

# SEXUAL ORIENTATION *and other sexual minorities*

## NATIONALLY, WE KNOW:

- Sexuality and sexual orientation can be defined in terms of one's sexual behavior, or one's self-identity, or one's desire and attraction.
- There is a lack of population-based data on lesbians, gays, and bisexuals.
- Although transgender is not a sexual orientation – it is considered by many a social identification, as the opposite of one's own anatomical sex – very often transgender populations are considered along with lesbians, gays, and bisexuals as a sexual minority population. There is a tremendous lack of population-based data on transgender people.
- Lesbians may have higher rates of smoking, overweight, alcohol abuse, hormone exposure, and stress than heterosexual women.
- HIV/AIDS and other sexually transmitted diseases, substance abuse including tobacco addiction, depression, and suicide are major health issues for gay men.
- Gay male adolescents are 2–3 times more likely than their peers to attempt suicide. In general, suicidal ideation and attempts have been shown to be 3–7 times higher among lesbian, gay, bisexual, and transgender youth.
- Studies have shown HIV prevalence rates ranging from 22–47% among male-to-female transgendered in urban areas in the US.
- Some bisexual women may be at higher risk for HIV/AIDS than heterosexual women.
- The issues of personal, family, and social acceptance of sexual orientation can place burdens on mental health and personal safety.



Betsy Smith, Executive Director, Maine Lesbian Gay Political Alliance

*“It is essential to the health and well-being of gay, lesbian, bisexual and transgender youth to see public support for GLBT people. For example, health centers that positively address sexual orientation and gender expression, religious venues that openly welcome GLBT people, and schools that promote and value diversity, are areas where GLBT youth seek positive validation for who they are.”*

## IN MAINE, WE KNOW:

- According to the 2000 Census, Maine ranks 6th in the nation in the proportion of same-sex couples (0.53% or 6,757 people).
- Maine counties with the largest proportion of same-sex couples include Cumberland, Piscataquis, and Washington.
- One in twelve (8.4%) of high school respondents to the Maine Youth Risk Behavior Survey reported they had had sexual contact with someone of the same gender.



### **Adolescents/GLBTQ**

Pentheia Burns, Maine Youth Leadership Advisory Team Coordinator, Portland, along with Alana, 19; Danni, 18; and Crystal, 20; who are members of the Team and students at USM.

**Danni:** *Transportation for youth in foster care or independent living isn't accessible. It's very hard to get to an appointment that isn't in the immediate vicinity which is a special issue if you need a doctor or dentist that accepts Medicaid. People from families without health insurance don't have a lot of transportation access either. Poverty and transportation issues seem to go hand in hand.*

**Alana:** *Inpatient care facilities are few and far between and nobody can afford that care for an adolescent. It's very frustrating for parents and kids. There shouldn't have to be a decision between crisis management and being able to feed your siblings.*

**Pentheia:** *There's another potential barrier to health care with GLBTQ regarding "coming out:" Is your provider friendly? How do you know that what you say to them will be private? What are the implications of whether or not you have privacy? The heterosexist assumption is huge. It's a greater risk for youth because if you come out to your doctors, are they going to tell your parents or the people you're living with? With teens coming out at a younger age, the risk of homelessness has skyrocketed for adolescents whose parents aren't ready for their coming out even if the person is young. That's a major health concern right there.*

**Danni:** *There are many internalized phobias in the gay community. Once the heterosexist assumption is made, many gay men feel the necessity to maintain it. If you can't talk to your doctor about who you have sex with, you won't get the information you need. There's a teachable moment in a doctor's office where a doctor can explain that MSM (men having sex with men) is a high-risk category and what to do to reduce the risk. That moment is totally destroyed as soon as the heterosexist assumption is made.*

**Alana:** *Even if you're not GLBTQ, there's still a stigma attached to having sex before marriage – so even talking to a doctor about birth control is going to be hard for a lot of adolescents. I have friends who have not talked about birth control with their physician because of the fear that it would get back to their parents. It's a bad situation if you're pregnant at 15 or have an STD. It makes a bad situation worse to worry about who you can trust. A lot of GLBTQ people are not going to have access to counselors, therapists or allies in the community or in their own family. A physician has the opportunity to be that person who can talk about the issues and give valuable medical information about being sexually safe. A physician can be the one person in that adolescent's life he or she can talk to honestly.*

**Pentheia:** *School nurses have that same opportunity to be there as someone to confide in, and also be a link to resources and health education information that adolescents might need.*

**Crystal:** *I can't wait until I'm 25 and have a regular full-time job with health benefits so I can go to a doctor I enjoy, not have to worry about if they take Medicaid, know that I can pick any doctor I want and have that rapport we're talking about. If doctors would think of people as people and not as cases and make an effort to get to know their patients, they would ultimately help more people.*



- Seventy-three percent (73%) of a sample of Maine youth surveyed said that people who know them would perceive them to respect the beliefs and values of people who are of a different sexual orientation than they are.

(Maine Marks 2000 and 2001 survey, Maine Department of Education.)

- Fifty-seven percent (57%) of people living with diagnosed HIV in Maine are men who have sex with men (MSM).
- In the recent (2001 and 2002) Maine outbreak of gonorrhea, about half of the cases are among men who have sex with men.
- A 1999 qualitative study of 21 rural Maine lesbians age 54–75 found poverty and lack of health insurance were key issues. Many preferred health care providers who are lesbian.

(Sandra S. Butler, Barbara Hope, Health and Well-Being for Late Middle-aged and Old Lesbians in a Rural Area, *Journal of Gay and Lesbian Social Services*, vol. 9(4) 1999.)

## CHALLENGES:

- Very few of our health data systems ask sexual orientation. The Maine Youth Risk Behavior System, the US Census, Bureau of Health’s Infectious Disease Reports ask sexual orientation in very limited or indirect ways (see appendix). The Bureau of Health’s Breast and Cervical Program also collects some information on sexual orientation.
- There are no standard definitions for delineating sexual minority populations. For instance, definitions can be based on sexual behavior, self-identity, desire, and attraction.
- As a result, there is a scarcity of information on the health of Maine’s gay, lesbian, bisexual, and transgender populations.



- Because of social stigma, many people may be reluctant to share information regarding their sexual orientation or transgender identity with surveyors or their health care providers. This may also contribute toward a lack of data and understanding of health disparities.



- The Bureau is committed to working with collaborators around the State to find appropriate ways to measure the impact sexual orientation and gender identity have on the health of Maine people.



Rick Galena

*“One health challenge is that providers don’t necessarily know the sexual orientation of their patients. This can prevent them from asking certain questions, probing for certain risk behaviors, or looking for indications of a particular illness – which does a disservice to their patients. Bias and a lack of sensitivity to the gay and lesbian community continue to be major challenges for health care professionals.”*



**Sexual orientation** is often considered the deep-seated direction of one's sexual attraction. There is not a set of absolute categories, but a continuum. Included in this continuum are heterosexuality (sexual, emotional, and/or romantic attraction to a sex other than one's own), homosexuality (sexual, emotional, and/or romantic attraction to the same sex), or bisexuality (sexual, emotional, and/or romantic attraction to two sexes or two genders).

**Gender identity** is the gender that a person sees himself or herself as, regardless of external genitalia. Gender is, therefore, a social construct, and can change over time. Like sexual orientation, gender is on a continuum, and not an either/or concept. People who identify as "transgender" are generally felt to be people whose gender identity differs from the social expectations for the physical sex they were born with (e.g., women who feel like or identify as men). Some also use this term as an umbrella term to refer to anyone who transcends the traditional concept of gender. Transgender is also used sometimes to refer to those who cross-dress.

**Sexual identity** (also sex identity) is how one sees oneself physically: male, female, in between, or not identified. Some also define this term as how one thinks of oneself in terms of whom one is sexually and romantically attracted to. Transsexual generally refers to a person who experiences a mismatch of the sex they were born as and the sex they identify as. Sometimes they undergo medical treatment to change their physical sex to match their sex identity. Sometimes transsexual refers only to those who have chosen medical treatment.

It should be noted that there are different definitions of the above terms, depending on the sources one is using. Also, as understanding of gender and sex have changed, so have these definitions. However, the definitions included above are meant to provide some clarity on some concepts that can be confusing.

(Sources: [www.usm.maine.edu/glbttqa/definitions](http://www.usm.maine.edu/glbttqa/definitions), [www.metrokc.gov/health/glbtt/definition/htm](http://www.metrokc.gov/health/glbtt/definition/htm), [www.lgbtrc.ucr.edu/trans\\_101.html](http://www.lgbtrc.ucr.edu/trans_101.html), [www.ci.sf.ca.us/sfhumanrights/tg\\_guide](http://www.ci.sf.ca.us/sfhumanrights/tg_guide).)