

Introduction

When applied in an affirming manner, queer is often used as an umbrella term to describe sexual orientation or gender identity that does not conform to dominant societal norms (e.g., straight/heterosexual and cisgender). Additionally, people who identify as queer have a sexual orientation that does not match conventional labels like gay, lesbian, or bisexual.¹

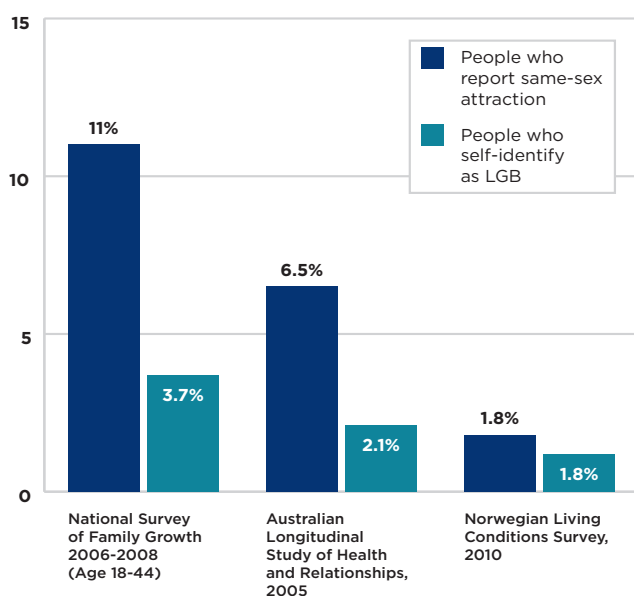
Queer may include identities such as

- **Questioning:** the process of a person determining their sexual orientation and/or gender identity; questioning the default presumption of heterosexuality in U.S. society (i.e. heterosexism).
- **Asexual:** A term used by people who do not experience sexual attraction. Aromantic describes people who don't experience romantic attraction.
- **Lesbian, Gay, Bisexual, Transgender (LGBT):** See APA Factsheet on LGBTQ
- **Pansexual:** Identity label used by individuals who are attracted to multiple or many genders. Some pansexual people may consider themselves part of the bisexual community.
- **Genderqueer:** An umbrella term used by some individuals to describe gender identity that does not conform to the male-female gender binary.

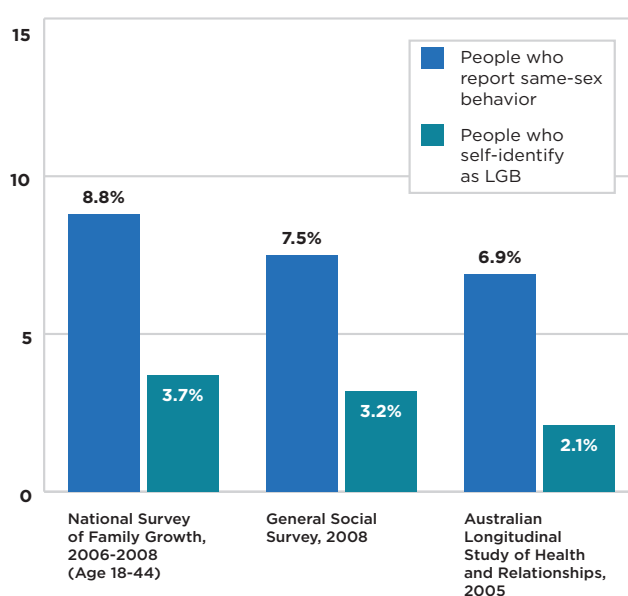
Why are the terms queer/questioning important?*

The terms queer/questioning are important because they encompass a larger number of individuals who identify as having same-sex attraction and behaviors versus self-identifying as LGB. This data underscores the importance of assessing specifics (i.e.: attraction and behavior with all individuals) rather than relying on identified labels to tell the whole story. If someone uses a word like queer to describe themselves, ask what that label means to them.

Same-sex Attraction



Same-sex Behavior



Source: Gates, 2012

* Most data collecting sources offer default options of lesbian, gay, bisexual, transgender, without space to write in other options. Therefore, what follows are general trends that can be understood as "queer and questioning" data from surveys that query about same-sex attraction, same-sex behaviors, and those that are sexual minorities.

Thinking Beyond the Binary to Understand Queer/Questioning

Binary typically refers to something that is divided in two. When used in relation to sexual orientation, it splits the population into homosexual or heterosexual. People's identities may not always fit into the categories that we have created to describe sexual orientation. Because of this, they may feel confused or believe their identity isn't valid.

The identity labels presented previously were developed by such communities to more accurately describe their sexual orientation and gender identity. It is important to remember that sexual orientation is on a spectrum as feelings of attraction and sexual behavior may be complicated and don't fit into traditional categories. They may also change over time.

Below are some examples:

JASIA has always considered herself to be straight, but now she's wondering if that's really true. She has always thought about dating men only, but now she thinks she might have a crush on her coworker, Liza. Jasia is currently questioning her sexual orientation.

JUDITH is mainly attracted to men, but every so often she sees a woman that catches her eye. So far Judith has only had relationships with men, but she's open to having a relationship with a woman if the right one came around. Because of this, Judith identifies as queer and is approximately a 2 on the Kinsey Scale.

Kinsey Scale- The Spectrum of Sexuality*



* Alfred Kinsey first developed the Kinsey Scale in the 1940's to express sexual orientation on a spectrum. It is commonly used by researchers and clinicians to explain the sexuality spectrum.³

CAMERON is attracted to all genders, but he finds that he has a slight preference for men. Because of this, Cameron feels like the term bisexual doesn't truly reflect how he feels. Cameron instead identifies as queer and is approximately a 4 on the Kinsey Scale.

LANEY is only attracted to women. She chooses to identify as both a lesbian and as a queer woman. Even though she fits in with a more traditional label, Laney feels like the political connotations that come along with identifying as queer better describe her. Laney is approximately as a 6 on the Kinsey Scale.

TEDDY is not sexually attracted to any gender. He is currently in a committed relationship with his partner, Bryce. Teddy identifies as both genderqueer and asexual. Because of this, Teddy considers himself part of the queer community and an X on the Kinsey Scale.

General Trends in Mental Health Care

Like other minority groups, including the LGBT community, questioning and queer people are often misunderstood, overlooked, and underrepresented in the health care system and societal institutions (e.g., media). Although the Diagnostic and Statistical Manual of Mental Disorders (DSM) established that homosexuality was NOT a mental disorder in 1973, enormous stigma continues to surround those who are not heterosexual or cisgender. This can

manifest in worsening mental health as a result of prejudice, bias, and discrimination within society:

Mental Health Trends Amongst Individuals with Same-Gender Attraction

Data that specifically assesses the mental health status of questioning/queer individuals is limited. Studies show that those who identify as bisexual

tend not to disclose, which is likely the case for questioning/queer. Therefore, data for assessing mental health of queer/questioning is currently included in the overall data of LGBTQ until further studies are done on this population.

- LGBTQ are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime.⁵
- Individuals with same-gender attractions are 2.5 times more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals.⁵
 - Women with same-gender attractions are more than twice as likely to engage in heavy (alcohol) drinking in the past month than heterosexual women (8.0% vs. 4.4%). Men with same-gender attraction are less likely than heterosexual men (8.6% vs 9.9%) to engage in heavy drinking in the past month.⁵
 - The rate of suicide attempts is four times greater for lesbian, gay, and bisexual youth and two times greater for questioning youth than that of heterosexual youth.⁵
- LGBTQ older adults face a number of unique challenges, including the combination of anti-LGBTQ stigma and ageism. Approximately 31% of LGBTQ older adults report depressive symptoms; 39% report serious thoughts of taking their own lives.⁵

Commonly Asked Questions

► Is queer a slur?

While queer has historically been used as a slur, it has recently been reclaimed by the queer community in an effort to focus less on labels and more on breaking binaries. However, some people, especially older members of the queer community, still find the word offensive, so it is important to establish whether or not it is appropriate to use this label. A helpful rule for using the word is to say someone "identifies as queer," instead of saying that a person is "queer."

► As a provider, should I ask every patient if they are queer, questioning, or another part of the spectrum?

If you are conducting a patient interview that includes a sexual history, then yes, you should not

Trends in Healthcare Services Access and Utilization

Questioning/Queer people are likely to experience sexual orientation identity and/or gender identity-related discrimination in healthcare settings. They also have a limited access to and use of health services. Such experiences lead to adverse health outcomes and delay in receiving care.⁶

Data shows that adolescents questioning their sexual orientation identity are at higher risk for negative health outcomes compared to LGB and heterosexual youth. The possible reasons for these negative outcomes may include internalized homonegativity and lack of providers with expertise in Questioning/Queer mental health.⁶

Questioning/Queer people are more likely to experience the denial of services or unequal treatment compared with gay/lesbian and bisexual individuals. They are also less likely to be insured than heterosexual and bisexual individuals.⁶

Research shows that when same-sex oriented individuals disclose their sexuality to health care providers, it tends to have a positive impact on health and greater satisfaction with the providers and more routine follow up of preventive screenings. However, the outcomes depend on how the healthcare provider responds.⁴

only be inquiring about sexual practices but also sexual attraction. It should be standard practice to obtain a sexual history on every new patient, despite commonly held assumptions about population groups that we may not assume are sexually active (i.e.: the elderly). Conflict related to sexual orientation, like conflict related to other personal problems, can cause stress that exacerbates symptoms. Also, while we have introduced terms to describe attraction/behavior, be careful not to force a label on a patient.

► Is there a certain age when people question their sexual orientation and/or gender identity?

No. People can question their sexual orientation and/or gender identity at any point in their life. It is essential to validate someone's identity, no matter their age or how they previously identified.

► **What if my patient is not currently sexually active?**

Do I still have to ask about sexual attraction and behaviors? Yes. Your patient may not currently be sexually active because they are questioning their sexuality and have not discussed it with anyone else. Also, routinely asking about sexual orientation is a good practice to establish to reinforce normativity and reduce stigma surrounding sexual minorities.

► **This is a lot of information to remember. What if I say something wrong and offend someone?**

Like most technical information, initial exposure to concepts in the field of medicine can be difficult to remember or to grasp. However, as health care professionals, it is our responsibility to stay updated to common standards through continuing medical education, self-directed learning, or other educational means. And like most instances when a mistake is made, it is imperative to apologize or admit to mistakes to ensure a trustworthy therapeutic alliance.

Tips to Talk to Patients

Below is sample language to use when asking patients about their sexual orientation with respect to the spectrum. The wording of the questions was adapted from the APA's Cultural Formulation Interview (CFI), outlined in the *DSM-5*. The CFI is an evidence-based questionnaire that can assist in making person-centered assessments in clinical encounters with all patients and all clinicians, not just in situations of obvious cultural difference between clinicians and patients.

Starting the conversation:

"I ask all my patients these questions..."

"I see that you are married to a woman, to make sure I've covered all my bases just want to know if you have always been sexually attracted to women or had any sexual experiences with anyone who does not identify as female?"

Asking about sexual orientation:

- "How do you define/think about your sexual orientation?"
- "Are you currently in a relationship?"
- "If you were to be sexually active, or were in the past, what kinds of people are you attracted to—men, women, gender nonconforming individuals?"
- "Is there a specific term or label that you use to describe your sexual identity?"

Asking about symptoms & sex:

- "How does your sexuality lead to extra stress in your daily life?"

- "How does your sexuality fit in with the rest of your identity? "What kinds of problems does this pose, if it does?"
- "How do you deal with stress caused by your sex life? How is it working?"

Tips for Success

- Make sure to ask about how those in the patient's support system think about questioning/queer and sexuality in general. You might be the first and/or only person to whom the patient discloses this information, which can be isolating.
- Curate an inclusive office setting: offer pamphlets about sexual orientation, intake forms that list broad categories of gender & sexual orientation, ensure office staff is respectful.
 - Calling patient by preferred name
 - Appropriate confidential calls to get a patient's attention or greeting in the waiting room around others
 - Reinforce non-prejudicial office talk amongst staff
- Assess timing and developmental stage at which non-straight attraction or behaviors were asserted
 - Those with longer lag to asserting same-sex sexuality tend to have higher rates of depression/substance abuse issues
- When in doubt, seek training. If you don't know something, best to ask, openly and acknowledge uncertainty.

This resource was prepared by APA Division of Diversity and Health Equity. It was authored by Dr. Kali Cyrus and Catherine Morrison and reviewed by Drs. Eric Yarbrough, Andrew Tompkins, Jeremy Kidd and Daena Petersen.

References:

1. GLAAD. (2016). GLAAD Media Reference Guide.
2. Retrieved from: <http://www.glaad.org/sites/default/files/GLAAD-Media-Reference-Guide-Tenth-Edition.pdf>
3. Gates, Gary J. (April 2011). "How many people are lesbian, gay, bisexual, and transgender?". Williams Institute, University of California School of Law.
4. (2017) The Kinsey Scale. Retrieved from: <https://www.kinseyinstitute.org/research/publications/kinsey-scale.php>
5. Martin Plöderl & Pierre Tremblay (2015) Mental health of sexual minorities. A systematic review, *International Review of Psychiatry*, 27:5, 367-385, DOI: 10.3109/09540261.2015.1083949
6. Macapagal, K., Bhatia, R., & Greene, G. J. (2016). Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. *LGBT Health*, 3(6), 434-442. <http://doi.org/10.1089/lgbt.2015.0124>
7. Fish, J.N. & Pasley, K. *J Youth Adolescence* (2015) 44: 1508. <https://doi.org/10.1007/s10964-015-0280-6>
8. Selig, S., Tropiano, E., & Greene-Moton, E. (2006). Teaching Cultural Competence to Reduce Health Disparities. *Health Promotion Practice*, 170. doi:10.1177/1524839906288697