

Incorporating Safe Zone Ally Training into the Athletic Training Curriculum

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LGBTQ+ Advisory Committee

The mission of the LGBTQ+ Advisory Committee (LGBTQAC) is to **advocate** for an environment of inclusion, respect, equity and appreciation of differences in both athletic trainers (ATs) and their diverse patient populations. The Committee will identify, explore, address and **provide educational resources** regarding emerging topics and concerns relevant to diverse sexualities, gender identities and gender expressions within the profession and health care topics affecting patients in the LGBTQ+ community.



Objectives

After this presentation, attendees will be able to:

1. Define commonly used LGBTQ+ terms that create cultural awareness in patient care.
2. Apply safe space ally training educational resources into the athletic training curriculum.
3. Create an environment of inclusivity and respect within athletic training for those in the LGBTQ+ community.
4. Integrate best practices in providing equitable healthcare to LGBTQ+ patients, including proper referrals related to this population.

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The Athletic Training Profession

Provide comprehensive patient care in 5 domains of clinical practice:

1. Prevention
2. Clinical evaluation and diagnosis
3. Immediate and emergency care
4. Treatment and rehabilitation
5. Organization and professional health and well-being

Athletic Training Education Competencies: Cultural Competence:

- Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

Athletic Training Education Competencies, 5th Edition

NATA's Code of Ethics

"Members shall practice with compassion, respecting the rights, welfare and dignity of others". Additionally, in section 1.1: "Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, **sexual orientation or gender identity.**"

- These guidelines are in place protect the rights of our patients, and also serve as a reminder for ATs to reflect on how their own personal beliefs influence their clinical practice. Above all, the AT must not be judgmental or editorialize, either directly or indirectly.



Safe Zone/ Safe Space Training

- "Research shows that LGBT students with many supportive educators feel safer at school, skip fewer classes, and earn higher grades than students without supportive educators."¹
- Safe space is a welcoming, supportive and safe environment for lesbian, gay, bisexual, transgender, queer and questioning individuals (LGBTQ+).^{2,3}
- One of the most supportive ways to create a safe space is to be a supportive ally and advocate.^{2,3}

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Safe Zone/ Safe Space Ally Training

- What should be included in training?
 - Terminology 101
 - Differences between biological sex (sex assigned at birth), sexual orientation, gender identity, gender expression
 - Why pronouns and words matter
 - Awareness of our own cultural views/biases
 - Privilege of cisgender and straight allies
 - Healthcare needs of LGBTQ+ patients
 - Creating safe spaces in our AT classroom, clinics, office, locker room

NATA LGBTQ+ Advisory Committee

Terminology 101

- Language impacts the way we see ourselves.^{1,4-7}
- Allies use LGBTQ+ related terminology (to be inclusive) accurately and respectfully.^{1,5}
- Finding out what terms/pronouns the individual prefers is key.^{1,6}
- Terms are constantly changing^{1,4,6}

Pronouns & Why Words Matter

Why Words Matter

The importance of using compassionate, respectful language as a health care provider
BY KYSHA HARRIELL, PhD, ATC, CHAIR, NATA ETHNIC DIVERSITY ADVISORY COMMITTEE,
 ATHLETIC TRAINING PROGRAM DIRECTOR, UNIVERSITY OF MIAMI

- Examples of things to avoid⁵:
 - Avoid gender-related or sex terms to make a joke
 - Don't use homophobic words or sayings that insult LGBTQ+ identities (i.e. "That's so gay.")
 - Avoid slang if you don't know the meaning or origin of the word/saying

NATA News March 2018 - Kysha Harriell

Check Your Own Biases

- Anti-LGBTQ bias is all around us. We tend to overlook the subtle biases:
 - Anti-LGBTQ jokes
 - Exclusion of LGBTQ related-themes in curricula
 - Anti-LGBTQ name-calling
- "Subtle or not, bias has the power to hurt and isolate people. Your work as an ally includes recognizing and challenging your own anti-LGBT bias."¹

Heterosexism & Heteronormativity

- Heterosexism¹¹-The institutionalized belief that being heterosexual is inherently superior to being gay, lesbian, or bisexual.
- Heterosexual privilege: the basic civil rights and social privileges that a heterosexual individual automatically receives, which are systematically denied to gay, lesbian, bisexual or transgender persons on the sole basis of their sexual orientation.⁶
- Heteronormativity: Expectation that the world operates in a strictly heterosexual manner (USF Safe Zone Training)

Understanding Implicit Bias in Health Care¹²

By Emma Nye, DAT, LAT, ATC, and Mimi Nakajima, EdD, ATC

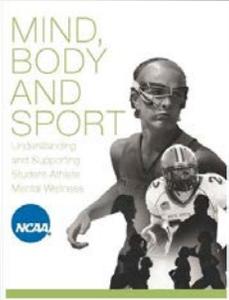
- **Implicit (unconscious) bias** does not require an individual to be aware of their evaluations of a certain group and operates in an unintentional and unconscious form.
- Examining one's own biases is the first step of combating the biases within our society and within health care.



<https://www.nata.org/blog/jordan-granham/understanding-implicit-bias-health-care>

NCAA - Creating an Inclusive Climate⁷

- Use inclusive language
- Respond quickly to derogatory language aimed at LGBTQ student-athletes
- Offer a visible and supportive presence
- Develop inclusive policies
- Offer comprehensive counseling and healthcare
- Provide training for team physicians and athletic trainers to increase sensitivity to LGBTQ health care needs
- Increase awareness of transgender issues and concerns



Creating an Inclusive AT Clinic¹⁹

- Recognize your own biases, verbal, and non-verbal actions while treating diverse patients
 - Be aware of your own micro-aggressions
 - Maintain an inclusive environment
 - Gender neutral restroom
 - Safe space/ally sticker
 - Post a non-discrimination policy
 - Leave pamphlets on health care concerns for all populations including LGBTQ+
- Inclusive documentation (binary gender vs. “other”)
- Open ended questions regarding demographics, preferred name and gender identity

Rogers, Crossway & Aronson. Creating a LGBTQ+ Inclusive Culture in Athletic Training Facility. *Clinical Practice in Athletic Training*. 2018;1(1), June.

Helping ATs Help Transgender Students

By Stacey Ritter, MS, ATC and Dale Grooms, ATC

<https://www.nata.org/blog/beth-sitzler/helping-ats-help-transgender-students>

- A sign or symbol posted in the athletic training facility can communicate that it is a safe environment for members of the LGBTQ community
- Sensitive approach toward physical examinations is also crucial
- Be aware that transgender students might use methods of masking their anatomy
- The most harmful and destructive thing an AT can do when interacting with a transgender student is to disregard the student’s identified gender
- The student’s privacy is of utmost importance = confidential medical info



LGBTQ+ & Healthcare

Incorporating the Latest Evidence¹³

Journal of Athletic Training 2008;43(3):326-336
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www.nata.org/jat

literature review

Managing Heteronormativity and Homonegativity in Athletic Training: In and Beyond the Classroom

Suanne S. Maurer-Starks, EdD, ATC*; Heather L. Clemons, MS, ATC†; Shannon L. Whalen, EdD‡

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Context: As an allied health professional working in various settings, an athletic trainer (AT) is responsible for the health care of a highly diverse population. More often than not, this diversity is defined by the visible, such as race or sex. However, diversity encompasses many more variables than these observable factors and includes sexual orientation. Efforts have been made to educate ATs about issues related to sex and race; however, sexual orientation typically has not been addressed, although ATs have treated and will continue to treat lesbian, gay, and bisexual (LGB) patients.

Objective: To introduce ATs (educators and practicing clinicians) to the concept of heteronormativity, its effect on society, and its influences on the manner in which they teach athletic training students and deliver health care to their patients.

Data Collection and Analysis: We searched various databases, including MEDLINE, ERIC, SportDiscus, and CINAHL Information Systems using the terms *bisexual, diversity, gay, heteronormativity, homophobia in sport, and lesbian*. Pertinent articles were cross-referenced to gain additional information.

The literature revealed the historic implications of homonegativity for sport and its effects on those involved in sport culture, including ATs.

Conclusions: Future dialogues should focus on innovative strategies for including LGB issues into athletic training curricula and for meeting the needs of students and professionals in addition to patients who identify as LGB.

Key Words: gay, lesbian, bisexual, diversity, sports, athletics

Journal of Athletic Training 2011;46(1):49-73
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original research 14

Athletic Trainers’ Attitudes Toward Lesbian, Gay, and Bisexual National Collegiate Athletic Association Student-Athletes

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Context: Researchers have investigated heterosexuals’ attitudes toward homosexuals, focusing on factors such as sex, race, religion, education, and contact experiences. However, in the context of sport, this research is deficient. We found no published literature investigating athletic trainers (ATs’) attitudes toward lesbian, gay, and bisexual student-athletes (LGB).

Objective: To determine heterosexual ATs’ attitudes toward LGB student-athletes in the National Collegiate Athletic Association.

Design: Cross-sectional study

Setting: E-mailed survey

Patients or Other Participants: A total of 964 ATs employed at member institutions.

Main Outcome Measure(s): We measured attitudes using the Attitudes Toward Lesbian, Gay Men, and Bisexuals (ATLGB) Scale. To determine the extent to which sex, religion, and whether having an LGB friend or family member had an effect on ATs’ attitudes, we performed analysis of variance. To establish the effect of age on ATs’ attitudes, we calculated a Pearson correlation. We used an independent *t* test to identify differences between ATs who reported working with LGB student-athletes and ATs who did not.

Results: With ATLGB score as the dependent factor, a main effect was noted for sex, religion, and having an LGB friend or family member ($P < .01$ for all comparisons). Age and total score were related ($P < .01$). A difference was seen in the ATLGB scores between ATs who were aware of LGB student-athletes on their teams and ATs who were not ($P < .001$).

Conclusions: Many ATs hold positive attitudes toward LGB student-athletes, especially females, those who have an LGB friend or family member, and those who are aware of LGB student-athletes. Still, it is important to provide an open environment in the athletic training room for all student-athletes.

Key Words: athletic training, diversity, sexual orientation

West J Med 2000 Jun; 172(6): 403-408. PMID: PMC1070935
Type: Review 15

Health care problems of lesbian, gay, bisexual, and transgender patients

Rita Lee¹

Care of the Transgender Athlete¹⁶

Mary E. Dubon, MD^{1,2,3,4,5}; Kristin Abbott, MD⁶; and Rebecca L. Carl, MD, MS²
Curr Sports Med Rep. 2018;17(12):410-418.

Minority Stress and Physical Health Among Sexual Minorities

David J. Lick¹, Laura E. Durso², and Kerri L. Johnson^{1,3}
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Lesbian, Gay, Bisexual, Transgender, and Queer Concerns in the Collegiate and University Settings: Part II. Athletic Trainers' Perceptions About Lesbian, Gay, Bisexual, Transgender, and Queer Patients

Emma Nye, DAT, LAT, ATC; Ashley Crossway, DAT, LAT, ATC; Sean M. Rogers, DAT, LAT, ATC; Kenneth E. Games, PhD, LAT, ATC; Lindsey E. Eberman, PhD, LAT, ATC

- Differences existed among demographic groups (sexual orientation, religion, gender, interpersonal relationships with LGBTQ friends & family)
- ATs had a generally positive view of treating LGBTQ patient student-athletes
- ATs wanted more training and education on the needs of LGBTQ patient population

Take Homes



- Be aware of your own biases
- Incorporate safe space or similar trainings into the AT curriculum (seek out resources at your institution or your community)
 - Creating an inclusive environment and why words matter
 - How to be an ally
 - Providing best care to LGBTQ+ patients
 - Inclusive documentation
 - Creating safe spaces for LGBTQ+ colleagues
- Education, education and more education

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References - Cool Videos

Why Pronouns Matter
https://youtu.be/N_yBGQgg7kM

What is Heteronormativity
<https://youtu.be/4oB2Cck9Ok8>

The Problem With Heteronormativity
https://youtu.be/EJ3K_oS6zmU

When Did You Choose to Be Straight?
<https://youtu.be/QtjqlUHv0Y>

5 Things You Should Know About Being Genderqueer
<https://youtu.be/4hU5Ebu29CQ>

Buzz Feedback - Transgender People Talk About Coming Out #TransStories
<https://www.youtube.com/watch?v=T6DoVsoXOVA>

What It's Like to Be Intersex
<https://youtu.be/cAUDKEI4OKI>

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