

LGBTQ+ *Myths & Misconceptions* Within the Health Care Community

LGBTQ+ Advisory Committee provides insight to help athletic trainers better care for their patients

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A major challenge in helping health care providers better understand the LGBTQ+ community is looking past the amount of misinformation that exists. In order to have healthy conversations about LGBTQ+ issues and needs, as it pertains to health care, we must move past stereotypes, myths and misconceptions. In this article, the LGBTQ+ Advisory Committee aims to clarify some of these myths and misconceptions in order for athletic trainers to better serve as advocates for the LGBTQ+ community.

MISCONCEPTION: Coming out happens once

Coming out is a term used to describe the process of an individual understanding,

accepting, exploring and sharing his/her/zir identity.¹ Many individuals think of the coming out process as simply making their identity publicly known. In actuality, coming out is a lifelong process and occurs at different points and at different rates in one's life.¹ The Cass Identity Model Table on p. 31 exhibits the six stages of the coming out process.

The coming out process is unique for each individual and can happen all at once or, more commonly, in phases.¹ In general, the first step usually involves coming out to one's self often after the realization of the thoughts and feelings the person has been experiencing.¹ Afterward, the person tends to gravitate toward expressing their identity with whom-ever they feel most comfortable with at first.¹

This varies greatly from person to person. It may be friends, family members, coworkers or teammates. It may occur during a period of significant change. Environmental changes, such as moving or going away to college, offer unique opportunity because the new environment has little to no preconception of the person. This allows the person to express and introduce their identity as they see fit.

The process or speed of an individual's coming out is as unique as the individual. As health care providers, athletic trainers should provide the individuals with the resources to guide them through his/her/zir process. However, athletic trainers must be cognizant of the fact that although a patient may be "out" to them, they may not be "out" in other aspects of their life, including teammates,

coworkers, family, friends, etc.¹ Maintaining confidentiality, along with strong interpersonal skills, are key components in gaining and building trust with patients. Although having direct communication with a patient regarding their sexual orientation may be difficult, allow your interpersonal skills to create an environment in which a patient will feel comfortable approaching you. Then, allow that conversation and future conversations to facilitate your understanding of where your patient is in his/her/zir coming out process.

MYTH: Being LGBTQ+ is a choice or phase
A common and ongoing myth is that identifying as lesbian, gay, bisexual or heterosexual is a choice or phase.^{1,2} In actuality, research has indicated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex.² Oftentimes, sexual orientation may be confused with characteristics or other terminology such as biological sex (the anatomical, physiological and genetic characteristics associated with being male or female), gender identity (the psychological sense of being male or female) and social gender role (the cultural norms that define feminine and masculine behavior), which is why understanding terminology is incredibly important.²

Discussing sexual orientation as a sole characteristic, such as biological sex, is an incomplete perspective and sexual orientation is much more complex as it describes one's relationship with others.² Sexual orientation refers to an enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes. Sexual orientation ranges along a continuum as one person's attraction to another person is complex and relates to many factors including, but not limited to, physical attraction, personal qualities and mental, emotional and spiritual compatibility.² This continuum changes as an individual faces different stages in life.

From a scientific standpoint, many scientists and researchers have studied a variety of reasons that may contribute to a specific sexual orientation (heterosexual, bisexual, gay or lesbian) including genetics,

developmental, hormonal, societal and cultural influences.² However, there is no consensus that sexual orientation is determined by any single factor or combination of factors.² Regardless of sexual orientation, when a person is asked, "When did you choose to be [straight, gay, lesbian, or bisexual]?" most people agree that there was no sense of choice regarding their sexual orientation and that just is the way he/she/ze feels.

MISCONCEPTION: LGBTQ+ individuals do not face discrimination in accessing health care

There have been several examples in recent years of LGBTQ+ health care discrimination. For example, after a patient with HIV disclosed to a hospital that his partner is a male, the hospital staff refused to provide his HIV medication.³ In another instance, a transgender teen who was admitted to a hospital for suicidal ideation was repeatedly misgendered and discharged early by hospital staff, ultimately leading to his suicide.³ Among transgender people who have visited a health care provider in the past year, 29 percent said a physician or other health care provider refused to see them because of their gender identity.³ Additionally, in Lambda Legal's landmark study, "When Health Care Isn't Caring," 73 percent of transgender respondents and 29 percent of lesbian, gay and bisexual respondents reported they believed they

would be treated differently by medical personnel because of their LGBTQ status.⁴

In order to combat LGBTQ+ health care discrimination and prevent these negative patient experiences, the Human Rights Campaign released its 2018 Healthcare Equality Index.⁵ The resource outlines 629 health care facilities that have participated and had their facilities rated on their commitment and inclusiveness to LGBTQ+ equity in health care. When these facilities participate, they learn how to provide patient-centered care, best practices, improve quality and safety and ensure legal requirements for LGBTQ+ patients, among others.⁵ Athletic trainers may utilize this document as a guide to improve their settings, and to assist LGBTQ+ patients in finding safe and equitable health care facilities.

MISCONCEPTION: Health care providers receive formal training on the specific needs of LGBTQ+ individuals

A report published in the *Journal of the American Medical Association* indicated that the median time dedicated to teaching LGBTQ-related content was five hours during the entire four years of medical evaluation in the 132 U.S and Canadian medical schools surveyed.⁴ The U.S. Department of Health and Human Services recommends training for health care providers to increase culturally competent care for LGBTQ+ patients, engage in content that

Cass Identity Model Table

Stage	Process
1) Identity Confusion	Individual begins to have thoughts and feelings that he/she/ze is homosexual (this may include denial and confusion).
2) Identity Comparison	The person begins to accept that he/she/ze is homosexual and the changes that occur with their identity
3) Identity Tolerance	Continual acceptance of one's identity increases, although the person may experience increase in response from others as the person's self concept becomes different the society's expectation
4) Identity Acceptance	Person has reached acceptance within themselves and increases contact with LGB culture
5) Identity Pride	Person begins to have pride in their identity and begins to engage in LGB culture.
6) Identity Synthesis	Person integrates their sexual identity with other aspects of themselves so that it is just one part of their whole identity. Increase in congruence between public self and private self.

increases awareness of the needs of this population and educate employees on sexual orientation and gender identity.⁴

Athletic trainers looking to receive training on the specific needs of LGBTQ+ patients may utilize the National LGBT Health Education Center, which offers educational programming, resources and consultation with health care facilities, as well as the Fenway Institute, an interdisciplinary center dedicated to research, education and advocacy for the LGBTQ+ community.⁶

MISCONCEPTION: School and organizational policies and laws protect all athletes, including LGBTQ+

Although some institutions have implemented campus policies that protect LGBTQ+ student athletes, there is no universal protection for LGBTQ+ patients.

The nation's civil rights laws protect people on the basis of race, color, national origin and, in most cases, sex, disability and religion. However, federal law doesn't provide consistent nondiscrimination protections based on sexual orientation or gender identity. The Equality Act would provide consistent and explicit nondiscrimination protections for LGBTQ+ people across key areas of life, including employment, education, public spaces and services; however, the bill has not yet been passed into law.

- 42 percent of LGBT population lives in states that have laws prohibiting discrimination in schools on the basis of sexual orientation and gender identity⁷
- 2 percent of LGBT population lives in states that have laws prohibiting discrimination in schools on the basis of sexual orientation⁶
- 49 percent of LGBT population lives in states that have no law protecting LGBT students from discrimination⁶

MYTH: LGBTQ+ athletes are easy to identify because of certain mannerisms, clothing or physical characteristics

There is no magic formula or strategy to help you identify someone who is lesbian,

gay, bisexual, transgender or other sexual orientations. LGBTQ+ athletes aren't necessarily easy to identify, and there are no telltale signs that will answer your question. Some suggest that hairstyle is a sure giveaway when identifying a lesbian, but this is not true for all women. According to Kathy Belge from Live About, it is quite likely that a femme lesbian would have long, flowing hair.⁷ Men have been known to be identified as gay as a result of their feminine mannerisms and dress; however, this is an assumption that can't be made. Belge suggests the best way to find out if one of your athletes is gay is to have a conversation with your athlete.⁷

Ellen Friedrichs of Live About understands that having a direct conversation about someone's sexual orientation can be difficult.⁸ She suggests asking questions about the LGBTQ+ community that may spark another conversation that may uncover the sexual orientation of the athlete.⁸ For example, you could ask the athlete how they feel about the recent ruling on gay marriage or LGBTQ discrimination laws. Perhaps ask the athlete if they have heard about the Gay, Lesbian Student Alliance Club at the university/school or if they have ever visited the multicultural and inclusion office on campus.

MISCONCEPTION: Gender-neutral facilities are a threat to safety and order

Gender-neutral bathrooms and gender-neutral facilities provide a safe space for all individuals. In fact, facilities that are not gender neutral have a tendency to be a threat to safety and order. There have been several accounts of transgender and gender nonconforming individuals being threatened or harassed for using facilities thought to not be assigned to their identity appearance. This idea creates an environment that is unwelcoming, noninclusive and unsafe for many individuals.

An obligation exists for creating safe spaces for the athletes for which ATs are responsible. Safe spaces send a message

that all individuals are seen and noticed, according to Katherine Weadly, director of the Lyons Regional Library District in Colorado.⁹

The idea of noticing someone and recognizing someone as an individual is a practice that should be happening commonly in athletic training facilities across the country. Suffice it to say, athletic training facilities shouldn't only have gender-neutral facilities, but these spaces should be inclusive to all individuals.

It has been suggested that in order for the profession of athletic training to become a diverse profession, we must become more inclusive and accepting of all athletes, regardless of race, color, gender or religious belief. §

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