

# City Health Information

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## New York City Department of Health and Mental Hygiene

### PROVIDING COMPREHENSIVE CARE TO WOMEN WHO HAVE SEX WITH WOMEN<sup>a</sup>

- Create an affirming environment in which lesbian, bisexual, transgender, and other women who have sex with women feel comfortable seeking comprehensive care and discussing their sexuality.
- Offer or make referrals for routine screenings for breast cancer, cervical cancer, prostate cancer (for transgender women), HIV and other sexually transmitted infections, mental health, and substance use.
- Vaccinate against preventable infections, such as human papillomavirus and hepatitis B, according to age-based recommendations.
- Counsel on ways to achieve a healthy sex life, including use of dental dams, internal condoms, finger cots, and preexposure and postexposure prophylaxis to prevent HIV.
- Routinely discuss family planning, including fertility services and contraceptive care.

<sup>a</sup>For the purpose of this issue, women who have sex with women refers to cisgender and transgender women who have sex with or are attracted to women. However, when reporting data from studies, the terms used are those used by the study authors.

#### INSIDE THIS ISSUE (click to access)

##### INTRODUCTION

Health inequities experienced by women who have sex with women (box)

##### ENSURE AN AFFIRMING ENVIRONMENT

Providing an affirming environment (box)

##### PROVIDE PHYSICAL HEALTH SCREENINGS

##### TAKE A SEXUAL HISTORY

##### SCREEN FOR SEXUALLY TRANSMITTED AND OTHER INFECTIONS

##### DISCUSS SAFER SEX

What to tell women who have sex with women about safer sex (box)

##### ASSESS MENTAL HEALTH AND SUBSTANCE USE

Routine mental health and substance use screening (box)

##### SCREEN FOR TRAUMA

Screening for trauma and safety (box)

##### ASK ABOUT PREGNANCY INTENTION

##### PROVIDE VACCINATIONS

##### YOUNGER WSW

##### OLDER WSW

##### SUMMARY

##### RESOURCES FOR PROVIDERS

##### RESOURCES FOR PATIENTS

##### REFERENCES

##### CONTINUING MEDICAL EDUCATION ACTIVITY (1 CREDIT)

Lesbian, bisexual, and other women who have sex with women (WSW), including transgender WSW, experience inequities in health care access and outcomes. They may refrain from getting health care because they lack or have limited health insurance, have had negative health care experiences, or do not feel comfortable discussing their identity as a WSW due to fear of discrimination, experiences with providers who were not knowledgeable about their health needs, or lack of awareness of their own health risks.<sup>1-3</sup> Many WSW are not up to date in preventive health screenings and vaccinations,<sup>4,6</sup> have difficulty accessing prenatal or postdelivery care,



do not practice safer sex, and may have undressed mental or substance use issues.<sup>4,5,7-9</sup>

Social determinants of health (eg, housing stability, employment, income, food insecurity) contribute to physical and mental health outcomes among cisgender and transgender WSW.<sup>10,11</sup> In addition to barriers to health care access, WSW may also experience chronic stressors that increase their health risks (**Box 1**<sup>6,7,12-34</sup>).<sup>35,36</sup> Experienced or anticipated discrimination, family rejection, trauma, stresses associated with coming out,<sup>37</sup> and internalized stigma increase the likelihood that WSW will experience physical and mental health conditions.<sup>35,38-40</sup> Black, Latina, Asian, Pacific Islander, and Indigenous WSW often face sexism and homophobia within their communities and racism within the broader lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community.<sup>35,41</sup> WSW have higher rates of drug and alcohol use than heterosexual women,<sup>40</sup> and WSW who inject drugs have higher rates of hepatitis B virus and HIV infection than women who have sex with men (WSM) who inject drugs.<sup>23,24</sup>

In the United States, 7.6% of adults aged 18 years and older identify as lesbian, gay, bisexual, transgender, or other than heterosexual.<sup>42</sup> In New York State, more than 1 million adults identify as LGBTQ+, 298,100 identify as lesbian or gay, 467,100 identify as bisexual, 305,300 identify as another sexual orientation, and 76,100 identify as transgender.<sup>43</sup>

Disclosing sexual orientation to a health care provider is one of the most important ways for WSW to maximize their health care and reduce associated risks of health problems.<sup>44</sup> However, approximately 20% of lesbian women and 76% of bisexual women have not disclosed this information to their health care provider.<sup>45</sup> Fear of discrimination, lack of confidentiality, and past negative experiences with health care providers or their staff may keep WSW from sharing information,<sup>46</sup> such as their gender identity and sexual orientation and, for transgender women, their sex assigned at birth, that may be important for their health care.

WSW who have disclosed their sexual orientation to their health care providers are more likely to seek preventive health care (eg, screening and vaccinations), have a Pap test, not smoke, and discuss sensitive issues<sup>47</sup> (eg, sexual dysfunction or dissatisfaction, contraception, sexually transmitted infections [STIs]).<sup>48</sup>

## ENSURE AN AFFIRMING ENVIRONMENT

Providers' awareness, understanding, acceptance, attitude, and knowledge of health issues specific to WSW are important means to facilitate disclosure.<sup>49</sup> Create a welcoming environment in your clinical practice with materials and forms that affirm sexual and gender identities beyond heterosexual and binary gender identities (**Box 2**<sup>50-53</sup>).

Be mindful that individuals are experts in their own lives. Open a dialogue with the person and provide an opportunity for them to express their own needs. Do not make assumptions about their partners, relationships, or families. Use nonjudgmental, open-ended questions<sup>54</sup> such as "I see on the form that you marked 'X.' What does that mean to you?"<sup>55</sup> See the section on **Take a Sexual History** for guidance.

Recognize your own implicit biases<sup>52,56</sup> and adopt a patient-centered approach, which entails good communication (eg, listening to people and eliciting their perspective on an illness and treatment goals), partnership with your patient, and health promotion.<sup>57,58</sup> Train your staff<sup>52</sup> to be respectful of all people and to use the names and pronouns they provide on their registration form. See [Using Effective Communication to Improve Health Outcomes](#).

### Immigrant Women Who Have Sex With Women

WSW who were not born in the United States can experience additional healthcare barriers

#### BOX 1. HEALTH INEQUITIES EXPERIENCED BY WOMEN WHO HAVE SEX WITH WOMEN<sup>6,7,12-34</sup>

Compared with women who have sex with men, women who have sex with women have a higher prevalence of

- alcohol use,
- cancer (cervical, breast, ovarian, endometrial, prostate [transgender women]),
- cardiovascular disease risk,
- drug use, including injection drug use,
- hormone therapy risks (transgender women),
- intimate partner violence (bisexual women more likely compared with lesbian or heterosexual women),
- obesity,
- mental health issues, including depression, suicidality, anxiety, and PTSD,
- smoking, and
- STIs, including HIV.

PTSD, posttraumatic stress disorder; STI, sexually transmitted infection

due to their immigration status, languages spoken, discrimination, and lack of health insurance or financial assistance.<sup>59</sup> They also experience greater stigma.<sup>60</sup> Navigating care and conversations with health care providers is more difficult among individuals who have limited proficiency in English and those without documentation status.

Ensure that all immigrant WSW have access to affirming healthcare by reducing barriers.

- Make sure individuals have access to in-person translation, or a translation line, provided by people who are fluent in their languages and trained in discussing topics on health, gender, and sexuality.
- Provide intake forms and educational materials in multiple languages.
- Connect people to low or no-cost health insurance plans, if eligible. See [Health Insurance and Care Options for Immigrants](#).

## PROVIDE PHYSICAL HEALTH SCREENINGS

Offer screenings for cancers, including breast, lung, cervical, and prostate (for transgender women<sup>21</sup>);<sup>61</sup> HIV and other sexually transmitted infections (STIs); hyperlipidemia; hypertension; cardiovascular symptoms<sup>6</sup>; and diabetes.<sup>44</sup>

For WSW at risk of complications from body weight, frame lifestyle modifications as a strategy to achieve longevity and wellness. Be sure to conduct a physical examination; do not assume their physical concerns are attributable solely to their weight.<sup>62</sup> Inform individuals about the importance of healthy sleep habits, physical activity, and nutrition.<sup>16,62</sup> Inadequate sleep duration and poor sleep quality are risk factors for incident hypertension, diabetes, and cardiovascular diseases.<sup>16</sup> Shorter sleep duration is more common in WSW compared with WSM.<sup>16</sup>

Stroke risk appears to be higher in lesbian women than in heterosexual women.<sup>63</sup> Consider that some [symptoms of stroke](#) may be the same in women and men while others may be unique to women.<sup>64-66</sup>

### Cancer

WSW have a higher prevalence of risk factors for breast, endometrial, lung, and cervical cancers (eg, obesity, lack of exercise, smoking, alcohol and substance use, late pregnancy or nulliparity<sup>6,20,34</sup>) compared with WSM<sup>6,34</sup> and national estimates of women.<sup>20</sup>

Black women are more likely than White women to die of breast cancer.<sup>67</sup> Risk factors for breast cancer are greater in Black WSW than they are in White WSW, but perceptions of risk for Black WSW are low.<sup>3,68</sup> Transgender women who have taken gender-affirming hormones for a median of 18 years have a lower risk of breast cancer than cisgender women, but it is usually diagnosed at a younger age.<sup>69</sup>

Lower access to preventive screening and vaccination may contribute to a higher prevalence of cervical cancer among lesbian and bisexual women compared with heterosexual women (16.5% and 41.2%, respectively, vs 14.0%).<sup>6</sup> Fear or experiences of discrimination in the health care setting may contribute to the lack of these preventive measures.<sup>70,71</sup> Although WSW are as likely as WSM to develop cervical cancer, WSW are 10 times less likely to have regular cervical cancer screenings.<sup>72</sup> Lower rates of regular screening and late diagnosis when the disease is less treatable<sup>72</sup> may affect cervical cancer outcomes.

### BOX 2. PROVIDING AN AFFIRMING ENVIRONMENT<sup>50-53</sup>

- Include options on registration and intake forms for people to provide their
  - name,
  - pronouns (eg, she/her/hers; he/him/his; they/them/theirs),
  - sex assigned at birth,
  - [gender identity, sexual orientation, and gender](#) of sexual partner(s),
  - types of relationships (eg, open, monogamous, polyamorous, friends with benefits, asexual/non-sexual, other), and
  - names and genders of family members.
- Recognize the individual's chosen families (ie, formed outside of biological or legal bonds) (eg, Ask "Whom have you brought with you today?").
- Use gender-neutral terms (eg, partner, restroom).
- Display images and messages that celebrate the LGBTQ community (eg, images of WSW of diverse ages, body types, races/ethnicities, gender identities, and gender expressions) in the office and on the practice's website.
- Provide LGBTQ reading materials (eg, magazines) in the waiting room.
- Post the New York City [LGBTQ Health Care Bill of Rights](#) poster in high-traffic areas.

**See [Creating an LGBTQ Affirming Clinic and 35 Terms That Describe Intimate Relationship Types and Dynamics](#).**

LGBTQ, lesbian, gay, bisexual, transgender, queer or questioning; WSW, women who have sex with women

Offer prostate cancer screenings to transgender women. Although transgender women taking antiandrogen and estrogen hormonal therapy have a substantially lower risk for prostate cancer than cisgender men,<sup>21</sup> offering prostate screenings to transgender women allows them to make informed decisions.

Take a detailed family history of cancer to determine if earlier screenings for cancers are needed. See [Family Health History and Cancer](#). For detailed guidance on cancer screening, see [USPSTF Screening Recommendation Topics](#).

## TAKE A SEXUAL HISTORY

Sexual health is integral to overall health. Take a routine sexual history for all people aged 12 years and older at every visit. For more on taking a sexual history among youth, see the section on [Younger WSW](#).

You may be the first person or provider to whom the individual discloses their gender identity or sexual orientation and reveals sensitive sexual concerns, such as vaginal dryness, pain on penetration, lack of interest in sex, or erectile dysfunction (for transgender women). For many WSW, coming out is important to the identity and integration process,<sup>37</sup> and is a different experience for every individual<sup>73</sup>; it remains a pivotal point for LGBTQ sexual identity formation.<sup>73,74</sup> Bisexual women are less likely than lesbian women to come out, possibly due to additional prejudice and stigma (internal and external) experienced by bisexual women<sup>37</sup> and to social conventions that erase or deny the existence of bisexuality<sup>75</sup> among the LGTQ community as well as heterosexual individuals.<sup>37</sup>

Normalize discussions about sexual health by explaining that you ask all your patients about their sex lives to ensure they get the care they need.<sup>76</sup> Start the sexual history with an open-ended question<sup>77</sup> or statement to make them feel comfortable, such as “Tell me about any sexual or health questions you would like to discuss.” Do not make assumptions about a person’s sexual orientation or behaviors; this can lead to mistrust in the patient-physician relationship.<sup>78</sup> Ask the individual about their sex partners, rather than assuming, by saying “What are the sex and gender of your partner or partner(s) if you have multiple?” See [Making the Sexual History a Routine Part of Primary Care](#) for detailed guidance.

## SCREEN FOR SEXUALLY TRANSMITTED AND OTHER INFECTIONS

Screen for herpes, chlamydia, trichomoniasis, gonorrhea, syphilis, and human papillomavirus (HPV), which can be transmitted via vaginal, anal, and oral sex,<sup>79-81</sup> and for hepatitis B, hepatitis C, and HIV. Screen women for other STIs according to [CDC recommendations](#).<sup>82</sup> While HIV is rarely transmitted via oral sex<sup>79</sup> or between cisgender WSW,<sup>18</sup> transmission may occur during sex or any activities (eg, tattooing, acupuncture) in which there is exposure to body fluids.<sup>18</sup> In addition, WSW may have male sexual partners. Be sure to clarify by asking all WSW whether they have had sex with cisgender and/or transgender men, multiple partners, or partners who have multiple partners, as this increases their risk for HIV and other STIs and may affect your examination and screening recommendations. See [HIV Testing](#) for guidance and the [HIV Infographic](#) for more information.

Preexposure or postexposure prophylaxis (PrEP/PEP) to prevent HIV may be appropriate for women at higher risk of HIV infection. See [HIV PrEP and Emergency PEP: Information for Medical Providers](#) for detailed guidance.

Trichomoniasis is a very common STI. Caused by the *Trichomonas vaginalis* parasite, it is non-viral and curable.<sup>80</sup> The condition affects more women than men and poses a 1.5-fold increased risk of HIV.<sup>79,82</sup> Routine annual screening of asymptomatic women with HIV for *T vaginalis* is recommended because of adverse events associated with both infections and the risk of pelvic inflammatory disease.<sup>83</sup> Perform diagnostic testing for *T vaginalis* for individuals presenting with vaginal discharge.<sup>83</sup> Consider screening people in settings with high STI rates (eg, STI clinics or correctional facilities) or asymptomatic persons with high risk (eg, multiple sexual partners, work in the sex industry, or a history of an STI).<sup>83</sup>

See [Sexually Transmitted Infections](#) for more information.

### Other infections

Bacterial vaginosis (BV) is not an STI, but it is the most common vaginal infection in women aged 15 to 44 years and can increase<sup>84</sup> the risk of contracting and transmitting HIV and other STIs.<sup>84,85</sup> Compared with heterosexual women, lesbian and bisexual women have an increased

risk of contracting BV.<sup>86</sup> The likelihood of BV infection increases with the lifetime number of sexual partners who are women.<sup>7,84</sup> Screen for BV in WSW at higher risk.

Most women get a vaginal yeast infection at least once in their lives.<sup>87</sup> Oropharyngeal and esophageal candidiasis are common in people who have HIV.<sup>88</sup> These infections are not considered to be STIs, although they can be transmitted by a sexual partner.<sup>89</sup> Screen for vaginal candidiasis in WSW with signs (eg, thick curdy vaginal discharge, vulvar edema) and symptoms (eg, vaginal itching, pain on urination, pain during sexual intercourse, redness).<sup>89,90</sup>

## DISCUSS SAFER SEX

Counsel all sexually active people on safer sex with messages tailored to their sexual activities and potential for contact with body fluids, including vaginal secretions, semen, and blood (**Box 3**<sup>1,6,80,84,91,92</sup>).<sup>1</sup> Sexual activities vary and are explored to provide sexual arousal and pleasure to those involved. WSW may engage in a variety of sexual activities, including vaginal or anal penetration, rubbing skin on skin, genital-genital contact, oral-genital contact, kissing, fondling, fingering or fisting, and mutual masturbation.

Dental dams reduce the risk of transmitting hepatitis, HIV, and other STIs,<sup>79</sup> but are rarely used by WSW.<sup>1</sup> Make condoms and dental dams readily available in your practice and encourage their use. Offer to explain how to use them correctly.

## ASSESS MENTAL HEALTH AND SUBSTANCE USE

Screen all people for mental health and substance use (**Box 4**<sup>93-100</sup>), explaining that this is routine in your practice. See **Box 1** for mental health issues faced by cisgender and transgender WSW at higher rates compared with WSM.

For WSW who are using substances such as alcohol and drugs or who have substance use disorder, provide education on wound prevention, reducing risk of infection with bloodborne pathogens, and overdose prevention, as applicable to the substances they use and routes of administration (eg, smoking, injection). Offer a naloxone prescription to WSW who use opioids or consume drugs that may intentionally or unintentionally contain fentanyl, such as heroin, cocaine, ketamine, crystal meth, and benzodiazepines.<sup>101</sup> Provide [linkages](#) to evidence-based treatment

(eg, methadone or buprenorphine for opioid use disorder), harm reduction programs (eg, syringe service programs, overdose prevention center), and/or [Opioid Overdose Prevention Programs](#), as needed.

## SCREEN FOR TRAUMA

WSW are more likely than WSM to experience sexual abuse and hate crimes throughout their lives.<sup>29,101</sup> Compared with WSM, WSW have experienced disproportionately elevated frequency, severity, and persistence of physical and sexual abuse in childhood and adolescence.<sup>29,102</sup> Transgender people have higher rates of trauma than cisgender individuals.<sup>103</sup> Trauma may be intersecting and related to oppression internal and external to the LGBTQ community, and fostered by trans-misogyny (for transgender women), social status, and politics (eg, laws).<sup>13,104,105</sup> Internal oppression, such as internalized homophobia, can be a predictor for PTSD symptom severity in WSW.<sup>106</sup>

Screen for trauma with a validated tool (**Box 5**<sup>107-110</sup>).<sup>107</sup> Refer people with suspected posttraumatic stress disorder to [mental health services \(Resources for Patients\)](#).

### BOX 3. WHAT TO TELL WOMEN WHO HAVE SEX WITH WOMEN ABOUT SAFER SEX<sup>1,6,80,84,91,92</sup>

- Wash your hands before and after sex.
- Use an appropriate [type of lube](#).
- Use barrier protection.
  - Gloves/finger cots for fingering or fisting
  - Internal condoms
  - External condoms if either partner has a penis
  - Dental dams for oral sex
- Wash sex toys before and after use.
- Use a new condom for
  - each sexual partner,
  - switching insertion sites (vaginal/vulvar, penile, anal, oral), and
  - shared toys *or* use different toys for each sexual partner.
- Avoid oral sex if there are cuts or sores around the mouth, anus, vagina, or penis.
- Avoid fingering, fisting, or hand jobs if there are cuts or sores on fingers or hands.
  - Keep fingernails short and trimmed.
- Do not use a vaginal douche, which can upset the balance of bacteria in the vagina.

**See [Free Safer Sex Products in NYC](#) for free condoms to distribute in your office.**

**BOX 4. ROUTINE MENTAL HEALTH AND SUBSTANCE USE SCREENING<sup>a,93-100</sup>**

Condition	Screen	Next steps	Resources
<b>Depression</b>	Ask (PHQ-2 <sup>b</sup> ): <i>Over the last 2 weeks, how often have you been bothered by the following problems?</i> 1. <i>Little interest or pleasure in doing things</i> 2. <i>Feeling down, depressed, or hopeless</i>	For a score of $\geq 3$ , use the PHQ-9 or another evaluation to diagnose a depressive disorder	Mental Health and Behavioral Health NYC 988
<b>Generalized anxiety disorder</b>	Ask about <ul style="list-style-type: none"> <li>• persistent, excessive, uncontrollable worry and anxiety about daily life and routine activities</li> <li>• myalgia, trembling, jumpiness, headache, dysphagia, gastrointestinal discomfort, diarrhea, sweating, hot flashes, and feeling lightheaded and breathless</li> </ul>	If GAD is suspected, screen with the GAD-7	Mental Health and Behavioral Health NYC 988
<b>Suicide screen</b>	If suicide risk is suspected, screen with PHQ-9.	If the answer is positive on question 9 of the PHQ-9, connect the person with NYC 988 for appropriate mental health support.	Mental Health and Behavioral Health NYC 988
<b>Tobacco use</b>	Ask: <ul style="list-style-type: none"> <li>• <i>In the past 12 months, how often have you used tobacco or any other nicotine delivery product (ie, e-cigarette, vaping, or chewing tobacco)?</i></li> <li>• For adolescents: <i>In the past year, how many times have you used tobacco?</i></li> </ul>	If person reports any answer other than “never,” continue screening with TAPS Tool (TAPS-2).  For adolescents: If the answer is other than “never,” assess severity with a validated tool such as the S2BI or BSTAD.	Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool  Smoking, Tobacco and E-cigarette Use for Clinicians
<b>Alcohol use<sup>a</sup></b>	Ask: <ul style="list-style-type: none"> <li>• <i>In the past 12 months, how often have you had 5 or more drinks (men)/4 or more drinks (women) containing alcohol in one day?</i></li> <li>• For adolescents: <i>In the past year, how many times have you used alcohol?</i></li> </ul>	If person reports any answer other than “never,” continue screening with TAPS Tool (TAPS-2).  For adolescents: If the answer is other than “never,” assess severity with a validated tool such as the S2BI or BSTAD.	Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool  NIDA: Screening Tools for Adolescent Substance Use
<b>Drug use</b>	Ask: <ul style="list-style-type: none"> <li>• <i>In the past 12 months, how often have you used any prescription medications just for the feeling, more than prescribed, or that were not prescribed for you?</i></li> <li>• For adolescents: <i>In the past year, how many times have you used marijuana?</i></li> </ul>	If person reports any answer other than “never,” continue screening with TAPS Tool (TAPS-2).  For adolescents: If the answer is other than “never,” assess severity with a validated tool such as the S2BI or BSTAD.	Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool  NIDA: Screening Tools for Adolescent Substance Use

BSTAD, Brief Screener for Tobacco, Alcohol, and other Drugs; GAD, General Anxiety Disorder scale; NIDA, National Institute on Drug Abuse; PHQ, Patient Health Questionnaire; S2BI, Screening to Brief Intervention; TAPS, Tobacco, Alcohol, Prescription medication, and other Substance Use.

<sup>a</sup>Guidance is limited regarding evidence-based application of these thresholds to transgender, gender nonconforming, and intersex individuals.

<sup>b</sup>PHQ-2 screen uses the first 2 questions from the PHQ-9.

**Intimate partner violence**

Lesbian women have a higher lifetime prevalence of intimate partner experiences of contact sexual violence (ie, rape, sexual coercion, and/or unwanted sexual contact), physical violence, and/or stalking than heterosexual women.<sup>19,111</sup> Bisexual women have a higher lifetime prevalence of these forms of intimate partner violence (IPV) compared with both lesbian women and heterosexual women.<sup>19</sup> Lifetime prevalence of psychological aggression by an intimate partner was 63.4%, 70.7%, and 48.4%, for lesbian, bisexual, and heterosexual women, respectively.<sup>19</sup> The perpetrators of rape and contact sexual violence among lesbian, bisexual, and heterosexual women are more likely to be men.<sup>19</sup> Transgender people who have engaged in sex work, are unhoused or unstably housed, are undocumented immigrants, have disabilities, and those of color are particularly vulnerable.<sup>11</sup> Abuse can be physical, sexual, psychological, or economic.<sup>19,111,112</sup>

Clinical indications of abuse include chronic pain, injuries, emotional distress, insomnia, and frequent use of pain/anxiolytic medication.<sup>113,114</sup> The COVID-19 pandemic has contributed to the likelihood of IPV as a result of related economic and housing instability, isolation, and need to remain at home.<sup>114</sup>

Talk to your patient privately, without their partner, friends, relatives, or children aged 3 years or older present. Open a conversation about IPV with a statement and questions such as: “I ask all my patients about their relationships, because they are all different. Are you or have you ever been concerned that your partner is too controlling? Do you feel safe in your current relationship?” See [Community Action Toolkit for Addressing Intimate Partner Violence](#).

If you suspect that the person is in an abusive relationship, consider screening with the 6-question [Abuse Assessment Screen \(Box 5<sup>107-110</sup>\)](#).<sup>109</sup> Become familiar with resources and services so that you can provide referrals. See [Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting](#).

**ASK ABOUT PREGNANCY INTENTION**

Do not make assumptions about patients’ pregnancy status; ask if they want to have a pregnancy test. Some women have been given unnecessary pregnancy tests despite having told the provider that they had only been with same-gen-

der partners.<sup>49</sup> Recommend available contraception methods for those who can, but do not want to, become pregnant, and reiterate that condoms and dental dams also help protect against many STIs. Provide information on [abortion access and care](#) if requested.

Ask about pregnancy intention using an affirmative approach, including if people plan to become pregnant through vaginal intercourse or fertility treatment. Refer individuals wishing to become pregnant to obstetricians, gynecologists, and fertility clinics that will treat WSW with respect.

**Support safe pregnancy and childbirth**

Women of color and their babies are at greater risk of complications and mortality during childbirth.<sup>115,116</sup> Risk factors include receiving medical care at lower quality hospitals, being less likely to have access to regular prenatal doctor visits, and having a higher prevalence of obesity than White women.<sup>115,116</sup> Between 2016 and 2020, the pregnancy-associated mortality ratio was 4 times higher for Black compared with White birthing people.<sup>117</sup>

WSW are also vulnerable to poor health before conception.<sup>118</sup> For instance, WSW have greater cardiovascular disease (CVD) risk factors, such as tobacco use, alcohol consumption, drug use, and

**BOX 5. SCREENING FOR TRAUMA AND SAFETY<sup>107-110</sup>**

Condition	Screen	Resource
Exposure to trauma	Life Events Checklist for DSM-5 (LEC-5)	US Department of Veterans Affairs National Center for PTSD
Posttraumatic stress disorder (PTSD)	Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)	SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach
Intimate partner violence	Abuse Assessment Screen	Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting

**See US Department of Veterans Affairs National Center for PTSD’s [Trauma and Stressor Exposure Measures and PTSD Screening Instruments](#).**

DSM, *Diagnostic and Statistical Manual of Mental Disorders*; SAMHSA, Substance Abuse and Mental Health Services Administration

poor mental health compared with WSM.<sup>16,118,119</sup> Individuals with CVD are at risk of developing arrhythmias, pulmonary edema, and congestive heart failure during pregnancy and childbirth.<sup>119</sup>

Parents of families who identify as having two mothers have higher rates of adverse pregnancy and birth outcomes than parents of families who identify as opposite-gender parents.<sup>120</sup> Compared with heterosexual women, miscarriages are more likely for lesbian and bisexual women.<sup>121</sup> Stillbirths and very preterm births (<28 weeks but >23 weeks) are more likely for bisexual and lesbian women, and lesbian women are more likely to have low-birth-weight infants (<5.5 pounds).<sup>121</sup> Heteronormative obstetrical health care (ie, health care that centers heterosexual parents) is widely reported to have a negative impact on WSW who are pregnant,<sup>120</sup> reinforcing the need to provide affirming care to all WSW.

Inform pregnant people that they may be eligible for [health insurance](#) for themselves and their infants and children and home visits for themselves and their newborns for up to 3 months after giving birth. Refer pregnant people to high-quality natal care and, if they have chronic illnesses or pregnancy-related complications, to maternal-fetal medicine specialists.<sup>115</sup> Consider remote monitoring of blood pressure to engage pregnant people with hypertension in their own care and having the results [digitally logged](#) through a tablet that automatically notifies you of abnormal parameters.<sup>122</sup> Tell individuals that postpartum follow-up is important for their well-being. Recommend postpartum visits earlier and more frequently than the standard single 6-week follow-up.<sup>123</sup> This may provide opportunities to meet the clinical needs of people with complex conditions (eg, hypertension, gestational diabetes mellitus); screen for depression, IPV, and substance use; and counsel people on breastfeeding, constipation, incontinence, and contraception.<sup>124</sup> See the [Newborn Home Visiting Program](#) and [Citywide Doula Initiative](#) for patient resources.

## PROVIDE VACCINATIONS

At each visit, strongly recommend and offer all appropriate vaccinations according to the [CDC's recommendations](#), including HPV and hepatitis B vaccines.

A recommendation from a health care provider is the strongest predictor of a person getting an HPV vaccination.<sup>125,126</sup> Explain that HPV is the

most common STI in the United States,<sup>81</sup> the vaccine prevents HPV types that cause most genital warts, and, when left undetected or untreated, HPV infection can lead to cervical, vulvar, vaginal, anal, penile, and oropharyngeal cancers.<sup>127</sup>

WSW may be unaware of the need for the HPV vaccine,<sup>128</sup> especially older WSW who were not part of the initial vaccine recommendations. HPV vaccination is recommended for ages 11 or 12 years (minimum 9 years) through age 26 years, if not adequately vaccinated when younger. Some adults aged 27 to 45 years may decide to get the HPV vaccine based on discussion with their clinician, but since more people in this age range have already been exposed to HPV, the vaccine will be less effective in preventing infection. HPV vaccines are not licensed for use in adults aged older than 45 years.<sup>129</sup> See the [HPV Vaccine Action Kit](#) for more information.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6-18 months of age.<sup>130</sup> Anyone 59 years of age or younger who has not yet gotten the vaccine should be vaccinated. Hepatitis B vaccination is recommended for adults 60 years or older at increased risk of exposure to hepatitis B who were not vaccinated previously.<sup>131</sup> Vaccinate susceptible persons without documentation of a completed hepatitis B vaccination series. Recommend that unvaccinated WSW strongly consider receiving the HBV vaccine series. See the [CDC's Hepatitis B Vaccination page](#) for more information.

## YOUNGER WSW

LGBTQ youth (middle school to young adulthood) are at higher risk than other youth for bullying, substance use, risky sexual behavior, HIV and other STIs, family rejection leading to homelessness, cancer risk factors, depression, suicidal ideation, obesity, and sexual abuse.<sup>132-136</sup>

Lesbian and bisexual adolescents are at greater risk of unwanted pregnancies and terminate pregnancies at higher rates than their heterosexual peers.<sup>137</sup> Among adolescent and young women aged 15 to 20 years, those identifying as bisexual had the earliest sexual experience, highest number of male partners, greatest use of emergency contraception, and most frequent pregnancy terminations compared with young lesbian and heterosexual women.<sup>138</sup> Both lesbian and bisexual women were more likely than heterosexual young women to be raped by a



male.<sup>138</sup> Compared with cisgender peers, transgender youth report significantly increased rates of depression, suicidality, and victimization.<sup>139,140</sup> About a third of transgender youth reported being a victim of sexual violence.<sup>139</sup> Transgender girls of color in grades kindergarten through 12 experience physical and sexual assault more frequently than transgender boys of color.<sup>11,141</sup>

Inform parents that it is standard practice for you to examine adolescents aged 12 years or older in private.<sup>142,143</sup> This provides an opportunity for you to assure adolescents about confidentiality, develop a rapport with them, take the sexual history in private, and ask about their relationships with family members and friends. Incorporate the sexual history into a broader conversation about home, school, alcohol and drug use, emotional health, and relationships. Reassure them that what they say will not be repeated to their parent or guardian and that you want to make sure they are practicing safer sex and have emotional support from friends or family.<sup>143</sup> Tell transgender and gender-diverse adolescents that their gender identities and expressions are normal aspects of human diversity.<sup>144</sup>

Explain that the HPV vaccine can prevent HPV now and some related types of cancer in the future. Offer to start the HPV vaccination series at the current visit. Tell them that free internal and external condoms are available (**Resources**).

In New York State, people under the age of 18 years do not need parental consent to receive contraception or abortion services, STI screening or treatment, HPV and mpox vaccination, HIV testing and treatment, or PrEP or PEP to prevent HIV.<sup>145-147</sup> If the individual or the individual's sexual history or examination reveals a need for contraception or abortion services, STI screening or treatment, or HIV testing, inform them that insurance or laboratory bills may be sent to the main policyholder (eg, their parent or guardian). Offer to refer them to a primary care or adolescent health center where services are confidential and provided at low or no cost (**Resources for Patients**).

See [Making the Sexual History a Routine Part of Primary Care](#) and [Sexual and Reproductive Health Care Best Practices for Adolescents and Adults](#) for further guidance.

## OLDER WSW

Many older cisgender and transgender WSW

(aged 50 years and older) chose not to come out or transition until later in life when the social climate had changed.<sup>148</sup> In addition to chronic diseases related to aging, older cisgender and transgender WSW are susceptible to environmental and social factors such as unsafe housing, transportation issues, social isolation, and food insecurity. Assess for social factors and connect older people to appropriate community resources.

Isolation is a concern for older LGBTQ adults, who are more likely to live alone and be single and are less likely to have children than their heterosexual counterparts.<sup>149</sup> Recommend that people who are feeling isolated contact a community organization for support (see **Resources for Patients**).

Older WSW have a greater risk of cardiovascular disease, obesity, physical disability, and poor mental health than older WSM and are more likely to smoke.<sup>150,151</sup> Additionally, older White bisexual women are less likely to have a mammogram than older White heterosexual women, whereas Black bisexual women are more likely to have a mammogram than heterosexual Black women.<sup>152</sup> Refer WSW aged 40 to 74 years for a mammogram if they have not had one within two years.<sup>153</sup> Recommend age-appropriate vaccines (eg, shingles, pneumococcal) according to the [CDC's Adult Immunization Schedule](#), and offer to administer vaccines at the current visit.<sup>154</sup>

Explain to older WSW that vaginal atrophy (ie, thinning, drying, and inflammation of the vaginal wall) may cause tightening of the vaginal opening, burning, itching, and dryness, which may be associated with pain or discomfort during sex<sup>155</sup> and increase the risk of HIV.<sup>156</sup> Tell transgender women that their postsurgical vagina may be susceptible to HIV transmission.<sup>7,148</sup> If you need to do a visual examination of a transgender woman's vagina, consider using an anoscope, which may be more anatomically appropriate.<sup>157</sup>

Urinary incontinence, mood swings/emotional changes, hot flashes/night sweats, and a reduced interest in sex are symptoms of menopause and postmenopause.<sup>158,159</sup> Recommend treatments (eg, vaginal moisturizers, water-based lubricants, low-dose estrogen creams) and prescription medications (hormonal replacement or libido enhancing therapy) that may mitigate the effects of menopause and help individuals maintain or achieve a healthy sex life.

See [Providing Comprehensive Care to Older Adults](#) for more information.

### Transgender WSW

Transgender women, particularly those of color, often experience dual stressors of transphobia and racism.<sup>141</sup> Domestic violence, sexual abuse, denial of or incompetent and nonaffirming medical care, and job discrimination frequently experienced throughout the lives of WSW and, particularly, transgender WSW, may result in poor physical and mental health outcomes, suicidality, economic and housing instability, lack of health insurance, and substance use.<sup>141</sup> For transgender women, working in the sex industry may be the only means to support themselves and puts them at high risk of HIV infection.<sup>141</sup>

Transgender women have reported reduced symptoms of depression and anxiety, lower perceived stress and social distress, and improved quality of life and self-esteem when taking hormone therapy.<sup>160</sup> For transgender women taking gender-affirming hormone therapy, consider risks such as thyroid disorders, endocrine imbalances, stroke, diabetes, venous thromboembolism, loss of erectile function, and low libido.<sup>157</sup> Older transgender women who initiate hormone therapy may have less rapid and a lesser degree of change and may be at higher risk of adverse effects. Counsel smokers taking estrogen hormones about the risk of venous thromboembolism and advise them to quit smoking at every visit.<sup>157</sup>

Explain to transgender women the potential negative and life-threatening adverse effects of medically unsupervised silicone injections, which may be used for body contouring. Some of these adverse effects can include<sup>157</sup>:

- Immediate: Silicone embolization, bleeding, pain, focal erosions and necrosis, skin papules, and hypersensitivity,
- Long-term: Migration of silicone with associated pain or deformity, and
- Major complications: Systemic inflammatory response syndrome, sepsis, embolization, hypersensitivity pneumonitis, immune reconstitution inflammatory syndrome (IRIS), hypercalcemia, and organ failure.

### SUMMARY

WSW may experience barriers to care, such as distrust of health care providers due to negative experiences, lack of or limited insurance, concerns about stigma, and providers' unfamiliarity with WSW's health care needs, particularly those of transgender WSW. Create an affirming environment that allows all WSW to discuss their gender identity and sexuality and engage in care. Offer routine screenings and vaccinations; counsel on safer sex practices; ask about mental health, substance use, and IPV; screen for trauma; and discuss pregnancy intention with individuals, keeping in mind that gender identity, sexual orientation, and sexual behavior cannot be presumed.

### RESOURCES FOR PROVIDERS

#### New York City (NYC) Department of Health and Mental Hygiene (DOHMH)

- Abortion. Safe + Legal for All in NYC: <https://www1.nyc.gov/site/doh/health/health-topics/abortion.page>
- Alcohol and Drug Use: <https://www1.nyc.gov/site/doh/providers/health-topics/alcohol-and-drugs.page>
- Alcohol and Drug Use Services: <https://www.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use-services.page>
- Treatment for Opioid Use Disorder: <https://www.nyc.gov/site/doh/health/health-topics/opioid-treatment-medication.page>
- Overdose Prevention Resources for Providers: <https://www1.nyc.gov/site/doh/providers/health-topics/overdose-prevention-resources-for-providers.page>
- Information on Smoking, Tobacco and E-cigarette Use for Clinicians: <https://www1.nyc.gov/site/doh/providers/health-topics/smoking-and-tobacco-use.page>

- Adult Vaccination Flyer: <https://www1.nyc.gov/assets/doh/downloads/pdf/public/dohmhnews-printable17-01.pdf>
- Sexual and Reproductive Health Care Best Practices for Adolescents and Adults: <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/srh-clinical-guide.pdf>
- Sexually Transmitted Infections: <https://www1.nyc.gov/site/doh/providers/health-topics/stds.page>
- Transgender, Gender Non-Conforming, Non-Binary, and Gender Expansive Health: <https://www1.nyc.gov/site/doh/health/health-topics/transgender-health.page>

#### Providing an affirming environment

- NYC Health + Hospitals (H+H): Creating an LGBTQ Affirming Clinic: <https://hhinternet.blob.core.windows.net/uploads/2020/02/creating-an-lgbtq-affirming-clinic-resource-guide.pdf>

## RESOURCES FOR PROVIDERS *(continued)*

- Healthline. 35 Terms That Describe Intimate Relationship Types and Dynamics: <https://www.healthline.com/health/types-of-relationships>

### Providing patient-centered care

- National LGBTQIA+ Health Education Center. Building Patient-Centered Medical Homes/Practices: <https://www.lgbtqiahealtheducation.org/wp-content/uploads/Building-PCMH-for-LGBT-Patients-and-Families.pdf>

### Taking a sexual history

- CDC. A Guide to Taking a Sexual History: <https://stacks.cdc.gov/view/cdc/108651>
- National Coalition for Sexual Health. Sexual Health and Your Patients: A Provider's Guide: <https://www.national-coalitionforsexualhealth.org/tools/for-healthcare-providers/sexual-health-and-your-patients-a-providers-guide>
- American Academy of Family Physicians. Taking an Accurate Sexual History: Sample Script: [https://www.aafp.org/dam/AAFP/documents/patient\\_care/sti/hops19-sti-script.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/sti/hops19-sti-script.pdf)

### HIV

- HIV: <https://www1.nyc.gov/site/doh/providers/health-topics/infectious-diseases.page#hiv>
  - HIV Testing: <https://www.nyc.gov/site/doh/health/health-topics/hiv-be-hiv-sure.page>
  - HIV Undetectable=Untransmittable: <https://www1.nyc.gov/site/doh/providers/health-topics/hiv-u-u.page>
  - PrEP and PEP: <https://www1.nyc.gov/site/doh/providers/health-topics/prep-pep-information-for-medical-providers.page>
- Infographic: A Snapshot of HIV Among Women in New York City: <https://www.nyc.gov/assets/doh/downloads/pdf/ah/women-hiv-infographic.pdf>

### Human papillomavirus (HPV)

- HPV Vaccine Action Kit: <https://www.nyc.gov/site/doh/providers/resources/public-health-action-kits-hpv.page>

### Implicit bias

- Project Implicit: [https://implicit.harvard.edu/implicit/Self-administered-online-implicit-Association-Test-\(IAT\)](https://implicit.harvard.edu/implicit/Self-administered-online-implicit-Association-Test-(IAT))
- Institute for Healthcare Improvement. How to Reduce Implicit Bias: <https://www.ihl.org/insights/how-reduce-implicit-bias>
- The ABCDs of Dignity in Care: <https://www.dignityincare.ca/en/the-abcds-of-dignity-in-care.html>
- National LGBTQIA+ Health Education Center. Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios: [https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018\\_Final.pdf](https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Implicit-Bias-Guide-2018_Final.pdf)

### Intimate partner violence

- National Coalition of Anti-Violence Programs. Community Action Toolkit for Addressing Intimate Partner Violence Against Transgender People: [https://avp.org/wp-content/uploads/2017/04/ncavp\\_trans\\_ipvtoolkit.pdf](https://avp.org/wp-content/uploads/2017/04/ncavp_trans_ipvtoolkit.pdf)

- How to Talk to Your Patients About Intimate Partner Violence: <https://www1.nyc.gov/assets/doh/downloads/pdf/csi/ipv-pocket-guide.pdf>
- Abuse Assessment Screen: [https://chipts.ucla.edu/wp-content/uploads/downloads/2012/01/Abuse-Assessment-Screen-\\_AAS\\_.pdf](https://chipts.ucla.edu/wp-content/uploads/downloads/2012/01/Abuse-Assessment-Screen-_AAS_.pdf)

### LGBTQ+ training resources

- GLMA. Health Professionals Advancing LGBT+ Equality (webinars): <https://www.glma.org/webinars.php>

### Mental health

- NYC 988: English: 988  
Español: 1-888-692-9355, press 2  
Call 711 (relay service for deaf/hard of hearing)  
[nyc988.cityofnewyork.us](http://nyc988.cityofnewyork.us)  
*A 24/7/365 call, text, or chat single point of service for access to mental health and substance use services in more than 200 languages; suicide prevention and crisis counseling; referrals and warm transfer to other services; and follow-up*
- NYC. Mental Health and Behavioral Health: <https://www.nyc.gov/site/doh/providers/health-topics/mental-and-behavioral-health.page>

### Screening and treatment guidelines

- Columbia Mailman School of Public Health. NYC STI/HIV Prevention Training Center. Resources for Healthcare Providers: <https://www.publichealth.columbia.edu/research/centers/new-york-city-sti-hiv-prevention-training-center>
- CDC. Sexually Transmitted Infections Treatment Guidelines, 2021: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>
- CDC. Family Health History and Cancer: <https://www.cdc.gov/cancer/risk-factors/family-health-history.html>
- United States Preventive Services Taskforce (USPSTF). Screening Recommendation Topics: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>
- US Department of Veterans Affairs National Center for PTSD. Trauma and Stressor Exposure Measures: <https://www.ptsd.va.gov/professional/assessment/te-measures/index.asp>
- US Department of Veterans Affairs National Center for PTSD. PTSD Screening Instruments: <https://www.ptsd.va.gov/professional/assessment/screens/index.asp>

### Vaccinations

- CDC. Adult Immunization Schedule by Age: <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>
- CDC. Vaccination Programs: <https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccination-programs.html>
- CDC. Vaccines by Disease: <https://www.cdc.gov/vaccines/by-disease/index.html>

## RESOURCES FOR PROVIDERS *(continued)*

### Blood pressure monitoring

- American Medical Association (AMA) Ed Hub. Tools to Accurately Measure Blood Pressure: <https://edhub.ama-assn.org/pages/3-tools-for-students-to-accurately-measure-blood-pressure>
- AMA. Target:BP: SMBP Infographic: [https://targetbp.org/tools\\_downloads/how-to-accurately-measure-blood-pressure-2/](https://targetbp.org/tools_downloads/how-to-accurately-measure-blood-pressure-2/)

### Stroke

- American Stroke Association. Stroke Symptoms: <https://www.stroke.org/en/about-stroke/stroke-symptoms>

### City Health Information archives: [nyc.gov/health/chi](https://nyc.gov/health/chi)

- Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting
- Judicious Prescribing of Opioid Analgesics
- Making the Sexual History a Routine Part of Primary Care
- Providing Comprehensive Care to Older Adults
- Using Effective Communication to Improve Health Outcomes

## RESOURCES FOR PATIENTS

### New York City (NYC) Department of Health and Mental Hygiene (DOHMH)

- Abortion. Safe + Legal for All in NYC: <https://www1.nyc.gov/site/doh/health/health-topics/abortion.page>
- LGBTQ+ Health: [nyc.gov/health/lgbtq](https://nyc.gov/health/lgbtq)
  - Lesbians, Bisexual Women, Queer Women and Other Women Who Have Sex with Women: <https://www1.nyc.gov/site/doh/health/health-topics/lgbtq-women-sex-women.page>
  - Transgender, Gender Non-Conforming, Non-Binary, and Gender Expansive Health: <https://www1.nyc.gov/site/doh/health/health-topics/transgender-health.page>
  - LGBTQ Health Care Bill of Rights: <https://www.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-wallet.pdf>

### Health clinics and providers

- Callen-Lorde Community Health Center: <https://callen-lorde.org>  
*Provides health care, education, and advocacy for gay, lesbian, bisexual, and transgender communities*
- Centers for Disease Control and Prevention (CDC). Syringe Services Programs (SSPs): <https://www.cdc.gov/syringe-services-programs/php/index.html>
- CDC. Vaccines & Immunizations: <https://www.cdc.gov/vaccines/index.html>
- NYC Health Map: [nyc.gov/health/map](https://nyc.gov/health/map)
  - **LGBTQ Health Services** (counseling; gender affirming care; primary care; sexual health services)
  - **Drug and Alcohol Services** (syringe service programs; naloxone in pharmacies)
- NYC Health Clinics
  - Sexual Health Clinics: <http://nyc.gov/health/sexual-healthclinics>
  - Immunization Clinics: <https://www1.nyc.gov/site/doh/services/immunization-clinics.page>
  - Tuberculosis Chest Centers: <https://www.nyc.gov/site/doh/services/tuberculosis-chest-centers.page>

- NYC Vaccine Finder: <https://vaccinefinder.nyc.gov>
- NYC Health + Hospitals Health Care Locations: [https://www.nychealthandhospitals.org/health\\_care](https://www.nychealthandhospitals.org/health_care)
- New York State (NYS). Opioid Overdose Prevention Program: [https://www.health.ny.gov/diseases/aids/general/opioid\\_overdose\\_prevention](https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention)

### Health insurance and family planning

- NYC Health Department. Health Insurance and Care Options for Immigrants: <https://www1.nyc.gov/assets/doh/downloads/pdf/hca/health-ins-imm.pdf>
- NYC Health Insurance Link. Pregnant: <https://www1.nyc.gov/site/ochia/find-what-fits/pregnant.page>  
*Health insurance options for pregnant people*
- NYC Health Department. The Citywide Doula Initiative: <https://www.nyc.gov/site/doh/health/health-topics/citywide-doula-initiative.page>
- NYC Health Department. Newborn Home Visiting Program: <https://www.nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page>
- NYC Health Department. New Family Home Visits Initiative: <https://www1.nyc.gov/site/doh/health/health-topics/new-family-home-visits.page>
- NYC Health Insurance Link. Family Planning Benefit Program: <https://www1.nyc.gov/site/ochia/coverage-care/family-planning-benefit-program.page>  
*Free, confidential New York State program that provides family planning services to New Yorkers who meet certain eligibility requirements and who are not enrolled in Medicaid*

### Intimate partner violence

- For anonymous, confidential help 24/7, call
  - Safe Horizon Domestic Violence Hotline: 800-621-HOPE (4673) (or call 311 and ask for the Domestic Violence Hotline; [TTY] if hearing impaired: 866-604-5350), or
  - NYS Office of Prevention of Domestic Violence (English/Spanish/multilanguage accessibility): 800-942-6906 or 711 for the deaf or hard of hearing

## RESOURCES FOR PATIENTS (continued)

- Safe Horizon Rape and Sexual Assault Hotline: 212-227-3000 (or call 311 and ask for the Rape and Sexual Assault Hotline)
- NYC Anti-Violence Project: 212-714-1141; <https://avp.org>

### Mental health and substance use

- NYC 988: English: 988  
Español: 1-888-692-9355, press 2  
Call 711 (relay service for deaf/hard of hearing)  
[nyc988.cityofnewyork.us](http://nyc988.cityofnewyork.us)  
*A 24/7/365 call, text, or chat single point of service for access to mental health and substance use services in more than 200 languages; suicide prevention and crisis counseling; referrals and warm transfer to other services; and follow-up*
- NYC Health Department. NYC Teenspace: <https://www.nyc.gov/site/doh/health/health-topics/teenspace.page>
- Never Use Alone Hotline: (877) 696-1996 (National Line)  
*Hotline enabling emergency response in case of overdose for people using drugs while physically alone*
- NYC Health Department. Treatment for Opioid Use Disorder: <https://www1.nyc.gov/site/doh/health/health-topics/opioid-treatment-medication.page>
- Re-Charge: <https://recharge.support>  
*A health and wellness program for people who use crystal meth*
- NYS. Office of Addiction Services and Supports (OASAS) Treatment Availability Dashboard: <https://findaddictiontreatment.ny.gov>
- AIDS Institute Provider Locator: <https://providerdirectory.aidsinstituteny.org>
- NYC Health Department. Naloxone information: [nyc.gov/naloxone](http://nyc.gov/naloxone)  
*To access overdose prevention education and locate naloxone*
- NYC Health Department. Alcohol and Drug Use Services: <https://www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use-services.page>  
*Information on harm reduction services (including syringe services and overdose prevention centers), peer-based services, and treatment options*

### Safer sex products

- NYC Health Department. Condom Availability Program: [nyc.gov/condoms](http://nyc.gov/condoms)  
*Find free safer sex products (insertive and external condoms, lubricant) at more than 3,500 locations across the city.*
- CDC. How to Use a Dental Dam: <https://www.cdc.gov/condom-use/resources/dental-dam.html>
- Planned Parenthood. How Do I Make Sex Safer?: <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/safer-sex/how-do-i-make-sex-safer>

### Support services

- SAGE NYC: <https://www.sageusa.org>  
*Support and services for LGBTQ+ elders*
- The Center: <https://gaycenter.org>  
*LGBTQ+ community center*

### Youth and adolescents

- NYC Department of Education. Community-based LGBTQ Organizations: <https://www.schools.nyc.gov/school-life/school-environment/LGBTsupport/community-based-lgbtq-organizations>
- Lambda Legal. Resources for LGBTQ Youth By State: [https://www.lambdalegal.org/sites/default/files/publications/downloads/fs\\_resources-for-lgbtq-youth-by-state\\_1.pdf](https://www.lambdalegal.org/sites/default/files/publications/downloads/fs_resources-for-lgbtq-youth-by-state_1.pdf)
- NYC Teens Connection: <https://www1.nyc.gov/site/doh/health/neighborhood-health/new-york-city-teens-connection.page>  
*Information for adolescents, including sexuality, relationships, and bullying; links to community resources and hotlines*
- The Trevor Project: <https://www.thetrevorproject.org>  
*For youth in crisis*
- Ali Forney Center: <https://www.aliforneycenter.org>  
*Support for homeless LGBTQ+ youth*
- The Hetrick-Martin Institute for LGBTQIA+ Youth: <https://hmi.org/services/youth-services>  
*Free year-round services for LGBTQIA+ youth*
- Destination Tomorrow: <https://destinationtomorrow.org>
- The Door: <https://www.door.org>

## REFERENCES

1. Knight DA, Jarrett D. Preventive health care for women who have sex with women. *Am Fam Physician*. 2017;95(5):314-321. <https://www.aafp.org/pubs/afp/issues/2017/0301/p314.html>
2. Sanchez NF, Sanchez JP, Danoff A. Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *Am J Public Health*. 2009;99(4):713-719. doi:10.2105/AJPH.2007.132035
3. Matthews AK, Li C-C, Ross N, Ram J, Ramsey R, Aranda F. Breast and cervical cancer screening behaviors of African American sexual minority women. *J Gen Pract*. 2013;01(02). doi:10.4172/2329-9126.1000107
4. Rahman M, Fikslin RA, Matthews E, et al. Exploring factors affecting patient-provider interactions and healthcare engagement among a diverse sample of women who have sex with women in New York City. *Arch Sex Behav*. 2023;52(2):833-849. doi:10.1007/s10508-022-02478-2
5. Croll J, Sanapo L, Bourjeily G. LGBTQ+ individuals and pregnancy outcomes: A commentary. *BJOG*. 2022;129(10):1625-1629. doi:10.1111/1471-0528.17131
6. Floyd SR, Pierce DM, Geraci SA. Preventive and primary care for lesbian, gay and bisexual patients. *Am J Med Sci*. 2016;352(6):637-643. doi:10.1016/j.amjms.2016.05.008

## REFERENCES (continued)

7. CDC. STI Detection Among Special Populations: Women Who Have Sex with Women (WSW) and Women Who Have Sex with Women and Men (WSWM). In Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70(4):19-20. <https://stacks.cdc.gov/view/cdc/109048>
8. Moagi MM, van Der Wath AE, Jiyane PM, Rikhotso RS. Mental health challenges of lesbian, gay, bisexual and transgender people: An integrated literature review. *Health SA.* 2021;26:1487. doi:10.4102/hsag.v26i0.1487
9. Gonzales G, Quinones N, Attanasio L. Health and access to care among reproductive-age women by sexual orientation and pregnancy status. *Womens Health Issues.* 2019;29(1):8-16. doi:10.1016/j.whi.2018.10.006
10. Downing JL, Rosenthal E. Prevalence of social determinants of health among sexual minority women and men in 2017. *Am J Prev Med.* 2020;59(1):118-122. doi:10.1016/j.amepre.2020.01.007
11. James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality; 2016. Accessed November 13, 2024. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
12. Adams NJ, Vincent B. Suicidal thoughts and behaviors among transgender adults in relation to education, ethnicity, and income: A systemic review. *Transgend Health.* 2019;4(1):226-246. doi:10.1089/trgh.2019.0009
13. Arayasirikul S, Pomart WA, Raymond HF, Wilson EC. Unevenness in health at the intersection of gender and sexuality: Sexual minority disparities in alcohol and drug use among transwomen in the San Francisco Bay area. *J Homosex.* 2018;65(1):66-79. doi:10.1080/00918369.2017.1310552
14. Boehmer U, Bowen DJ, Bauer GR. Overweight and obesity in sexual-minority women: Evidence from population-based data. *Am J Public Health.* 2007;97(6):1134-1140. doi:10.2105/AJPH.2006.088419
15. Boehmer U, Miao X, Linkletter C, Clark MA. Adult health behaviors over the life course by sexual orientation. *Am J Public Health.* 2012;102(2):292-300. doi:10.2105/AJPH.2011.300334
16. Caceres BA, Brody A, Luscombe RE, et al. A systematic review of cardiovascular disease in sexual minorities. *Am J Public Health.* 2017;107(4):e13-e21. doi:10.2105/AJPH.2016.303630
17. Capistrant BD, Nakash O. Lesbian, gay, and bisexual adults have higher prevalence of illicit opioid use than heterosexual adults: Evidence from the National Survey on Drug Use and Health, 2015-2017. *LGBT Health.* 2019;6(6):326-330. doi:10.1089/lgbt.2019.0060
18. Chan SK, Thornton LR, Chronister KJ, et al; Centers for Disease Control and Prevention (CDC). Likely female-to-female sexual transmission of HIV—Texas, 2012. *MMWR Morb Mortal Wkly Rep.* 2014;63(10):209-212. [https://www.researchgate.net/publication/262046930\\_Likely\\_Female-to-Female\\_Sexual\\_Transmission\\_of\\_HIV\\_-\\_Texas\\_2012](https://www.researchgate.net/publication/262046930_Likely_Female-to-Female_Sexual_Transmission_of_HIV_-_Texas_2012)
19. Chen J, Khatiwada S, Chen MS, et al. *The National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017: Report on Victimization by Sexual Identity.* October 2023. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Accessed November 14, 2024. doi:10.13140/RG.2.2.30741.91362
20. Cochran SD, Mays VM, Bowen D, et al. Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *Am J Public Health.* 2001;91(4):591-597. doi:10.2105/ajph.91.4.591
21. de Nie I, de Blok CJM, van der Sluis TM, et al. Prostate cancer incidence under androgen deprivation: Nationwide cohort study in trans women receiving hormone treatment. *J Clin Endocrinol Metab.* 2020;105(9):e3293-e3299. doi:10.1210/clinem/dgaa412
22. Eliason MJ, Ingraham N, Fogel SC, et al. A systematic review of the literature on weight in sexual minority women. *Womens Health Issues.* 2015;25(2):162-175. doi:10.1016/j.whi.2014.12.001
23. Friedman SR, Ompad DC, Maslow C, et al. HIV prevalence, risk behaviors, and high-risk sexual and injection networks among young women injectors who have sex with women. *Am J Public Health.* 2003;93(6):902-906. doi:10.2105/ajph.93.6.902
24. German D, Latkin CA. HIV risk, health, and social characteristics of sexual minority female injection drug users in Baltimore. *AIDS Behav.* 2015;19(7):1361-1365. doi:10.1007/s10461-014-0972-z
25. Gruskin EP, Gordon N. Gay/lesbian sexual orientation increases risk for cigarette smoking and heavy drinking among members of a large Northern California health plan. *BMC Public Health.* 2006;6:241. doi:10.1186/1471-2458-6-241
26. McNamara MC, Ng H. Best practices in LGBT care: A guide for primary care physicians. *Cleve Clin J Med.* 2016;83(7):531-541. doi:10.3949/ccjm.83a.15148
27. Operario D, Gamarel KE, Grin BM, et al. Sexual minority health disparities in adult men and women in the United States: National Health and Nutrition Examination Survey, 2001–2010. *Am J Public Health.* 2015;105(10):e27-e34. doi:10.2105/AJPH.2015.302762
28. Rice CE, Vasilenko SA, Fish JN, Lanza ST. Sexual minority health disparities: An examination of age-related trends across adulthood in a national cross-sectional sample. *Ann Epidemiol.* 2019;31:20-25. doi:10.1016/j.annepidem.2019.01.001
29. Roberts AL, Austin SB, Corliss HL, Vander Morris AK, Koenen KC. Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. *Am J Public Health.* 2010;100(12):2433-2441. doi:10.2105/AJPH.2009.168971
30. Saunders CL, Massou E, Waller J, Meads C, Marlow LA, Usher-Smith JA. Cervical screening attendance and cervical cancer risk among women who have sex with women. *J Med Screen.* 2021;28(3):349-356. doi:10.1177/0969141320987271
31. Scheres LJJ, Selier NLD, Nota NM, van Diemen JJK, Cannegieter SC, den Heijer M. Effect of gender-affirming hormone use on coagulation profiles in transmen and transwomen. *J Thromb Haemost.* 2021;19(4):1029-1037. doi:10.1111/jth.15256
32. Struble CB, Lindley LL, Montgomery K, Hardin J, Burcin M. Overweight and obesity in lesbian and bisexual college women. *J Am Coll Health.* 2010;59(1):51-56. doi:10.1080/07448481.2010.483703
33. Wu L, Sell RL, Roth AM, Welles SL. Mental health disorders mediate association of sexual minority identity with cardiovascular disease. *Prev Med.* 2018;108:123-128. doi:10.1016/j.ypmed.2018.01.003
34. Zaritsky E, Dibble SL. Risk factors for reproductive and breast cancers among older lesbians. *J Womens Health (Larchmt).* 2010;19(1):125-131. doi:10.1089/jwh.2008.1094
35. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull.* 2003;129(5):674-697. doi:10.1037/0033-2909.129.5.674
36. Frost DM, Lehavot K, Meyer IH. Minority stress and physical health among sexual minority individuals. *J Behav Med.* 2015;38(1):1-8. doi:10.1007/s10865-013-9523-8
37. Pistella J, Salvati M, Ioverno S, Laghi F, Baiocco R. Coming-out to family members and internalized sexual stigma in bisexual, lesbian, and gay people. *J Child Fam Stud.* 2016;25(12):3694-3701. Accessed November 13, 2024. doi:10.1007/s10826-016-0528-0
38. Denton FN, Rostosky SS, Danner F. Stigma-related stressors, coping self-efficacy, and physical health in lesbian, gay, and bisexual individuals. *J Couns Psychol.* 2014;61(3):383-391. doi:10.1037/a0036707
39. Hatzembuehler ML. How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychol Bull.* 2009;135(5):707-730. doi:10.1037/a0016441
40. Green KE, Feinstein BA. Substance use in lesbian, gay, and bisexual populations: An update on empirical research and implications for treatment. *Psychol Addict Behav.* 2012;26(2):265-278. doi:10.1037/a0025424
41. Ghabrial MA. “Trying to figure out where we belong”: Narratives of racialized sexual minorities on community, identity, discrimination, and health. *Sex Res Soc Policy.* 2017;14(1):42-55. doi:10.1007/s13178-016-0229-x
42. Jones JM. LGBTQ+ Identification in US Now at 7.6%. Gallup. March 13, 2024. Accessed November 14, 2024. <https://news.gallup.com/poll/611864/lgbtq-identification.aspx>
43. New York State (NYS) Department of Health (DOH). *Behavioral Risk Factor Surveillance System (BRFSS) Brief. Sexual Orientation and Gender Identity: Demographics and Health Indicators, NYS Adults, 2019-2020.* Number 2022-16. Accessed November 14, 2024. [https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16\\_brfss\\_sogi.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf)
44. Gay & Lesbian Medical Association (GLMA). Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients. 2006. Accessed November 14, 2024. <https://phimc.org/wp-content/uploads/2018/08/Guidelines-for-Care-of-Lesbian-Gay-Bisexual-and-Transgender-Patients.pdf>
45. Flynn KE, Whicker D, Lin L, Cusatis R, Nyitray A, Weinfurt KP. Sexual orientation and patient-provider communication about sexual problems or concerns among US adults. *J Gen Intern Med.* 2019;34(11):2505-2511. doi:10.1007/s11606-019-05300-3
46. Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. *Am J Public Health.* 2008;98(6):989-995. doi:10.2105/AJPH.2007.127811

## REFERENCES (continued)

47. GLMA. Quality Healthcare for Lesbian, Gay, Bisexual & Transgender People. A Four-Part Webinar Series. Part 1: Understanding the Health Needs of LGBT People: An Introduction. Cultural Competence Webinar Series. Accessed November 14, 2024. <https://youtu.be/8mQOGtVUoAm>
48. National LGBT Health Education Center. A program of the Fenway Institute. Do Ask, Do Tell: Talking to Your Health Care Provider About Being LGBT. Accessed November 14, 2024. [https://www.beebehealthcare.org/sites/default/files/COM13-067\\_LGBTHAWbrochure\\_v4.pdf](https://www.beebehealthcare.org/sites/default/files/COM13-067_LGBTHAWbrochure_v4.pdf)
49. Bjorkman M, Malterud K. Lesbian women's experiences with health care: A qualitative study. *Scand J Prim Health Care*. 2009;27(4):238-243. doi:10.3109/02813430903226548
50. Kano M, Silva-Bañuelos AR, Sturm R, Willging CE. Stakeholders' recommendations to improve patient-centered "LGBTQ" primary care in rural and multicultural practices. *J Am Board Fam Med*. 2016;29(1):156-160. doi:10.3122/jabfm.2016.01.150205
51. Jackson Levin N, Kattari SK, Piellusch EK, Watson E. "We just take care of each other": Navigating 'chosen family' in the context of health, illness, and the mutual provision of care amongst queer and transgender young adults. *Int J Environ Res Public Health*. 2020;17(19):7346. doi:10.3390/ijerph17197346
52. Rounds KE, McGrath BB, Walsh E. Perspectives on provider behaviors: A qualitative study of sexual and gender minorities regarding quality of care. *Contemp Nurse*. 2013;44(1):99-110. doi:10.5172/conu.2013.44.1.99
53. CDC. STI Detection Among Special Populations: Transgender and Gender Diverse Persons. In Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Morb Mortal Wkly Rep*. 2021;70(4):20-22. <https://stacks.cdc.gov/view/cdc/109048>
54. Ard KL, Makadon HJ. *Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities*. The Fenway Institute. January 22, 2016. Accessed November 22, 2024. <https://www.lgbtqihealtheducation.org/publication/improving-the-health-care-of-lesbian-gay-bisexual-and-transgender-lgbt-people-understanding-and-eliminating-health-disparities>
55. Greene MZ, Carpenter E, Hendrick CE, Haider S, Everett BG, Higgins JA. Sexual minority women's experiences with sexual identity disclosure in contraceptive care. *Obstet Gynecol*. 2019;133(5):1012-1023. doi:10.1097/AOG.0000000000003222
56. Sabin JA, Riskind RG, Nosek BA. Health care providers' implicit and explicit attitudes toward lesbian women and gay men. *Am J Public Health*. 2015;105(9):1831-1841. doi:10.2105/AJPH.2015.302631
57. Constand MK, MacDermid JC, Dal Bello-Haas V, Law M. Scoping review of patient-centered care approaches in healthcare. *BMC Health Serv Res*. 2014;14:271. doi:10.1186/1472-6963-14-271
58. Hashim MJ. Patient-centered communication: Basic skills. *Am Fam Physician*. 2017;95(1):29-34. <https://www.aafp.org/pubs/afp/issues/2017/0101/p29.html>
59. Pavilon J, Virgin V. *Social Determinants of Immigrants' Health in New York City: A Study of Six Neighborhoods in Brooklyn and Queens*. Center for Migration Studies of New York (CMS) Report. June 2022; New York, NY. Accessed November 22, 2024. <https://cmsny.org/wp-content/uploads/2022/05/Social-Determinants-of-Immigrants-Health-in-New-York-City-A-Study-of-Six-Neighborhoods-in-Brooklyn-and-Queens-June-15-2022-FINAL.pdf>
60. Lee JJ, Kim H-J, Fredriksen Goldsen K. The role of immigration in the health of lesbian, gay, bisexual, and transgender older adults in the United States. *Int J Aging Hum Dev*. 2019;89(1):3-21. doi:10.1177/0091415019842844
61. US Preventive Services Task Force (USPSTF). Screening Recommendation Topics. Accessed December 9, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>
62. Paine EA. "Fat broken arm syndrome": Negotiating risk, stigma, and weight bias in LGBTQ healthcare. *Soc Sci Med*. 2021;270:113609. doi:10.1016/j.socscimed.2020.113609
63. Diaz MA, Rosendale N. Exploring stroke risk factors and outcomes in sexual and gender minority people. *Neurol Clin Pract*. 2023;13(1):e200106. doi:10.1212/CPJ.0000000000200106
64. American Heart Association. Go Red for Women. Stroke Symptoms: Women Vs Men. Accessed November 14, 2024. [https://www.goredforwomen.org/-/media/grfw-images/about-heart-disease/signs-and-symptoms/stroke\\_symptoms\\_in\\_women\\_and\\_men\\_infographic\\_go\\_red.jpg](https://www.goredforwomen.org/-/media/grfw-images/about-heart-disease/signs-and-symptoms/stroke_symptoms_in_women_and_men_infographic_go_red.jpg)
65. American Stroke Association. Stroke Symptoms. Accessed November 14, 2024. <https://www.stroke.org/en/about-stroke/stroke-symptoms>
66. CDC. Stroke. Signs and Symptoms of Stroke. October 24, 2024. Accessed November 14, 2024. <https://www.cdc.gov/stroke/signs-symptoms>
67. Richardson LC, Henley SJ, Miller JW, Massetti G, Thomas CC. Patterns and trends in age-specific Black-White differences in breast cancer incidence and mortality—United States, 1999–2014. *MMWR Morb Mortal Wkly Rep*. 2016;65(40):1093-1098. doi:10.15585/mmwr.mm6540a1
68. Greene N, Malone J, Adams MA, Dean LT, Poteat T. "This is some mess right here": Exploring interactions between Black sexual minority women and health care providers for breast cancer screening and care. *Cancer*. 2021;127(1):74-81. doi:10.1002/cncr.33219
69. de Blok CJM, Wiepjes CM, Nota NM, et al. Breast cancer risk in transgender people receiving hormone treatment: Nationwide cohort study in the Netherlands. *BMJ*. 2019;365:l1652. doi:10.1136/bmj.l1652
70. Johnson MJ, Mueller M, Eliason MJ, Stuart G, Nemeth LS. Quantitative and mixed analyses to identify factors that affect cervical cancer screening uptake among lesbian and bisexual women and transgender men. *J Clin Nurs*. 2016;25(23-24):3628-3642. doi:10.1111/jocn.13414
71. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. The National Academies Press; 2011. Accessed November 22, 2024. doi:10.17226/113128
72. The Fenway Institute. Policy Focus. Promoting Cervical Cancer Screening Among Lesbians and Bisexual Women. 2013. Accessed November 22, 2024. <https://fenwayhealth.org/policy-briefs/promoting-cervical-cancer-screening-among-lesbians-and-bisexual-women-pdf>
73. Guittar NA. The meaning of coming out: From self-affirmation to full disclosure. *Qual Sociol Review*. 2013;9(3):168-187. Accessed December 9, 2024. [http://www.qualitativesociologyreview.org/ENG/Volume26/QSR\\_9\\_3\\_Guittar.pdf](http://www.qualitativesociologyreview.org/ENG/Volume26/QSR_9_3_Guittar.pdf)
74. Brumbaugh-Johnson SM, Hull KE. Coming out as transgender: Navigating the social implications of a transgender identity. *J Homosex*. 2019;66(8):1148-1177. doi:10.1080/00918369.2018.1493253
75. Mosley DV, Gonzalez KA, Abreu RL, Kaivan NC. Unseen and underserved: A content analysis of wellness support services for bi+ people of color and indigenous people on US campuses. *J Bisexuality*. 2019;19(2): 276-304. doi:10.1080/15299716.2019.1617552
76. CDC. Sexually Transmitted Infections (STIs): A Guide to Taking a Sexual History. June 26, 2024. Accessed November 15, 2024. <https://stacks.cdc.gov/view/cdc/108651>
77. Althof SE, Rosen RC, Perelman MA, Rubio-Aurioles E. Standard operating procedures for taking a sexual history. *J Sex Med*. 2013;10(1):26-35. doi:10.1111/j.1743-6109.2012.02823.x
78. Long A, Watson AN. Community Medical Centers. Making LGBTQ Patients Feel Safe and Confident in Our Care. June 28, 2018. Accessed November 15, 2024. <https://www.communitymedical.org/about-us/news/making-lgbtq-patients-feel-safe-and-confident-in-o>
79. CDC. About STI Risk and Oral Sex. Accessed November 15, 2024. <https://www.cdc.gov/sti/about/about-sti-risk-and-oral-sex.html>
80. CDC. Trichomoniasis: About Trichomoniasis. Accessed November 22, 2024. <https://www.cdc.gov/trichomoniasis/about/index.html>
81. CDC. Sexually Transmitted Infections (STIs): About Genital HPV Infection. Accessed November 22, 2024. <https://www.cdc.gov/sti/about/about-genital-hpv-infection.html>
82. CDC. Sexually Transmitted Infections Treatment Guidelines, 2021. Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources. Accessed November 22, 2024. <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>
83. CDC. Diseases Characterized by Vulvovaginal Itching, Burning, Irritation, Odor, or Discharge: Trichomoniasis. In Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR. Morb Mortal Wkly Rep*. 2021;70(4):87-91. <https://stacks.cdc.gov/view/cdc/109048>
84. CDC. Bacterial Vaginosis (BV): About Bacterial Vaginosis (BV). Accessed November 22, 2024. <https://www.cdc.gov/bacterial-vaginosis/about/index.html>
85. Nava-Memije K, Hernández-Cortez C, Ruiz-González V, et al. Bacterial vaginosis and sexually transmitted infections in an HIV-positive cohort. *Front Reprod Health*. 2021;3:660672. doi:10.3389/frph.2021.660672
86. Ignacio MAO, Buesso TS, Morales JAP, Silva MC, da Silva MG, Duarte MTC. Factors associated with bacterial vaginosis in women with homosexual, bisexual and heterosexual practices. *Braz J Infect Dis*. 2023;27(3):102760. doi:10.1016/j.bjid.2023.102760

## REFERENCES (continued)

87. CDC. Fungal Diseases: About Fungal Diseases. Accessed November 22, 2024. <https://www.cdc.gov/fungal/about/index.html>
88. CDC. Candidiasis: Risk Factors for Candidiasis. Accessed November 22, 2024. <https://www.cdc.gov/candidiasis/risk-factors/index.html>
89. United States Department of Health and Human Services. Office on Women's Health. Vaginal yeast infections. Accessed November 15, 2024. <https://www.womenshealth.gov/a-z-topics/vaginal-yeast-infections>
90. Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Recomm Rep*. 2021;70(4):1-187. <https://stacks.cdc.gov/view/cdc/109048>
91. Planned Parenthood. How Do I Make Sex Safer? Accessed December 10, 2024. <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/safer-sex/how-do-i-make-sex-safer>
92. Planned Parenthood. How to Put a Condom On. Accessed November 22, 2024. <https://www.plannedparenthood.org/learn/birth-control/condom/how-to-put-a-condom-on>
93. Gilbert PA, Pass LE, Keuroghlian AS, Greenfield TK, Reisner SL. Alcohol research with transgender populations: A systematic review and recommendations to strengthen future studies. *Drug Alcohol Depend*. 2018;186:138-146. doi:10.1016/j.drugalcdep.2018.01.016
94. Kroenke K, Spitzer RL. The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Ann*. 2013;32(9):509-515. doi:10.3928/0048-5713-20020901-06
95. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med*. 2001;16(9):606-613. doi:10.1046/j.1525-1497.2001.016009606.x
96. Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med*. 2010;170(13):1155-1160. doi:10.1001/archinternmed.2010.140
97. Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary care validation of a single-question alcohol screening test [published correction appears in *J Gen Intern Med*. 2010;25(4):375]. *J Gen Intern Med*. 2009;24(7):783-788. doi:10.1007/s11606-009-0928-6
98. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: The GAD-7. *Arch Intern Med*. 2006;166(10):1092-1097. doi:10.1001/archinte.166.10.1092
99. National Institute on Drug Abuse (NIDA). Clinical Trials Network Common Data Elements. Accessed November 22, 2024. <https://cde.nida.nih.gov/instruments>
100. NIDA. TAPS Tobacco, Alcohol, Prescription medication, and other Substance Use Tool. Accessed November 22, 2024. <https://nida.nih.gov/taps2>
101. Askari MS, Bauman M, Ko C, Tuazon E, Mantha S, Harocopos A. Unintentional drug poisoning (overdose) deaths in New York City in 2021. New York City Department of Health and Mental Hygiene. *Epi Data Brief*. 2023;133. Accessed November 22, 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief133.pdf>
102. Canan SN, Jozkowski KN, Wiersma-Mosley JD, Bradley M, Blunt-Vinti H. Differences in lesbian, bisexual, and heterosexual women's experiences of sexual assault and rape in a national US sample. *J Interpers Violence*. 2021;36(19-20):9100-9120. doi:10.1177/0886260519863725
103. Shipherd JC, Berke D, Livingston NA. Trauma recovery in the transgender and gender diverse community: Extensions of the minority stress model for treatment planning. *Cogn Behav Pract*. 2019;26(4):629-646. doi:10.1016/j.cbpra.2019.06.001
104. Kelly M, Lubitow A, Town M, Mercier A. Collective trauma in queer communities. *Sex Cult*. 2020;24(5):1522-1543. doi:10.1007/s12119-020-09710-y
105. Reisner SL, White Hughto JM, Gamarel KE, Keuroghlian AS, Mizock L, Pachankis JE. Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *J Couns Psychol*. 2016;63(5):509-519. doi:10.1037/cou0000143
106. Marchi M, Travascio A, Uberti D, et al. Post-traumatic stress disorder among LGBTQ people: A systematic review and meta-analysis. *Epidemiol Psychiatr Sci*. 2023;32:e44. doi:10.1017/S2045796023000586
107. Prins A, Bovin MJ, Kimerling R, et al. Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). [Measurement instrument]. 2015. Accessed November 22, 2024. <https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>
108. Prins A, Bovin MJ, Smolenski DJ, et al. The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *J Gen Intern Med*. 2016;31(10):1206-1211. doi:10.1007/s11606-016-3703-5
109. Soeken KL, McFarlane J, Parker B, Lominack MC. The Abuse Assessment Screen: A clinical instrument to measure frequency, severity, and perpetrator of abuse against women. In Campbell JC, ed. *Empowering Survivors of Abuse: Health Care for Battered Women and Their Children*. Sage Publications, Inc;1998:195-203.
110. Weathers FW, Blake DD, Schnurr PP, Kaloupek DG, Marx BP, Keane TM. *The Life Events Checklist for DSM-5 (LEC-5)*. 2013. Accessed November 22, 2024. [https://www.ptsd.va.gov/professional/assessment/te-measures/life\\_events\\_checklist.asp](https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp)
111. Rollé L, Giardina G, Calderera AM, Gerino E, Brustia P. When intimate partner violence meets same sex couples: A review of same sex intimate partner violence [published correction appears in *Front Psychol*. 2019;10:1706. doi:10.3389/fpsyg.2019.01706 and *Front Psychol*. 2024;15:1449682. doi:10.3389/fpsyg.2024.1449682]. *Front Psychol*. 2018;9:1506. doi:10.3389/fpsyg.2018.01506
112. NYC DOHMH. Health Bulletin #117: Domestic Violence. Accessed November 22, 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/public/dohmhnews117.pdf>
113. Mehr JB, Bennett ER, Price JL, et al. Intimate partner violence, substance use, and health comorbidities among women: A narrative review. *Front Psychol*. 2023;13:1028375. doi:10.3389/fpsyg.2022.1028375
114. Human Rights Campaign Foundation. LGBTQ intimate partner violence and COVID-19. Accessed November 22, 2024. [https://assets2.hrc.org/files/assets/resources/IntimatePartnerViolence\\_062120.pdf](https://assets2.hrc.org/files/assets/resources/IntimatePartnerViolence_062120.pdf)
115. Howell EA. Reducing disparities in severe maternal morbidity and mortality. *Clin Obstet Gynecol*. 2018;61(2):387-399. doi:10.1097/GRF.0000000000000349
116. Marshall NE, Guild C, Cheng YW, Caughey AB, Halloran DR. Racial disparities in pregnancy outcomes in obese women. *J Matern Fetal Neonatal Med*. 2014;27(2):122-126. doi:10.3109/14767058.2013.806478
117. NYC DOHMH. Pregnancy-Associated Mortality in NYC, 2020. September 2023. Accessed November 22, 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-mortality-annual-report-2023.pdf>
118. Limburg A, Everett BG, Mollborn S, Kominiarek MA. Sexual orientation disparities in preconception health. *J Womens Health (Larchmt)*. 2020;29(6):755-762. doi:10.1089/jwh.2019.8054
119. Adam K. Pregnancy in women with cardiovascular diseases. *Methodist Debakey Cardiovasc J*. 2017;13(4):209-215. doi:10.14797/mdcj-13-4-209
120. Leonard SA, Berrahou I, Zhang A, Monseur B, Main EK, Obedin-Maliver J. Sexual and/or gender minority disparities in obstetrical and birth outcomes. *Am J Obstet Gynecol*. 2022;226(6):846.e1-846.e14. doi:10.1016/j.ajog.2022.02.041
121. Everett BG, Kominiarek MA, Mollborn S, Adkins DE, Hughes TL. Sexual orientation disparities in pregnancy and infant outcomes. *Matern Child Health J*. 2019;23(1):72-81. doi:10.1007/s10995-018-2595-x
122. D'Alton ME, Friedman AM, Bernstein PS, et al. Putting the "M" back in maternal-fetal medicine: A 5-year report card on a collaborative effort to address maternal morbidity and mortality in the United States. *Am J Obstet Gynecol*. 2019;221(4):311-317.e1. doi:10.1016/j.ajog.2019.02.055
123. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol*. 2018;131(5):e140-e150. doi:10.1097/AOG.0000000000002633
124. Kozhimannil KB, Westby A. What family physicians can do to reduce maternal mortality. *Am Fam Physician*. 2019;100(8):460-461. <https://www.aafp.org/pubs/afp/issues/2019/1015/p460.html>
125. CDC. Vaccines and Immunizations: Human Papillomavirus (HPV) Vaccination Information for Clinicians. Accessed November 22, 2024. <https://www.cdc.gov/vaccines/vpd/hpv/hcp/index.html>
126. CDC. Vaccine Information for Adults: Strategies for Increasing Adult Vaccination Rates. Accessed November 18, 2024. <https://www.cdc.gov/vaccines-adults/hcp/vaccination-guidelines/index.html>
127. CDC. Human Papillomavirus (HPV): Cancers Caused by HPV. Accessed November 22, 2024. <https://www.cdc.gov/hpv/about/cancers-caused-by-hpv.html>



## REFERENCES (continued)

128. Reiter PL, Bustamante G, McRee AL. HPV vaccine coverage and acceptability among a national sample of sexual minority women ages 18-45. *Vaccine*. 2020;38(32):4956-4963. doi:10.1016/j.vaccine.2020.06.001
129. Meites E, Szilagyi PG, Chesson HW, Unger ER, Romero JR, Markowitz LE. Human papillomavirus vaccination for adults: Updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep*. 2019;68(32):698-702. <https://stacks.cdc.gov/view/cdc/83406>
130. CDC. Vaccines and Immunizations: Child Immunization Schedule Notes. Accessed November 18, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-notes.html>
131. CDC. Adult Immunization Schedule by Age. Accessed November 22, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>
132. Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. *Cureus*. 2017;9(4):e1184. doi:10.7759/cureus.1184
133. Huebner DM, Thoma BC, Neilands TB. School victimization and substance use among lesbian, gay, bisexual, and transgender adolescents. *Prev Sci*. 2015;16(5):734-743. doi:10.1007/s1121-014-0507-x
134. New York City Department of Health and Mental Hygiene (NYC DOHMH). 2021 Youth Risk Behavior Survey Results: New York City High School Survey Codebook. Accessed November 22, 2024. <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/codebook-citywide-2021.pdf>
135. CDC. *Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021*. Accessed November 20, 2024. <https://stacks.cdc.gov/view/cdc/124928>
136. CDC. *Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023*. Accessed November 20, 2024. <https://www.drugsandalcohol.ie/41612/1/YRBS-2023-Data-Summary-Trend-Report.pdf>
137. Hodson K, Meads C, Bewley S. Lesbian and bisexual women's likelihood of becoming pregnant: A systematic review and meta-analysis. *BJOG*. 2017;124(3):393-402. doi:10.1111/1471-0528.14449
138. Tornello SL, Riskind RG, Patterson CJ. Sexual orientation and sexual and reproductive health among adolescent young women in the United States. *J Adolesc Health*. 2014;54(2):160-168. doi:10.1016/j.jadohealth.2013.08.018
139. The Trevor Project. The Trevor Project Research Brief: Data on Transgender Youth. February 2019. Accessed November 22, 2024. <https://www.thetrevorproject.org/wp-content/uploads/2021/08/The-Trevor-Project-Research-Brief-February-2019.pdf>
140. The Trevor Project. 2023 US National Survey on the Mental Health of LGBTQ Young People. Accessed November 22, 2024. <https://www.thetrevorproject.org/survey-2023>
141. Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Accessed November 20, 2024. [https://transequality.org/sites/default/files/docs/resources/NTDS\\_Report.pdf](https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf)
142. CDC. Discussing Sexual Health With Your Patients. Accessed November 21, 2024. <https://stacks.cdc.gov/view/cdc/126606>
143. NYC DOHMH. Sexual and Reproductive Health Care Best Practices for Adolescents and Adults. Accessed November 21, 2024. <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/srh-clinical-guide.pdf>
144. Rafferty J; American Academy of Pediatrics (AAP) Committee on Psychosocial Aspects of Child and Family Health; AAP Committee on Adolescence; Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. Policy Statement. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents [published correction appears in *Pediatrics*. 2023;152(4):e2023063756. doi:10.1542/peds.2023-063756]. *Pediatrics*. 2018;142(4):e20182162. doi:10.1542/peds.2018-2162
145. NYS. Frequently Asked Questions: Guidance for Local Health Departments (LHD) and Health Care Providers on STI Billing and Minor's Consent to Prevention Services and HIV-related Services. Updated November 2019. Accessed November 22, 2024. [https://www.health.ny.gov/diseases/communicable/std/docs/faq\\_billing\\_consent.pdf](https://www.health.ny.gov/diseases/communicable/std/docs/faq_billing_consent.pdf)
146. NYC DOHMH. Mpox: Information for Providers. Accessed November 22, 2024. <https://www.nyc.gov/site/doh/providers/health-topics/mpox.page>
147. New York Civil Liberties Union. What Types of Care Can You Receive Without Parental Consent? <https://www.nyclu.org/ideas/reports/what-teens-need-to-know/what-types-of-care-can-you-receive-without-parental-consent>
148. Services and Advocacy for GLBT Elders; National Center for Transgender Equality. Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice. 2012. Accessed November 21, 2024. <https://transequality.org/sites/default/files/docs/resources/TransAgingPolicyReportFull.pdf>
149. American Psychological Association. Lesbian, Gay, Bisexual and Transgender Aging: A Growing Population. 2013. Accessed November 22, 2024. <https://www.apa.org/pi/lgbt/resources/aging>
150. Fredriksen-Goldsen KI, Kim H-J, Barkan SE, Muraco A, Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *Am J Public Health*. 2013;103(10):1802-1809. doi:10.2105/AJPH.2012.301110
151. Fredriksen-Goldsen KI, Hoy-Ellis CP, Goldsen J, Emlert CA, Hooyman NR. Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *J Gerontol Soc Work*. 2014;57(2-4):80-107. doi:10.1080/01634372.2014.890690
152. Agénor M, Pérez AE, Tabaac AR, et al. Sexual orientation identity disparities in mammography among White, Black, and Latina US Women. *LGBT Health*. 2020;7(6):312-320. doi:10.1089/lgbt.2020.0039
153. USPSTF. Breast Cancer: Screening. Accessed November 22, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>
154. CDC. Vaccination Programs. Accessed December 11, 2024. <https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccination-programs.html>
155. National Institute on Aging. Sex and Menopause: Treatment for Symptoms. Accessed November 22, 2024. <https://www.nia.nih.gov/health/sex-and-menopause-treatment-symptoms>
156. National Institutes of Health. HIV and Specific Populations: HIV and Women (Based on Assigned Sex at Birth). Accessed November 22, 2024. <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-women>
157. University of California San Francisco. Transgender Care. *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*. 2nd edition. Deutsch MB, ed. June 2016. Accessed November 22, 2024. <https://transcare.ucsf.edu/guidelines>
158. US Department of Health and Human Services. Office on Women's Health. Menopause Basics. Updated October 17, 2024. Accessed November 22, 2024. <https://www.womenshealth.gov/menopause/menopause-basics>
159. Dalal PK, Agarwal M. Postmenopausal syndrome. *Indian J Psychiatry*. 2015;57(Suppl 2):S222-S232. doi:10.4103/0019-5545.161483
160. Nguyen HB, Chavez AM, Lipner E, et al. Gender-affirming hormone use in transgender individuals: Impact on behavioral health and cognition. *Curr Psychiatry Rep*. 2018;20(12):110. doi:10.1007/s11920-018-0973-0

# City Health Information



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New York City Department of Health and Mental Hygiene. Providing comprehensive care to women who have sex with women. *City Health Information*. 2025;44(1):1-18.

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