

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^a

- 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.

^aFor 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.

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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.¹⁻³ Many WSW are not up to date in preventive health screenings and vaccinations,⁴⁻⁶ have difficulty accessing prenatal or postdelivery care,



do not practice safer sex, and may have undressed mental or substance use issues.^{4,5,7-9}

Social determinants of health (eg, housing stability, employment, income, food insecurity) contribute to physical and mental health outcomes among cisgender and transgender WSW.^{10,11} In addition to barriers to health care access, WSW may also experience chronic stressors that increase their health risks (**Box 1**^{6,7,12-34}).^{35,36} Experienced or anticipated discrimination, family rejection, trauma, stresses associated with coming out,³⁷ and internalized stigma increase the likelihood that WSW will experience physical and mental health conditions.^{35,38-40} 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.^{35,41} WSW have higher rates of drug and alcohol use than heterosexual women,⁴⁰ 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.^{23,24}

In the United States, 7.6% of adults aged 18 years and older identify as lesbian, gay, bisexual, transgender, or other than heterosexual.⁴² 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.⁴³

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.⁴⁴ However, approximately 20% of lesbian women and 76% of bisexual women have not disclosed this information to their health care provider.⁴⁵ Fear of discrimination, lack of confidentiality, and past negative experiences with health care providers or their staff may keep WSW from sharing information,⁴⁶ 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 issues⁴⁷ (eg, sexual dysfunction or dissatisfaction, contraception, sexually transmitted infections [STIs]).⁴⁸

ENSURE AN AFFIRMING ENVIRONMENT

Providers' awareness, understanding, acceptance, attitude, and knowledge of health issues specific to WSW are important means to facilitate disclosure.⁴⁹ 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**⁵⁰⁻⁵³).

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 questions⁵⁴ such as "I see on the form that you marked 'X.' What does that mean to you?"⁵⁵ See the section on **Take a Sexual History** for guidance.

Recognize your own implicit biases^{52,56} 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.^{57,58} Train your staff⁵² 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^{6,7,12-34}

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.⁵⁹ They also experience greater stigma.⁶⁰ 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 women²¹)⁶¹; HIV and other sexually transmitted infections (STIs); hyperlipidemia; hypertension; cardiovascular symptoms⁶; and diabetes.⁴⁴

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.⁶² Inform individuals about the importance of healthy sleep habits, physical activity, and nutrition.^{16,62} Inadequate sleep duration and poor sleep quality are risk factors for incident hypertension, diabetes, and cardiovascular diseases.¹⁶ Shorter sleep duration is more common in WSW compared with WSM.¹⁶

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

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^{6,20,34}) compared with WSM^{6,34} and national estimates of women.²⁰

Black women are more likely than White women to die of breast cancer.⁶⁷ 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.^{3,68} 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.⁶⁹

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%).⁶ Fear or experiences of discrimination in the health care setting may contribute to the lack of these preventive measures.^{70,71} Although WSW are as likely as WSM to develop cervical cancer, WSW are 10 times less likely to have regular cervical cancer screenings.⁷² Lower rates of regular screening and late diagnosis when the disease is less treatable⁷² may affect cervical cancer outcomes.

BOX 2. PROVIDING AN AFFIRMING ENVIRONMENT⁵⁰⁻⁵³

- 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,²¹ 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,³⁷ and is a different experience for every individual⁷³; it remains a pivotal point for LGBTQ sexual identity formation.^{73,74} Bisexual women are less likely than lesbian women to come out, possibly due to additional prejudice and stigma (internal and external) experienced by bisexual women³⁷ and to social conventions that erase or deny the existence of bisexuality⁷⁵ among the LGTQ community as well as heterosexual individuals.³⁷

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.⁷⁶ Start the sexual history with an open-ended question⁷⁷ 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.⁷⁸ 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,⁷⁹⁻⁸¹ and for hepatitis B, hepatitis C, and HIV. Screen women for other STIs according to [CDC recommendations](#).⁸² While HIV is rarely transmitted via oral sex⁷⁹ or between cisgender WSW,¹⁸ transmission may occur during sex or any activities (eg, tattooing, acupuncture) in which there is exposure to body fluids.¹⁸ 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.⁸⁰ The condition affects more women than men and poses a 1.5-fold increased risk of HIV.^{79,82} 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.⁸³ Perform diagnostic testing for *T vaginalis* for individuals presenting with vaginal discharge.⁸³ 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).⁸³

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 increase⁸⁴ the risk of contracting and transmitting HIV and other STIs.^{84,85} Compared with heterosexual women, lesbian and bisexual women have an increased

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

Most women get a vaginal yeast infection at least once in their lives.⁸⁷ Oropharyngeal and esophageal candidiasis are common in people who have HIV.⁸⁸ These infections are not considered to be STIs, although they can be transmitted by a sexual partner.⁸⁹ 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).^{89,90}

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**^{1,6,80,84,91,92}).¹ 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,⁷⁹ but are rarely used by WSW.¹ 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**⁹³⁻¹⁰⁰), 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.¹⁰¹ 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.^{29,101} Compared with WSM, WSW have experienced disproportionately elevated frequency, severity, and persistence of physical and sexual abuse in childhood and adolescence.^{29,102} Transgender people have higher rates of trauma than cisgender individuals.¹⁰³ 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).^{13,104,105} Internal oppression, such as internalized homophobia, can be a predictor for PTSD symptom severity in WSW.¹⁰⁶

Screen for trauma with a validated tool (**Box 5**¹⁰⁷⁻¹¹⁰).¹⁰⁷ 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^{1,6,80,84,91,92}

- 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^{a,93-100}

Condition	Screen	Next steps	Resources
Depression	Ask (PHQ-2 ^b): <i>Over the last 2 weeks, how often have you been bothered by the following problems?</i> 1. Little interest or pleasure in doing things 2. Feeling down, depressed, or hopeless	For a score of ≥ 3 , use the PHQ-9 or another evaluation to diagnose a depressive disorder	Mental Health and Behavioral Health NYC 988
Generalized anxiety disorder	Ask about • persistent, excessive, uncontrollable worry and anxiety about daily life and routine activities • myalgia, trembling, jumpiness, headache, dysphagia, gastrointestinal discomfort, diarrhea, sweating, hot flashes, and feeling lightheaded and breathless	If GAD is suspected, screen with the GAD-7	Mental Health and Behavioral Health NYC 988
Suicide screen	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
Tobacco use	Ask: • <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> • For adolescents: <i>In the past year, how many times have you used tobacco?</i>	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
Alcohol use^a	Ask: • <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> • For adolescents: <i>In the past year, how many times have you used alcohol?</i>	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
Drug use	Ask: • <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> • For adolescents: <i>In the past year, how many times have you used marijuana?</i>	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.

^aGuidance is limited regarding evidence-based application of these thresholds to transgender, gender nonconforming, and intersex individuals.

^bPHQ-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.^{19,111} Bisexual women have a higher lifetime prevalence of these forms of intimate partner violence (IPV) compared with both lesbian women and heterosexual women.¹⁹ Lifetime prevalence of psychological aggression by an intimate partner was 63.4%, 70.7%, and 48.4%, for lesbian, bisexual, and heterosexual women, respectively.¹⁹ The perpetrators of rape and contact sexual violence among lesbian, bisexual, and heterosexual women are more likely to be men.¹⁹ 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.¹¹ Abuse can be physical, sexual, psychological, or economic.^{19,111,112}

Clinical indications of abuse include chronic pain, injuries, emotional distress, insomnia, and frequent use of pain/anxiolytic medication.^{113,114} 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.¹¹⁴

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**¹⁰⁷⁻¹¹⁰).¹⁰⁹ 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.⁴⁹ 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.^{115,116} 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.^{115,116} Between 2016 and 2020, the pregnancy-associated mortality ratio was 4 times higher for Black compared with White birthing people.¹¹⁷

WSW are also vulnerable to poor health before conception.¹¹⁸ 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 SAFETY¹⁰⁷⁻¹¹⁰

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.^{16,118,119} Individuals with CVD are at risk of developing arrhythmias, pulmonary edema, and congestive heart failure during pregnancy and childbirth.¹¹⁹

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.¹²⁰ Compared with heterosexual women, miscarriages are more likely for lesbian and bisexual women.¹²¹ 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).¹²¹ Heteronormative obstetrical health care (ie, health care that centers heterosexual parents) is widely reported to have a negative impact on WSW who are pregnant,¹²⁰ 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.¹¹⁵ 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.¹²² 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.¹²³ 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.¹²⁴ 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.^{125,126} Explain that HPV is the

most common STI in the United States,⁸¹ 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.¹²⁷

WSW may be unaware of the need for the HPV vaccine,¹²⁸ 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.¹²⁹ 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.¹³⁰ 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.¹³¹ 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.¹³²⁻¹³⁶

Lesbian and bisexual adolescents are at greater risk of unwanted pregnancies and terminate pregnancies at higher rates than their heterosexual peers.¹³⁷ 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.¹³⁸ Both lesbian and bisexual women were more likely than heterosexual young women to be raped by a

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

Inform parents that it is standard practice for you to examine adolescents aged 12 years or older in private.^{142,143} 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.¹⁴³ Tell transgender and gender-diverse adolescents that their gender identities and expressions are normal aspects of human diversity.¹⁴⁴

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.¹⁴⁵⁻¹⁴⁷ 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.¹⁴⁸ 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.¹⁴⁹ 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.^{150,151} 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.¹⁵² Refer WSW aged 40 to 74 years for a mammogram if they have not had one within two years.¹⁵³ Recommend age-appropriate vaccines (eg, shingles, pneumococcal) according to the [CDC's Adult Immunization Schedule](#), and offer to administer vaccines at the current visit.¹⁵⁴

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 sex¹⁵⁵ and increase the risk of HIV.¹⁵⁶ Tell transgender women that their postsurgical vagina may be susceptible to HIV transmission.^{7,148} If you need to do a visual examination of a transgender woman's vagina, consider using an anoscope, which may be more anatomically appropriate.¹⁵⁷

Urinary incontinence, mood swings/emotional changes, hot flashes/night sweats, and a reduced interest in sex are symptoms of menopause and postmenopause.^{158,159} 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.¹⁴¹ 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.¹⁴¹ 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.¹⁴¹

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.¹⁶⁰ 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.¹⁵⁷ 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.¹⁵⁷

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 include¹⁵⁷:

- 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.lgbtqihealtheducation.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

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)
- 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.lgbtqihealtheducation.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

- 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

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
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/

Stroke

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

City Health Information archives: 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
 - 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://cal-len-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
 - 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
- New York State (NYS). Opioid Overdose Prevention Program: 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/city-wide-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
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.aidsinstitute.org>
- NYC Health Department. Naloxone information: 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
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
- 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>

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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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