



LOSE THE HETERONORMATIVITY

Leah Post-Ratliff
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WHO WE ARE

- Leah Post-Ratliff – Sexual Health Educator, Grad Student, Dog Mom, She/Her
- Elliot Gunderman – 10th grade student, Teen Alliance member, GLBT activist, teenage expert, They/Them

WHAT WE KNOW

And there are lots of things we don't know....

Rocket Science and how many hairs are on the human head. For example.





DISCLAIMER

- The data listed in the following slides was collected by various organizations throughout the State and Country. Some of the language used is not inclusive, but we are restricted to the limitations of the surveys and the language used within them.
- Some information given is based on personal experiences
- We're not experts – but Elliot is currently a teenager and Leah was a teenager once....

WHAT WE MEAN WHEN WE SAY...

- LGBTQ – an acronym designating Lesbian, Gay, Bisexual, Transgender or Queer persons
- Sexual Orientation – the way in which people define their romantic and/or sexual attraction to people of certain sex, sexes, gender, or genders
- Gender identity – an individual's sense of gender which is separate from the sex and gender roles assigned at birth
- Intersex – a general term used by some as an identity and can also be indicative of abnormal hormonal genetic expression
- Cisgender – an individual who identifies with the gender they were assigned at birth
- Heteronormativity – assumption and/or expectation, either implicitly or explicitly, that all people are heterosexual
- Queer – an umbrella term that can refer to anyone who transgresses society's view of gender or sexuality
- Transgender – An individual who identifies with a gender that is different from their gender assigned at birth
- Non-Binary – a gender that does not conform to the male/female binary

*Each individual retains the power to define and identify themselves.
These are meant to be seen as general themes and not definitive terms.*

WHERE WE ARE

- Sexual Health Education is not “one-size fits all”
 - Only 22 states mandate sexual health education. Of those, only 7 require it to be medically accurate¹
- Many textbooks and curricula fail to appropriately address all identities
- Sexual health education can be uncomfortable for many primary care providers
- While this is a concern in every subject, the absence of these experiences can be extremely damaging to young people and their sexual health
- GLBTQ youth deserve information from trusted adults and people in their lives

¹<https://www.gutmacher.org/state-policy/explore/sex-and-hiv-education>

NATIONAL DATA

The national census does not collect SOGI data and many health and human services organizations also do not collect this data

- 63% of new HIV infections in 2010 were among gay and bisexual men
- African American gay and bisexual males made up 39% of HIV diagnosis in 2013
- Rates of HPV associated anal cancers are 17 times higher for MSM vs. heterosexual men
- Women in same-gender relationships are less likely to have received their annual pap, physical or mammogram
- **LGBTQ youth are more likely to experience homelessness, have higher alcohol and drug abuse rates and use tobacco at a higher rate than their heterosexual counterparts¹**
- Transgender women have the highest % of HIV positive test results
- GLBTQ identified folks have higher rates of depression, anxiety and suicidal ideation
- **LGB youth are twice as likely to attempt suicide**
- **Trans women of color experience violence at staggering rates²**

¹http://www.rainbowhealth.org/files/3314/5874/9353/web_version_voicesofhealth2015report_FINAL.pdf

²<http://blacklivesmatter.com/the-loud-silence-when-trans-women-of-color-are-killed/>

NEGATIVE SEXUAL HEALTH OUTCOMES

- GLBTQ youth are disproportionately affected by negative sexual health outcomes
 - Young gay and bisexual men accounted for 8 in 10 HIV diagnoses among youth in 2014¹
 - Young women who have sex with women experience unintended pregnancy at twice the rate and are more likely to experience sexual coercion²
 - Among Transgender people, HIV rates are four times the national average³
 - Transgender and Gender Non-Conforming Youth of color experience high rates of sexual violence⁴
 - In my experience, I have never met a queer youth who has not experienced some form of partner violence

¹<https://www.cdc.gov/hiv/group/age/youth/index.html>

²<http://www.advocatesforyouth.org/publications/552?task=view>

³http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

⁴http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Research-Brief_Sexual-Violence-LGBTQ.pdf

ADOLESCENT SEXUAL ACTIVITY

FIGURE 10.6 | Sexual activity by sexual orientation

Q: Have you ever had sexual intercourse ("had sex")? (Yes)

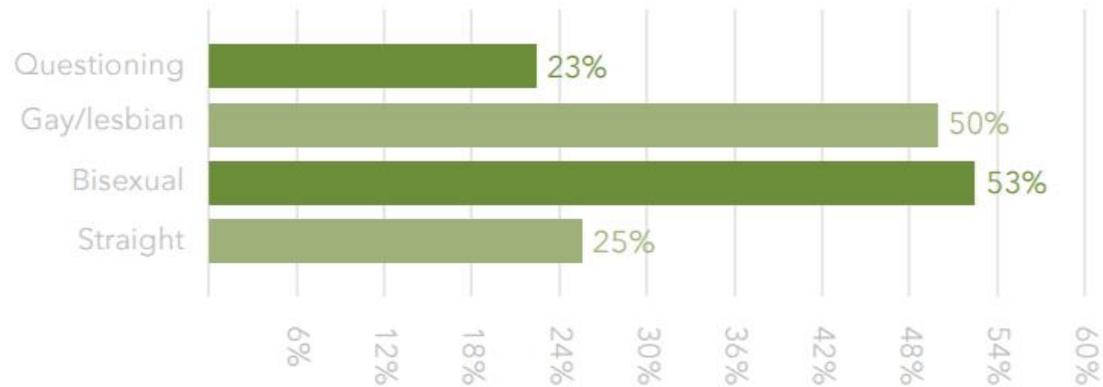
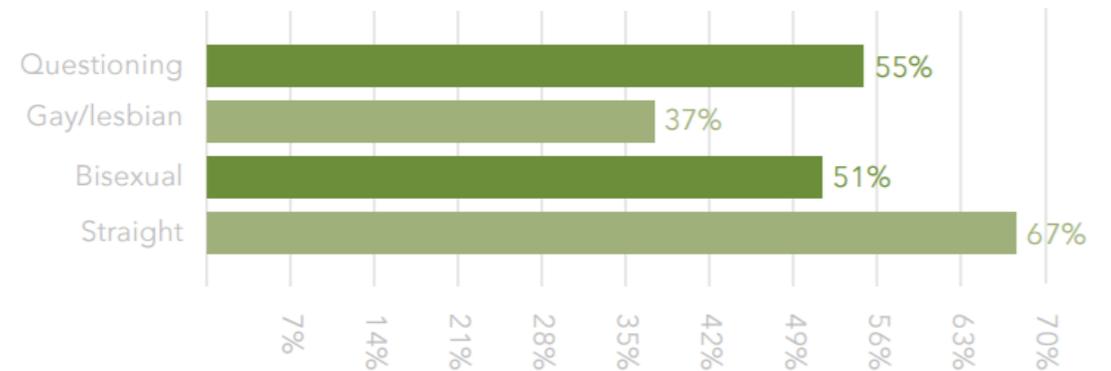


FIGURE 10.7 | Condom use, alcohol/drug use before sex, and pregnancies by sexual orientation

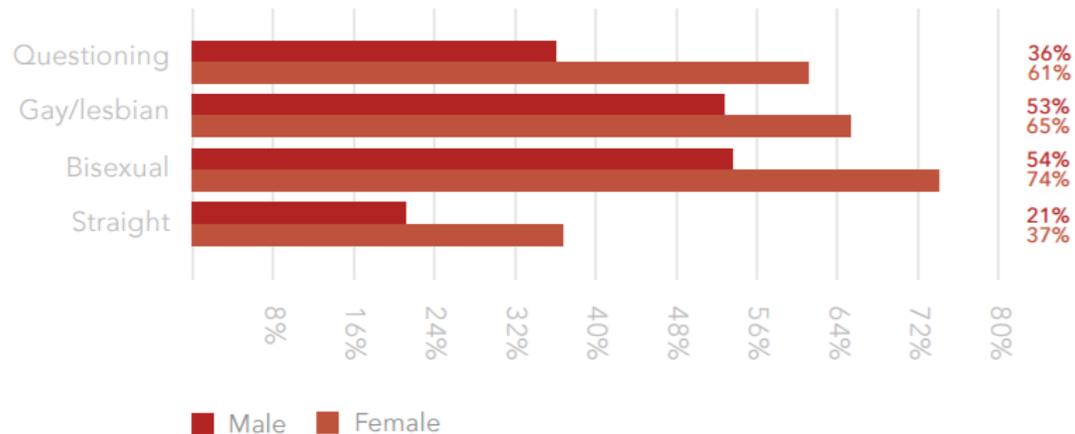
Q: The LAST time you had sexual intercourse, did you or your partner use a condom? (Yes)



MENTAL HEALTH

FIGURE 8.3 | Reports of symptoms of depression in the last 12 months by sexual orientation and sex

Q: During the last 12 months, have you had SIGNIFICANT problems with feeling very trapped, lonely, sad, blue, depressed or hopeless about the future? (Yes)



Minnesota Student Survey

LGBTQ RESPONDENTS CURRENTLY EXPERIENCING MAJOR DEPRESSION

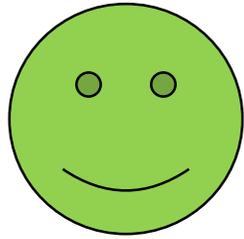
LGBTQ	15.4%
Transgender people	16%
Bisexual respondents	21.5%
People with a high school degree or less	14.8%
LGBTQ young adults (18-24)	11%
Current LGBTQ smokers	10%

RHI Survey

WHAT CAN WE DO

- Ask about PGP's
- Know the law – Minor's Consent in Minnesota
- Educate yourself (keep going to conferences like this one 😊)
- Be aware of the language you're using
- Be aware of how “standard” practices can be heteronormative and uncomfortable for many young people
- Update your intake paperwork to be more inclusive of all identities¹
- Discuss and offer more than condoms
- Birth control is important to discuss

LANGUAGE – IT MATTERS



Do this:

- Ask someone their PGP's
- Respecting the terminology an individual identifies with
- Listen to the patient to understand all of their needs without judgement or assumptions
- Use a person's preferred name (for the safety of the patient as well as comfort)
- Ask if they are out to their parents/guardians



Not that:

- “What's your real name?”
- Assume a person's sexual orientation based on their gender identity
- Assume sexual behaviors based on a person's sexual orientation
- Dwell on a mistake. Acknowledge and move on
- Don't use their preferred name/pronouns with parents/guardians if they aren't out

MINOR'S CONSENT¹

- A minor may consent for medical, mental, or other health services for the following:
 - to determine the presence or treatment of pregnancy and conditions associated with pregnancy
 - for sexually transmitted infections
 - for alcohol or other drug abuse (Minn. Stat. § 144.343, subd. 1)
- In addition, minors may consent for:
 - Hepatitis B vaccinations (Minn. Stat. § 144.3441)
 - Blood donation (only those 17 and over; a 16-year-old can donate with written consent from a parent or guardian) (Minn. Stat. § 145.41).
- Currently, this statute does not specify regarding hormone therapies. Many clinics are requiring parental consent.

ASKING THE TOUGH QUESTIONS

- A young person will not open up about their sexual history if they don't feel safe and confident that their information won't be shared
- The questions you ask will set the tone for the entire visit
- Your intake paperwork also will set the tone for the visit
- Ask questions without inferring or assuming orientation, identity or sexual partners
- Check your facial expressions – your face says a lot about your internal dialogue (don't look disgusted when someone is discussing their sexual history, their identity, their number of partners, etc.)
- Check your tone - young people notice this. They see everything.

HOW TO ASK THE QUESTIONS

- Use the term “partner” instead of boyfriend or girlfriend
- Instead of saying “sex with a guy” or “sex with a girl” say “person with a penis” or “person with a vagina”
- Penis in vagina sex instead of “normal” sex
- Oral sex = mouth to genitals
- Don’t assume your definition of sex is the same as the young persons
- Define what YOU mean by sex in order to determine their risk while knowing it could be a wide variety of activities
- Offer a variety of testing options including anal pap (for HPV) and pharyngeal swab for gonorrhea or chlamydia
- Sexual activities could include sharing toys which poses risk for spreading STI’s
- Ask if a person with a vagina has come in contact with sperm to gauge pregnancy risk



YOUR TURN TO PRACTICE

- With the folks sitting around you, practice asking sexual risk questions in an inclusive way
 - It's okay to make a mistake. That's how we learn.
-
- Questions before we move on?
 - Anyone want to share their questions?

PREVENTION

- Barrier Methods: External and Internal Condoms, dental dams, finger condoms, gloves
- Hormonal Methods: Will vary based on patient needs
- Using a barrier method with toys – just as important!!!!!!



FUN FACTS

- A dental dam can be made out of an external condom or glove!
- Insertive condoms can be used for anal or vaginal sex (remove the ring for vaginal sex)
- A person does not have to be 18 to purchase sex toys, only pornographic material. Smitten Kitten is a great resource
- A person does not have to show an ID to purchase condoms from any store and there is no age requirement
- Alligators spend every moment of their lives with an erection
- Kangaroos have three vaginas

TIME TO PRACTICE - AGAIN

- Using an external condom, with your small group give an inclusive presentation on proper condom use
- Hints: Use terms like “person with a penis” or “partner” or “insertive partner”



LOCAL RESOURCES

- Family Tree Clinic
- Rainbow Health Initiative
- MN AIDS Project
- OutFront MN
- Minnesota Trans Health Coalition
- Pride Institute
- Reclaim
- Family Equity Council
- Annex Teen Clinic
- Smitten Kitten