



## Tips for Medical Professionals for Making Better/Safer Environments for Children with LGBTQ Parents

In the United States alone, there are millions of people with one or more lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) parent(s). While research shows that there are no significant developmental differences or negative effects on children of LGBTQ parents, these youth report facing significantly more prejudice and discrimination because of societal homophobia and transphobia.

**LGBTQ families, particularly families that include one or more nonbiological parents, face a range of systemic impediments to care and custody of children, including exclusion from a spouse's health insurance coverage and hostility in school systems and health care settings.**

Based on a Kaiser Permanente national survey of nursing students, 8-12 percent "despised" lesbian, gay and bisexual people, 5-12 percent found lesbian, gay and bisexual people "disgusting" and 40-43 percent thought lesbian, gay and bisexual people should keep their sexuality private. Homophobia and transphobia in health care fields impacts the ability of youth with LGBTQ parents and their families to access care.

The Williams Institute published research in October 2006 that shows 20 percent of same-sex couples are uninsured, compared with only 10 percent of married people and 15 percent of the overall population. This means that a higher number of LGBTQ couples as well as their children do not have health coverage. LGBTQ people who are unable to access adequate health care are less able to care for children. Some LGBTQ parents are able to access health coverage through domestic partner benefits. Still, the majority of employers don't offer domestic-partner benefits, and even among those that do, some people may not feel comfortable taking advantage of them, especially if they are not able to be "out" at work.

Because of stigma and prejudice, and because people with LGBTQ parents and their families represent a minority of the U.S. population—a population that is still not a recognized category in the U.S. census—clinical and public health studies and program evaluation have been scarce in all sectors of health delivery and research.

Medical professionals are the first responders when it comes to making sure people are treated equally, regardless of their differences—like sexual orientation, gender identity or family status. Patients should feel safe and confident when they are in hospitals, clinics, or even on the operating table.

There are simple ways to make the practice environment safer and more welcoming for children of LGBTQ parent(s) and their families. Simple changes in everything from patient forms to office décor can have a significant impact on the comfort level and interactivity of a child of LGBTQ parent(s) of any age. Open communications between medical professional and patient not only make the relationship easier, but it can also save lives.

The following tips are compiled through our individual and collective experiences as children of LGBTQ parent(s) and are not based on any quantitative or qualitative study or research.

### **Realize We Are Part of the Community**

Understand that while most kids with LGBTQ parents may not be LGBTQ themselves, they are still a large and active part of the "gay community." They may not identify outwardly about their role in the community, but are nonetheless a part of it.

### **Enter a Conversation with an Open Mind**

While medicine is about rendering judgment and finding a solution, it best to enter conversations with kids of LGBTQ families judgment-free. Language can be quite stigmatizing. What does the child call their parents? Use accurate pronouns and language when talking about family or people. Practice how you'll treat a trans-family interaction and be open to critique and feedback.

### **Show Your Respect for Families**

Show "signs" that LGBTQ families are welcome; even the subtlest hint of acceptance will be felt. Signs could include a poster, rainbow sticker, visually inclusive brochures or even the posting of a non-discrimination policy. An actual physical sign could be the creation and posting of a unisex bathroom.

### **Make an Impact with the Right Books and Magazines**

It may seem minor, but more powerful than a rainbow sticker on a door, the right books and magazines can really show acceptance. Stock waiting rooms with gay family magazines and books for kids with LGBTQ parents.

### **Change Patient Intake Forms**

Nothing can annoy children of LGBTQ parents more than intake forms. Whether it is a school release form, college application or a medical history sheet, the assumption that we have a mother and father that we know and can give information on is sometimes daunting and off-putting. Changing forms to be more general and open to multiple parents may give more information than needed, but it conveys a sense of acceptance to the patient.

### **Re-evaluate Policies and Procedures**

Visitation rules are probably the most mentioned form of discrimination among kids of LGBTQ parents. Policies are created to limit the number of people and protect children from exposure, but imagine a child getting their tonsils taken out can only be visited by their one biological mother or father. And not all LGBTQ families can afford powers of attorney to override access to loved ones. Redefining "family" to stretch beyond bloodlines can only aid in patient care.

### **Know the Ins and Outs of Outness**

Kids of LGBTQ parents are at different levels of outness when it comes to their families and even their own acceptance. Just because the parents are open doesn't mean the kids are. Gauge the level of openness through conversation. Ask questions.

### **Avoid Assumptions in All Aspects of Work**

One of the first questions children of LGBTQ parents are asked is "Are you gay?" Usually the answer is no—studies have shown that children with LGBTQ are no more likely to be

LGBTQ themselves than children of heterosexual parents. People also assume that because the child's parents are "defined" by sex that the child is all-knowing of sex and the gay community. Assumptions are avoided in rendering medical decisions as they should be in rendering understanding of a patient's life.

### **Teach Yourself and Teach Others**

Bring in workplace training on LGBTQ families, or bring in specialists in areas of trans-families or adoptive families. Seek out LGBTQ medical associations and organizations and be an ambassador to others, like patients and co-workers. Medical professionals have a power link to the community and can create a significant difference in discrimination and stigma-reduction.

### **What you should know about children with one or more LGBTQ Parent(s):**

- We look no different than our peers.
- We are very aware of discrimination against our families (even if the parents are trying to shield us).
- A bothie is a child who has both a lesbian mother and gay father for parents.
- About 10 percent of us are 2ndGen (Second Generation), which means we identify as LGBTQ.
- We come from all types of families—we are children of divorced parents, ethnically diverse families, hetero-appearing families, trans-parented families and blended families.
- A large number of children are adopted into gay families.
- We face great pressures from family and society to be or at least appear "straight," "normal" or "perfect," in addition to all the other pressure our peers face through life.
- This pressure also makes it difficult for us and our families to admit when there are challenges such as abuse in our families.
- We often like to protect our families and not tell when we face or hear discrimination.
- We do not always know our biological medical history.
- We understand what it means to be different.