

**LGBTIQ+ guidelines
for a balance between
resource-centered and
damage-centered foci
in educational materials
of health care
professionals**

What it's all about...

Hello and welcome to our guidelines on how to convey a more balanced perspective on LGBTIQ+ individuals to (future) health care professionals! If you are an educator of (future) health care professionals, you are in the right place! This brochure is designed to serve as an informational tool to support health care educators in developing materials that include LGBTIQ+ perspectives and voices, with the goal of reducing the stigmatization of this patient group and fostering an inclusive health care system.

How does the flowchart work?

Go to the top of the flowchart labeled with START. Each time you answer a question with “No” you will be asked to read a corresponding informational section of the brochure. Once you have finished familiarizing yourself with this section and implemented some of the suggested resources in your own materials you may restart the flowchart. This procedure is to be repeated until you reach the end of the flowchart. Once all suggestions have been implemented you will be left with a final product that highlights the importance of a resource-centered approach when treating or researching LGBTIQ+ patients.

Note: If you already have access to additional resources that may be helpful to fellow health care educators in your field, feel free to contribute to our ever-growing excel list of sources by writing us an email to: lgbtiq.resources@gmail.com. Make sure to indicate your specialty field (ex. Psychology, Medicine, Psychiatry etc.) and the excel sheet (section C and/or D) you would like to add to. Ideally, the excel sheets will develop into a comprehensive, collaboratively compiled list of international, multi-lingual resources that promote a resource-focused perspective on LGBTIQ+ patients in all fields of health care.

Who we are

Mario Rütsche, Jana Studer, Olivia Wahl and Amira Weiss are psychology master students at the University of Zurich and developed these guidelines in a seminar on *LGBTIQ+ inclusion in psychological research and practice* led by Dr. Léila Eisner in collaboration with the Swiss LGBTIQ+ Panel.

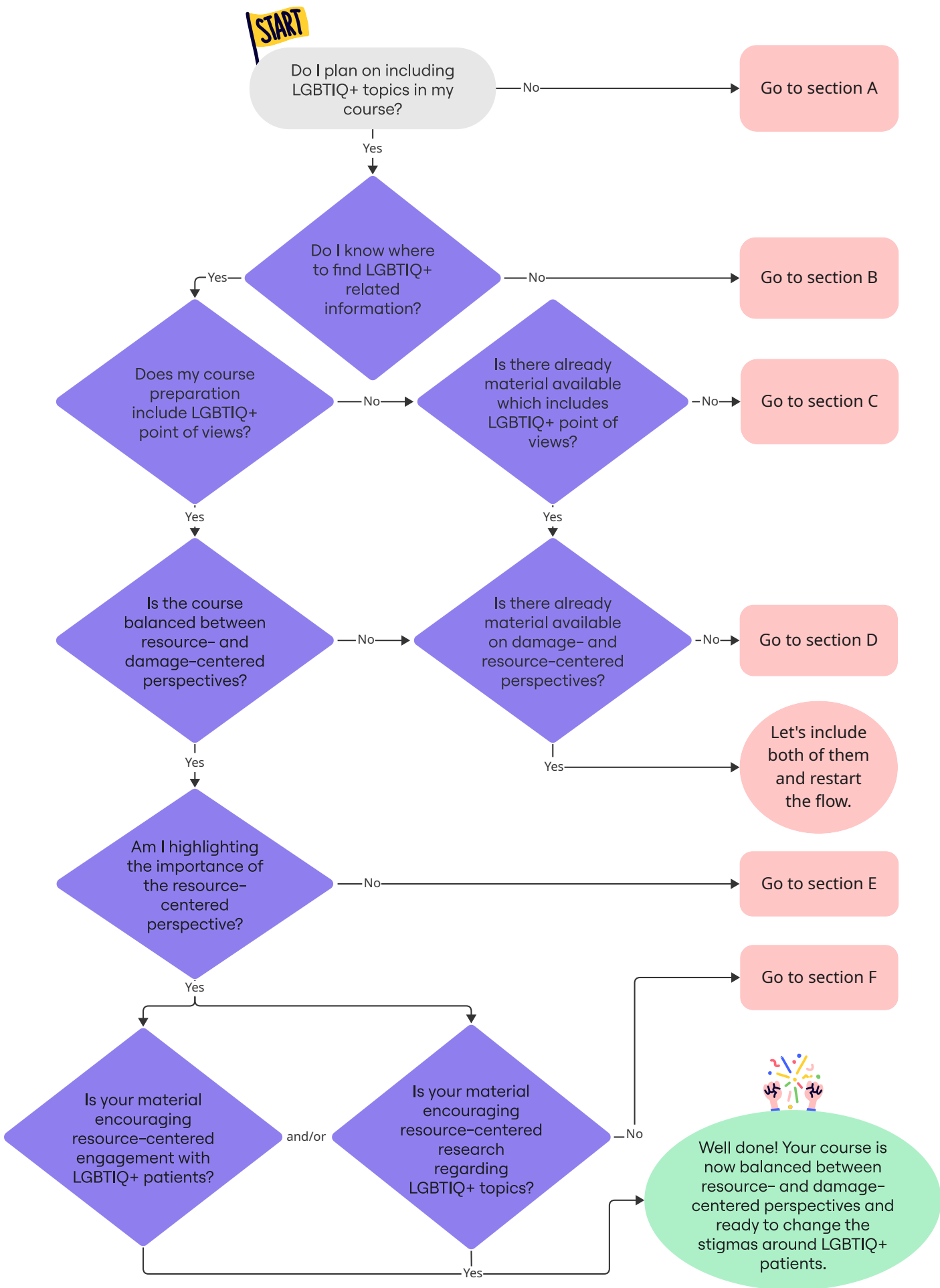
Contact e-mail: lgbtiq.resources@gmail.com

Important links

[Excel Sheet Perspectives](#)

[Excel Sheets Resource-Damage-Balanced Research](#)

Do you want to become part of the solution in destigmatizing LGBTIQ+ patients in health care?



Section A

Members of LGBTIQ+ communities face a lot of **challenges both on a private and a societal level** that differ distinctively from challenges faced by non-LGBTIQ+ people. Despite legal actions that enable and promote equality and equity for LGBTIQ+ people, the **stigmatization** of this group is still prevalent in all contexts of life. These stigmatizations lead to complications, misunderstandings and misconceptions of the LGBTIQ+ experience which in turn can result in **discrimination** as well as physical and mental harm for LGBTIQ+ people. A survey of Canadian emergency medicine physicians from the year 2021 showed that 21% of questioned health care professionals reported engaging in less eye contact with LGBTIQ+ patients (Lien et al., 2021). Another 15.6% reported they were more likely to screen for STIs when working with LGBTIQ+ patients (Lien et al., 2021). Uninformed people who don't have any personal experience with LGBTIQ+ related topics are more at risk for believing wrong assumptions about LGBTIQ+ populations as they don't have any forms of reference or comparison. Therefore, to educate on these topics means to fight **stereotypes** and their harmful effects on LGBTIQ+ people. In the inverse, intentionally not educating on these topics in relevant fields such as health care, directly contributes to upholding the stigmatization and maintaining precarious realities for members of LGBTIQ+ communities in the health care context and other contexts. A study from the U.S. for instance showed that the in-program curriculum on LGBTIQ+ populations was limited to merely 2.2 hours (Nowaskie & Patel, 2020). For this reason, it is critical that you as an educator include LGBTIQ+ perspectives in your educational materials. The easiest way for you to achieve this is by using our flowchart.



[Head back to START](#)

Section B

Congratulations, you are aware of the importance of including LGBTIQ+ perspectives in your materials! In a first step we suggest you familiarize yourself with some **general information** about LGBTIQ+ topics using the links provided below:

- <https://lgbtqia.ucdavis.edu/>
- <https://swiss-lgbtqi-panel.ch/?lang=de>
- <https://www.gendercampus.ch/de/>
- https://en.wikipedia.org/wiki/LGBTQ_community
- https://www.gleichstellung.uzh.ch/de/agl_beratung/lgbtiq.html

Here you can find a list of **search engines** that could be used for your own research on LGBTIQ+ topics:

Search Engines

Possible **search words** are:

“Lgbtiq” or “lesbian” or “gay” or “homosexual” or “men having sex with men” or “bisexual” or “transgender” or “queer” or “sexual minority”



[Head back to START](#)

Section C

Not including the actual voices of minorities when talking about them can lead to stereotyping, misrepresentation, or erasure. In contrast, including LGBTQ+ voices is not only a simple and **authentic** way to make LGBTQ+ individuals more **visible** and **heard**, but also an effective means of adding **depth** and **accuracy** to your teachings through lived experience. However, when including individual voices, be careful to avoid generalizations, as minority groups such as the LGBTQ+ community are by no means homogenous.

Similarly, learning from **experts** or healthcare professionals with extensive experience in LGBTQ+ topics can provide valuable insights for your own practice and teaching.

The resources provided here were specifically selected to be easily incorporated into your materials. However, if you are looking for information on a very specific topic or perspective, it is advisable to search further on your own, as this list is by no means exhaustive. In such cases, the list may serve as a starting point or source of inspiration.

View the sheet “Perspectives” in the following document:

[Excel Sheet Perspectives](#)



[Head back to START](#)

Section D

In line with the goals outlined in the introduction, this document provides a non-exhaustive collection of empirical studies that highlight not only risks and challenges faced by LGBTIQ+ individuals, but also their **strengths, resilience**, and available **resources**. These entries aim to support a more **balanced and inclusive approach** to health care education and research.

We invite you to explore the listed sources critically and include the provided information in your daily practice.

View the sheets “Psychology” or “Medicine” in the following document:

[Excel Sheets Resource-Damage-Balanced Research](#)

A possible use of **search words** for finding resource-damage-balanced articles could look as follows:

[PsychInfo \(EBSCO\) search](#): TI (lgbtq or lesbian or gay or homosexual or bisexual or transgender or homosexual or queer or sexual minority) AND TI (resilience or resiliency or resilient or coping or wellbeing or strength* or resource*) AND (healthcare or health care or hospital or health services or health facilities or health professions or health care professionals) AND (therapy or counseling or psychotherapy or counselling)



[Head back to START](#)

Section E

One-sided reporting of issues in any field will inevitably **perpetuate a one-sided public perception** of that same issue. This is precisely the legacy of the last few decades of **damage-centered research** on LGBTIQ+ individuals. A study by Russel et al. (2000) for instance showed that LGBTIQ+ youth in the United States felt they should be suicidal and distressed because of the messages they had encountered that framed LGBTIQ+ youth as most typically suicidal and depressed. Most LGBTIQ+ research has focused on identifying risk factors and experiences of discrimination faced by the LGBTIQ+ community. For instance, funded research has mainly focused on HIV/AIDS. A study analyzing the research funded by the National Institute of Health in the United States found that overall, 79.1% of LGBT-related projects focused on HIV/AIDS (Coulter et al., 2014). In the paper *“The damaging legacy of damage-centered lgbtiq+ research: Implications for healthcare and lgbtiq+ health”* the authors conducted a content-analysis of LGBTIQ+ articles published in the Journal of Social Issues and found that 86% of articles focused on damage-centered themes (Cipollina et al., 2024). The authors further argued that this imbalanced focus has harmed LGBTIQ+ individuals by perpetuating negative stereotypes, ignoring positive LGBTIQ+ experiences and by ultimately contributing to negative interactions in health care settings (Cipollina et al., 2024). By not only acknowledging damage-centered perspectives in your educational materials but also actively **highlighting resource-oriented approaches**, you are helping shift health care professionals and researchers away from this limiting, one-sided legacy.



[Head back to START](#)

Section F

Part 1: Suggestions for research questions

Below you can find some inspiration for research (topics) which focus on resources of LGBTIQ+ individuals.

- Community-driven health practices (e.g. mutual support networks, informed health decisions, harm reduction practices developed within queer communities)
- Activism, mutual aid, shared spaces as enhancement of well-being and collective resilience
- The role of identity affirmation and trust in medical services
- Queer joy
- Gender euphoria
- Identity pride
- Acknowledge diverse relationship structures and practices not just as risks but as expressions of agency and authenticity
- [Journal of Social Issues: Volume 80, Issue 3](#)

Part 2: Mindful interactions

Being mindful of the stigmatizations LGBTIQ+ patients face and critically assessing one's own interactions with this patient group can already go a long way in minimizing unintended or unconscious mistreatment. Additionally, the following links may inspire future patient-interactions for the better:

- [Guidline for Inclusive Health-Care-Environments](#)
- [Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender \(LGBT\) Community](#)



[Head back to START](#)

References

- Cipollina, R., Ruben, M. A., Maroney, M. R., Fu, C., Gonzalez, A., Fogwell, N. T., Bettergarcia, J., & Levitt, H. M. (2024). Article 7: The damaging legacy of damage-centered lgbtiq+ research: Implications for healthcare and lgbtiq+ health. *Journal of Social Issues*. Advance online publication. <https://doi.org/10.1111/josi.12641>
- Coulter, R. W., Kenst, K. S., Bowen, D. J., & Scout (2014). Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. *American journal of public health*, 104(2), e105–e112. <https://doi.org/10.2105/AJPH.2013.301501>
- Lien, K., Vujcic, B., & Ng, V. (2021). Attitudes, behaviour, and comfort of Canadian emergency medicine residents and physicians in caring for 2SLGBTQI+ patients. *CJEM*, 23(5), 617–625. <https://doi.org/10.1007/s43678-021-00160-5>
- Nowaskie, D. Z., & Patel, A. U. (2022). Correction: How much is needed? Patient exposure and curricular education on medical students' LGBT cultural competency. *BMC medical education*, 22(1), 442. <https://doi.org/10.1186/s12909-022-03483-8>
- Russell, G. M., Bohan, J. S., & Lilly, D. (2000). Queer youth: Old stories, new stories. In S. Jones (Ed.), *A sea of stories: The shaping power of narrative in gay and lesbian cultures* (pp 69–92). The Haworth Press, Inc.