The Lonely Voice: A call for LGBTQIA+ identity integration, inclusivity and advocacy to diversify the workforce within the OT profession

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Objectives

1. **Identify** 3 issues the LGBTQIA+ community faces within OT education and the workforce.

2. **Discuss** the benefits and barriers to creating initiatives addressing LGBTQIA+ issues in education and clinical practice.

3. **Describe** 2 mechanisms to integrate LGBTQIA+ inclusivity into higher education and clinical environments

4. **Apply** knowledge to an educational scenario
Who We Are

1. Take out a piece of paper

2. Quietly write down two roles that you think best describe you (ex. Parent, Partner, Helper, etc.)

3. Fold the paper and put it in your pocket

4. Let’s Meet Everyone!
Siobhan McGuire, MSOT, OTR, is an pediatric occupational therapy clinician. Prior to entering OT school at Indiana University she worked in medical research, publishing on the topic of Dementia. Before that, she earned an M.Phil in Medieval History from Trinity College Dublin, University of Ireland.
Who We Are

Nuriya Neumann
Global Perspectives on LGBTQIA+ Issues

America Current events

Europe

Middle East

Asia

China (social media ban)

https://www.youtube.com/watch?time_continue=5&v=Q_whTHKCGa0
The State of LGBT Rights Around the World

PROTECTION, PERSECUTION, AND RECOGNITION OF LGBT PEOPLE ACROSS THE GLOBE

PERSECUTION
- Red: Death penalty
- Pink: Exile
- Yellow: Up to 1 yr
- Orange: Up to 4 yr
- Green: Fine or imprisonment

PREVENTION
- Blue: Specifcally prohibits discrimination on the basis of sexual orientation

PROTECTION
- Green: Laws or policies specifically protecting LGBT people

RECOGNITION
- Blue: Same-sex marriage legally recognized
- Pink: Civil unions legally recognized
- Green: Domestic partnerships legally recognized
- Yellow: Other type of partnership

NO LEGISLATION
- Red: No such legislation

LEGISLATION IN THE UNITED STATES - PERCENT OF STATES THAT RECOGNIZE LGBT RELATIONSHIPS

SAME-SEX MARRIAGE
- Connecticut: 14%
- Iowa: 14%
- Massachusetts: 14%
- New Hampshire: 14%
- New York: 14%
- Vermont: 14%
- Washington, D.C.: 14%

CIVIL UNIONS
- Delaware: 10%
- Hawaii: 10%
- Illinois: 10%
- New Jersey: 10%
- Rhode Island: 10%

DOMESTIC PARTNERSHIPS
- California: 12%
- Oregon: 12%
- Washington: 12%
- Maine: 12%
- Nevada: 12%
- Wisconsin: 12%

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Changing Attitudes

How have your feelings toward LGBTI people CHANGED OVER THE LAST FIVE YEARS?

<table>
<thead>
<tr>
<th>Country</th>
<th>More Favorable</th>
<th>Less Favorable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>44%</td>
<td>6%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td>Philippines</td>
<td>43%</td>
<td>14%</td>
</tr>
<tr>
<td>Russia</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>32%</td>
<td>24%</td>
</tr>
<tr>
<td>Uganda</td>
<td>26%</td>
<td>31%</td>
</tr>
<tr>
<td>United States</td>
<td>34%</td>
<td>10%</td>
</tr>
</tbody>
</table>

See more results at globalally.org/research

Source: ILGA-RIWI 2016 "Global Attitudes Survey on LGBTI People" in partnership with Logo

WFOT Mission Statement  Promotes occupational therapy as an art and science internationally. The Federation supports the development, use and practice of occupational therapy worldwide, demonstrating its relevance and contribution to society. [1]

AOTA Vision 2025  Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living. [2]
Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don’t. Like Inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It’s okay if you’re hungry for more.

Gender Identity
- Woman-ness
- Man-ness
- Nongendered
  - "woman"
  - "man"
  - "two-spirit"
  - "genderqueer"
  - "genderfemme"
- Agender
  - "butch"
  - "femme"
  - "androgyne"
  - "gender neutral"
  - "hyper-masculine"
- Asex
  - "male"
  - "female"
  - "intersex"
  - "female and 100"
  - "male and 100"

Sex

Biology Sex
- Female-ness
- Male-ness

Expression

Attracted to
- (Men/Males/Masculinity)
- (Women/Females/Femininity)

read more
bit.ly/ipmgbqr

http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/
Identifying a Need

Anecdotal Stories
Vagueness of ACOTE standards
Connecting with the mission
Discrimination Statistics
Origin of our Study
Method

Survey/Research description

Study characteristics: Mixed method

- **Survey Questions** were developed by authors and peer reviewed to decrease bias.

- **Recruitment**: through online platforms including Facebook, The Network for LGBTQIA+ Concerns listserv, and email.

- **Ethical considerations**: IRB approval obtained and informed consent signed by all participants. Responses to survey were anonymous.

https://www.surveymonkey.com/welcome
## Study Participants

Sample: Total participants 99

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>28.28%</td>
<td>28</td>
</tr>
<tr>
<td>Professor/Faculty</td>
<td>10.10%</td>
<td>10</td>
</tr>
<tr>
<td>Clinician</td>
<td>61.62%</td>
<td>61</td>
</tr>
</tbody>
</table>
Years of Experience as OT Clinician (n=61)

- 0-5 years: 60%
- 6-10 years: 10%
- 11-15 years: 10%
- 16-20 years: 5%
- 20+ years: 5%
Years of Experience as OT Faculty (n=10)
Students Years in OT Program (n=28)

- Second largest group of respondents
- Wide range from 1 to 5 year
- Several finishing fieldwork clinical experience
Data Analysis
Feeling of Isolation

Being the only person identifying as LGBTQIA+ and feeling isolated:

- **Clinicians**
  - 40% report being the only LGBTQIA+, but only 30% of those feel isolated

- **Faculty**
  - None report being the only LGBTQIA+ staff member

- **Students**
  - More than ½ report being the only student who identifies as LGBTQIA+
    - More than 80% reported feeling isolated
Representing the Community

Feeling a responsibility to represent the LGBTQIA+ community:

- **Clinicians**
  - 60% feel responsibility to represent
    - While 50% feel burdened, 75% also see this as an opportunity

- **Faculty**
  - 100% felt a responsibility to represent and educate
    - All saw it as an opportunity

- **Students**
  - All but one feel a responsibility to represent
    - Most see it as a burden and an opportunity
Feeling Safe

Feeling physically/emotionally safe in the school and work environments:

- Clinicians
  - Less than 20% feel physically or emotionally unsafe at work
    - 20% keep their identity private to avoid discrimination from management
    - 30% to avoid discrimination from coworkers
  - 40% have faced uncomfortable situations with patients
    - Over 50% encountered homophobic/ transphobic/ discriminatory comments from patients.
    - More than half have encountered issues with the care of LGBTQIA+ patients
Feeling Safe

Feeling physically/emotionally safe in the school and work environments:

- **Faculty**
  - Nearly 60% feel their program provides a physically and emotionally safe environment
  - All but one feel able to disclose their LGBTQIA+ identity without fear
  - However, 71% said identifying as LGBTQIA+ is not actively encouraged
Data Analysis

Feeling physically/emotionally safe in the school and work environments:

- **Students**
  - Nearly 30% of students keep identity private to avoid discrimination from professors
  - 20% keep it private to avoid discrimination from peers

- Less than 15% feel their program is an emotionally unsafe environment, but more than 60% feel their program is a physically unsafe environment
OT Curriculum

LGBTQIA+ issues in the education of occupational therapists:

- Faculty
  - More than half say their program addresses service delivery to LGBTQIA+ patients

- Students
  - Only <5% said their program utilizes case studies, research, and best practice guidelines that are inclusive of the LGBTQIA+ community.
  - More than 40% said service delivery for LGBTQIA+ patients is not thoroughly addressed
  - Over 70% of students feel unprepared to meet the needs of LGBTQIA+ patients
**Strengths**

- Qualitative evidence
- Lived experiences
- Wide range of experience level and years in OT profession
- Researchers reflect all three categories: student, clinician, educator

**Limitations**

- English language
- Small sample of select states and regions does not reflect all members of community
- Questions for OT students- privilege
- Only accessible through online platforms
- Researchers bias reflected in questions
- Questions did not ask for regional qualifiers, or other intersecting identities
- Lacking questions on specific demographics
"I try to bring up LGBTQIA health disparities in an occupational justice class. I teach at a Catholic institution, so many faculty and students were very vocal about disagreeing with the marriage equality. Therefore, I feel very uncomfortable bringing it up. I try to promote student discussions around the topic, and when student led, I feel a little more safe. You never know how the discussion will go. Sometimes it is very supportive to the LGBT community, and sometimes it is very disheartening."

"...[with the geriatric population] there tends to be less tolerance for minority groups in general, so it really not worth it to me to validate my sexual orientation to an 85-year-old when it does not effect or benefit our treatment session"

"In my academic job, where I am out, I am constantly referred to students as a resource since I am the only faculty member who openly speaks about LGBTQIA+ issues. I want to be a role model to queer students, but it is also honestly a lot of extra time and emotional labor."

"Safe Zone training for healthcare providers became a regular component of one of the classes for specific training on how to work best with LGBTQIA+ patients and colleagues Sex rehab class was very inclusive! Program overall emphasizes strategies for staying open minded with all populations and constantly practicing self reflection of bias"
Future Implications

Implications: Education

- Incorporating LGBTQIA+ issues throughout the lifespan in OT curriculum

Implications: Clinical Practice

- Explore the needs of LGBTQIA+ clients and co-workers. Is your clinic inclusive and safe?

Implications: Further Research

- Develop knowledge on specific needs of LGBTQIA+ people and incorporate standardized measures into research to develop evidence based practice.
Resources & Existing initiatives in the U.S.

Visual cues of allyship:
- Rainbow signs, pamphlets, pins

Safe Zone Training:
- Free resource online: http://thesafezoneproject.com
- Mission: To foster an affirming campus environment for LGBTQIA+ faculty and staff.

LGBTQ module in curriculum:
- Example: The Human Rights Campaign developed the Healthcare Equality Index to meet the needs of LGBTQIA+ people to improve healthcare, and reduce discrimination.

Standardized patient encounter:
- Including diverse sexual orientations and gender identities into active learning simulations.
Experiential Learning

Ground rules for discussion:

- **Use gender neutral as default** (they/them)

- **Use “I” Statements** (learning is enhanced when we share our own experiences and speak from a personal perspective)

- Be **respectful** of others

- Be **open** to considering alternative ideas and thoughts

- Think about this from an individual standpoint, a facility standpoint, and a policy standpoint
Case Study

Johnny is a 7 y/o child with decreased visual motor skills receiving OT services at an outpatient clinic.

Johnny was born with anatomy consistent with male sex, and from the age of 5, Johnny preferred wearing dresses and playing with dolls rather than playing soccer with the other boys. There were several instances when Johnny seemed sad and when asked why, would answer, “I wish I could be a girl” or “I just like the name Julia better”. Now at age 7 Johnny insists on having long hair, has only female friends, and continues to wear dresses at home. Johnny wears “boy” clothes to school, but still gets bullied.

The father thinks it’s a phase, but the mother who respects the OTs opinion wants to know: Is Johnny transgender? Gay? What should she do?
Action Plan

1. Identify 1-2 goals relating to LGBTQIA+ issues that could be achieved in the next 6 months:
   - Implement on an individual level (additional education, visual cue, inclusive forms)
   - Professional Practice (in the clinic, classroom, or workplace)
   - Advocacy on larger scale (policy changes)

1. Discuss answers with colleagues
References


Image Sources:

http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/