

# LGBTQ Inclusivity

Acknowledging someone's experiences, what brought them to this place, and their personal history is an integral step in establishing a relationship of trust with a patient. Care often begins with meeting someone where they are, physically, emotionally, and psychologically, and medical practitioners have the unique opportunity to provide these very supports. Despite these efforts, lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ)<sup>1</sup> communities experience significant degrees of discrimination and violence that can be fostered, condoned and maintained throughout many systems of care.<sup>2</sup> The fear of ongoing harassment and violence can force many LGBTQ youth to spend energy questioning their worth, censoring themselves and their movements, and potentially limiting their opportunities for self-care, whether personally or professionally. Given these realities, it is essential that medical settings and the people who provide care are both respectful and responsive to the diverse needs of LGBTQ youth. What would that look like in practice?

## Know The Risk Factors

- Accessing care can be a challenge in itself. Nearly 1 in 5 Trans\* and gender non-conforming people have been refused treatment at one point in their lifetime.<sup>3</sup>
- Lesbian, gay and bisexual (LGB) youth are more likely to experience physical and psychological dating abuse, sexual coercion and cyber dating abuse than their heterosexual peers.<sup>4</sup>
- According to a 2011 study, 28% of sick or injured Trans\* and gender non-conforming people reported that they postponed medical care due to discrimination and 48% postponed due to an inability to afford care.<sup>5</sup>
- Lesbian, gay and bisexual (LGB) youth are more likely than their heterosexual peers to seek help after experiencing dating abuse.<sup>6</sup>
- 28% of Trans\* and gender non-conforming people have experienced verbal harassment in a medical setting.<sup>7</sup>

<sup>1</sup> As a measure of inclusivity, the authors use the acronym LGBTQ to include all sexual orientations, gender identities and expressions. We understand that identities are not limited to the terms represented by the letters in this acronym and aim to be representative of the entirety of identities across the queer spectrum. Select studies utilize the acronyms LGBT or LGB to denote the specific populations represented in those studies and are marked as such throughout this tip sheet.

<sup>2</sup> The Rhode Island Task Force on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth (2009). *Toward Comprehensive Inclusion: Addressing the needs of Rhode Island's lesbian, gay, bisexual, transgender, queer and questioning youth*. Retrieved from <http://www.youthprideri.org/Portals/0/Uploads/Documents/toward%20comprehensive%20inclusion.pdf>.

<sup>3</sup> Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. Retrieved from [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf).

<sup>4</sup> Dank, M., Lachman, P., Zweig, J. M., & Yahner, J. (2014). Dating violence experiences of lesbian, gay, bisexual, and transgender youth. *Journal of youth and adolescence*, 43(5), 846-857.

<sup>5</sup> Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011).

<sup>6</sup> Dank, M., Lachman, P., Zweig, J. M., & Yahner, J., 2014.

<sup>7</sup> Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011).

## Create a Culture of Respect

- Create a culture of respect where everyone is valued, and their identity and self-determination is respected.<sup>8</sup> Not sure what someone's [gender pronouns](#) are? Ask. Always use a person's self-identified pronouns (they, ze, she, he, Mx., etc.). This helps to establish rapport from the very beginning - including at the welcome desk.
- Assess the overall environment, approach to marginalized patients, and staff's perceptions. Consider staff's willingness to support all patients regardless of identity, their openness to learning best practices for interaction and care, and commitment to addressing any problems that may occur in the workplace.
- Examine accessibility barriers. One way to reduce barriers is to establish a welcoming and respectful space; this is an important step in making patients feel comfortable. Consider subscribing to national LGBTQ magazines or newsletters, and display posters and brochures in waiting, reception, and treatment areas depicting images that people can relate to, as one step.

## Value Identit(ies)

- Develop and operationalize inclusive intake forms as a measure to show that you value all patients equally.<sup>9</sup> Break the binary of male and female, and offer additional options for gender identity (transgender, gender queer, etc.). Make sure to leave a blank space for those who wish to self-identify, but avoid labeling that option as "other."
- Expand intake forms and paperwork to include options beyond heterosexual and bisexual as the only sexual orientation choices. Consider bisexual, asexual or pansexual, etc., and leave space for self-identification. Unless medically necessary for the care a patient is requesting, avoid questions about a patient's preferred sexual partners.<sup>10</sup>
- Review intake forms. Many intake forms are exclusionary without realizing it. Be sure to add options like "partnered" or "in a civil union" to the relationship sections that typically only offer "married," "single," "divorced," and "widowed." Limited options can result in feelings of isolation or invisibility.
- Enhance knowledge of terminology,<sup>11</sup> for example, FTM (female-to-male), MTF (male-to-female), passing, binding and gaffing, are just some of the many terms that patients may use.<sup>12</sup>

<sup>8</sup> *The Safe Space Kit: Guide to Being an Ally to LGBT Students*. (2013). New York, New York: Gay, Lesbian and Straight Education Network. Retrieved from <http://www.glsen.org/safespace>.

<sup>9</sup> Best Practices: Creating an LGBT-inclusive School Climate. (n.d.). Retrieved September 17, 2015, from <http://www.tolerance.org/lgbt-best-practices>.

<sup>10</sup> FORGE. (2009). *Quick Tips: Trans Inclusion. A Guide for Service Providers*. FORGE: Milwaukee, WI.

<sup>11</sup> *The Safe Space Kit: Guide to Being an Ally to LGBT Students*, 2013.

<sup>12</sup> Munson, M. (2015). Proceedings from NSAC '15: Transgender Bodies/Psyches: Medically Navigating (and Advocating for) Trans Survivors. Los Angeles, CA.



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## Be Mindful

- Curiosity is natural, but it is essential to follow proper protocol and etiquette when working with LGBTQ youth. If you have questions about a community, sexuality, gender identity or transitioning that is not related to a patient's medical care, it is important to avoid making a patient feel as if they need to teach you something<sup>13</sup> - especially something you may be able to find through online research or a community partner organization.
- While inquiring about physical conditions, traits, marks, sexual history, surgical history and other common intake questions, be intentional that you are only asking the questions that are relevant to why that patient is seeking services. If you have to chart injuries, particularly on a form with a gendered figure, do so outside of the patient's room.<sup>14</sup>
- If a situation presents itself when there is a medical reason to ask about information that may seem sensitive, assure your patient that this is a normal question that you ask everyone seeking similar medical attention.<sup>15</sup> This can help to relieve anxiety about being used as a curiosity or study case, and can even help increase rapport.

## Be Responsive

- Confidentiality and support for young LGBTQ patients can not only protect them from an abusive partner, but can also be vital for community and familial safety. Always communicate with patients if records of their sexual orientation and/or gender identity may be available to parents through their medical records. If parental notification is subjective or flexible, keep this in mind as outing a young person can have serious ramifications.
- Know what you don't know. Fifty percent of Trans\* and gender non-conforming people have had to teach their medical providers about transgender care.<sup>16</sup> Remember that being culturally informed is not a box to check; it requires lifelong learning.

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<sup>13</sup> FORGE, 2009.

<sup>14</sup> Munson, 2015.

<sup>15</sup> *Ibid.*

<sup>16</sup> Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M, 2011.



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