

# LGBTQ Inclusivity

The compiled complexities of holistic care, systemic barriers to accessing services, and perceptions of discrimination create difficulties when attempting to provide effective and accessible services to marginalized youth. Lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ)\* communities experience significant degrees of discrimination and violence that despite progress, can be cultivated and perpetuated throughout many systems of youth care.<sup>1</sup> The fear of ongoing harassment and violence forces many LGBTQ youth to spend a great deal of energy monitoring their behavior, questioning their movements, censoring their language, and concealing their own identity. As service providers, there is an opportunity to acknowledge and interrupt these fears and provide effective and comprehensive social services to LGBTQ youth. What does this look like in practice?

## Know The Risk Factors

- 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>2</sup>
- A 2011 national study found that the combination of anti-transgender bias and persistent, structural racism was especially<sup>3</sup> devastating, further highlighting the need to approach care from an intersectional\*\* framework.
- Lesbian, gay and bisexual (LGB) high school students are 4 times more likely<sup>4</sup>, and questioning youth are 3 times more likely, to attempt suicide as their heterosexual peers.

<sup>1</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>2</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>3</sup> Harrison-Quintana, J., Quach, C., & Grant, J. *Injustice at Every Turn: A look at multiracial respondents in the National Transgender Discrimination Survey*. Retrieved on September 24, 2015 from [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_multiracial\\_respondents.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_multiracial_respondents.pdf).

<sup>4</sup> Centers for Disease Control. (2011). *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance*. Atlanta, GA: U.S. Department of Health and Human Services.

\*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.

\*\*An Intersectional approach to care considers the ways that multiple identities (age, race, ethnicity, sexual orientation, religion, ability, gender-identity, etc. and their related experiences overlap, interact, and affect someone's lived reality.

## Put It In Writing

- Develop or update written non-discrimination policies such as sexual harassment and bullying policies and confidentiality breach procedures. You may have many of these policies in place, but do they explicitly outline protections for sexual orientation, gender identity and expression? To enhance accountability and accessibility, ensure that current contact information and processes for making complaints are clearly posted.<sup>5</sup>
- Develop and operationalize inclusive forms as a measure to show that you value all clients equally.<sup>6</sup> Break the binary of male and female, and offer additional options for gender identity (transgender, genderqueer, etc.). Include options beyond heterosexual and homosexual for sexual orientation; consider bisexual, asexual, and pansexual, among others. Make sure to leave a blank space for those who wish to self-identify their gender-identity or sexual orientation, but avoid labeling that option as “other.” When providing services, make sure that your forms reflect the same holistic approach that you aim to provide through your care.

## Be Proactive & Responsive

- 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.
- Establish a welcoming and respectful space.<sup>7</sup> This is an important step in making clients feel comfortable, ultimately building trust and the willingness to access future services. Inclusive environments are based in attitudes and respect, but a tangible way to apply these values could include subscribing to national LGBTQ magazines or newsletters, and display [posters](#) and brochures depicting images that young people can relate to.<sup>8</sup>
- 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 clients if records including information about sexual orientation, gender identity or experiences of stalking, sexual, domestic, or dating abuse may be available to parents or caregivers. If parental notification is not legally required, consider this, and the impact a report may have on a client.
- Be mindful of ethical obligations like privacy, data protection, confidentiality, and informed consent; only share data that has the express consent of the client.<sup>9</sup> Solicit competent [technical assistance](#) from expert organizations on the importance of and strategies for safely and ethically collecting and reporting LGBTQ youth data.<sup>10</sup>

<sup>5</sup> The Rhode Island Task Force on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth, 2009.

<sup>6</sup> Best Practices: Creating an LGBT-inclusive School Climate. (n.d.). Retrieved September 17, 2015, from <http://www.tolerance.org/lgbt-best-practices>.

<sup>7</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>8</sup> GLBTQ Domestic Violence Project. (n.d.). *A Service Provider’s Guide for Working with GBT Victims and Survivors of Domestic Abuse*. Retrieved on September 14, 2015 from <http://gmdvp.org/wp-content/uploads/2010/11/A-Service-Providers-Guide.pdf>.

<sup>9</sup> Best Practices: Creating an LGBT-inclusive School Climate, n.d.

<sup>10</sup> Ciarlante, M. & Fountain, K. (2010). *Why It Matters: Rethinking Victim Assistance for LGBTQ Victims of Hate Violence and Intimate Partner Violence*. National Center for Victims of Crime and the National Coalition of Anti-Violence Programs. Retrieved from [http://www.victimsofcrime.org/docs/Reports%20and%20Studies/WhyItMatters\\_LGBTQreport\\_press.pdf](http://www.victimsofcrime.org/docs/Reports%20and%20Studies/WhyItMatters_LGBTQreport_press.pdf).



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## Be Proactive & Responsive (cont.)

- If a situation presents itself when there is a reason to ask about information that may seem sensitive for medical or intake purposes,<sup>11</sup> assure your client that this is a normal question that you ask everyone seeking similar services.<sup>11</sup> This step can help to relieve anxiety about being used as a curiosity or study case.

## Value Identit(ies) & Experiences

- Use the name and pronoun used by clients, even when they are not around.<sup>12</sup> If you are unsure which [gender pronouns](#) a client uses, ask. Urge law enforcement and medical staff to do that same when dealing with a young survivor of abuse. If you need to discuss “gendered” body parts with a client, echo the terms they use.<sup>13</sup>
- Empower young LGBTQ clients to “take charge” and direct their own care by providing relevant information that can enable them to decide which services *they* want.<sup>14</sup> Acknowledge that systems can be challenging and ask the young person what their ideal result may be as a result of accessing services. Provide guidance on the possibilities and limitations that could arise from the decided actions, and offer support when requested.

## Collaborate & Educate

- Train staff on a variety of topics, including the “coming out” process, can provide staff with the skills to empower LGBTQ youth on the dynamics of self-expression and self-determination. [Professional development](#) of this nature also allows for self-awareness training, which is critical to avoid negative effects of personal attitudes, biases and assumptions in service provision.<sup>15</sup>
- Know what you do not know, and be willing to ask for help in a way that does not further marginalize LGBTQ communities. Maintain and update a service directory of community resources, organizations and individuals specializing in or which have experience working with LGBTQ youth.<sup>16</sup> Explain your commitment to collaborating with service providers who support LGBTQ youth, acknowledge areas for growth, and explore what peer learning opportunities may exist. Strive to engage with providers who serve youth from marginalized communities such as, but not limited to, LGBTQ youth of color and LGBTQ youth with physical and developmental disabilities.
- Partner with other LGBTQ programs and more “mainstream” service providers, including law enforcement. Interagency teamwork fosters LGBTQ sensitivity. Enhanced commitment to inclusivity supplies a critical link between youth and the social services system, resulting in a broader range of services available for LGBTQ youth.

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<sup>11</sup> Munson, M. (2015). Proceedings from NSAC '15: Transgender Bodies/Psyches: Medically Navigating (and Advocating for) Trans Survivors. Los Angeles, CA.

<sup>12</sup> *The Safe Space Kit: Guide to Being an Ally to LGBT Students*, 2013.

<sup>13</sup> FORGE (2009). Quick Tips: Trans Inclusion. A Guide for Service Providers. FORGE: Milwaukee, WI.

<sup>14</sup> *Ibid.*

<sup>15</sup> The Rhode Island Task Force on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth, 2009.

<sup>16</sup> *The Safe Space Kit: Guide to Being an Ally to LGBT Students*, 2013.

