

# Researchers examine experiences of 2SLGBTQIA+ parents and caregivers who use support services for young children

May 1 2024

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The health care sector plays a vital role in supporting early childhood development and providing resources to parents and caregivers, to ensure

their children are thriving. However, parents who identify as Two-Spirit (2S) or as LGBTQIA+ continue to face heteronormative messaging when accessing such resources and support services.

According to a recent integrative literature review [published](#) in the *Journal of Clinical Nursing*, and led by Amy Wright, a [nurse practitioner](#) and assistant professor at the Lawrence Bloomberg Faculty of Nursing, the results of the review also indicate that 2SLGBTQIA+ parents experience a lack of inclusion and safety when accessing resources for their [young children](#), greatly impacting their experiences and lessening the effectiveness of services.

"Within the literature we reviewed, 2SLGBTQIA+ parents often reported that they felt they could not see themselves in the resources available regarding early childhood development," says Wright, "and in other instances they report distressing situations where they were required to navigate outing themselves or keeping their identity a secret."

The researchers used a rigorous integrative review methodology to examine online databases between 2000 and 2022, finding 18 [empirical studies](#) that were included in the review.

Seven themes emerged out of the analysis of 2SLGBTQIA+ parents experiences accessing early childhood development supports including 1) 2SLGBTQIA+ Status kept a secret; (2) Forced to Come Out; (3) Heteronormative Messaging; (4) Feeling Excluded; (5) Stigmatized; (6) Parents Act as Educators; and (7) Positive Experiences.

For health professionals like Wright, the results of the review are eye-opening, and identify an opportunity to improve not only the types of resources available for gender and sexually diverse families, but also the ways in which health providers or support staff interact with parents and seek to promote their well-being.

"A lot of focus in health settings has been placed on pronoun use as a means of inclusive communication with patients," says Wright, "but we are not necessarily realizing the intersections of where that inclusive approach might be lacking, particularly when it comes to interacting with caregivers and parents."

Heteronormative messaging Wright says, was found to be particularly pervasive and it reinforced the exclusion of 2SLGBTQIA+ parents through either recognizing only one parent in programming or services, excluding 2SLGBTQIA+ family structures, or as a result of intolerance and conflicting beliefs.

"Some parents reported that when accessing health services, providers often assumed the second parent especially when they are of the same gender, was a friend or relative and not the biological parent of the child, that can be extremely harmful and exhausting for a parent," says Wright.

Additionally, Wright points to evidence from their review that parents who were required to access more health care services for their child, were reminded continually that their [family structure](#) was not the norm, when filling out standardized forms that do not provide gender inclusive and gender diverse language.

The [review](#) demonstrates that parental support services and providers are not demonstrating inclusivity in a way that is representative of gender diverse families and Wright states that a level of empathy and understanding is urgently needed especially given the current political climate and the rights of 2SLGBTQIA+ people.

"As a nurse I can have a better appreciation for how people are experiencing care as a result of their gender in [clinical settings](#), and I can adjust my approach to be more inclusive and individualized to meet the needs of my patients. But we also need a culture of change, with

processes to ensure we are being as inclusive as possible, and not causing harm," says Wright.

Wright is currently conducting a study with Two-Spirit parents using early childhood development services for children under the age of 5 in Ontario, and will also be looking at the experiences of 2SLGBTQIA+ [parents](#) in the NICU setting.

**More information:** Amy L. Wright et al, The experiences of gender and sexually diverse parents using support and services for their young children: An integrative review, *Journal of Clinical Nursing* (2024). [DOI: 10.1111/jocn.17036](#)

Provided by University of Toronto

Citation: Researchers examine experiences of 2SLGBTQIA+ parents and caregivers who use support services for young children (2024, May 1) retrieved 29 June 2024 from <https://medicalxpress.com/news/2024-05-2slgbtqia-parents-caregivers-young-children.html>

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