sexuality is in flux, or they may be romantically involved with someone of the same gender but not

identify themselves as gay or lesbian."

The researchers looked at patterns in physicians' conversations about sex when speaking to patients ages 12-17. The findings are published in *LGBT Health*. The research was funded by the National Heart, Lung, and Blood Institute, and the data was collected at 11 clinics in the Raleigh/Durham, North Carolina, area as part of the Duke Teen CHAT project. The analysis is based on recorded conversations between 49 physicians and 293 adolescents during annual wellness checks. Of all the visits that contained sexuality talk, physicians were able to maintain open and inclusive talk only 3 percent of the time.

"The physicians I know want to do a good job, so we're trying to identify best practices, and hopefully these examples will provide them additional context for strengthening these conversations," said Shields, who used to train family doctors in communication methods.

These conversation methods have not been tested clinically, but here are examples of inclusive conversation tactics from the study:

- To start an inclusive conversation, focus on attraction: "I know some teenagers who are attracted to girls. I know some teenagers who are attracted to boys, and I know some who are attracted to both. Have you started to think about these things?" or "Usually girls your age start to become interested in boys or other girls or both, have you started to become interested in others?"
- To start an inclusive conversation, ask about friends: "Have any of your friends started dating? Any boyfriends or girlfriends or both?" or "Do you know if your friends started to have sex yet?" Physicians used this approach to then turn to the teenager's dating and sexual behavior by always suggesting gender-neutral terms such as "anybody," "someone" or "partners."

The researchers say that maintaining an inclusive conversation can be challenging at first, but when done inclusively doctors can reinforce the notion of multiple attractions and identities and emphasize non-judgment. For example, "People like different people" or "I see teens of all types and I tell them the same thing 'be yourself.'" One physician stated, "I want you to know that I am here for you and regardless of who you are or become interested in, I want to be sure I can provide you the proper care."

Another technique to maintain inclusive conversations is leaving the door open for future conversations, such as, "If things change, or if along the way you decide something else is right for you, I want you to let me know."

"The idea of setting the tone for the years to come is very important," Alexander said. "This may not be the big conversation for the 12-year-olds - that may take place in four years - but the tone needs to be set at age 12 so that when the time comes the child is comfortable and knows the doctor is a safe contact. This approach also reinforces the adolescent as an emerging adult. We want to provide them with autonomy so they can be a consumer of their own health."

Provided by Purdue University

Citation: What doctors say to LGBT teens matters (2014, September 19) retrieved 8 May 2024 from <https://medicalxpress.com/news/2014-09-doctors-lgbt-teens.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--