AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 903 (I-17)

Introduced by: Medical Student Section

Subject: Improving Screening and Treatment Guidelines for Domestic Violence Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals

Referred to: Reference Committee K
(L. Samuel Wann, MD, Chair)

Whereas, Nearly 3 in 10 women and 1 in 10 men in America have experienced some form of intimate partner violence, including rape, physical violence, and/or stalking;¹ and

Whereas, Victims of violence by an intimate partner report issues such as fearing injury, the perpetrator limiting the victim’s access to money or social support, or needing resources such as medical care, legal services, housing services, victim’s advocate services, and/or crisis hotlines;¹ and

Whereas, Our AMA has not updated its Diagnostic and Treatment Guidelines on Domestic Violence since 1992, and since, research has shown that relationship violence in couples involving a transgender or otherwise identifying individual present unique circumstances²; and

Whereas, Violence against LGBT individuals, including domestic violence, is underreported and at times falsely attributed to other kinds of violence like hate crimes;³,⁴ and

Whereas, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Others (LGTQ+) individuals who are victims of domestic violence may have an added pressure of staying in the relationship and/or seeking treatment out of fear of being outed to family members, friends, or employers;⁵,⁶,⁷ and

Whereas, Some transgender individuals may be pressured to stay in an abusive relationship due to their partner’s threats of limiting access to sex replacement hormones or otherwise exploiting their vulnerabilities with gender transitioning;⁸,⁹ and

Whereas, Some transgender victims of domestic violence avoid reporting their abuse or seeking treatment because they do not want to add to stigma against the transgender community;¹⁰ and

Whereas, Our AMA has committed to address health disparities in LGBT populations and has committed to address family and intimate partner violence (AMA PoliciesH-65.976, H-515.965); and

Whereas, The term Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Others (LGBTQ+) is an umbrella term for individuals whose gender identities and sexual orientations differ from those who are cisgender and heterosexual, and should be considered as an effort to be more inclusive than other acronyms like LGB, LGBT, etc. which may be present in some research throughout this resolution;¹⁰ therefore be it

RESOLVED, That our American Medical Association publish an update to its 1992 Diagnostic and Treatment Guidelines on Domestic Violence to reflect recent data and to address unique issues faced by the LGBTQ+ population (Directive to Take Action); and be it further

RESOLVED, That our AMA promote crisis resources for LGBTQ+ patients that cater to the specific needs of LGBTQ+ victims of domestic violence (New HOD Policy); and be it further

RESOLVED, That our AMA amend AMA Policy H-65.976 by addition to read as follows:

Nondiscriminatory Policy for the Health Care Needs of LGBTQ+ Populations H-65.976
Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA amend AMA policy H-160.991 by addition and deletion to read as follows:

Health Care Needs of Lesbian Gay Bisexual and Transgender Populations H-160.991
1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ+) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ+; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ+ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ+ patients; (iii) encouraging the development of educational programs in LGBTQ+ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ+ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ+ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ+ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding:
   (i) the need for women who have sex with women to undergo regular cancer and sexually
   transmitted infection screenings due to their comparable or elevated risk for these
   conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases
   in men who have sex with men; and (iii) appropriate safe sex techniques to avoid the risk for
   sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or
   gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals)
   experience intimate partner violence, and how sexual and gender minorities present with
   intimate partner violence differs from their cisgender, heterosexual peers and may have
   unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to
   increase physician competency on LGBTQ+ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations,
   focusing on issues of mutual concern in order to provide the most comprehensive and up-to-
   date education and information to enable the provision of high quality and culturally
   competent care to LGBTQ+ people. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 09/12/17

RELEVANT AMA POLICY

Education of Medical Students and Residents about Domestic Violence Screening H-295.912
Family and Intimate Partner Violence H-515.965
Nondiscriminatory Policy for the Health Care Needs of LGBT Populations H-65.976