

SEX AND GENDER INCLUSIVE TERMINOLOGY



2SLGBTQ+

An acronym for Two Spirit, Lesbian, Gay, Bisexual and Queer. The + acknowledges all other gender identities and sexualities not captured by the acronym.

2S Two Spirit

A term that incorporates Indigenous views of gender and sexual diversity and encompasses sexual, gender, cultural and spiritual identity. It may be used among some Indigenous communities/peoples, rather than, or in addition to identifying as LGBTQ+, although not all sexual and gender diverse Indigenous people consider themselves to be Two-spirit. Though suppressed through the process of colonization, a two-spirited person may have specific roles containing cultural knowledge and governance structures, these roles may vary and are specific to each individual community. Due to cultural and spiritual context, the term, Two-spirit should only be used for Indigenous people.

L Lesbian

Women with romantic and/or sexual attraction to other women.

G Gay

Men with romantic and/or sexual attraction to other men.

B Bisexual

A person whose sexual and affectional attraction is towards people of the same gender and opposite gender and/or towards non-binary people.

T Transgender

People whose gender identity does not align with their assigned sex and birth. They may or may not choose to undergo gender confirming surgeries. Transgender people can have any sexual orientation including heterosexual, gay, lesbian, or bisexual.

Cisgender

People who feel their gender identity aligns with their assigned sex at birth

Q Queer

An umbrella term that refers broadly to people who do not identify as heterosexual or cisgender.

+ Plus

Encompasses all gender identities / sexualities not captured by the 2SLBTBQ+ initialism, including but not limited to:

- Asexual: Individuals who do not experience sexual attraction.
- Pansexual: Individuals who are able to experience sexual and/or romantic attraction to people of varying gender identities.
- Intersex: Individuals whose biological sex is neither distinctly male nor distinctly female, or is both.
- Gender-fluid: Individuals whose gender identity is not static.
- Gender Variance/Gender Nonconformity: A term used to acknowledge that gender identity, gender expression and sex do not correspond with each other. There are some who cannot or chose to not conform to societal gender norms associated with their assigned sex at birth.
- Non-gendered: individuals who do not identify as having a gender

Heteronormative

The assumption and societal expectation that supports and/or promotes heterosexuality and strict gender binary as natural and acceptable ideologies/expressions of gender and sex

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PROVIDING TRAUMA-INFORMED CARE TO 2SLGBTQ+ PATIENTS



Purpose of this factsheet:

The purpose is to introduce service providers to the unique challenges and health disparities that two-spirited and LGBTQ+ Indigenous populations face in the healthcare system and provide them with practical tips on how to provide culturally safe trauma-informed, inclusive care. While it's important to be aware of the challenges and disparities experienced by this population it is equally important to recognize the strength and resiliency within this population.

Why is trauma-informed, culturally appropriate, inclusive care for 2SLGBTQ+ patients important?

Health care systems often create unique and intersecting barriers to 2SLGBTQ+ Indigenous populations when accessing care. This puts them at a greater risk for negative mental and physical health outcomes compared to their non-Indigenous LGBTQ peers and their non-LGBTQ Indigenous counterparts (1,2), including but not limited to:

- Several 2SLGBTQ+ Indigenous Canadians experience elevated rates of mental health issues including low self-esteem, depression, anxiety and substance use (1,3–5). 2SLGBTQ+ youth are 2–3 times more likely to attempt suicide (6).
- Indigenous 2SLGBTQ+ populations are more likely to smoke and have higher alcohol consumption rates (7–9).
- LGBTQ+ youth and men have a higher risk of STBBIs including HIV (7,10).
- Many 2SLGBTQ+ Indigenous Canadians have experienced discrimination in the healthcare system that resulted in fear and distrust and subsequently avoid seeking medical care out of fear of discrimination (1,2,7,11).
- In a recent survey, 61% of Indigenous trans and gender nonconforming individuals indicated that at least one of their health concerns were not met (12). Additionally, lesbians are less likely to get preventative cancer services and screenings (13,14).
- Indigenous trans, queer and non-binary individuals are disproportionately impacted by sexual violence, intimate partner abuse and harassment (1,4,12).
- 2SLGBTQ+ Indigenous peoples experience higher rates of poverty and homelessness than non-Indigenous 2SLGBTQ+ populations. Many 2SLGBTQ+ peoples were forced out of their communities and homes due to their sexual or gender identity (3,4,12).



Practical tips on how to provide culturally safe trauma-informed, inclusive care

- Members of the 2SLGBTQ+ experience multiple, intersecting forms of stigma and discrimination including, racism, sexism, homophobia, transphobia and/or biphobia. These phobias are deeply rooted in the structure of our society and come from the impacts of colonialism, patriarchy, imperialism and a lack of understanding of these identities. Indigenous people face higher levels of stigma due to intersecting identities, which is why it is also important to work toward creating a culturally safer space. Healthcare providers can reduce stigma and its subsequent impacts by reflecting on their personal values and working towards providing culturally safe, trauma- and violence-informed, inclusive care (15). Focusing on the strengths developed from overcoming trauma associated with stigma and discrimination is instrumental to providing trauma-informed care and emphasizing these strengths, can foster healing.
- Due to the impacts of colonialism (land theft, 60's scoop, residential school, to name a few) talking about sex, sexual health and sexuality can bring up negative thoughts and experience within Indigenous communities. Creating safer spaces, through honoring local knowledge and cultural teachings around healthy sexuality, can facilitate safe and respectful conversation about sexual health, healthy relationships, identity, cultural teachings around sexual health, and STBBIs while supporting and empowering patients to make decisions that reflect their needs at their own pace.
- It is important to note that more often than not, issues when interacting with 2SLGBTQ+ peoples arise due to oversights, misunderstandings or errors by well-meaning staff. Working to improve your clinic through actions such as posting welcoming signs and symbols and ensuring you have single-occupancy and/or gender-neutral, gender-inclusive bathrooms, are some of the first steps to create an affirming and inclusive environment.



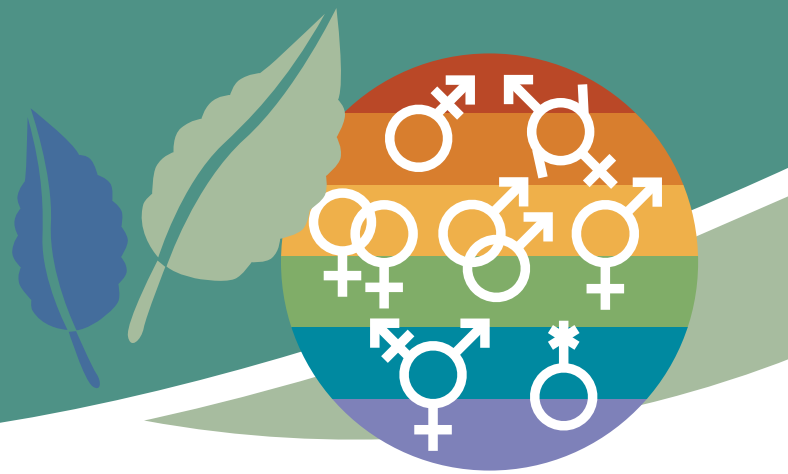
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DO'S AND DON'TS



DON'T	DO	Example
Assume all patients are cisgender and/or heterosexual and evade topics pertaining to sexual orientation and gender identity to avoid making patients uncomfortable.	Respectfully inquire about sexual orientation and gender identity, while ensuring voluntary disclosure. This allows providers to be more thoughtful in interactions and provides a complete picture of the patient's health needs.	This can be done by including questions about sexual orientation, preferred names and preferred pronouns on intake forms or offering your own pronouns then asking questions in person like "My pronouns are she/her, what pronouns do you use?"
Use heteronormative, presumptive language like husband, wife, boyfriend, girlfriend, mother, father, he/she/her/him.	Use inclusive language like spouse, partner, parent. Use patients first and last name or "they" rather than he/she/her/him.	Instead of asking about marital status you can ask about relationship status and instead of asking about mother's/father's name, ask about parents' names.
Substitute terms you think are more adequate to describe your patient's sexual orientation, partner or gender identity.	Use the same terms your patients use to describe themselves or their partner. If your patient describes themselves as two-spirit then use the word two-spirit, if they refer to their partner as their boyfriend or husband then use the same terminology.	For example, don't use the term two-spirit if your patient referred to themselves as a lesbian. Similarly, do not use the term wife if the patient referred to them as a partner.
Express surprise, disapproval, confusion, disbelief or bewilderment to a patient's answers.	Maintain an open-mind and an accepting, non-judgmental attitude. Ensure you use neutral verbal and non-verbal language.	"How can I best help and you today? What services/ information/support do you feel you need?"
Brush past a mistake such as mis-gendering someone and hoping the patient didn't notice and/or didn't mind.	Acknowledge the error, apologize for it and try to do better next time. Keep in mind that being over apologetic can make some people feel like their identities are the problem. While it is important to apologize, remember not to dwell on it.	"I apologize for my error; I meant no disrespect."

DON'T	DO	Example
Avoid harm reduction strategies and instead advising patients that sex and drug abstinence are the only ways they can lower their risk of STBBIs.	Understand that choice is a very subjective term where individuals often, due to issues like income, housing, education, social isolation and employment, don't have a "choice" when it comes to risky behaviors and substance abuse. Furthermore, personal ideas of risk are subjective. Start by building the relationship in a non-judgmental way and employ harm reduction strategies to help people who use substances have safe and healthy lives while feeling safe enough to ask you for what they need.	"What would you like today?"
Utilize stigmatizing and value-laden terms like drug addict, infectious, promiscuous and risky behavior.	Instead using terms like person who uses drugs, person living with HIV/HCV/Herpes.	<p>"Starting treatment early can benefit the health and lifespan of those of us living with HIV."</p> <p>"Many people can live with an STBBI and not even know it; routine testing can prevent that, and there are many treatment options available."</p>
Brush past traditional healing practices citing a lack of evidence to support efficacy.	Acknowledge that traditional healing practices help an individual feel holistically healthy, acknowledging that health is more than a physical entity. Incorporating culture into treatment plans can help destigmatize conversations on sexual health and turn shame into sex positivity.	"For many people, traditional healing practices provide psychological, emotional, and spiritual support that is helpful alongside Western biomedical approaches. Feeling healthy and well is about more than just treating physical ailments, so I support anything that helps you have a better outlook, makes you feel better and more comfortable."
Express shock, disgust and/or sympathy towards a patient who has disclosed a past sexual assault or violence.	Ensure your response is nonjudgmental both verbally and non-verbally and acknowledge their courage for disclosing to you. Ensure that you affirm their experience and feelings and provide them with the relevant resources and referrals.	"It took a lot of courage to tell me about this today, I am here to listen and support you in any way I can."



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