Culturally and Linguistically Diverse Populations: Serving
GLBT Families in Our Schools

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Abstract

School speech-language pathologists (SLPs) are increasingly likely to serve children of gay, lesbian, bisexual, and transgender (GLBT) parents or GLBT students as cultural and societal changes create growth in the population and increased willingness to disclose sexual orientation. The American Speech-Language-Hearing Association (ASHA) has a progressive nondiscrimination statement that includes sexual orientation as a protected status and strongly urges the membership to develop cultural competence as a matter of ethical service delivery. The purpose of this article is to describe cultural competence in relation to GLBT culture, discuss GLBT parent and student cultural issues as they are important in parent-school or student-school relations, and to provide suggestions for increasing sensitivity in these types of interactions. A list of resources is provided.

Introduction

Speech-language pathologists (SLPs) working in schools and in early intervention programs serve a diverse caseload, which may include children of gay, lesbian, bisexual, and transgender (GLBT) parents, as well as GLBT children and adolescents. Many SLPs also work with GLBT teachers, administrators, and service providers. It is difficult to provide exact numbers in any discussion of GLBT family issues, because many GLBT individuals either do not disclose, or selectively disclose, sexual orientation. In 2000, the U.S. Census measured for the first time in its history the number of unmarried same-sex couples who have children under 18 residing in their home. However, the 250,000 children identified through the analysis of Census data represent only a window into the estimated 7 million school-age children with GLBT parents (Kosciw & Diaz, 2008). Children who live with a single GLBT parent, have a noncustodial GLBT parent, have a parent who did not disclose GLBT status, or who are 18 or older are among those who are not counted in this number (COLAGE, n.d.; Howard, 2006). As legal and societal barriers to adoption by GLBT people and partners lessen, these numbers are expected to rise. There is no accurate count of the number of GLBT school-age children in the United States. Same-sex adoption is complicated in many states, and GLBT couples sometimes find their best chance for parenthood is fostering or adopting a "hard-to-place" child. Many GLBT parents have experienced a childhood that included challenges or difficulties and may feel more prepared to welcome a child with special needs into their homes.

Cultural Competence

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Cultural competence involves the knowledge, assumptions, attitudes, and behaviors that an individual or organization uses to successfully navigate cross-cultural interactions (Pederson, 1994; Cross, 1988). A group's culture is made up of not only customs, values, beliefs, and rituals, but also preferred means of communication, patterns of thought, humor, and folklore (Cross). Cultural groups may be based on race, ethnicity, nationality, religion, age, gender, ability, or sexual orientation, to name only a few (Bellon-Harn & Garrett, 2008). People are multi-dimensional, therefore it is important to remember that most identify to some degree with more than one cultural group. For example, a gay man may identify strongly with the culture of sexual orientation; however, he may also be influenced by his Mexican family roots, his Catholic faith, and his urban, middle-aged peer group.

Cultural competence requires knowledge of one's own cultural identity and inherent bias as well as that of others. It is important that each person begin by recognizing which cultural groups they personally identify with, remembering that these groups may be overlapping and in some cases competing. Individuals who are biracial, who are in interracial or interfaith relationships, who have married or adopted a family member of a different nationality or ethnicity may have a harmonious or uneasy blending of cultures in their own home. Those

members of the predominant culture should also reflect on how being a member of this culture has influenced and informed their own view of the world and of other cultures.

One model of cultural competence is described by Cross (1988) and further applied by Ford and Whiting (2008). The continuum, in this particular model of cultural competence, includes five levels to describe an individual's progression toward cultural competence. The five levels are cultural destructiveness, cultural incapacity, cultural blindness, cultural precompetence, and advanced cultural competence.

The first level, cultural destructiveness, describes those who would consciously seek or act to eliminate or destroy a culture or considers other cultures as inferior to their own. Examples of notions at this first level of the model with respect to the GLBT population include "sexual re-education" and "curing homosexuality." The second level, cultural incapacity, describes those individuals who act as oppressors, enforce policies of bias, and maintain stereotypes. While they do not seek to destroy culture, they do maintain the belief that their own culture is superior. Maintaining that gays are deviant and unfit parents as a way to withhold legal adoption, passing constitutional amendments banning marriage between same-sex couples, and allowing job discrimination against lesbians are examples of cultural incapacity. The third level, cultural blindness, describes those individuals who believe that policies are applied equally to those of all cultural identities. The reality of this philosophy is that the predominant culture's rules and approach are universally applied to everyone, regardless of the appropriateness of their application. An attitude that is aligned with cultural blindness is the notion of don't ask, don't tell. Even more universally, the culturally blind individual may state: I don't care what people do, I just don't want to have to see it, to be interpreted as being open and accepting of all cultures but not wanting them to interfere with or disturb the hetero-norm. The fourth level, culture pre-competence, describes individuals and organizations that are culturally competent and strive to understand, respect, accept, and honor the similarities and differences among all cultures. Cultural pre-competence includes individuals who show respect for people with a different sexual orientation from their own and allow for, encourage, and participate in positive and affirming portrayals of GLBT culture. The fifth and highest level of the model, advanced cultural competence, describes the stage where every individual, policy, and process is culturally competent. At this level, cultural competence has reached every aspect of an

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organization and every individual is free to openly express sexual identity without concern for their safety, freedom, job security, or psychological well-being. All family types are affirmed, respected, and honored.

As individuals advance along this continuum, they will become more conscious of their knowledge and behaviors. To increase their level of cultural competence, individuals will enact changes in not only their attitudes, becoming more open and accepting of other cultures, but also in policy and politics to create a more fair and unbiased system for all (Ford & Whiting, 2008). The individual clinician may want to use such a model to explore areas for personal and professional development. Several self-assessments are also available on the ASHA Web site as a guide (Appendix). In addition, the VISION model described by Bellon-Harn and Garrett (2008) may help clinicians become aware of cultural and linguistic differences, which is the first step regarding cultural competence.

It may not be readily apparent to clinicians that the information presented here is necessary in treating the GLBT population; after all, clinicians may serve patients without ever knowing that they are GLBT or the child of GLTB parents. Recently, the importance of these issues was highlighted in *The ASHA Leader* (2008). Some clinicians may believe ASHA is placing undue emphasis on cultural competence, particularly with regard to GLBT issues (*The ASHA Leader*). Delivering culturally competent services should ultimately involve every clinician designing and implementing treatment in a manner that is congruent with each client's needs. Every client is worthy of a clinician's finest effort, including the best clinical skills, the highest ethical standards, and cultural competency. Believing that being gay, lesbian, bisexual, or transgender is primarily about issues related to sexual behaviors (*The ASHA Leader*) is a barrier to effective service delivery.

The norms and patterns of behavior that characterize the dominant culture are taken for granted by those who share them. However, in order to appreciate their impact on those who are

effectively shut out—whose cultural attributes are marginalized, ignored, or assimilated—it is helpful to identify them. For example, on a daily basis, heterosexuals use the terms "husband" and "wife." This terminology presents a frequent, daily reminder about the way that straight people choose to identify their primary sexual partners in their workplaces, schools, and churches, in the presence of coworkers, families, friends, and even strangers. These words signify a legal status that is easily obtained and includes a host of rights.

When a heterosexual couple has a child, the child belongs to both of them with no additional legal maneuvering. The child calls one person "mom" and the other person "dad." At the child's school and/or the public library, the teacher or librarian might read aloud a book about families with "mommies" and "daddies." If one parent dies, the remaining parent automatically retains legal guardianship of the child. Similarly, other issues, such as joint ownership of property, are relatively simple for the heterosexual couple. Because heterosexuality is the predominant cultural norm, these situations seem unremarkable; they typify a multitude of generally positive environmental cues supporting and affirming heterosexuality. When a hetero-normative environment exists, then only heterosexual culture is considered positive, or "normal," and positive portrayals of homosexual culture are absent, discouraged, or even denigrated. This is the current situation in many schools and classrooms. School-based clinicians have an opportunity to be agents of change within the schools by leading the way in increasing cultural competence with regard to GLBT culture. Clinicians need to be aware of the challenges GLBT children or children of GLBT parents face.

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Challenges

GLBT children and/or children of GLBT parents face a variety of challenges, including acts of aggression directed at them by individuals who lack awareness, knowledge, and sensitivity toward the GLBT culture. Children may encounter subtle indignities on a daily basis. These acts, referred to as microaggressions, may be verbal, environmental, or behavioral in nature (Sue et al., 2007). In the United States today, it is less common to be subject to overt hostility. Rather, insults can be subtle and, in some cases, the sender may not be consciously aware of the message. A microaggression might be a demeaning look, tone of voice, or devaluing gesture.

Sue et al. (2007) proposed that microaggressions appear in three forms: microassault, microinsult; and microinvalidation. A microassault is the most purposeful and overt type of microaggression and is most easily characterized as name-calling and purposeful discrimination. Sue et al. point out that, blatant racism is no longer socially acceptable public behavior.Yet, 75.4% of GLBT students reported hearing homophobic remarks such as "faggot" or "dyke" frequently or often, and 83.5% reported faculty/staff never intervened or intervened only some of the time when such remarks were made in their presence (National School Climate Survey, 2008).

Microinsults are rude and insensitive, albeit subtle, communications that demean a person's racial heritage or identity (Sue et al., 2007), including nonverbal cues (e.g., the experience of GLBT parents who reported feeling ignored or unacknowledged at their children's school functions; Kosciw & Diaz, 2008). The final type of microaggression is microinvalidation. Microinvalidations are interactions that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color (Sue et al.). A teacher might repeatedly highlight, or share with the class, the work of children who have drawn or written about their traditional families, but never mention the work of the child with two mothers. School staff might engage heterosexual parents in casual conversation about their families when children are dropped off at school, while the gay dad is only asked to "sign in, please." Many, including the psychiatrist who originally coined the term "microaggression" in the 1970s, believe that living with the chronic daily stress these encounters create may engender disease or even shorten the lives of minorities (Allen, Bonous-Hammarth, & Teranishi, 2006).

Children of GLBT Parents

Extensive studies have compared children raised by same-sex couples to children raised by other-sex couples. Patterson (2006) reviewed two decades of research and reported no significant differences between children raised by same-sex couples and children raised by

other-sex couples. A recent study by Wainright and Patterson (2008) suggests that a group of adolescents raised by same-sex couples did not differ from peers parented by opposite-sex couples in the number and quality of their peer relationships. There is a lack of evidence supporting the premise that children require both a mother and father to thrive; however, samesex couples continue to encounter barriers to adoption and fostering children.

Children with GLBT parents can be the biological offspring from a previous, heterosexual union; artificially conceived; or adopted or fostered. They may also be part of any number of family situations, such as a family with two lesbian co-mothers and two gay co-fathers; or a family with two fathers who adopted the child from a surrogate who retains liberal visitation

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rights. This may feel unfamiliar, and even confusing, to someone who has had little contact with this culture. The best way to understand who is involved and important in any family is to ask. It is always appropriate to ask parents whom they would like to include in planning for their child's education. GLBT families often have a surprisingly wide and diverse support system that may function as an extended family. It may be helpful to review privacy regulations with the family in detail, because, while the educational team is not limited to educators and parents, legal issues may apply (e.g., written permission may be required before the child's personal information can be shared with a given individual).

In many cases, one parent is a biological parent and the other is not. This creates a situation in which the family has to consciously create a parental identity, both to tie the family together for the parent and child, as well as to create a legal bond between parent and child. In many states, there are laws that do not allow dual petitions for adoption or do not allow for second parent adoptions (Human Rights Campaign, 2008). In cases where couples have (artificially) conceived a child together, if the biological parent dies, the nonbiological parent may have no legal right to custody of the child. This creates a frightening situation for gay and lesbian parents as well as for some unmarried straight families affected by these laws. When the couple additionally receives little support or even outright hostility from one or both parent and sibling sets, they may focus even more intensely on creating a strong parent identity for the nonbiological mother.

Bergen, Suter, and Daas (2006) found the three primary ways that nonbiological lesbian mothers claim their parental identities were via/through address terms, children's last names, and legal moves. They pointed out that the importance of language in forming social constructs and that a failure to identify a label for a parent results in a lack of claim to parent status to the family and to society (Bergen, Suter, & Daas). That is, it is important emotionally to the nonbiological mother that her child calls her a name that is parallel to the name that the biological mother is called, rather than being called by her first name or another "non-mom" name. It is important to the child that the nonbiological mother be called a "mom" name that is parallel to the biological mother because it establishes to the child that there is an equal parent identity and not a hierarchy of parents with the biological mother coming first. It is also important to society that the nonbiological mother be introduced with a parallel name so that both mothers are viewed as equal parents to the child. In all families, mothers and fathers are called "mommy," "daddy," "mama," "papi," and similar names. Children of gay and lesbian families may use "dad" and "dad-o" as referents for two different parents, and if a clinician uses "dad," one parent is excluded from conversation. Clinicians are encouraged to learn more about all of the children on their respective caseloads and become familiar with the specific forms of address that are appropriate for each family. Addressing parents by the terms they choose is important and symbolic of acceptance of, and respect for, the significance of their relationships. If gay co-parents introduce themselves as "husbands," then both should be referred to as "husband," rather than "friend," "roommate," or "Uncle Frank." The latter terms are also symbolic and are meant to diminish, demean, and communicate that the relationship is less than the hetero-normative marriage relationship.

The second way that nonbiological lesbian moms establish their identities as parents is using the nonbiological mother's last name as a middle name, last name, or hyphenated last name (Bergen, Suter, & Daas, 2006). This way of adding to the construction of parental identity symbolically connects the nonbiological mother to the child, legitimizes the nonbiological mother socially through the use of the last name, and clarifies the nonbiological mother's identity as a

parent to the biological mother's extended family (Bergen, Suter, & Daas). It is critical that clinicians honor the names children are given. A family may have experienced an arduous process to adopt a child and carelessness in not honoring the last name could be hurtful to the family. If there are hyphenated and nonhyphenated versions of a child's name, clinicians should identify the family's preference. Honor the family by asking.

The third and most extensive way that gay and lesbian families construct family identities is through a variety of legal processes and procedures. Because many states do not recognize same-sex relationships, creating a complex web of legal documentation functions more to symbolize the identity of the parent than to create legally enforceable rights (Bergen, Suter, & Daas, 2006). For example, nonbiological mothers or nonadoptive parents may create wills, obtain power of attorney, and draft parenting agreements with their respective partners. These documents are an attempt to gain some measure of legal protection and rights for parents who were left essentially without any.

Gay and lesbian parents are intentional parents, and here we have examined some of the ways they consciously construct a family. Gay and lesbian parents are increasingly involved in their children's schooling. Kosciw and Diaz (2008) suggested that GLBT parents are more highly involved than the general population: 25% more have volunteered at school events, 94% have attended school events, and 41% are members of parent-teacher organizations. Yet, the same families, who are involved in the schools, did not receive an equally supportive response Seventy-five percent of children of GLBT parents reported hearing "that's so gay" or "you're so gay" frequently in school. Of these children, 65% heard blatantly derogatory homophobic remarks, and 17% heard blatantly derogatory remarks about their family. Thirty nine percent heard homophobic remarks from their teachers or school staff (Kosciw & Diaz, 2008). Similarly, the National School Climate Survey (2008) reported that, within America's schools, GLBT children are frequently subjected to derogatory words and actions and do not feel supported or safe. Eighty six percent of GLBT students surveyed indicated they had been called names or threatened at school because of their sexual orientation, and 44% had been pushed or shoved (National School Climate Survey, 2008). The statistics are overwhelming. Yet, survey respondents in many minority populations can be difficult to identify and interview and as a result the reliability and validity of the results may be compromised. However, it is clear that in our schools and wider communities GLBT parents, students, families, and teachers are routinely harassed, insulted, and ignored by fellow students and, in some cases, by other staff and parents.

While the school experience can be unsettling for all GLBT children, transgender youth may particularly be at risk. Almost 90% transgender youth reported feeling unsafe at school as a result of their gender expression and more than 73% reported being sexually harassed during the past school year (National School Climate Survey, 2008). GLBT youth often experience rejection from family and peers. Transgender youth in particular suffer this rejection. Transgender children are more likely to "fall through the cracks" and without a support system are at risk for homelessness.

The positive news is that, in schools with Gay-Straight Alliances (GSA) or similar organizations, GLBT students reported fewer homophobic remarks, less harassment and assault, and fewer feelings of lack of safety (National School Climate Study, 2008). Student organizations create a safe and supportive environment for all students by promoting tolerance, building community, and providing training and support for students regarding GLBT issues.

The critical factor in creating a supportive environment is the number of supportive educators students identify. In schools where students were able to identify six or more supportive educators, they also reported a more supportive educational environment. When GLBT students felt supported by educators, they were far less likely to skip school because they felt unsafe, their grade-point averages were higher, and they reported a greater sense of belonging and higher overall educational aspirations (National School Climate Study).

Conclusion

ASHA has been a pioneer among professional organizations in promoting an inclusive

atmosphere for GLBT members, clients, and associates. Including sexual orientation in nondiscrimination statements immediately sends a message that at the highest level the Association is supportive. At the individual level, each clinician can increase his/her own cultural competence with GLBT culture by becoming familiar with some of the information and resources introduced here.

Clinicians can help to create an affirming environment to all clients and families by providing positive portrayals of a variety of family types and configurations. There are many books that are appropriate for all age groups (see Appendix) as well as for therapy activities that feature single parent and same-sex parent families without "pushing" a message or agenda. These books need not be put away for only children of gay and lesbian families, as positive portrayals of various family types help to foster cultural competence in young children. Toys, dolls, and therapy materials can be used in ways that are positive and affirming; play and story routines should not always reinforce hetero-normative stereotypes. For instance, not every dollhouse needs a mommy and daddy, not all girls like pink dresses, and it's all right if Robert chooses to work for the purple sparkly magic wand again today.

Clinicians are often in a unique position to serve as an ally to GLBT youth. Students often view the "Speech Teacher" as uncharted waters: not quite teacher, not exactly counselor, and not an administrator. Only a limited number will have received direct service, so the SLP may even seem a bit mysterious. Many of those in the helping professions were stirred into service by a desire to better themselves, others, and their communities. Claiming one small space as safe—free from harassment, intimidation, or bullying—is a positive step and sends a clear signal of support and affirmation to GLBT students, parents and their families.

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Appendix

Educator Resources

• ASHA Self-Assessment for Cultural Competence http://www.asha.org/about/leadershipprojects/

multicultural/self.htm
• American Civil Liberties Union www.aclu.org/safeschools The GLBT Project's Youth and Schools program strives to make public schools safe and bias-free, defending free expression in public schools, and working to help students establish gay-straight alliance clubs.
• American Psychological Association www.apa.org/pi/lgbc/publications/justthefacts.html APA Publication "Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel"
• COLAGE (Children of Lesbian and Gays Everywhere) www.colage.org works to engage, connect, and empower people to make the world a better place for children of GLBT parents and families. Book lists and posters could be useful to teachers. Also available, "Tips for Making Classrooms Safer for Students with Lesbian, Gay, Bisexual, and Transgender Parents"
• Families Like Mine www.familieslikemine.com A Web site created by Minneapolis native Abigail Garner, author of *Families Like Mine: Children of Gay Parents Tell It Like It Is*
• Family Diversity Projects www.familydiv.org is a nonprofit that has created five touring phototext exhibits (including Love Makes a Family: Portraits of GLBT People and their Families) and books designed to help reduce prejudice, stereotyping, and harassment of all people who are perceived to be "different" from the "norm." The exhibits go to schools, colleges, libraries, faith houses, corporate offices and many other community sites.
• Family Equality Council www.familyequality.org is a national organization that works to ensure equality for GLBT families by building community, changing hearts and minds, and advancing social justice for all families. Web site includes tools for making schools inclusive.
• Gay, Lesbian and Straight Education Network www.glsen.org is the leading national education organization focused on ensuring safe schools for ALL students. Tools for GSAs, Safe Space Kit, ideas for Days of Action, and book lists
• GSA Network www.gsanetwork.org Provides resources for Gay-Straight Alliances.
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• Human Rights Campaign www.hrc.orghis is the largest civil rights organization working to achieve GLBT equality. The Get Informed section provides information on many GLBT issues.
• National Education Association www.nea.org/takenote/glbtguide06.html publishes "A School Employee's Guide to Gay, Lesbian, Bisexual, and Transgender Issues"
• PFLAG national www.pflag.org has a "From Our House to the Schoolhouse" campaign with resources for creating safe schools for GLBT students.
• Respect For All Project www.respectforall.org is a program of Women's GroundSpark. It encompasses a series of documentary films, printed curriculum guides, and a professional diversity training aimed at creating safe schools and communities by giving youth, their educators, and service providers the tools they need to address and understand diversity of all kinds. Films include "It's Elementary," about how to address gay issues in schools, "Let's Get Real," about bullying, and "That's a Family," about family diversity.
• Safe Schools Coalition www.safeschoolscoalition.org is an organization that helps schools become safe places where every family can belong, where every educator can teach, and where every child can learn, regardless of gender identity or sexual orientation. Resources include lesson plans, posters and stickers, book and video lists.
• Teaching Tolerance www.tolerance.org provides educators with free educational materials that promote respect for differences and appreciation of diversity in the classroom and beyond. Lesson plans, kits, and handbooks.