

LGBTQ Resource Guide for EMS

Project Summary

The fire and rescue service has identified a need for tailored diversity, equity, and inclusion (DEI) efforts to better support its membership and the communities it serves. Specific attention to DEI can contribute to safety and satisfaction of the communities served by the fire service. Additionally, successful DEI efforts are likely to enhance recruitment and retention of fire service members with underrepresented identities, foster team cohesion, and improve safety during patient interactions. The FIRST Center is building a **DEI FIRE Toolkit** that will complement other efforts within the fire service to better understand and engage with members of diverse backgrounds. Many aspects of diversity will be covered within the Toolkit, of which this guide is just one piece. The resources below will aid the fire & rescue service in better understanding sexual and gender minorities – known as the LGBTQ community – with whom they work and serve.

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Why this Resource?

The purpose of this guide is to provide information tailored specifically to the fire and rescue service to support your critical services to **LGBTQ – lesbian, gay, bisexual, transgender, or queer** – populations. The intent of this resource is to enhance your skill set to most effectively serve members from communities with whom you may not be highly familiar. Regardless of your personal identities and beliefs, your city/town depends on you to act in an inclusive, respectful, and non-discriminatory manner in order to best serve community members at their time of greatest need.

This guide honors the LGBTQ lives lost lives due to hostility towards the community. Cases, such as the [deaths of Tyra Hunter in 1995](#) and [DeeDee Hall in 2022](#), are two examples. EMS providers are expected to not contribute to such hostile treatment in providing care to all. Unfortunately, incidents have occurred in which LGBTQ people – particularly transgender women – have been denied appropriate care from first responders. These tragedies continue to this day and are preventable. Understanding these populations is foundational to ensuring these events no longer occur.

In addition, you can use this guide to make sure that LGBTQ coworkers within the fire service are seen, heard, and respected. The fire service functions best when every individual can perform their job duties in a safe and supportive environment, and this guide aims to provide a foundation for respectful understanding and inclusion.

LGBTQ Glossary

Note that these terms may vary across time and geographic locations. For example, LGBTQ of older generations may perceive the word “queer” to be offensive and/or derogatory, whereas many younger LGBTQ have reclaimed this as a prideful identity term. As the fluidity of terminology may be frustrating to those unfamiliar with these communities, this guide and other resources listed can be used to form respectful questions about what various terms mean.

Sexual Orientation - may refer to an identity, attraction to people of same and/or different sex, or sexual behavior with people of the same and/or different sex.

Gay (/gā/) - often refers to men who are primarily attracted to men or engage in sexual behavior primarily with men, but some women with same-sex attractions or behavior use this term.

Lesbian (/ˈlezbēən/)- often refers to women who are primarily attracted to women or engage in sexual behavior primarily with women.

Bisexual (/bīˈsekSH(əw)əl/)- generally refers to individuals who experience attraction to or sexual behavior with those of the same or other sex.

Queer (/kwir/) - used by some individuals to describe a non-heterosexual identity or to refer to the LGBTQ community at large.

Sex - refers to a biological or physiological categories of male or female based on characteristics present at birth such as chromosomes, hormones, and/or genitalia

Sex Assigned at Birth - generally refers to whether an individual is categorized as male or female at the time they are born, often based on appearance of their genitalia

Gender Identity - refers to whether someone thinks of themselves as a man, woman, or something else (i.e., as both or neither man or woman)

Transgender (trans· gen· der/ transˈjendər, tranzˈjendər) - a term used to describe a person whose gender identity does not align with their sex assigned at birth

Non-Binary (non-bi-nary/ nänˈbīnərē) - one of the more common terms in the US to describe a person whose gender identity is neither man or woman

Gender Expression - refers to how people present their gender identity through appearance, behavior, and/or dress

Will I Encounter LGBTQ people on the Job?

Most recent Gallup (2022) poll data estimates that over 7% of Americans identify as lesbian, gay, bisexual, or transgender, with 21% of those from Generation Z (born between 1997-2003) identifying as LGBTQ. As millions of Americans have an LGBTQ identity, the likelihood of working with this community – whether alongside them in the fire service or in serving the community – is high. **Understanding how to respectfully engage with LGBTQ people will help you be more responsive to patients, colleagues, your children, family, and friends.**

LGBTQ individuals experience significant health disparities as a result of discrimination and violence at the interpersonal and structural levels. Several health issues that LGBTQ disproportionately experience are particularly relevant to EMS, which may bring this population in direct contact with EMS more frequently than would otherwise be expected. Some of these health issues are presented below to provide a foundation for understanding how cultural awareness of LGBTQ issues and identities may enhance patient care.

“They’re Just Like Us!” Many of the health issues presented below may sound familiar to you. Increased risk of cancer, for example, is something that firefighters and LGBTQ populations have in common. Mental health concerns as a result of stressful environments are also common among both groups. Even issues related to not being able to use the restroom for extended periods of time is something that EMS and firefighters in busy departments share with these populations.

They’re Just Like People You Know. It is likely that you and/or your coworkers have family members, neighbors, colleagues, or friends that identify as LGBTQ. While your acquaintances may never themselves require assistance from the fire service, the people you serve may remind you of people you or your colleagues care about. Demonstrating awareness and acceptance of LGBTQ identities can go a long way in showing support not only for the patient that needs care, but also to your fellow fire service members and their circles.

Physical Health

- Some sexual minority subgroups have a **greater prevalence of cardiovascular disease** than their heterosexual counterparts after adjusting for behavioral risk factors (Farmer et al., 2013a; Farmer et al., 2013b) Some of this increase has been found to be related to **mental health disorders due to minority stress** (Wu et al., 2018).
- There is evidence for a disproportionate burden of seven types of **cancer** among LGBTQ populations (Quinn et al., 2015).
- Nearly 1/3 of transgender people limit their food and water intake to limit the need to use public restrooms. Therefore, gender minority individuals are at **increased risk for dizziness/fainting, urinary tract infections, and to be at an insufficient body weight** (Friese, 2019).
- **Binding** – the act of compressing of chest tissue to have a more masculine appearance – is associated with as many as 28 negative health outcomes such as pain, rib fractures, shortness of breath, and heartburn (Peitzmeier et al. 2017).

Injury & Violence

- Estimates suggest that sexual minorities are at a higher risk of **physical and sexual intimate partner violence** than heterosexuals (Messinger, 2017).
- As many as 1 out of 2 sexual minority females and 1 out of 3 sexual minority males in the US are **victims of sexual assault, physical violence, or stalking by a partner** during their lifetime (Walters, Chen & Brieding, 2013).

Mental Health

- LGB individuals are over 2x more likely than heterosexuals have **suicide-related behavior events** that result in emergency department presentation, hospitalization, or death (Chum et al., 2022).

Substance Use

- **Prevalence of illicit opioid use** in the past 12 months significantly higher among LGB people of certain age groups compared to their heterosexual counterparts. (Capistrant & Nakash, 2019).
- LGB individuals are more likely to smoke tobacco than the general population (Gruskin et al., 2007).
- Experiences of discrimination are associated with certain **substance use outcomes**, including weekly alcohol use, tobacco use, and overall substance use disorders, among sexual minorities (Slater et al., 2017).

Summary

It is important to note that these are only some of the health issues faced by LGBTQ, and that **disparities in health outcomes/behaviors are not believed to be due to LGBTQ identity itself**, but rather the discrimination and social stigma that affects health through minority stress processes.

LGBTQ Healthcare Experiences

LGBTQ individuals often report negative experiences with healthcare providers, which may exacerbate delays in service utilization and health outcomes. Research highlights the importance of affirming and culturally-aware EMS experiences.

Sexual Minorities (i.e., lesbians, gay men, bisexuals)

- Estimates suggest that less than 20% of people in the general population are asked about their sexual orientation by a healthcare provider (Ruben & Fullerton, 2018).
- Relatedly, among men who have sex with men whose providers were aware of their sexual orientation, 70.1% reported that the disclosure was patient-initiated rather than asked about by a provider (Petroll & Mosack, 2011).
- Approximately 20% of lesbians avoid preventive care appointments due to fear of discrimination on the basis of sexual orientation (Barefoot, Warren, & Smalley, 2017), with rural lesbians being more likely than urban lesbians reporting fear of unfair treatment.
- Approximately 12% of lesbian, gay, and bisexual people report a negative healthcare experience related to their LGB identity (Macapagal, Bhatia, & Greene, 2016).
- Healthcare settings with visual equality signs and gender-neutral language are perceived as safer than those without such displays of allyship and affirmation (Quinn et al., 2015).

Gender Minorities (i.e., transgender or non-binary individuals)

- 23% of transgender respondents in the US Transgender Survey reported **avoiding healthcare due to fear of stigma and mistreatment** from providers (James et al., 2016)
- 33% of respondents in the same survey reported having at least one **negative experience** such as harassment, abuse (verbal or sexual), or being refused care **while accessing health care services** (James et al., 2016).
- 30.8% of transgender survey respondents delayed or avoided necessary health care due to experiences of discrimination (Jaffee et al., 2016).
- Transgender patients who had to teach their health care providers about transgender people and their health care needs were 4x more likely to report delaying health care (Jaffee et al., 2016).
- Black transgender youth who receive gender affirmation during care are 73% less likely to delay or avoid health care in the next six months (Goldenberg et al., 2019).

Summary

While many LGBTQ individuals report negative healthcare experiences, this may be particularly true for gender minorities such as transgender and non-binary individuals. The [Interacting with LGBTQ Patients](#) module highlights some important elements to consider when working with populations to ensure affirming and supportive care environments.

Making Care PERSoNAL

Collecting specific information from patients can enhance the quality of care EMS providers are able to provide. It can also help establish differences in the calls, services, or outcomes that different identity groups experience.

Making Care PERSoNAL (pronounced “Personal”) is a helpful tool to further these goals. PERSoNAL is an acronym to help remind EMS providers about questions that should be asked of all patients to appropriately guide care interactions. While it may make sense for you to ask these questions in a different order depending on the situation, thinking of the PERSoNAL acronym can ensure you gather the information to support an affirming care experience.

PERSoNAL

- **What P**ronouns do you want me to use for you?
 - *Does this person use she/her, he/him, they/them, or something else to refer to themselves?*
- **What is your E**thnicity?
 - *For example, is this person Hispanic/Latino?*
- **What is your R**ace?
 - *With what racial group(s) does this person identify?*
- **What S**ex were you assigned at birth?
 - *Was this person categorized as male or female when they were born?*
- **Is the N**ame on your ID what you want me to call you?
 - *Does this person have a preferred name other than what is on their documents?*
- **A**nanything else that I should know that would affect your care?
 - *Are there cultural or religious customs that a provider should follow?*
- **What is your primary L**anguage?
 - *Is this person able to communicate with EMS providers effectively?*

Interacting w LGBTQ Patients

Questioning LGBTQ Patients

The [Making Care PERSONAL](#) resource describes seven questions that are important for providing care interactions that are affirming, culturally competent, and respectful. However, many LGBTQ people experience questions or comments that are invasive, offensive, or demonstrate a lack of provider understanding about LGBTQ individuals.

Questions about pronouns, sex assigned at birth, and/or transition-related hormone therapies or surgeries may be necessary to provide competent care for transgender or non-binary patients.

However, questions that are motivated by EMS providers' *curiosity* are inappropriate. Questions such as the following are likely to be seen as invasive and do not translate to improved care:

- ***Have you had “the surgery?”***
 - Because questions about transition-related surgeries often involve parts of the body that are considered private, it is not appropriate to ask this type of question to people who are or may be transgender (or even those who are not!). Would you want to be asked about these parts of your body without a medically necessary reason?
- ***What made you want to become a woman?***
 - Transgender people often (but not always) describe gender dysphoria – a feeling of distress about the incongruence between one's gender identity and sex assigned at birth. There is strong consensus within scientific literature that says social and/or medical gender transition supports well-being among transgender people, in part due to aligning one's presentation with one's identity. However, transgender people are diverse and there may be various reasons beyond gender dysphoria why people choose to pursue some aspects of transition and not others.

Similarly, statements like, “I never would have known you used to be a man!” are also not conducive to an affirming care environment. Rather than expressing surprise upon learning that someone is transgender, you can briefly thank them for sharing information that can help provide the best possible care or simply nod in acknowledgement of this information.

There also may be questions directed at sexual minority patients who are not transgender that would be inappropriate to ask. Such topics may include invasive questioning about sexual behavior, or current or past relationships. In general, if you wouldn't ask the same question of a heterosexual/straight person in the context of providing care, then don't ask it of an LGBTQ person.

The Importance of Pronouns

The first of the [Making Care PERSONAL](#) questions relates to personal pronouns, the words we use to refer to people such as she, he, or they. It is very likely the case that EMS providers do not

have a record of an individual patient’s pronouns or gender identity, and the PERSoNAL acronym is designed to remind EMS to not make assumptions about the pronouns a patient may use.

But how do you know what pronouns to use for a patient? While some EMS may be comfortable asking a patient directly, others may prefer to instead state their own pronouns as an invitation for a patient to introduce theirs as well. An example of this may be, “My name is Brittany and I use she/her pronouns. I’m here to help you out today.”

Respectfully using a patient’s stated pronouns is just as critical as asking about them in the first place. The NAEMT Code of Ethics describes an obligation “to provide services based on human need, with compassion and respect for human dignity.” Respecting and affirming a person’s gender identity - including consistently using their pronouns - is a means of meeting this standard.

What if I mess up?

Those without much experience working with LGBTQ communities may feel anxious in these situations and worry about “messaging up” by getting someone’s pronouns wrong or saying something that accidentally offends. A part of practicing cultural awareness is to reflect after a care interaction and to assess whether anything differently could have been done. Seeking out additional resources about how to provide culturally competent care (including ones provided in the [Additional Learning Resources](#) module) may help you feel more confident. Practicing asking about pronouns and offering your own is another way to feel better about doing so during patient encounters.

If you “mess up” during a patient encounter, quickly correct yourself and continue providing the high quality care you always do. Don’t give a lengthy apology (i.e., “Oh my gosh, I feel so bad I said “he”) or get defensive (i.e., “It’s hard for me to use “they” because I don’t understand the whole non-binary thing”) because it is likely to make the patient feel worse. It also puts the focus on you and your actions as opposed to the health of the patient.

Ensuring Health & Safety

The goal of any patient interaction is to keep you, your partner, and the patient safe while getting the patient the care they need. In the context of working with LGBTQ patients, emotional safety requires respect of identity. Using the patient’s stated pronouns and preferred name will support the patient’s feelings of safety and autonomy, while intentionally misgendering someone or being disrespectful towards them has the potential to escalate a situation to hostile levels or discourage the patient from seeking necessary medical care in the future (see [LGBTQ Healthcare Experiences](#)). Using pronouns correctly can help keep a patient calm and feeling supported in a potentially scary medical situation, making the situation safe for all involved.

Case Studies

Case Study Example #1

Brittany, an EMT, and her partner receive a call to assist someone with an ankle injury. Upon arrival, Brittany approaches the patient sitting on the sidewalk.

Crouching down, she says, “My name is Brittany and I use she/her pronouns. What’s your name?”

The patient responds, “Everyone calls me J.”

Brittany: “Ok, J. We’re going to get you checked out, and my partner, Bob, and I will ask some questions to put in our report. If there are certain pronouns you want us to refer to you by, let us know.”

J: “They/them. Thanks for asking!”

Brittany: “Thanks, J. Now, tell me what happened.”

As Brittany and Bob attend to the patient, Bob asks for clarification about one of J’s responses.

Bob: “Hold on, Brittany. What did he say? I mean, what did they say?”

Brittany: “They said they aren’t sure what they tripped over.”

Example #1 Summary:

- Brittany demonstrated introducing herself with her own pronouns before asking the patient for theirs.
- Bob used the wrong pronouns for the patient, but quickly corrected himself without a lengthy apology.

Case Study Example #2

Brittany, an EMT, and her partner receive a call to assist someone who appears to be experiencing shortness of breath. Upon arrival, Brittany approaches the patient, who is sitting on the sidewalk.

Crouching down, she says, “Hi there, I’m Brittany and I’m here to help. Can you tell me your name?”

The patient responded with a deep voice, “I can’t breathe!”

Brittany: “How long have you been feeling like this, sir?”

Patient: “Sir?! Get out of here.”

Bob: “Maybe you can start by telling us your name?”

Patient: “Sylvia.”

Bob said, “Nice to meet you, Sylvia. I’m Bob. Let’s see if we can help you feel better. Any surgeries? Medications? Other medical histories?”

Patient: “No. No surgeries or meds.”

Bob: “Anything else you’d like me to know before I begin your care?”

Patient: “Like what?”

Bob: “Some people have cultural, religious, or identity-based concerns related to medical services. If it’s ok, I’d like to listen to your lungs for a moment.”

The patient just shrugs and says, “I guess not?”

Bob picks up his stethoscope and says, “OK, Sylvia. Let me know if anything comes up.” As Bob listens to the patient’s lungs, she uncomfortably fixes her bra strap that fell down her shoulder. While Brittany is taken aback by this, Bob expresses no surprise, and continues his examination.

Example #2 Summary:

- In this example, Brittany used a gendered salutation (“Sir”) based off of an initial impression based on appearance and voice pitch. While Brittany may not have known that the patient does not identify as a man prior to the encounter, using a gendered greeting is an example of unintentionally misgendering someone.
- Bob was able to sense the patient’s escalated reaction and redirected the conversation to something that would provide a more affirming care interaction by asking the patient’s name.
- Bob also continued the conversation by asking the patient whether there was anything important to know before providing care. This question was in addition to a question about medical history and medications. Each of these questions may bring an opportunity for the patient to disclose medically-relevant aspects of an LGBTQ identity, such as the use of hormones, past gender-affirming surgeries, gender-affirming practices that may affect care such as binding, or what pronouns they use.

- In this scenario, the patient does not disclose a sexual or gender minority identity, but Bob provided multiple opportunities to do so. Remember, satisfying the desire to know if someone is LGBTQ should not be the goal of these questions, but rather an opportunity for the provider to provide an appropriate care interaction.
- The patient in this scenario has presented minimal information about her gender identity, and Brittany and Bob seem to perceive her gender expression differently. Bob approaches the situation without making assumptions about the patient, including not expressing any surprise when confronted with information he wasn't expecting. Brittany, on the other hand, not only has (incorrectly) assumed what pronouns the patient uses, but is also surprised by the undergarments the patient is wearing. These are examples where Bob's lack of assumptions allows him to remain professional and build rapport with the patient to a greater extent than Brittany.

Case Study Example #3

Brittany, an EMT, and her partner, Bob, receive a call to assist someone who has been injured. Upon arrival, Brittany approaches the patient, who is pacing on the sidewalk and holding her face.

Approaching the patient she says, "Hi there, I'm Brittany and I'm here to help. Can you tell me your name and what happened?"

The patient briefly lowers her hand to reveal what appears to be a developing black eye.

A woman standing nearby quickly says, "This is my girlfriend, Emily. She tripped and fell and really hurt her face."

Brittany turns to patient and says, "Emily, can you have a seat here and I'll take a closer look?"

After an initial examination, Brittany suspects that the patient may have a broken orbital bone and suggests taking her to the hospital in the ambulance since the couple is without a car."

"I'm her girlfriend. I want to ride in the ambulance with her," says Emily's girlfriend.

"Sure," says Brittany. "I'm sure she'd love to have you there to support her. Just sit up near the front so I can continue my examination."

Bob gives Brittany a worried look, but she doesn't seem to notice.

Example #3 Summary:

- On one hand, this example presents a case where Brittany was demonstrating acceptance of a same-sex couple's relationship by honoring the request for Emily's girlfriend to ride in the ambulance.
- On the other hand, Brittany's inability to recognize that same-sex couples have the potential to be affected by intimate partner violence (IPV) just as heterosexual couples are (and may even be more likely to experience it, see pg.5) caused her to miss some signals that such a dynamic may be present.
- Often, men are assumed to be the perpetrators of IPV and women are assumed to be the victims. These assumptions may make LGBTQ victims of IPV "invisible" to persons who may be in a position to help.
- In any similar scenario – whether the couple involved is same-sex or not – an EMS provider may want to consider implementing proper screening for IPV with the patient alone.

Case Study Example #4a

Brittany, an EMT, and her partner, Bob, are riding back to their station from a run.

"Oh, did you hear about Tom from Engine 8?" asked Brittany as she drove.

Bob turned and said, "No, what's up?"

"He's adopting a kid with his husband," she replied. "And-"

"Oh, that's just great," Bob interrupted sarcastically. "Two dads? Poor kid."

Case Study Example #4b

Brittany, an EMT, and her partner, Bob, are riding back to their station from a run.

"Oh, did you hear about Tom from Engine 8?" asked Brittany as she drove.

Bob turned and said, "No, what's up?"

"He's adopting a baby with his husband." she replied. "And-"

"Oh, that's great!" Bob interrupted. "We should all chip in for something on their registry."

Brittany shrugged and said, "Nah, money's kind of tight right now."

Example #4 Summary:

- In each part of this example, one of the EMS providers feels negatively about a gay colleague adopting a child. One of the responses – Bob's comment about two dads – reflects an explicitly discriminatory attitude, while the other response – Brittany's declining to contribute to the registry – does not reveal such an opinion.
- Brittany's response is more appropriate for the professional situation and does not contribute to a potentially hostile work environment for Tom.

Additional Learning Resources

FIRST is continuing to develop resources on these topics that EMS and other members of the fire service can utilize to put these skills into practice. Please bookmark our [website](#) to view more resources as they are developed. For more information about LGBTQ health related to EMS, see the following links for the resources listed below.

From EMS1

[NAEMSP Quick Take: Intro to Affirming EMS Care for Trans and Gender Diverse Patients](#)

From FIRST Center Faculty/Staff

[Considering Sexual Orientation, Gender Identity and Expression, and Sex Characteristics in Public Health](#)

From Others

[Under Pressure: Developing LGBTI-Inclusive Emergency Services](#)

For any other sources referenced in the preceding pages, please reach out to the FIRST Center at first@drexel.edu.